

terror of me at first will, after a few treatments, come to me of their own accord. Even babies of one and two years who would not suffer me to touch them at first, after experiencing the grateful relief afforded, will place the head on the chair in the proper position and gladly submit to the treatment.

When the diseased ear has once been thoroughly cleansed I consider my work is half done. Thenceforth improvement is usually very rapid, even old inveterate cases yielding in a few weeks. Relapses occur, but are easily managed, and I have seldom had a second relapse. Of course, mastoid disease, necrosis, polyps, etc., must receive appropriate treatment; but I have no hesitation in saying that all simple, uncomplicated cases (which include the vast majority of all cases under one year's duration) may be cured by this treatment if it is properly and thoroughly carried out.

Care must be taken to have the medicaments *warm* and not too hot—100° F. is about right—and to always stop up the ear with a bit of aseptic cotton before permitting the patient to leave the office. Be careful to use a piece of cotton just the right size to securely close up the meatus; if too large it will work out, allowing the solution to escape and leaving the ear unprotected; if too small it will slip back into the canal and so fail of its effect.

Never syringe the ears in otorrhœa; it is risky and useless. I usually drop a little warm solution of sodium borate—5 per cent.—in the ear to prevent a slight stinging which sometimes ensues when active steps are taken. I also dry out the canal with cotton on an applicator, but this should be very carefully done with speculum, and the canal well lighted. These points are non-essentials, merely refinements which render the treatment a trifle more pleasant, perhaps, that is about all.

The general health will probably require overhauling, indications being met as they arise. It is a good idea to regulate and antisepticize the bowels as a routine measure, using salines and intestinal antiseptics—*e.g.*, the sulphocarbolates as needed. In the South especially, malarial and other miasmatic affections will often need looking after; also any other existing disease may require attention, but it is presumed that the practitioner will know how to handle these.