The lower wick is not left out for a week or more. In the ideal case the middle-ear is dry on the fifth or sixth day. As soon as this occurs, the temptation is to remove the drain which runs to the antrum and to let the small sinus close. Experience has shown, however, that this should not be done. This drain should be withdrawn gradually, otherwise the discharge from the middle-ear will start up again. From the twelfth to the fourteenth day the mastoid wound is a superficial granulating scar and in three to four weeks a healed linear incision.

In working with the auricular flap the writer has tried to discover its disadvantages as well as its advantages. The disadvantages so far have proved to be few. The chief difficulty is to cut the flap without perforating the cartilage and entering the canal of the ear. I have done this a few times but no ill results have followed. The second disadvantage is the danger of narrowing the lumen of the canal. No permanent narrowing of an amount which could be considered serious has been seen.

The drawbacks of the flap then are few; its advantages have proved to outweigh them. They are: The flap is made of organized tissue of a kind which easily preserves its vitality and it is taken from a locality which allows it to fall easily and naturally into its new position. The wick to the antrum is carried straight into it by using the floor of the middle fossa, or, in other words, the superior wall of the mastoid cavity as a guide. When the wick is carried up from below, beneath a partially sutured wound it is not easy to be sure of entering the antrum deeply after the first few dressings. When the flap is employed the deformity caused by the sinking of the scar is minimized or done away with altogether. The time of healing is shortened one-third or one-half. The liability to a recurrence of suppuration should be lessened because the mastoid cavity as a distinct cavity with complete bony boundaries is reduced to the small pocket comprised by the antrum and the aditus.

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Laryngostomy for Scleroma of the Larynx. A. CANEPELE. *Monatschr. f. Ohrenh. u. Laryngo-Rhinol.*, Heft 2, 1911.

Canepele reports two cases of scleroma of the larynx cured by means of laryngostomy and dilatation.

Ed.