

OUR PRIZE COMPETITION.

MENTION ANY TWO SURGICAL CONDITIONS WHICH MAY FOLLOW INFECTIOUS DISEASES. DESCRIBE FULLY ONE OF THEM. IF AN OPERATION SHOULD BE NECESSARY, DESCRIBE IN DETAIL HOW YOU WOULD PREPARE THE PATIENT.

We have pleasure in awarding the prize this week to Miss Marion Zeigler, Castleton Road, Barons' Court, S.W.

PRIZE PAPER.

Almost every infectious disease has its fear of complications; in spite of the most skilful treatment and good nursing they may occur.

We will take for example:

- (a) Acute Mastoid Abscess following Scarlet Fever.
- (b) Perforation of the intestines in Enteric Fever.

SCARLET FEVER.

The early complications are membranous sore throat, rhinitis discharge from the nose, and conjunctivitis and later Otitis Media and discharge from the ear, which may lead to the serious condition of Mastoiditis.

MASTOIDITIS.

The middle ear is a small cavity which exists between the drum and the nerve mechanism of hearing. It is bridged across by the three small ossicles, and it communicates with the naso-pharynx by the Eustachian tube and with a cavity in the Mastoid process behind the ear. It is in this way infected by the septic inflammation which ascends from the throat in scarlet fever by means of the Eustachian tube.

The middle ear then is filled with pus, the pressure of which causes earache and which soon bursts its way through the drum and escapes as a stinking discharge by the external ear.

Sometimes this condition of Otitis Media may be cured by a timely incision, but more often it remains as a chronic septic condition with a constant purulent discharge. In such a case, at any moment the septic process may spread backwards into the Mastoid process or inwards to the lateral sinus or brain.

The involvement of the Mastoid causes:—

1. Pain.
2. Redness.
3. Swelling behind the ear,
4. Rise of temperature and increased pulse rate, setting up a condition of Mastoiditis and necessitates an emergency operation to relieve the condition.

To prepare the patient for operation of Mastoid:—

1. Half-shave the head from centre back according to the side affected.

2. Well clean up the skin over the shaved area with methylated ether.
3. Thoroughly clean up the lobe of the ear, being specially particular of the skin behind.
4. The iodine method for painting the skin is particularly useful in these cases.
5. Apply sterile towels and secure in position by a bandage.
6. Put the patient in a loose warm gown, preferably to fasten at the back, and one that will conveniently loosen around the neck; also a pair of long woollen stockings.
7. Instruct the patient to pass urine if possible, which should be tested before the operation. Anything abnormal with regard to it should be reported to the surgeon before the operation.
8. If an hypodermic injection of Atropine or Hyoscine has been ordered it should be given a quarter of an hour before the operation. The preparation should be done as quickly as possible, but with much calmness, so as not to alarm or upset the patient.

ENTERIC FEVER.

Enteric or Typhoid, as it is often called, is a specific infectious disease. The fever has received various names:—

1. Gastric fever.
2. Abdominal Typhus.
3. Infantile fever.
4. Remittent fever.
5. Slow fever.

Subsequently all doubt upon the subject was removed by the careful clinical and pathological observation made by Sir William Jenner at the London Fever Hospital. It has been completely proved that a bacillus known as "Bacillus Typhosus" is the direct cause of the malady.

The part attacked is called "Peyer's Patches," a mass of granular tissue situated in the small intestine near the Ileo-cæcal valve. During the course of the fever the intestine undergoes a series of changes. Perforation usually occurs in the third week when the intestine is healing. The slough which covers one of the ulcers, or perhaps several, separates and sometimes the peritoneal layer of the bowel wall is involved in the slough, so that where it separates a hole is left. Fæcal matter gets into the peritoneal cavity, usually setting up severe peritonitis.

The symptoms of this serious complication are often not very severe, and the most careful

[previous page](#)

[next page](#)