

# SUPPURATIVE MASTOIDITIS—ITS DIAGNOSIS AND TREATMENT.\*

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The relation that the mastoid bone bears to the very important structures within the cranium renders an intimate knowledge of its condition of extreme importance to the surgeon; for, should it become the seat of a suppurative process, he is confronted with the possibility of a serious complication that demands from him an accurate and timely diagnosis.

In many instances this is a comparatively simple matter, but cases occur now and again which puzzle even the most expert observer. This is due chiefly to the following facts:

1. Variation in the structure of the bone.
2. Variation in the virulence of the germ.
3. Variation in the symptoms, both objective and subjective, even when the pathological conditions are similar.

In the vast majority of cases, mastoiditis occurs secondarily to a purulent otitis media. Dench says that he believes 99 per cent. occur in this way. Many now claim that infective suppuration of the mastoid is a constant accompaniment of every purulent inflammation of the tympanum, and that it is only when the mastoid symptoms become predominant that our attention is called to it.

In forming our diagnosis we should first obtain an accurate history, for the longer the duration of the symptoms, the more likely we are to have suppuration in the bone. The fact, too, of the attack being a second one also points to bone invasion, while, if the attack be an acute one on a chronic purulent otitis media, involvement of the bone is almost invariably the case.

The subjective symptoms, though valuable as aids, are not characteristic. Pain is probably the most constant one, and is complained of as radiating from the affected mastoid over the side of the head. It is dull and frequently throbbing in character. It must be distinguished from otalgia, hysteria, and otitis externa. Inability to sleep is an important symptom and is present in the majority of cases. A feeling of heat over the mastoid is complained of by many. The body temperature, though usually raised, may be perfectly normal. A *persistent* elevation of temperature, however, points to bone invasion.

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