

THE  
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**THE DEAF SOLDIER.**

THE brilliant success which has attended the public-spirited and generous action of Sir C. A. Pearson in providing St. Dunstan's Hostel, an institution where soldiers blinded by the war can be educated to earn their living, has naturally led to the question being raised as to whether a similar training centre cannot be organised for those who have been rendered deaf. As a matter of fact, we are informed, steps have already been taken to carry out this laudable suggestion, and the proposal has received the countenance and support of the Army medical authorities.

Needless to say, we have nothing but praise for the project, and we trust that it will be carried through to completion within a very short time. Steps should be taken, and we hope will be taken, to co-ordinate effort so as to avoid any wasteful overlapping of plans and energies.

It is obvious, even at first sight, that the problem of the deaf soldier presents several characters which are different from those of the blind soldier. To begin with, we are sure to be asked what is meant by a deaf soldier. Deafness, unlike blindness, is seldom absolute. But it may be replied that when the hearing is so poor that ordinary conversation in a loud voice is inaudible then such a person stands in need of special aid, for a defect so serious must handicap him in the struggle for existence.

Again, it is a truism that deafness, even absolute deafness, does not incapacitate the individual sufferer so much as blindness

does. There are many trades and handicrafts, for example, closed to the blind, in which a deaf man would have no difficulty whatever in competing with his normal neighbours. On the other hand, although less crippling to the individual probably in the mass, the damage resulting to the State as a whole from the defect of hearing is quite as serious, since it is probably the case that the number of men rendered deaf by war is greater than the number who are blinded.

Thus one can foresee that institutions formed to combat this new defect of the body politic will have to be numerous and wisely distributed over the country. One of the first tasks to be faced will be, as in the case of blindness, the separation of the functional from the organic defects. Then it will be necessary to provide the deaf with information as to what trades and occupations are suitable to them, and to train them for those callings.

In addition, there ought also to be classes for the teaching of lip-reading, as that accomplishment is, we understand, by no means difficult for a person of average intelligence to acquire.

In England the movement has been started in a letter to the press by Sir Frederick Milner. But, before his letter had appeared, the work had already been set agoing in Edinburgh with very great and encouraging success.

Just as we are going to press we learn that the Government has intimated its intention of dealing with the problem. This is, of course, just as it should be.

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### CLINICAL RECORDS FROM A PROVINCIAL HOSPITAL.

BY NEIL MACLAY, C.M.,

Hon. Surgeon, Throat and Ear Hospital, Newcastle-on-Tyne.

1. **Laryngectomy for Cancer of the Larynx.**
2. **Laryngo-fissure for Intrinsic Cancer of the Larynx.**
3. **Post-cricoidal Cancer of the Gullet.**
4. **Tuberculosis of the Larynx; Tracheotomy; Improvement.**
5. **Epithelioma of the Nose superimposed on a Tubercular Lesion.**
6. **Septic Lateral Sinus Thrombosis.**
7. **Temporo-sphenoidal Abscess.**

#### 1. **Laryngectomy for Cancer of the Larynx.**

MRS. M——, aged forty-four, was sent to me on January 19, 1916, by Dr. Whyte, of South Shields, on account of hoarseness.

Her personal and family history is good. She is the mother of nine children, the youngest being nine months old.