DISEASES OF THE EAR IN CHILDREN

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OF

THE EAR IN CHILDREN

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FROM GERHARDT'S HANDBUCH DER KINDERKRANKHEITEN

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DISEASES OF THE EAR

IN CHILDREN.

I. THE DISEASES of the EXTERNAL EAR,

VIZ., OF THE

AURICLE, MEATUS, AND DRUM-MEMBRANE.

Congenital Variations and Malformations.

Literature. The older literature is given abundantly in Linke's Handbuch der Ohrenheilkunde (Leipzig, 1837), Vol. I., p. 582 et folg.; also in Vol. II. (1845), p. 440 et folg.; also in Huschke's edition of Sömmering's Anatomie, Vol. V. (Leipzig, 1844), p. 901.—Wilde's Aural Surgery, German Translation (Göttingen, 1855), p. 191.—Rau, Lehrbuch der Ohrenheilkunde (Berlin, 1856), pp. 329–334.—Förster, Missbildungen des Menschen. Jena, 1861, pp. 46 and 170.—Welcker, Archiv für Ohrenheilkunde, I., p. 136.—Kollman, Zeitschrift für Biologie, IV., p. 260.—Virchow, Archiv für pathologische Anatomie, XXX., p. 221, and XXXII., p. 518.—Gruber, Lehrbuch der Ohrenheilkunde. Wien, 1870, p. 273.—Schmitz, Ueber Fistula Auris congenita und andere Missbildungen des Ohres. Diss. inaug., Halle, 1873.—Very complete descriptions of malformations, with illustrations, are contained in Schwartze's Pathologische Anatomie des Ohres, which constitutes the sixth part of Kleb's Handbuch der pathol. Anatomie. Berlin, 1878, pp. 22–28 and 31. Translation by Green, "The Pathological Anatomy of the Ear." Boston, 1878.

On the Foramen Rivini, see Huschke, l. c., p. 822.—Hyrtl, Vergleichend-Anatomische Untersuchungen über das innere Gehörorgan. Prag, 1845, p. 53. Also the author's Lehrbuch der Ohrenheilkunde. Sechste Auflage, Leipzig, 1877, p. 31.—Schwartze, l. c., p. 46.

It is well known that the auricle varies very much in its angle of insertion to the skull, in its size and form, and also in the development of its different prominences and depressions. Certain marked variations, as, for instance, abnormal flatness of the cartilage with an absence of its inner border and of the antihelix, or an unusual standing out from the head, with or without an increased development in the convexity of the concha, a pointed instead of the usual rounded helix, constituting the pointed or faun's ear, are frequently found in different members of the same family, so that there can be no doubt about the hereditary character of these peculiarities in form, and their presence in father and child might be, in some cases, a more valuable proof of legitimacy than the genealogical tree.[1]

It has been asserted that sometimes, also, there is a congenital complete absence of the auricle. In most of the cases which have been so called, a more accurate investigation would probably develop remnants of the aural cartilage, although, perhaps, only slight ones. Stunted and rudimentary formation of the auricle is by no means a great rarity; with it there is always an abnormal condition of the meatus, and very often also such an important malformation of the deeper parts of the ear that the hearing is very seriously impaired or wholly destroyed. Unilateral deformity of the auricle is often found with unilateral atrophy of the face.[2]

Portions of cartilage of a greater or less size, and generally lobular in shape and covered with a skin, which, in some cases, is pigmented, are not infrequently observed in front of or beneath the auricle. They are to be regarded as indications of excessive or double development;

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[1] Amédé Joux (Gazette des Hôp., Fevr., 1854) "Montre-moi ton oreille, je te dirai, que tu es, d'où tu viens et où tu vas."

[2] Two such cases are figured by Schwartze, p. 24.

some cases have been described where the second auricle was present in a well-developed form.

Congenital abnormities of the meatus are found more commonly with than without deformity of the auricle; they consist of different degrees of contraction, closure, or of absence of the meatus. They do not always begin at the entrance of the ear-passage, for this may, in some cases, be relatively normal, while deeper in the canal narrows or ends blindly, being closed in some cases by a membrane, in some by bone. Double meatus, in the form of a very narrow canal lined with skin, before or above the tragus, and usually associated with a lobule of skin and cartilage, I have seen several times. Heusinger first described such a case as fistula auris congenita, the remains of the first branchial fissure. This aural fistula is found with or without malformation of the auricle, and is sometimes associated with fistula in the neck.

If we have to deal merely with a diminution in the calibre of the external and dilatable portions of the passage, much can be accomplished by dilatation, especially by means of laminaria digitata. If, however, no open meatus exists, every operative procedure should be postponed till it has been decided in what degree the hearing on the affected side exists or is wanting. The latter is very frequently the case, owing to the existence of arrests of development and other defects in the middle and internal ears. But, even if the existence of good hearing has been established, it should be borne in mind, not only that there is great difficulty in keeping open an artificially made canal, but, also, that it is necessary to use the greatest care in the operation, in order that the new passage may reach the drum-membrane.

If the osseous meatus is entirely absent, every operation is useless; it may, however, be present together with a drum-membrane, and yet not be easy to find. Rudimentary auricles are not always situated in the nor-

mal position, so that we cannot be certain by incision close in front of the cartilage of reaching the meatus and drum-membrane even when they are present; both may lie in a different direction from usual from the auricle.

Congenital malformation of the drum-membrane is seen during early life in the form of an appreciable opening in the upper portion of the membrane without there having been previous suppuration. As the drum-membrane is entirely absent in the earliest embryonic life, and as it closes at last in its upper part, an insufficient closure, i. e., an opening, may exist at this spot as an arrest of development, which may be considered as a coloboma analogous to similar conditions in the eye, the lips, and the palate.

It has occurred to me that some of the perforations of the drum-membrane just above, before, or behind the processus brevis mallei, such as are seen with otorrhœa, were originally congenital and possibly enlarged by a subsequent suppuration within the tympanum. Certain it is that in a tympanum so exposed externally an inflammation would occur more readily than in one which was protected and closed normally, and it is also evident that, if an abundant secretion is formed behind the drum-membrane, it would be discharged earliest through an opening already in existence on the most yielding spot—the edges of the opening would thus readily become irritated—and if the process continued for a long time, the existing opening would be enlarged.

It is well known that anatomists, particularly the earlier ones, disputed much over the question whether the drum-membrane in its normal condition had any opening. It is very probable that the frequent discovery of these congenital arrests of development, which are probably not very rare, led to the assumption of the existence of a constant foramen Rivini. Such a foramen certainly does not exist.