

when the discharge stops. Probably this symptom is largely responsible for the popular idea that I have just alluded to. The real fact of the matter is this, the discharge does not really cease, but becomes shut up, and consequently blocks the passage to the entry of sound, so that when it again finds an outlet the patient hears better because sound can again reach him. This shutting up of discharge may be due to several causes, such as an accumulation of wax, the drying and caking of matter, the blowing in of powders with the mistaken idea of curing the disease, forgotten plugs of cotton-wool, or the presence of a polypus, a growth which is the outcome of the abscess itself.

Let us ask what really happens when the discharge is thus pent up in the tympanum. To properly answer the question we must look again at the diagram (Fig. 1)\* and see what structures are in contact with the ear. Above the middle ear is the brain, separated only by a thin plate of bone and its own membranes. In front and to the inner side is the internal carotid artery, whose beating one can hear when one lays one's ear on the pillow at night. Underneath the middle ear is the beginning of the great jugular vein of the neck, while the big vein from which it comes, called the lateral sinus, inside the skull is lying behind and to the inner side, in very close relation to the mastoid antrum of which I have already told you. You can, therefore, easily understand the dangers of allowing a chronic abscess to run its course without any effort being made to fight it. Not only may the little bones of the ear become destroyed and the proper transmission of sound vibration interfered with, but ulceration of the bony roof may open up a channel of infection to the brain cavity and cause meningitis or brain abscess. Similarly, cases have been met with in which the carotid artery has been eaten into and the patient has died from sudden hæmorrhage from the ear, whilst infection of the lateral sinus and jugular vein and consequent blood poisoning has been directly responsible for many deaths. Extension of the disease to the mastoid is very common indeed, and requires an operation of some magnitude to successfully deal with it. Lastly, the facial nerve, which enables us to move the muscles of the face, passes through the middle ear enclosed in a little tunnel of bone and may become so seriously

injured by disease in the tympanum as to cause paralysis of the face muscles.

These, then, are some of the risks run by a patient who is the victim of a chronic discharge from the ear, and will readily enable you to understand the almost criminal folly of allowing such a malady to proceed unchecked. People do not "grow out of" trouble like this, it would be more true and more logical to say that the disease outgrows the patient.

When we are called upon to treat a chronic discharge from the ear, the first thing we do is to try and discover the cause. This very often lies in the throat or nose, and our attention is, therefore, first directed to the remedying of affections of those parts. That done, the ear itself is treated, and, providing that none of the complications which I have just mentioned are present, this may be fairly easy. It generally consists of syringing with antiseptics, or the use of solutions dropped into the ear, or the two combined and as these methods require carrying out once, twice, or even three times a day, a good deal depends upon the patient himself or his friends or relatives. I am, therefore, going to tell you how to syringe the ear and how to apply drops. But first of all let me impress upon you, although this is going a little away from the strict letter of my subject, which deals only with children, that it is impossible for a person to syringe his own ear properly. I know that curiously bent syringes are sold by chemists and instrument makers for this purpose, but such things are made for their benefit and not for that of the public—they are, in a word, made to sell.

The proper syringe to obtain is a simple glass one with a straight nozzle and holding about two ounces of liquid. The fluid to be used must be made comfortably warm, as cold is harmful and causes considerable pain. The patient should be seated or held with the ear to be syringed towards a good light. The auricle is then taken with the finger and thumb of one hand and pulled gently upwards and backwards. The nozzle of the syringe is inserted into the dark opening of the passage, its point towards the roof, the floor, or to one side. By doing this the fluid is made to run along the wall of the canal instead of being sent with all its force straight down into the depths, to strike the sensitive drum-head and cause pain. By doing as I tell you the whole canal is thoroughly washed out. The first syringeful should be used with the utmost gentleness, as

\* Inserted in the NURSING RECORD of April 20th.

[previous page](#)

[next page](#)