*Temperature.*—My experience is that high temperature does not give any indication either as to virulence of infection or amount of destruction of bone. It may, again, be the only symptom other than aural discharge one has to act upon, and if unaccounted for in any other way, and associated with slight mastoid pain or deep pressure, is of considerable value in determining early operation. Even when due to mastoid involvement it does not necessarily follow that opening the bone will immediately reduce the temperature. The toxaemia may be so severe that several days must elapse before the temperature falls. Marked variations of temperature and profound toxaemia in cases lasting a week or even less point to lateral sinus involvement, and demand *immediate* and *radical measures.* I consider a two-hour chart alone of value, a morning and evening temperature may be very deceiving.

*Pain.*—During the first couple of days of acute otitis media mastoid pain is frequently present. It is found at the tip and antrum, and if the case goes on will later be found more general and centralized over the mastoid antrum or tip only. Pain is of more significance in streptococcic infections. The canal may be very tender, especially at the upper and posterior wall near the membrane. I think this is more common in influenza cases than the sagging of the wall. Pressure pain on the mastoid is very deceptive, and may even be absent.

*Discharge.*—(1) Profuse discharge—greater in amount than can be secreted by the tympanic mucous membrane—indicates a source from a larger cavity, and the only place this could be would be the antrum of mastoid and cells. Cessation of discharge and increased pain or earache points either to a closure of the membrane or swelling closing the additis. As mentioned above, the tympanum may now clear up and the mastoid disease go on.

Sagging down of posterior superior wall practically always occurs but late; tenderness to pressure of cotton tip probe is of very great value, and appears quite early.

5. *When to Operate.*—This point is very difficult to decide. I think during epidemic influenza we are justified in operating very early because we find in so many cases, with little objective symptoms, very great bone destruction. We may operate early and find almost no pus, simply a very vacular bone, but we at once place the patient safe and comfortable, and he rapidly gets well. I believe exploratory incision is justified in occasional instances. When we consider that most of the main symptoms may be lacking, that great destruction of bone may take place with