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Abstract of Original Papers

CLINICAL STATISTICS OF PERCEPTIVE DEAFNESS.

Report I. Relation between the Cause of Perceptive Deafness and the Type of Audiogram.

By

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University of Tokyo.)*

Four hundred deaf patients who visited the Deaf Clinic of the University of Tokyo, were studied and the findings were statistically treated to elucidate the relation between the cause of deafness, symptoms and audiograms. These patients had no change in the drum membrane nor the auditory tube to account for the deafness.

They were classified into thirteen groups according to the cause or the marked symptoms (Table I). In spite of various examinations, the cause of about twenty per cent of the cases, deaf-mutism being excepted, could not be clarified.

Audiograms obtained by testing with an audiometer of 2-A type were also classified into seven types; namely abrupt and gradual types of high tone deafness, low tone deafness, horizontal type, concave type (marked middle tone deafness), convex type (marked low and high tone deafness) and total deafness (Table II).

Definite correlation between the cause of deafness and the type of audiogram was found by statistical study.

The localization and the nature of the pathological change of deaf ear of various causes were often found correlated with the audiogram. Thus, the nature and degree of pathological changes of a deaf patient may be inferred from his history and the audiogram. The theory of regionally localized tone

reception in acochlea was also corroborated by these results from clinical standpoint.

TABLE I. Distribution of Cause of Deafness

<u>Classification by cause</u>	<u>No. of cases</u>	<u>Percentage</u>
Deaf-mutism	153	38.25
Perceptive deafness of unidentifiable cause	92	23.00
Deafness from infectious diseases	35	8.75
Labyrinthine syphilis	32	8.00
Familial deafness	17	4.25
Acute non-suppurative labyrinthitis	14	3.50
Deafness from acoustic trauma	13	3.25
Ménière's syndrome	11	2.75
Commotion of labyrinth	10	2.50
Toxic neuritis	7	1.75
Otosclerosis	7	1.75
Senile deafness	5	1.25
Deafness from malnutrition	4	1.00
Total	400	100.00
	(153+247)	

TABLE II. Relation between the cause of deafness and the audiogram type (see below).* All cases excepting those of deaf-mutism are entered in the table.

	<u>Audiogram types</u>								<u>Total</u>
	<u>A</u>	<u>A&B</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	
Perceptive deafness of unidentifiable cause.....	14	(32)	19	26	8	2	2	21	92
Deafness from infectious disease.....	5	(7)	2	8	2			18	35
Labyrinthine syphilis.....	3	(9)	6	9		1		13	32
Familial deafness.....	3	(6)	3	3	6	2			17
Acute non-suppurative labyrinthitis.....		(5)	5	4	1	1		3	14
Deafness from acoustic trauma...	7	(9)	2	3	1				13
Ménière's syndrome.....	1	(4)	3	6		1			11
Commotion of labyrinth.....	3	(6)	3	1				3	10
Toxic neuritis.....		(2)	2	1		2		2	7
Otosclerosis.....				3	1	3			7
Senile deafness.....		(1)	1	4					5
Deafness from malnutrition.....	1	(1)		3					4
Total	37	(83)	46	71	19	12	2	60	247

※ Classification of audiogram types:

- A---Abrupt type of high tone deafness.
- B---Gradual type of high tone deafness.
- C---Horizontal type.
- D---Marked middle tone deafness.
- E---Tone deafness.
- F---Marked low and high tone deafness.
- G---Total deafness.

A CASE OF STUTTERING CAUSED BY ABNORMAL
MOVEMENT OF THE DIAPHRAGM.

By

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University of Tokyo.)*

Author reported a rare case of stuttering in a female patient, aged 24. Org-
ans of phonation and articulation were normal. Her stuttering was caused by
abnormal movement of the diaphragm, as proved with X-ray photograph and
by measuring air-volume expired during the phonation.