

search could best be obtained by the notification of all forms of meningitis, to the end that they might be isolated, studied, treated. Could we but learn more of the etiology of meningitis, we could prevent it, and by preventing it we could prevent the deafness which it often causes.

Lastly, there is the deafness caused by primary ear disease. This is, in almost all cases, the result of adenoids, either immediately or remotely. We otologists see daily patients who are hopelessly deaf from this cause; we can do little or nothing for them, they are handicapped severely in social and in civic life, but they could have been prevented from becoming deaf. When they become deaf during school life, they require active treatment, to be carried out in school clinics or treatment centres. In this regard, I wish to emphasize the fact that, to be efficient, this treatment must be in the hands of specialists. Otology has grown to be a very special branch of surgery, requiring special skill, training and experience; hence the National Bureau insists that all aural school clinics and treatment centres should be under specialists or at the very least under specialist supervision.

There is, however, another point. I have said that in the great majority of these cases the primary cause is adenoids. What we have to do is to prevent adenoids. What are the factors in operation to cause this hypertrophy of the lymphoid tissue in the naso-pharynx? It is due to bacterial infection, either by a common cold or by some specific fever. Much could be done to prevent this infection by improvements in the hygiene, in the feeding, and in the housing of infants, and, no doubt, much has been done. The better the infant is nourished, clothed, and cleansed, the better able it is to resist bacterial invasion. I believe that overcrowding, especially in cases where the whole family has to live and sleep in one, perhaps not overclean, apartment, is a potent factor. Barraud, of Lausanne, has pointed out that the improper artificial feeding of infants is an important cause of adenoids, and I am sure that that most pernicious accompaniment of infancy, the misnamed "comforter," has much to do with the conveyance of bacterial infection. This is a problem which has to be faced by the hygienist and the social worker. They must reach the mothers and teach them; the latter are always willing to learn and to practise, once they realize that the welfare of their children is the one and only object of such teaching.

In conclusion, let me recapitulate to you the

suggestions which I have outlined and which have been drawn up, by the medical committee of the National Bureau, for the prevention of acquired deafness. They are:—

(A) The prevention of the diseases which cause deafness.

(1) Notification of all forms of meningitis for isolation, treatment and research.

(2) Notification of all cases of congenital syphilis with a view to facilitating treatment of mother and child.

(3) Improvement in hygiene, housing, and feeding of children in the first years of life.

(B) The better management of ear disease when it occurs.

(1) The appointment of otologists on the staff of every fever hospital.

(2) All aural school clinics and treatment centres to be under a specialist or specialist supervision.

I lay these suggestions before you, confident that you will discuss them impartially and accord to the National Bureau your valuable support and assistance in furthering the great work upon which we are engaged. If you can see your way to forwarding a resolution or resolutions to the authorities concerned, we shall be grateful.

OUR PRIZE COMPETITION.

WHY IS DUST DANGEROUS IN A SICK ROOM?
DESCRIBE YOUR METHOD OF REMOVING IT?

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

In order to realise the danger of dust in a sick room one must remember that it is the final resolution of all organic substances, and is the natural harbour for germs of disease, therefore many diseases may be incurred by intimate contact with it. A certain part of dust consists of inorganic matter, and all dust is deadly in proportion to the amount of organic matter which it contains.

Ordinary house dust may cause peritonitis, pneumonia, bronchitis, throat inflammation, laryngitis, asthma, diphtheria, coryza, eye inflammation, consumption, tetanus, and septic wounds. Dust that blows in from the road contains in abundance the tetanus germs, which may enter wounds and cause lockjaw, and the small cocci which may cause blood-poisoning by access to cuts or abrasions; also the germ of tuberculosis. Even the relatively innocuous germs which abound in the air may,

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