

ETIOLOGY.

Any conditions, *e.g.*, unsanitary surroundings, overwork, dissipation, worry, hereditary taint, naso-pharyngeal obstruction, especially adenoids—that impair vitality are predisposing causes. The exciting causes are, traumatism, and the entrance into this tract of the special pathological micro-organisms associated with acute infectious diseases, especially scarlatina and diphtheria.

TREATMENT.

A large mortality and innumerable cases, with more or less impaired hearing may be charged up to the ignorance of the laity in regard to the serious significance of ear trouble; but in too many of these cases there is a large debit account, chargeable to what must, in truth and justice, be called criminal ignorance or indifference on the part of the attending physician. Who of us that have been in general practice for even a few years have not given, after a somewhat hasty and perfunctory examination of these ear complications, some slipshod advice, and practically left the treatment of the ear in the hands of unskilled and ignorant attendants. Such conduct on the part of the physician may have been tolerated and excused in the past; but to-day it is absolutely intolerable and inexcusable. Should not the physician be held as strictly and as legally responsible for the prompt and proper treatment of disease of the ear as he is for that of a fracture or any other injury? Intelligent and unforgiving vigilance should be the talisman of the physician in treating disease, especially when the liability to ear complications is present. The physician should carry in his grip a mirror and a case from which he can select an ear speculum of suitable size, some sterile cotton, a pair of long, narrow blade forceps bent at an angle to the handle, and some probes; also an antiseptic solution, *e.g.*, sterile glycerine, an ounce of a saturated solution of boracic acid to two ounces of alcohol, or an ounce of one per cent. solution of bichloride to two ounces of alcohol. The solution is to be warmed and a few drops instilled into both ears. The speculum is warmed, disinfected, and introduced, and under good illumination the external auditory canal is to be gently, but thoroughly cleansed with swabs of absorbent cotton. Both ears are to be treated in the same manner, and a careful inspection made of the condition of the drum-head and canal. An aseptic examination of the ears should be made at first visit to a case of scarlatina, diphtheria or typhoid, and repeated at intervals of longer or shorter duration, as the case