DEFECTIVE HEARING: ITS CURABLE FORMS AND RATIONAL TREATMENT

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Defective Hearing: Its Curable Forms and Rational Treatment by James Keene

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JAMES KEENE

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BY

JAMES KEENE, F.R.C.S., M.R.C.P.,

AURAL SURGEON TO THE WESTMINSTER HOSPITAL; LECTURER ON AURAL SURGERY AT THE WESTMINSTER HOSPITAL MEDICAL SCHOOL, ETC., ETC.

FIFTH EDITION.

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DAVID BOGUE, 3, ST. MARTIN'S PLACE,
TRAFALGAR SQUARE.
1883.

PREFACE

TO THE FIFTH EDITION.

A PORTION of the present essay formed the subject of a paper read before the Harveian Society, and was printed at the request of some of the Members.

During the seven years which have elapsed since the last edition was published, very great changes have taken place in the treatment of ear disease, and therefore the chapter devoted to this part of the subject has been almost entirely re-written.

The very favourable reception accorded to former editions will, I trust, be extended to the present one.

64, WELBECK STREET,
CAVENDISH SQUARE,
June, 1883.

By the same Author.

A MANUAL OF

AURAL SURGERY

FOR THE

USE OF STUDENTS AND PRACTITIONERS OF MEDICINE.

OPINIONS OF THE PRESS.

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"Where we have so much general excellence we can heartily give the author our unqualified praise, and commend his handy and excellent little manual to the student and practitioner."—*Glasgow Medical Journal*, August, 1873.

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"We are sure the work, from which we have given so many extracts, will fully bear out all the encomiums we have given of it in the beginning of our notice."—*Edinburgh Medical Journal*, December, 1873.

"This Book is well written and very readable."—*New York Medical Journal*, October, 1874.

"Mr. Keene's work, and still more recent pamphlet on the same subject, are characterised by a clear and lucid style, and a perfect command of his details."—*Indian Medical Gazette*, July 1st, 1875.

Nearly ready, with Illustrations.

HOW WE HEAR,

AND

WHY WE BECOME DEAF.

A Popular Description of the Organ of Hearing, and its diseases, with directions for the Prevention and Cure of Deafness, Noises in the Head, and other Affections of the Ear.

DEFECTIVE HEARING.

CHAPTER I.

Affections of the Nose and Throat which cause Disease of the Middle Ear.

THE frequency with which persons are met with who talk thickly, and who do not pronounce nasal consonants correctly, cannot have escaped the most ordinary observation. Indeed, so common is the defect, that when once attention has been directed to it, few persons will fail to notice many cases during each day of intercourse with their fellow-men.

The diseases which give rise to this defect of speech—for we must at once dismiss the idea that it is a mere habit—occur at all ages, though more commonly in childhood and early life, and depend, as I shall endeavour to show, upon obstruction to the free passage of air through the nostrils. Augmented or thickened

nasal secretion, snoring, and loss of smell or taste, are likewise symptoms of these affections, which are not unfrequently accompanied or followed by defective hearing.

It will be at once perceived that these symptoms are usually present in an ordinary "*cold in the head*," to which cause they are generally attributed, and consequently neglected. To the aural surgeon, however, the persistance of such indications becomes of considerable importance, because he knows that the catarrhal and inflammatory affections upon which it depends are very liable to extend from the nose to the throat, and thence to the Eustachian tubes and middle ear, where they constitute the commonest causes of defective hearing.

A person who has the peculiarity of pronunciation to which I have alluded is, in common parlance, said "to speak through the nose," though, in point of fact, he is unable to do so by reason of obstruction of the nasal passages. I do not wish it to be understood that absolute closure of the nose is always, or even usually, present in these cases, but that a certain resistance to the *free* passage of air occurs, which the feeble expiratory effort accompanying the pronunciation of nasal consonants is insufficient to overcome.

Our alphabet contains two nasal consonants,

the M and the N. When these are deprived of the nasal expiration which should accompany their articulation, they become B and D respectively. This will be readily perceived by endeavouring to pronounce a word or monosyllable containing a nasal consonant, while the nose is closed. *Me* will then become *be*, *no do*, *moon bood*, *sun sud*, and so forth.

By placing a cold mirror below the apertures of the nostrils, in such a manner that its polished surface is directed upwards, and out of reach of the breath issuing from the mouth, we may readily satisfy ourselves that nasal expiration actually takes place during the pronunciation of syllables containing M and N, and with these only. In this manner we may repeat each of the consonants, in combination with each of the vowels, without any deposition of vapour taking place on the mirror, until the syllable contains *m* or *n*, which will at once become manifest by the appearance of a spot of dimness on the glass.

If we take into consideration the relative positions assumed by the organs of articulation —the tongue, lips, teeth, and palate—we shall perceive that they are the same for the pronunciation of *me* and *be*, *no* and *do*, and consequently we may infer that the difference between the sounds produced depends upon

the passage or non-passage of air through the nostrils.

Having thus arrived at the conclusion that nasal consonants can only be properly pronounced when air passes through the nose, it will be evident that any cause which gives rise to nasal obstruction will also give rise to the form of thickness of speech commonly, though improperly, termed "speaking through the nose."

The defect may vary in degree from an amount scarcely perceptible in some cases to the most aggravated and unpleasant extent in others; but, wherever present, it may be considered as a symptom of obstruction to the nasal air-passages, and indicates a diseased condition in some part of their course. Increase in quantity or tenacity of the nasal secretion, impairment of taste or smell, as well as heavy breathing and snoring, have a similar import, and some one of these indications will be found to have preceded most cases of deafness.

This is in no way surprising when we remember that at least four-fifths of all cases of defective hearing are due to disease of the middle ear, and of this number, in by far the largest proportion, the affection spreads to the Eustachian tubes from the naso-pharynx. The continuity of surface between the parts readily