

of mucus, mixed with similar matter to that discharged from the ear.

My diagnosis was epithelial cancer, and I asked for some of the discharge to be examined by means of the microscope. This fully confirmed my diagnosis, as immense numbers of cells characteristic of the disease could be seen. I cannot give you a drawing of the appearance of those cells, but will refer your readers to Fig. 205, page 503 of Erichsen's last edition of Surgery, where can be seen cells exactly similar to those seen in the field of the microscope.

In about a month from my first visit I observed slight paralysis of the facial muscles which gradually increased until it was complete, the orbicularis palpebrarum would not act, the eye remaining open during sleep. Matters continued getting worse; emaciation progressing; strength rapidly failing; appetite almost completely gone; deglutition very difficult and causing much suffering and pain. On the 27th of February was sent for at midnight in haste, the messenger stating that Mr. C. was bleeding to death. Previous to my arrival, however, the blood had ceased to flow, although much had been lost and the patient was very weak. Hemorrhage returned three or four times subsequently and once required the application of perchloride of iron before it ceased. Ulceration continued within until a cavity was soon formed by the destruction of bone, which would hold a considerable quantity of fluid as proved in syringing the ear. Shortly before death, which took place on the 5th March, a red spot with a small ulcerated opening appeared on the mastoid process immediately behind the ear. I need scarcely say that all treatment was merely palliative, supporting the strength by means of iron, quinine, ammonia, beef tea, milk, eggs, and such like, giving an occasional dose of chloral or morphine at bed time to induce sleep. The ear was syringed out every three or four hours with a lotion of carbolic acid or permanganate of potash and cotton wool saturated with carbolized oil or glycerine constantly kept in it. Disinfectants were freely used about the room.

It is interesting to notice that as epithelial cancer is said to be caused by some local irritant, whether the matches could in any way have induced this state of things. The disease is very rare and so is the habit of using matches for this purpose. A very curious circumstance connected

with it, is that of the disease spreading from without inwards, never showing any disposition to come to the surface until the redness appeared over the mastoid process. The absence of much pain is another interesting fact. I made a *post mortem* examination 36 hours after death. On removing the top of the skull and examining the brain I found it healthy. Nothing abnormal could be noticed except a darkening of the dura mater over the petrous bone on the affected side. On cutting thro' the dura mater at this part, scarcely any bone was left, a cavity large enough to hold a pigeon's egg, and containing a little fluid resembling beef tea or dirty suds. A communication from this cavity could be traced through the meatus, and another leading into the pharynx which appeared to be the eustachian tube enormously enlarged by ulceration. The osseous surface of the dura mater was covered by a thick velvety substance which, when cut through, resembled cheese in consistence but was of a dark color.

It was singular to find such a hard bone as the petrous portion of the temporal, so rapidly destroyed, and so completely, as not to leave even a small loose particle. It was also singular to find the dura mater so entire over such a large cavity and showing no disposition to ulceration, and it would appear that nature had even strengthened it by adding this additional thickness. The canal through which the 7th nerve passed was entirely destroyed for a greater portion of its length, and the nerve partially disorganized, which, of course, accounted for the paralysis. The supra-clavicular glands were very much enlarged. Owing to a promise which I made to the friends that I would do no more than find corroborative proof of my diagnosis, and that I would not disfigure the body, I did not make such a thorough investigation as I would like, but quite sufficient to show the above facts.

STRANGULATED INGUINAL HERNIA.

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On Tuesday, December 14th, 1875, I was called to see G. W., who was reported to be suffering from a hernia that could not be replaced. On visiting him, I learned the following history of the case. First suffered from hernia about four years ago, since which time the bowel occasionally