

of which I am attached as otologist, I find 845 cases of acquired deafness, of which the causes were definitely ascertainable. Of these, 723, or 85.2 per cent., come under these three groups, the numbers and percentages being:—

Infective diseases...	343, or 47.4 per cent.
Meningitis ...	169, or 23.5 per cent.
Primary ear disease	211, or 29.1 per cent.
	723 100.0

I must consider these three groups of causes in some detail.

#### THE INFECTIVE DISEASES.

The infective diseases which figure in these statistics are the infectious fevers, epidemic cerebro-spinal meningitis, chicken-pox, diphtheria, enteric fever, German measles, influenza, measles, mumps, scarlatina, smallpox, typhus, and whooping cough; with pneumonia, rheumatic fever, congenital syphilis, and tuberculosis. The figures shown by some of these teach an instructive lesson. The bulk of the cases owed their origin to scarlatina and measles, which gave 127, or 34.1 per cent., and 98, or 28.6 per cent., respectively. Typhus, epidemic cerebro-spinal meningitis, and smallpox only 3, or 0.8 per cent., 2, or 0.5 per cent., and 1, or 0.2 per cent. These three diseases are all well controlled by modern preventive medicine, so that, from the enormous percentages of deaf cases caused formerly by their ravages, they have now sunk to insignificant decimals. Is it not possible that a future generation may be able similarly to point to a like reduction in the numbers due to scarlatina, measles, and diphtheria? At present the last-named disease accounts in my statistics for 13, or 3.7 per cent., and whooping cough for 15, or 4.3 per cent.

Pneumonia claimed 23 cases, or 6.7 per cent., and 39, or 11.3 per cent., were due to congenital syphilis. As regards tuberculosis, only two cases, or 0.5 per cent., could be definitely traced to that condition. One of these was deaf after recovery from tuberculous meningitis; the other, after tuberculous disease of the middle ear. It must be remembered that it is not compulsory for deaf children to come to school until the age of seven years, and that the relatively small percentage of cases due to tuberculosis is probably due to the fact that the disease usually kills the child before school age. It is probable, however, that a certain number of the cases of chronic middle-ear suppuration was due originally to tubercle, the mixed infection which supervenes masking the primary cause. Tuberculosis attacks the ears of a con-

siderable number of young children, and the small percentage noted must not be taken, therefore, as a criterion of the importance of the disease.

#### MENINGITIS.

Under the heading of meningitis are included cases definitely certified as such, together with those accounted for by the somewhat vague terms "fits," "convulsions," "brain fever," "inflammation of the brain," and "congestion of the brain." All these cases showed nerve deafness of a severe type. In some the meningitis followed an injury, and in many it had left some mental impairment as well as the loss of hearing.

#### PRIMARY EAR DISEASE.

The 211 cases of acquired deafness due to primary ear disease are divisible into two main types of middle-ear conditions—suppurative and catarrhal. Of the first there were 106, or 50.7 per cent.; of the second, 104, or 49.2 per cent. The odd case was an instance of the condition known to otologists under the somewhat vague nomenclature of "otosclerosis," and may be ignored in this discussion. The salient and instructive feature of the suppurative and catarrhal cases is that the vast majority of them were primarily due to nasal causes—mostly adenoids—and were, therefore, eminently preventible. The serious nature of this statement is enhanced by the fact that these children were all suffering from deafness of a degree sufficiently advanced to necessitate their education in special schools. The matter becomes even more serious when we reflect that there are numbers of children being taught in hearing schools who present lesser degrees of deafness from similar causes—that is to say, *preventible* causes. Many of these children are doomed to progress in later life to a degree of deafness that must seriously interfere with their career as efficient citizens. This can be prevented by timely treatment in childhood. Therefore the matter is an urgent one, and I shall return to it again shortly. School medical inspection is getting into touch with these children, it is true, but school medical inspection is not of very long standing in this country, and has scarcely got into its swing.

#### TYPES OF DEAFNESS IN INFECTIVE DISEASES.

Reverting for a few moments to the first group of causes it will be well to consider how the deafness arises in the infective diseases. These cases may be classified into three groups—suppurative and catarrhal middle-ear disease and internal ear or nerve deafness. Most of those coming under the first two heads are pre-

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