Clinical Department.

OPERATION FOR ACUTE MASTOIDITIS AT AGE OF 84, WITH RECOVERY.

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GEORGE W., aged 84, was admitted to the wards of the Cambridge Hospital on May 5, 1919, with an acute bronchitis. Past history negative, except for two attacks of erysipelas. He had no previous history of ear trouble; hearing always acute; appetite always good, and constitution sound, with only a slight palpable sclerosis of arterio radialis.

During the first ten days in the hospital the patient had a slight variation of temperature ranging between 98 and 99 degrees. He coughed frequently and raised vast amounts of thick, yellow sputum, cultures and smears of which showed staphylococcus and streptococcus. No tubercle bacilli were found.

May 17, twelve days after admission, the patient complained of pain in left ear. His temperature rose from normal to 102 degrees, but he had no chill. Lungs were negative, except for a few scattered moist râles transmitted from the bronchi. Consultation with Dr. Shannon, six hours after patient first complained of pain, showed a left auricle tender to touch, and very slight tenderness to pressure over antrum. There was no tenderness over tip of edema of skin over mastoid. The floor of the canal was covered with tenacious, foul-smelling pus. The drum was ruptured spontaneously in the posterior inferior quadrant, giving the middle ear cavity sufficient drainage. The tympanic membrane was bright red and the handle of the malleus was just perceptible. Frequent hot boric irrigations, heat to the mastoid and argyrol 20% to the pharyngeal orifice of the left Eustachian tube failed to bring relief after forty-eight hours. The temperature remained elevated; the mastoid from the antrum to the tip became very tender to touch, with marked edema of the sub-cutaneous tissues over this area. The posterior superior canal was bulging with the middle ear cavity draining freely through the opening in the drum. The pain was constant and the patient begged "to have something done for relief of the pain."

After consultation with Drs. N. V. Shannon, Albert August and C. M. Hutchinson, it was de-

cided to open the mastoid. Because of the age of the patient and his bronchial condition, which had shown marked improvement since admission to the hospital, the operation was done under local anesthesia.

Morphine sulphate gr. $\frac{1}{4}$ sub-cutaneous was administered and the usual mastoid preparation made. Anesthesia was administered by Dr. Hutchinson, 2% solution of cocaine being injected into the canal and $\frac{1}{2}$ % solution into the sub-cutaneous tissues over the mastoid. The usual incision was made, the cortex opened in the suprameatal triangle with a chisel, and the antrum cleaned. The remaining cortex that had to be removed was broken away with a Yensen bone forceps. The mastoid cells, which showed but very slight sclerosis, were filled with a thick, foul-smelling pus, a culture of which showed staphylococcus and streptococcus.

After cleaning out the antrum and cells a wick was inserted for drainage. The patient left the operating room free from pain, with a pulse of 78 and of good quality. He stated he had no pain during the operation except when the bone was chiselled into.

Two days after the operation the dressing was changed and considerable pus drained from the open wound. The temperature dropped to normal after the first dressing and remained so for five days, when a low grade erysipelas developed over the left side of the scalp. This condition lasted ten days; the mastoid filled in with granulation tissue, and the patient had an uneventful convalescence. He was discharged from the hospital June 22, with the incision healed, hearing normal, and in good physical condition.

CASE REPORT OF HYPERPITUITARISM AND HYPERGLYCEMIA.

BY F. VAN NÜYS, M.D., WESTON, MASS.

MRS. E. M., aged 63, entered the Waltham Hospital on June 27, 1919. Family history negative. Past History: Two children living. No miscarriages. Menopause at 45. Robust and well nearly all her life. Six years ago laparotomy for "abdominal tumor." Influenza last winter. For some years has been subject to vague body pains with occasional swelling of hands and feet.

About four years ago symptoms of diabetes