UNUSUAL TERMINATION OF A CASE OF ACUTE MASTOIDITIS.*

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At 7 p. m. May 6th I was asked by Dr. Perkins to see a scarlet fever case in which he suspected serious mastoid involvement. Grace L., age thirteen, had been ill three weeks with a mild form of scarlet fever. Four days before I saw her (on the seventeenth day of her scarlet fever illness), she complained of severe throbbing pain in left ear and headache. Dr. Perkins was called and, finding the mastoid tender and oedematous, called me. Examination of ear showed auricle and external auditory canal normal. The tympanic membrane was highly injected and bulging. There was exquisite tenderness over tip, antrum, and zygoma. Swelling extended over the entire mastoid area and zygoma. Temperature 102°, pulse 120. No history of chill. Pulse and temperature had been normal for several days prior to this acute onset of ear symptoms.

I advised immediate paracentesis, which was done under ethylchloride at 8 p. m. Free deep incision was made through mucous membrane down to the bone, and, aside from the average amount of hemorrhage, there was no other discharge. No serum. No pus. Ear was irrigated every six hours with hot alphozone solution. At 9 a. m. the next day, May 7th, temperature was 100°, pulse 100. Tenderness and swelling over mastoid very much less, and the patient reported having spent a very comfortable night, the best in four days. The drum membrane was much less injected; the paracentesis wound had closed; the throbbing pain, which had annoyed the patient, had disappeared; and there was but little headache. The hot irrigations of alphozone were continued every eight hours. May 8th, pulse and temperature practically normal, and all of the symptoms very much improved. May 9th pain in ear and head, and swelling over mastoid and zygoma had entirely disappeared; pulse and temperature normal; membrane normal. The child was allowed to get up. Ten days later, May 19th, there were no signs of mastoid swelling or tenderness, and the child was well. She would be out except for the scarlet fever quarantine.

I have never seen a case with more typical symptoms of middle ear and mastoid involvement. I have never before seen a case clear up so quickly—leaving no trace of the trouble. I presume the result is due to opportune drainage and large Eustachian tube.
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*Read before the El Paso County Medical Society, Colorado Springs, Colorado.