

THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY AND OTOLOGY.

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 and West Newman, Bartholomew Close, E.C." (Temporary address: 76, Newgate Street, London, E.C.)

THE NOTIFICATION OF MEASLES.

THE order of the Local Government Board making measles a notifiable disease should meet with the sincere approval of the whole profession, including that section practising otology. Otologists see daily the ravages of this disease when it attacks the ear, and those who are interested in the prevention of deafness and diseases of the ear will feel that the notification of measles must mark a distinct step in the progress of aural prophylaxis.

It may be of interest to our readers briefly to point out what measles means to the child population. Out of every 100 deaths at ages under five in England and Wales in the three years 1911-13, 12.5 per cent. were caused by measles and whooping cough, and 31.6 per cent. by these diseases and bronchitis and pneumonia, of which measles and whooping cough are common causes. In the three years 1911-13 437,101 deaths occurred in England and Wales at ages under five years. Of this number 33,457 were caused by measles, 21,028 by whooping cough, and 83,650 by bronchitis and pneumonia.

Out of every 100 cases of measles admitted to the hospitals of the Metropolitan Asylums Board (the most serious cases) from 22 to 25 per cent. proved fatal. During the thirteen weeks ending June 5, 1915, 5807 deaths of children under five occurred in London, being 2190 in excess of the number in the corresponding period of 1914. Of this number 1023 were directly due to

measles, *not including the large number due to its common sequelæ*. Taking an average of the ten years 1905-14, in London, measles has caused 1862 deaths, as compared with 1454 deaths due to all the notifiable infectious diseases put together (smallpox, scarlet fever, diphtheria, typhoid, puerperal fever, etc.).

These figures show forcibly the appalling ravages which measles makes every year upon our infantile population, but it does not convey any idea of its fell nature as regards the physical fitness of those children who survive. Sir James Crichton-Browne, speaking recently at the Royal Society of Medicine, remarked that notification would open the eyes of the public to the gravity of measles as a disease. There had hitherto, he said, been a tendency to look at it with levity, and treat it with a complacent acquiescence as being like teething, one of the essential concomitants of infancy. Measles is in reality a very deadly disease, which sets up various other diseases, notably bronchitis and pneumonia. A large proportion, as we have just seen, of the deaths by these diseases in infancy and childhood are really due to measles, which is not unfrequently the initial cause of tuberculosis.

Some idea of the part played by measles in the incidence of ear disease may be gathered from the statistics published by an otologist who has exceptional opportunities for judging of the causes which are at work in rendering children too deaf to be educated in hearing schools. According to this observer, out of 592 children suffering from acquired deafness of sufficient severity to necessitate special education, 89, or 15 per cent., owed their deafness to measles. "This does not, however, indicate anything like the real number, because, for one thing, it does not include cases in which the deafness was due to meningitis, caused by measles; and also because measles causes deafness not only by suppuration and meningitis, but, later, by inducing adenoids."

Enough is not said in the text-books to bring home with sufficient emphasis to the student the real part played by measles and the other exanthemata in ear disease. Indeed, very few standard works pay sufficient attention to the relation of their subject to general medicine. They are so occupied in long descriptions of operations and other measures for dealing with results that first causes are apt to be neglected. The more one reviews the otology of the past two or three decades, the more it is forced upon one that otologists occupy themselves so much with established disease that they have not time to pay any attention to the prevention of the causes which lead thereto. No doubt long dis-

cussions upon refinements of treatment—upon when and where this vein ought to be tied or that piece of bone removed; upon what shape a mastoid flap should be and how to deal with a suppurating labyrinth—are exceedingly valuable and have been the means of saving some hundreds of lives. But they are apt to blind the debaters to the importance of other and more weighty matters, and we venture to think that were some of the time spent in going to the roots of the tree of disease instead of pruning its leaves there might be saved even more lives, and thousands of cases of discharge and deafness prevented. Surely it is better to consider the exact process leading to middle-ear suppuration in measles, scarlet fever, and diphtheria, and the best method of promptly circumventing them, than to watch their march and discuss measures for dealing with them when they have arrived.

Happily there have been, during the past ten years, signs of a gradual awakening of otologists to the prevention of deafness and ear disease. For instance, they have made representations to the powers that be of the necessity for aural surgeons to be attached to fever hospitals. It is true that the powers that be consist chiefly of lawyers, who deal rather in words than in deeds, and that the suggestion coming from a more practical profession has been looked upon with a suspicious eye and carefully shelved. But the resolution made at the Liverpool meeting of the British Medical Association marked the moment when otology began to awaken to the possibilities of prevention. Unfortunately, otology cannot claim the merit of being instrumental in placing measles on the statute book as a notifiable disease, although there are one or two specialists who have long clamoured for a proper recognition of measles by the authorities. We take the opportunity of this new era in notification to point out to otologists that there is a great future before them in the careful study and elaboration of methods of prevention in aural diseases.

M. Y.
