

PRACTICE EQUIPMENT

A pressurised ear syringe

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Present instruments

Until recently the practice nurse has had a choice of two types of instruments when syringing ears. The first is the simple metal syringe, and the second is a modification of the Higginson syringe. However, both these demand physical effort in a procedure that demands skill.

There is an inverse relationship between the degree of skill and the amount of force that can be applied simultaneously to a particular task. Thus the more delicate the procedure the more important it becomes that the demand for physical force should be restricted. Hence the idea of power-assistance.

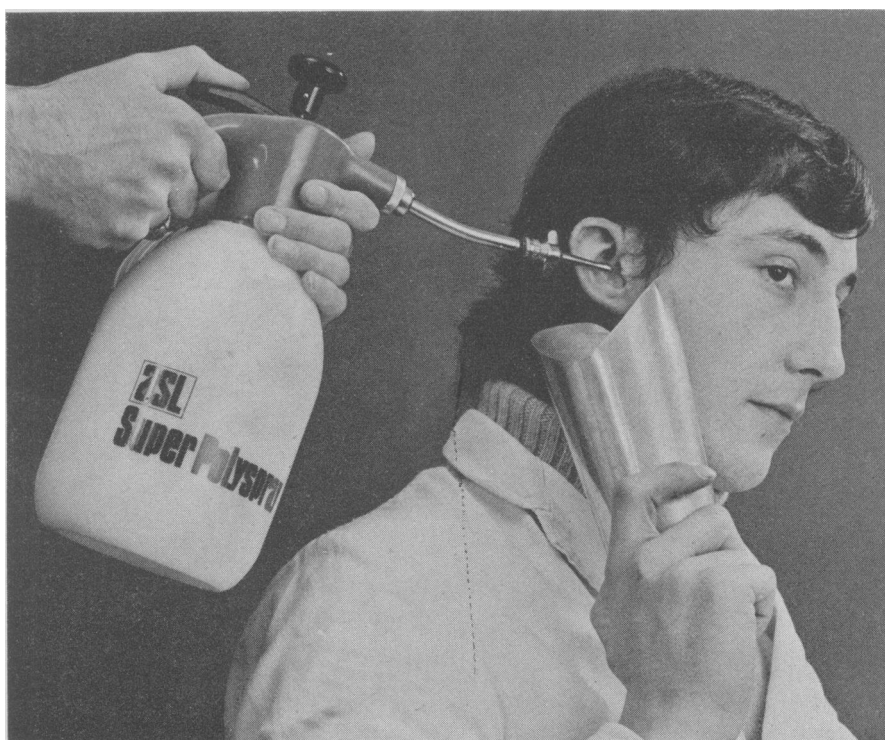


Figure 1—Modified garden syringe

Pressurised ear syringe

A pressurised garden syringe was obtained and a model chosen with a capacity of 1.14 litres. In all, four models were bought and tried. The one finally used was easily modified. The end of the swirl peg was cut off so that the two lateral holes were removed and the water stream could then flow directly towards the ear syringe nozzle. The standard nozzle was attached by making a union piece out of the standard nozzle on the garden syringe. The union piece was made by simply cutting off the end of the nozzle. The threads were of the same standard and size. Figure 1 illustrates these modifications.

Both the ordinary ear syringes and the pressurised ear syringe had similar limitations on the pressure that could be generated. The gauge used in the tests read up to 2.5 Kg/cm² (30–35 lbs/sq. inch.). This pressure appears to be safe provided that the usual care is taken to

direct the water stream to the posterior wall of the external auditory canal. In any case the full pressure is not released if the control lever is depressed partially.

In use, the reservoir is filled with water at body temperature. It is found that because of the quantity of water that is available on one loading, it is possible to dispense with the preliminary softening of the cerumen, and so save time. This procedure is easier than that using other instruments.

Future instruments

This development suggests other modifications. Dentists already use in the dental surgery a water syringe that delivers pre-heated water at an appropriate pressure. I believe that a simple 'choke' to the mains pressure is all that is incorporated.

We should now seek an ear syringe in the near future continuing some of the following features:

Pressurised water supply. Modified mains pressure or pneumatic pressure are possible incorporating perhaps a pressure limiting valve.

Thermostatically controlled water temperature.

Light plastic handpiece. This should be capable of transillumination with nozzle that is easily sterilised or even disposable.

Water reservoir. This is best not held as in the model described here.

If new instruments were pneumatically powered, medicaments could be sprayed into the external auditory canal or into mastoid cavities.

Any doctor who has not already equipped himself in this way can do so easily if he wishes.

I look forward to the day when more companies have medical divisions for general practice as they have medical divisions to meet the requirements of the hospitals. The advent of health centres makes such developments in general practice cost-effective.

Summary

A description is given of a proto-type for a pressurised ear syringe. The basic requirements for future instruments are stated.

MEDICAL MANPOWER

Statistics of hospital medical staff in England and Wales as returned for 30 September 1971 will shortly be available and provisional totals have been prepared. It is estimated that hospital medical staff, excluding general practitioners with part-time contracts, increased by more than 880 between 1 October 1970 and 30 September 1971. In the same period the number of doctors in general practice (excluding principals with limited lists) has increased some 230 and the total increase in medical manpower in the National Health Service has been the largest for a long time, exceeding 1100 in England and Wales.

Doctors born outside the United Kingdom or Irish Republic accounted for about a quarter of the increase in the hospital service and of course some of these will have British origin. The numbers of doctors born in the United Kingdom or Irish Republic in the registrar and senior house officer grades increased substantially.

However, it is regrettable that less than one third of the increase in hospital staff was in the consultant grade. The figures so far available indicate that there has been no improvement in the number of those first appointed to the consultant grade and no reduction in their average age on appointment. It is, of course, imperative that the policy agreed with the profession of increasing the consultant grade and providing earlier promotion for those who are staying in the hospital service should be given effect.

Godber, Sir George (1972). *Health Trends*, 4, 1-2.