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THE DEAF SOLDIER.

WE make no apology for returning to a subject already referred to on several former occasions in these columns.

Formerly our interest revolved around the treatment of the deaf soldier after he has left the Army, and we are glad to be able to record the fact that the organisation for handling these patients has been instituted, and is already in active operation. For this satisfactory outcome the country is indebted to the Ministry of Munitions, which tackled the problem with commendable energy and promptitude. We understand that Dr. Dundas Grant has been charged with the responsibility of carrying out in detail the schemes of the Pensions Minister.

There is, however, another aspect of the problem of the deaf soldier which will become at once apparent to anyone who reads the striking article by Dr. Sohier Bryant in our present issue (p. 338). From his statistical investigations we learn that one of the results of modern war developments has been a tremendous increase in injuries, generally serious, to the hearing apparatus.

Further, he tells us, what indeed has long been clear to the specialist, that prompt and early treatment of ear injuries is the best method of saving the individual to be a useful member of society, whether as a soldier in the field or as a citizen working at home.

Finally, the statement is made, and Dr. Bryant's authority is sufficient to ensure its accuracy, that of all the different varieties of medical organisation in the Armies of the English-speaking Allies, that of otology is the weakest.

In those now remote and far-past days, when the great war broke out, we ventured in this JOURNAL to draw the attention of the British Army medical authorities to the urgent need for erecting a specialist organisation for dealing with oto-laryngology. In response to the demand,

voiced, we may say, from many quarters besides ours, some efforts were made to meet the necessities of the times.

But Dr. Sohier Bryant's criticism shows only too plainly how much still remains to be done, and how important it is that the matter should be taken in hand and pushed through to a successful issue without delay. D. M.

PREVALENCE OF EAR INJURIES AND DISEASES IN THE FRENCH ARMY.

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THE importance of the subject of this paper was forced upon my attention this summer, while serving with the French as Médecin traitant d'Oto-Rhino-Laryngologie. The number of cases of ear injuries and defects seen was out of proportion to my expectation. The ear patients amounted to about the same number as the eye patients—that is to say, five or seven times as many as might have been expected. An investigation brought to light the numerical importance of the defective ears, their origin, and their economic gravity. I had the good fortune to assemble these statistics myself. Some of the figures came from personal observation; others were kindly furnished by the French War Office and by officers working in the speciality.

Comparing the eye and ear sick, I found more cases of total loss of function among the eye cases than among the ear cases. Further, there is a larger proportion of quickly recovering cases among the eye cases than among the ear cases. Among the ear cases we find a larger proportion of cases with a great impairment of function than with the eye.

In the zone des Armées at the Front, the total sick contains 16 per cent. of ear cases in the evacuation hospitals. These figures are equal, or greater, than figures for eyes. From the evacuation hospitals $4\frac{1}{2}$ per cent. of ear cases are evacuated to the rear.

In the rear of the zone des Armées, in the zone des Etapes, ear cases form $6\frac{1}{2}$ per cent. of total sick. These figures rise during time of inactivity at the Front and fall during military activity. Seven per cent. of these cases are evacuated from the zone des Etapes in the Interior.

In the Interior region ear cases form 9 per cent. of total sick.

I estimate that about 80 per cent. of the ear cases will show considerable impairment of function. This impairment will be sufficient to permanently interfere with the civil occupations of the patients. The above figures are for 1917, some of them approximate.

The large number of ear defects and their economic value make this branch of military surgery of considerable importance from a pension point of view. From my figures I estimate the allowance of pension claims for ear disabilities will amount to a minimum of 24 per 1000 of the fighting force per year.