

a quantity of mucus. This occurred several times after, and I then cut a flap of the drum to leave a permanent opening. This prevented accumulation and pain, but treatment applied to middle ear cavity and good drainage did not stop the discharge. I could not with probes detect any dead bone, and decided after consultation to open mastoid and drain antrum.

Nov. 23rd, 1904, operated at the City Hospital, and did a regular Schwartz operation, and found mastoid cells somewhat softened, and in antrum some polypoid condition of membrane lining cavity. This was all curetted out and free opening made into middle ear. Patient did well, wound healing by granulation nicely, and discharge from meatus almost stopped, and she left hospital on Dec. 10th and went to stay with a friend. On Dec. 13th I found wound somewhat inflamed, red and painful, and some pus discharge; no pus at any time before, but house surgeon at hospital had examined mucus discharge and had found staphylococci present. This went on for some days, and on enquiring found that there had been a bad case of erysipelas in house some few months before, and I now believed that my case had become infected. However, external wound healed, but there continued to be a very small amount of mucus discharge. Not stopping, and with patient's consent, I did a radical operation at City Hospital, removing ossicles, which were found slightly involved, and curetting middle ear cavity, and immediately closed the external wound, which healed very quickly, and she left the hospital again on Feb. 7th, 1905, with external wound healed and only a little moisture in what used to be the middle ear. This gradually ceased, being freely accessible from external meatus. Cavity became epidermatized and dry. A good result, with hearing at six feet.

*Comment.*—This case was unique in my experience, tympanum being entire and no pus at any time from middle ear, but resisted all other methods of treatment, and necessitating a radical operation to cure. Also, what influence did the attack of erysipelas have on the continuance of the very slight mucus discharge which was nearly stopped at time of the attack?

CASE 5.—Mr. E. S., male, aged 24. Consulted me on March 24th, 1904. Has had for a few days a pus discharge from left meatus. Has had but very little pain. This was treated in the usual way for a couple of weeks without lessening discharge. A few granulations presented themselves at about the