

attended to, so that they work quietly and easily, as pain causes restlessness and added effort to the heart. All constipation should be carefully avoided as straining at stool causes more work for the heart as it requires strong muscular effort. For the same reason all aperients should be avoided, as they cause frequency of stool, which disturbs the patient and prevents him from having the maximum of rest, they tend also to produce griping pain which causes restlessness.

The diet in pericarditis must be light so that the digestive organs are working at the barest minimum. It should be of a light and easily digestible kind, which will not cause flatulence or indigestion, the fundus of the stomach being so close to the heart that any dilatation of it may cause discomfort and pressure and thus pain which it is so essential to avoid. Green vegetables and starchy products should be avoided, or given sparingly. Nitrogenous foods are usually restricted as they tend to overtax the probably damaged kidneys. Variety and novelty are great assets in tempting and rousing a poor appetite and it may often be necessary to humour the patient, and waive the routine hours for meals to such times as he may feel inclined to enjoy solid food. As a rule, a light farinaceous diet is most suitable and it should not be too fluid. If dropsy is present a salt-free diet may be ordered, as this enables the tissues to get rid of their excess water more easily. Milk is suitable, being an excellent solvent of any salts which are apt to be retained in the tissues and aggravate any oedema which may be present.

#### QUESTION FOR NEXT MONTH.

What do you understand by Chorea? What complications may occur, and what points require special attention in nursing a patient suffering from this complaint?

#### THE PREVENTION OF DEAFNESS.

There are two main classes of deaf persons, the deaf-and-dumb who from birth or early age have been deprived of useful hearing and consequently of natural speech, and the deafened, *i.e.*, those who, after possessing useful hearing and speech, have lost the power of hearing in varying degrees.

Incredible as it may sound, it has been stated on good authority that in England one person in three suffers more or less from deafness. The problem is not, however, insoluble; modern preventive medicine is capable of reducing post-natal deaf-mutism much below its present level.

The great opportunity for preventive work in the field of deafness lies in the comprehensive establishment of maternity and child welfare centres and an efficient school medical service. Ante-natal observation and continuous supervision of mother and child should bring young children with ear trouble under early and suitable treatment. It must be skilled. Unskilled care is sometimes responsible for a child being regarded as mentally defective whereas the only trouble is deaf-mutism.

Though the deaf-and-dumb are apt to suffer from temperamental disabilities which lead to their being admitted to mental institutions oftener than normal

persons, this does not mean that deaf-mutes cannot as a rule become useful members of society. They can. Provided they are well trained, their chances of employment are, strangely enough, as good as those of the population as a whole. It is the *untrained* deaf-mute who goes to the wall.

Dr. J. Kerr Love, who has studied the problems of deaf-mutes in Scotland for over forty years, has recently drawn attention to the fact that though the population of Scotland has increased by one-fifth between 1891 and 1931, the number of children attending schools for the deaf has remained practically stationary in this period. In 1891, however, half of these children showed acquired deafness, and half congenital deafness, whereas in 1931, only 28 per cent. of the children suffered from acquired deafness, whereas 72 per cent. suffered from congenital deafness. This important diminution in the number of cases of acquired deafness reflects the success of school medical inspection and treatment. This experience, which has doubtless been noted in other countries, is an encouraging proof of what can be done by organised treatment for the prevention of deafness developing after birth.

The most important causes of acquired deafness are meningitis, measles, scarlatina, whooping cough, pneumonia and influenza, which together account for about 50 per cent. of all cases. Several of these diseases are now much more amenable to prevention and treatment than they were only a generation ago. Measles, for example, responds satisfactorily to early treatment with the serum obtained from the blood of patients who have recovered from this disease. And, as Professor Madsen, of Denmark, has lately shown, whooping cough can be successfully combated by a vaccine made from the germs responsible for this disease.

In addition to colds and the other epidemic diseases of childhood, deformities within the nose, sensitiveness of the nose to some one or more articles of diet, and tonsils and adenoids may be responsible for deafness. The nasal septum, which separates one half of the nose from the other, is soft and easily injured in childhood; even a light blow or a fall on the nose, when the unsupervised child learns to walk, may start a deformity of this structure. Severe deviation of the septum encourages a low grade catarrh which may spread to the ear.

Another cause of early deafness is the catarrh set up by certain articles of food. Some children are abnormally sensitive to cereals, milk, eggs and other common constituents of food; if the catarrh ceases as a sequel to the elimination of the offending item, the housekeeper may have to exercise all her ingenuity in devising dishes in which it does not appear. It is in the first ten years of life that the chances of becoming deaf from one or other of these diseases is greatest. Later in life there are other important causes of deafness, such as industrial processes, including boiler-making, riveting, the use of pneumatic tools, gun-firing, etc.

As above quoted there are numerous ways in which deafness can be avoided by the watchful parent who seeks skilled medical advice early.

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