

strongly adherent, which is generally so at the tips of the mastoid. In this case one must perforate the periostium at several points, so that if the subperiostial injection fails, we at least have the periostium well infiltrated.

The cocainization of the anterior surface of the mastoid process is very necessary. If one omits this in cases where there is caries of the posterior wall of the external auditory canal, the patient suffers considerably.

Two injections are made behind, at the line of insertion of the auricle, and parallel with the external auditory canal, taking as guide its upper and lower limits. Special care must be taken not to pierce the posterior auditory canal, and thus inject the solution into the external auditory meatus instead of infiltrating the anterior surface of the mastoid process.

After waiting fifteen minutes, one can begin the operation. The technique does not differ from that of the ordinary mastoid. For the radical mastoid, one uses the same strength solution, but slightly more is required. The injections over the mastoid process are the same as those already given for the acute mastoid. In addition to these, one requires four more injections, namely, over the four walls of the external auditory meatus. The complete anesthesia of the posterior wall of the auditory canal and the bridge is thus assured.

In cases where one encounters falling of the posterior superior wall of the meatus, through pus formation or cholesteatomata, the method is not applicable. Absorption does not take place on account of the pressure.

Neumann has, with the method which I have endeavored to describe, succeeded in obtaining an absolutely painless operation, with one exception, the curetting of the Eustachian tube is painful, but of so short duration that it can be practically overlooked.

The patients chatted and laughed during the operation with those around them, some even smoking and drinking coffee. Occasionally they complained, not of actual pain, but of the jarring of the head under the chiselling. On this account it is best to place a soft pillow under the head, as before mentioned.

In conclusion, I may say that I do not look as a rule for the general adoption of this method, for in this country many prefer taking a general anesthetic for even the most trivial operations.