sinus or dura, producing a perisinuous or epidural abscess, the bone should be clipped away from the inflamed parts until normal sinus or dura is seen.

The advantages of this operation over the more conservative one are :

1. Skilfully done, it does not expose the patient to any more danger.
2. The probability of a recurrence is much lessened.
3. It provides a healthy basis for granulations to form, thereby promoting rapid and uneventful healing.
4. The drainage through the aditus is immediate and the discharge from the canal ceases in a few days.
5. It fulfills the demands of modern surgical practice in dealing with diseased bone.

It may not be out of place here to review a few points in the technique of this operation.

The primary incision should be made curved and parallel to the post auricular furrow, and not straight; the scar will then be well hidden.

Care should be taken in peeling up the periosteum not to lacerate it, and so preserve as far as possible its regenerative function.

The fibres of the sterno-mastoid muscle should be thoroughly freed from the tip. This can then be removed without tearing out the muscle fibres and leaving a ragged condition in the lower angle of the wound, where discharge can accumulate and infection take place. Neck abscesses often originate from lack of attention to this particular.

The primary groove through the cortex is safely made with a moderately broad gauge and the furrow widened, if necessary, with a rougeur working from below upwards, for the sinus is deeper here and not so apt to be injured. The remainder of the operation can be performed with the curette and rougeur, and the patient saved the shock which makes chiselling so objectionable.

Should the antrum be difficult to find, owing to eccentricity of position, care must be taken not to work too deeply; otherwise one is apt to go through the posterior wall into the tympanum below the external semi-circular canal, and injury to the facial nerve result. In these cases the antrum will usually be found abnormally high, indeed in some cases above the level of the superior canal wall, and it is here it must be searched for.

In examining the root of the zygoma, it is well to remember