

or more. Why is it arm and leg affected? Probably produced by pressure on motor area of cerebral cortex.

CASE 2.—Mrs. C., aged 58. Family history good, has been a fairly healthy woman. About fifteen years ago had left mastoid operated on, and at intervals since the old wound has broken out and pus discharged for a time and then healed.

About Sept. 1st, 1905, right ear began to pain and has continued since with remissions. Temperature has varied from 99 to 100 deg. Pain radiates over side of head. Sept. 21st I saw the case in consultation with the family physician. Right tympanum, on inspection, showed bulging in lower posterior part, tenderness slight over antrum. Paracentesis of tympanum produced a flow of pus and cessation of pain, and as symptoms were not greater than those produced by an acute otitis purulenta, no more was done that day. For next few days pain ceased and temperature came to normal again. Pain started and temperature came up to about 100 deg., with a good deal of discharge from meatus. Saw patient again on Oct. 8th, and as there was constant pain and temperature 100 deg., with more marked tenderness over antrum, I did an ordinary mastoid operation, finding very little pus but extensive breaking down of mastoid cells and a very large mastoid. Entire mastoid was removed, and auditus and antrum curetted and free drainage given to middle ear cavity. Wound was packed as usual and healing by granulation took place; temperature came down to normal; pain ceased and external wound healed by middle of November. Discharge from meatus lessened but did not entirely cease. Case was in the country, and was under charge of family physician, and I did not see it again until Dec. 30th. Was told that for the last three weeks pain had again been complained of over side of head and discharge had slightly increased, and lately some swelling of tissues over zygomatic arch with tenderness on pressure. General condition weak from long continuance of trouble, but was up out of bed and at table for meal every day. Tongue coated; temperature 99 2-5 deg.; tenderness over arch of zygomatic, and condition was thought to be necrosis of bone from infection, or from some cells that had been overlooked in former operation. Although patient was weak operation to relieve condition was necessary to save life of patient. Relatives and patient consented, and she was brought to the City Hospital that day and operated on next morning. Ether was administered by an expert, and I was assisted by