Should operative measures be deemed necessary, the question arises, what kind of operation should one do, and how far should one go.

The so-called Wilde's incision is now almost obsolete, and justly so, as it is not in keeping with modern surgical practice. The modern mastoid operation, with its improved technique, exposes the patient to comparatively little danger and renders recovery more certain.

This operation, as performed by advanced surgeons to-day, aims not only to secure immediate and complete drainage from the antrum, but to remove as far as possible all softened and diseased bone.

The experience of the surgeon alone, will indicate to him how thoroughly this should be done, the condition of the patient, the duration of the disease, and the gross appearance of the tissue all being taken into consideration. There are some surgeons who still claim that antrum drainage is sufficient and that the bone will take care of itself. Against this the writer's experience leads him to state that there are two, if not three, areas which seem prone to be invaded, and that rather early in the attack, more especially should the mastoid prove to be a cancellous one.

These areas are, the line of cells extending posteriorly from the antrum over the knee of the sinus in the angle between it and the floor of the mid-fossa, the cells in the root of the zygoma, and the cells in the median groove leading down into the tip. Any recurrences that the writer has seen have been almost invariably due to diseased bone occurring in one or more of these regions. They should be examined in every case, and the softened bone curetted away. The tip also, being usually a very cellular part, and frequently infected, should for the accumulation of discharge flowing from the aditus. perly executed.

The whole interior of the cavity formed should be smoothed out, as it greatly facilitates granulation, and no pockets remain for the accumulation of discharge flowing from the oditus. The antrum itself is opened widely, and the tegmen examined for erosions. Should there be granulations blocking the aditus and preventing free drainage, they can be readily removed with a small ring curette, care being taken not to detach the incus.

In acute exacerbations on chronic cases it is wise to explore the sinus groove, especially if the patient shows septic symptom. If the abscess has gained access through erosion to the