

mostly because, taking his doctrine as a basis for a modified surgical procedure, he has obtained results which demand attention.

Baldly, a diseased mastoid antrum is at the bottom of every chronic aural suppuration, is the holding of Heath. He had arrived at this conclusion from his findings in 500 operations, in all of which he found diseased areas in the antrum. The diseased antrum being the nidus, the focal point of the suppuration, of what use is it, says Heath, to treat the effect, rather than the cause? In other words, there is no use in doing ossiculectomies, in curetting the tympanum, in cleansing and drying, for in none of these procedures do we reach the antrum, where the fundamental cause is situated. Rather, if we eradicate the disease in the antrum, the secondary disease of the tympanum will of itself get well.

I find the literature on this subject prior to Heath's enunciation of his theorem most meagre. It has been generally accepted that the antral disease is secondary to that of the tympanum, and always remains such. Cure the intratympanic disease and we remove the cause. We, as otologists, all believed this, and to many this reversal of pathology, so to speak, meets with very little favor. In some respects, is not the disfavor with which this theory is met rather due to an unwillingness to admit the possibilities of our firmly fixed ideas being open to error, and an unwillingness to investigate for ourselves as to the truth or the fallacy of our position.

I have been looking up my own case records of the past three years with a view to finding out in what percentage of radical operations undertaken for the cure of a chronic purulent otitis media I found the antrum diseased. I find that in all but two there was demonstrable diseases of this cavity. This was a series of 28 cases—a relatively small number, I admit, but is the finding not significant? In the two cases in which no mention is made of antral involvement, may there not have been such? For it must be remembered that no minute search was made for evidence of disease in this cavity, for I followed the traditional teachings, and always sought the cause in the tympanum.

It is an open question, this antrum versus tympanum, as a causal factor of persistent pus formation. Heath's theory has secured many adherents, and personally I believe his operation is here to stay. Its usefulness has been thoroughly proved by many surgeons of repute. What then of the pathological basis for this operation? Does it not merit our attention?

There are a few outstanding differences in the anatomy of the temporal bone of the infant and that of the adult that must be