

have pain re-opening will be indicated. Avoidance of cold and alcohol should be advised as well as daily cleansing of the naso-pharyngeal vault. Although there are numberless cases of acute purulent otitis media which without any treatment whatever get well, yet there is usually left a deranged condition of the mucous membrane lining the tympanum and ossicles, which gradually in the course of years brings about interference with the conducting function of the ossicles, and deafness which requires a great deal of time and patience to improve and in which even then relapses and steady progress towards almost total deafness is not uncommon.

TREATMENT IF THE DISCHARGE PERSISTS WITH TREATMENT OF CHRONIC SUPPURATION OF THE MIDDLE EAR.

More gentle catheterization with some soothing oily and antiseptic vapor as menthol and parslene and gentle syringing of the meatus with a mild antiseptic thoroughly drying the canal is usually sufficient. It is not of great importance to use an antiseptic here as in nearly all cases the perforation is so small that practically none of the liquid reaches the tympanum. Should the discharge be very copious syringing every two or three hours may be necessary but usually every four hours is quite sufficient. I attach very great importance to the surgeon himself using the syringe at least once a day as is then seen that no pent up secretion remains and the canal is thoroughly dried and the gauge strips which are of great service in this stage are properly placed.

In the event of this treatment failing to completely stop the discharge we must use bolder measures. Here again attention must be directed to the naso-pharyngeal vault. Douches of solvents for the mucus, and astringent applications to the orifice of the eustachian tube are usually indicated. Again let me urge the importance of thorough removal of all adenoids, even the pad which is so often situated on the roof of the pharynx and the cause of the oedema of the pharyngeal orifices of the eustachian tube.

The discharge may be quite foul and stained with blood. A thorough examination of the drumhead is very essential and noting especially where the perforation is situated and its size. If the perforation is small and apparently there is not free and easy drainage do not hesitate to enlarge the opening. One may be surprised how rapidly a case will get well when this is done (case No. 3.) Should the opening close up rapidly as it is prone to do it should be again opened as well as any secondary bulgings. If the perforation be high up and so situated that an incision downward is not free from risk a secondary opening in the posterior lower quadrant will fulfil the indications. In cases where we have disease of the attic we frequently have a perforation in Shrapnell's membrane. Here we may use the attic syringe and expect a tedious case.

Granulation and aural polyps are frequently found in those very chronic cases. We often see a large polypus which has worked its way out through the perforation acting as a sort of plug to the discharge within the tympanum, or again the tympanic cavity may be completely filled with smaller granulations. In these cases it seems to be the general