

BE WARNED IN TIME!

OR,

WALKING THE HOSPITAL WITH "THE NEW DOCTOR."

ALL ABOUT THE EAR.



HERE IS A wide-spread belief that nothing is known about the ear, and that it is a waste of time and money to look after the trivial ailments of

an organ which can well take care of itself.

If you will take a walk with me to the nearest London hospital, I will show you how thoroughly wrong is this view of the trivial character of ear affections.

As we are walking to the hospital we may learn much, if we look about us, as many affections of the ear can be told by the appearance of those suffering from them.

Commencing our walk in a busy city suburb, before we have gone more than a few steps, we see two city men talking together; one holds in his hand an instrument which looks like a cross between a French horn and an old-fashioned stethoscope. This is an ear-trumpet, no doubt a new and special kind, invented the other day, but which will be considered old-fashioned and useless in a few weeks. He will then exchange it for some later and more improved, though probably not more valuable instrument. We may presume that the bearer of this appliance is deaf, and this is the variety known as nerve deafness. Further, we may be certain that the deafness is incurable, for no one would use an ear-trumpet if he could possibly avoid it and had not given up all hope of cure. This is, however, one of the very few forms of deafness that cannot be cured.

Passing into a by-street we see a nurse with three children. One of them, a little girl, has her mouth open, the bridge of her nose sunken in, and the inner corners of her eyes drawn downwards. Moreover, her nose is thin with small oblique nostrils. She looks a delicate child, and if you were to ask her mother about her, you would hear that she never was strong, that she snores terribly and often wakes up in the night screaming; she will also tell you that her daughter is very deaf. Looking now at the other children we see the same general aspect, though less marked, in both.

You will perhaps wonder why I stopped to look at these children, for you see nothing extraordinary in them, and will say that a large number of children have the same look and snore at night. Precisely so; but do you know what that means? Those children have "adenoids." As I have elsewhere told you what that mysterious condition of "adenoids" is, I will not enter into it here. But there is one thing that I wish you to notice, that is, the girl who shows the typical expression must plainly be also deaf. Her deafness is due to adenoids. This is an example of the second form of deafness, namely, throat deafness.

By this time we have left the main thoroughfares and entered a back street. There we see half-a-dozen children with dirty frocks

and still dirtier faces playing in the gutter. One little fellow looks the picture of health, and, judging by the noise he makes, we conclude he is in the best of spirits. But if you look closer you will see a pellet of dirty wool in his left ear. You know as well as I do this means that he has a discharge from his ear. His mother now comes up to him, and we take the liberty to ask her about her son. She at once replies that he is in perfect health, and when we mention the condition of his ear, she says, "Oh, that's nothing; he has had a discharge from his ear ever since he had scarlet fever; but it does not do any harm, for he seems none the worse for it." Perhaps you have formed the same opinion as the boy's mother, but I see something very different. In the discharge that is described as "nothing," and which, obviously, is not being treated, I see many ways by which that "nothing" may destroy the boy's life. But when we get to the hospital I may be able to show you clearly what I mean by saying that discharge from the ear is a very dangerous condition if left untreated.

We have now entered the hospital and taken our places in the ear department. The first thing that strikes one on entering the room is the enormous number of instruments of all shapes that are laid out on the table. It seems as though Germany had sent to this department every useful and useless surgical instrument that her inventive genius has produced. Nearly all the instruments are German, and the great majority of them are absolutely useless.

The first person that enters the department is an old man from the country. His complaint is that he has been deaf for the last twenty years. The surgeon tells him to sit down and proceeds to examine his ears. But immediately he pulls back the shell of the ear he says "wax," and scribbling something on the patient's case-book, tells him that he has ordered some drops to be put into the ears every night for a week. He is then to come to see him again.

We look at the prescription and see the following: "R sodæ bicarbonatis gr. x.; aque ad ℥j. To be mixed with an equal part of hot water and dropped into the ear every night for a week."

The surgeon also tells the man that he will probably get a little deafer during this treatment; but, when he comes next time, his ears will be syringed out and his hearing restored. The man then goes out, not altogether contented, because most patients, especially country people, think they have been slighted unless some mixture is ordered to be taken internally.

Perhaps you are rather disappointed with this case, because, as we do not intend to come here next week, we will not be able to judge the result. But never mind, in the course of the afternoon some patients are sure to come in for the second time with wax in the ears, and we will then see the result of the treatment.

Two or three other patients come and go, with various affections of hearing; but, as they do not interest us as they do the surgeon, we will pass them over.

But now a woman enters, who at once begins to abuse the surgeon because instead of getting better she has got worse. The surgeon quietly tells her to sit down, and says, "I told you that you would get deafer during the week whilst you were using the drops, but to-day I hope to cure you completely."

Here we have what we were waiting for. This woman came last week with wax in the ear, and is going to have her ears syringed out to-day. The surgeon washes out her ears and some pieces of dirty brown substance come away. You will be surprised at the amount of wax that will come out of one ear.

Let us see how the surgeon syringes out the ears. He fills the syringe to the top so that no air is left in the barrel, and directs the nozzle towards the upper wall of the passage and syringes gently and steadily. After he has finished he carefully examines the ear to see that no wax is left behind. He then wipes out the ear with a piece of wool and proceeds to test the woman's hearing. He finds that she can hear his watch ticking at three feet away from her. Looking at her paper he sees that last week she could not hear the same watch at a distance of more than three inches from her ear. The woman declares that she has not heard so well for the last five years, and after profusely thanking the surgeon, leaves the room.

We cannot stop to examine all the cases that come to the ear department in an afternoon, so we will pick out those that more particularly interest us.

Here is a child with exactly the same look as the girl we met in the street. She has adenoids, and has come to this department because she has lately become deaf. Her mother, who accompanies her, is told that her daughter's throat must be seen to and that she must therefore attend the throat department.

Of the large number of patients with discharge from the ear that attend this afternoon, we will pick out three typical examples. The first is a little girl who has had a discharge for three days. She is ordered to wash out her ears four times a day with the following lotion: R acidi boracis, gr. v., aque ad ℥j.

No doubt in two or three days she will be quite well again.

The second is a lad who has been attending for some weeks, and who has had a discharge since he had measles two years ago. He has been using the same lotion that was ordered for the first patient, and he is steadily improving.

The last patient with a discharge from the ears is a servant who has not been getting any better. The surgeon examines her ear and sees a little red mass inside the passage. He tells her that she has an aural polypus which must be removed before she can expect to be cured. Having put some cocaine solution into her ear he proceeds to remove the polypus. As you have never before seen a surgical operation, we had better leave the department. But before we go let us take a look round the hospital.

It is tea-time, and there is no better time to visit a ward than when the inmates are having their tea.

We will go to the children's ward first. This is always my favourite ward in a hospital, for children bear disease wonderfully well and make very much better patients than adults. Doubtless they do not feel the mental suffering that is the most distressing feature in illness; but still, it seems strange that they should not cry more than they do.

As we enter the room we see seven or eight children sitting round the table anxiously watching a nurse handing round the bread and butter. They all seem to be thoroughly enjoying themselves, and as we watch them we can see that they are uncommonly hungry.