A CHERRY-PIT IN THE EAR OF A CHILD.

Dr. David Webster reports this case in the *Archives of Pediatrics:*

On Thursday, July 24, 1884, at 11 a. m., a girl, nine years of age, while engaged in a frolic, had a cherry-pit blown into her right ear from the mouth of an older sister, with whom she was playing. Half an hour later, she appeared at the office of the family physician, who happened to be absent. She was then taken to the office of another doctor in the same village, who tried to remove the foreign body with a hair-pin, and failed. At one o'clock the same day she was taken again to the family physician, who tried to remove the pit with a small dissecting forceps. The tenderness by that time was very great, and the child had become so intolerant of manipulation that his effort was very short. He therefore sent the child away, advising delay. Nothing more was done to the ear until Sunday, August 3, when the doctor went to the house and tried syringing for half an hour. Not succeeding, he put the child under ether, and tried again to remove the pit with forceps; but as he found he could not readily grasp it, he "gave it up," and on the following day, August 4, he brought the child to me.

Upon examination, I found the auditory canal red, swollen, and sensitive at its inner third. The swelling seemed to diminish the lumen of the canal by about one-half. The extremity of the canal was blocked up by a reddish mass, which was hard to the touch of the probe, and insensitive. From the history, I had no doubt that this was the cherry-pit. The hearing power of the ear was reduced to 2-60, as measured by my watch. The child had suffered pain only during, and immediately subsequent to, attempts to remove the foreign body.

The question now arose as to what would be the best course to pursue. It was evident that it would be extremely difficult to remove a hard, unyielding body like a cherry-pit through a passage having a diameter much smaller that its own, Any effectual attempt to do so would necessarily involve very considerable amount of violence to the parts. Therefore, as the symptoms were not urgent, I thought it would be wise to delay any operative interference until the swelling of the walls of the canal had subsided. I advised that the ear be douched with warm water thrice daily by means of a fountain syringe for a week, when the child should be brought to me again, and then, if the conditions were favorable, I would attempt the removal of the foreign body. About a week later, instead of seeing the patient again, I was gratified by receiving a letter from her family physician, in which he stated that on Friday, August 8, after having douched the ear thrice daily, as advised, for three days, the cherry-pit came out while the douche was being used.

It is probable that in this case the foreign body might easily have been removed in the first place by a judicious use of the syringe. It is not improbable that every attempt at its removal by means of the hair-pin and the forceps, only lodged it deeper in the canal, and irritated the contiguous parts, thus helping to increase the swelling of the walls of the passage, already inclined to resent the presence of a foreign body. I have not seen the patient since, but her physician, to whose kindness I am indebted for so complete a history of the case, informs me that the hearing is still considerably impaired.

TREATMENT OF NIGHTSWEATS.

In the *Gazette Médical de Paris* we find two suggestions as to the relief of phthisical and other nightsweats. They are both simple enough and certainly merit a trial.

In the first procedure it is directed that the trunk be sponged or rubbed with a mixture of four parts of tincture of belladonna to thirty parts of water. The lotion is best applied by pouring it into the hollow of the hand and bathing the body an hour or two before the expected sweating.

In fifty cases cited but one failure to suppress the perspiration is recorded.

The second method consists in sponging the body of the patient with a solution of eight grams of chloral hydrate in one goblet each of water and whiskey. If the sponging alone does not suffice the patient should wear a shirt that has been dipped in the solution and then dried at a moderate heat. In the non-phthisical nightsweat of children this device is said to yield excellent results.

In practice I generally find that we have at least three distinct varieties of rheumatism: 1. The sthenic. 2. The asthenic. 3. That variety caused and preceded by other diseases, as gonorrhœa, scarlet fever, etc.

I shall not deal with the pathology of rheumatism at all; but in this patient there is a tendency to inflammation of certain tissues, and to the accompanying fever. He sleeps in a damp bed, or catches cold in some way, and then comes on the attack. These are the cases where salicylic acid, salicylate of soda, and the bicarbonate of potash are beneficial. Of the two, I am inclined to think that I have seen more benefit derived from the salicylate than from the bicarbonate; but I frequently begin by giving the salicylate, and then go on with the potash. Attention to little details we all find in rheumatism, as in all other complaints, of great importance. For instance, covering the whole or the front of the chest with a layer of cotton wadding has often, I am sure, prevented an attack of pericarditis from coming on; and I found a night-shirt of very thin wool very useful, as these patients, perspiring much, are very apt to catch cold; in fact, I now recommend all my rheumatic patients to wear it regularly, and many have been very thankful for the advice.