

on the part of medical men, especially at the ports of entry, might have very far-reaching effects. The disease is slow in developing, but when developed it is one of the most intractable of the parasitic skin diseases, and a few cases in the public schools might lead to an outbreak that would require years to stamp out.

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RADICAL OPERATION FOR CHRONIC SUPPURATIVE OTITIS MEDIA.

AMONG the laity, and in fact among some general practitioners, a discharging ear is looked upon as a thing of small account. It is still believed by some people that a discharging ear strengthens the eyes, and that it would be dangerous to the eyes to stop the discharge.

I have never heard how these theories originated, but the sooner they are disproven the better for the race. According to some late statistics one patient in every eighty-eight who suffered from a purulent inflammation within the middle ear, also suffered from some severe intracranial lesion. Of course some of these cases were acute, but it has been often demonstrated that a chronic middle ear suppuration more often causes intracranial lesions than an acute middle ear suppuration. This will go to show that something should be done to heal a discharging ear, and not let it keep on discharging with the chance of setting up some intracranial lesion.

There are numerous ways of treating this class of cases, and each has its advocates, but my purpose is to bring before you the radical operation. After the usual aseptic preparation of field, instruments and hands, the initial incision begins over the tip of the mastoid process at a point a quarter of an inch behind the insertion of the lobule. The incision runs upward and backward in a curve line, so that at a point opposite the centre of the meatus it lies at least three-quarters of an inch behind the line of auricular attachment. It is then carried upward