TREATMENT AND PROGNOSIS

The above cases are only a few out of many in which there was reason to suppose that the exciting factor in the production of otosclerosis was toxic absorption from the alimentary tract, and which were treated accordingly, and in many cases with benefit. Before leaving the subject, however, since it is new, I should like to make some further remarks of a more systematic nature.

The idea that toxin absorption from the alimentary canal was frequently related causatively to otosclerosis occurred to me five or six years ago. The close crossexamination of patients as to their general condition at the time at which the symptoms of otosclerosis first made their appearance, not the time at which the patients were first seen by mc, revealed the fact that in a certain proportion, constipation or other disturbance in the alimentary canal was present. Having gathered **a** sufficient number of facts to give at least some support to this hypothesis, I proceeded to make an attempt to help these patients by treatment.

The first method was by dieting, and this consisted greatly in diminishing, or even entirely abolishing meat in the diet. A few patients did undoubtedly improve, but the number was small, owing no doubt in part to the fact that many of those treated were unable to give the treatment a fair trial. In some this was due to a lack of self-restraint, in others to domestic difficulties in providing a suitable vegetarian dietary in the household, and in others it was due to the barmful or disagreeable effects which the diet had upon the patients themselves.

The next attempt in the way of treatment was by socalled intestinal antiseptics (salol and β naphthol). These did not prove satisfactory, and were given up.

I then began the administration of liquid paraffin. The method of administration of this substance is so well known that it needs practically no description. I have

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