

necessary. Any pain (which is sometimes severe) should be met by applications of dry heat, or, if necessary, a leech. After the first twenty-four hours the patient need not be confined to his bed, unless there is any tendency to vertigo.

As regards the removal of exostoses, the after-treatment will vary with the method employed. If the operation has been done by the intra-meatal method, the passage is packed with gauze, and this packing requires to be continued (changing every day) for from one to three weeks. When removal has been done by the post-auricular incision, the after-treatment will not differ from that mentioned for the removal of foreign bodies by incision.

The after treatment of mastoid operations differs, of course, with the nature of the operation, whether it is a simple opening or the radical procedure. After the simple opening, the wound is plugged and the packing repeated so that the cavity heals from the bottom. The first dressing may not need changing for three days, but it is sometimes necessary to do so in twenty four hours. The plug is removed with forceps, preferably after a preliminary soaking with peroxide of hydrogen, that in the meatus being also removed. The wound and meatus are both syringed with hot antiseptic, dried, and repacked, care being taken to carry the end of the gauze right to the bottom of the wound and of the meatus.

A careful watch should be kept for pain, rise of temperature, or headache, any or all of which may be danger signals.

After the radical operation, the dressing should not be disturbed for from 3 to 5 days, unless pain, headache, or rise of temperature necessitate it. Here the dressing of the operation cavity is made *via* the meatus, and, after the packing has been removed and the ear irrigated, this cavity should be carefully dried before repacking. Much of the success of the final result depends upon the care with which this repacking is done, and the nurse to whom it may be entrusted should see that the end of her gauze goes not only well up into the antrum but that the middle ear is also properly occupied by gauze.

The length of time that packing is continued varies with different surgeons. Some operators do not pack after the first dressing, but use insufflations of powder or instillations. Others, like myself, prefer to pack for three weeks, then altering the treatment to insufflations of boric acid powder or instillations of spirit, etc.

In my next lecture I shall deal with nasal operations.

"Epidemic Diarrhœa."

A Lecture Delivered at the Infants' Hospital, Vincent Square, S.W.

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The disease which is the subject of our lecture this afternoon is one that has been known by many names. Of the more common I may mention summer diarrhœa, cholera infantum, and zymotic enteritis. It is a disease peculiarly liable to appear at certain parts of the year, and is practically absent in many other portions of the year. The conditions in which the disease arises occur during hot weather, and especially during a hot summer. The characteristic of the disease in regard to the date of its appearance is that it is towards the latter end of the summer, when the heat has continued for some considerable time. A great deal of interest has been displayed by some in the temperature as recorded by an instrument known as the four-foot thermometer. This instrument records the temperature of the soil at a depth of four feet. As a rule, it is not until this thermometer reaches a certain temperature that the maximum incidence of the disease is seen, and there have been a good many speculations indulged in on the result of these observations. There is very little in the meaning of the temperature as recorded by this thermometer. A raised temperature at a depth of four feet simply means that the heat must have continued for a considerable time before the soil at this depth is materially affected, and therefore it is not till the heat of summer has lasted for some time that the four-foot thermometer rises to its maximum level. That is all it means, and nothing else, and many of the extraordinary theories which have been advanced in reference to this temperature have no basis in fact.

A MORTAL DISEASE.

As a mortal disease in regard to babies, epidemic diarrhœa is the most serious of all. The number of deaths depends at the present time solely on the temperature. If it is a cool summer, the number of deaths is comparatively low; if it is a hot summer, the number of deaths is very high indeed. The year 1904 is a sad illustration. The summer of that year was very hot, and in many towns throughout the country nearly one-half the babies under twelve months old died in the three months July, August, and September. These infants died because they were poisoned, and in order to explain to you

[previous page](#)

[next page](#)