

clusively absent. No variety show is comparable in its frequent surprises with the exploration of a mastoid bone. The antrum is high or low, anterior or posterior, deep or superficial, outside, in front of, and interior to, the knee of the sinus, without presenting any indication externally.

The absolute absence of blood from the field, the constant use of the probe, vigilant watchfulness, and careful direction of the instruments are absolutely essential in every step of this search. When once the antrum is found, however, the way is clear. All suspicious bone may be removed freely. I never hesitate to expose either the sinus or the middle fossa to the freest extent, and have never found this interfere with the progress of healing. Sometimes one has to follow cellular structures away behind the sinus or in to the zygomatic process and outer plate of the middle fossa to a surprising extent, but I have always found the reward of diligence in this direction satisfactory.

It is not difficult to deal with the tip; no accident to the nerve need be feared where care is exercised to remove the fibres of the adhering muscles as close to the bone as possible. In doing this I once had a severe hemorrhage, for which, through lack of proper assistance, I was compelled to tie the carotid.

The removal of the bridge and the outer wall of the attic is next effected with the use of the chisel, and I have abandoned the use of the Stacke protector, because of its liability to dislocate the stapes, nor have I ever injured the facial nerve during this procedure. I always, however, accurately ascertain the direction of the aditus by the use of the fine ear probe curved at the tip, which I employ as a searcher, and which, being much smaller than the passage, can do no harm.

The aditus, the projection of the semi-circular canal, and the entire inner wall of the ear with the eustachian tube, can now be examined if all the debris and contents thereof be removed. Care must be taken in this removal lest the pyogenic membrane, polypi, etc., be connected with the facial nerve through some hiatus in the wall of the fallopian canal. Frequent use of the probe in the region of the horizontal portion of the nerve is necessary until the operator is convinced that the inflammatory products are entirely removed, and here again