Now, I think in this case we had a case of interstitial nephritis of some years duration which was owing to some exciting cause, possibly the anesthetic, which was equal parts of chloroform and ether, associated with an acute attack of nephritis or some absorption of pus possibly through lateral sinus, may have taken place, leading to a pyonephritis or pyæmia. I do not pretend to say which it was, and leave the question open. Suffice it to say the man died and I thought it hard luck. I was unable to get a photograph of the case and did not get a measurement of his head, but I have since learned that he was obliged to wear a hat when I first saw him that was three inches larger than his usual size.

3.—Man æt 43 consulted me for a pain radiating from the ear and extending over the left side of the head.

The previous history given me was as follows:—Five weeks previous to my seeing him during an attack of la grippe, he complained of an intense ear ache which lasted for nearly a week. Nothing seemed to allay the pain, not even that abominable linseed poultice that is so frequently put on and around the ear for ear-ache. At the end of a week the ear began discharging, giving great relief to the pain. To use the patient's words, it ran splendidly for about two weeks, when it lessened greatly, but the pain in the head increased, great pain and swelling over the mastoid being present. The pain being worse at night and was relieved by morphine pills freely administered A swelling now appeared above the ear and extended forwards over the zygoma to the outer part of the orbit. This was poulticed for days and subsequently blistered, but of no avail.

I now say the patient for the first time. His head was tied up in a poultice and he looked the picture of misery.

On examination I found a deeply inflamed drumhead showing a small recent perforation situated in the posterior and lower quadrant. There was no discharge in the canal worth mentioning, none at any rate in the cartilaginous meatus. There was some oedema over the mastoid, much less than what there was previously I am informed, and very doubtful tenderness on deep pressure over the antrum. It was difficult for the patient to notice any material difference between the pressure on each mastoid. There was marked tumefaction in the region of the temporal fossa; a sagging downward of the posterior superior wall of the canal was also noticeable. It was not well marked, however. Viewed posteriourly the left ear and mastoid were very prominent; temperature 99, pulse 88. I advised operation at once but in deference to patient's request, delayed 24 hours, meanwhile using ice freely to the mastoid and temporal region. This gave great relief from the pain.

Expecting to find pus in the temporal fossa I began the incision well forward, but close to the upper part of the auricle, extended it in a curved direction downwards and backward close to the ear as in the ordinary mastoid incision. Hemorrhage was very free but was easily controlled by clip forceps; pus was found as anticipated, coming from the temporal fossa which it had reached by perforating the bone. I now made an incision at right angles to the anterior end of my preliminary incision, upward for about one inch, in order to more easily clean the temporal fossa.