

few days or even hours; this is, however, uncommon. More frequently it gets first into the mastoid antrum, and a slow quiet process of destruction of bone takes place, until the mastoid antrum and tympanum are full of pus and fragments of soft bone. Sooner or later—it may be in the course of a few weeks or as long as two or three years—the roof of the antrum or tympanum gives way, and meningitis results as before, or pyæmia (“blood poisoning” as it is called) may occur from the pus finding its way into a large vein just behind the mastoid process, which is called the lateral sinus, and so into the general circulation.

How are we now to know in practice when the mischief has extended beyond the tympanum into the mastoid antrum or surrounding bone? In the first place, the ear discharge stops suddenly, and I cannot impress upon you too strongly that you must not necessarily be pleased when an ear discharge does stop; it may stop because there is no more pus to run out, which is a good thing; or because the pus has run elsewhere, which is a very bad thing.

There are three other signs of danger; one is a sudden rise of temperature, especially if this is associated with shivering; another is drowsiness or dull headache, and a third is pain, tenderness or redness behind the ear. A careful nurse will make it her practice when irrigating the ears of scarlet fever patients to press gently behind the ear, and so detect any tenderness that may be present. On the occurrence of any of these signs, the surgeon must be sent for at once, as it will be necessary for him to let out the pus without delay. This he does by opening with a chisel the bone behind the ear, and gouging it away until he comes across the mastoid antrum: from this cavity pus will be then found to be welling up. If this is not found in the antrum, it may be necessary to open the skull itself, and explore the brain or its membranes, or to expose the groove in which the lateral sinus runs to see if that vein is infected or not.

This much is necessary in order to let the pus out, but it may be found that the bone is hopelessly diseased, and then the “radical mastoid operation” may have to be performed. This consists in removing the whole of the interior of the mastoid process, also the hinder part of the tympanum and the auditory ossicles, leaving one large smooth cavity lined by healthy bone, into which the auditory meatus then leads: the wound behind the ear is sewn up, and the subsequent dressings are conducted through the meatus itself, which has generally been made larger for the purpose.

As I have so often pointed out in connection with other surgical procedures, the important thing is not so much that the surgeon should perform the operation properly—almost any surgeon can do that—but that he should be given the opportunity of performing it early. This is a matter of nursing pure and simple, for the reason that previous to the operation the nurse is there, and the surgeon is not.

(To be continued.)

### Our Sick Soldiers in Natal.

Princess Christian has signed a letter to the press in which she makes it known that there is a great demand for extra comforts for our South African colonial troops now serving in Natal.

The hardships to which they are exposed, owing to the cold weather, the scarcity of water, and the generally arduous nature of the operations should be known to their fellow-countrymen and women at home, and throughout the Empire, so that they may give help. As local committees have been formed in Natal the Princess suggests that the most practical method is to raise a fund here to be placed at their disposal.

The appeal has already met with generous support which it deserves.

### Their Proper Place.

The *Broad Arrow* is still attacking the new Army Nursing system. One correspondent writes therein “that it is in the power of nurses to make or mar the career of men of the nursing section”; and a second says “This is a truism that cannot be denied, but more than this; owing to the position the nurses in the army have been allowed to assume, it is even whispered they can, by indirect and unofficial representation to headquarters, influence the powers that be to injure the future prospects of the medical officers under whom they happen to be serving, should the latter, in the conscientious discharge of duty, in any way displease them. Surely this is not a very healthy state of affairs, and one which would not for one moment be tolerated in civil hospitals, where nurses are kept in their proper place, and not given powers to which they have no claim, as is the case in military establishments.”

We hear that Queen Alexandra's Military Nursing Sisters are very thankful to have at the helm a man of Mr. Haldane's sound common sense, and well-known just views as to women's rightful sphere of work.

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