

suddenly, after parturition. First seen June 29th. During the past month had suffered considerably from pain in the head and ears. For several days the pain has been intense. Ears discharging freely, moderate swelling, and extreme tenderness over each mastoid.

Three leeches were applied behind each ear, and the assiduous use of moist warmth enjoined. Quinine was given in 3-grain doses every six hours. Complete recovery ensued in a few days, and the discharge from the ears ceased after three weeks treatment.

CASES II., III. & IV.—Very similar to case I., except that only one ear was involved. Two of these had for a long time been affected with chronic purulent otitis media. The acute outbreak was attributed to having taken cold. In the other case, mastoid symptoms came on some two weeks after an attack of acute purulent inflammation of a previously healthy middle ear. The early use of leeches and moist heat promptly arrested the disease in all three.

CASE V.—Was rather more severe than the preceding four, a periosteal abscess having already formed when the patient presented herself at the Hospital. The history, if correctly given, makes the case somewhat remarkable. I am in doubt whether it should not be classed as *acute primary external mastoiditis*; if not, then I have never met with this variety of mastoid disease. The history was briefly as follows: The patient, a widow, æt. 32, in fair general health, was not aware of any ear disease until five days before she came to the Hospital. The first intimation of any such trouble was an attack of pain, with soreness behind the ear; in the latter situation, swelling soon occurred. The pain and swelling were moderate in degree; constitutional disturbance very slight. On the other hand, the amount of ear disease was quite inconspicuous; auditory canal somewhat hyperæmic; drum-head slightly injected and thickened at periphery; air entered tympanum by Poitzer's inflation, with a moist sound and with the immediate effect of improving hearing from 2/40 to 13/40. The integument behind the ear was of a dull red color and boggy; the swelling sufficient to quite obliterate the post-auricular sulcus. There was unmistakable