they must be busy or all signs fail, for how else did they attain their eminence except by knowing things that others did not know, and doing things that others could not do. Read? Why, these men are continually reading. In their "spare moments" they not only keep up with the profession, but keep ahead of it. . . . "No time to read?" My dear friend, it isn't so. The trouble is that you are too lazy; . . . you had rather take a nap or have a "quiet smoke" after the labors of the day, or spend your time in some other idle way than to get right down to this building business—this making of better doctors. Gradually, how gradually you can hardly say, you got "out of notion," and now you delude yourself with the belief that you are "too busy!" My poor friend, you are going to have time enough "for reading" or anything else after a bit. Really, wouldn't it be better to take a little time right now, and keep "in the swim?" "Work?" Of course, it is, but it pays.—*Am. Jour. Clin. Med.*

Middle Ear Suppuration in Diabetes—By GROSSMAN (*Internat. Centralblatt für Ohrenheilkunde.*

In Lucae's clinic there have been admitted since its existence ten cases of middle ear suppuration in diabetics. Of these nine were acute middle ear suppurations, and one an acute exacerbation of a chronic suppurative condition. In one case both mastoids were opened. Author gives history of cases and then discussed them individually. He follows with an explanation as to which position may be taken in order to get a clear picture of the course of middle ear suppuration in diabetics, and a proper relation of cases of diabetes which came to mastoid operation, as compared to operative cases in non-diabetics. According to the experience of the Berlin clinic there were 22.7 per cent. of operative cases in diabetics as compared to 56.3 per cent. in non-diabetics. Grossman arrives at the following conclusions: 1. A particular frequency of middle ear suppuration in diabetes cannot be proven clinically. 2. But an otitis media in diabetics leads more often to disease of the mastoid process than in non-diabetics. 3. The cause is not due to an individual local disposition, but due to the decreased powers of resorption and a greater decline of the mucous membrane, early arteriosclerosis in diabetes, and a change in the composition of the fluids. 4. A characteristic form of mastoiditis diabetica does not exist. 5. Operative interference is as a rule borne well, even though the prognosis must be guarded.—*The Medical Fortnightly.*