

THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY AND OTOTOLOGY.

Original Articles are accepted on the condition that they have not previously been published elsewhere.

If reprints are required it is requested that this be stated when the article is first forwarded to this Journal. Such reprints will be charged to the author.

Editorial Communications are to be addressed to "Editor of JOURNAL OF LARYNGOLOGY, care of Messrs. Adlard & Son & West Newman, Limited, Bartholomew Close, E.C. 1."

Authors of Original Communications on Oto-laryngology in other Journals are invited to send a copy, or two reprints, to the JOURNAL OF LARYNGOLOGY. If they are willing, at the same time, to submit their own abstract (in English, French, Italian or German) it will be welcomed.

THE MINISTRY OF HEALTH AND THE PREVENTION OF DEAFNESS.

WERE the old adage that "A stitch in time saves nine" true of nothing else, it would be true of deafness. The appearance of Dr. Kerr Love's book (reviewed on another page), with its sub-title, "An Essay on the Prevention of Deafness," comes at an opportune moment, when the long-hoped-for Ministry of Health is upon the eve of materialising. It gives the key to a constructive policy in the work of prevention deafness by such a body. There is much—very much—to be done in London, and, indeed, in all great cities of the Empire. There is, we understand, a committee now being formed of the Otological Section of the Royal Society of Medicine to consider the relations between a Health Ministry and ear disease, and if otologists will but rouse themselves to pay more attention to prevention they can do great things. There is too great a tendency among otologists to yearn for the dramatic—to achieve the glamour of some new operation. The existence of otology in the past has been amply justified by the great improvements it has made in surgical treatment of ears already seriously diseased; to justify its future it must turn to prevention. The more prosaic, but infinitely more valuable line of work which tends to the stamping out of deafness has been too long hidden by the glare of the operation foot-lights. The writing on the wall warns us that the future of otology lies in prevention. The satisfying feast of operative otology should not deter us from reading and acting upon that warning.

The ways by which deafness can be prevented are largely open to the light; the many advantages which would accrue to the State are patent to everyone. It is right that otologists should indicate to the nascent Ministry of Health, with no uncertain mind, how it can be made an efficient instrument to the required end.

A lesson can be well taken from the work of the Glasgow authorities

acting under Dr. Kerr Love's guidance. The School Board of that city has the assistance of a consulting otologist, a consulting ophthalmologist, and a consultant for mental deficiency. Holding central and official positions, these experts can point out and advise upon a multitude of side-issues that directly or indirectly concern their special subjects.

Similarly, in the projected Scottish Board of Health and the English and Welsh Ministries of Health, there should be appointed expert aural, ophthalmological and mental deficiency advisers. In the case of the last named this will be inevitable when the machinery for dealing with the feeble-minded is included, and it is also clearly needed for the other two special branches.

In the Ministry it is expected that there will be departments for venereal diseases, school medical inspection, medical treatment of school children, hospital accommodation, care of the expectant mother, and the propagation of knowledge on health subjects, and the work of these departments will, in some instances, of necessity overlap. The factors in the prevention of deafness lie in every one of them. The aural adviser, therefore, efficiently to carry out the work of prevention of deafness must be in such a position that he can act through all departments by advising on every point connected with it. He should be able to bring his weight to bear in appointing competent otologists to fever hospitals, to school inspection staffs, to school clinics. He should be able to ensure that the treatment of children's ears is efficiently carried out *by aurists* and not paralysed by pernicious "care" committees, who, by multiplying forms, wasting stationery, and red tape generally, come between the doctor and the nurse and their object—the child.

Properly organised and efficiently directed, the otological apparatus of the Ministry of Health could do great things, preventing misery to uncounted thousands, and saving wealth to the State in sound citizens and money hitherto expended in dealing with preventable conditions.

M. Y.

AURAL BACTERÆMIA (AS APART FROM PYÆMIA).¹

BY RICHARD LAKE, F.R.C.S.

As far as I know, Gruening, of New York, was the first person to describe aural bacteræmia, and the most important contributors to the subject have been Duel, Kerrison, Shepherd, Richardson, and Oppenheimer.

Bacteræmia may be defined as a morbid condition of the blood, due to the presence in it of living micro-organisms. Aural bacteræmia requires a little more minute description. That is to say, it is a morbid condition of the blood, in which living bacteria are present in the blood-stream. It has to be distinguished from conditions in which there is a casual entry of bacteria or their products into the blood, such as occurs in pyæmia, causing a separate and distinct series of clinical symptoms. These symptoms are sometimes dependent upon the sudden influx into the blood of bacteria and septic clot, and in addition to the symptoms due

¹ Paper read before the Otological Section of the Royal Society of Medicine, London, April 19, 1918.