

every vestige of diseased tissue, such, for instance, as occurs about the niche of the stapes, along the course of an eroded facial canal, or over an eroded hypotympanic floor. In such contingencies as these the radical operation becomes to an extent simply a preliminary step to effectual after-treatment. It opens the way for complete inspection of the diseased areas and for the carrying out of rational local treatment.

Where we have to deal with tubercular or luetic bone lesions, the after-treatment frequently becomes the main treatment, calling for a continuance of general remedies, local successive light curettements of diseased areas and local antiseptic applications.

Quite recently I discharged, cured, a young lad upon whom the radical operation was carefully and thoroughly performed fifteen months previous. In this case the niche of the stapes and a few cells about the mouth of the eustachian orifice were the sites of the diseased areas which were so persistent. The radical operation in this case gave free access to these parts for the carrying out of local measures, and after long and persistent effort, not to say after many discouragements, complete epidermization was secured.

Within the past six weeks a case upon which I did the radical operation nearly three years since presented himself to me with a fluctuating swelling over the centre of the post aural scar. Examination per external canal revealed a similar condition on the posterior wall of the exenterated mastoid process. The fluctuating tumor (post aural) proved to be a broken-down and purulent mastoid gland, while the internal tumor contained a sero-sanguineous exudate, but no pus. The external condition after evacuation soon healed. The internal condition required the removal of a considerable area of epidermis, and vigorous curettement of the sac followed by light tamponading of the epidermis against the posterior wall of the exenterated cavity. The cavity was again completely epidermized in about three weeks. In this case a diseased mastoid cell had most probably been overlooked at the time of operation.

To secure proper epidermization tight tamponading is a mistake. Better results are obtained through light pressure, where some pressure is required, and the use of a mixture of aristol and boracic powders in equal parts as a dusting powder. It is a mistake to exclude the air from the cavity by tightly closing the external canal with packing. Rather, either leave the canal unoccluded or place in its mouth a small amount of loose sterile absorbent cotton, just sufficient to exclude dust, but not the air.

In the after-treatment wet cleansing should be avoided. Cleans-