

## MEDICAL MATTERS.

### INHERITED AND ACQUIRED SUSCEPTIBILITY TO TUBERCULOSIS.

The *British Journal of Tuberculosis* publishes in the current issue some interesting representative opinions on the Interim Report of the Departmental Committee on Tuberculosis. Concerning it Dr. C. W. Saleeby, F.R.S.E., F.Z.S., writes:—

“The Interim Report seems to me to be admirable so far as it goes. It need not be blamed for ignoring the only line of criticism which interests me as a Eugenist—namely, the argument of those who may, with convenient ambiguity, be called the ‘better dead’ school, and who invoke, in the name of divine eugenics, the diabolic aid of the slum and the public-house to effect what they call ‘natural selection.’ The slum and the public-house are not natural. Further, I adhere to the teaching of many past years that, though the factor of susceptibility to tuberculosis is doubtless as essential as that of infection, no investigators, least of all the biometricians, have yet even begun to solve for us the difficult and important problem of duly appraising two distinct things—genetic or inherited and somatic or acquired susceptibility to the infection. I even deny that any real, definite evidence of the importance of the genetic factor in susceptibility exists, notwithstanding the innumerable calculations which take no regard of infection or nurture. In a word, though I have preached eugenics for a decade, and believe it to be the cause of causes, I do not yet know that the problem of eradicating tubercle is any more a genetic-eugenic problem than that of eradicating leprosy, scarlet fever, or perhaps ringworm. This attitude of suspended judgment may be modified on the day on which evidence that discriminates between genetic and acquired susceptibility is laid before us. That day is, I fear, remote, as we still wait for any crucial work on the distinction between susceptibility (of whatever origin) and infection in this disease.

“But one point seems clear, to which, perhaps, the Tuberculosis Committee may draw attention in its final Report. I believe the evidence to be overwhelming that alcoholism increases, or produces, susceptibility to this disease. The International Congress in Paris a few years ago passed a unanimous resolution to the effect that the fight against tuberculosis must everywhere be combined

with the fight against alcoholism, and further formidable evidence was adduced at the Rome Congress. To say nothing of the average public-house as a proven plague-spot in this connection, what about the factor of the personal habits of the insured? Or do we propose to abolish tuberculosis while letting people behave as they like? The Insurance Committee for England have already said that the insured, when ill, are not to do anything liable to retard their recovery. Is it proposed to make any suggestions—very politely and deferentially, of course—to the insured as to their habits when well? I suggest that the Tuberculosis Committee should refer to this question of alcoholic habits as ‘making the bed for tuberculosis,’ in the words of a great French physician, lest posterity should look back upon our present cowardice and stupidity, spending the national money like water in a sieve, with incredulous disdain.”

### THE PREVENTION OF DEAFNESS IN CHILDREN.\*

By MACLEOD YEARSLEY, F.R.C.S.

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There are two great classes of deaf children—those who have been born deaf and those whose misfortune it is to become deaf after birth. With the possibility of preventing the occurrence of deaf birth I do not propose to deal; it is largely a problem in eugenics, and, whatever the future may hold as to its solution (and I must confess to a certain hopefulness), it scarcely enters into the realm of practical politics at the present time. It is to the prevention of acquired deafness that I intend to devote this paper, considering first its causes, and then offering certain suggestions as to the best means of fighting them.

#### THE CAUSES OF ACQUIRED DEAFNESS.

The vast majority of the cases of acquired deafness belong to three groups of causes—the infective diseases, meningitis, and primary ear disease. Examining the statistics of the London County Council Deaf Schools, the Royal School for Deaf and Dumb Children at Margate, and the Fitzroy Square School, to all

\* Read at the Health Conference, London, 1912.

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