

poor surgery. Yet, what shall we do with the irrefutable statistics of many surgeons of note who are doing this very thing? They are obtaining absolute cessation of all underlying pathological processes, with in most cases an improvement in the function of hearing.

To my mind this operation cannot completely supplant the radical, but it should be performed whenever possible. I have practically abandoned ossiculectomy except in cases where the hearing is so diminished as to be of little actual value to the patient. Even then it has been my experience that I have, as a rule, had to later on do the radical operation.

Statistics of the percentage of cures after the complete radical operation are constantly coming to hand. These figures vary from 65% to 90%; probably 80% would be a good average. This is far from the ideal, but it is satisfactory. The radical operation is decidedly a major operation, and should never be lightly undertaken.

The general consensus of opinion has been that this operation is indicated in every case of chronic aural discharge in which, after long intra-tympanic treatment by simple means, with accessory minor operations, including curettage of the tympanic walls, removal of granulations by snare, ossiculectomy, etc., there still remains more or less of a purulent discharge. Also, in those cases of chronic purulency in which an acute mastoiditis is superinduced; in persistent cholesteatomata formation which does not yield in spite of ossiculectomy and faithful cleansing treatment; in facial nerve paralysis; in chronic suppuration about the eustachian orifice; or in such cases in the course of which sudden alarming or dangerous symptoms develop, pointing to intracranial sinus or labyrinthine involvement.

Tympano-mastoid exenteration does not take into account to any appreciable extent the function of hearing.

In those cases which present symptoms of intracranial sinus or labyrinthine involvement this is decidedly the operation of choice. There is no place for any other than the most radical measure under these conditions.

In the other contingency which I have just mentioned, in which the complete radical was heretofore held to be indicated, the modified or Heath operation should be at least entertained, and I am coming to believe, more frequently performed.

The after-treatment, whatever the operation selected, is most important; more particularly in those cases in which the complete radical is done, and in which it is found impossible to safely remove