

THE PREVENTION OF DEAFNESS IN CHILDREN.*

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(Concluded from page 44.)

SUGGESTED METHODS OF PREVENTION.

I have endeavoured to be brief in setting before you the factors which, under present conditions, make for deafness in children; it now remains to offer for discussion, with equal brevity, suggestions as to the best method of meeting those factors with a view to the prevention of the deafness likely to result from them. I trust that those who speak will amplify them and add to them.

BETTER CARE OF EARS.

The first task which lies before us is to endeavour to ensure a better care of the ears in infancy and childhood. This includes the operation of all measures of hygiene, feeding, pure milk, fresh air, &c., that tend to the better care of infants and children generally and to the prevention of those diseases which, as we have seen, lead to the development of affections of the ear, nose, and throat. It also includes better care of the ears when diseased. The work of Dr. Knyvett Gordon, to which allusion has already been made, shows how much can be done to save the hearing in ears attacked by the infectious fevers, and, as he recommends, an otologist should be attached to every fever hospital. Were this done, the percentage of serious cases of deafness and middle ear suppuration, due to scarlatina, measles, diphtheria, and allied diseases would very soon diminish.

As I have said, school medical inspection is getting into touch with those children whose ears need attention. The school doctor can indicate them as requiring treatment, but there his function ceases. The great difficulty appears to me to lie in making sure that treatment is carried out. Granted that the child has been ear-marked for treatment by the school doctor and that the parents have consented thereto—

HOW IS TREATMENT TO BE OBTAINED?

If parents are willing, so much the better; for those who are not willing, the Children's Act may have to be used to persuade them, which means, sometimes, loss of precious time. But, granting that the child is to have treatment, how is it to be obtained? He may be taken to a hospital or to the parent's private practitioner, and it may be assumed that he obtains adequate advice. Here comes the difficulty in dealing with ear cases—and especially with suppurative ear cases—how is that advice to be put into practice? An operation may be performed, but in many cases its mere performance is not enough. The cause may be removed, but the effect has to be dealt with. Discharging ears need appropriate treatment, catarrhal ears require inflation. The former must have constant and regular cleansing if they are to be relieved, and this cannot be done properly at home. Nor can such cases be dealt with efficiently at hospital or by the private doctor, for the parent can afford neither the time for daily visits to the one nor the fees for them to the other.

THE NEED FOR SCHOOL CLINICS.

These cases of chronic discharging ears are the *bêtes noires* alike of the private practitioner and of the hospital out-patient clinic. They should be treated either by skilled nurses, under medical direction and inspection, who attend certain schools or centres daily, or they must be arranged for at a school clinic. Personally, I am of opinion that the school clinic must come, because it is the only really practical way out of the difficulty of dealing with the discharging ears of school children.

But, important as it is adequately to deal with deafness and diseases of the ear in children who are already at school, we must go much farther than this if we wish seriously to endeavour to avert the heavy affliction entailed by loss of hearing. We must go to the infant before school age. I have pointed out that the great majority of the primary ear diseases, middle ear suppuration and catarrh, arise from nasal causes, chiefly adenoids, not including, let it be understood, those due to the infectious fevers.

EFFECTS OF ADENOIDS.

Adenoids, even if the middle ear escapes implication by extension or infection, even if they disappear as the child reaches puberty, may leave behind them a chronic catarrh of the post-nasal space or adhesions about the openings of the Eustachian tubes which

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