

symptom, is always to be regarded as one of gravity. It is a very trite saying that a man with a discharge from the ear carries his life in his hands.

"When discharge is complained of, its *nature*, *quantity*, *odour*, and *mode of onset* should be noted. Abundant, and mixed with mucus, it probably comes from the middle ear. If blood-stained, the presence of granulations or polypi may be suspected. If it is merely a sticky oozing it is probably due to eczematous inflammation. A copious discharge of watery fluid of low specific gravity, following bleeding, may result from fracture of the base of the skull.

"The odour of discharge is of but slight importance. If the smell disappears quickly under treatment the prognosis for relief is usually good. Its persistence means either caries or retention of pus.

"Inquiry should always be made as to the presence or absence of vertigo in all cases of chronic suppuration."

"*Tinnitus*. Noises in the ear or head are very frequently complained of, and may indeed be the special symptom for which the patient seeks advice. They may be of three varieties: (1) Nervous; (2) Entotic; (3) Objective.

"As regards the *prognosis* of tinnitus, it may be said—(1) When the noises do not vary, and are continuous, it is *unfavourable*. (2) When they vary in intensity, and there is temporary cessation it is *less unfavourable*. (3) When they are altered or relieved by inflation it is *favourable*. (4) When they are altered by rarefaction of the air in the meatus, they are due to altered tension, admitting of treatment.

Vertigo is, we are told, a symptom of great importance. True or *specific vertigo* depends upon disease of the semicircular canals. In such cases the patient tends to fall *towards* the side involved. "*General vertigo* occurs in chronic non-suppurative inflammation of the middle ear, in otosclerosis, in cases attended by intra labyrinthine pressure, in inflammations of and effusions into the labyrinth. It is especially severe in the last two conditions. Such vertigo is not characterised by any tendency to fall in any specific direction. It is the commonest of all varieties of vertigo, and is the result of irritation rather than of actual disease."

FOREIGN BODIES.

The removal of foreign bodies from the external ear, involving the use of instruments, cannot, of course, be attempted by nurses. The following paragraph is of interest:—"Insects are best removed by syringing or by floating them out with warm oil or water. Larvæ often 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. Insects may also be stupefied or killed by allowing the fumes of chloroform to enter the ear for a few seconds."

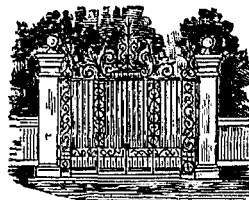
QUININE DEAFNESS.

In connection with quinine deafness, well known to those who take large doses of this drug in malaria, it is interesting to note that "the use of dilute hydrobromic acid in combination with quinine is said to prevent its poisonous effects."

The book, though written for the medical profession, contains much of interest to nurses.

Outside the Gates.

WOMEN.



Roman Catholic Bishops will attend the function as "an act of reparation."

The Pope has sanctioned the resolution passed by the Cardinals concerning the canonisation of Joan of Arc, and the canonisation ceremony is to take place next April. It is said that several English

In the interesting series of articles now appearing in the *British Medical Journal* the salaries of men and women teachers are discussed under the heading, "The Teacher." It is pointed out that "in a mixed department where men and women teachers are employed, the man, having received exactly the same training for the same number of years, paid the same fees, and passed the same examinations as the woman, may teach, in adjoining rooms, half a class of children, and the woman the other half from the same time-table, yet the man receives a higher salary than the woman, although repeatedly it is noted that the discipline in her class is far superior to his, and she has to teach needlework in his department. It cannot be the old story of the man having greater responsibilities, for this injustice commences at the pupil-teaching stage. Therefore we start by having a very large element of discontent among the women-teachers, who, in numbers, greatly exceed the men."

Then, nearly all the inspectors are men. In London, under the County Council, there are only two women assistant inspectors, and no women inspectors. "The serious enthusiastic teachers, both male and female, deplore the want of women inspectors, and certainly it seems absurd to set men inspecting needlework; yet this is a fact! It is not too much to say that inspectorial duties with regard to the health of both boys and girls under 14 will best be attended to and understood by women, as also will the health of the teachers—a matter too little considered—many of them being physically, and therefore mentally, unfit for the strain of teaching. In other countries provision is made for teachers suffering, for instance, from tuberculosis; laryngeal infection is said to be particularly frequent among them, but here nothing is done, and nothing important will be done so long as our schools are inspected by male inspectors on stereotyped methods."

The following ladies have been co-opted on to the London Old Age Pensions Committee of the London County Council:—Miss Leigh Browne, Secretary of the Women's Local Government Society. (It was owing to the work of this Society and the efforts of Miss Leigh Browne that the Qualification of Women Act was passed last year, rendering women eligible to serve on County and Borough Councils.) Miss Morton (daughter of A. C. Morton, Esq., M.P.); Miss Violet Douglas-

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