

FUNCTIONAL DISORDERS OF SPEECH AND HEARING IN A SOUTH INDIAN GENERAL HOSPITAL

S. Kameswaran and A. Venkoba Rao

Introduction

Until the First World War, it was not evident to the Otologists that functionally deaf patients could exist. It has only been since World War I, when relatively large number of psychogenically deaf patients were reported by the Military rural rehabilitation centres, that the suspicion or similar conditions existing in civilian population arose.

To an Otolaryngologist attached to a General Hospital, all cases of hard of hearing coming to him naturally are considered as cases with organic deafness and investigations are launched to that end only. Unless the circumstances are very evident, the thought that the cases may be one of psychogenic deafness never enters his mind.

Data on the actual incidence of psychogenic deafness is available only from military sources. The figures given range from 10 to 20% of a series of routine admissions to military hearing centres. While it was true that some of them were combat casualties, a large proportion were not exposed to any military stress other than trauma experienced in wearing uniform. It may be said that they were essentially civilians dressed in uniforms.

Doerfler : from the University of Pittsburgh, Department of Audiology surveyed 30 leading audiological centres. The results were interesting

Survey of Psychogenic Deafness in 30 Audiological Centres in U.S.A.
(By Dr. Leo G. Doerfler—University of Pittsburgh)

Table 1

No. of Centres	Data in Adults		Remarks
	Reported		
53% of Centres	Reported		Encountering no psychogenetically deaf patients.
37% of Centres	Reported		Incidence of 1 to 5%.
10% of Centres	Reported		Over 5%.

Dr. S. Kameswaran is professor of E.N.T. Diseases and Dr. A. Venkoba Rao is Professor of Psychiatry, Madurai Medical College, Madurai.

Data in Children

75% of Centres	Reported	No psychogenically deaf children.
21% of Centres	Reported	1 to 5%.
7% of Centres	Reported	Over 5%.

Let us consider the distribution of patients in the institutions in our country :

Table 2

All India Institute of Speech and Hearing, Mysore
(Courtesy of Dr. N. Rathna)

	1967-68	1968-69	1969-70
Hearing loss cases.	58	435	845
Stammering	50	107	150
Others	228	196	316

Table 3

Government Erskine Hospital, Madurai

Cases of Hard of Hearing seen at the Audiology Section of the ENT Department, Erskine Hospital, Madurai

1968	1969	1970	Total Cases	Cases Referred to Psychiatric Deptt.	Classification,
1008	1774	2137	4919	21	9 Hysterical conversion. 12 Psychological overlay on organic deafness.

Percentage of True Psychogenic Deafness: 0.18%.

Table 4

Cases of Functional Disorders of Speech and Hearing seen at Psychiatric Department

1968-69	1969-70	Total Cases Seen	Total functional Cases seen.
1400	1600	3000 cases	75

Functionally disordered cases of Speech and Hearing seen at the Psychiatric Department: 15% of all their cases.

Table 5

Aetiology in Disorders of Speech—Stammering (Children)

Cases	Reason
1. Lived with grand parents.	Recently brought to parents' house.
2. Recently sent to School.	Teacher : The Old cane wielding type.
3. Saw an elder brother die in an accident	
4. Parents separated	Child living with mother. More attached to father.

Except in cases with obvious reliable case history, the following diagnostic symptoms have been found to be useful:

1. Sudden unexplained onset of bilateral severe hearing loss, perceptive in nature. Psychogenic deafness seldom occurs with good bone conduction.
2. Audiometric slope resembling a saucer usually lies in between 50 and 90 decibels.
3. Unexplained discrepancy between audiometric results and tests for the hearing of speech. For instance, hearing for speech being better than that for pure tones should raise suspicion.
4. Surprise response to therapy out of proportion to what may be reasonably expected.
5. Results of special tests—D. S. Test.

Case Report

Mrs. X house wife, married to Y, sole son of a rich widow. Mrs. X hails from a medium income group family. Married for her appearance.

X and Y are married 10 years. They have four children and the aged mother of Y continues to live with them exerting her authority. She has obedient son in Mr. Y., but feels that her daughter-in-law is not so obedient.

Mrs. X suddenly reported one day with sudden and absolute deafness, confirmed by repeated audiometric tests. However, a diagnosis of hysterical conversion was made and after suitable therapy (Vide infra) returned home. Narure solved her problems soon. Her mother-in-law died of old age !

DISORDERS OF SPEECH

Functional aphonia is a known clinical condition and its treatment is quite satisfactory on Psychological lines. However; there are other functional disorders which masquerade as organic ones and are easily missed.

Stammering: Out of 21 cases seen this year, 6 cases were children from the age of 3 to 8 years. The parents gave a history of fall. They were typical stammerers, but the history was very short (4 weeks). On deep probing the Psychiatrist gives the reason.

We were not successful with adults.

Dysphonia : Hysterical dysphonia is an equally common disorder, but is more often incorrectly attributed to vocal strain. We had recently in our Department, an American student who was sent for intractable chronic laryngitis. On attempting a phonation, we noticed the vocal cords coming together as for adduction, but even as they just approached, the ventricular bands rushed to firm opposition and hid the vocal cords from view. We would have agreed on the diagnosis of chronic laryngitis (Plica dysphonia ventricularis), but for the fact that the history of onset was short and the

patient did not appear normal. After narco-analysis., the patient unburdened her conflicts and returned to normality. The vocal cords were moving normally !

Functional: Aphonia while it is easy to diagnose sometimes baffles us by their weird unbelievable presentation. There is the case of Mr. T. 22 years with 12 years of aphonia. His history is one of tragedy. By the excitation analysis with Methidrine, he was able to talk in 2 days' time.

The Treatment by Abreaction:

Treatment adopted by us :

Two methods of Analysis under drugs were made use of: 1. Under mild sedation : Pentathol Intravenous and Amitol. 2. Excitation Analysis : Methidrine injection.

The excitatory Analysis is useful in those cases where the condition is mono-symptomatic and where patient retains quite a lot of emotional tension.

In conclusion, the functional disorders affecting speech and hearing are usually hysterical in nature although other illnesses like anxiety neurosis, schizophrenia, depression and other psychosomatic syndromes may also be responsible. In hysteria the psychodynamics of symptom formation is usually described as conversion. The mechanism involves the transformation of anxiety resulting from mental conflict into a physical symptom.

It must be remembered that whenever we have to make a psychiatric diagnosis, it is not made on negative grounds.

The diagnosis is made on two factors:

- (1) Absence of organic factors, and
- (2) Presence of Psychological factors.

REFERENCES

1. Brown S.F., the Loci of Stutterings in the Speech Sequence, J. Speech Dis., 10, 1945,181. 192.
2. Goodstein, L.D.. Functional Speech Disorders and Personality: Methodological and Theoretical Considerations, J. Speech Hearing, Res., 1, 1958 377-382.
3. Priestestersbach, D.C., Research in Articulation Disorders and Personality, J. Speech Hearing Dis., 71,1956,329-335.