

tion which we are attempting to allay is beyond this membrane, and is reached only through a small opening (the perforation). Even if a small particle of powder should go through the perforation, what good it might accomplish would be upset by the blocking up of the hole. Free exit of discharge from the tympanum is the main consideration in our treatment, and we do not assist nature in removing this exudation by making the discharge thicker and blocking up the point of exit.

*Operative Treatment.*—I have nothing to say except that I believe it should be *thorough*, and especially the cells in the zygoma and tip thoroughly opened up. If extensive destruction is found beyond areas of hard bone, one should consider the advisability of uncovering the sinus, as a peri-sinus abscess was found in several of my cases when the sinus was covered by apparently hard, healthy bone. Generally speaking, the antrum should be reached, but the additus not necessarily disturbed. In chronic cases which have undergone an acute infection, I think we might very well, with advantage to the patient, especially so far as the hearing is concerned, leave the tympanic cavity alone—the so-called Heath operation.

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