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WILLIAM CHEATHAM, M. D.,

*Professor of Diseases of the Eye, Ear, Throat and Nose,
Louisville Medical College; Eye, Ear, Throat and
Nose Physician, Louisville City Hospital.*



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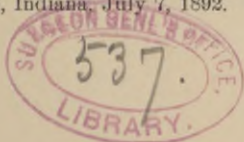
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THE EFFECT OF DISEASES OF THE
EAR UPON THE GENERAL
CONDITION.*

BY WILLIAM CHEATHAM, M. D.,
PROFESSOR OF DISEASES OF THE EYE, EAR,
THROAT AND NOSE, LOUISVILLE MED-
ICAL COLLEGE; EYE, EAR, THROAT
AND NOSE PHYSICIAN, LOUIS-
VILLE CITY HOSPITAL.

It shall be my endeavor in this short paper to cite some cases which have come under my observation in recent years, hoping they may be of profit not only to the general practitioner, but also to the aurist. The ear and its diseases appear to be less understood by the general practitioner than diseases of the eye, yet the former are of much more consequence than those of the latter, as more

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serious results are liable to follow their neglect.

The subject of this paper was brought to my mind on the day I received a note from our most worthy Secretary, asking me to prepare an article for this meeting of your Society. A prominent lawyer of our city had just made one of his monthly visits to my office to have his ear cleansed, saying his nausea had returned. On that day this gentleman said to me, "Doctor, you cured me three years ago of a cough that had troubled me much for several years, that had resisted all previous treatment." The cough has never returned. I remembered syringing from his ear a mass of inspissated wax and pus, and relieving him by treatment of quite an acute attack of inflammation of his external auditory canal. As I was wiping out his ear on the day of this conversation it made him cough, and recalled to him what relief I had given him by removing that mass three years before. Since then he has visited me frequently complaining of nausea; he has what we call necrosis of the

attic of the middle ear, which has never healed, suppurating just the slightest all the time, and every four or six weeks pastes over the upper and outer parts of the external auditory canal with dried pus. When this accumulates to a certain extent he suffers a great deal from nausea and comes in to have me remove it. This I do and relieve his nausea until there is another accumulation. His first reflex trouble was a cough; this has been replaced by nausea. The suppurating surface in this case has no connection with the middle ear cavity.

Reflex symptoms of this kind are not uncommon; in all cases of obscure cough which I am called upon to treat, it is part of my routine examination to look into the ears. Auditory canals of different individuals differ very much in sensitiveness, as that of other parts of the body of the same individuals do. But that sneezing, cough, vomiting and even epilepsy may be the result of reflex irritation from the external auditory canal is beyond question. Fabricius, of Hilden, quoted by

Roosa and other authorities on diseases of the ear, reports a case of a girl ten years of age, who put a small glass ball in her ear, who was finally seized with hemi-crania, anæsthesia of the left side of the body, alternating with severe pain, until at last epileptic attacks occurred, with other symptoms. Fabricius wrote his friend Bauhinus, that he had cured the child by removal of the foreign body. A Dr. Kupper, as quoted by Roosa, reported a case of epilepsy the result of a foreign body in the external auditory canal, and another of cerebral irritation the result of impacted wax; these cases can be easily multiplied. Some years ago I reported a case of a young lady from Central Kentucky, who had been treated for a persistent hacking cough; she had been treated by a noted specialist of Chicago for some obscure nerve disease. I relieved her entirely by removing from one ear a mass of impacted wax. Woakes not only admits that ear cough is common, but says by continued irritation of the auricular branch of the pneumogastric,

derangement of the innervation of the laryngeal muscles may follow. Spasmodic croup he gives as one of the possibilities of this reflex action. Woakes traces the irritation (Roosa says, p. 206): *First*, from the vaso-motor fibres associated with the auricular branch of the pneumogastric. *Second*, to the secondary vaso-motor center the ganglion of the pneumogastric, whence he says it is deflected through sympathetic fasciculus, to the first cervical ganglion; *third*, thence by the nervi molles, to the vessels distributed to the mucous membrane of the larynx. He rejects the simple idea that the morbid impression is conducted along the sensitive fibres, from one region to another.

There yet remains in the minds of good men a doubt of the presence of a branch of the vagus in the external auditory canal. Quain and Fox say the branch of the pneumogastric supplies only the posterior part of the auricle, yet Fox has written one of the most extensive articles on ear cough ever printed. Clarke and Fox say ear cough has its origin "in the fibers of

the fifth cerebral nerve distributed to the auditory canal." It remains a fact that ear cough is not uncommon, and that the weight of authority gives a branch of the pneumogastric nerve, distributed to the external auditory canal. Tissol reports a case of uncontrollable cough, the result of touching the external auditory canal. Teehlin reported with other cases, a case in the person of a military officer, who vomited considerably whenever his external auditory canal was touched. This sensitiveness may be in but one canal.

General Symptoms from Accumulations of Cerumen in the Auditory Canal: Aitken (*British Medical Journal*, No. 1630, p. 652) records three interesting observations in which general symptoms disappear after the removal of accumulations of cerumen in the auditory canal. In a little girl, eight years of age, with incessant cough, bad nights, frequent night-terrors, loss of appetite, and emaciation, without physical signs of pulmonary disease, one of the ears was found blocked with wax. In a man, eighty-one years of

age, with restlessness, tremor, derangement of digestion, and deafness, the ears were found filled with large masses of hardened wax. A girl, eleven years of age, with a tuberculous family history, presented elevation of temperature, frequency and irregularity of pulse, but without other signs of organic disease. An accumulation of wax was found in the ear.

Not only wax and foreign bodies, but eczema, aspergillus, and furunculous inflammation of the external auditory canal may produce such symptoms as referred to.

Inflammations of the middle ear, and the danger therefrom I believe are beginning to be better understood than those of the external ear. Abscess of the brain, meningitis, pyæmia, phlebitis, mastoid periostitis and necrosis, kidney complications from continued suppuration, are all well known results of suppuration of the middle ear. Abscesses of the brain (and middle ear suppuration produces a large majority of them) are getting rather common; many of them are now relieved by the trephine and incision or aspiration.

Cases of phlebitis as a result of middle ear suppuration are now relieved by tying the jugulars and curetting the brain sinuses. I have recently had a case of this latter trouble die before the mastoid could even be opened. I have recently seen a case of pyæmia in a stout healthy boy from Louisiana, the result of a sub-acute suppuration of the middle ear. Within the last week I have had two very bad cases of vertigo the result of acute suppuration of the middle ear. These cases are quite common. The last two cases mentioned were the result of pressure. Chronic catarrhal inflammations of the middle ear quite frequently cause vertigo. I have quite a number of such cases on hand, which have been treated by good men for cerebral and spinal trouble, as causing the vertigo. I have a lady under my charge now, who has frequent severe attacks of vertigo, which can be relieved only by the Eustachian bougie to dilate the tube, then inflation by the Eustachian catheter. Air cannot be gotten into the middle ear in this case except by use first

of the bougie. I have one case of aural vertigo, in which the mouth of the Eustachian tube is dislocated, in which I had to pass the Eustachian catheter through the nose, and watch the instrument post-rhinoscopically and make a very long curious bend in the catheter before I could get air into the tube. Vertigo from disease of the internal ear is still better understood than that depending upon disease of either the external or middle ear. Meniere's disease has long been written of. The pathology of the disease has changed some in the last few years. These few notes I then hope will remind some of the gentlemen present, that in cases of vertigo, cases of obscure cough and nausea, and other affections referred to, and some not mentioned, an examination of the ears should not be neglected. That suppuration of the middle ear is always dangerous; that the advice to let such cases alone, that they will outgrow it, is a thing of the past; that suppuration of the middle ear can cause pyæmia without involving the brain; such a case I forgot to mention,

I saw with Drs. Bodine and Yandell, in which with other abscesses, there was one over the left scapula, which held about two pints of pus. Such cases cannot, of course, be relieved unless the cause is corrected. I could multiply instances enough of all the complications reported in this paper to fill many pages, but think enough has been said to show what diseases of the external, middle and internal ears can do, how they affect the general economy, and consequently how important it is to attend to them early and knowingly.

