ACUTE MASTOIDITIS.

ACUTE Mastoiditis generally follows (1) chronic or (2) acute suppurative otitis media. The fact that massiditis frequently occurs as an extention from a chronic suppurating ear is important to keep in mind, because so-called "running ears" are common and but little attention is paid to them. If we get a history of a chronic discharge from the middle ear suddenly ceasing at the same time that a hemicrania begins, we may look for extension of the infective process from the middle ear to the mastoid antrum or adjacent parts.

(3) Primary mastoiditis is occasionally seen and is a manifestation of a tubercular or specific diathesis. Such a case was seen by the author last winter in a child of one year whose mother had pulmonary tuberculosis. The baby had been healthy and was well developed. On Friday her father (a physician) first noticed a swelling over the mastoid. An operation was performed on Sunday, and the mastoid antrum, cells and attic of the middle ear thoroughly curetted. Despite this the bady died of meningitis the following day.

By contiguity a simple furuncle situated over the posterior wall of the meatus may extend to the mastoid.

SYMPTOMATOLOGY.

- 1. Pain. The prominent symptom met with is intense pain of a dull aching character, worse at night and radiating over the side of the head. Cessation of the pain may ensue with continuation and extension of the destructive process.
- 2. Swelling and redness over the mastoid process only occurs if a periostitis develops by extension outwards of the inflammatory process.
- 3. Temperature and pulse. The constitutional disturbance is often quite out of proportion to the severity of the local process, e.g., the T. may not rise above 99½ and seldom rises above 101½.
- 4. Œdema or bogginess over the mastoid is an important symptom. There may be no appreciable swelling on the part, and yet careful comparison with the other side will show an obliteration of the natural wrinkles, and on firm pressure there is pitting.