Remarks: I am afraid, Mr. Editor, that I have taken up too much space already, but I feel I cannot conclude these notes without offering a few remarks. And first of all, what strikes me as most peculiar is the apparent infrequency, in this Province at least, of Sayre's method of treating hip-joint disease. One has not far to go in any community in this country without seeing striking proof of this in the shape of the shortened limbs, and sometimes frightfully distorted bodies, of the victims of this terrible malady who have survived the horrors of pain, abscess, and enforced confinement, which this disease without such treatment entails. But, perhaps, in this view I am in error, and it is much more widely practiced than I suppose. This may easily be the case, as I am but young and have not the advantages of an extended personal acquaintance with my professional brethren. I would be greatly interested to hear from some of them on this point.

I fear in the foregoing notes there will be found many points which will appear obscure to the reader, but I can only offer in excuse my desire to condense and take up as little room as possible in your interesting and valuable journal. I have purposely omitted nearly all details of the application of the bed extension, and of the construction and application of the splints, (points which are exceedingly important,) for the same reason, viz., to economize space. Should any gentleman wish further details, I shall be most happy to supply them.

There are many other points in connection with these cases I should like to notice, such, for instance, as the cost of Sayre's instruments,—the enormous duty which our paternal government in its far-seeing wisdom levies upon them,—the difficulty, and yet the possibility, of pursuing such treatment in a country practice,—the great importance of an early diagnosis, with a view to prevent deformity,—the inefficiency and disastrous consequences of the treatment by fixation, thereby entailing deformity, suppuration, shortening, and destruction of the joint,—these and many others, are all interesting, but will have to be omitted, as I feel I have trespassed already and am taking space that could be more profitably filled by another.

ALMA, NEW BRUNSWICK, 26th Sept., 1889.

ACUTE DIFFUSE MASTOID OSTEITIS; TREPHINING.

Read before St. John Medical Society Aug. 21st, 1889.

BY C. A. MCQUEEN, M. D., M. R., C. S., ENG.

MR. PRESIDENT AND GENT.—Having had only a short notice that I was the victim for this meeting, I have not had time to prepare you a paper, but if you will excuse these unconnected remarks I will attempt to give you the outline of an operation for opening the Antrum, in Acute Diffuse Inflammation of the Mastoid, with a trephine which every surgeon has at hand, viz.,—a common carpenters gimlet. It is a disease which perhaps cannot be called common, yet is far too frequently encountered. Many cases are doubtless due to the neglect of parents and others, and, we fear, far too often of the busy practitioneer who is quite satisfied with having diagnosed a "Scarlet Fever Ear," and only too willing to leave the case to nature, and without impressing the gravity of the disease upon the parents.

Custom still leads us to speak of diseases of the Mastoid process as if they were separate and distinct from those of the middle ear; while as a matter of fact the two groups of diseases are inseparably connected. So that it is in those cases in which the symptoms pointing directly to this region and outweighing the others that we designate it "disease of the Mastoid. But we shall limit ourselves to talking of only one of these which bears the long but scientific term of "Acute Diffuse Mastoid Osteitis," or what is equally intelligible to the ordinary intellect, Acute Inflammation of the Mastoid. Before attempting to portray this class of cases I must ask you to bear with me while I briefly go over some of the more important anotomical features of this region which are so well known to you all, but are of importance in relation to our subsequent remarks.

In infancy the mastoid process contains but one cell of material size, viz.,—the Antrum, which is separated from the external pericsteum by a very thin wall of bone. After puberty we have the other cells developed, and this thin layer of bone becoming more dense and firm till adult life, when it will be found to vary not only in hardness, but also in thickness, in different individuals.

Not far from the centre of the mastoid cells, but nearer their inner than outer limit lies the Antrum. It opens Anteriorly into the Tympanum, its floor being on a somewhat higher level. Its walls present a honeycombed appearance due to the presence of numerous openings leading into the surrounding cells. The distance from the posterior extremity to the groove for the lateral sinus which is from $\frac{1}{8}$ to $\frac{1}{4}$ inch, is necessary to be kept in view, as we shall see when we come to trephine.

The operation is indicated in cases which present the following clinical history :—The patient, a young adult, has been laboring for some time from a purulent catarrh of the middle ear. The pain however never shows a marked tendency to persist, is often excessive and referred to the mastoid and occipital regions. If in addition on examination we find tenderness with redness, and pitting on firm pressure, it indicates inflammation of the mastoid cells. But unfortunately it does not tell us how far the inflammatory action has progressed. But the degree of redness and swelling of the upper and posterior cutaneous wall of the auditory canal in the neighbourhood of the Membrana Tympani, furnish us with a fairly safe guide to the activity of the inflammation in the antrum. If we have here decided redness and swelling together with well marked periostitis, and pain behind the ear for a period of not less than a week, and in addition such constitutional phenomena as increase of temperature, rigors, etc., we may be sure that we have to do with a case of Suppurative Inflammation in the Antrum, and probably adjacent cells, which if it does not find an exit externally, by caries we are sure to have some additional complications such as Thrombosis of Lateral Sinus, Abscess of Brain, &c., &c. It might be of interest here to state that abscesses, after the third year are generally situated in the Cerebellum, before that age in the Cerebrum, a fact first pointed out as you know by Mr. Tonybee, and which helps us in localization.

I shall not stop to discuss the disputed point whether or no in the majority of these cases the pus finds an exit externally by caries, as held by many excellent authorities. But this I certainly can say, we are not justified in waiting to see, and I so pass on to the treatment

We should first see that we have a free exit for the discharge by the External Auditory Meatus, by removing granulation or polypi if they exist, or if necessary enlarging the opening in the membrana tympani. Now if the inflammation has not yet gone on to the formation of pus, we can trust to the application of leeches behind the ear, followed by fomentation. But if this fails to relieve, we should then