

any force may cause giddiness and even make the patient faint.

When the syringing is finished the ear should be gently wiped with a clean soft towel, or a little cotton wool wrapped round a clean bodkin. Then, if drops have been ordered also, they should be used now. The patient is made to lie down with the ear under treatment upwards, the drops, previously warmed, are then poured from the bottle or a clean tea-spoon into the passage and allowed to remain there for ten minutes or a quarter of an hour.

It is of the utmost importance that the syringe or any other instrument you may have to use is kept absolutely clean. This can only be properly done by boiling.

Now let me speak for a minute of deafness occurring without discharge. This is, of course, not so important from the point of view of danger to life, but it is of immense moment to the child's after career. Parents do not wait long if they find their children going blind, but they will allow them to get deaf beyond redemption without taking the smallest step towards remedying it.

You will remember how I have told you it is necessary for correct hearing that the middle ear should be kept properly ventilated by the Eustachian tube. Let us understand exactly how this happens. When the throat is at rest these tubes are closed, when one swallows, the tubes open and some of the air in the middle ear is swallowed whilst air rushes in through the nose to supply its place. When the nose is blocked up by a cold or any other cause, or the naso-pharynx is full of adenoids, this cannot take place, and therefore the air in the tympanum is diminished, the pressure outside the drum-head is made greater than that inside, it becomes driven inwards, and hearing becomes less acute. The same thing may happen when the Eustachian tube becomes obstructed by inflammation which has spread from the throat. This may get well when the cause of the blocking of the nose or tube has passed off, but a time comes as, for instance, after repeated colds or when adenoids have existed for some time, when the effect does not pass off and the patient becomes, sooner or later, permanently deaf. Treatment at this stage may be too late. Therefore, those who have the care of children should take warning and seek proper advice before the time at which good may be done has passed away, never to return. In these cases

it is the doctor who is blamed, when in reality it is the parent who is responsible.

In conclusion I wish to say a few words as regards the care of children's ears when they are not diseased. The organ should be guarded as carefully in health as in illness. Mothers and nurses often do harm through ignorance, and, therefore, even the most apparently trivial hints may be of value. I have seen ears damaged by unskilled efforts made at cleaning the passage with a pin or the highly objectionable spoon-shaped instrument sold for the purpose. I would impress upon those in every day charge of children the fact that gentle wiping with a soft towel is all that is necessary. It is a good practice to put cotton wool in a child's ears when washing him, for cold water may cause not only pain but inflammation, and when the passage is wetted careful drying should never be neglected.

Of the reprehensible habit of "boxing the ears" I hope you do not need to be reminded, but I have found parents, who ought to know better, indulge in it as a mode of correction. They do not seem to realise the importance and delicate nature of the organs contained in the skull, and the grave mischief that may be caused to them by blows; one might as well punish a child by violently poking it in the eye as by boxing its ears.

Lastly, people often complain that their children's ears are too large, or outstanding and unsightly. Indeed, I once heard a mother describe her child as having "great flapping ears, like an elephant," which was a slight exaggeration. An operation of a very simple character, but requiring care and skill, is now done to remedy such deformities, and parents need not in future make such complaints in vain.

### Surgical Importance of Jaundice.

Dr. Archibald Maclaren's conclusions are: (1) That slight attacks of jaundice are of comparatively little surgical importance, and that the majority of surgical diseases of the biliary passages have no jaundice at all; (2) that persistent jaundice, especially if progressive, is usually a contra-indication to surgical measures; (3) that, on the other hand, intermittent, deep jaundice, especially if associated with chills and a rise in temperature, denotes the presence in the common duct of a stone that urgently demands removal.

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