

bus. To sum up briefly: The acute stages following a mild septic infection of the middle section of the auditory system, varies in duration from a few days to several weeks, and the completeness of the recovery depends on the amount of injury done, and the efficiency of treatment.

The chronic stage is extremely variable in character and duration. The most common feature is a purulent discharge through the external auditory canal by way of a perforated drum. This discharge may be quite profuse during one period, and quite scanty, or even complete cessation of it, at another. Any obstruction to the free exit of pus aggravates the symptoms. The degree of deafness depends upon the structures involved, and the extent of injury inflicted on them by the morbid processes.

#### SYMPTOMS.

The physician, during attendance on any patient—especially if it be a child—suffering from an acute infectious disease, should, in naval parlance, be always on “the bridge” watching for any evidence of middle ear complications. Pain is one of the earliest and most common symptoms. It varies in intensity, and there may be such marked remissions as to cast doubt on the probability of the ear being involved. It may be deeply seated, or widely diffused over the lateral surface of the head. Special attention should be directed to ascertaining the presence of pain over the mastoid process. Pressure or percussion may elicit pain not otherwise noticed by the patient. The ordinary symptoms associated with a febrile process, *e.g.*, elevation of temperature, headache, or anorexia will be present. If the specific virus gain entrance into the cranial cavity, cerebral symptoms will develop, but as these belong to medical classics we need not stop to detail them. When pus accumulates behind the wall of the external auditory meatus there will be at first a brawny discoloration of the tissues lining the canal, and later a bulging inward of these, that may even cause occlusion. The drum-head may be hyperæmic, or may bulge outward, or present a perforation. One or more strictures in the eustachian tube may prevent inflation of the “cavum tympanum.” Should pus appear under the periosteum of the mastoid, or in the tissues of the neck, there will be swelling, œdema, discoloration and tenderness. All the discharges will be more or less purulent, while the suppurative processes continue to be active. The degree of deafness is variable.