

chronic aural discharge: If we find a simple chronic suppurative condition of the lining mucosa of the tympanum without involvement of the underlying bony walls, we have a condition that does not call for surgical interference. The simple cleansing and drying treatment with boracic insufflations is here indicated. In all such cases I follow Bezold's method almost exclusively, and with excellent results. In ulceration of the mucosa, and necrosis of the underlying bony walls, we must be guided by the situation of the active process. Is it in the hypo, or in the epi-tympanum, or in the tympanic cavity proper? Easily accessible areas should be gently curetted and the boracic powder treatment carried out faithfully and patiently. If success after a reasonable time does not follow, we must entertain the more radical surgical procedures. Under this heading are included Ossiculectomy, the Stacke operation, the modified radical or so-called Heath, and the typical Zaufal radical operation. In caries of one or more of the ossicles which resists the simple conservative measures, either ossiculectomy or the Heath operation is indicated. With involvement of the mastoid antrum, simple mastoidectomy, the modified radical, or the typical radical operation must be decided upon, only of course after patiently following up the Bezold treatment without success.

In specific bone lesions, such as in syphilis or tuberculosis, appropriate specific treatment must be at once instituted, and here we must not be too sanguine of our prognosis, for even after most skilfully performed and thorough radical measures have been carried out, the after treatment may, *de causa*, be most protracted and perhaps, to an extent, futile. In cholesteatoma formation, I have in a few cases secured an apparent cure by the simpler means, but in the majority of cases, unless results are soon apparent in following out the simpler measures, the radical operation is called for.

A consideration of the indications for these several surgical measures is now in order:

Ossiculectomy, a minor operation in itself, has been advocated for the relief of numerous conditions. It has been much practised, and owing to the comparative simplicity of the technique of its performance a great deal of poor judgment has been used as regards its indications. Ossiculectomy undoubtedly has its place in otologic surgery, but in the light of later-day information and experience, I believe its field is most limited. In the past, the value of retaining whatever hearing that remains in the affected ear has been too heavily discounted, and too great stress has been placed upon the danger of invasion of the cranial cavity through