

membrane with the hook apparatus they possess, or no symptoms at all.

Treatment.—The following four rules should always be kept in mind in dealing with foreign bodies:—

1. Remember the anatomy of the meatus.
2. Make sure that there is a foreign body present.
3. Unless specially contra-indicated, persevere with the syringe.
4. Never use instruments unless under good focal illumination.

Speaking generally, the syringe is the instrument upon which most reliance should be placed. Instrumentation is scarcely ever necessary, and, especially in inexperienced hands, often dangerous. The chief contra indications to the use of the syringe are when there is a large perforation through which the foreign body could be washed, when syringing causes violent vertigo, or when the body is sharp-pointed and likely to be easily made to wound the drumhead. In the case of bodies which quickly absorb moisture, or which from that cause are already jammed tightly in the meatus, the syringe may fail until the object has been carefully broken up. If syringing fail, it should be repeated with the patient lying upon the side implicated, in order that the force of gravity may be brought in to assist in the extraction. If this be not successful, the better plan is to postpone further interference for a time and later to try again with the syringe, using an anæsthetic if necessary. In ninety-nine cases out of a hundred syringing will suffice, but occasionally instrumental extraction becomes necessary. Various hooks, probes, forceps, &c., have been devised for this purpose, and at times it has even been found necessary to detach and turn forward the auricle.

Whatever method be employed, it cannot be considered safe unless done with perfect care, through a speculum and under good illumination, the want of which is probably the most fertile source of unsuccessful efforts and consequent damage. Occasionally, especially in children, an anæsthetic is necessary. It should be remembered that there is, in most cases, no cause for hurry, and in many cases undue haste is greatly to be deprecated. The urgent symptoms requiring action are enumerated by Zaufal as fever, optic neuritis, choked disc, or even an increase of redness of the disc as compared with its colour at the outset.

Insects are best removed by syringing or by floating them out with warm oil or water. Larvæ require picking out with forceps on account of their habit of attaching themselves to their lodging. It is well to kill them first by an instillation of warm perchloride of mercury solution or spirit and water.

The British Gynæcological Society.

The first of the new Nursing Examinations instituted by the British Gynæcological Society was held last week, and a short description of it will be of interest to nurses. The British Gynæcological Society, as our readers are perhaps aware, is a leading London medical society, and is distinguished from many others by possessing members in most of the British Colonies. Its Fellows are, for the most part, specialists in Gynæcology and Obstetrics; and it appears that many of them have for long complained of the scrappy and inefficient training usually given to Maternity nurses, and also to those who desire to attend upon patients suffering from the diseases of women, or who have undergone abdominal operations. Consequently, the Society, early this year, determined to hold examinations and give certificates in Maternity Nursing, and in Gynæcological Nursing. To avoid any future complaint that it had acted unfairly to those who were at present working as maternity nurses, the Society determined that until December 31st, 1903, it would accept for examination women who had only had one year's general hospital training, in addition to special training in either a women's hospital or a lying-in hospital. Next year, its conditions become more stringent, as it will demand two years' general training; and after January 1st, 1905, no nurse will be admitted to its examination unless she has had at least three years' general training, and at least three months' work in gynæcological or lying-in wards. The Society has been fortunate so far, inasmuch as every applicant for its examination has had three years' first-class general training. But it may be expected that, now the scope and character of the examination has been shown, a considerable number of candidates with less training than this will avail themselves of the "period of grace," and will enter for the examinations in September and December next.

The examination is divided both for the Maternity and Gynæcological Certificates into two parts: first, written, and second, *vidæ voce*. The former was held on June 4th, candidates in the country having to answer their written papers under the supervision of the Matron of their hospital, or of one of the local examiners appointed by the London Board. We have much pleasure in giving below the full questions which were asked in the two examinations.

On June 18th, all the candidates attended in London. Each one was first examined by two hospital Matrons—Miss Fox, Matron of the City of London Lying-in Hospital, City Road, and Miss Richmond, Matron of the Midland Hospital for Women, Birmingham—in practical nursing details; then each candidate had a *vidæ voce* examination,

[previous page](#)

[next page](#)