

The Special Nursing of the Ear and Nose.

NURSING LECTURES DELIVERED AT THE ROYAL EAR HOSPITAL.

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LECTURE III.

GENERAL INSTRUCTIONS.

In the treatment of diseases of the nose and ear the nurse may at any time be called upon to perform numerous small duties upon which the efficacy of the methods employed may largely depend. Besides those manipulations, every nurse should be acquainted with the instruments which the specialist requires for conducting his examinations and operations. It will, therefore, be advisable to enter first upon the duties of the nurse in the outpatient room before detailing those in the wards and operating theatre.

The examination of patients suffering from diseases of the nose and ear requires the use of a good reflected light. The source of this light does not concern the nurse in hospital, suitable gas or electric lamps being arranged. In private houses, however, the nurse in charge should prepare for the visit of the specialist by providing a good lamp—an oil lamp, if there is nothing else available—provided with an efficient reflector. And here I may mention that in hospital the nurse should see that the reflectors of the lamps are kept well polished. With the instruments that the surgeon requires to be ready for him in the outpatient room the nurse should be well acquainted. It saves much time, and, incidentally, wear and tear of temper, if the surgeon always finds them ready to his hand.

These instruments are:—A head-mirror, mounted either on a head-band or spectacle frame, specula (of which Gruber's are most commonly used), Siegle's pneumatic speculum, probes, forceps, Politzer's air bag, Eustachian catheters, diagnostic tube, nasal speculum, and tongue depressor. In addition to these, the acoumeter, Lucæ's tuning fork, stopwatch, Galton's whistle, and series of tuning forks, should be ready for testing the hearing. The *acoumeter* is a little instrument by means of which a sharp click is made by the falling of a steel hammer upon a rod of the same metal.

The ordinary *tuning fork*, that is to say, the one most used by the surgeon, is that known as Lucæ's, which possesses a footplate of vulcanite and clamps upon the prongs. Galton's *whistle* is a small whistle, sounded by a hand

ball, in which the length of the barrel can be graduated by means of a screw piston, thus varying the pitch of the note sounded; it is used for testing the hearing for high tones. The ordinary Galton's whistle is not a very efficient one, and is being replaced by the larger "*Edelmann-Galton*" whistle, which is more accurate and reliable. The remaining forks used in the Royal Ear Hospital are eight, viz., 3C16, 2C32, 1C64, C, C₁, C₂, C₃, and C₄.

The *stop watch*, used for tuning the forks, should never be omitted.

The instruments used for the practice of inflation of the middle ear are the *Politzer's bag* and *Eustachian catheter*. The former consists of a rubber handball with a capacity of six to eight ounces, attached to a tube ending in a nozzle for insertion into the nostril. Drinking water should be at hand should the surgeon wish to use the Politzer's bag. It is, however, a dirty and septic instrument, and, as you probably have noticed, I prefer to perform my inflations with the Eustachian catheter. These catheters require to be kept very clean—indeed, they really ought to be sterilised by boiling after each use. With them should be supplied an inflating bag and a *diagnostic tube*, the latter being used to put the patient's ear in connection with that of the surgeon.

In the examination of the nose, the surgeon needs a *nasal speculum*. The one in use at this hospital is that named from its inventor, Thudichum. Another useful pattern is that of Lennox-Browne. A *tongue depressor*, usually Frankel's, is also required, and, for the examination of the naso-pharynx, a *posterior rhinoscope*. This may be the somewhat elaborate movable mirror known as Michel's, or a small laryngeal mirror the stem of which has been given a slight curve.

Probes are the ordinary surgical probe, and the vulcanite probe for use with cotton wool.

Arming probes with wool—This is a duty that the nurse may have to perform, and I would advise you to practise yourselves in doing it until you can arm a probe well and firmly enough to prevent the wool coming off at the first touch, and yet sufficiently loosely to admit of its removal, when soiled, without difficulty. A small piece of cotton wool should be pulled out evenly to about the size and shape of a postage stamp, and held lightly between the left forefinger and thumb. The probe, held by the same digits of the right hand, is laid upon one corner of the wool, which, being steadied by the left thumb and forefinger, is wrapped round the end of the

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