

(3) Thoroughly cleanse the external auditory meatus, since should we have a discharge it may be simply aseptic serous exudation, and may be rendered septic by influences acting from the meatus.

(4) Leeches in front of the tragus not only relieve pain, but deplete the engorged internal vessels. Leeching is particularly indicated in otitis media due to influenza.

(5) Administration of a brisk saline purge, preferably mag. sulph. in small and repeated doses.

(6) I do not think it is advisable to give morphia, as it masks the symptoms. Should the pain demand it, the drum head should be frequently inspected, in order that if there is to be a perforation it will be made by the surgeon.

(7) Poultices are bad, and usually dirty. They tend to produce softening and ulceration of the deeper parts. A compress of hot Lotio Acidi Boraci is not so bad, but the fashion of filling the ear with warm mush filled with micro-organisms is not only unscientific, but is real dirty.

(8) If the membrane bulges, and particularly if a yellowish spot be detected, paracentesis of the membrani tympani is the only sensible action. Not only do we thereby relieve the pain and deplete the engorged vessels, but we assist nature in what she is endeavoring to accomplish.

The amount of relief a patient may receive is shown by the following case: Gentleman aged 56, suffering from an intense ear ache of 12 hours duration to which he had been applying a bran mash. The severity of the pain was so great that when I saw him he was walking up and down his dressing room nearly distracted. After thoroughly cleaning the external auditory meatus I incised the bulging drum head and applied two leeches to the tragus, and within one hour he was sleeping quietly.

Regarding eustachian inflation in any manner after the appearance of discharge, opinions differ greatly. Personally, I am opposed to its adoption for at least 48 hours following the perforation. There are many remedies used as drops in the ear for the relief of pain, some of which are highly recommended but in my hands I must say all have been of but little use.

Barr advises 2 grs.— $\bar{z}$ i. of morphia, another 3 grs.— $\bar{z}$ i. of atropia sulph, Hemitson carbolic acid and glycerine. The alkaloids of cocaine and atropia in oil have been highly recommended, especially for influenza cases. Politzer uses 20-30 minims of equal parts of chloroform and olive oil, applying it on lint which is then placed over the ear.

Domestic remedies are as numerous as they are ludicrous, running from the juice of chewing tobacco (humanized extract) to *hen* oil.

Blisters have a two fold action, make a sore ear sorer and mask any mastoid involvement. The treatment would be very incomplete without immediate attention to the nose and naso pharynx.

Treatment immediately after the discharge:—

Simple cleansing and retaining the asepticity of the canal is generally all that is required. Small strips of sterile gauze greatly facilitate drainage and in a measure prevent external infection. If the surgeon has incised the drum-head and the discharge remains aseptic the incision generally heals within 48 hours, though should it close and patient again