nal (two weeks), so much so that I had a microscopic examination made of the tissues removed, thinking that there might be some malignancy about it, but found none. The dizziness, nausea and pain of which the patient complained when he came to see me the second time were the most intense I ever witnessed; but there was at no time tenderness or œdema over the mastoid.

ASEPSIS IN OTOTOLOGY AND LARYNGOLOGY.

BY A. B. MCKEE, M.D., SAN FRANCISCO.

Sometime since I noticed an article in THE LARYNGOSCOPE calling attention to the necessity for the observance of antiseptic precautions in office practice. However, no suggestions were given as to practical methods by which this could be carried out.

The following hints may be found of value:

1. To sterilize cutting instruments, place in $2\frac{1}{2}$ to $5\frac{3}{4}$ carbolic solution 15 or 20 minutes, then dip them, for a few seconds, into boiling water. By means of a pocket alcohol stove, there is no difficulty in preparing, in a few moments, all water necessary for sterilization.
 2. To sterilize tiles, trays or dishes for instruments, pour over them a few drops of alcohol and ignite it. The asepsis is complete.
 3. To sterilize blunt instruments (forceps, tongue spatulæ, etc.), pass them through a spirit lamp, which should be on every instrument table.
 4. To sterilize catheters, antrum canulæ, etc., boil them, for a few moments, in a porcelain-lined dish, such as is used for holding soap or nail brushes.
 5. To sterilize cotton pledgets for wiping out the ear, dip the cotton wound probe into a saturated alcoholic solution of boric acid, ignite it and allow it to burn a few seconds, extinguishing before the cotton is charred.
 6. Needles—preserve in pure lysol.
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