

either primarily or by extension. As has been said, these cases are often very tedious and obstinate in their course. Occasionally the method already described will suffice, but often they require more detailed treatment by washing out the attic daily by means of an attic syringe or cannula. Owing to the frequency with which they are complicated with caries of the head of the malleus, or of the anterior attic wall, a good deal of what has to be said regarding caries of the ossicles applies to them. When caries of the temporal bone is the cause of the obstinacy of the suppuration some operation is imperative, and delay in such cases is dangerous. It is impossible in this paper to discuss the subjective and objective symptoms of this complication or its operative treatment; suffice it to say that the nature of the discharge, which may be copious and creamy, or thin and bloody, but is always offensive, together with the changes to be seen in or around the ear, and especially the disturbances which arise when the facial nerve is involved, should lead one to suspect the nature of the case. Caries of the ossicles is a frequent cause of the resistance of chronic suppuration to treatment, and great improvement in our results has appeared since the removal of the ossicles ("ossiculectomy") has become a recognised operation in otology. The operation is undertaken to remove the cause of the discharge or to improve the hearing after the discharge has ceased. It is with the former that we have to do here. When there is a persistence of discharge with a perforation of Shrapnell's membrane, chronic attic trouble is indicated, and, when the anatomical relations of this part of the tympanum are considered, it will be seen that disease there is an hourly menace to life. The chief cause of this persistence is caries of the head of the malleus, or body of the incus, or both, or of the anterior attic wall. Nothing short of removal of the bones in question and curetting of the bony wall will be of use, and, unless there be indications for opening the antrum, this should certainly be done before proceeding to the more grave mastoid operation. When discharge persists with a perforation in the posterior-superior segment of the membrane, the usual cause is caries of the descending process of the incus, a complication by which the attic may later become secondarily affected. Removal of the malleus, together with the remains of the incus and the membrane, is indicated, and in most cases is followed by a rapid improvement. It is when the perforation is in these two situations that ossiculectomy is indicated, and in no case should it be done without removal of the outer attic wall as well.

It only remains to speak upon the treatment of cholesteatomata. There is but one way to deal with them—that is, removal. The method by which this is effected depends upon their position.

## The International Council of Nurses.

The First Quinquennial Meeting of the International Council of Nurses was held in the Victoria Lyceum, Berlin, on Friday, June 17th. The President, Mrs. Bedford Fenwick, presided, and amongst those who were present were:—

*From Great Britain.*—Miss Isla Stewart, Matron of St. Bartholomew's Hospital, representing the Matrons' Council of Great Britain and Ireland; Miss Jenkins (Sister Casualty), Delegate of the League of St. Bartholomew's Hospital Nurses; Miss Mary Burr, Delegate of the League of St. John's House Nurses; Miss E. C. Barton, President of the League of Chelsea Infirmary Nurses; Miss Rogers, President and Delegate of the League of Leicester Infirmary Nurses; Miss Mollett, President of the Royal South Hants Nurses' League; Miss M. Brey, Hon. Secretary Matrons' Council; Miss Ross, Matron Western Hospital, Fulham; Miss G. Knight, Matron of the General Hospital, Nottingham; Miss M. E. Jones, Matron of the General Hospital, Birmingham; Miss Newton, Matron Eye Hospital, Wolverhampton; Miss J. A. Smith, Matron Union Infirmary, Kingston-on-Thames; Miss A. E. Parnaby, Matron Nurses' Association, Surbiton; Miss Richmond, Matron of the Women's Hospital, Birmingham; Miss Pell-Smith, Lady Superintendent Home Hospital, Leicester; Miss Berry, Miss Howell, Miss Curtis, Superintendents Q.V.J.I.; Miss Phillips, Queen's Nurse, Surbiton; Miss Atthill, Lady Superintendent Royal Nursing Association, Derby; Miss B. Cutler, Matron The Hospital, Much Wenlock; Miss Waind, Lady Superintendent, Galen House, Guildford; Miss Margaret Huxley, President Irish Nurses' Association; Miss L. V. Haughton, Lady Superintendent Sir Patrick Dun's Hospital, Dublin; Miss A. M. Macdonnell, R.R.C., Lady Superintendent Richmond Hospital, Dublin; Mrs. Manning, Matron Dental Hospital, Dublin; Miss Clara Lee, late Matron Eye and Ear Infirmary, Dublin; the Lady Hermione Blackwood, Queen's Nurse; Miss E. L. Eden, Somerset County Nursing Association; Miss G. Dorran, Registered Nurses' Society; Miss E. C. McGill, Nurses' Co-operation, London; Miss Lee Smith, Sister Royal South Hants Hospital; Miss Frances L. Smith, Royal South Hants Hospital; Miss M. C. Fair, Grange-over-Sands; and Lady Lumsden of Belhelvie.

*The United States of America.*—Miss L. L. Dock, Hon. Secretary International Council of Nurses, Delegate Bellevue Alumnae Association; Miss Annie Goodrich, Superintendent of the Training-School for Nurses, New York Hospital, Delegate of the American Society of Superintendents of Training-Schools for Nurses; Miss M. E. Thornton, R.N., Secretary Nurses' Associated Alumnae; Miss Maud Banfield, Superintendent Polyclinic Hospital, Phil-

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