

PERSONAL ANECDOTE

THE DAY THE WORLD WENT EE — E — E — E

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(The account below relates to one of the authors, PPBY)

What was meant to be a weekend of relaxation turned into a fortnight of nightmare.

A weekend of shooting had been arranged, and the excitement of a marksmanship test was in the air. The weapon was the AR-15, the rifle which has served the Americans in the Vietnam war.

The auspicious Saturday afternoon arrived. We had to “zero” our rifles, that is, to align the accuracy of the rifle to our individual visual axes. The usual exhortation of wearing ear-plugs was given; but it did not register very strongly. However, I remembered to put on the ear plugs, and fired twelve rounds that afternoon. Contented, I went home.

The following morning, there was the practice-run for the marksmanship test. Again, we were advised to wear our ear-plugs. I did. We took turns in shooting at the targets, and we had to fire from three different positions. I released twenty-one rounds over seven minutes. It was exhilarating. Soon, it was lunch.

In the afternoon, the test was on. There was tension and excitement. We took our turns as before. Again, I fired twenty-one rounds in seven minutes; this time, however, it was for real. Immediately after the shooting, I felt “stuffed-up” in my right ear. I am right-handed, and my right eye was my aiming eye. I tried to remove my ear-plugs, only to realise that I have forgotten to put them on.

That same night, while sleeping in bed, I suddenly realised that there was a high-pitched tinnitus, especially when I turned over to the right side with my right ear buried in the pillow. I was mildly disturbed; nevertheless, I had a restful sleep.

The next morning, while performing the usual morning ward-round, I had the occasion to use my stethoscope. The moment the ear-pieces of the stethoscope were in place, I heard the world buzzing, a high-pitched ee-e-e-e. I was dis-

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turbed, distressed and worried. I made a bee-line for the Department of Otorhinolaryngology (ENT) of the Singapore General Hospital. I consulted two of my ENT colleagues, and I was told that the tinnitus was due to acoustic trauma. An audiometric test was performed and the audiogram (Figure 1) revealed the characteristic high-pitch deafness. "What was the prognosis?" I asked. "50-50" said one, while the other gave me a poorer figure of "20-80" for recovery. My ENT colleagues advised that I should take nicotinic acid and the B vitamins for whatever they were worth.

I rushed over to the Medical Library. In the quiet of the reference section, while pouring over the reference books on the subject of ENT, I heard the irritating high-pitched ee-e-e-e. The sound appeared to pierce the air. Just then, I read the statement "acoustic trauma is irreversible" in one of the texts; I felt numb. The thought of having to live with the tinnitus for the rest of my life was depressing.

That same day, I gulped down the prescribed medicine of nicotinic acid and the B vitamins. I prayed.

Throughout the first week, I shunned the stethoscope. I had to tolerate the headache and the flushing of the face and skin induced by the nicotinic acid. At the end of the first week, I met

another ENT colleague. I thought the tinnitus was improving, that is, less in intensity. He warned me that, although the tinnitus might disappear, the high-pitch deafness could persist. I was shattered.

In the second week, I felt that there was a definite improvement in the tinnitus, as the intensity of the sound was becoming progressively softer. Seventeen days after that fateful weekend, I could no longer hear the ee-e-e-e. I could not believe my ear. It was difficult to remove from my mind the screeching noise that had tormented me for more than a fortnight. I summoned sufficient courage to repeat the audiometric test, and I was told that the audiogram (Figure 2) was now normal. I was thrilled and felt very relieved.

It is, of course, not possible to proclaim the usefulness of nicotinic acid and the B Vitamins on the basis of one patient, although those are the treatment advocated by certain authorities. I was very fortunate to have made a recovery; others might not be just as fortunate. Clearly, preventive medicine, here, would be the better policy. It is vital that this message permeates through to all users of firearms, and to all who are likely to be victims of other causes of acoustic trauma. The importance of wearing ear-plugs in such situations cannot be more than adequately emphasised.

Figure 1: Audiogram — first day after exposure to gunfire.

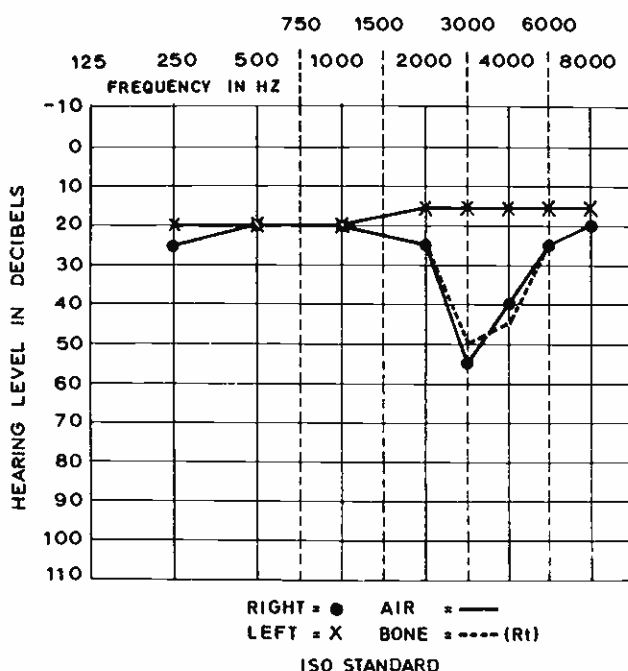


Figure 2: Audiogram — seventeen days after exposure to gunfire.

