

The Care of Children's Ears.*

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Let us pass now to the other great cause of abscess in the ear, namely the infectious fevers. I have little hesitation in saying that suppuration in the middle ear as a result of these maladies is eminently preventible, and yet no less than two-fifths of the cases of middle ear disease claim scarlet fever or measles as a cause. The exercise of a reasonable amount of care of the nose and throat during the course of these affections would materially reduce the number of these cases. Both scarlet fever and measles are particularly liable to be accompanied by throat and nose complications. The swelling of the turbinated bodies in the nose and of the openings of the Eustachian tubes in the throat, together with the increased and sticky secretion, quickly blocks up the latter and gives rise to the retention of secretions in the middle ear and so causes inflammation. This retention is further helped by the position of the child in bed on its back, and when there are any adenoids present they only serve to add to the trouble. Moreover, the infectious fevers are themselves a cause of adenoid growths. In measles, too, it has been recently shown that there is always a certain amount of inflammation, more or less slight, in the ear itself.

Now the implication of the nose and throat cannot be prevented, but the blocking of the Eustachian tubes and the consequent retention and suppuration in the middle ear can be hindered by simple methods. In older children encouragement to a frequent use of the pocket-handkerchief will relieve the throat and nose of the collection of thick and sticky secretion, and with it of a number of the micro-organisms of disease. The nose must not, however, be blown too violently, as micro-organisms and secretion may be blown into the Eustachian tubes thereby. In younger children the handkerchief must be replaced by gentle syringing of the nose with a solution of borax or bicarbonate of soda. The syringe must be directed straight backwards so as to run towards the throat, the head leaning forwards slightly. The syringing must be done slowly and with care.

By these means ear trouble can to a large extent be avoided, but a sharp look out should

be nevertheless kept for any sign of the ear becoming affected. Any complaint of ear-ache in children able to talk, or the crying and putting of the hand up to the organ in younger children should at once cause the doctor's attention to be drawn to it. In very young children the occurrence of an acute abscess in the ear is often mistaken for meningitis, and in this case the doctor's notice will be attracted without other warning.

Whether the occurrence of an abscess in the ear be due to one of the infectious fevers, or to adenoids, or to cold, the symptom of ear-ache should never be neglected. Pain in the ear may be due to a variety of causes, it may result from the beginning of an abscess, that is to say, from inflammation of the ear itself, or it may be caused simply by some trouble in the mouth, such as a decayed tooth or an affection of the throat. But whatever its cause, it must not be neglected and aid should at once be sought. Unfortunately, there are many popular domestic remedies for ear-ache which are nearly all harmful, such as the placing of tobacco or half a roasted onion in the ear. I once saw a labouring man at the hospital who had actually been persuaded to pour strong oil of vitriol into his ear for pain, it is true that he did not put very much in, as it hurt him, but he succeeded in causing a very troublesome burn about half way down the passage. Let me warn you never to resort to such heroic remedies, if you have a case of ear-ache in the house, take it to the doctor and if it is sometime before he can see it, try and relieve it by dropping boiled water, as hot as can be borne, into the ear. Do not use hot oil, as oil becomes rancid and may cause trouble. Nor should poultices be employed, as they may cause severe inflammation of the auricle. Dry heat, by means of hot cotton wool or bran bags, is often very useful.

Now let us speak more particularly of chronic abscess, which makes itself apparent by the existence of a discharge from the ear. Many people are under the mistaken notion that a discharge from the ear is best left alone—that it is dangerous to meddle with it. This unfortunate belief is responsible for terrible results. Neglect can only lead to complications which require serious operations for their relief, if, indeed, they do not cause death. A very frequent remark from the sufferer or his relative is that he hears better when the ear is discharging freely, and that he is only deaf

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