

locally. All these five cases were seen early and treated at once. This result turns one's mind to the ear conditions in scarlet fever, diphtheria, etc. where so many chronic suppurations of the ear have their origin. The drum should be inspected regularly in the course of these diseases, and if there be any ear-ache, the indications for so doing are stronger still. Should the drum be found inflamed a *free incision* through the lower part of the drum is indicated, rather than waiting for perforation by ulceration.

Appropriate local treatment should follow, not waiting for the child to "outgrow" the discharge. Remember that a chronic discharge from the ear in an adult bars him from many kinds of life insurance in good companies. The ice-bag should be applied for twenty-four hours in all cases where its use is indicated. If at the end of that time the symptoms are worse, proceed to operate. If no worse or better, wait another twenty-four hours and then decide.

*Operation.*—The patient is prepared by shaving the head well away from the field of operation. Syringe the canal with 1-4000 bichloride solution, and cleanse the parts as thoroughly as possible. The canal is then plugged with a strip of gauze, and sterilized towels cover the head and chest. The incision is made from the mastoid tip to a point above the meatus just behind and parallel to the retroauricular fold. It should go right through the periosteum on the first cut. It is then enlarged up and down with scissors, if necessary, and some of the fibres of the sterno-cleido-mastoid are cut away. The periosteum is then retracted and bleeding points caught up with forceps. Should the space for operating seem too small, an incision can be carried backwards at the level of the meatus as far as is needed. If there be a perforation in the cortex, as there was in four of my cases, that can be taken as a guide, and enlarged by curette and rongeurs. If not, the small suprameatal spine is taken as a guide, and with a gouge and mallet the bone is cut towards the mastoid tip, exploring with a fine probe every cavity opened, for the sinus may be anywhere. It makes the operation easier to remove most of the tip before attempting to find the antrum, which always exists. Once it is opened, the further steps of the operation depend on the amount of necrosed bone. In chronic cases, it is better to do the radical operation, that is, to take away the posterior canal wall, throwing the canal, middle ear and antrum into one large cavity. The main danger in the radical operation is that of injuring the facial