

MEDICAL MATTERS.

THE CLASSIFICATION AND PREVENTION OF DEAFNESS.

Dr. Kerr Love, in the course of a lecture on the above subject, given at the Royal Sanitary Institute, under the auspices of the National Bureau for Promoting the General Welfare of the Deaf, pointed out, as reported in the *Lancet*, that acquired deaf-mutism was due chiefly to three diseases—scarlet fever, measles, and meningitis, the last being the most important. Meningitis also caused over 10,000 deaths annually in England; it was almost always infectious, and, except when it was epidemic, and was called spotted fever, it was never notified. Dr. Kerr Love pointed out that though municipalities spent large sums of money in isolating and treating cases of scarlet fever and measles, they seldom thought it worth while paying for special skill in treating the ear complications of these diseases whilst the child was in hospital, and children were often dismissed with discharging ears, which were infectious and which gave rise later in life to complications which killed them. Referring to the medical inspection of school children, the lecturer gave it as his belief that in dealing with ear discharge the greatest good would be done by having aural school clinics within the school and under the supervision of specialists. The present system of taking such cases to hospital dispensaries was wasteful of the time of the child, wasteful of the time of the mother who had to leave her home, and the results were poor because the visits to the hospital were irregular and the treatment badly carried out at home between the visits to the hospital. Summing up, Dr. Kerr Love indicated the immediate steps to be taken for the prevention of acquired deafness to be: (1) The management of the ear complications of the infectious diseases by otologists. (2) The notification, for the purpose of study and treatment, of all forms of meningitis. (3) The medical inspection and treatment of the ear diseases of school children by otologists.

Passing on to the classification of deafness for the purposes of prevention, the lecturer divided deafness into: (1) Cases in which the deafness is undoubtedly acquired after birth. (2) Cases of sporadic congenital or infantile deafness. In these there were no cases of deafness either in the direct line or in the collateral branches of the family. (3) Cases of true hereditary deafness. These were all congenital, and the deafness was present in other branches of the family.

HOW TO CONDUCT AN INFANT CONSULTATION.*

By ERIC PRITCHARD, M.D.

(Concluded from page 6.)

I now propose to leave the general consideration of the constitution of Infant Consultations, and to confine myself for the time that remains at my disposal to the consideration of certain practical points in the conduct of such undertakings. Our central association has drawn up a leaflet of directions for the help of those who are proposing to start an Infant Consultation. In this we anticipate most of the difficulties that are likely to arise. We give instructions as to the constitution of such Consultations; we describe the duties of the medical officers, the nurses, health workers, and others who carry out the various offices incidental to such undertakings. We also give directions for the furnishing of the clinic, and for the practical duties of note-taking, but inasmuch as this valuable information can be obtained for a small consideration from the central association, I do not propose to interfere with this legitimate source of revenue by giving you gratuitous information on these points. I would particularly draw your attention to the "case papers" which have been drawn up by the association. The manner of arrangement and the details of these papers represent the result of much patient deliberation and collective experience. If they are used as intended they will teach both health visitors and medical officers to become thorough and systematic in their methods, and will afford a great wealth of statistical material which it will be one of the important functions of the central association to digest, assimilate, and redistribute for the benefit of all. It is greatly to be hoped that new societies will work on these uniform lines, and thus promote the interests of the common cause. Moreover, they will find it much cheaper to buy stock stationery of this kind than to have special forms printed for themselves. The use of these forms does not exclude individual centres from undertaking special lines of inquiry and research; indeed, it is most devoutly to be hoped that each branch, by individual lines of research work, will make some small contribution to the solution of the innumerable problems that wait solution.

In my opinion it is the first duty of an Infant Consultation to encourage the practice and to teach the best principles of breast feeding. Far too little attention is paid to this subject.

The popular idea is that breast feeding is an

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

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