

GENERAL NOTES

BRITISH ASSOCIATION OF OTOLARYNGOLOGISTS RUEDI TRUST FUND

THE British Association of Otolaryngologists has been entrusted with a sum of money to be devoted to the financial assistance of British postgraduates studying otolaryngology in Switzerland. Information can be obtained from the Secretary of the Association, 45 Lincoln's Inn Fields, London, W.C.2.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

THE Court of Examiners reports to the Council that at the recent Final Examination for the Fellowship 18 candidates presented themselves for the Examination in Otolaryngology, 6 of whom acquitted themselves satisfactorily.

The following are the names of the six candidates who are, therefore, entitled, subject to the approval of the Council, to the Diploma of Fellow :

Name.	Address.	Qualification.
Harvey, Ronald Marsden.	71 Nassau Road, S.W.13.	L.R.C.P., M.R.C.S., M.B., B.S.London, King's Coll.
Foxwell, Peter Burford.	"Thorncliffe," Oakfield Road, Ashted, Surrey.	L.R.C.P., M.R.C.S., M.B., B.S.London, King's Coll.
Panikkar, Sankar.	16 Wilbraham Road, Man- chester 14.	L.R.C.P., M.R.C.S., M.B., Ch.B.Manch., Manchester.
Malcomson, Kenneth Greer.	59 Hawthornden Road, Knock, Belfast.	M.B., B.Ch.Belfast, 1943. Belfast.
Glanville, John Dixon.	14 Manilla Road, Clifton, Bristol 8.	M.B., B.S.London, 1945. St. Mary's.
Goldman, Braham.	12 Brooklyn Avenue, Caulfield, Melbourne, Australia.	M.B., B.S.Melbourne, 1946. Melbourne.

OTOLARYNGOLOGY LECTURES

ROYAL COLLEGE OF SURGEONS, 1953-54

THE following lectures have been arranged jointly by the Royal College of Surgeons of England and the Institute of Laryngology and Otology to take place at 5.30 *p.m.* at the Royal College of Surgeons, Lincoln's Inn Fields, W.C.2:

Thursday, February 4th, 1954. Professor G. Hadfield. Co-carcinogenesis.

Thursday, March 4th, 1954. Mr. F. Williamson-Noble. Diseases of the orbit and its contents secondary to pathological conditions in the nose, sinuses and throat.

Thursday, April 1st, 1954. Mr. G. A. Mason. The diagnosis, treatment and prognosis of tumours of the lung.

General Notes

Thursday, May 6th, 1954. Professor G. A. G. Mitchell. The sympathetic nervous system in relation to the throat, nose and ear.

Thursday, July 1st, 1954. Mr. J. E. Piercy, Diseases of the Thyroid, parathyroid and thymus glands.

THE INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY

SPECIAL LECTURES

THE Academic Board announces the following special lectures to be given in the Lecture Hall of the Institute at Gray's Inn Road (except where otherwise stated). They are open to all members of the Specialty and to postgraduate students.

Thursday, January 14th, 1954, 5 p.m. Professor F. C. Ormerod (London). "The use of antibiotics and chemotherapy."

Wednesday, February 3rd, 1954, 5.30 p.m. Professor P. Van de Calseyde (Bruges). "Bronchial diseases and pathology of the upper respiratory tract. Clinical aspects and therapeutic conclusions."

Thursday, February 4th, 1954, 5.30 p.m. (jointly with the Royal College of Surgeons, at the College). Professor G. Hadfield (London). "Co-carcinogenesis."

Thursday, February 11th, 1954, 5 p.m. Professor F. C. Ormerod (London). "Malignant disease of the oesophagus."

Thursday, March 4th, 1954, 5.30 p.m. (jointly with the Royal College of Surgeons, at the College). Mr. F. Williamson-Noble (London). "Diseases of the orbit and its content secondary to pathological conditions in the nose, sinuses and throat."

Saturday, March 6th, 1954, 11.30 a.m. Professor A. A. J. Van Egmond (Utrecht). "A survey of vestibular function."

Wednesday, March 10th, 1954, 6 p.m. Professor Gosta Dohlman (Lund, Sweden). "The mechanism of vestibular fistula reaction."

Thursday, March 11th, 1954, 5 p.m. Professor F. C. Ormerod (London). "Types of deafness."

DATES OF COURSES, 1954

FULL COMPREHENSIVE COURSE, suitable for D.L.O. students. February 22nd to November 26th, 1954, and August 30th, 1954, to June 10th, 1955.

(a) Basic Sciences Class (Part I, D.L.O.). February 22nd to May 28th, 1954 and August 30th to November 26th, 1954.

(b) Intensive Clinical Lecture Course (Part II, D.L.O.). February 1st to February 26th, 1954 and July 5th to July 30th, 1954.

(c) Complete Clinical Course (Part II, D.L.O.). January 4th, 1954 to June 11th, 1954 and June 21st, 1954 to November 26th, 1954.

ENDOSCOPY CLASS, for senior students. April 26th to May 1st, 1954 and October 4th to 9th, 1954.

ADVANCED REVISION CLASS, for Final F.R.C.S. students. February 8th to April 23rd, 1954 and August 9th to October 22nd, 1954.

General Notes

WERNHER RESEARCH UNIT ON DEAFNESS

THE Medical Research Council announce that the Wernher Research Unit on Deafness, supported from funds made available to them by the Alexander Pigott Werner Trust, has been transferred to new quarters at King's College Hospital Medical School, London, by arrangement with the Council of the School. Mr. Terence Cawthorne, F.R.C.S., will act as Honorary Clinical Director, and Dr. T. S. Littler continues to be Director of the Unit.

BRITISH ASSOCIATION OF OTOLARYNGOLOGISTS ANNUAL REPORT OF COUNCIL, 1952-53

COUNCIL

THE Council has met four times during the year, and each meeting has been well attended.

MEMBERSHIP

The Council regrets to have to report the deaths of Mr. R. D. Bodman, Mr. J. L. Irwin Moore and Mr. A. J. M. Wright, all of whom were Members of the Association.

Nine candidates for membership have been proposed and seconded and after consideration by the Council have been nominated for election at the Annual General Meeting. During the year five members of the Association have resigned. The total membership is at present 308.

REPRESENTATIVES ON OUTSIDE BODIES

Mr. Myles L. Formby has been co-opted to the Council of the Royal College of Surgeons for 1953-54 as the representative of Otolaryngology.

Mr. V. E. Negus and Mr. F. C. W. Capps represented Great Britain on the International Committee at the Fifth International Congress of Otolaryngology held in Amsterdam in June, 1953.

Mr. F. C. W. Capps has been nominated for re-election as one of the Association's representatives on the Committee of Management of the Institute of Laryngology and Otology.

SENIOR HOSPITAL MEDICAL OFFICERS

The question of Senior Hospital Medical Officers has been considered again by the Council and after a long discussion it has been decided that the following recommendations agreed by Council on June 17th, 1949, should stand:

- (a) The title of Senior Hospital Medical Officer should not be given to an individual at any stage of his training to be a consultant or specialist.
- (b) The title of Senior Hospital Medical Officer or similar title should be granted only to such general practitioners and others who have in the past performed certain otorhinolaryngological practice, and of necessity should be allowed to continue to do so, although they do not qualify for the title of consultant or specialist.

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- (c) In future all ear, nose and throat work should be performed by a consultant or specialist or by a recognized and approved trainee and therefore no further appointments of Senior Hospital Medical Officer or similar title should be made.

WHOLE-TIME APPOINTMENTS

The question of the appointment of whole-time consultants in otolaryngology has been discussed, and it has been agreed that the principles already laid down by the Council should be adhered to. The British Medical Association Group has been asked to support these recommendations. It has further been agreed to encourage members of the Association not to serve on Advisory Committees when whole-time appointments in otolaryngology are to be made.

LIP-READING

A letter was received from the Ministry of Health in February, 1953, in reply to the memorandum on lip-reading forwarded in February, 1952. A Sub-Committee, consisting of Professor Ormerod, Miss Whetnall and Mr. Livingstone was appointed to discuss the matter further with the Ministry. An amended report was drawn up by this Committee. The representatives of the Ministry at the meeting with the Association's Sub-Committee accepted the various points made and agreed to submit the report to the next meeting of the Senior Medical Officers of the Regions and to distribute copies of the recommendations. The Ministry cannot undertake to issue a directive for the appointment of rehabilitators of the deaf to each hearing aid distribution centre, but they will instill into the Regions the desirability of such services being provided. The amended report reads as follows:

"The Council wishes to place on record its opinion that all deaf and hard of hearing persons should be offered adequate instruction in lip-reading.

It recalls the report of the *ad hoc* Sub-Committee appointed to consider the accommodation and staffing of hearing aid diagnosis and distribution clinics, dated November 22nd, 1948, and adopted by the Council, in which it is stated that in the opinion of the Sub-Committee, 'it is essential that a lip-reading class should be run in association with such distribution centres'. In the light of the experience gathered during the past two years the Council would like to add the following note—auditory training is an integral part of the rehabilitation of the deaf and in many cases is of comparable importance to the supply of a hearing aid and of teaching of lip-reading. It should be given by teachers of the deaf or by other persons who have been specially trained.

Instruction in lip-reading is given by four groups of teachers:

1. Fully trained teachers of the deaf, who are taught lip-reading as an integral part of their training.
2. Persons of suitable education and some teaching background who have had training in lip-reading in the special courses held by the National Institute for the Deaf, and who have obtained the certificate

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granted by that body. At present these persons are only permitted to teach lip-reading to deafened adults.

3. Speech-therapists who have had some training in lip-reading. (The College of Speech Therapists undertake no responsibility for the teaching of lip-reading.)
4. Audiology Technicians—those most recently trained have received instruction in lip-reading and in auditory training.

The provision of instruction in lip-reading at the present time is as follows:

In the large cities the local authority holds special classes, mainly during the evening, but some during day time. The teaching is given by trained teachers of the deaf.

In many of the larger towns such as Brighton, Exeter, Doncaster, etc., there are schools for the deaf, properly staffed by trained teachers of the deaf. It is occasionally possible to arrange for these teachers to take on extra lip-reading classes.

In smaller towns and country districts, far removed from a school for the deaf, there is no provision for instruction in lip-reading, except in a few centres where a person trained at the National Institute for the Deaf has been appointed.

There are about fifty hearing aid distribution centres in England and Wales and it is clear that there are not sufficient teachers of the deaf to staff these clinics. The number being trained at Manchester is steadily increasing and the position may improve in time. There is a limited number of teachers trained at the National Institute for the Deaf, who are not employed as such and might be available, but as they have in many cases some other occupation or domestic ties, may not be free to move from one part of the country to another.

The National Institute for the Deaf accepts applications each April for a six months course, which commences the following October and includes instruction on two or three evenings a week, and thus there is a considerable time lag in converting a suitable person into a teacher of lip-reading. (This course has been discontinued.)

If the greater number of the hearing aid distribution centres were authorized to add a teacher of lip-reading to their staff it might be necessary to intensify the output of persons trained in lip-reading and obtaining the certificate of the National Institute for the Deaf. (Perhaps the National Institute for the Deaf would consider running their course again.)

In the Ministry of Health circular 32/51 headed National Assistance Act 1948, I. Welfare Services for Handicapped Persons other than the Blind and Partially-sighted, Appendix I, Part II, Clauses 4, 5 and 6 (General), it is stated that 'A social centre can provide a meeting place where their handicap will be understood and any self-consciousness minimized. Advice and instruction can be given in the proper use of hearing aids, in lip-reading, and in speech correction in cases in which speech is tending to become defective'. It is not, however, obligatory on any authority to provide any such service.

The Council makes the following recommendations:

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1. As instruction in lip-reading and in some cases auditory training is as essential a part of the rehabilitation of a deaf person as the provision of a hearing aid, it should therefore be the responsibility of the Ministry of Health.

2. That in places where a hearing aid distribution centre has been set up it should be an obligation on the authority responsible for the centre (Board of Governors or Hospital Management Committee) to make suitable provision for instruction in lip-reading, and auditory training, as part of the hospital service.

3. That instruction in lip-reading and auditory training should be based on the hearing aid distribution centre and in as close proximity as possible. In country districts a teacher of lip-reading and auditory training should regularly visit outlying centres based on hearing aid diagnostic clinics, where suitable accommodation should be made available.

4. As this instruction is part of the service of an otological clinic it should be under the direction of the otologist in charge of the hearing aid distribution centre.

5. That instruction in lip-reading should be given by trained teachers of the deaf. Where this is not yet possible the work should be carried out by persons who have obtained the certificate of the National Institute for the Deaf and in larger centres a trained teacher of the deaf could be assisted by one or more persons who have obtained the certificate or by *bona-fide* students of lip-reading.

6. Where it is necessary to employ a person who holds the certificate of the National Institute for the Deaf this person should undertake the instruction in lip-reading to children, who have learnt to speak, as well as to adults.

7. No deafened person should be referred to lip-reading classes except with the authority of the otologist in charge.

8. The Council wishes to draw attention to the discrepancies in the rates of pay offered by the Ministry of Health and the Ministry of Education.

9. The Council considers that a more suitable title for teachers of lip-reading would be 'instructors in the rehabilitation of the deaf'."

RUEDI TRUST

As reported at the last Annual General Meeting a grant of £100 has been made to Mr. Morus Jones of Bradford for postgraduate study in Switzerland. A notice regarding the Ruedi Trust has been inserted regularly in the *Journal of Laryngology and Otology* and one further application for a grant is at present under consideration.

After meeting expenses there is a balance of £104 18s. 11d. remaining in the Bank. In addition, the Ruedi Trust holds 500 National Savings Certificates.

FINANCE

In view of the fact that the *British Medical Journal* has suffered a considerable financial loss in connection with the Proceedings of the Fourth International Congress of Otolaryngology, the Council recommends that a donation

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of £150 should be made from the Association's funds towards the cost of the Proceedings.

A donation of £10 10s. has been given to the Christmas Gifts Fund of the Royal Medical Benevolent Fund.

THE ROYAL SOCIETY OF MEDICINE

THE Council of the Royal Society of Medicine has recently, on the recommendation of the Council of the Section of Otology, awarded the Dalby Memorial Prize to Mr. Terence E. Cawthorne, for the best original work in Otology during the previous five years.

Contributions to Aviation Otolaryngology

By Air-Commodore
E. D. DALZIEL DICKSON

and other members of the Royal Air Force
Otolaryngological Department

including G. H. Bateman, J. F. Simpson, A. W. G. Ewing,
T. S. Littler, T. M. Banham, A. C. P. Campbell,
J. E. G. McGibbon, W. M. L. Turner, W. H. Winfield,
W. Harvey, D. B. Fry, G. E. Swindell, R. E. C. Brown.

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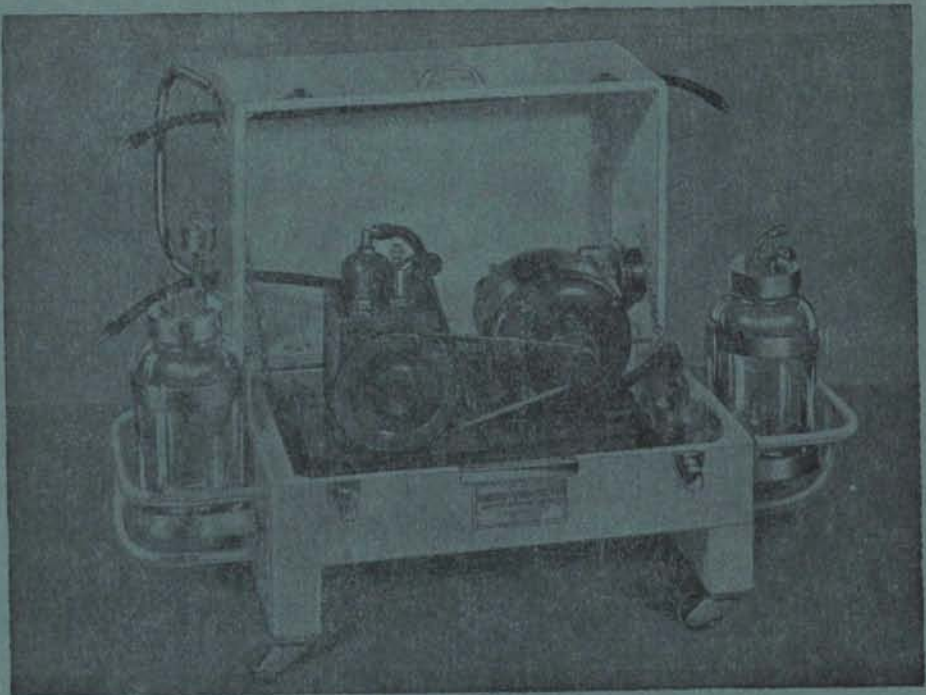
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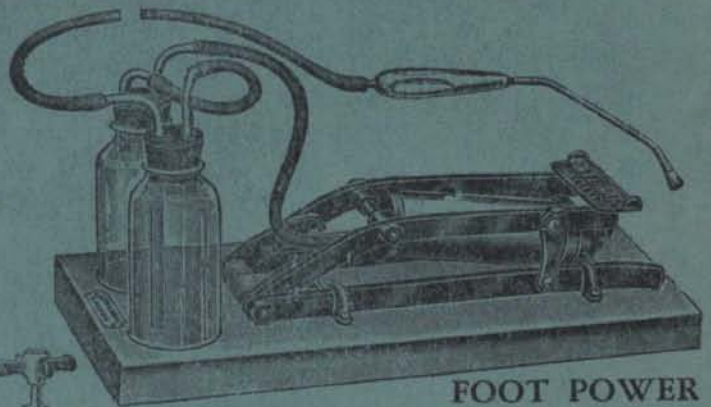
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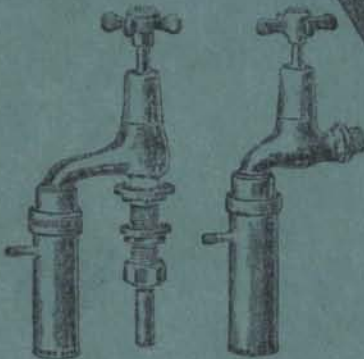
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