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Editorial

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My friend, you would not tell with such high zest
To children ardent for some desperate glory,
The old Lie: Dulce et decorum est
Pro patria mori.
Wilfred Owen (1893–1918)

This month marks the 100th anniversary of Armistice Day, the end of World War I. Several articles in this month's issue of *The Journal of Laryngology & Otolology* mark this significant centenary occasion.

One hundred years ago, millions of British and Allied troops were fighting in the trenches of the Great War. In a conflict where more than a tenth of soldiers lost their lives, hearing loss was a low priority in an environment where fatal injuries and diseases were rife. This month's issue includes a review by Conroy and Malik of the literature published between 1914 and 1925 concerning hearing loss suffered during and in the aftermath of the Great War.¹ Soldiers were exposed to up to 185 dB of sustained noise from new, high-energy weapons, which caused 'labyrinthine concussion'. Traumatic injuries, non-organic hearing loss and malingering were also common. One source estimated that 2.4 per cent of the army was disabled by hearing loss.² However, many British doctors viewed this 'soldier's deafness' as a temporary affliction, resulting in soldiers being labelled as malingerers or 'hysterical'. What is apparent from this work is that otolaryngologists at the time underestimated a huge burden of morbidity in a large population.

During World War I, 213 300 mules were used by the British and US armies.³ Mules are known for 'braying' loudly, which can be disastrous in a battlefield situation. Sekhar *et al.*, in this month's issue, describe various surgical procedures, including Moffett's technique of vocal cordectomy, to provide a quick, reproducible and safe solution for silencing mules and other equine species in battlefield situations.³

It is a remarkable thought that *The Journal of Laryngology & Otolology* was established in 1887, some 27 years before the outbreak of the Great War. *The Journal* made significant contributions during the wartime years. For example, Bryant recognised hearing loss to be a significant problem for his troops. An observational study carried out across various field hospitals in 1917 described ear conditions as accounting for 3–9 per cent of patients.² He also estimated that 80 per cent of these would not be able to return to their former occupations after the war because of hearing loss. He warned that it was unlikely a soldier would recover from a gradual-onset hearing loss induced by noise. Bryant also pointed out that the British otolaryngology presence on the front line was weak, especially compared to French and Italian medical organisations.⁴ In fact, Barrett noted on his arrival in Egypt that there was not a single ENT surgeon amongst the medical personnel there.⁵

Readers are encouraged to visit *The Journal of Laryngology & Otolology* online archive, where all previously published journal articles dating back to 1887 may be accessed (through Cambridge Core). Such articles provide us with a unique insight into the history of ENT and a window into the dark past of the wartime years through the eyes of otolaryngologists at the time.

References

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- 3 Sekhar V, Wong E, Elhassan HA, Singh N. Moffett's muted mules: the science of laryngology in the art of war. *J Laryngol Otol* 2018;**132**:956–60
- 4 Bryant WS. The oto-rhino-laryngological service in Italy. *The Journal of Laryngology, Rhinology and Otolology* 1918;**33**:97–100
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