

CASE OF OTITIS: MASTOID ABSCESS

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D. J., Male, aged five years.

Dec. 2, 1932—Brought to me on account of earache in right ear and discharge from the meatus. Discharge sticky, thin, white, not offensive, rather profuse. He was of a patient and uncomplaining disposition.

I swabbed out the ear with cotton wool till clean.

Pulsatilla 30, every three hours, six doses.

Dec. 5.—Still much sticky white discharge. No pain till a little last night. Meatus cleansed with cotton wool. Calc. c. 30, every 3 hours, 6 doses.

Dec. 9.—Ear still discharging. Swelling and pain on pressure over bone about the ear. Last night he woke up in pain after an hour's sleep and the pain continued till midnight when he went to sleep again till morning. Has no pain in the morning but pain comes on for about an hour at noon and then no more till he goes to bed. Appetite is better. Bowels rather loose. Feels the cold. Silica 30, every 3 hours, 6 doses.

Dec. 13—No bad nights and no pain. Altogether better tempered, playing about and lively. Taking food well. Less discharge from meatus. Tenderness on pressure over the temporal bone above the ear. Bowels rather loose. On account of the threatened mastoid complication he was given Capsicum 30, every 3 hours, 6 doses.

Dec. 16—Has had severe pain again, mostly at night. No pain this morning since 3 a.m. Not so much discharge; no odour from the discharge. Wakes up at night in terrors; has done so from infancy, not more so since present ear affection. Swelling and tenderness over the mastoid behind the ear as well as above. Temp. 98°F. Bowels rather loose.

Lachesis 12x, every three hours.

Dec. 19—Temp. 101°F. Pulse rapid. Much swelling and tenderness over the mastoid. Discharge from meatus has nearly ceased. Cries with pain, worse at night; wakes up after an hour in terror and with head sweat. Feels the cold excessively.

Silica 30, every 2 hours.

Dec. 20—Temp. ran up to 102°F. yesterday later in the afternoon, by midnight it was normal as it is this morning. Not so much pain last night and did not wake in a terror. Ear is discharging a little more again. Appetite is good. Not so much swelling and tenderness over the mastoid.

Silica 30, every 2 hours.

Dec. 21—More pain last night and this morning. Loss of appetite. Temp. 101°F. Pulse 108. No discharge from the ear. Meatus swollen and tender and painful. Enlarged, hard glands along the sterno-mastoid. Feels cold. Likes warmth to the ear but not touch or pressure. Temperature rises about noon: is normal or subnormal in the morning. No sign of cerebral involvement.

On account of the noon-tide rise of temperature he was given Sulphur 30, every 2 hours.

Dec. 22—Very restless and much pain in the first part of the night, then the pain ceased and he had a quiet sleep for 3 hours and woke without pain. Temp. at 10 a.m. 98.8°F. Pulse 108. Not so tender over mastoid. No discharge from ear.

Phos. 30, every 3 hours.

11 p.m. called to see him because he was in great pain. When I arrived I found the pain had abated but there was a large soft swelling and redness of skin over the mastoid. Temp. 101.5°F. Pulse 108.

Hepar 30, every 2 hours.

Dec. 23—Had 5 hours good sleep after I left; woke up at 5 a.m. in pain which was soon soothed by hot steaming and he went to sleep again. Scarce pain this morning and he is more lively. Temp. 98.4°F. Pulse 108. Swelling over mastoid not so red; is fluctuating, not very tense. No discharge from meatus.

Sac. lac. every 3 hours.

Dec. 24—Temp. last night did not pass above 100°F. A good deal of pain at times in the night but no severe paroxysm. Temp. this morning 98°F. Pulse 108. More inclined to be irritable, does not know what he wants. Swelling over mastoid, which is as large as a hen's egg, very soft and fluctuating.

Sulph. 30, unit dose to be taken at noon. Chamomilla 30, if pain should be severe.

Dec. 25—A much better night. Temp. ran up to 100°F. for a short time only and quickly returned to normal. Some pain relieved by Chamomilla. Temp. this morning 98.2°F. Pulse 84. A large fluctuating swelling behind the ear. No tension in it. No medicine, unless Chamomilla is required for pain.

Dec. 26—A bad night. Temp. went up to 101°F. a good deal of pain but not very acute. No appetite. This morning Temp. 98°F. Abscess seems to be pointing.

Hepar 30, every 2 hours.

Dec. 27—A poor night with considerable pain though not acute. Temp. 100°F. This morning Temp. 99°F. Abscess pointing, looks as if it would soon be through.

Hepar 30, every 2 hours.

Dec. 28—Abscess broke last evening; had an excellent night after it. Abscess is discharging a thin pus. No pain. Temp. 96°F. Pulse 80. No stool.

Sulphur 30, unit dose at noon. Hepar 30, every 2 hours.

Dec. 29—Restless night but no pain. Aperture of abscess, which is not larger than a pin's head, appears to have closed and there is no discharge this morning. Pain in lumbar region which is made worse if he attempts to defecate. The bowels have not been opened but he has frequent ineffectual desire. Appetite good and he is running about.

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respond so promptly and dramatically; as has already been stated, the nature of the malady, the age of the patient, his vitality and the duration of the trouble influence the time taken for the cure.

To sum up, homoeopathic medicines *cure* diseases in the minimum time that is *essential* in each case, in keeping with natural laws. The impression that homoeopathic treatment is slow in producing results is born out of ignorance, and is also a result of the widespread prejudice against this wonderful art of healing.

Editorial comment: The author deserves to be congratulated for the lucid manner in which he has put across the problem of misconceptions in circulation about the action of the homoeopathic remedies amongst the lay persons, and a section of the homoeopathic profession itself.

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Silica 30, every 4 hours.

Dec. 31—Abscess is discharging slightly and is shrinking fast. No pain. Bowels have acted and lumbar pain has gone.

Silica 30, night and morning.

Jan. 6, 1933—Abscess has now quite healed. Patient is very well, running about and playing, cheerful, has a good appetite, sleeps well. The hearing is very good, there is no discharge from the meatus.

April 7—The patient has remained well and his hearing is excellent.

This was a mastoid case that ran a sub-acute course. Had it been more acute or had there been the least sign that the brain was about to be attacked, a surgeon would have been called in to operate as the risk of the inflammation spreading to the meninges or the petrosal veins or cavernous sinus would have been too great. The medicine which in this case seemed to be the most effectual in controlling the inflammation was Sulphur but Silica and Hepar were both helpful. The slow progress enabled the abscess to be shut off and for the pus to make its way outwards and discharge. I let the abscess discharge itself, as I think that is always the more satisfactory treatment of abscesses when no vital structures are threatened. The subsequent healing is quicker. I hope, the publication of this case will not induce practitioners to think that mastoid cases should usually be treated only with medicines.

This was an exceptional case. In most cases a surgeon should be called in as soon as there is definite sign of mastoid inflammation. But it may encourage those who are far away from skilled surgical aid not to give up the case in despair but to persevere with our very potent medicines selected according to the law of similars.

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