I stripped the temporal muscle well forward and downward in order to give free vent to any pocket there might be present. The periosteum was denuded from the bone under the muscle but no rough bone was found. Having temporarily packed this region I proceeded to strip the periosteum from the mastoid, and open the antrum. The antrum lay very deep and chisseling to it sclerosed bone had to be removed. It was like ivory in places and was probably caused by repeated attacks of otitis media he had while young. There was but little necrosis in the mostoid cells proper but the antrum was filled with granulation tissues and dead bone. This was removed, the cavity scraped with a sharp spoon until hard bone was encountered in every direction, swabbed with zinci chloridi, grs. 30-$\bar{3}$ and irrigated with 1-2500 formaline solution. The upper parts of the incision were stitched and a small gauze drain placed under the temporal muscle and the remainder of the wound packed with iodoform gauze and a dressing applied.

The patient has slept well ever since; there has been no pain whatever; no difficulty in opening the jaws as there was previously; no rise of temperature, in fact it has been normal ever since the operation. The tumefaction in the temporal region has gone and the dressings are hardly stained after being left on for three or four days.

The peculiarity in this case was the absence of the two cardinal symptoms, viz.:—*pain on pressure over the mastoid and the presence of discharge.* Yet the tumefaction mentioned above, the history, and the general condition of the patient were sufficient indications for operation.

A Case of Chronic Suppuration of the Antrum of Highmore with Suppuration in the Ethmoidal Cells.

Male, aged 38, consulted me for what he termed catarrh, the predominating feature of which was one-sided nasal discharge.

The history was as follows:—When very young he had an attack of neuralgia of the face which got well by the use of hot applications. This was followed by a discharge of yellowish matter from the right nostril which has persisted ever since. In fact his friends tell me that he always had a drop of matter on the end of his nose and was often spoken of as "wipe your nose." Nothing seemed to be of any use and as he grew older the discharge increased and the right nostril became almost completely occluded. He was unable to sleep on his back owing to spasms of coughing that it caused. Bending over to pick up anything would cause a gush of pus from the nose. On examination I found pus in large quantities in the nose. This being wiped away, pus was seen to be coming from the middle meatus of the nose and the region of the opening of the antrum. This was increased by leaning forward or tilting the head downward and to the opposite side. The middle turbinated bone was very large. With a post-nasal mirror no pus was seen on the walls of the vault or posterior end of the turbinals. There was no tenderness of the teeth nor had there ever been any to his knowledge. They appeared quite healthy. Transillumination showed opacity in the right antrum but none in the frontal sinuses. I was unable to catheterize the