

the family physician in operation. An incision was made starting from upper portion of old wound and curved around over top of ear toward arch of zygoma for about two inches, severing a portion of temporal muscle. It had dissected up the periosteum over a space as large as a silver dollar and invaded the muscle and reached down under the arch of the zygoma a slight extent. The abscess cavity was thoroughly curetted, and some softened bone was found at the root of the zygoma. These were removed by curette and rongeur, and to prevent any further possible trouble it was thought best to do a radical operation and turn all this space into one cavity which could be inspected and treated through the meatus. The wound was packed in the usual way, leaving the incision open except at upper part and facilitate dressing until site of abscess cavity was granulated. Patient bore operation very well, pulse not exceeding 86 and fairly well. To prevent any untoward symptoms strychnine was given hypodermically, and on being put to bed saline was given under breast. About an hour after I had reached home I was telephoned by the house surgeon that patient was looking bad, breathing poor, blue appearance, pulse weak, etc. I asked him to give a solution per rectum and I would be down. Before I could get ready he telephoned patient was dead, was *in extremis* when he reached her after telephoning me at first.

*Conclusion.*—What was the cause of extension of disease? Did I fail to find all diseased cells, or was there extension from middle ear in the other direction? Should I have done a radical at first operation? Was her bone tissue unhealthy, as shown by result on other ear? It teaches me to be thorough in search of possible disease when operating on mastoid.

CASE 3.—L. H., aged 10, has had a discharging ear at intervals for some years. About August 7th, 1905, after exposure to cold and wet took pain in ear, which has continued and increased in intensity, and on the 14th caused a slight discharge from meatus. That morning I was asked by family physician to go to the country to see her, but was unable to go at once, and arranged to go at noon. Just when boarding the car I received a telephone message from physician not to come, as in his opinion the girl was very low and not able to stand an operation. Next day noon received another message to come, as girl was in much the same condition as the morning of the day before. I found patient semi-conscious, temperature 102 deg. She had had some mastoid tenderness and