

lieved. In this case it was not found necessary to give an opiate; there was some return of pain the first night, but it readily yielded to the hot-water treatment. After the second day the membrana was quite healed, the Eustachian tube became pervious, and the patient recovered without any diminution in the hearing.

2ND CASE.—Introduction of water into the meatus while swimming. J. H., æt 18, while swimming at Lachine got some water into the right ear, which he was unable to remove. The first night he experienced no particular inconvenience, except that he was slightly deaf of that ear. The following day the water ran out and he thought no more of the matter, until he was seized with pain in the ear, for which he introduced cotton, saturated with St. Jacob's Oil, which, as may be supposed, only increased his sufferings. The following day he came to me for treatment. I found the whole meatus somewhat inflamed from the St. Jacob's Oil, the membrana was red, vascular and swollen. The patient was unable to inflate the tympanum by the Valsalva method. I introduced the eustachian catheter and injected some air, but with no relief to the patient. I then perforated the membrana in its most prominent part; this was followed by a flow of thin, watery blood from the meatus. The tympanum was then freed from mucus by the Politzer bag, the meatus dried with absorbent cotton, and then moistened with a ten-grain solution of Argem. Nitr.

The patient was instructed how to practice the Valsalva method, should any fullness or pain recur in the ear. By the third day the membrana was quite healed, and the patient gradually recovered his hearing.

3RD CASE.—From coryza. Miss C., æt. 22, stated that she had been subject to frequent colds in the head, during which times she was occasionally annoyed by slight attacks of deafness, and shooting pains in the ears. During the last five or six days she had been suffering intensely, from what her physician called neuralgia in the left ear; and for which he prescribed laudanum and sweet oil, to be dropped into the ear. Finding that this treatment did not give the desired relief, and that the patient's sufferings were increasing, he advised her to put herself under my care. I found the membrana very congested and quite prominent. There was hypertrophy of the left tonsil and closure of the eustachian tube. I immediately perforated the membrana tympani. The patient

experienced considerable pain at the moment and immediately fainted, but soon regained consciousness though she remained dizzy for some minutes afterwards. A drop or two of muco-pus appeared upon the edge of the wound the following day, but this was removed and the part touched with a twenty grain solution of argem nitre. In a week the perforation was quite healed, and there was no return of the pain. When I last saw this patient she was slightly deaf on the left side, probably from pressure of the tonsil on the orifice of the eustachian tube. I advised her to have the tonsil excised, but she did not submit to the operation.

4TH CASE.—From scarlet fever. E. P., æt. 10, a month ago had scarlet fever with slight attacks of deafness. Her family physician advised her mother to call me in should the deafness continue. When I was called to see the child, her mother informed me that they had all been kept awake the previous night by the sufferings of the child. Although they had tried everything they could think of to relieve the pain in her ear, warm water seemed to be the only thing that gave her any relief. I found the membrana of the left ear greatly inflamed and bulging at one point, as if it were about to burst. And as the child was still suffering intensely from the pain I punctured the membrana, and encouraged the bleeding by injecting warm water, and in a few minutes I had the satisfaction of seeing the child almost free from pain.

I had to follow up the treatment in this case, by the daily use of Politzer's bag, and the child made a perfect recovery.

I have had many cases similar to the above, after measles, but never one the result of small-pox.

I will now give one or two cases in which I perforated the membrana tympani in acute suppurative disease of the middle ear:

Case 1—J. H., æt 45, had suffered for some time from offensive nasal catarrh, for which he was in the habit of using a nasal douche with weak solutions of salt and water. He stated that the day before he had been using the douche, and had accidentally forced some of the solution up the eustachian tube into the right ear. Before morning he was attacked with severe pain in the ear. On examination I found the membrana bulging, and as it still retained its transparency I thought I could detect the shadow of a thick fluid, probably pus, which slowly changed its position on movement of the head forwards and backwards. The