

## E A R.

Pooley.—*Two Mastoid Operations with Unusual Features.* "The Laryngoscope," April, 1899.

CASE I.—A little girl, aged nine, was seen after a month's history of recurring otorrhœa following acute otitis media, which itself followed acute follicular tonsillitis. For some days there had been a rise of temperature, and before a swelling was noticed behind the ear (only two days previously). When seen there was agonizing pain behind the ear and extending to the occiput. There was much swelling of the posterior wall of the meatus, and the otorrhœa was not very profuse. Temperature, 103°. There were no brain symptoms, and the fundus oculi was normal.

The next morning the mastoid was opened, and much pus and granulation tissue removed, and the cavity left clean and smooth; also a free communication with the ear was established.

The temperature fell to normal, but vomiting set in and continued from the time of operation (Thursday morning) till Saturday evening, being specially bad from Friday morning onwards. The efforts to vomit came on in a sudden and projectile manner, like cerebral vomiting, and no nourishment was retained. The temperature remained normal, and there was no other symptom of cerebral disease. When the vomiting ceased recovery began, and continued uninterruptedly, and after six weeks she was well.

CASE II.—D. M., aged thirty-seven, policeman, recently recovered from right-sided hemiplegia, tall, thin, and of a cadaveric look, was admitted to hospital with a history of pain in the tonsillar region, extending soon to the right middle ear. Two days later perforation and otorrhœa took place. On examination, a large perforation, bulging of the posterior wall of the canal, and a scanty discharge of pus, were found. There was neither swelling nor redness, but deep pressure over the bone, specially near its tip, caused much pain. The patient suffered much. Pulse, 100; temperature 100 $\frac{1}{10}$ °.

The next day there was a profuse, foul-smelling discharge from the right nostril, supposed by the author at first possibly to have come through the Eustachian tube.

The usual Schwartz operation was done, and pus and granulation tissue removed. The next day, though feeling better, the patient complained of throbbing pain in the ear and tinnitus, and at mid-day, with a temperature of 99 $\frac{1}{10}$ °, there was intense pain in the ear and over the right eyebrow, relieved, however, by dressing and syringing the ear. Palpation over the frontal sinus was painful. During the night he had a profuse purulent nasal discharge, and twice during the morning. On nasal examination, the position of the pus and direction of its flow indicated its origin—the frontal sinus. Inhalations relieved the pain, and after a few days the temperature was quite normal, and complete recovery rapidly followed.

The author then briefly discusses the diagnosis in these two cases, with regard to the vomiting in the first and the frontal pain in the second, excluding cerebral causes of these conditions. *R. M. Fenn.*