

the last to dermatize, being the most remote from the skin margins. However, we have seen cases in which the dermatization of this cavity proceeded rapidly from the skin of the anterior canal wall, so that it was really covered before the mastoid portions. This depends on careful and thorough work done about the tube and anterior tympanic wall. In these cases the hearing power was especially good for watch being 060, and whisper at 8 feet.

Dench, in a series of 111 cases, in which hearing records were kept, obtained good hearing in 99 (whisper at 5-15 feet); fair in 9 (whisper at 6-3 feet), and bad in 3 cases.

Arnold Knapp reports the hearing in 14 cases to be 7 improved, 4 stationary, and 3 worse.

Jordan out of 15 cases obtained 10 improved and 5 stationary.

These were nearly all cases of caries in the tympanum.

From our own experience, although limited to a series of but twenty cases, diminution or loss of function has been the exception. Those in which the results were especially good considerable care had been paid to the tympanic cleansing, both in the operative part and in the after treatment. In many other cases, the post operative treatment of which was left for the writer to carry out, there occurred some with delayed healing, and in these roughened bone could be detected most commonly about the mouth of the Eustachian tube, or on the posterior tympanic wall. In others the hypotympanic recess was not obliterated, so that drainage was imperfect.

It might be mentioned here that young children are not good subjects for the radical operation, for the bone being of a diploic nature granulations are formed with great rapidity, and it is very difficult to prevent the tympanum from filling, with loss of function as a result.