

been omitted. When sudden cessation of the discharge occurs, accompanied by an increased severity of the mastoid symptoms, we have to deal with a closed abscess. As you all know, absorption of septic matter and extension of disease occur with great rapidity under pressure, and under these circumstances immediate operation is imperative.

W. H. JAMESON, M.D.—Dr. Byers is to be congratulated on the excellent result of this radical mastoid operation; healing seems to be complete, there is no discharge, and the cavity is lined with epidermis.

In January, 1901, the radical mastoid operation was performed by me with satisfactory results. The patient, a girl aged six, had had an attack of measles the May previously (this disease, according to Bürkner, is responsible for eight per cent. of all cases of chronic suppuration of the middle ear). Two weeks later she developed an acute otitis media of the right ear, followed by mastoid disease, for which she was operated on in St. Johns, but without benefit. On coming to Montreal she was sent to me for treatment. I found her rather anæmic and the general condition poor; there was a profuse discharge in the right auditory meatus, in which, on being cleared away, there was seen to be extensive destruction of the drum-membrane with a profuse, foul-smelling discharge in the middle ear. Behind the auricle was the scar of the former operation, which presented two sinuses, one about half an inch from its upper extremity, the other over the prominence of the mastoid. On examining the naso-pharynx, I found a large adenoid present. As it was desired that local treatment should first be tried, and there being no immediate necessity for operation, this was carried out for some time without improvement, so that it was necessary to operate in January. Under anaesthesia a probe could be passed for fully an inch through the upper sinus inward and forward, and in the lower, directly inward, but for a less distance. The upper sinus, it was later discovered, led into the attic and the lower towards the lateral sinus. In the region of the mastoid cells the site of the previous operation was a mass of granulation tissue and necrosed bone, the disease extending through its entire thickness, necessitating exposure of the dura-mater and lateral sinus to an extent of a little over half an inch in diameter.

The radical operation was performed, all the necrosed bone being removed, including the outer wall and part of the roof of the attic. The antrum, attic, middle ear and mastoid cells were cleared of their contents. The Panse plastic operation was performed on the separated membranous meatus, and the wound behind the auricle sutured and completely closed. The wound was packed through the meatus, all subsequent treatment being carried on through this. On the fourth day