

mouth is affected with pyorrhoea. Surely the importance of this is self-evident and needs no argument to press it home. Yet it is often, even now, the cause of septic complications. The report quotes Dan McKenzie as pointing out that one-third of the children observed by him showed a slight febrile condition the third day after operation, an observation confirmed by Moure, of Bordeaux. It is, no doubt, a post-operative reaction which owes its occurrence to the impossibility of rendering the naso-pharynx completely aseptic. Hence the importance of eliminating all possible sources of infection in the nose and mouth is accentuated.

The more serious septic infections which may occur as complications of the adenoid operation are acute inflammation of the middle ear, leading possibly to acute or chronic suppuration, pharyngitis, adenoiditis, pneumonia, acute septicæmia, fœtid bronchitis and retropharyngeal abscess. Some of these are, of course, rare, but any one of them may occur and can in all probability be prevented. Acute inflammatory affections of the ear may follow severe hæmorrhage, or may be due to the meddlesome habit of douching the nose after operation, to the method of operating with the head hanging over the table (position of Rose), whereby the nasopharynx is not properly drained of blood, some of which may be forced into the Eustachian tubes, or to carelessness in eliminating septic factors from the nose and mouth before operating. It may be said, without hesitation, that the great majority of suppurative ear complications after adenoid operations ought never to have occurred.

Several cases of inflammation of cervical glands have been reported. Such a complication is, no doubt, largely a question of the microbes present and the nature of the soil in which they are implanted—a virulent micro-organism and a weakly resistant patient. The same may be said of pneumonia and bronchopneumonia. The risk of these complications may be reduced to a minimum by proper care before and after operation. More difficult to prevent are occasional acute septicæmias, due to some peculiarity of the patient, such as that which is quoted in the report as forming the only death in over 3,000 cases reported by Macleod Yearsley, and in which the child died of a pure pneumococcic septicæmia.

Of the various complications described in this valuable report, those which have just been dealt with have been quoted as concerning most the nurse and the hospital authority. Surgeons know these things, but with the enormous quantity of adenoid cases which pass through

their hands they are apt from familiarity to take things for granted. The nurse should know and instruct the parents; every precautionary means of preventing infection during the homeward journey and during the convalescence of the little patient in his own—too frequently septic—home should be used. It may be taken for granted that the operation itself is done under aseptic precautions; if it is not, the hospital could not be too severely dealt with. What is required is care in ensuring a minimum of septicity of the cavity to be operated upon before operation and care to prevent possible infection after adenoids have been removed. At the hospital to which the writer is attached, gauze mouth covers, as suggested by the JOURNAL, have already been made and put in use. Once parents are instructed and such precautions as have been indicated are taken, constant supervision is needed to ensure efficiency in the work. Only such constant supervision can prevent the creeping in of "slackness." This is the work of the hospital authority who, having taken the advice of the medical staff, should see that it is carried out. If he cannot do so, then he is not fit for his post, his institution is not doing its duty to the public, and is unworthy of its subscribers' money.

A MEMBER OF A SPECIAL HOSPITAL STAFF.

THE AFTER-CARE OF OPERATIONS.

When we published the article last week on "The After-Care of Operations on Out-patients" we hardly hoped that it would have such immediate results for good, but from letters received we are glad to know it has aroused widespread interest.

In talking over the question with one of our eminent laryngeal and aural surgeons, he expressed himself entirely in sympathy with our opinion that more care was necessary, and at once most kindly acceded to our request that he should write an article on "The Complications of Adenoid Operations," which we publish this week, and which we hope may be read with care by the wide circle of thoughtful women who support this professional journal. The Editor wishes to express her appreciation of the courtesy extended to trained nurses in this particular. The fact that at the hospital which fortunately possesses the services of this great surgeon, "gauze mouth covers, as suggested by the JOURNAL, have already been made and put in use," is specially gratifying to us, as so much seed is scattered in stony places.

[previous page](#)

[next page](#)