

Hazard of yawning

Yawning is a common phenomenon that until recently¹ had received little attention in the medical literature.^{2,3} Although abnormalities may be associated with brain disorders⁴ yawning is generally considered of little clinical significance, and complications are rare.⁵ Yawning is associated with depression of the lower mandible⁶ and in our patient induced recurrent subluxation.

At the age of 25 years, 6 months after the birth of her daughter, the patient was sitting at the kitchen table drinking a cup of coffee when she yawned. Her jaw became locked in that position, deviated to the left, so that she was unable to close her mouth or speak. Pain was prominent. After about 30 minutes her husband struck the left side of her jaw, which restored the mandible to its normal position.

Three months later the problem recurred, and about 15 minutes elapsed before she was able to manipulate her jaw back into position. Subsequently she learned to suppress yawning by voluntary effort and by cupping her hand underneath the jaw when the urge to yawn occurred.

Before this, yawning had always been a relaxing experience, during which the patient's back would stretch and arch backwards, and her arms, flexed at the elbow, would be raised and her shoulders pushed back. Now the patient became afraid of yawning. She would look away if someone yawned and immediately take measures to suppress any urge to yawn.

Despite these precautions there were four occasions over the ensuing 34 years during which subluxation of the jaw recurred, always as a result of yawning. To restore the jaw to its correct position the patient learned to make a forced yawn and simultaneously push on her jaw. We subsequently

learned of a family history of jaw-related anomalies. The patient's daughter and grandson had complaints about their temporomandibular joint function but declined investigation.

In a review of the literature on yawning, including a Medline search and examination of current textbooks of surgery, we were unable to find any reference to subluxation of the lower jaw induced by yawning, other than one brief passing mention.⁴ Given the generality of the phenomenon of yawning, we suspect this complication is more common than is apparent from the literature.

Yoseph Tesfaye, MD, PhD

Research associate

Samarthji Lal, MB, BS, FRCPC

Professor of psychiatry

Douglas Hospital Research Centre
Verdun, PQ

References

1. Lal S, Grassino A, Thavundayil JX et al: A simple method for the study of yawning in man induced by the dopamine receptor agonist, apomorphine. *Prog Neuropsychopharmacol Biol Psychiatry* 1987; 11: 223-228
2. Heusner AP: Yawning and associated phenomena. *Physiol Rev* 1946; 26: 156-168
3. Lehmann HE: Yawning. A homeostatic reflex and its psychological significance. *Bull Menninger Clin* 1979; 43: 123-136
4. Berbizet J: Yawning. *J Neurol Neurosurg Psychiatry* 1958; 21: 203-209
5. McCorkell SJ: Fractures of the styloid process and stylohyoid ligament: an uncommon injury. *J Trauma* 1985; 25: 1010-1012
6. Pellatt A, Wright PG, Levine LS: Yawning and the thyroid gland. *S Afr J Sci* 1981; 77: 391-394

"The jury's out"

One commonly hears the comment "The jury's out" when a speaker intends to indicate that there is not enough evidence available to make a judgement. The implication is that if there were more evidence for or against a proposed course of action (e.g., the use of coronary care units for very old

patients), then one would come to a reasonable, substantiated conclusion.

This, of course, is not the case in a jury trial: the jury is out because the evidence is in. Evidence has been presented, and the jury's job is to deliberate in an all-or-none (guilty or innocent) judgement, at least in jurisdictions following the English common-law tradition.

When we say "The jury's out" we often fail to recognize that on the available evidence there is "no case to answer". In other words, if we don't know, we don't do. One appreciates that this aphorism may lead to total inertia if we don't know anything.

Colin Powell, MB

University of Manitoba
Winnipeg, Man.

Barry Goldlist, MD

University of Toronto
Toronto, Ont.

"Lest we forget"

As we remember the 50th and 75th anniversaries of two global conflicts we are provided with further evidence of atrocities, the cruelty and origin of which must surely trouble us. Dr. Bruce P. Squires (*Can Med Assoc J* 1989; 141: 647) advances a strong *a priori* argument on the basis of modern history that warfare should not be glossed over by being cloaked in honour. This concern is urgent, for since the end of the Second World War over 20 million people have been killed in over 100 wars around the world.¹

The problem is, do we stop this carnage by simply talking about it, or do we tragically also sometimes have to be prepared to contain it? If the latter, we must take care not to strip the profession of honour and societal recognition. To do that is to expect the deployment of force to be barbaric all the time. Historically this is not the case.