

ment of the pinna, neither was pain induced by pressure over the mastoid. No vertigo. One of the retro-pharyngeal glands was enlarged. The nasal fossæ and pharynx of the corresponding side were hyperæmic. No improvement followed treatment, and towards the end of March the tissues covering the mastoid became suddenly swollen, the tumefaction extending up into the parietal region. The auricle was displaced and the retro-auricular groove obliterated; even now pressure over the mastoid did not induce pain; the trouble seemed glandular in origin. On March 28 paracentesis was performed; no pus present. The retro-auricular swelling went on increasing and fluctuation was present. On April 6 a large subperiosteal mastoid abscess was opened. After clearing away granulations and detritus from the purulent pocket the bone seemed healthy, so much so that the operator hesitated to proceed further. However, after consideration antrotomy was decided upon and carried out. Pus was found immediately under the cortex, and the bone intervening between it and the antrum was in a state of purulent osteitis. All the diseased tissue was removed with the curette, an uneventful course followed, and by the end of May there was a complete cure. Hearing returned, and the drumhead assumed its normal aspect.

In this case the usual symptoms of mastoiditis were absent. The author remarks on the rarity of this form of mastoiditis and discusses the pathology of such cases, quoting Laimó's views as to their etiology. In this particular case he considers a latent mastoiditis was established two years previously during the attack of suppurative otitis above mentioned, and that this suddenly fulminated when the patient below par was subjected to the infection of influenza.

H. Clayton Fox.

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