The subject of the *after-treatment* of ear operations is one with which, in an article like this, it is somewhat difficult to deal. It is not easy to know exactly how much to say on the subject, since in different institutions and with different surgeons the amount of work left to the nurse varies much. There is one thing, however, which is of paramount importance, and that is the necessity of perfect and rigid antisepsis in every case. In my opinion, the nurse who has not mastered the urgency of antisepsis is not worth her salt. So much of the success of the surgeon's work depends upon this rule that, whether the case is dressed by the house surgeon or the surgeon himself, or whether it is left to the nurse, the latter must never relax her vigilance as regards dressings, instruments, and solutions. Last, but not least, she must never neglect the care of her hands. Some persons seem to regard a bowl of carbolic as a fetish, which, shown to the hands, immediately renders them in a state of perfect antisepsis. Only thorough scrubbing with plenty of soap and hot water and antiseptic will render them fit for the work of dressing, and, once cleaned and antiseptisised, they should not be allowed to touch anything that has not been made surgically clean.

After *ossiculectomy* the ear is antiseptisised with hot sublimate (one in 2,000) or hot carbolic (one in twenty), and dressed by packing with carbolic gauze, secured by an antiseptic pad and bandage. The dressing should not be touched until the surgeon has seen it, and the patient should be confined to bed for the next twenty-four hours at least, especially if any vertigo follows the operation. Pain in the ear should be relieved by the application of hot flannels or wool to the side of the head over the dressing.

After the *removal of exostoses* the ear is dressed similarly to an ossiculectomy. This packing is continued for from one to three weeks, being removed and renewed at intervals according to the surgeon's orders. If the auricle has been turned forwards, the incision will have been sutured, and the wound is left alone until healing has occurred.

Mastoid operations.—The success of a mastoid operation depends greatly upon the care bestowed upon it during the after-treatment. The necessity for the most careful antisepsis and most stringent supervision cannot be too strongly insisted upon. The time of the first dressing varies greatly, it may, however, be necessary to change it after the first twenty-four hours or thereabouts. A careful watch should be kept by the nurse for pain and on the temperature, and the surgeon should be at once notified if the former is severe or the latter high or rising. When the complete post-aural operation is performed for chronic suppuration, I usually leave the first dressing untouched for a week, unless the patient complains of discomfort on account of its stiffness and hardness, or there is some other reason for its change. Unless there be reason to the contrary, the after-dressings need only be made every two or three days, the indications for a daily change being (1) return of pain, (2) rise of temperature, (3) rapid soaking of the dressings, (4) continuance of septic suppuration.

When the post-aural wound is well healed, a bandage may be dispensed with, and a small cap devised for the ear, and secured by elastic or by strings passing over the head.

The after-treatment of cerebral and cerebellar abscess and thrombosis of the lateral sinus will remain in the hands of the surgeon, the nurse merely acting as an accessory, although as an accessory of considerable importance. If it be possible to say so, the necessity of strict antiseptic precautions is even more accentuated. The management of cerebral cases belongs in great part to general surgery, and the nurse should already have sufficient training in the subject to render superfluous any further reference thereto.

Space has been too limited to introduce into this article anything that is not strictly of a special nature, and therefore I have made no reference to the immediate treatment of the patient after operation, the management of his recovery from the anæsthetic, etc., such matter being part and parcel of the nurse's general surgical training.

Appointments.

Lady Superintendent.

Miss E. M. Roberts has been appointed Lady Superintendent of the Nurses' Co-operation, 8, New Cavendish Street. She was trained at St. Thomas's Hospital, where she has also held the position of Sister. From 1897 to 1899 she was Lady Superintendent of the Monsall Fever Hospital, Manchester, since which time she has held the position of Matron of the Norwood Cottage Hospital.

Matron.

Miss Emily F. Neve has been appointed Nurse Matron at the Huntingdon County Hospital. She was trained and certificated at the London Hospital, and has held the positions of Matron of the Cottage Hospital, Enfield, and of the Cottage Hospital, Blanfield.

Superintendent Nurse.

Miss J. M. Cooper has been appointed Superintendent Nurse at the Workhouse Infirmary, Poole. She was trained at the Chorlton Hospital, Manchester, where she has also held the positions of Charge Nurse and Midwife.

previous page

next page