

skin over the mastoid process was decidedly red, and there was marked tenderness, when the process was percussed with the point of the index finger. I diagnosed the case as one of acute sup-puration of the middle ear, and proceeded to make a large perforation in the membrana, which was followed by the escape of a few drops of pus—I then used Politzer's bag, repeatedly, until I had removed all the pus possible, from the cavity of the tympanum: I then ordered the patient a gargle of alum water, instructed him to syringe the ear several times a day, if necessary in order to keep it free from discharge, and to drop into the ear a four grain solution of sulphate of zinc. To apply ice over the mastoid process as long as any redness or tenderness remained.

I gave the patient 1-3 gr. of sulphate of morphia for the first few nights, to insure sleep. The patient came to me daily, for three weeks, when I used Politzer's bag, and thoroughly removed all pus from the tympanum, and then applied a 20 gr. solution of argent nitre. By this time the discharge, which had been very profuse, ceased, the membrane healed, and the patient shortly afterwards had his hearing quite restored.

CASE 2—Mrs. C., æt. 35, had been suffering more or less for ten days before consulting me with pain in the left ear and over the side of the head. Her family physician had prescribed large doses of morphia, and she had herself employed dry heat by means of a small bag of hot salt, which she found gave her some relief, but the throbbing and pain had increased until it had become almost unbearable. Her physician finally advised her to come to me, telling her that he did not know much about the ear. I found the walls of the external auditory canal somewhat swollen, and the membrana much inflamed; the mastoid process was also adematous and painful.

I at once punctured the membrana, and followed precisely the same treatment as in the first case.

The patient experienced almost immediate relief from pain, and, although the ear was tender for a few days, she was able to sleep after the first night without an opiate, and in a month she quite recovered without the loss of hearing. I might go on and relate other cases, but I think that those which I have mentioned will suffice.

Within the last twelve years I have performed this operation a great many times, both in public and private practice, and I have yet to see a case

where the membrana did not heal after the operation, or where it was not of decided benefit to the patient.

We may regard paracentesis of the membrana in acute inflammation of the middle ear in much the same light as we do iridectomy in glaucoma. It at once relieves the tension of the parts and generally prevents the extension of the disease to the labyrinth, or mastoid cells, which might take place before spontaneous rupture of the membrana could be accomplished by nature. I therefore draw the following conclusions:

First. That paracentesis is not a very painful or formidable operation.

Second. That in it we have a quick, safe and permanent means of relieving the patient, from, probably, the most agonizing pain to which mortal man is subject.

Third. That in it we have a most valuable and reliable means of cutting short the attack and bringing about a favorable termination of the disease.

Fourth. By it we have a valuable means of preventing the extension of the inflammation to the labyrinth and mastoid cells; by affording a free exit to the pus; and a means of applying our remedies directly to the cavity of the tympanum.

2 PHILIPS PLACE.

RESULTS IN SOME SURGICAL CASES.

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1. Gustav Jonas, æt. 12, was kicked over the left eye by a horse. The skull was crushed in. I removed the pieces, leaving an irregular opening about the size of a silver twenty-cent piece. The membranes were intact, the wound heals kindly. There was no elevation of temperature at any time or delirium. He was about in ten days.

2. Mr. J. F., a carpenter by trade, in a fit of emotional insanity cut his throat with a draw-shave. I saw him three days after his attempted suicide, the trachea was almost entirely severed at the third ring from the cricoid cartilage, and the œsophagus was cut into on the right side, sufficient to admit of the spurting forth of a small stream of water at every effort of deglutition. I closed the wound with silver wire, and he completely recovered.

3. John Johnson, æt. 5, inhaled a grain of corn into the trachea. I operated upon him, assisted by my friend, Dr. Max Schiller. He recovered in three weeks.