disease of the attic and mastoid autrum and later to formation of cicatrical bands which by binding the drumhead to the inner tympanic wall, seriously impair the auditory function.

Thus it is that a running ear may be either a comparatviely trivial affection or a symptom of a very grave and serious condition.

That the membrane lining the mastoid autrum is always involved in these cases has the endorsation of Dr. Dundas Grant of London and many others, but the process generally stops here. After having seen a large number of chronic running ears in which a radical operation was performed, I have no hesitancy whatever in stating that in all cases of old running ears the mastoid autrum is full of foul debris, the removal of which *alone* can *cure* the discharge.

The acute form may progress to mastoid involvement with wonderful rapidity. A case illustrating this occured in a patient under the care of Dr. Percy Jakins of the Central London Nose, Throat and Ear Hospital. The patient was a healthy-looking man 65 years of age, who had a discharging ear producing an earache six days previously. In this instance by firm pressure over the mastoid, pus welled out of the ear. On the other hand one knows of innumerable cases where a running ear has existed for ten, twenty or thirty years and no great inconvenience ensued. A case illustrating the length of time it may take to reach the meninges is shown by another patient of Jakins' where a patient with an otorrhœa of twenty years presented himself with nausea, headache, giddiness, unsteady gait and partial hemiplegia. In this case two ounces of foul pus were removed from the brain, a rapid recovery ensuing.

Some people appear to be very fortunate, for one frequently reads of cases or actually sees a case himself where in a chronic suppurating ear, not only has the mastoid been involved but the pus has worked out through the bone and burrowed into the superficial tissues of the neck, opening here and being cured.

PROGNOSIS.—If ever a guarded prognosis as to the outcome and duration of a case be given, it should be here. There is no symptom or group of symptoms which is indicative of the course the case will take; the apparently mild case at the beginning may lead to cerebral complications, while that case marked by the greatest constitutional disturbance at first may rapidly respond to treatment.

TREATMENT.—To give any routine treatment applicable to all cases is not only difficult, but useless. Each case must be treated according to the conditions present. The general rule which says to find the cause and remove it is the rule to follow before discharge.

(1) Very gentle hot water irrigation of the external auditory meatus is beneficial in relieving the pain. A mild non-irritating antiseptic may advantageously be added.

(2) Eustachian inflation is not advised by many noted authorities It seems to me to be indicated, since we generally have a partially blocked tube and a tympanum filling with serum. Before using a catheter, however, the pharangeal vault should be well cleansed and the mouth of the eustachian tube mopped well with some absorbent wool to remove that plug of mucus which is so frequently present.