

**DEFECTIVE HEARING:  
ITS CAUSES  
AND TREATMENT**

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Defective Hearing: Its Causes and Treatment by James Keene

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**JAMES KEENE**

**DEFECTIVE HEARING:  
ITS CAUSES  
AND TREATMENT**



By the same Author.

A MANUAL OF  
AURAL SURGERY

FOR THE

USE OF STUDENTS AND PRACTITIONERS  
OF MEDICINE.

SECOND EDITION IN PREPARATION.

OPINIONS OF THE PRESS.

"The volume by Mr. Keene is a most creditable production, both publisher and author having executed their respective tasks thoroughly well. \* \* \*

"The language in which the author expresses himself is judiciously chosen, the style precise, and the method in which he treats his subject exhaustive. \* \* \*

"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.

"Mr. Keene in the handy manual before us has fulfilled a want long felt by the student and practitioner. At once simple, clear, and concise, and yet at the same time containing all the most valuable results of the most recent advances in aural pathology and surgery, Mr. Keene's manual is the best introduction to the study of diseases of the ear we have seen. \* \* \*

"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.

See also *The British Medical Journal*, December 6th, 1873; *The Lancet*, July 11th, 1874; and other Medical Journals.

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# DEFECTIVE HEARING:

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CAUSES AND TREATMENT.

BY

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P R E F A C E  
TO  
THE FOURTH EDITION.

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THE material for the present volume originally formed the subject of a paper read before the Harveian Society, and printed at the request of some of the Members.

It has now passed through three editions, during which the necessarily brief limits of a paper have been somewhat outstepped: the whole has undergone careful revision, and a few wood-cuts have been added.

A short communication made to the Harveian Society during the Session of 1877 constitutes the Appendix.

I cannot but feel flattered at the very favourable reception accorded to the former editions, and I trust that the present one will prove equally successful.

59, BUCK STREET,  
GROSVENOR SQUARE,  
*April, 1878.*

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# DEFECTIVE HEARING.



## CHAPTER I.

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

**T**HE 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 persistence 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