traction. The usual curved incision close to the auricle was made and pus found at the top of the ear coming from a sinus leading to the antrum and extending forward into the temporal fossa. This pocket was well cleaned and the incision extended to the top of the mastoid. After retracting the periosteum from the mastoid the anterior and posterior lips of the wound were well separated. The mastoid cortex was rapidly opened with mallet and chisels while pus and necrotic debris were exposed to view. The superficial cells were scraped away and the mallet and chisel used to extend the opening into the bone. In extending this backwards I came on to a misplaced but thrombosed lateral sinus. This was opened and a small clot turned out, but except some sharp haemorrhage which was easily controlled by gauze packing, did not cause any delay. After enlarging the opening in the bone I proceeded to obliterate all the pneumatic spaces and clean out the antrum which was full of granulation tissue and debris. I followed the dead bone upwards and inwards and liberated an extradural abscess containing two drams of foul pus. The wound was cleansed by flushing with a solution of formaline. After thoroughly swabbing the antrum with a solution of zinci clor., 40 grs. to the ounce, a suture was placed in the upper part of the wound and iodoform gauze strips packed into the wound. I might also say that owing to necrosis in the tip of the mastoid I pared the bone from the sterno-mastoid muscle and removed the tip.

For the succeeding five days one could not have wished things to progress more favorably. The wound was dressed once and no discharge was found coming from the ear, and the condition of the mastoid wound was all that could be desired. The temperature, pulse and respiration taken every three hours were normal; appetite good; was free from all pain and slept well; the pupils were equal; slight facial paralysis owing to tight packing. On the morning of the 5th day his temperature was 101, pulse 104, respiration 20. I dressed the wound and found it perfectly sweet. He had a slight chill before noon, but at two o'clock in the afternoon the temperature was 99, pulse 78, but at 5.30 it rose to 104, pulse 84; chills and vomiting, and very marked drowsiness, but no headache. I examined the wound again and was satisfied it was all right. The drowsiness, vomiting (without taking food), high temperature and slow pulse, certainly looked like a collection of pus somewhere in the brain substance and I considered the advisability of trephining the tempero-sphemoidal lobe for exploratory purposes The fundi of the eyes were not characteristic of anything abnormal except enlargement of the retinal veins in the left. The urine was examined and I think showed the real seat of the trouble. Sp. gr. 1007; albumen 35 per cent., acid, amount 20 oz., deposit of hyaline granular and pus casts and connective tissue debris. The feet and eyelids soon became puffy; the amount of urine decreased in spite of everything I could do; pilocarpine, intestinal elimination and hot pack were only of temporary benefit and the patient passed into coma and died, no urine having been voided for the last 24 hours. Temp. ranged from 104^3 to 96°.

I examined the head, post mortem, and found the brain clear, the wound healthy, and hard bone in every direction.