BE WARNED IN TIME!

WALKING THE HOSPITAL WITH "THE NEW DOCTOR."

ALL ABOUT THE EAR.

Here is a widespread belief that nothing is known of the ear, and that it is a waste of time and money to look after the trite old 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 in that view of the trival character of ear affections.

As we are walking to the hospital we may learn much to 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 observe 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 has an ear-trumpet, 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 what she has in her ear-trumpet, she would say that she never was strong, that she snorts 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 yet I 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 most plainly is 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 thoroughfare 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 has adenoids. But if you look closer you will see a pellet of dirty wax in his left ear. You know as well as I do this means that he has a discharge from his ear. His mother, or rather his father, fills the trumpet, and we take the liberty to ask her about it. He is 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 in any way by which that "nothing" may destroy the boy's life. But when we get to the hospital I may be able to show you 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 department. The first thing that strikes one entering the room is the enormous number of instruments and 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 him again.

We look at the prescription and see the following: "R. soda bicarbonatis, gr. x.; aquae ad ml. 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 deafler 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 patient comes in, 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 to come 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 fragments of wax and 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 ear of a woman who has had no ear disease for two years and six months. He fills the trumpet, and discharges 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 the 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 strike 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, tells us 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. acidis horae, gr. v.; aquae ad ml."

It is doubtful whether 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 anal 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 too late, and there is no better time to visit a ward than when the inmates are having their tea.

Thus ends the children's ward first. This is always my favourite ward in the hospital, for children bear disease wonderfully well and make very much better patients than adults. Moreover, they do not suffer from eating anything that is the most distressing feature in illness; but, still, it seems strange that they should not cry more than they do.

We enter the room where seven or eight children sitting round the table anxiously watching a nurse handing round the bread and jam. They all seem to be thoroughly enjoying themselves, and as we watch them we can see that they are uncommonly hungry.
There is one little boy, who however is not at the table, but is sitting up in one of the beds, who has already demolished a pile of slices of bread and butter, and is eagerly calling to the nurse for more. She says that there is nothing much the matter with him; but you are mistaken, for he is in a very precarious condition.

We glanced round the ward and a bright face is seen peeping out of every cot. But in an obscure corner there is a bed surrounded with curtains, and on approaching we see a nurse tending a child, who at first glance we take to be asleep. We look again at the child's face and notice that the features are fixed, save that every now and then she opens her mouth and utters a faint, short cry. Her head is drawn backwards till it almost touches her shoulders. What we took to be sleep is the last stage of inflammation of the brain.

We take up the notes that are hung upon the cot, and there we read that the patient had had a discharge from her ears for three years, but was not treated until she complained of severe and constant headache, when at last she was brought to the hospital. Alas! too late. The matter from her ears has found its way into her brain and now nothing can save her.

We turn from this dismal scene and enter the women's surgical ward, and there a middle-aged woman with her head bandaged up arrests our attention. The nurse tells us that she has just been operated upon for disease of the bones of the skull following a prolonged discharge from the ears. More fortunate than the child we have just seen, she has come in time and will probably recover. But if she had not neglected to have had her ears treated she would never have required the operation.

Having now seen as much as we care to, let us leave the hospital, and while walking home talk over what we have just done. It would be impossible to discuss all our experiences of the past few hours, so let us confine our conversation to two conditions which have been forcibly brought before our notice, namely, wax in the ear and discharge from the ear.

We saw that wax in the ear was cured without much difficulty. The fluid that I have described above was dropped into the ears every night for a week, and the ears were then syringed out and the cure completed.

To be successful you must pay attention to the following points: always direct the nozzle of the syringe to the upper wall of the passage. This is a most important detail to remember. If you forget this point, you will do no good by syringing. Be careful to let the water flow gently and evenly. If you inject the water forcibly or in jerks it will produce giddiness or fainting. Lastly, always syringe until no more wax comes away and the water runs quite clear. If you leave any wax behind it will act as a nucleus round which more will be deposited and so the trouble will recur. For wax in the ear the best fluid to use is a weak saline solution.

The other affection that we will discuss is discharge from the ear. We have already seen this condition in some of its most common varieties and with its most complications. I may have frightened you by showing the fearful severity of some of the results of this affection. It was to impress upon you the extreme importance of having discharge from the ears immediately seen to that I showed you the two unfortunate victims of neglect in this respect.

Remember that if you ever have a discharge from your ear, gently syringe out your ear with a weak antiseptic fluid, such as we saw used in the ear department, and do not put in any wood, as this keeps back the discharge, which may burrow into the skull or brain.

You see there is very little trouble or expense in this treatment, and if it is carried out carefully you will be saved from the severe affections that not uncommonly, arise from neglecting this so-called trifling ailment.

A GIRL OF GRIT.

Chapter II. Her pile of clothes received for ironing was placed at the end of the kitchen table, and Helen without any word took the hot iron from the fire and started upon Victoria Mount's plain facade. The two women were easily ironed as they were made of stout, plain linen, and Mrs. Larkin had damped them when she had folded them down, so Helen had the satisfaction of seeing the large pile quickly disappear before Mrs. Larkin came in to help. But it was hot work, and she was beginning to look flushed and tired, so Mrs. Larkin told her to sit down and rest while she folded down another bundle from the line in the back-yard. As Helen was sitting there thinking—What would poor Harold say to me if he knew I am laundress to-day and model to-morrow? And I have to go out to help him, as he won't earn enough to keep us—I'm so glad I've got the rent safe and sound in my pocket, and by doing this I am wiping off some of my obligation to him. At that moment Mrs. Larkin reappeared behind a huge bundle of clothes. Helen jumped up from her chair and helped her to put them on the table.

When they were both busy engaged in ironing, Mrs. Larkin's husband came in and settled himself in a comfortable arm-chair by the fire. He was very respectful to the pretty young laundress and thanked her for helping his wife. He had an evening paper in his hand, and he regaled the two women with snatches of news. Mr. Larkin's idea of news was principally taken from the column dealing with the police courts, and he also had a partiality for facts which came under the heading of the Shill.

"Now, missis, would you believe this," he said, "that there are some folks who have no more to do with their money than to give £1000 for a picture, and here's one man as I should think wants putting in a lunatic asylum, has paid £250 for an egg?"

"Well, Mr. Larkin, there's something wrong with your tongue, for you won't get me to believe that. Give me the paper, and I'll believe it when I see it myself."

Mrs. Larkin took the paper out of her husband's hands in a rough but not ill-natured way, and found the paragraph. It gave the prices paid for a few articles belonging to gentleman's privacy, which had been sold at Christie's sale rooms, and the prices Mr. Larkin quoted were quite correct—a fine Turner, £2500. And one of the other items quoted was "A what's egg £35."

Mrs. Larkin handed Helen the paper.

"May I keep it and show it to my brother, Mrs. Larkin?"

Helen's face had suddenly flushed and then turned deathly pale.

"I will give it back to you in the morning," Mr. Larkin said.

"Certainly, missis, how's your brother to-night?"

"He's getting on nicely, thank you, Mr. Larkin. But it's getting late and I must go up to him again."

She slipped her hand into her pocket and drew out her past two weeks' rent and laid it on the ironing table.

"There, Mrs. Larkin, that's yours, and thank you so much for waiting. I will be able to pay you the rest early in the week, and I hope they may be moved into the front room to-morrow. The doctor says he would get better much quicker if his room looked south, and," she added with a reassuring smile, "I won't keep you waiting for the rent again."

Mrs. Larkin took the money, and gazed at the girl in open amazement. "Sakes alive! Has the sky fallen? This afternoon you were paying for the rent the week after next, and now you're wanting the front one, but there, it isn't no business of mine, and if you can afford it I'll be real glad to shift your brother, and those in a moment, and I'll charge you the same rent as you pay for the back one, until I get an offer of a let for the front, and then I'll see, missis, must think of the children and accept it."

Helen thanked her but sternly refused the offer. "You've been too good to us, Mrs. Larkin, I really couldn't accept it, besides," she continued with the same confident little smile, "I have just heard this afternoon of a good opening—I think I can make some money."

"Well, and you deserve it, miss," broke in Mr. Larkin, "for you're made of the right stuff. Oh, I know all about you, you ain't accustomed to this way of living, for it's mighty strange how small the world is when you come to look at it. Mr. Larkin spoke in a sudden hasty way, and took a big eye off the sky. "My mate at Brookfields was stable-boy to your pa, and he says he never served a truer gent. Bill says as how your pa spent money like a drip in the dish."

"If he hadn't, there might have been more left for me, Mr. Larkin; but I must go to my brother now, so good-night."

Helen got out of the hot kitchen, she flew up to her tiny bedroom and threw herself down on the bed. But in a moment she was up again and in a state of nervous excitement; she got up and down and shot her room like a caged lion.

"Oh dear, oh dear, if I had only someone to help me. I don't know where to begin; what shall I do? In the first place, I must get someone to look after Harold, and keep him from worrying, and then I must go and pay my dear cousin another visit."

She smoothed her hair and bathed her.