pain of a neuralgic character before the external signs of the disease have made their appearance.

Third. Some of the worst and most hopeless cases of mastoiditis do not show any positive external sign of their presence. It is just in these cases that an early diagnosis of pus in the bone is most desirable and yet most difficult. The presence of persistent and severe one-sided pain in the head, with co-existent ear disease of a catarrhal or purulent character, is very suspicious of deep-seated mastoid disease; a persistent slight elevation of temperature increases the probability of pent-up pus being present. Possibly the use of the surface thermometer over the mastoid would aid in the diagnosis.

Fourth. When once we are satisfied that pus has formed in the mastoid, it is our duty to open the bone without delay.

Fifth. The operation is not by any means always so easy as it is often represented, nor is it devoid of danger. Often a very thick layer of firm bone requires to be cut through, and sometimes the most skilful operator will necessarily come in contact with the lateral sinus.

In future operations, when the outer table of bone is firm and unyielding, it is my intention to use the dentist's drill (dental and surgical engine), as I feel confident it will do the work of opening the bone with far greater ease, precision, rapidity, neatness and safety, than any of the instruments usually employed for this purpose.

CASE OF PYOPNEUMOTHORAX SUBPHRENICUS (LEYDEN.)

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[Read before the Medico-Chirurgical Society of Montreal.]

J. S., æt. 28, dark complexion, medium stature, slimly built, delicate-looking, sent for me for intense pain in the right iliac region. He gave a history of delicate general health, defective appetite, habitual constipation, and frequent attacks of pain in the region already referred to, the right iliac, with more than