



Dr Walter Jobson Horne died in 1953 but his probe lives on. It actually lives on my desk. There are a few tools that I keep on my desk and use most days – my stethoscope, sphygmomanometer, otoscope/ophthalmoscope and Dr Jobson Horne's probe. I have had the same probe since I first started in general practice. It probably cost me less than \$5. It hasn't worn out or needed upgrading and, I suspect, it hasn't changed much since Walter first invented it.

I use it for the usual things that it was first invented for; drying out purulent discharge or water from the auditory canal, using some cotton wool on the serrated end of the probe; removing wax from the entrance of the canal, using the blunt loop end, so that one can actually see the eardrum in young children and sometimes obviating the need for syringing in the adult; and for the removal of foreign bodies. I have the loop end slightly bent to about 10 degrees and have hooked out beads, beans and balls from noses and ears. Generally these foreign objects have been inserted into the orifices of young children and consequently one only gets one bite at the cherry (or, more likely, the cherry stone). It needs to be done right the first time!

However, I have found that it can be used for several other tasks.

Among these is the very satisfying expression of the contents of comedones from the inside of the pinna or from the backs of people who are aware that there is something there but they can't quite get their fingers to it and are not inclined to let other people's fingers near them. The ring end is placed over the comedo orifice and firmly pressed against the skin until the contents are fully extruded. I have also used it for removing the inspissated secretions from tonsils when patients complain that these cause bad breath and foul taste. Beware of the gag reflex. The loop end can also be used to prise back the skin at the edge of an ingrown nail, although it is not wise to try this if there is a paronychia. It can also be used for double everting the upper lid when examining the eye for foreign bodies by placing the loop under the tarsal plate and gently lifting it off the conjunctival surface. This somehow seems much more professional than using a bent paper clip!

It is easy to clean and can be simply sterilised.

No doubt others have found uses for the probe that I have not yet come across, but there is no doubt in my mind about the usefulness of this simple, inexpensive tool.

Thank you Walter.

This is a column written from the swamp. The term is taken from the book by Donald Schon<sup>1</sup> where he talks about the crisis of confidence in professional knowledge thus:

*In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.*

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

## Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.