dura mater and skull; acute, local or diffuse meningitis set up, or more or less deeply scated cerebral or cerebellar abscesses result from infection of the brain tissue.

ł

The chronic processes that may follow an acute attack are both varied and interesting. Beginning with the eustachian tube the conditions to be found are about as follows: A discharge, varying in character and quality, and more or less occlusion from stricture; any interference with the patency of the custachian tube impairs its function as a ventilating shaft. In the absence of proper ventilation the "cavum tympanum" is exposed to infection, and thus liable to become involved in acute and chronic suppurative processes. The character of the morbid fluid in the "cavum tympanum," as well as its quantity, may cause irreparable injury to the ossicles and their articulations, to the muscular, mucous and nervous structures. and the membrana tympani. Pressure on this membrane may disintegrate it-the internal mucous layer, and the external dermal one, may be detached from the central fibrous layer. Pus may escape from the cavity and burrow outward behind the wall of the external auditory canal, and cause some bulging of its walls, or even complete occlusion of it. Infectious material may pass backward into the auditus, and from it into the mastoid antrum. From the latter the pneumatic cells may become infected, and if the infection be of a virulent type the partitions between these may be broken down, and the whole interior of the mastoid process converted into a septic tank. Pus may follow vascular channels through the wall, and produce a sub-periostral abscess on the outer surface of the mas-What is technically known as "Bezolts' Mastoiditis" is toid. the escape of purulent material from the tip of the mastoid into the sheaths of the structures in the neck. Pus may burrow backwards and form an abscess near the spine, or forwards towards the larynx, or downwards to the clavicle, or perchance reach the pleural cavity.

Septic material may gain access to the internal ear through destruction of the membranes closing the foramen ovale and foramen rotunda. The impairment of the sense of hearing will depend upon the extent and virulence of the inflammatory processes set up by the virus.

If the inner wall of the mastoid antrum become involved pus may readily gain access to the lateral sinus. When the virus reaches the interior of this vascular channel a thrombus may form, producing more or less occlusion. General septicaemia may occur early or late, through breaking down of the throm-