found only on deep pressure especially over the tip. I used ice freely at once but the pain increased and some swelling of the mastoid was noticeable if the two sides of the head were compared from behind. There was also a sagging down of the posterior superior wall of the canal next the drumhead.

I advised operative measures at once but the patient and his friends would not think of it saying as many others similarly situated have said that it was only a running ear. I persuaded him however to go with me to Toronto where we consulted Dr. Jas. Macallum, who concurred in the diagnosis and agreed that operative measures were certainly indicated. We returned, and as the patient demanded it, I waited a few days longer, but the continuation of the discharge with a deep boring pain in the mastoid region, so bad at nights that he could not sleep, with a slight rise of evening temperature, induced him to allow an operation to be done.

This was done by Dr. Macallum and myself and the whole mastoid was found full of pus and necrotic debris necessitating the removal of the entire pneumatic spaces and the tip of bone and exposure of the lateral sinus and removal of granulations and debris. The discharge from the ear stopped at once and the patient made a rapid and uneventful recovery.

In this case I take it, the sudden opening of a blocked Eustachian tube while blowing the nose severely, caused a rupture of the drumhead. Infection subsequently took place and the discharge occurred, the egress of which was retarded by too much boracic acid.

2. Male, aged 57, farmer, came to me not so much because he was ill himself but because his wife was coming regarding a lachrymal abscess. After I examined his wife and evacuated the abscess he asked me to look at his ear. He gave the following history. Two weeks previous following an intense earache of 24 hours duration a discharge appeared in the left ear, giving immediate relief from pain. The discharge persisted and increased in amount, the odor not having been at all foul at any time. He suffered great pain at times on that side of the head making sleep almost out of the question. This pain in his head radiating from his ear and mastoid region, became at times almost unbearable and was accompanied by great depression and weakness and frequent spells of feverishness and chills. In fact he was thought to be going into typhoid fever. The pain however, became co-incident with a swelling in the temporal region with marked œdema over the mastoid, and the discharge markedly lessened.

On examination I found the left side of the head projecting out as it were, the left ear and temporal muscle being very prominent. Pain was very marked on deep pressure over the mastoid antrum. In fact the patient would cringe from me every time I would press the bone. The discharge was of a thick yellowish nature unmixed with blood, and not of a foul odor. The superior and posterior wall of the canal next the drumhead, markedly projected into the lumen of the canal. Temp. 98; pulse 65; resp. 18. The left pupil sometimes was smaller than the right and enlargement of the retinal veins but no optic neuritis was present.

I advised operation at once but they would not consent to its performance until the next day. His condition was unchanged except for the left eye, where marked dilation of the pupil replaced the previous con-