CORRESPONDENCE.

To the Editor of THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

EDINBURGH,
May 17th, 1917.

SIR,—Mr. Macleod Yearsley's paper on "The Causation and Prevention of Educational Deafness" appears to me to be of exceptional interest and importance. The preventive aspect of otology is certainly the aspect of the future, *e. g.* congenital syphilitic affections of the child must be prevented by treating the pregnant mother; medical inspection and treatment of children of school age is not enough, because pathological conditions must be dealt with in infants and "toddlers." Few have anything to say against (1) the operative treatment of nasal and naso-pharyngeal conditions, which set up or maintain infections of the middle-ear cleft, or (2) mastoid exenteration in cases of acute and subacute purulent otitis media which fail to yield in a few weeks to conservative measures. On the other hand, many appear now to doubt the value of the radical mastoid operation, more particularly with regard to the prospect it offers of a complete cure of all discharges. Still, we must admit that full and accurate statistics regarding the percentage of recoveries in sigmoid sinus thrombosis, brain abscess, and meningitis are not so favourable as to tempt us to allow cases of chronic purulent otitis media with cholesteatoma and aural polypus to continue in the hope that "nothing serious may happen." We have all seen too many cases in which operation has been refused or postponed, and in which an intracranial complication has suddenly developed.

The care (?) of ear cases in our fever hospitals is a disgrace to the public authorities concerned. It may be that these authorities would now take some notice of a resolution similar to that passed by the International Congress in 1913, but it is more than possible that they would merely look on it as an attempt by otologists to create for themselves new paid positions at the public expense.

It is good to read that the London County Council takes such a far-sighted view of the education of the deaf, and is willing to spend money in order that children with deficient hearing may grow into useful members of the community. In other areas further legislative powers may be required. A few weeks ago I sent a boy aged sixteen, who had recently become entirely deaf owing to the late form of congenital syphilitic otitis, to the School Board Authorities in Edinburgh. All they could suggest was that the boy should go to the Poorhouse! If we think for a moment of the future of such a case we may realise the difference between the life of a deaf-mute who, having learnt a trade, can take his place in the world and that of the inmate of a Poor-law institution. To put it on the lowest grounds—why should the community lose the value of the work such a boy can do when he grows up? Some authorities are quite pleased to make pets of the deaf as it were—to feed, house, and clothe them—but refuse to invest money in their future by giving them facilities for becoming shoemakers, gardeners, etc.

May I suggest to Mr. Yearsley that the words "educational deafness" are liable to misinterpretation? They might be taken to mean deafness due to education, just as "occupational deafness" is usually taken to mean deafness due to the patient's calling. Would not the words "deafness in children of school age" be less liable to mistake?

https://doi.org/10.1017/S1755146300017315 Published online by Cambridge University Press

When we come to Mr. Yearsley's classification of cases of deafness in children it is not so easy to agree with all he says. The otologist is bound to depend very largely on the history obtained from the child's parents. Anyone who has worked in an hospital knows how unreliable this is, *e. g.* a blow on the ear as the cause of unilateral chronic otorrhœa, when examination shows a large healed perforation in the other ear. Mr. Yearsley admits this point (p. 150—lower third). It is a pity that Mr. Yearsley does not give us a more detailed account of the otoscopic appearances, hearing tests, and of the condition of the vestibular apparatus at least in his "acquired" cases. I fancy that he would find that labyrinthitis is a more common cause of "educational" deafness than is usually supposed. Mr. Yearsley lays great stress on meningitis as a cause of deafness. Does he mean meningitis arising from nasal, nasopharyngeal, or otitic injection *viâ* the lymphatics, or does he refer to meningitis resulting from bacterial invasion of the blood, or from other causes? His use of "meningitis" reminds me rather of the way in which the word "peritonitis" was employed before we understood much about the appendix or gastric and duodenal ulceration. I am very doubtful about syphilitic meningitis being the cause of congenital syphilitic deafness. The eighth nerve is, no doubt, very vulnerable, but it is said to be less so than the sixth nerve. In cases of meningitis arising from causes other than ear disease one would, therefore, expect the sixth nerve to be paralysed more frequently than the eighth. It would be interesting to hear further from Mr. Yearsley on this point.

The question of the accurate classification of deaf-mutes, and even of "hard of hearing" children is a very difficult one. In many cases it seems to be almost impossible to arrive at anything other than a shrewd guess as to the real cause of the deaf-mutism. The only really accurate method appears to be a *post-mortem* microscopic examination of the ear, and possibly also of the brain! An analysis of all cases hitherto examined, though based on comparatively small numbers, would provide a useful indication of the proportion of congenital to acquired cases, and would clear up to some extent the causation of deafness in the latter class.

J. S. Fraser.

NOTES AND QUERIES.

Jefferson Medical College, Philadelphia.

Dr. Chevalier Jackson has been selected to fill the Chair of Laryngology made vacant recently by the death of Prof. D. Braden Kyle. We congratulate Dr. Chevalier Jackson, whose work is so well known and appreciated on this side, and we more warmly congratulate Jefferson College on having such wise managers. They were so well aware of Dr. Jackson's world-wide reputation that the Board agreed to consider no other name than his, and he was consequently an unopposed candidate.

Shell Shock.—Need of a Home for Deaf Soldiers.

The care of soldiers suffering from shell shock was discussed at the annual meeting of the Association in Aid of the Deaf and Dumb in May.

Sir Frederick Milner said a hostel for soldiers suffering from shell shock had just been opened and was full. Every one of the patients in the hostel had been summoned for medical examination under the new Act, and the effect upon their stricken nerves could be imagined. He had asked the War Office to stop this order. He hoped something would be done for deaf soldiers on the lines of what was being done for the blind at St. Dunstan's. Over 1,000 men had been made deaf while fighting, according to Surgeon-General Sir Alfred Keogh, and a large number were hopeless cases. Many wrote to him that they could get no employment. Nothing had been done to meet this difficulty.

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