

ing course to the junction of the cartilaginous with the bony portion, where it forms a constriction, and bending slightly downwards proceeds to the tympanum.

The shortness of the tube, the position of its naso-pharyngeal aperture, its horizontal and straight course, and its relatively wide lumen make the path for infection of the infant tympanum an easy one. This simply emphasizes the importance of recognizing pathological conditions in the nose and throat, and of the care which should be exercised in the use of medicated solutions in the case of infants and young children. Speak of it gently—but recently a case came under my notice, that of a young child with chronic purulent otitis media, and a chronic case of “snuffles,” in which the nasal douche was prescribed for use night and morning!

What constitutes conservative treatment of an otitis media purulenta chronica? To my mind, conservatism is a broad rather than a narrow term, and that treatment is conservative which rationally follows upon a positive diagnosis of the causal factor, whether it be non-surgical, surgical, or a combination of both. Conservatism, always keeping in mind the economic value of the function of hearing, and the value of the human life, aims to accomplish a cure by clearly indicated rational and logical means, and that consistent with safety, by the least possible interference with Nature's processes of repair.

In some cases non-surgical measures constitute conservative treatment; on the other hand, so radical a procedure as tympano-mastoid exenteration is equally conservative. It is all a matter of diagnosis and of ability to recognize Nature's signals of distress.

Given any case of chronic purulent otitis media, in which no alarming or dangerous symptoms are present, I believe in first instituting the cleansing and drying and boracic powder insufflations. While carefully carrying out these measures once daily, the surgeon has time and opportunity to systematically arrive at a positive diagnosis of the underlying pathological cause. He will also have gained accurate and most valuable information as to the exact condition which he has to combat, as to its extent, its ravages, and its dangers, from an intra-cranial standpoint. This desideratum having been thus attained, he is now prepared to continue his primary treatment, or to alter or to abandon it, as the case may require.

Taking it for granted that any abnormality in the throat or nose has been corrected, he now has to deal exclusively with the tympanic space and its adnexa.

To revert to some of the pathological conditions found in