

complications or sequelæ of otitis media that we might expect every physician in the land to be familiar with the necessity for treatment of every case of otorrhea and yet it is by no means an uncommon experience to hear from an intelligent patient that Dr. —, whom one would expect to know better, has said that it was useless or unnecessary to treat this diseased ear, or, perhaps worse, that "if you stop the discharge, it will only break out somewhere else." The old notion that a suppurating fistula was a good thing to have and a dangerous thing to suppress, has been generally abandoned as concerns the rest of the body. Why not for the ear? Surely there is not the slightest evidence that this organ was intended as a part of a sewerage system.

When considering the dangerous features complicating otitis media, we have long been accustomed to think of many possibilities, not to say probabilities, for the direct taxation of infection to the highly important neighboring structures. With these you are sufficiently well acquainted, and I need only mention mastoiditis, lateral sinus, thrombosis, meningitis, cerebral and cerebellar abscesses, and general septico-pyemia. Recently we have learned that there are a large number of deaths, and, of course, a larger number of cases of illness, due to disease in more remote parts of the body, but which originated in purulent disease of the ear. It has been pointed out by very competent clinical observers, and proven by numerous autopsies, that in children especially many cases of broncho-pneumonia, and of gastro-enteritis can be traced to the ear as the source of infection, the pus having drained through the Eustachian tube into the pharynx, and thence by way of the esophagus or the bronchi, spread the infection over the intestines or the lungs, or having been transported from one point to another by the vascular system. It is to be remembered that in childhood the Eustachian tube is much more patulous than in adult life, and that it is perfectly possible for an inflamed tympanic cavity to evacuate its purulent contents through this channel, instead of rupturing the tympanic membrane and discharging from the auditory canal. Hence, in many of the autopsies referred to above, where the source of the fatal disease was found to have been in the ear, no ear trouble had been suspected during life. This emphasizes again, and very forcibly, the necessity for examining the ears in all cases of obscure inflammatory diseases of children.

Now, if we bear in mind that, in addition to this class of cases, the size of which has not yet been estimated, about one-half of all brain abscesses, fully as large a percentage of thromboses of the cerebral sinus, the vast majority of all meningeal affections, and nearly all cases of mastoiditis are due to neglected suppurating