

accidents which sometimes attend the use of other instruments are avoided, as it is almost impossible with it to injure the surrounding parts. When the ear is well illuminated a foreign body may often be removed with instruments much more quickly than with the syringe, yet there is more risk; and the attempt, if unsuccessful, may, by injuring the walls of the canal, render removal of the substance by the syringe more difficult.

In this connection it may be well to speak of the manner of syringing an ear. Although generally considered an easy matter, it is often, from the non-observance of certain precautions, very ineffectual. The most important precaution is to straighten the canal, which, as is well known, is readily effected by pulling the external ear upward and backward with the left hand, while the right is free to use the syringe. By so doing we avoid putting the nozzle of the syringe into the external meatus, and thus frequently save the patient much pain, at the same time are enabled to act directly upon the foreign substance. The choice of a syringe is a matter of less importance; any one having a tightly adapted piston will usually succeed very well. The small two ounce rubber syringes, the pistons of which are generally accurately fitted, will be found the most reliable and convenient. The water used (which should be quite warm and pure) ought to be injected with very slight force at first, afterward the force may need to be considerably increased. The bursting of bubbles of air in the external meatus gives rise to very unpleasant sensations. This can generally be avoided by using a good syringe, and taking the precaution to fill it very slowly, so that no air shall be sucked up.

The facility with which a foreign body can be syringed from the ear depends somewhat upon its position, and very much upon the material. If it has passed but a short distance into the passage, a few syringesful will often be sufficient. Not so, however, if it is at the bottom of the canal, or impacted. Then the syringe may require to be used many minutes. Hard, smooth substances, as stones, beans, etc., are dislodged more readily than those of softer material, as paper, cotton, etc.

Foreign bodies sometimes become quite firmly attached to the walls of the canal, as in the interesting case reported by Dr. E. H. Clarke, where a bullet fixed in the bony meatus was removed by pressing upon it a strip of adhesive plaster, and then heating it by means of a convex lens until it adhered to the bullet. Should the symptoms admit of delay in these cases, the removal of foreign bodies may well be deferred, the passage being frequently filled with tepid water, until they are sufficiently loosened to allow their easy removal with the syringe.

Sometimes the foreign substance so completely plugs the meatus as