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ACUTE MASTOID SUPPURATION WITH PRESENTATION OF CASES.*

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In the necessarily short time given to each paper it is obviously impossible to attempt any discussion which would include the anatomy, symptomatology, pathology and treatment of acute mastoiditis. I will give merely brief notes on three cases that have come under my notice within the last year.

1. Male, aged 50, while blowing his nose during a bad cold felt something suddenly snap. This was accompanied by the most intense pain in the ear but no discharge came externally. The pain was very great for some hours when the discharge first appeared at the external auditory meatus. Boracic acid powder was used freely but the discharge persisted. His wife having a severe earache some days following, I was asked to see her and after relieving her by opening a bulging drumhead, was asked to see the subject of this article for the first time.

On examining the ear the canal was found blocked by a large mass of boracic acid powder through which pus was trying to burrow out. After freeing the canal with a syringe I examined the drumhead and found a perforation situated behind the umbo and slightly below. I remarked on the seriousness of a running ear at the time, telling him that it might involve the mastoid in spite of all that could be done. The treatment consisted of placing small gauze strips in the canal in order to facilitate drainage, the cleansing of the ear frequently with a syringe used gently, and attending to the naso-pharyngeal vault. Yet the discharge went on in spite of everything, including the use of alcohol and other antiseptic astringents. Enlarging the opening in the drumhead the pus increased, welling out from the perforation as fast as one could wipe it away with a cotton-tipped probe. About two weeks after I first saw him he began complaining of a dull aching over the head radiating from the ear, and there was now for the first time tenderness over the mastoid,

* Read before The Ontario Medical Association June 1900.