

TWO LIVING CASES.

1. Infected cholesteatoma with mastoiditis.
2. Removal of large piece of steel from eyeball.

G. H. MATHEWSON, M.D. The first patient before you is eight years of age and came to my clinic at the Montreal General Hospital on the third of May, complaining of pain in the ear which had begun a week previously, and also of swelling behind the ear which had been present for one day. The father stated that the patient had had a discharge from the ear ever since early childhood, and that a year or two before coming to the clinic there had been a swelling behind the ear which had burst spontaneously, leaving a scar which can be well seen. The child was taken into the hospital and operated on the next day. On incising the skin we found that there was pus present beneath it and the gland was infected and apparently the source of this collection of pus. On opening the periosteum more pus was discovered, and on penetrating the bone a large cavity filled with pus was found; there was a cholesteatoma present. This condition of cholesteatoma is really nothing more nor less than a collection of cast-off epidermal cells from the skin which has entered the middle ear and there proliferated, forming this mass of exfoliated epithelial cells, and as succeeding layers are laid down the onion-like arrangement of the growth is produced. I took out this mass and soon found that there was a carious opening leading to the lateral sinus about which was a collection of pus, a peri-sinus abscess. I cleaned out the cavity, removed the whole of the upper part of the external wall of the posterior meatus and all of the mastoid cells, curetted the attic of the middle ear and the external auditory meatus, making the whole into one cavity. After this I sutured up the posterior wound and slit up the cartilaginous meatus, made a cross section and forced that back into the wound in the hope of causing it to become epidermised quickly. This operation was done fifteen days ago and the wound is practically healed and the cavity almost dry. The pathologist reported that the infecting organism was the streptococcus.

It is rather unusual to get so large a cholesteatoma in so young a child, and then again it is interesting to note in how serious a condition the child was and yet seemed to feel pretty well and was able to walk into the hospital.

The second case was that of a man about 29 years of age who came to the hospital on the 17th of April with a wound in his eyelid and eyeball. I saw the man within $1\frac{1}{2}$ hours after the accident. On examination I found a wound towards the nasal side of the lower lid which had perforated it completely, and at a point 5 mm. from the cornea there was