

charge of a special assistant or nurse, who must clean each tool as it is laid down, and replace it in the position as originally arranged by the operator.

The anesthetist sits opposite to the face, and must be trained to detail accurately the finest facial vibrations.

One nurse must handle the sponges and dressings. All of the above must be sterile and wear caps; gloves may or may not be used. An unwashed nurse must be in attendance to pick up fallen instruments and attend to other duties that may arise.

My usual incision is in a curved line, three-sixteenths of an inch behind and parallel with the furrow between the auricle and the side of the head, beginning just above the front part of the external auditory canal and extending right down to the tip of the mastoid. All tissues down to the temporal muscle are incised with one cut, and with a second everything superficial to the bone below the border of that muscle. I prefer to leave the temporal muscle uncut wherever possible, and instead to push it upwards. If the incision be long enough it will seldom be necessary to make a horizontal cut to gain more space. I have also used an incision with a one-half curve, leaving a large flap posterior to the auricle, but for cosmetic purposes I prefer the other. Again, in doing a Heath I have made the incision directly in the furrow, and have uniformly been satisfied with the result. Lake's incision with the blade placed in the external auditory canal parallel with and close to the tragus, cutting upwards through the cartilage and then sweeping outwards and backwards, I have used with success in children; it affords an excellent view of the parts and leaves a practically inappreciable scar.

The bone is now thoroughly denuded of periosteum to an extent which embraces the roof and posterior wall of the external auditory canal, and below the posterior zygomatic root, backwards as far as the posterior border of the mastoid and downwards over the tip, and the bone is then carefully searched with the probe for any opening through the cortex, and if one is found it is enlarged, but if absent the antrum is sought through the supra-meatal triangle. The antrum must be searched for diligently, and in all my experience it was not until a few days ago that I met with a case where it was con-