

ventible by proper care of the nose and throat during the course of the disease or by prompt treatment of ear complications when they arise. Even those severe types of suppuration which sometimes occur in scarlatina and diphtheria, in which the temporal bone is attacked by a suppurative osteitis, can be saved as regards the hearing by timely operation, as the excellent work done by Dr. Knyvett Gordon demonstrates. On the question of the third class of case—the nerve deafness type—it is a little difficult to speak decisively. Some of them, however, could be saved by prompt treatment. Many ears also could be saved that are attacked by tuberculosis, but this is a question of broader range, and I do not propose to deal with it specially here. The question of congenital syphilis, in which the deafness is of internal ear type, is another question of wider significance, with which it is not possible to deal in a paper like this.

#### THE RESULTS OF DEAFNESS IN CHILDREN.

I must allude briefly to the results of deafness in children from the educational point of view. A great deal has been written upon this matter of late years, and the question is a very serious and important one. Whatever may be the terrors of blindness to the adult, and however much more serious the affliction of loss of sight may be to grown-up persons as compared to loss of hearing, that affliction pales when it is contrasted with deafness in the child. The blind child who is a hearing child has still the ear, the most important educational portal, open to him. He can still learn to speak, and so communicate with his fellow-creatures on an equal footing as regards thought processes. But the deaf child is immeasurably worse off, for, unless he is taught by highly specialised methods, he must remain dumb, with greatly limited methods of thought. Hence the prevention of deafness in children is a thing of vast importance in education. But the prevention of deafness in children goes much further than this. A long study of deafness in adults proves that the majority of its causes comes into operation in childhood, and the best way of preventing deafness in the prime of life is to have a practical knowledge of otology as it relates to the child, and to forestall adult deafness by using that knowledge to the best advantage. Unrecognised and untreated nasal conditions, especially adenoids, in the child, although they may not result in ear complications at that period of life, are often slowly and silently, but as surely, working towards deafness in later years. The germ of adult deafness lies hidden in such conditions; the train is

laid, and the explosion is only a matter of time. This, then, is the hour for prevention, for—

The Moving Finger writes ; and, having writ,  
Moves on ; nor all thy Piety nor Wit,  
Shall lure it back to cancel half a Line,  
Nor all thy Tears wash out a Word of it.

Surely the proper course to pursue is to prevent the finger from writing.

(To be concluded.)

## OUR PRIZE COMPETITION.

### HOW SHOULD A SPECIMEN OF URINE BE PREPARED AND HOW EXAMINED?

We have pleasure in awarding the prize this week to Miss Grace Nash, North Ormesby Hospital, Middlesbrough, Yorkshire, for her paper on the above subject.

#### PRIZE PAPER.

##### HOW TO PREPARE A SPECIMEN OF URINE.

1. In preparing a specimen of urine the nurse must see that the vessel into which the urine is passed is scrupulously clean, and that the urine glass in which it is to be saved is clean also. In women a "catheter specimen" is sometimes ordered, to avoid contamination with discharge.

2. The urine glass should be filled to within an inch or so of the top, and labelled with the name of the patient, and ward, and the date.

3. Notice should be taken as to whether the specimen is clear or turbid.

4. A plug of cotton wool must be placed in the mouth of the urine glass, and the specimen should be kept in a cool place.

##### HOW TO EXAMINE A SPECIMEN OF URINE.

1. *Describe the Specific Gravity.*—The specific gravity = the weight of a body compared with another which is assumed as the standard. In the case of a liquid an equal quantity of pure water at 60 degrees Fahr. is the standard.

To describe the specific gravity a urinometer is used, and the following points should be remembered:—

(a) Not to take the specific gravity until the specimen has cooled.

(b) Not to lift the urinometer out of one specimen, and put it straightway into another, without washing it first, or else one will contaminate the other.

(c) The urinometer should settle quite free of the sides of the urine glass.

(d) Read the number from below the surface.

2. *Describe the Reaction.*

This is done by using litmus paper. Urine is usually acid, so take the blue litmus paper first,

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