

PRACTICAL POINTS ON THROAT, NOSE,
AND EAR CASES.

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LECTURE III.

The lecturer recalled an old saying amongst medical students, that there were two varieties of ear disease, the one curable by syringing, and the other incurable. This, although of course an exaggeration, emphasises very aptly the great importance of syringing in the treatment of diseases of the ear. For the removal of wax or any foreign body, whether a button or any of the other substances which children are so fond of introducing into their ears, with such very dangerous results, or a mass of inspissated pus, or a mixture of boracic acid and pus such as one often finds when purulent discharges are treated with injections of that material, a proper ear syringe must be used. The first rule in syringing out the ear is that the stream of water—warmed to about 90 degrees Fahr.—must be of considerable velocity, that is to say, injected at the same time both strongly and steadily. In giving the injection—the patient holding a basin underneath it—the ear is grasped by the left index finger and thumb of the operator, and is drawn back and slightly upwards so as to make the canal of the ear fairly straight. Then the nozzle of the syringe is directed against and along the posterior wall of the canal. It is always well to protect the point of the nozzle by an indiarubber ring so as to prevent scraping the sensitive skin of the canal. The syringe should be filled quite full of water, because, if it contains air, this will make a tremendous noise as it is forced out into the ear. A little warm glycerine, introduced into the ear and kept there by a little cotton wool, loosens plugs of wax which may have become dry, hard, and more or less fixed, and therefore difficult to remove by an ordinary injection. When the membrane of the “drum” of the ear has been destroyed, wholly or in part, it is very common to have giddiness or *vertigo*, caused by syringing the ear, owing to the increased pressure which is thus produced in the internal ear. Some patients are very liable to giddiness or even to faintness under such conditions, and it is therefore all the more important that the syringing should be done while the patient is seated. Besides lotions, powders and fluids are used for dropping into the ear in case of disease. The former are usually boracic acid, iodoform, or some other description of antiseptic. In using powders by insufflation, it is well to remember that the ear should be thoroughly cleansed and dried in the first place, and then a small quantity should be insufflated directly on to the seat of the disease. The insufflator made by Messrs. Burroughs & Welcome is that which the author prefers and finds most suit-

able for all cases; but a short glass tube or a quill furnished with a small indiarubber point is sufficient in some instances. Most applications require to be made warm before being used, and the simplest way of doing this is to place them in a teaspoon, and then the bowl of this upon hot water.

Aural ovoids are small discs of gelatine or glyco-gelatine containing some other drugs, and they are used when local and prolonged action is necessary. They are introduced and gently pushed down the canal, and left there to dissolve and thus cause their local effects. Sometimes ear-ache is very great, and often may be relieved by putting five drops of chloroform into an egg cup and holding the ear closely over it, or various forms of dry heat, such as hot bran or salt bags, may be applied with advantage outside the affected organ. Hot steam, which was formerly often used, and which sometimes gives relief, has unfortunately harmful results in some cases by softening the skin of the canal and so causing it to swell. Ear-ache is very common in children and sometimes extreme, and requires, generally, considerable attention, as in many cases it indicates very grave disease. The best way of drying an ear after an application is to make screws of cotton wool and introduce these.

The use of Politzer's bag, or one of its various modifications, is often required, especially after removal of adenoid growths from the nose. Their object is to introduce air into the inner ear or tympanum. The patient is directed to swallow a little water while air is pumped by the bag into the pharynx, and, being unable to escape through the mouth or nostril, which are both being carefully closed, the air forces its way up the Eustachian tube.

Quinine is sometimes applied externally for the relief of that troublesome symptom, “noises in the head.” In this case, blistering fluid is painted on a small patch of skin, about the size of a sixpenny piece, just behind one ear. When the blister has risen, the skin is gently cut away and the powdered quinine is sprinkled over the wound, a small piece of protective being strapped over it. Pilocarpine is sometimes used, and, in that case, the Nurse has to watch for the prominent effects of the drug, which are salivation, sometimes so profuse as to compel the patient to keep his mouth open and let the saliva run out; and sweating, which is even a more frequent result, and sometimes even more profuse. The drug sometimes causes vomiting and faintness; in other words, disturbance of the heart's action, and then, probably, stimulants will be required.

When leeches are ordered, they can either be applied just in front of the ear or just inside the concha; in the latter case, great care must be taken lest the leech should crawl into the canal of the ear, as dangerous results have been known to follow such an accident. The lecturer showed the various forms of instruments, which are used in the treatment of ear disease, and explained the methods of their employment, especially exemplifying the manner in which the Eustachian catheter was introduced into that canal.

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