

condition, I remember drawing his attention to certain cystic spots not actually within but above the matrix and lower than the actual cholesteatoma itself. The spaces were filled with epidermal debris and pus. To my question, "won't you have trouble later on with these?" his reply was that he did not interfere with these masses but preferred to leave them, and the results were uniformly satisfactory. The inmost recesses of the tympanum, e.g. the lower part and the posterior wall, cannot be reached with any degree of efficiency, and he left this untouched. I think the practice of the moderate operation, the so-called Heath operation, originated with the Bezold school of Munich, of which Siebenmann is one of the most prominent disciples: local jealousies between the different schools would account in part for the tardy acceptance of the method by men elsewhere.

G. H. MATHEWSON, M.D. Two points are of interest in connection with these cases. First of all this operation will not cure every case; there are a certain number of cases that do not remain dry after such an operation; and secondly, that the operation is not perfectly safe as I think Dr. Birkett has remarked. In the Manhattan Eye and Ear Hospital of New York, there have been quite a number of deaths from the radical operation in patients who were operated on solely because their ears had been running for such and such a number of years, such patients dying of intracranial complications.

E. HAMILTON WHITE, M.D. In bringing forward this modification of the radical mastoid operation I had no wish to create the impression that it was of universal application. It is a special method to be used in a special class of cases, namely, those complicated by the development of cholesteatoma. In my opinion this is the most important type of chronic middle ear suppuration, giving the greatest danger of intracranial involvement. As regards what has been said of the dangers and unsatisfactory results which may follow a radical mastoid operation, I think these are quite as uncommon as after any other major operation if done by a properly qualified surgeon. The operation certainly requires special training and some operative experience to get the best results. I think some of the disappointments result from operation upon cases whose chronicity is due to the condition of the Eustachian tube, which cannot be dealt with radically with any assurance of success. As "Heath's operation" has been mentioned, I may say that in the opinion of his colleagues in London it is not even a new method. As I understand it he opens the antrum by removal of the posterior upper wall of the meatus. I can see no indication for or advantage in such an operation. If the antrum is to be drained it can be opened much