

## The Special Nursing of the Ear and Nose.

NURSING LECTURES DELIVERED AT THE ROYAL EAR HOSPITAL.

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### LECTURE VI.

OPERATIONS ON THE EAR (*Continued*).

4. *Operations for Outstanding Ears.*—These are performed for the rectification of auricles which are unsightly from the way in which they stand out from the head. They usually consist of the removal of an elliptical piece of skin and cartilage from the back of the auricle, and the bringing together of the edges with sutures of horsehair or fine gut. Both auricles require careful purification, as also does the surrounding skin, especially that over the mastoid process. The instruments required are scalpel, dressing and artery forceps, needles, and whatever sutures the surgeon prefers. Plenty of flat swabs are also necessary. After the operation the wounds are covered with gauze and the auricles are bandaged to the head.

5. *Mastoid Operations.*—These are, *par excellence*, the capital operations of otology. They may be divided into two groups, the *simple opening* of the mastoid antrum (Schwartz's operation) and the *radical mastoid operation*. The former is done in cases of acute mastoid abscess, the latter for the cure of chronic discharge, and as a preliminary to other operations.

(Mr. Yearsley here demonstrated the operations upon the skull.)

For both operations the preparation of the ear is the same. The side of the head requires to be shaved, an area of clear skin with a radius (measured from the centre of the meatus) of about two and a half to four inches being necessary. It is better to shave too much than too little. This area and the ear itself must then be carefully purified. At the time of the operation, the head is enveloped in sterilised towels as described in the last lecture.

The instruments required vary with the method employed by the surgeon. Some attack the mastoid with the drill or bur, others use the trephine, others chisel and gouge, whilst most of us at this hospital use the special gouges devised by Mr. Lake. The other instruments necessary are scalpel, dissecting forceps, a dozen artery forceps, mallet, small chisel, Lake's high-pitched chisel, sharp spoons, aural forceps, pus searcher, probes,

scissors, sutures, and needles. A syringe, hot antiseptic solution, and plenty of the two kinds of swabs mentioned last week must also be ready, as well as about eighteen inches to two feet of sterilised bandage as a retractor.

An instrument sometimes required, especially by beginners, is what is called an "antrum guide," and, if you are preparing for a strange surgeon, you had better put it out. We never use it here, and it is, to my mind, a dangerous instrument.

The instruments I have mentioned should be put out for both operations, for the surgeon who starts with the intention of simply opening the antrum may find so much disease that he may have to make his operation a radical one.

In cases of *simple opening*, the operation is finished by packing the antrum with gauze through the wound which is partially sutured; in the *radical operation*, the whole of the cavity made by the opening up of the antrum, attic, and middle ear is packed with ribbon gauze through the meatus, the wound being sutured in its entirety.

In both cases, the ear is enveloped in a gauze dressing, covered with wool, and bandaged.

6. *Operations for the exploration of the cranial cavity* are performed for the purpose of reaching intracranial abscesses, either extradural, or in the substance of the cerebrum or cerebellum. They are usually preceded by the radical mastoid operation, as that route is the most convenient one, not only for drainage, but as attacking the primary source of the disease preliminary to tracing it into the interior of the skull.

The preparation of the patient, therefore, in no way differs from that for the mastoid operation, and the instruments required are the same with the addition of Jansen's and Hoffmann's bone forceps, long sinus forceps, and drainage tubes.

The same remarks apply to

6. *Operations on the lateral sinus*, in which, again, a preliminary radical mastoid operation is first performed. Bone nibbling forceps (Jansen's, Hoffmann's) are needed, as well as a sterilised hypodermic syringe. As it may also become necessary in these cases to tie or resect the internal jugular vein, retractors and an aneurism needle and ligatures should be ready at hand.

Ribbon gauze for packing, with gauze dressings and pads of wool and bandage are required for the final dressing.

7. *Operations upon the labyrinth* may be required to be done in cases of middle ear sup-

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