

method is beneficial since the air clearing the perforation allows some of the liquid to trickle into the tympanum. By careful attention to these details one will be surprised how rapidly some previously annoying case will succeed.

REGENERATION OF THE TYMPANIC MUCOUS MEMBRANE.—Here cleanliness is of the greatest importance. The use of alcohol (absolute) in varying degrees of strength with or without boric acid or sulphate of zinc is of great utility. Frequently the spirit treatment is followed by very sharp pain but this usually passes off very quickly and seldom occurs after the first few applications. Nitrate of silver in varying strengths even to an almost saturated solution is advocated by some authorities.

CLOSURE OF THE PERFORATION.—If this is not done by nature after the stoppage of the discharge the application of Blake's paper disks to the membrani tympanii may be followed by a rapid closure. Various cauterizing and stimulating applications may have to be used—the most common of which are tri-chlor acetic acid, chromic acid, silver nitrate and the galvano cautery.

But the case may not go on as we would wish though we have tried faithfully a line of treatment similar to the above. The discharge continues, with the odor greatly modified or unaffected. The course best to adopt may be indicated, I think, in a few lines. Granted we have a case of chronic suppurative middle ear catarrh which presents no acute bone involvement and in which after, say three months careful treatment there is no marked amelioration in the amount of discharge or the character of the odor we should at once resort to ossilectomy.

Should this fail to stop the discharge the clearing of the mastoid antrum and adjoining structures if necessary, after the manner of Stacke or Swartz should be done. This appeared to have been the general opinion of the members of the International Otological Congress held in London last August.

In conclusion, let me offer a word of warning to those who consider their patients cured because the patient says the discharge has all stopped. Frequently in chronic cases a small amount of discharge occurs which dries to the walls of the meatus and never appears externally, or the exposed tympanic mucous membrane will only give off an exudation when it too takes part in the general hyperæmia of the naso-pharyngeal mucous membrane seen in a common head cold. Careful searching with a cotton-tipped probe will render this mistake very exceptional. Let there be no moisture for three months before pronouncing the case cured, and avoid too frequent or prolonged douching, especially where there is but slight discharge, as it alone may keep it up.

ILLUSTRATIVE CASES.

I. USE OF PULV. ACIDI BORACI.—A young lady, 21 years of age, with a running ear was given one ounce of powdered boracic acid, a portion of which she was directed to blow into her ear after syringing. She succeeded in getting the powder well into the ear, as I saw when first consulted, some weeks later. Her complaint then was a severe earache