otitis media in left ear for many years. Radical mastoid operation done. Result good; cavity dermatized and dry in seven weeks afterwards. In two years afterwards, patient developed phthisis, and shortly afterwards the ear began discharging again. In the pus were found tubercle bacilli. Facial paralysis developed, and the nerve could be seen when the ear was mopped out with absorbent cotton. The nerve became disintegrated and disappeared, due probably to the irritation of the pus, and to the spirit drops that were used. The patient was incapacitated by vertigo. The labyrinth was extirpated—semicircular canals, vestibule and a portion of the cochlea removed. Vertigo persisted for about ten days. Ear healed up perfectly. To-day patient is living, and looking very well. Vertigo is all gone. The facial paralysis persists.

2. Man aged 19 years. No previous history of labyrinthine trouble. In the course of performing a radical mastoid operation, a fistulous opening was discovered in the external semicircular canal; pus was oozing out of it. The canal was opened up to the ampullae and curetted. Not followed by vertigo. Second day afterwards patient sat up in bed and had ear dressed. No giddiness. Recovery uneventful.

3. Woman aged 36. Radical mastoid operation was being performed. Stapes seen in foramen ovale, and was very loose. Caries around the opening. Stapes removed. Inferior vestibulotomy done. Vertigo followed operation for about two weeks. Hearing destroyed.

4. Woman aged 41. Suffered with otitis media for twelve years. Facial paralysis for three weeks. Radical mastoid operation done. Large sequestrum picked out of the labyrinth. It was composed of portions of the vestibule and semicircular canals. Recovery uneventful. Facial paralysis persisted, but was nearly gone one year afterwards.

Operations.—The radical mastoid operation must always be previously done. The upper part of the skin incision should be made well forward, so that the auricle may be pushed well forward and downward. The facial ridge must be lowered as much as is considered safe for the nerve.

Operations on the cochlea are much more serious than on any other part of the labyrinth. The danger lies in injuring the modiolus, and so opening up microscopical channels for infection to be carried to the meninges. The cochlea should not all be removed. Only the lower two whorls at most should be removed, and special care taken not to injure the modiolus.