

been corroborated in my own experience. One case I well remember was that of a young man who as a boy had a chronic suppurative otitis media of a rebellious character. He grew up, and had been under the care of a physician who practised otology, and had unfortunately got this young man into the way of using peroxide of hydrogen, which has come to be acknowledged as not a very safe remedy to be used indiscriminately in these cases. This young man was attacked finally by headache, and developed acute meningitis and died. This was really a case where hydrogen peroxide probably did harm rather than good from its indiscriminate use. One class of case which would justify one almost in recommending without very much delay the radical operation is where there is a perforation in the posterior superior quadrant of the tympanic membrane, and perhaps a few granulations and a fœtid discharge. By using a fine probe, you may very often feel some bare bone somewhere about the mouth of the antrum, and that is a situation in which caries of the tympanic walls is most likely to occur. It is this class of case which calls for the radical operation without much delay.

R. KERRY, M.D.—The result in this case which Dr. Byers has shown to-night is in every way ideal; the epidermization of the cavity and the thorough and complete drainage is everything to be desired. I do not quite understand, however, why the case should take so long to heal; in ordinary mastoid operations the wound is healed in the course of a month. In our experience these incisions usually unite practically by primary intention, and we lose sight of the cases in regard to treatment in a very much less time, and in following them later I have yet to come across a case of relapse. The operation of skin grafting by Thiersch's method should, I think, rather hasten the healing, and it has not been demonstrated that the prolonged after-treatment is accompanied by compensating advantages. Another point with regard to the pus; both Drs. Jamieson and Byers have emphasized the stinking, foul pus. A pure streptococcus infection is odourless, while infection due to the bacillus fœtidus is not specially dangerous, and I have been in the habit of regarding, with some apprehension, cases in which the pus is not foul. The odour due to caries is of course quite distinctive. As regards cholesteatomata, they can very often be removed a piece at a time. In one case in which the meatus was completely filled I worked for about a month before getting the whole of the passage and attic clear, and was able to obtain a condition in which syringing brought absolutely nothing away; so that I do not quite see that cholesteatoma is an indication for this radical operation. Among the indications for operation, the condition in which blocking of the aditus ad antrum occurs from swelling or otherwise, has