CLINICAL NOTE

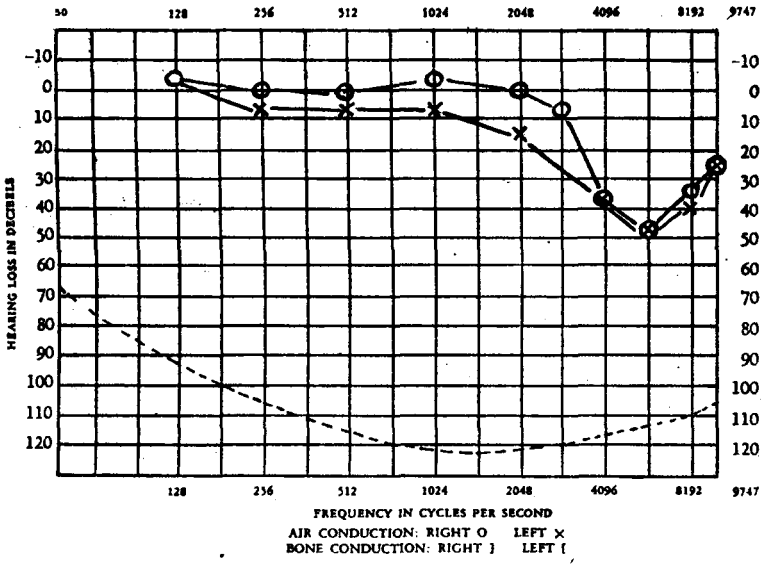
THE AUDIOMETRIC DIP

By W. STIRK ADAMS (Birmingham)

So much has been written both in England and America about the dip at 4,000 D.V. in an audiometric chart as attributable to noise trauma that I think the following case might interest readers of the journal.

An active man aged 30 was referred to me this month because of a persistent post-nasal discharge of six years standing, without nasal obstruction, or headaches.

He was worried because he thought his hearing was deteriorating and found some difficulty in hearing in cross conversation.



Audiogram of Mr. J. G., age 30, date 21st August, 1944.
No exposure to noise trauma, no injury at all.

On examination a widespread upper respiratory membrane infection was present, without dimming of his frontal sinuses or antra. In his ears a slight thickening of both drumheads was observed, and their mobility was less than the average.

On testing he heard my whisper at 20 feet from either ear, while tuning forks revealed no deviation from the normal. The audiogram however which I

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enclose shows a well marked dip at 6,500 D.V. (A.C.) which naturally raised the question of a possible cochlea injury by noise trauma.

He assured me, however, that he had never sustained a head injury or been exposed to explosion or loud noise. He had only twice been up in an aeroplane, and as a fruit grower he did not drive a tractor, nor was he exposed to the actual spray used on his fruit trees. In view of this I find it difficult to dissociate the dip from the effect of focal infection either from his chronic upper respiratory infection, or from his two devitalized teeth.

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