

has developed and produced hæmorrhage, it is likely to proceed much more rapidly, and this was one of the points which led to my diagnosis.

**CHRONIC SUPPURATIVE OTITIS MEDIA AND MASTOIDITIS—HEALED CASE
FOLLOWING RADICAL OPERATION.**

W. GORDON M. BYERS, M.D.—This young girl, aged 14, was admitted to the Royal Victoria Hospital on October 29th, 1904, suffering from a chronic suppurative otitis media, which had existed since childhood. She had had seven operations performed elsewhere upon the mastoid process. When seen, the external auditory canal was entirely filled by polypi and foul pus; the mastoid process was entirely carious, and the site of a large sinus evidently made by a trephining instrument. This opening was likewise filled with granulations, polypi, and foul pus. Dr. Buller handed the case over to me, and I performed the radical operation on November 3rd. To complete the operation, a small skin-flap was taken from the arm and grafted on over the site of the exposed mastoid antrum. The patient left the hospital at the end of seven weeks, and dressings were applied for about a week more. At the end of that time the condition was as you see it this evening, a clean, sweet, perfectly dry cavity.

There has been no recurrence whatever of the discharge since the operation was performed, and I attribute this satisfactory feature, as well as the rapid epidermization in this case, to the fact that at the end of the operation I closed the lumen of the Eustachian tube by thoroughly curetting away the lining mucous membrane of this structure near its aural opening. Fresh infections were thus prevented by cutting off the only avenue open to the micro-organisms of the naso-pharynx.

FRANK BULLER, M.D.—With regard to this radical operation, we have no doubt something which has come to stay, and has proved itself sufficiently reliable to justify every practitioner in otology undertaking the operation in suitable cases. Of course it is open to question as to what constitutes a suitable case. I may mention here that one of the points which interest us is the connexion between life insurance and ear disease. It is accepted by most authorities on otology that a discharging ear which had not been subject to attacks of pain, and in which the discharges are not at all offensive, should be regarded as a comparatively innocuous thing. But if the person with otitis media is liable to attacks of pain, and especially if the discharge is of a foetid character, there is no doubt that it is an exceedingly dangerous condition. It is a recognized fact that a large percentage of people with otitis media perish from brain trouble somewhere between the ages of 15 and 30, and this has