

small granulations, while the upper and posterior wall of the auditory canal next the drum head, presented a number of granulations, and was noticed to sag downwards considerably, into the lumen of the canal.

There was marked mastoid tenderness elicited only on deep pressure over the antrum. No swelling or prominence was present externally. Severe pain, mostly at night, was the chief complaint. Temperature 102.3, pulse 60. Chills, followed by very copious sweating, had been present for three days.

I advised immediately, a radical mastoid operation, not only to clear out the antrum aditus and attic, and whatever else was found, but hoped to relieve some pressure on the facial nerve, and thereby relieve the paralysis. Nothing in the way of operation mentioned would be allowed, so ear drops of cupri. sulph. and alcohol, and acid salicyl. and alcohol were used, and dry heat applied to the side of the head. The bowels were freely opened and morphia given to relieve the pain. The next few days the pain was very severe, necessitating larger and frequent doses of morphia. On the fifth day after I saw him, the discharge re-appeared in the ear, and the pain rapidly became much less. The facial paralysis remains to-day, and is seen in the accompanying cuts, which were taken before the re-appearance of the discharge. He is now comparatively comfortable, though when eating, food cannot be dislodged while in the right cheek, owing to the buccinator muscle being useless, nor is he able to close the right eye.

The suppurative process still continues in the mastoid antrum and tympanum, the only curative measures, viz., radical operation on the mastoid antrum and attic, being refused. Electricity and strychnia have been faithfully used, in the hope of restoring some use of the facial muscle, but no benefit has resulted. The accompanying cuts illustrate very well the facial paralysis.

DIAGNOSIS OF CARCINOMA OF THE LARGE INTESTINE.

Friedr. Cramer (*Munchener medicinische Wochenschrift*), considers the essential points in the diagnosis of carcinoma of the large intestine. Attacks of intestinal colic occurring at longer or shorter intervals are often the first symptoms of this condition, and when present in supposedly healthy persons, especially those who have passed middle life, they should excite suspicion and lead to a thorough examination for the presence of carcinoma of the large intestine. Of course all cases of this disease are not accompanied by attacks of colic, and such attacks may be produced by other causes, notably the excessive use of tobacco; but their occurrence should always excite grave suspicion as above noted. Rigidity of the intestine upon palpation is one of the most characteristic