

OUR PRIZE COMPETITION.

GIVE SIMPLE DIRECTIONS FOR THE CARE OF THE NOSE, THROAT AND EAR.

We have pleasure in awarding the prize this month to Miss Amy Phipps, S.R.N., F.B.C.N., Longmarton, Ashford, Middlesex.

PRIZE PAPER.

There are probably no organs of the body which need more regular systematic care as the ear, nose and throat, if their functions are to be maintained to perfection. Further, there are no diseases which call for more prompt and efficient treatment *at the onset* than those which come under the heading of "diseases of the ear, nose and throat." The first suggestion of abnormality of these organs should be noted and treated without delay, and it is probably in this connection that the school medical and nursing services have done the greatest service to the children and to the community at large.

Personal hygiene, as it is taught by the school nurses and other responsible teachers, will include the care of the ears, nose and throat in the ordinary daily toilet: the ears and nose should be kept thoroughly clean, and nothing, such as hairpins, etc., should be used in the effort to remove accumulated wax or other foreign matter. When a young child has got any foreign substance into the ear, nose or throat, it is always advisable, if possible, to get medical advice at once, without other interference, which may only aggravate the condition.

For actual nursing care of ear, nose and throat conditions, it is needless to say that an intelligent appreciation of the structure and relations of these organs is absolutely necessary. The general treatment will consist of rest in bed in most cases; the usual record of pulse, temperature, respiration, motions, passage of urine, vomit, results of prescribed treatment, etc., will be of great importance. The diet will be supervised carefully, according to the particular case.

Amongst some of the usual methods of treatment may be noted:—

1. Application of heat or cold.

Heat is often applied by fomentations, hot packs, rubber hot bottles or Leiter's coil. Cold may be applied by ice poultice, ice bag, or Leiter's tubes.

2. To syringe the ear.

Syringing may be ordered to clear the meatus of wax or to wash away discharge. In the latter cases, very gentle syringing must be employed as the drum may be perforated or may have had paracentesis performed. All preparations should be made before the operation of syringing is commenced.

The patient should be seated or lying, with the ear facing a good light: a macintosh and towel should be placed round the neck, and a kidney receiver to receive the return of fluid.

The syringe must be filled, and all air expelled. For an adult, the ear should be pulled gently, outwards, upwards and backwards to straighten the canal, and the nozzle of the syringe should be introduced into the entrance of the meatus: the nozzle should be directed upwards and the lotion expelled in gentle jerks without force. When finished, empty the ear of fluid and dry thoroughly with pledgets of cotton wool.

In all cases of local applications to ear, nose and throat, certain rules apply.

1. Always test the temperature of lotions used.

2. Note any general effect upon the patient, as quite small applications will cause symptoms of shock, giddiness, etc., in certain temperaments.

3. Never give treatment, other than emergency treatment, without instructions from a doctor.

4. Never put warm oil or drops into an ear without medical direction.

5. Always keep any discharges, whether as the result of treatment or otherwise, for the doctor or surgeon to see.

6. For syringing, a sterile glass syringe should be used, with a straight nozzle, unless otherwise ordered.

Lotions in common use are: Normal saline solution, sterile boracic, perchloride of mercury, Lysol, bicarbonate of soda, etc. The latter is particularly useful for the removal of inspissated wax. In the latter, drops are often inserted before syringing, the most common being hydrogen peroxide and bicarbonate of soda: drops to be inserted after syringing are usually boric acid or rectified spirit.

Nasal hygiene and care. The simplest and safest method of clearing the nose is by blowing it, and it is a treatment which the patient should be taught to accomplish satisfactorily. After syringing the nose, or when blood or pus requires removal, the patient should close one nostril with his forefinger and clear the opposite nostril by blowing down it, over a receiver. In teaching children to blow the nose, they should be made to take a full breath, close one nostril, the expiratory air being driven down the unclosed nostril into a handkerchief.

The care of the throat will include frequent cleansing and gargling with salt and water, especially if there is any susceptibility to catarrh: any abnormality of the tonsils or glands should have immediate attention. Any condition suggesting pyorrhoea or other dental abnormalities should be dealt with, and the teeth must be kept scrupulously clean.

With an intelligent appreciation of the care necessary, many regrettable diseases may be avoided by early care.

HONOURABLE MENTION.

The following competitor receives honourable mention: Miss Edith Lucy Rand, S.R.N., St. Leonard's Hospital, Shoreditch.

Miss Rand writes an excellent Paper, and we hope she will compete for the Prize again. She writes: "In the Ear, Otitis Media, so often an end product of diseases such as Scarlet Fever, Measles, etc., and so frequently overlooked, will cause deafness. Sepsis reaching the semi-circular canals will cause vertigo, etc."

Infections of the Throat will travel to the ear via the Eustachian tube, direct to the mastoid cells, thus Mastoiditis, or Osteomyelitis of that part rapidly develops, and the virulent germs will probably track away along the mastoid antrum, with a cerebral abscess of septic meningitis terminating the already undermined health of the patient probably fatally. Sinusitis of the maxillary, sphenoid and frontal sinuses will frequently develop from infection either slightly or deeply rooted in the throat or nose."

QUESTION FOR NEXT MONTH.

State some reasons for lack of sleep, and methods of inducing sleep.

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