

I have been unable to arrive at any satisfactory explanation as to why pain was so conspicuous a symptom throughout the past ten years, for, however easily we may understand the pain which existed for years before enucleation of the diseased eye, there was certainly nothing in the nature, size or position of the orbital recurrence that should have rendered it the source of great or persistent pain; but the freedom from pain since its removal indicates the one as the cause of the other.

CASES IN PRACTICE.

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CASE I—*Maggots in the Ear*.—J. B., male, aged 41, type-setter, came into my office hurriedly, and looked excited. He informed me in a somewhat hesitating manner that he had maggots in one of his ears, and to prove his assertion, showed me several which he had removed by means of a match. He suffered no actual pain, but a peculiar sensation as if something were moving in his ear, which made him feel nervous. Has had a purulent discharge from the ear for about twenty years. He said that a few days ago a fly got into his ear, and remained there some hours. Taking the ear-mirror and looking into the ear, I found the auditory canal fairly alive with maggots. I at once resorted to syringe and water, and removed forty-five maggots, each about one-eighth of an inch in length. All were alive and moved actively in the water. I again looked into the ear and could see the whole length of the auditory canal, but did not discover any more maggots. I now dried out the canal with cotton, and thinking I had removed all the maggots, sent my patient away, telling him to return the following day for further treatment. He returned in three or four hours and said he thought there were more of those animals in his ear, as he felt the same peculiar sensation he had felt before. While he was talking he put his finger in his ear and brought one away. I again used syringe and water, and removed thirty-four more. I now discovered how they had previously escaped my notice. At the inner end of the auditory canal there was a small piece