

however? We all know the meaning of jugular or lateral sinus thrombosis, of temporo-sphenoidal abscess, of cerebellar abscess. Anyway you look at it, the tympanic cavity is filled with pus, above, below, behind or in front it is a source of extreme danger. Can you tell where the pus will go? Can anyone tell?

When the country doctor next takes into consideration the anatomic conditions, he must see the extreme danger of all such cases. After worrying about such cases and muddling through them somehow, I have come to these conclusions :—

That all cases of otitis should be treated on the expectant plan.

All subacute and chronic cases must be treated systematically. These are the cases which must be turned over to the otologist. It is not here a question of life or death, but of restoration of function. The doctor cannot possibly be expected to replace the specialist. If, however, in acute cases mastoid infection takes place, one can ride them over the critical period by simple measures. It is not necessary for the practitioner to do a complete Stacke-Schwartz operation, but he can establish drainage of the antrum. Make your incision and use the chisel, working slowly upwards and forwards, looking out all the time for the lateral sinus and the aqueductus Fallopii, containing the facial nerve.

By following this plan the doctor will retain the respect of his patient, will guard his own welfare, will obviate unnecessary worry and, above all, will prevent unexpected deaths.

PURULENT INFLAMMATION OF THE MASTOID PROCESS AND ITS TERMINATION.

Dr. A. O. Pfister in the *American Practitioner and News*, Sept., 1904, writes as follows: Whenever an acute inflammation of the mastoid process does not subside in a few days, not usually exceeding eight, it terminates in the formation of pus. When pus is once formed we know that if not evacuated it will sooner or later find its way out of the mastoid, either inward into the cranial cavity or into the surrounding tissues. It is asserted that an abscess of the mastoid may heal spontaneously by the absorption of the pus. It is difficult to determine how often this has occurred. Another exceptional termination is by the spontaneous discharge of pus through the middle ear and auditory canal. A more common termination is in cario-necrosis of the osseous lamellae separating the mastoid cells with the formation of granulation tissue.

Politzer says that these changes usually take place after the abscess has existed for a long time; occasionally, however, as early as the tenth to the fourteenth day after the beginning of the trouble. Even after the