

ears, and consider further that to-day no reputable life insurance company will accept the risk involved in insuring an individual who is, or who has been within two years past, the victim of an otorrhea, we readily understand the importance of considering the prognosis in any given case of suppurative otitis media. It would be very interesting to consider also some of the hygienic problems occurring here. For instance, how often are these patients responsible for direct conveyance of septic poison to their associates? How many cases of sore throat, sore eyes, etc., arise from contact with schoolmates or playmates afflicted with running ears? We know that most of these chronic otorrheas show the presence of either staphylococci, streptococci, or pneumococci.

The prognosis of any disease necessarily involves some consideration of the different forms of treatment, if there be more than one applicable; and in the present instance the conditions vary so widely in different cases, and the treatment to be adopted is consequently so different, that one finds it especially difficult here to give a prognosis in general terms.

Naturally, it is desirable to secure relief for our patients whenever possible, by non-operative measures, and it may be said as a general rule that every case of chronic suppurative otitis media should be carefully and conscientiously subjected to the simpler methods of treatment before resorting to surgery. By thorough cleansing of the auditory canal and tympanic cavity through the use of antiseptic irrigations or by the so-called dry method, employed frequently enough to keep the tympanum clean, a cure will result in more than 50 per cent. of all these cases, and with the aid of stronger antiseptic applications, astringent solutions, and caustics this percentage of cures by medicinal means can be materially increased.

Considerably less than half our cases, then, will call for some surgical treatment, either of minor or major degree, and it is to this class that I particularly direct your attention because of the improvements in the measures suggested and the method of their employment. Among the minor operations may be classed the removal of polyps and cauterization of granulation tissue in the tympanum to facilitate the beneficial effects of the remedies spoken of above. We know with practical certainty now that every case which resists this kind of treatment does so because the disease process has reached some inaccessible part of the middle ear or mastoid antrum, and hence arises the necessity for major surgical intervention.

In most instances of this kind it will be found that necrosis of the ossicles exists, and that ossiculectomy, the removal of one or more of these little bones with the remnants of the drum mem-