

necrotic process has brought about such changes spontaneous cure without perforation of the osseous cortex has taken place.

In such cases there is a tendency for the granulations to ossify.

In nearly every case in which the mastoid process contains pus and granulations, if not operated upon, perforation of the external cortical layer will eventually take place, forming a fistulous opening. This is the most common termination of neglected cases of mastoid suppuration. Spontaneous perforation takes place most frequently through the external surface of the bone. It may occur at a point corresponding to the position of the antrum, but more frequently it occurs lower down. Occasionally it breaks high up, as in one of the cases which I will include in this report. When the pus leaves the bone a swelling usually develops over the point of perforation in which fluctuation can usually be detected early. Unoperated cases of this kind finally break through the skin, either at a point corresponding to the opening in the bone or at some distance away from it. The latter will also be illustrated in one of the cases to be reported. The abscess may also break through the inner plate of the mastoid tip into the digastric fossa. These so-called cases or Bezold mastoiditis are uncommon. They usually cause an induration at the insertion of the sterno-cleido-mastoid muscle, and in neglected cases pus burrows and is found in the sheath of the muscles and sometimes in the sheaths of the large vessels of the neck. Pneumatic mastoids, with several large cells, are especially prone to perforate into the digastric fossa.

Mastoid abscess may also perforate the posterior superior wall of the auditory canal, causing first a sagging of that wall (a symptom characteristic of suppuration in the attic), and finally break and discharge pus through the ear canal.

LARYNGOLOGY AND RHINOLOGY.

Under the charge of PERRY G. GOLDSMITH, M.D., Belleville. Fellow of the British Laryngological, Rhinological and Otological Society.

A CASE OF CARCINOMA OF THE NOSE.

Sir Felix Semon, *Journal of Laryngology*, showed a specimen to the London Laryngological Society, of a case of papilliferous columnar-celled carcinoma of the nose in a young man, aged twenty-four. Attention was first drawn to the case about ten months previously, owing to a profuse attack of epistaxis, followed by a watery discharge which steadily got worse and rapidly became offensive. A cauliflower-like growth was