

should be lying flat if in bed; if up, in a chair with the head thrown well back. The nurse stands behind the patient's head; a towel or pad of absorbent wool is placed against the cheek; the clothing and bed must be protected with a mackintosh, a receiver being placed in position to catch the lotion. The lotion, which is usually boric acid, saline solution or perchloride of mercury 1 in 10,000, should be at a temperature of 99° F. when poured into the sterile undine. The eyelids are separated by the fingers, and if necessary everted; and the nurse should allow a continuous stream of lotion to flow from the inner canthus to the outer. The lotion should not be run in from a height of more than 2 ins. The patient's head is slowly rotated towards the affected side and in this way the lotion is allowed to flow gently across the conjunctiva into the receiver held against the cheek.

To Syringe an Ear.

To syringe an ear properly is a delicate matter and one that should not be entrusted to the Probationer Nurse. At the end of the short auditory canal is the delicate tympanum or drum, upon the integrity of which depends largely the power of hearing, the sound-waves being transmitted through its vibrations to the middle ear. In a normal condition it is kept in a state of equal tension by pressure of air on either side—air which enters from the auditory canal externally, and internally through the Eustachian tube at the back of the throat to the chamber of the middle ear. If this even relation is altered, as, for instance, from the blocking of a Eustachian tube, we get deafness resulting. A volume of water directed against the tympanum from one side must immediately alter the evenness of this pressure, and if directed with sufficient force or violence, may injure or even permanently impair the delicate membrane.

Requisites.—Sterilized glass syringe with a straight nozzle; the required lotion at a temperature of 99° F.; kidney-shaped receiver; mackintosh or towel; dry swabs; thermometer.

Method.—Have the patient seated, or lying if necessary, with the ear to be syringed facing a good light. Place the mackintosh or towel around the patient's neck and give him the receiver to hold under the ear. Fill the syringe with lotion and expel all the air. Take hold of the tip of the ear with the left thumb and forefinger, pull it gently outwards, upwards, and backwards to straighten the canal, and introduce the nozzle of the syringe into the entrance of the meatus. Direct the nozzle towards the roof of the meatus, and expel the lotion from the syringe in gentle jerks, no force should be used. When syringing an ear for wax, continue the syringing until the meatus appears clear and no more wax can be seen. When finished, direct the patient to incline his head towards the side syringed in order to empty the meatus, then dry out with a swab of wool. When the patient is a child, the lobe of the ear should be drawn downwards and backwards instead of upwards.

The Nasal Douche.

Except for cases of chronic nasal discharge, the nasal douche is not at the present time greatly used.

Usually the douche is given at a temperature of 105° F. to 110° F., and consists of sterile water, normal saline solution, or some mild antiseptic or astringent solution. If given to arrest hæmorrhage, as after some local operation, or in persistent epistaxis, the nasal douche

may be ordered ice cold, or contain some styptic, such as iron, tannin, or adrenalin.

Requisites.—An irrigator with a glass nozzle attached, or an all-rubber pear-shaped syringe; basin; towel; mackintosh; the required lotion at the correct temperature; thermometer; dry wool swabs; receiver.

(The Higginson syringe with a glass nozzle attached is sometimes used for washing out the nose.)

Method.—Have the patient seated upright with the head slightly inclined forward over a basin. Arrange the mackintosh and towel to protect his clothing. Introduce the nozzle into the nostril, pointing straight backwards, not upwards. If both nostrils are affected, the fluid is first directed along the obstructed side. Direct the patient to open the mouth and breathe in and out in a snoring manner. The fluid then tends to flow in at one nostril and out at the other. Allow the lotion to flow in gently. Each nostril is treated in turn.

A child may be told to breathe audibly during the process through his mouth. This will prevent his swallowing the douche or choking.

Blowing the nose should be avoided. After the bulk of the fluid has escaped, the nasal cavities are cleansed, and the patient is left quite comfortable.

To Syringe Post-Nasal Space.

Requisites.—Eustachian catheter; Higginson syringe; required lotion; bowl; mackintosh; towel; receiver; dry swabs; thermometer.

Method.—Instruct the patient to lean the head forward over a bowl, and to keep the mouth open. Attach the eustachian catheter to the Higginson syringe. Fill the Higginson syringe with the required lotion at the prescribed temperature. Introduce the catheter through the mouth behind the soft palate. Syringe the lotion gently, making frequent pauses for breathing.

(To be continued.)

THE INTERIM REPORT OF THE "LANCET" COMMISSION ON NURSING.

The *Lancet* Commission appointed in December, 1930, to inquire into the reasons for the shortage of candidates, trained and untrained, for nursing the sick in general and special hospitals throughout the country, and to offer suggestions for making the Service more attractive to women suitable for this necessary work, of which the Earl of Crawford and Balcarres, P.C., K.T., F.R.S., is Chairman, has now issued an Interim Report.

The Commission held its first meeting on December 8th, and decided that its first duty was to obtain evidence whether an absolute shortage of candidates for nursing the sick really exists, or whether the shortage is only that of candidates with educational qualifications and personal qualities which are likely to enable them to make satisfactory nurses.

It was agreed that a questionnaire consisting of twelve questions should be prepared and issued to the responsible authorities of all hospitals approved as training centres, and to a number of other centres not approved. Further questions are also to be circulated, and we prefer to wait therefore, until the answers to all questions are received before commenting at length on the Report.

A concise and admirable memorandum was submitted to the Commission by the National Council of Women in Great Britain.

[previous page](#)

[next page](#)