(ossiculectomy), removal of bony growths (exostoses), operations for outstanding ears, mastoid operations, explorations of the cranial cavity, operations on the lateral sinus, and operations on the labyrinth.

I will take these operations in order, commencing with—

1. *Extraction of foreign bodies.*—It occasionally happens that a foreign body becomes so firmly wedged in the deeper part of the meatus that it defies all ordinary methods of extraction. In such cases it may become necessary to do an operation by which the auricle and cartilaginous meatus are detached and turned forward, and a portion of the bony meatus may even have to be chiselled away in order that the body may be removed.

In such an operation the patient should, if necessary, be shaved as in the mastoid operation, and the ear purified as already described. The instruments required are scalpel, artery forceps, periosteal elevator, retractors, forceps (dressing and aural), chisels and mallet, probes, needles, and sutures, and swabs.

Speaking of swabs, I may at once say that in these operations two kinds of swabs should always be at hand *in plenty—viz.*, ordinary flat gauze swabs and lengths of sterilised gauze for swabbing the meatus; the latter should be made of sterilised ribbon gauze, cut into lengths of about six or eight inches.

After the operation the canal will be packed and a pad of gauze and wool applied and retained with a bandage.

2. *Excision of the ossicles* is a very useful operation in certain cases of middle ear suppuration, in which the small bones of the ear are diseased. It consists of the removal of these bones, together with the outer attic wall, the small bony wall which overhangs the upper part of the tympanum. The ear is purified in the usual way, and the following instruments got ready: operation specula, Sexton's ossiculectomy knives, sharp and blunt; aural forceps, incus hooks (right or left, according to the ear operated upon), Lake's attic curette, Delstanche's extractor, probe, curette, Gruber's sliding chisel, ribbon gauze swabs. Sexton's pincette is also sometimes used in this operation, but is not essential.

One of the most troublesome features of this operation is the free hæmorrhage which occurs. This is usually controlled by means of packing, so that plenty of swabs of ribbon gauze are required. I have sometimes found it useful to have the ear instilled with equal parts of adrenalin and a 10 per cent. solution of cocaine. If this method is used, it should be done after the ear is purified, about twenty minutes before the operation; or the canal may be well packed with sterilised gauze soaked in the cocain and adrenalin solution.

When the operation is finished, the surgeon will require a syringe and some hot perchloride solution.

3. *Removal of bone growths (exostoses).*—There are several methods of operating for exostoses of the bony external canal. Some surgeons use the drill, others the mallet and chisel, others the dental drill. At times it is necessary to turn the auricle forward as I described for the removal of an impacted foreign body. The preparation of instruments will, therefore, depend upon the method employed.

The ear is prepared in the usual way, and specula, probes, forceps, and ribbon gauze swabs should be ready. If the auricle has to be turned forward, a scalpel, artery forceps, retractors, periosteal elevator, needles, and sutures will be required. It is well to have peroxide of hydrogen, syringe, and hot perchloride solution ready also.

Among the chisels sometimes used in these operations, the small, highly-tempered enamel chisels used by dentists are most useful.

In all the operations just described, the head mirror and lamp should be ready for the surgeon if he needs reflected light. Ossiculectomy, the opening of furuncles, incision of the membrane, and the removal of polypi are, of course, necessarily done under reflected light.

I shall continue the consideration of these operations next week.

Rickets.

A LECTURE DELIVERED AT THE INFANTS' HOSPITAL, VINCENT SQUARE, S.W.

By Ralph Vincent, M.D., M.R.C.P.
Senior Physician to the Hospital.

The disease that we are to discuss this afternoon is one of the most remarkable diseases known to us. It is peculiar to infancy and early childhood, and its most remarkable feature is that it is a disease of growth. I may for a moment ask your attention to the subject of our last lecture—Atrophy—only to remind you of the difference between the conditions to which we give the name of Atrophy, and the conditions as seen in Rickets. In atrophy there is a failure to develop. The functions which the infant should possess are greatly lacking, with the results that I described to you last Tuesday. In rickets we see the characteristic features of the disease

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