

It is not wise to curette about the round window, although the tympanic wall in this region is often exceedingly irregular. After the removal of the outer wall of the attic, the roof should be explored, for the dura will sometimes be found exposed, in which case it is well to clip away the bone from the margin of the exposed area until a healthy membrane is seen. Attention can now be paid to obliterating the outer wall of the hypotympanum and levelling the inferior meatal wall. Whiting lays great stress on this point, for if it is not done a recess exists for the accumulation of discharge. Care is required here not to allow the instrument to impinge on the inner tympanic wall, as the carotid artery is in relation in front, and the jugular bulb behind, both being covered by a thin wall of bone. With regard to caries over the promontory, only the very lightest curetting is permissible, or in some cases perhaps none at all, the diseased parts being allowed to exfoliate. In some cases, owing to the peculiar shape of the tympanic space, the anterior wall shuts off a view of the region about the tube and parts above this, these being at the apex of a narrow acute angle, and hence inaccessible to after treatment. The convexity should be trimmed down, care being taken not to break through into the maxillary joint.

The whole cavity can now be cleansed with alcohol and packed with iodoform gauze, which is removed on the fourth day and firmly repacked with narrow short strips of plain gauze, filling highly every angle. This is a very important point and should be repeated daily. On no account should dressing of a stimulating character be used, otherwise granulation will spring up and rapidly fill the cavity. No syringing is necessary, as the cavity, being accessible in all its parts, can be cleansed thoroughly with cotton bearing applicators dipped in solutions of biniodide of mercury. Granulations can be curetted down or discouraged with solutions of alcohol and bichloride. An excellent non-stimulating powder is stearate of zinc, which serves to keep the cavity dry, a condition so essential to rapid dermatization.

In the writer's experience firm packing is the only reliable prophylactic measure against excessive granulation, although it may cause some discomfort to the patient.

The hearing of these cases after operation should not suffer any more than in an ordinary ossiculectomy, provided such precautions as are detailed above be carried out; in fact it will be often improved. For the retention of what hearing exists the after treatment is quite as important as the operative part, and it is our experience that the longer dermatization is delayed the more likely are we to have impaired function. The tympanic cavity is usually