

that the floor of the mid-fossa dips here and it is easy to break through to dura.

In operating upon children and infants with post-auricular abscess, the point of the knife should not be used in making the incision through the integument, for the sinus is superficially placed, and may be uncovered in the necrosing process. The bone in infants, too, is very soft, especially the diploe, and care should be taken not to sacrifice this active reparative tissue, thinking its condition pathological.

In all cases the chief accidents to be guarded against are, wounding the sinus, opening the semi-circular canal and injury to the facial nerve.

In cases where the canal is almost or quite closed with furuncles, and one suspects the coexistence of a mastoiditis, the furuncles should be thoroughly opened and treated, meanwhile watching for signs of mastoid trouble.

Where there is a periauricular phlegmon and abscess formation, diagnosis becomes extremely difficult or quite impossible, the only recourse being to open down to the bone and examine its condition.

The post operative treatment is important, as on it depends the rapidity of healing. Iodoform gauze is perhaps the best packing, as it promotes the early formation of granulations. The pain caused by the removal of the gauze at the first dressing led Whiting to suggest the use of perforated rubber tissue interposed between the gauze and the wound surface. The removal of this dressing causes little or no pain, as the writer can testify, but the wound surface presents a somewhat sloughy appearance.

Granulations are stimulated by Balsam of Peru or by re-packing with iodoform gauze, care being taken to insert the gauze loosely in order to give the granulating surface all the encouragement possible. In regard to the employment of the blood clot method, the writer wishes to state that, after having seen it employed in a considerable number of cases, the results have not been such as seem to him to justify its use. Every effort was made in these case to perform the operation as thoroughly as possible, and with every precaution as regards asepsis. The result could never be predicted and, with the exception of a very few, all had to be opened up and the clot turned out. It appeared to have become infected from the discharge through the aditus as a purulent focus could be seen in this region. The discharge from the canal, too, continued for a much longer period than in those cases treated