Clinical Observations

ON

INJURIES TO THE EXTERNAL AUDITORY MEATUS.

DELIVERED AT ST. MARY'S HOSPITAL.

BY

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Two cases in which the external meatus had been wounded having recently been under my care in the hospital, I think it desirable to make some observations on them.

Wounds of the outer auditory meatus usually occur as the result of accidents; but in neither of the cases lately before us was accident the cause. You will remember that in one case the meatus was injured by a piece of pointed wood introduced into his own ear by a child; in the other case, the meatus was wounded in the attempt to remove a foreign body from its cavity. The history of the first case was to the effect that—

The child, ten years of age, had pushed a piece of pointed wood, half an inch long, into the left ear; it then cried as if in pain, and was taken to a neighbouring surgeon, who endeavoured to remove the foreign body but without success. Three days afterwards, the child was brought to the hospital. Upon examination, the dermis of the meatus was red, greatly tumefied; and at the floor of the meatus a wound half an inch long was distinctly seen. The margins of the wound were thick and red. There was a small quantity of discharge at the floor of the meatus. After careful syringing with warm water, the tube was explored by aid of the gas-lamp, but without the detection of any foreign body. The meatus was ordered to be syringed gently with warm water once daily, and a mild astringent of sulphate of zinc to be applied on cotton wool, and slight counter-irritation was produced behind the ear.

The child did not return to the hospital; and I doubt not that, according to the general rule in similar cases, it speedily recovered. The second was somewhat different. The account received, is as follows:—

A child was taken to a medical man some hours after it had pushed a pebble into the right ear. No pain was complained of. The surgeon introduced a probe into the meatus, and feeling some hard substance there, he endeavoured to remove it by the aid of instruments. Considerable pain followed the attempts at extraction; but no foreign body was dislodged. The child had pain in the ear during the succeeding night and day, and was then brought to the hospital. The meatus externus was found to be very red and tumefied, but neither wound nor discharge was visible. Upon exploring the meatus by aid of the gas-lamp, as completely as its tumefied condition would permit, no foreign body was detected. Fomentations and poultices were prescribed. A week afterwards, the child was brought back to the hospital, the tumefaction of the dermis had subsided, and a stone was distinctly seen by the aid of the lamp. The use of the syringe and warm water dislodged it in a few seconds.

The two cases briefly referred to are calculated to teach a lesson that ought not to be forgotten.

First. It cannot be too widely known that, as a general rule, when a child is brought to a medical man for the purpose of having a foreign body removed from the outer meatus of the ear, *in reality no foreign body is present.* Many lives have been sacrificed from the attempts to remove ideal foreign bodies from the ear.

Secondly. The dermis of the outer meatus will tolerate the presence of foreign bodies, especially those which are smooth, without inflammation or pain resulting. It is well known that accumulations of hard wax often remain in the ear for many years without causing any irritation; indeed, in my work on the *Diseases of the Ear* I cite a case where a percussion cap remained in a woman's ear for fifteen years, without producing any result excepting deafness.

Thirdly. Considering that the inner part of the bony auditory meatus is covered by so thin a membrane that the bone can usually be felt hard and resisting beneath it, the surgeon should be cautious in not trusting to the sound or sensation produced on exploration with a probe: *his diagnosis ought always to be formed upon the conjoined testimony of the senses of touch, hearing, and sight.*

Fourthly. When there exists or not any doubt as to the presence of a foreign body in the outer meatus of the ear, syringing with warm water, is, as a rule, the sole admissible operation. The exceptions to this rule are not frequent.

Seeing the great vascularity and the high nervous sensibility of the dermoid meatus, it is remarkable how rapidly its wounds heal. You may recollect the case of an itinerant German clock-maker who was admitted into the hospital a year or two since, having the hooked end of the pendulum of a clock firmly impacted in his ear. My house-surgeon at that time (Mr. Lawrence) was obliged to use all his strength in order to withdraw it; the soft meatus was much lacerated, and indeed the bone denuded and scraped; the patient nevertheless recovered in a few days without any bad symptom.

While speaking to you on the subject of injuries to the external tube of the ear, I may appropriately refer to two cases which I have recently treated in private practice. One was that of a young gentleman who, while hunting, rode at a full gallop along a green road traversing a wood. He was seen to fall suddenly from his horse; when lifted up he was insensible, and blood flowed from his left ear. Upon recovering his senses he was found to be much bruised on the left knee and shoulder. The accident had been caused by his having been violently swung against a large branch of a tree, the concussion being so powerful as to dislodge him from his saddle. The source of the blood was not ascertained at the time, but upon his consulting me on the subject some days afterwards I was able to allay all alarm, by pointing out that the dermoid meatus had been lacerated, most probably by some twig of the branch which had struck him down; the wound was nearly healed.

The second case was that of a middle aged gentleman who, while shooting during the recent intense frost, pushed his way through a hazel plantation. In the midst of it he was seized with an intense pain in the right ear, and for a few moments he was stunned. Upon inspection, I found a small lacerated wound in the external meatus at its upper posterior

part, and an aperture in the corresponding portion of the membrana tympani. These injuries had doubtless been effected by a frozen hazel twig, having been driven into the ear. Both wounds healed without any evil consequences.

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

ROYAL LONDON OPHTHALMIC HOSPITAL.

ACUTE GLAUCOMA OF BOTH EYES, SUCCESSFULLY TREATED
BY IRIDECTOMY.

Under the care of J. DIXON, Esq.

Mrs. P., aged 40, was admitted December 27th. She was a thin, moderately florid woman, not subject to gout or rheumatism. Twelve days before admission, she had severe pain in the right eye, which came on suddenly at night. Next morning, she found that she could scarcely see with it; and the pain, still severe, had continued up to the time when Mr. Dixon saw her. Blisters and various applications had been used, but without any benefit. When admitted, she could with the affected eye only just distinguish light from darkness, and could not count fingers held up between the eye and the light. The sclerotic was dusky, leaden-coloured, and crossed by enlarged veins. The pupil was dilated moderately, and fixed. The fundus, as seen through the pupil, looked dull and yellow. The cornea had lost its brilliancy. Atropine did not produce any effect on the size of the pupil; whilst in the other eye the pupil readily dilated under its use. The ophthalmoscope was used; but a mere red reflex from the fundus was seen. The woman would not submit to the operation of iridectomy, which was at once proposed, until the 31st, the fourteenth day from the attack, when iridectomy was performed. The piece of iris removed was from the upper part. No chloroform was given. The pain was at once relieved.

Four days after the operation, she had had no return of pain, and could read No. 10 of Jäger's test-types. There was a minute fistula in the cornea, to which Mr. Dixon applied nitrate of silver. She gradually improved, and was soon able to read small type.

On January 25th, the left eye became suddenly very painful. The pain was in the globe; it was very intense, and was accompanied by vomiting. She was not seen by Mr. Dixon until the 28th. He then found that the eye was in exactly the same state as the right had been. She could only just count fingers. The pupil was dilated and fixed; and the fundus could not be illuminated by the ophthalmoscope. Iridectomy was at once performed, and with the same amount of success as attended the operation on the other eye. She can now see well with both eyes, and can read pearl type without the aid of glasses.

Mr. Dixon remarked that, in this case, the disease had been of the exact form to the relief of which iridectomy is best suited; viz., *acute glaucoma*. In the chronic cases, as far as he had seen, little or no benefit followed the operation, but rather an increase of the irritation. It is interesting to note that the attack in the left eye occurred whilst the right was going on satisfactorily. The ophthalmoscope had not been used to examine the sound eye, and therefore no blame was traceable to it,

as having re-excited the disease in it. The occurrence of glaucoma in the second eye a few weeks after it has attacked the first is quite in accordance with what is frequently observed; and hence, as both eyes generally suffer, the value of iridectomy is much increased.

Original Communications.

MEDICAL PSYCHOLOGY.

By ROBERT DUNN, F.R.C.S., etc.

THE following article will comprise a brief exposition of the leading phenomena of the mental states, and of the nervous apparatus through which they are manifested, with a view to the better understanding and elucidation of the mental phenomena or symptoms of disease.

It cannot be disputed that the influence of the bodily states upon the mental manifestations presents a subject for investigation as interesting and important to the medical practitioner, as it is to the psychological inquirer or mental philosopher. Nevertheless, it has long been the abiding conviction of my own mind, that in the general practice of medicine, the psychological phenomena, or symptoms of disease, have been too much unheeded by us. Under the influence of this conviction, and with a view to the better understanding and appreciation of their value and importance in the practice of medicine, it has appeared to me that a summary survey of the correlation of psychology and physiology—a brief exposition of the leading phenomena of the mental states, and an inquiry into the nervous apparatus, through which they are manifested in the life—would form a useful contribution, as introductory to the systematic study of medical psychology. It could scarcely fail of being interesting and instructive to the young psychological inquirer; and it might prove suggestive, and even of some value and importance to the thoughtful and experienced medical practitioner.

As a labour of love, I have thrown into shape my own meditations on the subject; and, in submitting them to the candid consideration and free discussion of others, I am not without the hope that I may be instrumental, among my professional brethren, in rousing into activity the energy of other minds, of higher intellectual endowments, possessing more leisure, and having better opportunities than I can command, for the prosecution of such an interesting subject of inquiry. Of the practical value and importance of the subject, there can be no dispute. For, as the seat of consciousness, of feeling and emotion, as well as of the higher attributes of reason and reflection, the human mind, alike in its normal and abnormal aspects, ought surely to be studied in the correlations of organisation and of consciousness, and in connexion with the material conditions of the brain; since it is upon the vesicular matter of the encephalic ganglia, as its substratum, that the mind is dependent for the manifestation of all its activities throughout the totality of life in health and in disease. And to search after the phenomena in which the relations of the bodily states and the mental manifestations are revealed, with the unprejudiced eye of experience; to investigate them scientifically in every point that is of importance to the medical practitioner; and to collect them into one whole, has been justly defined as the province of medical psychology; and, "although," as Dr. Reid has well observed, "the labyrinth may be too intricate, and the thread too fine, to be traced through all its windings, still, if we stop where we can trace it no further, and secure the ground we have gained, there is no harm done (but, surely much good effected); and a quicker eye may in time trace it still further."