

The course of influenzal mastoiditis is usually towards rapid destruction rather than resolution, and although it tends occasionally to open externally, its inclination is more towards caries and serious lateral sinus or cranial complications.

The third type of influenzal otitis is one in which the destructive process is marked, there being rapid caries of the ossicles, caries of the tympanic wall, and, when the mastoid is implicated, caries and necrosis of that process.

Treatment.—The treatment of influenzal otitis requires to be undertaken with care, and, before anything is done, the surgeon should, as far as possible, satisfy himself as to the precise condition of the patient. As has been pointed out, pain in the mastoid occurring in the course of an attack of influenza should always be a danger signal to the medical attendant, and he should at once make a careful examination of the ear so that prompt measures may be taken.

At the onset of an attack of influenzal otitis leeches should be applied promptly, one over the mastoid process and one in front of the tragus. When they drop off, bleeding should be encouraged by hot antiseptic fomentations. For the relief of pain, hot dry cotton-wool applications should be used, together with hot instillations of cocaine in a strength of 10 per cent. Any bulging of the membrana tympani should be met at once by paracentesis. This will be disappointing, in most cases, in its effect upon the pain, but it should be done more with the intention of relieving tension, and for that reason the incision made should be large and free. Ordinary antiseptic treatment should follow, and when the acute stage has subsided granulations and polypi should be removed with the curette, and the tendency to their formation checked by astringent instillations and applications. Bronner has found instillations of nitrate of silver (10 per cent.) to be especially useful in influenzal cases. Until all pain has ceased and the acute congestion has disappeared no attempt should be made to inflate the tympanum either by the Eustachian catheter or by Politzer's method.

The severe prostration must be met by careful general treatment, antipyrin and morphia being specially useful. In some cases large doses of quinine appear to have a good effect. The insomnia should be met by sedatives and hypnotics, of which sulphonal, trional, and paraldehyde seem to give the best results. When the otitis appears during the attack of influenza the patient should be kept in bed; when it comes on later in the disease, confinement to one room will suffice, although bed is better.

When influenza attacks the mastoid as above described, and perforation of the tympanic membrane has occurred, leeches and the use of cold or heat by means of ice, Leiter's tubes, or hot antiseptic

fomentations should be tried. The application of counter-irritants or blisters should not be employed, as such agents mask the symptoms and confuse the surgeon. Should the intensity of the symptoms not abate in about three days, an operation on the mastoid should on no account be delayed. If the case is first seen several days after the onset of symptoms, no delay should be permitted for the trial of antiphlogistic remedies. Bulging of the posterior-superior meatal wall, nystagmus, changes in the retina, or facial paralysis, should also decide the question of immediate surgical interference. When it is found that the abscess is in the superficial mastoid cells, Politzer insists that on no account should any artificial communication be made between them and the antrum (if they do not already communicate). This axiom is, of course, the opposite of that which holds good in ordinary mastoid cases. The importance of not delaying operation is accentuated in influenzal mastoiditis on account of the destructive nature of the inflammation, and the tendency to caries and necrosis.

AN EFFECTIVE METHOD OF FUMIGATION.

The best method of fumigating rooms both after infectious illness and also when infested by insects is a point which is of interest to all nurses. Professor König, of Göttingen, recommends in both cases fumigation with corrosive sublimate, the methods of procedure being as follows:—

From 1½ to 2 oz. of corrosive sublimate are put on a plate over a chafing dish, and then the windows and doors of the room are closed. At the expiration of three or four hours the windows and doors are opened, and the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or cloth over the mouth and nose in order not to inhale the vapour. The following day the windows are again closed, and some sulphur is burned in order to neutralise any of the mercurial fumes which may linger about the furniture and other articles. The room should then again be aired and cleaned, when it will be ready for occupancy.

The professor states that when he employed corrosive sublimate to disinfect a room infested by insects, the success of this measure was most gratifying, and when the room was opened, the dead bodies of various kinds of insects were seen strewn about the floor. This incident led him to hope that the same means would be effectual in destroying the various elements of contagious disease, and a trial in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia, gave most satisfactory results. Since adopting this method he has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in which the patient had been confined.

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