a period of 17 years. Bezold's treatment with boracic acid powder was the only treatment used. In his statistics, the author includes only such cases as had persisted for years, or such as had ceased for years, leaving a permanent opening in the membrana tympani, only to again set up a chronic discharge.

Even acute cases, in which the discharge lasted a year, were excluded. One thousand one hundred and eighteen cases were seen; 1,080 were uncomplicated, and of these, 592, or 55 per cent., had a central perforation, while the remainder involved either the membrana flaccida or the annulus tympanicus. The patients were treated every day until results were apparent, when the treatment was reduced to three times per week. Three hundred and ninety-five cases with central perforation were treated, and in only 24 cases, or 6.1 per cent., was a cure not effected, and 75.2 per cent. of all of these cures were effected within two months of instituting treatment. Three hundred and fifty-nine cases of perforation involving the annulus were treated. The formation of cholesteatomata was observed in 53.8 per cent. of the cases, involving the margo-tympanicus, and in 70.5 per cent. of the cases with perforation of Schrapnell's membrane. Now, of these 359 cases, only 10.6 per cent. remained uncured, and 64.6 per cent. of all cures took place within two months. Only seven cases came to operation.

In the face of the generally adopted procedure obtaining in America, these statistics were to me astounding.

The term otitis media purulenta chronica is a general one. It indicates nothing more than a persistent purulent discharge from the middle ear. The term itself gives no hint as to the underlying pathological cause of the persistent discharge of pus. To determine the actual pathological condition is an absolute necessity, in order to institute rational treatment.

Have we a chronic suppurative condition of the lining mucosa of the tympanum without involvement of the underlying bone? Have we ulceration of the mucosa with necrosis of the bony walls? Is there caries of one or more of the ossicles? Is the mastoid antrum involved? Are we dealing with a specific bone lesion, such as in tuberculosis or syphilis? Have we to do with a pressure necrosis from the presence of cholesteatomata?

All of these conditions present the same symptom—a chronic purulent aural discharge—and in instituting treatment, how often is the symptom substituted for the cause!

Much help is often obtained in arriving at a prognosis from the pathological findings upon examination of the discharge itself; this, however, is more true of the acute cases than of the chronic. It is generally conceded that of all pathogenic bacteria, the diplo-