

## Appointments.

### LADY SUPERINTENDENTS.

Miss A. L. Earle has been appointed Matron and Lady Superintendent at the Royal Hospital, Sheffield. She was trained at the Royal Infirmary, Liverpool, in Medical, Surgical, and Gynæcological Nursing, after which she had two years' experience on the private nursing staff connected with this institution. She was then appointed Sister of a Medical Ward, and four years later Night Superintendent. Two years ago she was promoted to the position she at present holds of Assistant Lady Superintendent and Matron at the Liverpool Royal Infirmary. In this position she has gained much experience in ward supervision, general superintendence of nurses, the inspection of the domestic department, housekeeping, and the system of inventories of linen and furniture, as well as in the care and teaching of probationers.

Miss Eveleen M. Dane has been appointed Lady Superintendent of the Drumcondra Hospital, Dublin. She was trained at the Western Infirmary, Glasgow, and the Fountain Hospital, Tooting, and has held the position of Night Superintendent at the General Hospital, Wolverhampton, and the Royal Infirmary, Halifax.

### NURSE-MATRON.

Miss Hughes has been appointed Nurse-Matron at the Isolation Hospital, Worcester. She was trained at the General Infirmary, Worcester, and has held the position of Charge Nurse at the Worcester Isolation Hospital, and of Night Superintendent at the Infirmary, West Bromwich.

### ASSISTANT MATRON.

Miss Gertrude Holmes has been appointed Assistant Matron at the Swansea General and Eye Hospital. She was trained at the Queen's Hospital, Birmingham, and has held the position of Sister at the Ear and Throat Hospital, Birmingham, and of Sister at the Swansea Hospital.

### SISTERS.

Miss Amy J. Lander has been appointed Sister on the men's floor at the Royal Isle of Wight Infirmary, Ryde. She was trained at the Queen Victoria Royal Infirmary, Preston, where she also held the position of Charge Nurse. She has also had experience as a private nurse in connection with the same institution.

Miss Sara Ainsworth has been appointed Sister at the Infirmary, Rochdale. She was trained at the Royal Albert Edward Infirmary, Wigan, and has held the position of Night Sister at the Infirmary, Southport, and of Ward Sister at the Newport and Monmouthshire Hospital.

## A Note on Influenzal Mastoiditis.

By MAOLEOD YEARSLEY, F.R.C.S.,  
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The following case shows well the rapidly destructive form of mastoiditis met with in influenza, and serves to accentuate the necessity for care and watchfulness that is required during the course of that disease. It is but one of several cases of influenza mastoiditis upon which I have operated during the past winter, but I have selected it as one especially typical of a particular class of the affection, namely, primary mastoid suppuration.

The history is, briefly, as follows:—

Mrs. A. F., aged thirty-seven years, had a severe attack of influenza and bronchitis one month ago, the date upon which she first came to the Royal Ear Hospital—January 9th, 1903—being the first day she had left the house for a month. She had been deaf for three weeks in the left ear until January 8th, and for nearly the whole period there had been very painful swelling behind the ear over the left mastoid. The pain had subsided for the past two days. There had at no period been any discharge from the ear.

On examination, there was considerable redness and swelling over the left mastoid, the pinna standing prominently out from the head. The retro-auricular furrow was not obliterated. There was some meatal swelling, but the membrane could be seen to be intact, and its superior-posterior segment concealed by distinct bulging of the superior-posterior meatal wall.

The temperature was 99·0° Fahr., and the patient was somewhat worn by pain and want of sleep. She had, however, refused her doctor's urgent advice of operation until now.

On January 13th she was anaesthetised, and the Schwartze operation performed. On incising the post-auricular swelling much creamy pus escaped, and it was found that the bone was perforated by a perfectly circular opening a quarter of an inch in diameter, situated about half-an-inch behind the spine of Henle. This opening led into a shallow cavity which communicated with the antrum by a small opening, admitting only a Hartman's probe. The antrum, when this tiny opening was enlarged, also contained pus. The whole mastoid—which was of the pneumatic variety—was soft, and was removed. The cavity was packed, and the wound partially sutured. The patient made an uninterrupted recovery, and the wound is now nearly healed.

The case is interesting from the following points:—

1. The fact that the disease was primary in the mastoid, a class of case to which, I believe, Professor Politzer first drew attention in the *Annales des Maladies de l'Oreille* in May, 1892. This condition is apparently due to direct infection and not to ex-

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