## LETTER TO THE EDITOR

## THE SYMPTOMATIC TREATMENT OF DEAFNESS

TO THE EDITORS,

The Journal of Laryngology and Otology.

SIR,—Under the above heading Dr Dan McKenzie read a paper at the otological section of the Royal Society of Medicine which was reproduced in this month's Journal and in which he refers to my method of treating unrelievable deafness with collosal iodine. Dr Dan McKenzie in using such heroic quantities as 200/400 c.c. has been rather lucky in escaping unpleasant after-effects. In my early days of experimenting with the drug, I used from 120/300 c.c. intravenously once a week. I found that even with 120 c.c., patients got very severe symptoms of rigor and rise of temperature (sometimes 40°C). This lasted from one to two days, but in each case it passed off with a few grains of aspirin. The symptoms complained of were those one feels with an acute attack of influenza. Patients who are of stout build, plethoric, and who have high blood pressure sometimes felt uncomfortable during the injection, while the conjunctiva was seen to become Among my 800 cases treated both at the Kasr el Aini Hospital and in my private clinic two complained of a subsequent nasal catarrh which soon passed off.

Before infusing my patients I order a laxative. The iodine has to be a little above body heat, and I always wash in the last drop with saline. This, as Dr McKenzie says, does not always prevent subsequent coagulation in the vein near the prick. I, however, believe this to be the result of not passing in enough saline.

I have used the treatment for otosclerosis, for chronic catarrhal otitis media, and for senile nerve deafness. In the majority of cases, tinnitus and paracusis disappear and hearing improves. The improvement in hearing is sometimes noticed at once, that is before the patient leaves the room.

The improvement in hearing is best noticed if one talks to the patient in a very low voice at a close distance. If you shout at him you shock the nerve-ends and the patient does not hear you so well. One injection is sometimes enough to get rid of the symptoms, but you may have to give as many as twelve. I always give 120 c.c. every five to seven days and the results have been so far encouraging. I now use the treatment as routine. I feel sure that if this method is widely tried, it will soon receive its proper place as a standard method of symptomatic treatment for all cases of unrelievable and incurable deafness.

HASSAN BEY SHAHEEN.