

names of the physicians in the request-  
group.

I am at a loss to understand what  
value the so-called complete medical  
history is to Dr. Blank, and I am fre-  
quently tempted to write to him and  
suggest that he learn how to take the  
medical history himself. If he is par-  
ticularly anxious to obtain details of  
previous illnesses the course is simple:  
he should write a personal letter.

In the latest one to reach me the  
signature of the patient was indecipher-  
able; therefore, even if I had so wished,  
I had no means of complying with the  
request.

I hope the publicity this letter will  
gain may in some way reduce this ir-  
ritating phenomenon of present-day  
medical practice.

J.W.F. SCRIMGEOUR, FRCOG  
910 Ridgeway St.  
Postal Station "E"  
Thunder Bay, ON

### Inner ear damage related to propoxyphene ingestion

To the editor: Propoxyphene hydro-  
chloride has been prescribed as an anal-  
gesic for the relief of mild to moderate  
pain for several years and has been  
considered to have few serious side  
effects.<sup>1-4</sup> The report that follows de-  
scribes the development of severe audito-  
ry and labyrinthine damage following  
the use of this medication, a complica-  
tion not previously reported.

A 22-year-old Indian male from Fort  
McPherson in the Northwest Territories  
was admitted to the Charles Camsell Hos-  
pital, Edmonton in February 1975 with  
suspected Reiter's syndrome accompanied  
by severe deafness and ataxia. In January  
he had complained of bilateral groin pain

and propoxyphene hydrochloride, 65 mg  
*qid*, was prescribed. He inadvertently took  
130 mg every 2 hours for the next 6 days,  
and 48 hours later noted tinnitus, deafness  
and severe ataxia. There was no history of  
ingestion of any other medication or  
toxic substance. Following initial assess-  
ment in Inuvik he was referred south for  
further investigation.

He had bilateral conjunctivitis and an-  
terior uveitis, swelling and tenderness of  
the right knee and left ankle, and a  
broad-based ataxic gait.

Laboratory investigation revealed a  
normocytic, normochromic anemia with a  
hemoglobin value of 10.9 g/dl, a normal  
leukocyte count and an elevated erythro-  
cyte sedimentation rate of 60 mm/h. No  
microorganisms were isolated from ure-  
thral or conjunctival swabs. Latex fixation  
and antinuclear antibody tests were nega-  
tive, as was a search for HL-A-W27. Ra-  
diographs of the chest, sacroiliac joints,  
knee and ankle joints and each internal  
auditory meatus were normal.

An audiogram showed a sensorineural  
hearing loss, similar in each ear and  
worse for high frequencies. The configura-  
tion was unusual, being in almost straight  
lines at 250 to 8000 Hz. Discrimination  
was moderately poor and the short-incre-  
ment sensitivity index at 1000 Hz was  
positive in both ears (Fig. 1).

Electronystagmography was performed,  
during which, standard caloric irrigation  
(at 44 and 30°C) failed to produce nystag-  
mus in either ear. The right ear reacted  
to water at 0°C with nystagmus to the  
left, beating at a speed of 5 degrees per  
second and a frequency of 34 beats per  
30 seconds. The left ear did not respond  
to irrigation with water at 0°C. There was  
no spontaneous gaze nystagmus or posi-  
tional nystagmus. Ocular tracking showed  
a slight distortion throughout the curve.

It was thought that these investigations  
showed a severe sensorineural hearing loss  
of cochlear origin, with grossly diminished  
labyrinthine responses to caloric testing.  
In fact, the left ear could not be stimulated

and the right ear responded only weakly  
to maximal stimulus.

Over the next 3 weeks the ocular and  
joint symptoms subsided and he was dis-  
charged home. Since then the ataxia has  
persisted and there has been no improve-  
ment in his cochlear or labyrinthine  
function.

Propoxyphene hydrochloride is struc-  
turally related to methadone. Adverse  
reactions to propoxyphene have been  
reported to occur in 0.5 to 1% of all  
patients receiving this drug. Most of  
these reactions are minor (dizziness,  
vertigo, nausea, vomiting, constipation  
and skin rashes). Increasing numbers of  
cases of propoxyphene poisoning, pro-  
ducing convulsions as well as severe  
respiratory and circulatory depression,  
have been reported.

Review of the available literature<sup>1-4</sup>  
failed to reveal any reports of ototoxi-  
city and, although causality is always  
hard to ascertain, it was thought that  
the association in this case was suffi-  
cient to warrant reporting.

A.J. LUPIN, MB, BS, FACS, FRC[C]  
Chairman, division of head and neck surgery  
and otolaryngology  
C.H. HARLEY, MD, M SC, FRCPC[C]  
Chief, department of medicine  
Charles Camsell Hospital  
Edmonton, AB

### References

1. GOODMAN LS, GILMAN A: *Pharmacological Basis of Therapeutics*, 5th ed, New York, Macmillan, 1975, pp 270-71
2. Propoxyphene hydrochloride (Darvon) and Darvon compounds. *Med Lett Drugs Ther* 12: 5, 1970
3. Darvon and Darvon-N. *Med Lett Drugs Ther* 14: 37, 1972
4. Darvocet-N. *Med Lett Drugs Ther* 15: 61, 1973

### Particle size of radioisotope colloids

To the editor: In their correspondence  
regarding radioisotope synovectomy  
(*Can Med Assoc J* 113: 815, 1975)  
Bowen, Garnett and Tomlinson state  
that the particle sizes of <sup>90</sup>Y-citrate  
colloid and <sup>198</sup>Au colloid are similar,  
basing their statement on my personal  
communication to them. My communi-  
cation was based on a single observa-  
tion and was accompanied by a request  
not to refer to these data in any pub-  
lication till their validity could be firm-  
ly established; the inaccuracy inherent  
in any statement based on a single ob-  
servation must be obvious. I would  
therefore like to draw attention to the  
possible fallacy of the statements re-  
garding properties of <sup>90</sup>Y-citrate and  
<sup>198</sup>Au colloids.

ANN WARBICK, B SC PHM  
Radiopharmacist  
The Princess Margaret Hospital  
500 Sherbourne St.  
Toronto, ON

To the editor: We regret any misunder-  
standing over the relative size of <sup>198</sup>Au  
and <sup>90</sup>Y-citrate colloid particles that we  
may have created by quoting the study

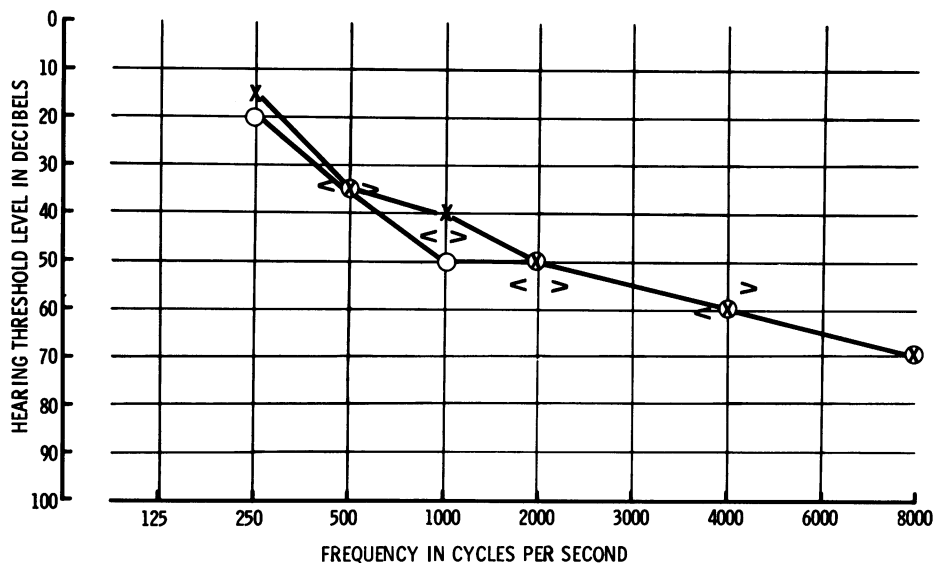


FIG. 1—Audiogram of patient with severe sensorineural hearing loss, similar in each ear and worse for high frequencies, 8 weeks after ingestion of excessive amount of propoxyphene hydrochloride.