

different species we will now consider more closely according to their causes, symptoms, prognosis and treatment.

"1. *Acute Otitis*.—If a child runs out of doors during a cold wind, or happens, while somewhat heated, into a cold draught, it acquires—sometimes a severe cold with headache, sometimes a catarrhal angina with cough, or else a like inflammation of the meatus auditorius, etc. Sometimes, even, the child takes all these together, or in succession: coryza, angina, otitis. When the latter sets in, the child awakes soon after falling asleep, or in the middle of the night, with pretty lively fever and complains, if it is able, of pain in the region of the ear. Generally, such pain is acute and sometimes very violent. The child cannot sleep, cries, and if it is not yet sufficiently intelligent, nothing will pacify it, and all our endeavours to find the cause are fruitless. If the pain in the ear is not so severe as to make the child put its hand to it, we have not a single sign from which to surmise the seat of the trouble. The pain will then be sought for in the abdomen, and colic be thought of since neither cough nor dyspnoea is found, and the expression of the face as well as the undisturbed intellect will not allow us to think of a cerebral affection. If we happen to examine the child's ear, we discover perhaps a little redness and swelling in the external meatus, so that it seems narrower, as it were. At the same time the inner membrane of the meatus is dry and extremely sensitive to the touch. Deglutition is painful, and if angina be present, this pain is still greater. The pulse is pretty active, the skin hot, with thirst and loss of appetite.

"These symptoms continue for about two or three days; the pain gradually becomes less continual, appears in paroxysms, and radiates to the other ear, especially when an angina is combined with it. Sometimes this simple otitis really affects both ears, but this is rare. At all events, the severe pain is accustomed to abate in a few days spontaneously, the child becomes calmer, and we then discover upon the pillow on which its head rested, or in the nightcap, a greenish spot caused by a discharge from the ear; this discharge consists at first of but a few drops of purulent matter, but it is accompanied by difficult hearing or deafness—a fact which is more easily discovered in older children than in those quite young. In many cases, however, the pain remains very acute and lasts longer than the period mentioned. The discharge which sets in does not diminish the pain, and is sometimes more, sometimes less profuse. We may, in such a case, be tolerably certain that the inflammation has progressed to internal parts of the ear, and need not be surprised if under these circumstances congestion supervenes

"When a discharge from the ear has once shown itself, the diagnosis