

margin around the posterior circumference and up into Schrapnel's membrane, the knife being drawn outwards for a short distance in the wall of the canal. In this manner, at least half of the circumference of the membrane is incised and depletion is obtained from the incision in the canal wall. Gentle irrigation with warm antiseptic solutions, such as the bichloride of mercury, 1-5000, may be now carried out every two or three hours as required to keep the canal free of discharge.

An incision made in the above manner seldom or never closes so soon as to shut off the discharge, and can be most efficiently done under nitrous oxide gas or ethyl chloride. Should the discharge be thick and the pain in the bone severe, warm boracic fomentations may be applied for a short time and the effect watched.

Having carried out such general measures as rest in bed, fluid diet and catharsis, the patient can be held under observation for from 24 to 48 hours.

There is no doubt that many cases of suppurative mastoiditis get well with some such treatment as above, but, should the discharge become profuse, the canal wall show distinct prolapse and the tenderness increase in intensity and area, operative procedure is necessary. It is also necessary in those cases of some days' standing, where marked tenderness is found in the tip, and posterior to it and to the area over the antrum, for it shows an extension of the diseased process in the neighborhood of the sigmoid sinus. A cessation of the discharge, with increased tenderness over the mastoid are unfavorable signs.

In cases where there has been abscess formation under the periosteum covering the mastoid, or where pus has found its way into the tissues of the neck, the opening of the mastoid is imperative. It is especially indicated in cases where there has been an acute attack, upon a chronic discharging ear, for here the mastoid is sclerotic, and accumulated discharge is forced in towards the intracranial structures; the destruction of bone is also very rapid, and it is not uncommon to find exposure of the facial nerve with signs of paralysis, erosion of the semi-circular canal, or necrosis through the inner plate, and the formation of granulations on the dura, or a purulent focus in the sinus groove.

absence of pain on pressure, and it is difficult to tell the condition of the interior; under such circumstances it is better to open the bone and be on the safe side.