When we come to Mr. Yearsley's classification of cases of deafness in children it is not so easy to agree with all he says. The otologist is bound to depend very largely on the history obtained from the child's parents. Anyone who has worked in an hospital knows how unreliable this is, *e. g.* a blow on the ear as the cause of unilateral chronic otorrhœa, when examination shows a large healed perforation in the other ear. Mr. Yearsley admits this point (p. 150—lower third). It is a pity that Mr. Yearsley does not give us a more detailed account of the otoscopic appearances, hearing tests, and of the condition of the vestibular apparatus at least in his "acquired" cases. I fancy that he would find that labyrinthitis is a more common cause of "educational" deafness than is usually supposed. Mr. Yearsley lays great stress on meningitis as a cause of deafness. Does he mean meningitis arising from nasal, naso-pharyngeal, or otitic injection *viâ* the lymphatics, or does he refer to meningitis resulting from bacterial invasion of the blood, or from other causes? His use of "meningitis" reminds me rather of the way in which the word "peritonitis" was employed before we understood much about the appendix or gastric and duodenal ulceration. I am very doubtful about syphilitic meningitis being the cause of congenital syphilitic deafness. The eighth nerve is, no doubt, very vulnerable, but it is said to be less so than the sixth nerve. In cases of meningitis arising from causes other than ear disease one would, therefore, expect the sixth nerve to be paralysed more frequently than the eighth. It would be interesting to hear further from Mr. Yearsley on this point.

The question of the accurate classification of deaf-mutes, and even of "hard of hearing" children is a very difficult one. In many cases it seems to be almost impossible to arrive at anything other than a shrewd guess as to the real cause of the deaf-mutism. The only really accurate method appears to be a *post-mortem* microscopic examination of the ear, and possibly also of the brain! An analysis of all cases hitherto examined, though based on comparatively small numbers, would provide a useful indication of the proportion of congenital to acquired cases, and would clear up to some extent the causation of deafness in the latter class.

J. S. Fraser.

## NOTES AND QUERIES.

### Jefferson Medical College, Philadelphia.

Dr. Chevalier Jackson has been selected to fill the Chair of Laryngology made vacant recently by the death of Prof. D. Braden Kyle. We congratulate Dr. Chevalier Jackson, whose work is so well known and appreciated on this side, and we more warmly congratulate Jefferson College on having such wise managers. They were so well aware of Dr. Jackson's world-wide reputation that the Board agreed to consider no other name than his, and he was consequently an unopposed candidate.

### Shell Shock.—Need of a Home for Deaf Soldiers.

The care of soldiers suffering from shell shock was discussed at the annual meeting of the Association in Aid of the Deaf and Dumb in May.

Sir Frederick Milner said a hostel for soldiers suffering from shell shock had just been opened and was full. Every one of the patients in the hostel had been summoned for medical examination under the new Act, and the effect upon their stricken nerves could be imagined. He had asked the War Office to stop this order. He hoped something would be done for deaf soldiers on the lines of what was being done for the blind at St. Dunstan's. Over 1,000 men had been made deaf while fighting, according to Surgeon-General Sir Alfred Keogh, and a large number were hopeless cases. Many wrote to him that they could get no employment. Nothing had been done to meet this difficulty.

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