Cognitive restoration of reversed speech

Speech is the most complex auditory signal and requires the most processing. The human brain devotes large cortical areas to deciphering the information it contains, as well as parsing sound produced simultaneously by several speakers. The brain can also invoke corrective measures to restore distortions in speech, for example, if a brief speech sound is replaced by an interfering sound that masks it, such as a cough, the listener perceives the missing speech as if the brain interpolates through the absent segment. We have studied the intelligibility of speech, and find it is resistant to time reversal of local segments of a spoken sentence, which has been described as “the most drastic form of time scale distortion.”

We subdivided a digitized sentence into segments of fixed duration (say, 50 ms). Every segment was then time-reversed without smoothing the transition borders between the segments. The entire spoken sentence was therefore globally contiguous, but locally time-reversed, at every point (A + B in Fig. 1). Listeners report perfect intelligibility of the sentence for segment durations up to 50 ms, and partial intelligibility for segment durations exceeding 100 ms (Fig. 1, bottom), with 50% intelligibility occurring at about 130 ms; by psychoacoustic standards, such segment distortions are very long. Many defining features of speech sounds are rapid temporal transitions with durations well within the reversal window.

Perception of speech against local time reversal is robust even if alternating segments are shifted in time (A + delayed B). Speech also remains intelligible if odd-numbered segments are displaced forwards in time by two or three times the duration of the window. For example, for segments of 100 ms, shifting the odd-numbered segment forward in time by 200 ms reduces the intelligibility rating by only 15%. For segments of 50 ms, intelligibility is not significantly affected by a displacement of 100 or 200 ms, but the speech does sound more echoic. Furthermore, the results are not changed if half the segments (A in Fig. 1) are presented to one ear and the other half (B in Fig. 1) to the other ear.

When subjects listen repeatedly to locally time-reversed sentences with moderately long windows (100 ms), they report that previously unintelligible words become clear. This type of ‘learning’ is not simply due to an improvement in identification, as subjects say they can now hear actual words, indicating some form of cognitive recalibration. The experience is similar to familiarization with a newly heard accent. These findings lend support to recent theories of speech encoding that state, contrary to conventional thinking, that a detailed auditory analysis of the short-term acoustic spectrum is not essential to the speech code. Rather, the ultralow-frequency modulation envelopes in the order of 3 to 8 Hz are critical cues to intelligibility. Although the amplitude spectrum of a waveform is unaffected by time reversal, the temporal envelopes, as well as the fine structure of the running spectrum, are highly distorted for such sounds. The advantage of a robust speech-encoding system that uses higher-order corrective measures and ultralow-frequency cues is obvious in noisy environments where the listener needs to extract perceptually and identify a stream of speech cues that compete with extraneous noise, as in the ‘cocktail party effect’.

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Co-carcinogenic effect of β-carotene

Epidemiological and animal studies on vitamin A and its analogues support the hypothesis that β-carotene can prevent cancer in humans. However, chemoprevention trials have unexpectedly shown that β-carotene, either alone or in combination with vitamin A or vitamin E, actually increases lung-cancer incidence and mortality in heavy smokers and asbestos workers. We find that β-carotene in rat lung produces a powerful booster effect on phase I carcinogen-bioactivating enzymes, including activators of polycyclic aromatic hydrocarbons (PAHs), and that this induction is associated with the generation of oxidative stress. Our findings might explain why β-carotene supplementation increases the risk of lung cancer in smokers.

The α-tocopherol β-carotene (ATBC) and β-carotene retinol efficacy trial (CARET) chemoprevention studies suggested that heavy smokers should avoid high-dose β-carotene supplements because of an increased risk of lung cancer. The ATBC study (29,133 participants) recorded 18% more lung cancers and 8% more overall deaths in smokers taking β-carotene; in CARET (18,314 participants), there were 28% more lung cancers and 17% more deaths in smokers and asbestos workers who were taking β-carotene and vitamin A supplements. Rather than initiating new tumours, β-carotene might have co-carcinogenic properties on latent ones.
figure 1 Enzymatic CYP induction by b-carotene. Male Sprague-Dawley rats (aged 6–7 weeks, 140 ± 10 g) maintained on a standard laboratory diet received by mouth daily 600 mg per kg body weight of b-carotene (Aldrich, Milan) for five consecutive days; controls received only corn oil. Because of species specificity, the purpose of the in vivo experiments was to find evidence of the co-carcinogenic potential of b-carotene, not to mimic a trial situation. Rats were fasted for 16 h before being killed humanely in accordance with approved procedures.

Because b-carotene is known to be an anti-genotoxic agent, we decided to investigate whether it might act by means of epigenetic mechanisms, such as those involving cytochrome P450 (CYP) changes.

We found a highly significant increase in the carcinogen-metabolizing enzymes CYP1A1/2 (activating aromatic amines, polychlorinated biphenyls, dioxins and PAHs), CYP3A (activating aflatoxins, 1-nitropyrene and PAHs), CYP2B1 (activating olefins and halogenated hydrocarbons) and CYP2A (activating butadiene, ethamyl phosphonamide and nitrosamines) in the lungs of rats supplemented with high doses of b-carotene. This was documented by increased expression of these enzymes in the following probes: ethoxyresorufin O-de ethylase activity (CYP1A1-linked), testosterone 7a-hydroxylation (CYP1A1/2 and CYP2A1), 6b-hydroxylation (CYP1A1/2 and CYP3A1), 2b-hydroxylation (CYP1A1 and CYP3A1) and androst-4-ene-3,17-dione-associated monooxygenase (17-testosterone hydroxylase, CYP2B1 and CYP3A1) (Fig. 1).

In humans, correspondingly high levels of CYPs would predispose an individual to cancer risk from the widely bioactivated tobacco-smoke procarcinogens. Moreover, many of these could act synergistically with b-carotene as CYP inducers to impose a co-carcinogenic effect, particularly in genetically 'at risk' genotypes of xenobiotic metabolizing enzymes. Indeed, studies have associated an increased risk of lung cancer with the induction of aryl hydrocarbon hydroxylase and/or polymorphisms in CYP1A1 (ref. 10). Although b-carotene is known to increase

the levels of phase II detoxifying enzymes such as glutathione S-transferase Mu and glutathione peroxidase enzymes, smokers with the CYP1A1 exon-7 valine polymorphism have significantly higher levels of PAH–DNA adducts; b-carotene intake does not significantly decrease these levels.

We used electron paramagnetic resonance to evaluate the precise contribution of CYPs induced by b-carotene on superoxide production. There was a significant association between the induction of CYP content in subcellular lung preparations and the overgeneration of superoxide yield (not shown), which could act synergistically with the peroxyl radicals, nitrogen dioxide and hydroquinones that are contained in cigarette smoke. The pro-oxidant activity of b-carotene has also been unambiguously demonstrated at a high partial pressure of oxygen. Because this is highest in the outermost cells of the lung, these cells might be particularly subject to the pro-oxidant effect of b-carotene.

We found in a medium-term bioassay with BALB/c 3T3 cells that b-carotene enhances the conversion of the prototype benzo(a)pyrene to the ultimate carcinogens (our unpublished data). This co-carcinogenic activity of b-carotene is in line with the boosting effect of b-carotene itself on activating enzymes during cell growth.

Although cancer chemoprevention cannot rely merely on the control of antioxidants, there have been proposals to take advantage of the radical-trapping ability of b-carotene (and probably of other carotenoids) to try to decrease the incidence of lung cancer in humans. We postulate that the paradoxical effect of increased morbidity and mortality observed in the clinical chemoprevention trials is probably due to the co-carcinogenic properties of b-carotene and its ability to generate oxidative stress. We think that our findings are relevant to public health policy and that they should be considered before widespread supplementation with these micronutrients is recommended.

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