would have been spent on the latter for causes to which she had devoted her life.

Mr. Henry Bonham-Carter, Secretary of the Nightingale Fund, also spoke, and said the principles which Miss Nightingale laid down in connection with the organisation of Nurse Training Schools were:—(1) The appointment of a Matron who had undergone a thorough training, and was expert as a nurse, to the absolute control of the nursing; (2) the comfort and moral discipline of the nurses; (3) the careful selection of probationers. These were the three points on which she based her system.

Mr. Deputy Wallace, J.P., then moved:—
"That the Address of Mr. Chamberlain with
the answer of Mr. L. H. Shore-Nightingale be
entered on the Journal of this Court and
printed in the Minutes of Proceedings and
sent to every member." This was agreed,
and a memorable occasion concluded with
a vote of thanks to the Lord Mayor.

## The Special Mursing of the Ear and Mose.

NURSING LECTURES DELIVERED AT THE ROYAL EAR HOSPITAL.

By MacLEOD YEARSLEY, F.R.C.S. Senior Surgeon to the Hospital.

## LECTURE VII.

THE AFTER TREATMENT OF OPERATIONS UPON THE EAR.

This is a subject which, in lectures like these, is a little difficult to treat, since the amount of work left to a nurse varies with different surgeons. There is, however, one thing that must always be kept in view, however great or however little the nurse's work may be, and that is the paramount necessity of perfect asepsis or antisepsis in the aftertreatment of aural operations. Much of the success of the work which has been done will depend upon the proper observance of asepsis or antisepsis, and, whether the case is dressed by the surgeon, his house-surgeon, or the nurse, the latter must never relax her vigilance as regards the instruments, the solutions used. the dressings required, and, last but not least, the condition of her own hands. Instruments required for dressing a case must be sterilised before use, and the dressings should be prepared with scrupulous care and with an eye to the prevention of waste. As regards the hands, let me impress upon you that antiseptic solutions are not fetishes that confer some special safety upon the hand that is rinsed therein, but are mere adjuncts to surgical cleanliness. The hands require properly scrubbing with plenty of soap, hot water, and a good nail-brush. They should then be well dried and rinsed in spirit before they are admitted to a bowl of antiseptic. The scrubbing should apply to front, back, knuckles, nails, and wrists, and, once cleansed, the hands should touch nothing that is not surgically clean. Before a dressing is commenced, the nurse owes it to herself to close up any abrasions by means of collodion or "new skin"; there is always a risk of septicæmia with these bone cases.

The operations which we discussed in our last two lectures were both major and minor. I will say a few words as to the after-treatment of the latter first. After the removal of polypi the meatus requires packing for twenty-four hours, after which time the packing should be removed and the ear treated according to the surgeon's special directions. The removal of packing from the ear after any operation is painful, but it can be greatly facilitated and rendered much less unpleasant to the patient by soaking it out by instillations of peroxide of hydrogen.

Similar packing is done after incision of the tympanic membrane, and the gauze should be renewed in not less than twenty-four hours.

After the opening of aural boils, after treatment, to prevent recurrence, if of very great importance. The best results (provided, of course, that the passage has been properly freed of wax, dead epithelium, and similar accumulations) is to swab it out with Lister's strong mixture, and to then start instillations of strong spirit twice daily. These instillations should be continued for at least one week after healing has taken place.

The wounds made by the operation for outstanding ears do not require any different treatment to that of any ordinary surgical incision. Owing to the excellent blood supply of the auricle, healing is usually rapid, and stitches can be removed in three or four days.

After the removal of foreign bodies by turning the auricle forwards, the meatus is packed with ribbon gauze, the post-auricular wound dressed, and the ear enveloped in a dressing, and bandaged. It should not be disturbed for about three days, unless there is some reason for doing so. Such cases usually heal quickly and well.

After removal of the ossicles, the ear should be tightly packed for twenty-four hours. A pad and bandage may be applied, but is not previous page next page