

The Special Nursing of the Ear and Nose.

NURSING LECTURES DELIVERED AT THE ROYAL EAR HOSPITAL.

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LECTURE IV.

GENERAL INSTRUCTIONS (*Continued*).

NOTE.—In reading those lectures which speak of the instruments used by the specialist, the nurse should refer to one of the illustrated catalogues issued by instrument makers in order that she may familiarise herself with the appearance of the instruments mentioned.

I shall continue to-day the general duties that the nurse may be called upon to perform in the outpatient department or wards of a hospital devoted to the treatment of diseases of the ear and nose. Among these duties are the application of blisters, heat, cold, or leeches, and packing the ear with antiseptic gauze.

Blisters are applied behind the ear over the mastoid process. It is important that the skin should first be cleansed with a little ether or ammonia to remove any greasy material. An area about the size of a shilling should then be painted with *Liquor Epispasticus*. One layer is usually sufficient, and when the blister rises it should be treated in the ordinary way.

Heat may be applied to the ear in a variety of ways. Poultices are not advisable, as they may cause severe inflammation of the covering of the cartilage of the auricle. Dry heat by means of a large pad of very hot cotton-wool, or of hot flannel covered by wool and secured by a bandage, is the best method to employ; the "bran-bag" of domestic medicine is also an excellent means. Heat may also be applied by Leiter's tubes or by instillations of sterilised water as hot as can be borne. Hot water may also be used in a rubber water-bottle.

Cold may be applied by means of ice bags, but Leiter's tubes are more convenient, and more effective. Evaporating lotions are not adapted for application to the ear.

Leeches form a very valuable method of treatment in acute inflammatory conditions of the middle ear and mastoid. Although the method of their application belongs rather to general nursing, I have found so many nurses ignorant of how to put on a leech, or, perhaps, I should say, wanting in experience, that I shall give you the directions here.

The part of the skin selected for the application of the leech should be washed and then dabbed with a little

milk. The leech should then be taken from its box or bottle and allowed to swim for a few minutes in a basin of clean water, and, before being applied, should be allowed next to crawl over a clean towel for a minute or two. It is then taken up in a clean test tube or a wine glass, which is inverted over the spot selected. It may be some time before the leech can be made to fasten, but when it has once taken hold it should be left to drop off, when distended.

In ear surgery, the spots to which leeches are usually applied are: (1) In front of the tragus, (2) the mastoid process, (3) occasionally beneath the ear. Should the nurse be a little hazy as to the exact spot the surgeon wishes the leech or leeches to be applied, she should ask the surgeon to mark it in ink.

Packing the Ear.—The nurse may be required to pack the ear with antiseptic gauze. This should be done with either plain sterilised, double cyanide, or iodoform gauze, according to the directions of the surgeon. It may be used dry or soaked in antiseptic solution, such as 1 in 40 carbolic. Ribbon gauze is used, and this should be from half to one inch broad, and cut in strips of from six to twelve inches long.

One end is seized with a pair of aural forceps and gently passed into the canal to the inner end, the auricle being pulled backwards and upwards at the same time. The remainder of the strip of gauze is then packed in, not too tightly, until the canal is nearly full. A second and shorter piece is packed in upon the first piece. This smaller piece is meant for the patient to play with. If he worries it out when no one is looking, he is satisfied, and it does not matter, as the main packing remains intact, and he cannot get at it. This arrangement answers quite well and saves the necessity of a pad and bandage.

It is fitting here to say a word about bandaging the ear. Numerous special bandages have been invented for retaining dressings upon the ear and mastoid, with and without tails as complicated as some of those of Hofmann. A roller bandage, skilfully applied, will be sufficient to keep any dressing upon one or both ears for any length of time. The chief essentials are to get it well on the forehead in front and well under the occiput behind. If these two points be remembered, there is no need whatever to pass it under the chin. Those of you who are familiar with the practice of this hospital will know that we never bandage mastoids under the chin, and I think you also know that, in spite of this fact, our bandages never come off.

I now pass on to the duties that the nurse

[previous page](#)

[next page](#)