

the boy had just died. A post mortem was refused. In 1903, he had a case in his own practice. A lady had a severe attack of grippe and, after recovering from this, she developed otitis media. The drum membrane was incised and she obtained prompt relief. In the course of a few days the mastoid became very much swollen and tender. Operation was advised but was declined. The temperature ranged from 102 to 103, pulse small and rapid, running from 120 to 160. She went almost crazy with pain. He expected her to become comatose and die; but, on the contrary, the pain and swelling gradually subsided and she made a perfect recovery. In March, 1904, the doctor was called to see a case in a neighboring village who had had a severe earache for several days. The drum membrane had ruptured and there was a considerable discharge of pus, the post-auricular region being much swollen and very tender to the touch. The boy was pale, dull and stupid, pulse rapid and weak, temperature 103. Operation was advised and refused. Hot applications were commenced and seemed to give some relief, but the patient continued to grow worse until finally consent was given to operation. Pus was encountered, the antrum cleared of granulations, the patient making a rapid and perfect recovery. Here are three cases, one of which died without operation, one recovered without operation and the third recovered as the result of operation. Although it is hardly possible to adopt any rule from the experience of three cases yet some general conclusions may be reached.

The question will come up from time to time, does this case require operation or not? In cases of well developed mastoiditis there should be no difficulty in making up one's mind. But what should we do for those protracted middle ear cases which have been discharging pus for a week or two when the pain returns, accompanied by a rise of temperature? Many doctors are apt to postpone operative measures hoping that nature will help us out of the dilemma.

Brother practitioners, says Dr. Jurgens, if you wish to understand the extreme danger of this disease take a skull and look at it. Observe the extreme thinness of the tegmen tympani. It is like tissue paper and the least pressure will rupture it. Look at the large number of communications existing between the tympanic cavity and the two cranial fossae; note the close proximity of the fossa sigmoidea, containing the lateral sinus. The smallest amount of fluid is like dynamite in this cavity. One drop of thick pus will completely block the opening. Only the superior mastoid cell is of any size and the pus must find an exit somewhere. It may break through into the digastric fossa and then burrow down into the neck. By the arrangement of the deep cervical fascia it is liable to find its way into the anterior mediastinum along the anterior prolongation of this fascia. Is that the worst to be expected,