EDITORIAL

London, April 1948

Peripatetics

'Travel, in the younger sort, is a sort of education ; in the elder, a part of experience.'—BACON.

The late Sir William Wheeler was wont to say that the most important part of a post graduate's education was spent in travelling to other clinics, both at home and abroad. He would add, moreover, that there was practically no hospital which a man could visit without learning something new or at least seeing something old in a new light and, being an Irishman, he would conclude by pointing out that if there was nothing good to be seen, then at the worst it would serve to bolster up the visitor's own self-esteem.

To enter a strange hospital for the first time can be a pleasant and exciting venture if we are in the right frame of mind. First, there is the general atmosphere of the place, a sure barometer of what is to follow and secondly one cannot help being struck by the relationship between nurse and patient, which varies so much in different institutions. Two years ago Mr. Sol Cohen pleaded most eloquently for physicians and surgeons to take more interest in the education of their nursing staffs, since on them depends so much of the patients' progress. Where the medical staff take the time and trouble to teach the nurses, both at the bedside and in the lecture theatre, not only the standard but the quality of nursing rises.

A visit to the operating theatre where a master craftsman is at work is always a joy to a surgeon. Unlike the undergraduate who begrudges the long hours spent standing beside the table, not really knowing what is happening nor cognizant of the difficulties which the operator is attempting to negotiate, the post graduate mentally tackles the problems which he sees another surmounting and can gain a moiety of experience and wisdom by a route which is free from its usual responsibilities. How stimulating it is to see the skilled abdominal worker adding a few more sutures to the almost perfect anastomosis, or securing absolute haemostasis by an added ligature when something almost as good would have done. The unhurried worker who completes each step of his operation perfectly before passing on to the next will always command

respect in a profession where speed was once necessarily all important. It is only in first-aid and possibly some forms of paediatric surgery, that speed still remains as the most important consideration.

In a country such as ours, with its dense population and innumerable hospitals we have not far to travel in order to enjoy such visits as these. Too often the opportunity is neglected, or there is unwillingness to devote the time to see our colleagues at work. Almost without exception the outstanding members of our profession have been great travellers and they have recorded how much they owed to this aspect of their work. Osler himself has been described as an incurable peripatetic and from his writings we see how much he derived from his visits to other clinics. For many, it is not possible today to travel overseas, but all can enjoy the benefits of seeing the work that is going on nearer home.

Since the recent war there has been a marked increase in those clinical societies which journey to a different centre each Saturday, they represent the best form of peripatetic medicine.

ANNOTATION

M.R.C. Report, No. 261: Hearing Aids and Audiometers, 1947

(H.M. Stationery Office, Price 1s. 3d.)

The subject of deafness and its treatment is becoming of increasing concern to the public, especially with the realization of the great economic disability to the country as well as the individual social handicap suffered by the deaf. It is gratifying to know that plans for a comprehensive service for the deaf are being devised by the National Health Service.

This report deals with the electro-acoustics concerned in the construction and the adaptation and individual selection of hearing aids, for those for whom the deaf aid is a suitable means of restoring them to a normal social and economic background.

The Government, through the National Health Service, has undertaken the development and specification of a standard hearing aid, based upon

the type of deafness for which they are required. It is apparent from the outset that no one type of hearing aid will be suitable for all classes of deafness of which there are two main groups, namely, nerve deafness and obstructive deafness. Furthermore, the satisfactory function of a hearing aid does not depend only on the reproduction of sound but the intensity and clarity, by that I mean freedom from background noises. This is evident to those of us who deal with the deaf, for we find that intelligence and temperament play a very big part in the satisfactory use of a hearing aid.

The task of designing a hearing aid to assist the majority of deaf persons has been facilitated by the construction of miniature valves and telephones. The ideal hearing aid would be one in which the gain of hearing would cancel the hearing loss of certain frequencies, only in a few cases where the hearing loss is small can this ideal be obtained, for it is practically impossible at present to accentuate certain frequencies and to dim down others.

In Appendix 1, page 23, the report states, 'subjects with fairly severe deafness have the greatest gain in articulated sound when the amplification decreases progressively below 1,000 c/s.' If the amplification is increased sufficiently to restore the hearing for some frequencies it may be so loud as to cause the sensation of discomfort in other frequencies, and therefore the problem reduces itself to one of finding the frequency characteristic which will give the highest articulation of highest speech power.

Considerable experimentation to determine the characteristics of a hearing aid suitable for general use were carried out and various recommendations made in an endeavour to solve the above problem.

For the all purposes hearing aid it was found desirable to develop the microphone and the amplifier box. Crystal microphones are apparently the best, but these have to be imported from the United States of America. Bone conduction receivers are used more for comfort and convenience than for advantage. The insert type of receiver which can be fitted to the individual by a moulded plastic ear piece is widely used as it is less conspicuous, and excellent results with the crystal type of insert receiver can be obtained. This type of receiver, if well fitted, largely does away with

'howling,' up to certain amplification. The committee have, furthermore, recommended this type of receiver for general use. The external receiver is bulky, unsightly, and depends for its close adaptation to the ear on some form of spring which is often very uncomfortable to wear for any length of time.

The valves and batteries must be correlated in either function. The committee recommend the incorporation of the Raythion C.K. series flat type valves, the only satisfactory British alternatives which are available.

Battery consumption depends, of course, upon the length of time it is in continuous use. Fifty hours for intermittent use, 35 hours for 15 hours per day. The cost of the battery upkeep should be about 0.6 of a penny per hour for actual use with an insert type of hearing aid.

The M.R.C. also report on audiometers and have carried out an investigation of pure tone audiometers and an investigation into the calibration of both air and bone conduction telephone receivers. They suggest that the National Physical Laboratory is the appropriate body to undertake the important task of testing pure tone audiometers in accordance with the national specification and for calibrating a Standard Audiometer. For use in deafness clinics and schools, it is likely that speech audiometers and test records of improved design will be used in future. The committee's recommendations of the contents in this report have been transmitted to the Ministry of Health and it is understood that large scale manufacture of the hearing aid is in hand and it is hoped that it will be possible to make a start with the distribution of the aid by the time the National Health Service comes into operation.

It is proposed that they should be issued to deaf patients on the recommendation of otologists.

In the meantime it should be made clear that the aids will not be available for supply to patients before that date. Furthermore the electro-acoustics committee of the M.R.C. would add that the supply of aids to patients are outside the Council's power and enquiries concerning it should not be sent to the Council's Offices.

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