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Using this method there is no danger of the stretcher knocking against the cliff face nor does the stretcher gyrate.

Conversely, the stretcher can be raised from the beach to the cliff top.

It is advisable, but not essential, that the patient be secured to the stretcher by universal sheets or other means.

The weight of the apparatus is small. It can be carried easily by four men.

We are indebted to Colonel S. D. Reid for permission to submit this paper for publication.

NOTES ON SOME COMMON DISORDERS OF THE EAR, NOSE AND THROAT.

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It is hoped that in these notes medical officers in Field units will find some help in the treatment of ear, nose and throat cases as they are met with on active service. No pretence is made at any adequate discussion of the problems. All that is attempted is to give some guidance on the type of case for which treatment can be tried in the Field and as to which cases should be evacuated to the Ear, Nose and Throat Specialist. The points discussed were found to be the common problems in France and the means of treatment suggested can be supplied by the Field or Regimental Panniers. If some of these patients can be kept in the line while treatment is being given much valuable time and expense will be saved.

Wax.—Wax in the ear is either soft and easily syringed out or it is hard and often presents difficulties. If it appears to be very hard no attempt should be made at syringing when first seen. It is wiser and easier to soften it for a day or so before syringing is tried. It may be softened by instilling one of the following: a 2 per cent solution of sodium bicarbonate, glycerin boracis or glycerin itself, or liquid paraffin. The drops should be put into the ear with the head bent over so that the affected ear is uppermost, and the head should remain in this position for two to three minutes. This should be repeated at least three times in the twenty-four hours before syringing. With the wax softened, an ordinary Higgison syringe can be used to clean out the meatus. Water or a solution of sodium bicarbonate may be used for this purpose but whatever solution is used it should be at blood temperature in order to avoid the uncomfortable giddiness set up by any cold solution in the ear.

If the syringing fails to remove the wax, you are probably dealing with a condition known as “keratosis obturans.” This type of case is best dealt with by a specialist as it may require an anaesthetic before the wax and the desquamated epithelial cast (which is the explanation of the difficulty in removal) can be successfully coaxled out of the meatus.
Dermatitis of the Meatus.—Of the many ointments and treatments recommended in these cases few, if any, will be available in the Field. But in the milder cases there is no necessity to put a man off duty nor to send him to the specialist. These cases run a comparatively short course as a rule and any emollient will generally suffice provided certain precautions are taken. When first seen the ear and meatus should be cleaned out as thoroughly as possible with a mild antiseptic solution and an ointment or liquid paraffin or castor oil generously spread over the affected area. No cotton-wool is necessary; indeed by sticking to the surface it is harmful. No washing of the ears should be allowed as water irritates these cases very much. Hydrogen peroxide should never be used as in itself it is irritating to the skin and spirit is objectionable on the same grounds. It is essential to warn the man against rubbing or scratching his ears. The silver nitrate stick should be used to cauterize any fissures, which are so often the source of the chronic state.

Earache.—There are three common causes of earache: (1) Acute otitis media; (2) furunculosis; (3) dental caries.

The differential diagnosis is important and generally easy.

(1) Cases of acute otitis media occur commonly during an influenza epidemic or in the course of tonsillitis and they should not be treated in the unit. The condition is characterized by pain in the ear and tenderness over the mastoid antrum, deafness and redness of the membrane.

(2) Furunculosis appears in small epidemics in the spring and autumn and there are often boils present elsewhere on the patient. If there is no obvious boil just inside the meatus, acute pain on pressure over the tragus or on moving the auricle suggests strongly that a boil will appear in the course of the next day or two. With the exception of a massive furunculosis of the meatus most of these cases can be treated by the medical officer by lightly packing the meatus with strips of gauze which have been soaked in a strong solution of magnesium sulphate or in a saturated solution of magnesium sulphate in glycerin. Outside this and over the ear, dry heat only should be applied. Fomentations and poultices only spread the infection to fresh fields and follicles.

If small intensely painful boils are seen to be within easy reach the tip of each boil may be touched with pure phenol but, of course, extreme caution must be taken that only sufficient phenol to cover the point of the boil is on the end of the probe. This gives considerable relief from pain.

(3) If no explanation for the earache is found in the ear itself, inspection of the teeth will sometimes reveal the cause.

Otorrhoea.—It is a safe rule to regard any foul-smelling discharge from the ear as being due to cholesteatoma or at any rate to a very old-standing otitis. Hence any local treatment in the Field is unlikely to meet with success. Accordingly when such a case is encountered it should be sent to the specialist who can treat it and re-categorize it if necessary. It is very
important that recurrences of old otitis if they are accompanied by pain or
tenderness over the mastoid should be sent at once. At the same time,
medical officers should not fail to obtain the previous history about ear dis-
charge. In many cases referred to the specialist it is obvious from objective
examination alone that the condition is of very long-standing and inquiry
may elicit a history of discharge from childhood and attendance at a school
clinic. The man has probably been content to go on with his discharging
ears at his civilian duties and found it of very little inconvenience but, when
conscripted, he makes the most of it and wants hospital treatment. If there
is no pain or malaise nor any marked alteration in the amount of the dis-
charge, simple cleansing treatment will keep the ears comfortable.

These cases should be considered in the light of the circumstances of the
moment. If the man can be easily spared for a time for intensive local
treatment and, concurrently, the correction of any nasal or nasopharyngeal
condition prejudicial to recovery, by all means let him have it. If, however,
there is pressure of work, the medical officer need not be unduly anxious
about most of these cases provided pain and malaise are absent.

On the other hand, if the ear shows a mucoid discharge and if this
coincides with a head cold, probably it is a flare-up of an old otitis and the
discharge is really an extension of the cold along the Eustachian tube, i.e.
it is a mucosal condition only. These cases can very readily be treated in
the Field. It is essential to recognize that the head cold is the initial cause
and this should be treated with aspirin and an alkaline mixture or with
bicarbonate of soda alone (20 grains every four hours is adequate). The
local treatment should start off with a thorough cleansing of the meatus,
by syringing if necessary. After the ear is completely dry, pulv. ac. boric.
is insufflated in sufficient quantity to fill the meatus. A makeshift insufflator
can be made out of one of the various hypodermic syringes provided
that it is washed and dried carefully after it is used. The insufflation of the powder
need only be repeated if and when the discharge reappears. As the dis-
charge decreases in amount it will be found that it moistens the powder less
and less until one day the powder is found to be dry. When this happens
it should be left alone for three to four days and only if the hearing is
deficient need some of it be removed.

Deafness.—Any estimation of hearing capacity in the Field must neces-
sarily be by a rough and ready method but it is possible to say easily whether
a man is category A1 or not. The criterion is whether a forced whisper
can be heard at 10 feet with both ears open. The method of testing is as
follows: The medical officer stands behind the patient who is told to listen
attentively and to repeat anything he hears immediately he hears it. To
produce a "forced whisper" take a deep breath and hold it while you
whisper as loudly as possible without producing the spoken voice. It is
essential that the man should not see the examiner's lips in order to exclude
the possibility of lip-reading. To illustrate this point one case may be
quoted.
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A Lance-corporal was sent to the Base Hospital because of deafness which was said to have been produced suddenly by a shell bursting near him. He was not wounded in any way nor did he suffer from concussion. His medical officer wanted to know the nature of the deafness and in which category he should be placed. I saw the case about three weeks after the alleged cause of the deafness. Examination revealed a very marked nerve deafness with both membranes intact and healthy. The hearing fields as far as I could test them with tuning-forks showed a complete loss of hearing in both ears and the use of Bárány’s noise box, etc., seemed to confirm this. In gunfire or shell deafness as a rule the upper tones alone are lost. On questioning the man carefully he confessed the real story which was a surprising one. Five years ago he tried to enlist in a certain famous regiment because his family had always been in that regiment. He was rejected because of his deafness which he admitted had been present since late childhood. So disappointed was he that he determined to learn lip-reading and try again. For three years he took lessons and practised lip-reading until he felt confident enough to make his second attempt: On this occasion he managed to pass undetected and was enrolled. In this training he showed no evidence of deafness as he followed orders on the parade ground quite easily and he did so well that, before being drafted to France, he was promoted Lance-corporal. In France, however, he struck a snag on his first night patrol and he had to confess to his officer that he could not hear anything in the dark. Having confessed he pleaded with me not to send him home. On testing him again by allowing him to see my lips, I found he could repeat what I was whispering at a distance of 20 feet with the greatest of ease.

Deafness and Malingering.—As a rule a man suspected of attempting to mimic deafness should be examined by a specialist but a surprising number of cases can be caught out quite simply. No hint that he is suspect should be given while the man’s story is being listened to and the simple hearing tests should be carried on in a loud voice as if he were deaf. At the end of the examination, while the medical officer is writing some notes of the case and the man is momentarily off his guard thinking his ordeal is over, a simple order should be given in a quiet voice, e.g. “Stand up” or “Turn to your right,” and it is surprising how often the malingerer will fall into the trap.

Epistaxis.—The cause, in the vast majority of cases of epistaxis, is an undue dryness with consequent crusting in a limited area of the anterior end of the septum. Anything which disturbs a crust over the network of little veins in this area may start the bleeding so the most trivial causes may be blamed for the epistaxis, e.g. stooping or blowing the nose gently. This area of the septum can be located by inserting the finger just inside the nose and pressing on the septum—the tip of the finger then covers the area. Pressure can be made on it by pinching the nose between the finger and the thumb. If this pressure is maintained for ten minutes—the patient
meantime breathing through the mouth—the vast majority of these mild cases can be controlled. It must be remembered, however, that merely controlling the bleeding when it occurs does not diminish the likelihood of recurrence. In order to effect this, an ointment should be prescribed such as vaseline or liquid paraffin to soften the crusts and thus allow the mucous membrane to heal over. It should be used three times daily for three to four days. If the bleeding amounts merely to a slight ooze a little adrenalin may be added to the ointment, say 5 minims to the ounce. Only after this treatment has failed should a case of epistaxis be referred to the specialist for cauterizing.

Sinusitis.—Apart from the usual treatment by aspirin or M & B 693, frontal and maxillary sinus pain can be greatly relieved by simple inhalations of steam. In addition, all these cases should have sodium bicarbonate 20 grains by mouth thrice daily for two to three days. The object in giving this is to thin out the extremely tenacious mucus which clogs the ostia of the sinuses in these cases.

Tonsillitis.—One comment which I should like to make on this condition is to advocate what will seem a counsel of perfection to Field units; that these cases should be isolated if at all possible. Only by doing this can the little epidemics which periodically occur in units be avoided. In crowded billets and tents I know that this is difficult but the trouble and effort taken at making some attempt at isolation will be repaid in the avoidance or the limitation of the number of cases affected. In this condition it is not necessary to suggest tonsillectomy because a man has had a sore throat but a history of repeated sore throats and particularly of quinsies is a definite indication for the operation.

I have to thank Colonel R. G. Atkins for his helpful suggestions and for his permission to send this paper for publication.

SPRAY-PROOF FIELD COOKHOUSE.

By Lieutenant-Colonel Edgar Walsh,
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The necessity for finding cover for a Field Cookhouse, where buildings or other protection were not available, led to experiments with pent-house equipment.

Material Required (Fig. 1).

(1) Pent-house equipment from one lorry.
(2) Two rot-proof covers from Company G. 1098 equipment.
(3) A quantity of stout cord or twine.

Method Employed.

(1) Two upright tubular supports from one side pent-house were connected by the corresponding tubular cross-pieces.