

probe by a rolling motion of the latter. There is a certain "knack" in doing this properly, but a little practice quickly makes one expert.

*Care of instruments*—A few words as to the care of instruments is necessary. All instruments should be cleaned immediately after the surgeon has finished his work, and a nurse who takes any pride in her duties will see that everything is clean and put away before going off duty.

Eustachian catheters should be boiled in a solution of soda, and the bore afterwards dried by passing them rapidly two or three times through the flame of a spirit lamp.

The nozzles of Politzer bags and diagnostic tubes should be cleansed with an antiseptic, such as 1 in 20 carbolic, and the latter, as also the specula of the Siegle's speculum, cleaned from any earwax that may adhere.

I now pass on to certain methods of treatment that may be entrusted to the nurse. In these I cannot too strongly insist upon the necessity of thoroughness, combined with the utmost gentleness. The ear and nose are very sensitive organs, and any roughness of manipulation not only disturbs the patient's confidence, but defeats the object in view, and a gentle and delicate touch should be cultivated.

The most common duty the nurse is called upon to undertake is that of *syringing the ear*. Simple proceeding as this is, it is curious how comparatively few individuals are adept at its practice. There is a "knack" about it not always easily caught at first, but which, once acquired, is never lost. The patient should be seated opposite a good light, a piece of waterproof sheeting, covered by a towel, being placed on the shoulder and tucked into the collar. A kidney dish is held under the ear by the patient himself and pressed tightly against the neck. The nurse then seizes the tip of the auricle with the left thumb and forefinger and pulls it gently upwards and backwards in order to straighten the canal in the manner I told you in my first lecture. The nozzle of the syringe is introduced into the opening of the passage, and its point directed towards the floor or roof of the canal, never straight inwards. By this means the fluid washes over the sensitive tympanic membrane and does not impinge directly upon it. No force is needed, but the contents of the syringe may be made to flow in gentle jerks. Plain water should not be used, but either water that has been sterilised or some antiseptic lotion; it should be made comfortably warm, and on no account used cold or tepid. *Whatever comes away from the ear should be shown to the surgeon.*

The conditions for which the nurse may be called upon to syringe are cerumen ("ear-wax") or discharges from the ear. If the instructions just given are carefully followed, she should have no difficulty in the majority of cases in removing the plug of wax. The fluid, passing along the roof of the canal, washes it out from behind. After wax has been removed, the ear should be gently dried, and the patient should not be allowed to leave without a plug of cotton wool.

In syringing for discharge, a very gentle stream should be used. It is useful in these cases to have a length of fine rubber tubing fixed to the syringe. Should syringing cause giddiness the surgeon should be at once informed. The nurse should bear in mind that the first syringeful should be used *most carefully* and not forcibly fired down the meatus, as a patient may drop off the chair from sudden vertigo from syringing when the nurse least expects it.

Finally, it should be remembered that patients cannot syringe their own ears properly. The nurse may at times have to instruct a patient as to syringing at home. If possible, a relative or friend should be personally taught by the nurse.

I now pass on to the use of *instillations*, or drops for the ear. The use of drops is a very valuable method of treatment, and they should be applied as follows:—The patient lies on his side, with the ear to be instilled uppermost. Or he sits with the head resting on a table. The drops, diluted if necessary and properly warmed, are poured into the ear and retained therein for from five to fifteen or twenty minutes, as ordered. A ready method is to use a teaspoon, previously warmed over the flame of a spirit-lamp, but a better method is to place the drops in a *minim* measure standing in hot water. Of course spirit drops, which may catch fire, cannot be warmed over a flame. On no account, *with the single exception of peroxide of hydrogen*, should drops be used cold. When the instillation is finished, a pad of wool should be placed over the ear to soak up any excess of the fluid as the patient rises. When drops are applied after syringing, the canal should first be carefully dried by means of a wool-armed probe.

I shall continue the general duties of the nurse in my next lecture.

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We have received the Annual Report of the Nurses' Co-operation, London, which records a most successful year's work. We hope to refer to it again next week.

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