

Some Points in the Nursing of Ear Cases.

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OF all the numerous specialties which have been developed by the progress of modern medicine and surgery, that of otology has been most neglected in the training of nurses, and it is a very rare occurrence to find a nurse who has even ordinary skill in the many and varied little manipulations which constitute so important a factor in the proper looking-after of ear cases. The cause is not far to seek, for the continued neglect of aural surgery in the general hospitals and in the curriculum arranged for students, necessarily affects equally the training of nurses. The teaching to be obtained at special hospitals is, of necessity, somewhat limited, and, consequently, the nurses who have been fortunate enough to receive such instruction are few and far between.

Otology is a branch of surgery which has made great strides in the past twenty years, and there is no reason, therefore, why it should not be as well recognised in nursing as ophthalmology, abdominal surgery, fevers, and the like. Certainly there is much in ear nursing that can be done by those trained in the care of ordinary surgical cases, but there are yet many small procedures peculiar to aural surgery the acquirement of which will considerably enhance the nurse's value, and it is with these, or some of these, that I propose to deal in this article.

The most frequent manipulations that the nurse may be called upon to do in ear cases are those of syringing, administering instillations, applying blisters, leeches, heat, and cold, packing the meatus, and purifying for operation. In carrying out these methods of treatment, the necessity for thoroughness, combined with the utmost gentleness, cannot be too strongly impressed upon the reader. The ear is a delicate organ of exquisite sensitiveness, and any roughness of handling both disturbs the patient's confidence and defeats the object in view. A gentle and delicate touch is an attainment to be sedulously cultivated.

Beginning with the most common of the duties just enumerated, it is surprising how few nurses know how to *syringe the ear* properly. There is a certain "knack" about it which is not easily caught. Although nothing but practice will ever make perfect, the following instructions will serve

at least to give the nurse some idea of how the manipulation ought to be done. The patient should be seated with the ear to be syringed opposite a good light, with a towel placed upon the shoulder and tucked into the collar. A kidney-shaped bowl or Gardiner Brown's special glass receptacle is held under the ear against the neck by the patient himself, and if he does his work properly, there is no need for "ear spouts" or similar contrivances. Seizing the tip of the ear with the left thumb and forefinger, the nurse pulls it gently upward and backward to straighten the canal, and introduces the nozzle of the syringe into the opening. The point of the nozzle must not be directed straight inward, but towards the roof of the meatus, so that the fluid washes over the sensitive drumhead instead of impinging directly upon it. Force is not required, but the contents of the syringe should be made to flow in gentle jerks. This gentleness is especially necessary when syringing a patient's ear for the first time, as a too forcible injection may cause pain, giddiness, or even fainting. After syringing, the ear should be dried with a soft towel, and the nurse should show the surgeon anything that has come away from it. Plain water should not be used, but water which has been sterilised by boiling, boric acid lotion, carbolic (1 in 40), or corrosive sublimate (1 in 2,000) should be employed. Whatever fluid is chosen should be *comfortably warm*.

The troubles for which the nurse may be required to use the syringe are cerumen ("ear-wax") or discharges from the ear. If the instructions given above are observed, she should have no difficulty in removing the former, as the fluid, passing along the roof, washes out the plug of wax from behind. After the removal of cerumen, the patient should not be allowed to go away without a small plug of wool in the ear. In syringing for pus, a very gentle stream should be used.

Finally, it should be remembered that patients cannot syringe their own ears with any success, and if the procedure has to be carried out daily, some relative or friend should be personally instructed how to do it.

The Administration of Instillations.—For local application to the ear, instillations or "drops" are extensively employed. They are used as follows:—The patient lies upon his side, with the ear to be instilled uppermost. The drops, diluted if necessary and properly warmed, are poured into the ear and retained, by the patient's position, for from eight to ten minutes. On no account whatever should drops ever be applied cold. A ready method of warming is to use a

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