A NOTE ON BOILER-MAKERS' DEAFNESS.

By RICHARD LAKE.

THIS condition was so named because the first patients showing the peculiar series of symptoms about to be described were boiler-makers.

Boiler-makers are constantly riveting together plates of iron, working in the most appalling din and racket, hour after hour, while the intervals of rest are not sufficiently long to allow the tired organ to recover.

These workers very frequently become deaf, and their deafness has a well-marked peculiarity, viz., that they can hear comparatively well in the clash and crash of the shops.

The paracusis Willisii, in these cases, differs materially from that found in chronic progressive middle-ear deafness and otosclerosis; indeed, it is in reality a totally different reaction and should have a different title, viz., Paracusis Willisii Nervosa.

In testing patients suffering from this complaint, I found in most, if not all the cases which I have seen, a pronounced uniformity in the results of testing. Voice and whisper are very much diminished: Rinne with C (128 d.v.) is positive: bone conduction is reduced to one-third or less than normal, a totally different picture to that of progressive middle-ear deafness or ostosclerosis.

TUNING FORK TESTS.

Boiler-Makers' Deafness.	*Progressive Middle-Ear Deafness, etc.*
Bone conduction: much reduced.	Bone conduction: much increased.
Air conduction: much reduced.	Air conduction: much reduced.
Rinne's test C (128 d.v.): positive.	Rinne's test C (128 d.v.): negative.
Bing's test: positive.	Bing's test: negative.

It is worth mentioning that the confusion as to the interpretation of the symptom known as paracusis Willisii is partly due to the very obvious fact that, in the disease I am dealing with, the auditory nerve *is* stimulated by the noise. What seems to be the course of the affection is, that the end-organ of the auditory nerve is first irritated by the excessive noise and then gradually injured, eventually beyond repair. Doubtless, at first, and during the earlier stages of the malady, temporary recovery or partial recovery takes place when the sufferer is away from the

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noise, but the temporary improvements become gradually less until they entirely cease.

Treatment.—Preventative treatment is the only one of value, and this implies that all workers (especially those affected with boiler-makers' deafness) in noisy metal workers' shops should wear sound deadeners. I prefer "Aurotectors."

When that desired day arrives when the Ministry of Health can indulge in legislation for the protection of the various classes of workers, it is to be hoped that the "boiler-makers" will not be entirely forgotten.

SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

February 16, 1923.

Chairman—Sir CHARLES BALLANCE, K.C.M.G., M.S.

Otosclerosis and Osteitis Deformans: A Pathological and Clinical Comparison—G. J. JENKINS, F.R.C.S.—The paper and the discussion will be published in the *Journal of Laryngology and Otology*, July 1923.

Case of Necrosis of the Left Temporal Bone, involving Facial Nerve and Labyrinth, following Triple Infection of Scarlet Fever, Measles, and Diphtheria, in a Child aged 7—J. F. O'MALLEY, F.R.C.S.—7th March 1922: Patient admitted to hospital with scarlet fever and measles (co-existent). Child has been ill four days. Temperature normal. (Under care of Dr W. J. J. Stewart, Medical Superintendent.) 14th March: Temperature 103° F. 15th March: Temperature 104° F. 16th March: Temperature 105° F. Apparently a very severe attack of measles. 22nd March: Nasal discharge and left otorrhœa; purulent conjunctivitis right eye; trace of albumin in urine. 23rd March: Throat inflamed; swabs from nose, throat and ear; positive to Klebs-Loeffler bacillus; 8000 units of antitoxin given twice on that day. 24th March: Redness behind left ear over mastoid; left facial paralysis; incision down to bone under general anæsthesia; no pus; wound packed and fomented; hearing normal (W. J. J. S.). 25th March: Temperature down to 100° F. Less nasal discharge. 28th March: Left facial paralysis continues; in mastoid wound large area of dead bone is seen; hearing impaired

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