

on no single one of these signs and symptoms would the experienced otologist place much reliance. The only condition that leads to a common error in diagnosis is the evidence of present and, still more often, of past suppurative middle ear disease. It is a curious fact that it is very rare to hear of a diagnosis of otosclerosis in a case in which there is a perforation of the membrane and other evidence of suppurative middle ear disease. Apparently the mind of the aurist is satisfied that the visible changes are sufficient to account for the symptoms. This, at any rate, I may frankly state is the error I most frequently made until I made a more careful study of the disease. Then I found that the combination of the two conditions was by no means uncommon.

The difficulties associated with the otosclerosis problem, therefore, are not so much those of symptomatology and diagnosis, but rather those of its pathogenesis, its pathology and biological significance, and its treatment. It is for this reason that in this work I have directed attention rather to the latter aspects of the question than to those of diagnosis and semeiology. The conclusions I have drawn from the consideration of the clinical features of the disease, the pathological anatomy, and the hereditary element present in many cases inevitably lead to the subject of the nomenclature of the disease. The word otosclerosis is too obviously a misnomer. For reasons given in the text I have ventured to suggest the term *Idiopathic Degenerative Deafness*.

All the photographs and photomicrographs have been taken by myself, and I have not allowed any "touching up" in the prints. When flaws have been present in the sections, I have allowed them to appear in the photo-