view of the matter. His answer, to a large extent, must depend upon his opinion as to the effect of child-birth upon the mother in the first place; and the extent to which he fears the occurrence of otosclerosis in the child in the second.

There is, of course, no doubt that child-birth and the puerperium have a deleterious effect upon otosclerosis in many cases, and it is certainly the physician's duty to warn the woman of this fact. I venture to think that his duty ends there. So far as her own hearing is concerned, the patient is the right one to judge whether she fears more an increase in her deafness or a childless home.

Finally, there sometimes falls upon the physician the duty of answering the question: Is the victim of otosclerosis justified in having children? To answer the question satisfactorily is usually difficult, but in rare cases easy. Unfortunately there is no law of inheritance, as yet discovered, which affords much help in the matter. Mendel's law may be true or not, but the inheritance of otosclerosis, so far as my own investigations go, does not seem to fall within its scope. At any rate, whether the anatomical change characteristic of otosclerosis be considered dominant or recessive, the offspring of those who manifest the defect do not present it in any constant numerical ratio. Of course, in the human subject we are not dealing with pure strains, and perhaps this accounts, in part, for the fact that Mendel's law does not come into evidence. There is also the further difficulty that the law does not take account of environment; and it has been shown (see section on Heredity) that this is of considerable importance, even in cases in which there is a marked tendency to the inheritance of otosclerosis.

The most important factor which will act as a guide in