

THE  
NURSING OF DISEASES  
OF THE  
NOSE, EAR & THROAT  
BY  
MICHAEL VLASTO

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THE NURSING OF DISEASES  
OF THE  
NOSE, EAR AND THROAT



A



B

Transillumination of the Maxillary Antrum  
A. Normal B. Infection of Right Antrum

## INTRODUCTION

THE principles of nursing in affections of the nose, ear and throat are, of course, the same as those applied to the nursing of cases in general medicine and surgery.

When, in addition to her womanly virtues, a nurse is endowed with knowledge, it will be generally recognised that she has not mistaken her vocation. This book deals with the particular knowledge required in the special branch of nose, ear and throat work.

A nurse who, whilst undergoing her general training, is allocated duties in the throat department of a general hospital, feels, as a rule, that she has come up against something totally different from any other hospital experience. The explanation of this feeling is not very difficult to discover. The room is usually in semi-darkness. The surgeons are examining their patients by artificial light. The nurse is called upon to carry out duties with which she is probably totally unfamiliar. The instruments are strange. Surgeons appear to have different names for the same instruments, and different instruments appear to have the same names.

Some of her difficulties will be smoothed away by the sister in charge. Nevertheless, nurse will have to pay a

heavy toll in patience before acquiring that knowledge which will make her work a pleasure.

A plea is entered here for tolerance to be extended towards the surgeons working in the ear and throat outpatient department. They work under peculiarly cramped conditions. They frequently do not leave their chairs for hours on end. They are coughed and spat upon. They have to perform a number of finniky operations on patients who ill tolerate their treatment. The result of this is that the surgeon is apt to become "snappy" towards the end of the session. The nurse will understand and forgive.

It is assumed in this book that the nurse is familiar with the details of aseptic technique. The book does not pretend to deal with all the possible circumstances that might be encountered by nurses in the discharge of their duties; rather it has been the author's aim to neglect the rarities, and to go into greater detail over those cases with which they commonly have to deal.

M. V.

LONDON, 1926.

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## **SECTION 1**

### **CHAPTER I**

#### **IN THE OUT-PATIENT DEPARTMENT**

WHEN carrying out the examination of the nose, ear, throat, and larynx, the surgeon has to deal with dark cavities which, for their inspection, have to be illuminated by a beam of light.

For this purpose, the following requirements are essential :—

- (1) A source of illumination.
- (2) A head mirror.

(1) Illumination is practically always provided by an electric lamp. This lamp is on a movable stand and is placed on the left side of the patient's chair (Fig. 1). Surgeons differ as to the degree of illumination they require, and the nurse will have to see that each surgeon gets the lamp candle-power to which he is accustomed.

(2) The surgeon sits down opposite the patient and reflects the light of the lamp into the dark cavities he wishes to examine. This reflection is obtained by a head mirror which he wears on his forehead.

On the surgeon's right-hand side is the table on which

the instruments are laid. Beneath the table there will be a bucket for the reception of soiled swabs.

Surgeons differ in their wishes as to how this table is to be arranged. The nurse will have to be guided, to a great extent, by her observation of the state of affairs existing when she comes on duty. Every out-patient department has its own traditions, and these should be



FIG. 1.—Disposition of Surgeon, Patient and Light.

respected because they reflect the personality of the surgeon in charge.

Surgeons may differ in details, but the fundamentals are common to all. There are certain requirements which are essential before a table can be said to be efficiently "laid," viz. :—

- (1) The surgeon's head mirror.
- (2) Cotton wool and container.

The cotton wool should be of the best quality

available. It has to be wound round introducers, and is used for the purpose of absorbing moisture out of cavities. It should, therefore, be free from lumps, and should absorb rapidly.

The wool is usually kept in some kind of container. The object of this container is partly to avoid, as far as possible, contamination of the wool, and partly to enable the surgeon to pluck out a small lump without disturbing the whole.

(3) A clean towel.

(4) A receptacle for the clean instruments.

Sometimes the instruments are laid out on the towelled table.

(5) A receptacle for soiled instruments.

This is frequently filled with some antiseptic solution other than perchloride of mercury.

(6) A jar containing mirrors for the examination of the larynx and naso-pharynx.

(7) A jar filled with an antiseptic solution for the reception of soiled mirrors.

(8) A spirit lamp.

(9) Tongue cloths.

(10) Steriliser. In most cases the dirty instruments are removed from time to time by the nurse in charge, who sterilises them by boiling. Occasionally, the surgeon carries out his own sterilisation.

(11) The instruments. These will vary with the surgeon who is using them. They will certainly include the following :—

Nasal (Fig. 2) and aural specula (Fig. 3).

Tongue spatulæ.

Probes of metal and wood.

Mirrors : laryngeal (Fig. 4) ; post-nasal (Fig. 5).

Aural (Fig. 6) and nasal forceps (Fig. 7).  
Tuning fork (Fig. 55).

(12) Bottles of cocaine and adrenalin with a minim glass  
phial.



FIG. 2.—Nasal Speculum.



FIG. 3.—Aural Speculum.



FIG. 4.—Laryngeal Mirror.



FIG. 5.—Post-nasal Mirror.



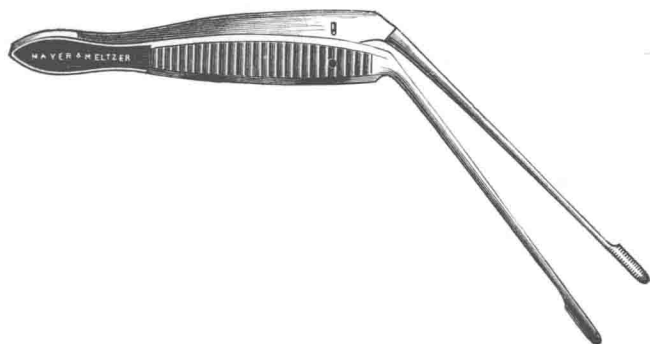


FIG. 6.—Poltzer's Aural Forceps.

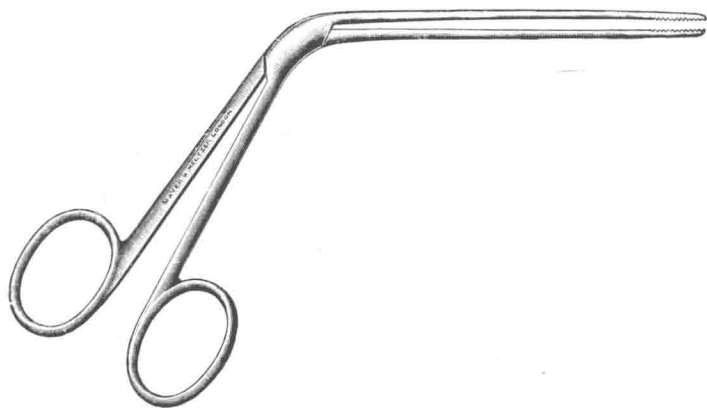


FIG. 7.—Nasal Forceps.

The equipment will probably include other special instruments which will be mentioned later.

After use, the soiled metal instruments are first carefully washed. They should then be scrutinised to see if any pus