

years ago and poor health ever since. At the beginning of November last the patient had a severe earache lasting 6 to 8 hours. Then a watery discharge from the ear began and lasted for 3 weeks, after which it changed to pus and continued for a week or so longer when it ceased. After the pus stopped a swelling started behind the same ear accompanied by great pain. This condition lasted with more or less severity for about a month when she sought relief at the hospital. Her father and sister died of tuberculosis sometime ago, otherwise the family history was negative. The patient's condition on entering hospital was as follows:—Behind the right ear over the mastoid, a large area of swelling is seen. This area extends backwards from the auricle 2 inches and from a horizontal tangent corresponding with the tip of the auricle, it extends downwards to the mastoid tip. It is red oedematous and boggy and has thickened the tissues throughout the region indicated, but especially over a portion of it to thrice their normal state. This whole area is extremely sensitive on palpation and causes much suffering. There is a superficial sinus on the same side, an eighth of an inch in diameter undermining the cellular tissue, beginning at the digastric fossa and extending along the border of the sterno-mastoid muscle downwards five inches, which discharges some pus. In the external auditory canal the postero-superior wall is sagging, and largely obscuring the membrana tympani which is whitish, owing to epithelial necrosis and exfoliation. A perforation is seen in the posterior inferior quadrant. A little pus present. The patient's condition generally was most unsatisfactory, being emaciated and greatly reduced in health, first by too frequent childbearing and secondly by the almost constant suffering of the past 6 or 8 weeks. To make matters worse she was again pregnant.

Operation.—After the usual preparation the patient was anaesthetized, a free opening made in the drum membrane, and the ordinary curvilinear incision behind the auricle. At right angles to this another incision was necessary across the swollen tissues. Considerable pus was evacuated below the periosteum. After cleansing this region I opened the tympanic antrum. The tegmen antri showed a slight superficial change in its condition, and did not give the ordinary resistance of healthy tissue. No pus was found, however, on curetting it. In the aditus, attic and hypo-tympanum the probe and curette communicated good resistance. The mastoid cells were then opened, including the tip of the process, pus being found everywhere as far as the inner table of the skull. An area of necrotic bone was encountered in the mastoid, directly behind the external auditory canal, and in curetting this away it led to the lateral sinus, the dura of which had to be exposed before reaching healthy bone. At this point a peri-sinus abscess was tapped, which