

hamper the normal movements of those openings and so bring about a progressive deafness in later life. It is, therefore, in the early years of the child that we must seek to prevent deafness. We must make sure that the child's post-nasal space is kept free and unaffected by disease. It must be remembered that this space behind the nose—the nasopharynx—is the anatomical meeting-place of several passages. Into it open the Eustachian tubes leading to the ear, the nasal chambers, the cavity of the mouth, the food and air passages, so that it is a centre from which or to which infection can spread.

THE TREATMENT OF ADENOIDS.

Adenoids, which may be in themselves a very fruitful source of infection, must therefore be treated consistently and conscientiously. Not only must they be removed with care and thoroughness, but the catarrhal troubles which they leave behind must also be treated. It is not enough to remove these growths and expect everything to go well, but after-treatment must be followed out to relieve any pharyngitis or rhinitis that remains. Everything must be done to ensure a free and healthy airway through the nose, which alone is adapted to the physiological preparation of the air in respiration.

PREVENTION OF ADENOIDS.

But again we must go farther; we must do our best to prevent the occurrence of adenoids by proper hygiene of the upper air passages, fresh air, proper education in the use of the pocket-handkerchief, and the avoidance of conditions likely to lead to the formation of the growths. Most people now know something of the importance of respiratory exercises in the development of nasal breathing, but few realise how important these exercises are in infant life. It is in the very young child that the genesis of defective respiration must be studied. In the sucking infant, if he breathes only by the mouth, not only do the nasal cavities not develop, but they may even retrogress, and the child who does not unconsciously devote several hours a day to nasal respiratory exercises cannot and does not profit completely by the advantages of a normal nose.

DANGERS OF IMPROPER ARTIFICIAL FEEDING.

The intensity of the respiratory exercises can be seen by those who will watch the infant at his mother's breast. In the normal child, fed naturally, the prolonged current of air that

passes through the nasal cavities during the act of sucking regulates the circulation of blood in the nose and, as it were, cleans the nasal fossæ. In the child fed artificially, unless precautions are taken to regulate the sucking and the proper use of the air, dust and microbes of all kinds will stagnate upon the badly irrigated mucous membranes, giving rise to repeated inflammations of the nasopharynx, which bring about disturbances in the nutrition of the tonsil situated in that space and the enlargement of which gives rise to adenoids. Hence, in badly conducted artificial feeding and in the use (or rather, abuse) of the pernicious and abominable "comforter," there is a fruitful factor in the occurrence of adenoids. Recently Barraud, of Lausanne, has pointed out that a great majority of adenoid cases occurs amongst the artificially fed, and a minimum in countries where normal maternal feeding is most common. This furnishes one reason more—and a very strong one—for advising all mothers to do their maternal duty and become complete mothers whenever it lies in their power to do so. However well artificial feeding be carried out, it can never be considered as other than a makeshift. It has been asked often why adenoids appear to be more common than formerly, and why they are more often found amongst town dwellers and in manufacturing countries than in agricultural districts, and in Anglo-Saxon countries than in Spain and Italy. You have just heard the answer.

BETTER EDUCATION IN PREVENTION OF DEAFNESS.

Thanks to the ceaseless toil of those who work in the cause of scientific research, the past decade has given us a sound knowledge of the conditions which lead to deafness and diseases of the ear in the child and the adult. How are we to disseminate that knowledge, acquired by much hard labour, and to ensure that it may lead to practical results and so discharge the debt of gratitude we owe to those who have indicated to us the path to be followed? We can do this by educating teachers and mothers. To attain this end, however, there must be a more complete realisation on the part of the medical profession generally of the importance of deafness and of the vital necessity for preventing it in childhood. It is one matter to *know* a thing, it is quite another matter to *realise* it. The seed must be planted when the soil is best fitted to receive it, and that time is when the doctor is a student. I would urge the importance of

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