

Both of the aforesaid conditions are irremediable except by surgical means. Superficial caries will however very frequently heal without operation. I think it may be laid down as a safe rule that where granulations are present, or where a sinus exists high up in the membrana above the short process of the malleus, where a sinus exists which leads into the tympanic vault and a foul smelling discharge is present indicating extensive bone destruction, operation is unavoidable. I am in the habit of taking the odor as a guide as to whether operation is necessary or not. If I can overcome the odor in a few treatments I do not consider the case is one for operation. Even in the more severe cases, where the odor persists even after careful syringing and insufflation of antiseptic powders, capillary drainage by careful packing with good gauze may still succeed.

On the other hand, if the odor still persists after an intelligent trial of all the conservative means at our command then I think case should be submitted to operation. This I believe to be true "Rationalism" which may be either "Radicalism" or "Conservatism."

Again on the other hand, in dealing with acute cases too much time should not be lost in treating conservatively cases which are undoubtedly those which should be submitted to early operation. Fortunately in acute cases of middle ear suppuration the indications for operative interference are usually sufficiently clear, though at times it is extremely difficult to decide, even in the presence of apparently positive indications for operation, that the condition may not resolve. The most prominent indications for operation in acute cases are first: Mastoid tenderness and swelling, and second a sinking of the upper and posterior wall of the external auditory meatus close to the membrana tympani.

The persistence of local tenderness, in spite of free incision of the drum membrane, and the fact that drainage seems to be free and unobstructed, I take to be a certain sign that the case should be at once submitted to operation.

I am aware that tenderness of the tip of the Mastoid may be elicited very early in nearly all acute cases, and is not always an important symptom, but in cases where tenderness appears early over the region of the Mastoid Antrum, and extends to the tip, the symptom is very significant.