coccus pneumoniæ is the most prolific of the acute condition, the streptococcus coming second and the staphylococcus third. When the case becomes chronic most of the diplococci pneumoniæ have been killed off, and we usually find a mixed infection of some sort. However, those in which the streptococcus predominates are known to be the most persistent.

The presence of bone dust in the discharge gives us definite information, as does also the presence of epidermal debris.

Unless, during the course of a chronic aural discharge, there are superinduced acute symptoms, the leucocyte count, total and differential, is of no definite value as an aid to diagnosis.

In a recent monograph, Kopetzky, of New York, distinguishes between a dangerous and a non-dangerous type of persistent purulent aural discharge. My own experience is in accord with this distinction. This classification will be denied by some. Potentially, any chronic aural discharge is dangerous, and calls for rigorous, well-directed treatment, but clinically there is a certain type of cases which, from the standpoint of intracranial involvement, are non-dangerous.

From this standpoint, then, those cases are non-dangerous in which the perforation in the tympanic membrane is central, be it ever so large, in which there is always some intervening drum membrane, be it ever so little, between the margin of the perforation and the annulus. Those cases in which the perforation is marginally located, particularly those in Schrapnell's membrane and those involving the annulus, are of the dangerous type, for these invariably indicate bone involvement, and so are inherently dangerous. In the former type the lesion is more often a chronic inflammation of the mucous membrane only, and is not therefore inherently dangerous; yet it may become dangerous if "an acute involvement of the mastoid is superimposed upon the chronic condition of the mucous membrane."

In instituting treatment, then, if we hold to this distinction between an intracranially dangerous and non-dangerous type, we are to a measure forewarned as to the first class at least, and we shall be careful to linger not too long in so-called conservative paths, should we not be attaining something definite towards a cure of the condition. But rather, forewarned being forearmed, we shall be truly conservative by instituting correct surgical procedures.

Charles J. Heath, of London, has for the past three years been consistently preaching a new doctrine, as to the etiology of a chronic aural suppuration, and he has attracted wide attention,