

Usually the drainage afforded in this manner is insufficient and as a result of this the condition may terminate in one of two ways: the inflammation may extend from the middle ear through the additus and invade the cellular structure of the temporal bone and we have a catarrhal mastoiditis which may undergo resolution, or suppuration may take place and if this is treated radically and heroically a cure will result, but if neglected the pus will either burrow through the mastoid cortex and appear as a sub-periosteal collection of pus or the deeper structures of the temporal bone may become involved, producing thrombosis of sigmoid or lateral sinus—cerebral or cerebellar abscess. The last two conditions are very rare complications of acute inflammation of the middle ear, being far more common as sequelae of the chronic suppurative condition, but nevertheless I have on more than one occasion seen their presence as such demonstrated by operation.

But what most often occurs as a result of lack of treatment in this acute stage, is the continuance of the discharge in a diminished but none the less virulent form, however, and the case ultimately joins the rapidly increasing army of chronic discharging ears.

Prophylactic treatment is the very essence of cure and the highest attainment of success aspired to by the physician of to day. It is not so much what otologists know and apply in the treatment of ear disease but the family physician's ability to recognize the onset of inflammation of the ear and his success in applying timely and appropriate treatment. For he it is who is intimate with the time of life when the child is prone to acute catarrhal attacks of the upper air passages when it is essential to maintain nasal respiration and prevent laying the foundation for aural disease. He is also in attendance at the exanthemata when the warning that announces involvement of the ear is given, and does he regard it with indifference or does he heed it, or best of all does he forestall that warning cry by a daily examination of the membrane tympani in all his exanthemata cases especially scarlet fever, a procedure which I consider is just as absolutely necessary as is the use