

itself was extremely tender on pressure, though on more careful examination I found I could not increase the tenderness by pressing deeply in an anterior and downward direction, taking care not to move the meatal walls.

My diagnosis was one of three things: (1) Furuncle alone; (2) Furuncle and acute mastoiditis. (3) Acute mastoiditis. The patient's appearance and history pointed strongly to the latter. The note I made in my case-book was, "Suspect entirely furuncle; chloroform because of nervousness." Chloroform having been administered, I incised deeply into the tumescence on the posterior wall, and found a small quantity of intensely fetid cheesy pus. I could detect no roughened bone anywhere. Hemorrhage was quite free, and I encouraged this with a warm douche. Boric



gauze, soaked with glycerine, acid. carbol. dil., was gently inserted between the lips of the incision, and drops of the same given for frequent instillation during the next day. A warm compress of lotio acid. boric was applied over the front and back of the ear and changed every three hours. Two days following the operation I again saw the patient, when she informed me that she had had her first night's sleep for two weeks; pain and throbbing was all gone. The mastoid swelling was very materially reduced, while the tenderness was entirely gone. Her temperature was normal, and there had been an entire absence of chills. I removed the gauze and thoroughly cleansed the canal, and found the swelling so much reduced that the drum-head, showing an old perforation situated above and posterior to the umbo, could be easily made