

several chills, followed by mental dulness. I told the friends that without something being attempted she would not live, and that operation might not save her, but would probably give her the only chance possible. I was asked to operate, and did so with attending physician giving anesthetic, and only a family nurse to assist, and conditions such as could be hastily improvised. Found subperiosteal abscess over antrum, but most of mastoid healthy. Antrum very large and filled with broken-down tissue; extended wound over sigmoid sinus, which I found occluded. It was opened and found filled with clot. This was curetted out of both ends, and a fair flow of fluid blood obtained from each end. Antrum was thoroughly cleared out and a free communication made with middle ear cavity. This consumed some time, and it was getting near the end of a short fall afternoon. Darkness was coming on and the only light available was that from oil lamps. Patient also did not bear anesthetic very well, and while I thought of dissecting out internal jugular vein in the neck and ligating it, I concluded that the danger of leaving sinus as it was was not greater than of attempting more under present conditions. Wound was packed and dressed and patient put to bed. I asked to be informed in a day or so how patient was doing, but word which was sent by attending physician was not delivered, and I did not hear for some time. Physician then informed me that patient did well for about ten days. Temperature had gone down, mental condition cleared up, no more chills, no pain, wound was healing nicely. Then she became worse, had chills, and gradually sank and died a couple of days after bad symptoms started; no autopsy. Symptoms were such as would be produced by metastasis from original infection, and I think such must have been the case, although every infected part seemed to have been removed.

CASE 4.—Miss A. B., aged 25. Family history good; had measles when a child, and also suppuration from left ear, and occasionally since would have trouble in that ear, with discharge. Since about a year ago it has been gathering and breaking every week or so. On examination, June 20th, 1904, external canal was filled with a foul-smelling discharge and tympanum was found ruptured. On cleansing and syringing out middle ear a considerable quantity of dark colored sticky mucus was washed out, and drum healed in two days. In a few days again ear became painful and drum bulging, and I made a large opening in posterior segment and syringed out