tension. It, as Politzer pointed out, most frequently, as in this instance, attacks the pneumatic variety of mastoid, in which there are numerous cells communicating by very small openings with each other and with the antrum. It shows the necessity of remembering that serious mastoid disease may occur without any meatal discharge.

2. The apparent freedom of the middle ear. Of course, examination was not made until three weeks after the onset of the disease, but there was no history of discharge and the membrane was intact. The deafness, however, pointed to the fact that there must have been a certain amount of congestion of the tympanic mucosa, which had subsided with the relief of pain caused by the perforation of the bone by the pus contained in the mastoid.

3. The case also illustrates the rapid destruction which takes place in influenzal mastoiditis. The whole mastoid was practically destroyed in less than three weeks. This rapid destruction of tissue is one of the most characteristic features of this class of mastoiditis. I have seen the whole mastoid destroyed by influenzal inflammation in a fortnight. Hence the great importance in quickly recognising the presence of the disease with a view to speedy operation. The usual symptoms observable are local lancinating pain of a radiating character, tenderness on pressure or percussion on the mastoid, local heat, and general rise of temperature. There is usually a discharge from the meatus, the onset of which does not usually greatly relieve the pain. It is important, however, to remember that, as in the case just related, serious mastoid disease may occur without a discharge appearing from the meatus.

A New Method of Extracting Foreign Bodies from the Ear.

There is no more delicate and even difficult task, so states the *Medical Press*, than the extraction of a foreign body from the external auditory canal. Irrigation often fails to bring it away, and in certain cases adds to the difficulty by causing the object—a pea, for instance—to swell and become more firmly impacted. The employment of instruments is very painful and requires considerable dexterity, besides supposing an armamentarium specially designed for the purpose, which few general practitioners possess. The recommendation is made of a piece of soft rubber tube, the length of a cigarette and of the proper size, to be introduced into the ear. The end of the tube is dipped in paraffin and pushed into the canal until it comes in contact with the foreign body, whereon the operator, applying his mouth to the free end, aspirates forcibly, at the same time throwing back his head. Except in cases of angular bodies of irregular contour, this method is usually attended by success, the body coming away with the tube.

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

By Miss Helen Todd,
Matron, National Sanatorium, Bournemouth.

XI.—DIET IN PHTHISIS *(continued).*

At our last lecture we observed how the appetites of patients suffering from phthisis are beneficially affected by modern hygienic treatment. So much so is this the case that the pale, interesting consumptive, so frequently met with in fiction of a certain class, has been completely changed by sanatorium life into a sunburnt, stout, and somewhat commonplace-looking individual.

Still, we do occasionally get a patient who cannot at first quite manage the full diet, and especially the daily three pints of milk, whilst there are others who come to us with a fixed idea that they cannot take milk at all without being actually sick or suffering much discomfort from indigestion.

On inquiry you will often find that such persons have been trying to drink large quantities of undiluted milk, very likely taking a pint at a time and bolting it, so as to get rid of it as soon as possible, the natural consequence being that the whole has curdled together in the stomach, forming a firm, tough mass, which completely defies the further processes of digestion, and causes vomiting, the only way by which the unfortunate stomach can relieve itself of the unwelcome presence.

There are various methods by which we seek to prevent the formation of these large curds. Sometimes a patient can digest milk, which would otherwise disagree, if he sips it slowly, a teaspoonful at a time; or we may have recourse to dilution, using simple hot water or barley-water for hot milk, and soda water when it is preferred cold, in the proportion of ʒ ij. of the diluent to ʒ iv. of milk. These diluents act mechanically by separating the suspended particles of casein.

Lime-water also prevents the formation of curds in the stomach by virtue of its alkaline action. It should also be used in the proportion of one-third to two-thirds milk, and must be freshly made.

Sir Lauder Brunton advocates the custom carried out at some of the Continental Spas of sipping milk very slowly and eating a small piece of biscuit between each sip; this has the same effect as the teaspoon method, as "in this way the milk is thoroughly broken up in the stomach and does not form curds" ("Actions of Medicines").

Burney Yeo suggests that many people who cannot digest ordinary milk will find the difficulty overcome by the addition to each (half-pint) glass of "two tablespoonfuls of hot water, in which about six grains of bicarbonate of soda and five grains of

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