

some of them would remove it upon leaving the hospital, as they would dislike the publicity of a face-dressing which might become conspicuous if discoloured by coughing, &c. Then committees would resent paying for gauze dressings, although they cost so little, as many patients now not only pay for dressings, but also something towards the cost of their operations in out-patient departments. To save expense, this Matron suggested the use of cast linen, sterilised, so long as it was fine enough, as after the operations in question there must be a raw surface. She was convinced a sterilised mask should be used by patients returning home the same day. We hope she will get this simple precaution adopted.

At another hospital the Matron said: "No fads could be afforded!" To which we replied: "If the hospital was too poor to take careful, scientific precautions for the safety of the sick people it treated, the sooner it was shut up the better." This lady also approved the suggestion of masks, but said: "As leading operating surgeons resented suggestions from nurses, she could not take the initiative!"

With this latter conclusion we cannot agree. Modern nursing has been gradually evolved "through suggestions from nurses"; and our personal experience has been that "leading operating surgeons" welcome all the little womanly touches which make for the comfort and well-being of their patients. We hope to see the masks in use in the out-patient department of the hospital in question before very long.

The Matron of the Royal Ear Hospital writes:—

"Knowing how interested you are in the after treatment of operations on tonsils and adenoids, I enclose a copy of our new printed instructions. Over a dozen cases were operated upon last Tuesday, each returning home with a protection on, and instructions given by myself. I enclose a pattern of the mask adopted."

INSTRUCTIONS.

The Patient must go home with sterile dressing over mouth and nose, and go to bed, remaining in bed two days.

Only ice to suck to-day or cold milk.

To-morrow, soft cool diet.

Breathing exercises thrice daily for ten minutes, with the mouth shut.

Aperient second night after operation.

Come up to see the Doctor at
on day.

We do hope matrons will bring this question before their medical staffs.

A CASE FOR A MASK.

Mr. L. A. Parry, F.R.C.S., has an interesting report in the *Lancet* of a case of erysipelas complicated with meningitis following an intra-nasal operation:—

"The patient, a healthy young man, aged twenty-seven years, who suffered from symptoms of nasal obstruction which were not very severe, consulted a London laryngologist, who recommended a submucous resection of the septum. This was done on a Saturday in a nursing home, and on the following Monday the patient travelled to Brighton by train. He was advised by the operator not to leave the home so soon, but no special pressure was brought to bear upon him to induce him to remain longer. On the following Wednesday the patient was suddenly taken ill with symptoms of severe pyrexia, the temperature being 105 deg. F. The only local sign detected was a slightly inflammatory condition of the interior of the nose in the neighbourhood of the operation. The inflammation spread backwards, and soon the whole pharynx was involved in an attack of erysipelas. This began to subside in a few days, and then the inflammation spread forwards, extended rapidly, and soon the whole face and scalp were covered with the characteristic lesion of erysipelas. The patient appeared to be doing well, when suddenly he was seized with maniacal symptoms, convulsions—starting in the right hand, spreading up the arm, and then becoming generalised—conjugate deviation of the head and eyes to the right; strabismus, rigidity of limbs, loss of reflexes, and finally coma, almost complete. Dr. E. Hobhouse, who saw the patient with me, agreed with the diagnosis of meningitis."

Suffice it to say that the patient recovered from this very serious condition, and in summing up the risks attendant on intra-nasal operations, Mr. L. A. Parry concludes:—

"One of the risks which it would be well for operators to recognise more fully is that run by allowing patients to be up and out travelling directly the operation is performed. The danger of sepsis is great. There is a raw surface in the nose over which air laden with micro-organisms is continually being drawn, and in cabs, railway carriages, &c., there must be great probability of pathogenic germs being present and infecting the wound."

Perhaps if this patient had worn a sterile gauze mask he might have been saved from terrible sufferings from which he apparently narrowly escaped death.

[previous page](#)

[next page](#)