"SIGHT & SOUND NEWS"

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DEAFNESS AND MICRO-SURGERY

by Mr. GEORGE GRAY

FEW people today are aware of the advances made in the surgical alleviation of deafness. Even the patient who has had his hearing restored has little appreciation of the many developments involved which culminate in such a desirable end-result. The optical industry had to produce an operating microscope incorporating many technical improvements, the medical research worker had to discover which of the newer plastics and which metals the human body would accept to be incorporated as part of its working mechanisms. The surgeon had to develop a precision of technique unequalled in any other branch of surgery. The successful integration of all these factors is now part of our medical life.

Unfortunately not all forms of deafness are amenable to surgical improvement. Sound is a complex of vibrations of different frequencies and these vibrations pass down the ear canal to the ear drum, which then passes the vibrations by a bridge consisting of three little bones to the inner ear. The inner ear, a relay station, then transmits the information by way of the hearing nerve (auditory nerve) to the brain. If deafness is due to poor function of the inner ear or the hearing nerve, nothing can be done at the present time. However, if there is a hole in the ear drum and it consequently does not pick up sound vibrations efficiently, this can be closed by operation. If the bridge of three bones lying in, and crossing the middle ear is broken by disease or accident, the bridge can be repaired and hearing improved.

A SUCCESSFUL OPERATION

In the condition of otosclerosis, the bridge is intact but the third bone, the stapes, only millimetres in size, becomes thickened and therefore, is not able to vibrate. This stops the transmission of sound being carried into the inner ear and deafness results.

We are now able to remove the diseased stapes and replace it with an artificial one, and this has now become an operation of choice achieving the best results in 90 cases out of 100.

If deafness is solely due to the stapes disease, the hearing is completely restored to normal. If however, deafness is due to stapes disease plus inner ear malfunction only that portion of deafness due to stapes disease is eliminated; the residual amount due to inner ear or hearing nerve malfunction remains. The operation is 100 per cent successful, but there is still some deafness left and the hearing though improved, is not completely normal. This last group must be assessed very carefully to determine suitability for operation.

There are several types of artificial stapes used. The earliest consisted of polythene tubing and a small piece of the patient's vein, usually taken from the back of the hand. We now use stapes consisting of wire and fat, or entirely of plastic called teflon or stainless steel. All of these give good results, and which one is used depends upon the surgeon's preference.

CONSTANT PROGRESS

As there is some risk today in simply driving on the roads, so there is some risk with every surgical procedure. No operation can be justified if it exposes the patient to risks which are not commensurate with the benefit to be gained. The one risk concerned with stapes operations is that the hearing can be made worse in an unsuccessful case. This occurs in two ears out of every hundred submitted for operation. This invariably is pointed out to a potential surgical candidate, but it is extremely rare that an operation is declined. With odds of this small magnitude, a hospital stay of four to five days, no post-operative pain, some minor unsteadiness for three to four days, and at the end being able to discard a hearing aid and enter more fully into business and social life, the patient has no difficulty in making a decision.

It is intriguing to speculate on future developments in this field, but newer varieties of artificial stapes are constantly being devised, and the possible factors concerned in the small number of unsuccessful cases are constantly under review. Electronic computors are used in some centres to analyse surgical hearing, results and information gained from these machines has already caused changes in operation techniques.

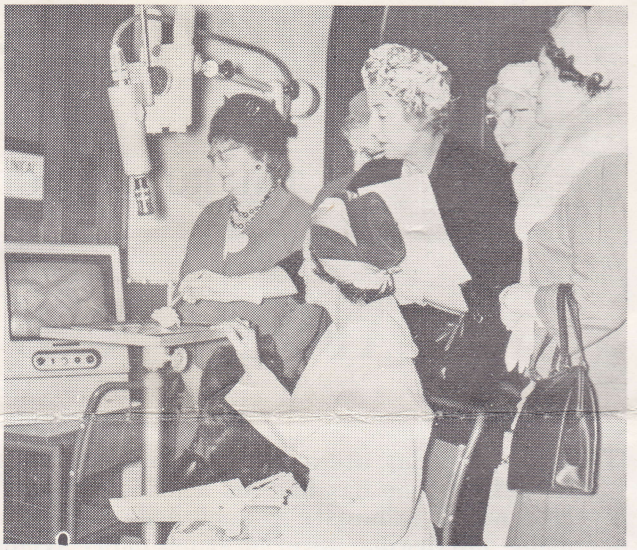
Facelift for No. 1 Eye Outpatients Department

Following the completion of the new No. 2 Eye Outpatients Department in Morrison Place, work will begin this month on the renovation and modernisation of No. 1 Eye Outpatients Department. While this work (to take about three months), is being carried out, the department will temporarily be transferred to No. 2 Eye Outpatients Department.

Ultimately, No. 2 Eye Outpatients Department will be occupied by G.I.R.U., the Retina Detachment Unit, Low Visual Acuity and two Ophthalmic Clinics. The Orthoptics Department will then be transferred to the ground floor of "Clendon", formally occupied by G.I.R.U.

It is anticipated that "Carinthia" will be ready for occupation by the end of October. The following personnel and services will be transferred to this building: The Personnel Officer, Purchasing Officer, Nursing Tutorial Department, Engineer's Department, Instrument Technician and Paint Shop.

Miss Alma Pedersen, President of the Executive Council of Auxiliaries, explains the Hospital's Auxiliary Movement to Matron and Senior Sisters.



Town and Country Auxiliaries are seen here inspecting the closed circuit television which is to be purchased by them for the operating theatres.

Long Service Badges and Closed Circuit Television Highlight Auxiliaries Annual Meeting

THE Lecture Theatre was filled to capacity on Tuesday, 15th September, when auxiliary members and visitors gathered for the Thirty-second Annual Meeting of the Executive Council of Auxiliaries.

By far, this was the most interesting auxiliary meeting in years. Senior members of the nursing staff assisted in receiving the guests and helped with afternoon tea.

The Guest Speaker was the hospital's Pathologist, Doctor C. H. Greer, who gave a stimulating address, tracing the history of pathology to the present time. Dr. Greer paid tribute to the work of the auxiliaries and mentioned the financial support they had given to his department over the years.

Dr. Jean Littlejohn, in the chair, again captured the interest of her audience. No stranger to our auxiliaries, perhaps the most fitting task which she was called upon to perform was the presentation of Long Service badges to some 12 auxiliary members who had given over 20 years each to their auxiliaries and to the hospital. Dr. Jean spoke of the excellent work the auxiliaries were doing for the hospital. She said that they asked for nothing, yet when called upon for assistance, gave all aid possible. The auxiliaries were continuing to meet the needs of the hospital which were increasing annually.

The Medical Director, Dr. K. G. Howsam arranged a demonstration of closed circuit television (which the auxiliaries have pledged to finance). Dr. Howsam explained its usage and televised items of equipment from the rear hall into the main hall. This created tremendous interest among members who were able to see at first hand the type of equipment they were financing. £16,000 of equipment was on display during the afternoon.

Led by Miss Pedersen, the auxiliaries, both country and city, including the hospital Canteen were able to give the hospital almost £7,000 this year. At the present time they are holding £17,000 to be spent on equipping the new operating theatres. The meeting, attended by auxiliaries from as far afield as Shepparton, Trafalgar, Leongatha and other country areas is proof of their sincerity of purpose. The hospital is grateful to them.

CUP EVE BALL

It's time again for the **Cup Eve Dance**, Note the date: **Monday, 2nd November, 1964** at the Kew City Hall. Tickets £5 per double, are available from Miss Pattie Goddard.

The Medical Director, Dr. K. G. Howsam, demonstrates closed circuit television to Auxiliary members and visitors at the Annual Meeting of the Executive Council of Auxiliaries held at the hospital in September.

HOSPITAL TREATMENT HERE EQUAL TO WORLD STANDARDS

Addressing the hospital's Annual General Meeting of contributors last month, the Guest Speaker, Dr. R. F. Lowe said that in his opinion, hospital ophthalmological treatment and the techniques employed at The Royal Victorian Eye and Ear Hospital were equal to anything he had seen in the world, and in this respect there was little to be learned.

Dr. Lowe, who was relating some of the impressions he gained from his recent trip overseas, went on to say however, that when it came to hospital buildings and modern facilities we were considerably behind many countries overseas. He instanced the rebuilding of some hospitals in Europe which had risen from the ashes of the last war, and others in the U.S.A. which had been rebuilt to give modern patient accommodation.

The American system of hospitalisation was described briefly, and it was pointed out that whilst we were concerned at rising costs here, in America some hospitalisation cost £18 per day, and even allowing for the difference in higher wages and salaries, this was still very costly. Americans thought their medical services to be the best in the world, and wanted this high standard of medical care, and were generally prepared to meet the costs by insurance or contribution.

Abroad, specialist hospitals were continuing to disappear as separate institutions. Mergers with general hospitals had begun towards the end of the last century and when special hospitals required rebuilding they were moved to association with other hospitals. This was particularly so where research and teaching were pursued, because nowadays progress in one branch of medicine gave benefits to other sections and specialties can no longer develop adequately in isolation.

The university hospitals had become very powerful in the medical community. They tended to attract the best brains and the bulk of government moneys. Their authority was high in the community. With the development of the Australian Universities Commission this would probably occur here.

Notwithstanding our shortcomings, Dr. Lowe reflected that the most exciting part of his 72-day world tour was the return to Australia.

CHRISTMAS CARDS

Christmas cards are now available from the Public Relations Officer. There is a selection of six cards, which are priced at 1/- each.

GROWTH OF EYE BANKS OVERSEAS

In 1961, the American Academy of Ophthalmology and Otolaryngology organised the Eye Bank Association of America to promote and standardize the eye bank movement throughout the country. At the present time, 46 regional banks are accredited members of this Association.

A recent study by the Eye Bank Association of member banks disclosed that since the eye bank movement began in the United States in 1940, 345,507 persons had pledged their eyes to accredited banks. Records show that up until 1962, a total of 40,417 eyes had been received and used to restore and conserve sight. Corneal transplants accounted for 16,000. Vitreous had been used for certain types of detached retina, and sclera had been used for sceleral repairs.

Other uses continue to be discovered for parts of donor eyes. One such promises to save the sight of victims of degenerative myopia by using sclera to reinforce the eyeball.

—(Extracted from "The Sight Saving Review").

CORRECTION

In our leading article (July-August), "Ophthalmology in Hawaii", the population figure should have read 700,000.

HOSPITAL SUNDAY

The hospital will be open to visitors between 2 p.m. and 4 p.m. on Sunday, 25th October. Members of staff are invited to bring their relatives and friends along on this day to see over the hospital, when departments will be open for inspection. Senior officers will be on duty to explain the work of these departments.

O.P.S.M. at your service . . .

O.P.S.M. offer to all members of staff, a 33⅓% concession on all Spectacles. Initial enquiries may be directed to Mr. MacGibbon at the hospital, who will be pleased to give advice on the range available.

About People . . .

. . . by Glenys Delacy

CATERING OFFICER APPOINTED

Mr. Gerrard Metral has been appointed Catering Officer, and will commence duty at the hospital on Monday, 12th October. Mr. Metral comes to us from the West Gippsland Hospital, Warragul. We extend a warm welcome to him.

We also welcome the following new staff: Miss Doris Duke, Secretary to the Manager assumed duties on 14th September. Miss Duke is a recent arrival from England where she was Secretary to the Chief Executive Officer of an Orthopaedic Hospital in Gloucester.

Miss Margaret Weidenhofer, Secretary to the Assistant Manager also appointed on 14th September.

Miss Carol Inchley, Secretary to the Retina Investigation Unit.

Miss A. Hocking, Mr. A. Ryan and Mr. M. Marshall all on the Catering Staff.

RETURNED

Mrs. E. McPoland, Outpatients Cashier has returned to the hospital following a visit to England.

CEASED DUTY

Mrs. M. Candler, Mrs. M. Miller, Catering Officer, also Miss Joy Jenkin on 18th September to be married. Joy will be living in Sale.

ENGAGED

Miss Joan Kingham to Mr. Peter Dudley on 14th September.

MARRIED

Miss Marella Santora to Mr. Michael Clancy in August.

Miss Sue King to Mr. Peter Michel in October.

RECOGNITION OF SERVICE

The following staff members received letters of appreciation for long service at the Annual Meeting. Mr. S. Anderson, Mr. T. Cottier, Miss Decailly, Mrs. Hadlow, Miss Heywood (10 years), Mr. K. Shaw (15 years), Mr. G. Harman (16 years).

PROFICIENCY

Miss Maureen Mosley, D.I.R.U. received a Certificate of Proficiency following the completion of a two year training course in audiometry.

LECTURES

Undergraduate lectures in ophthalmology and William Gibson Lectures (ENT), commenced on 5th October. Lecturers are Dr. John Colvin and Mr. George Gray. On 8th October, Professor Crock lectured the Orthoptic Association on "Orthoptic Manifestations of Medical Conditions".

SCOTTISH PAGEANT

. . . will take place at the Myer Music Bowl on Sunday, 15th December.

NURSING NOTES

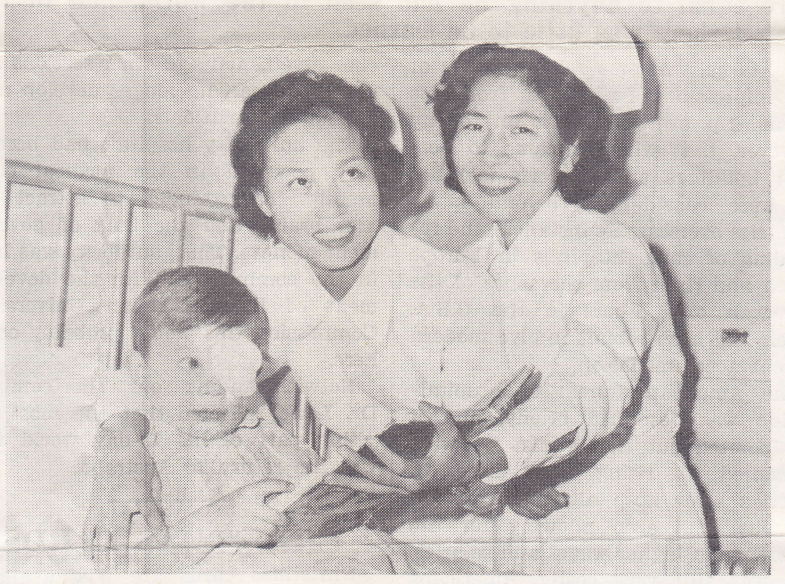
by Sister Jonas

It is with regret that we report the retirement of Sister Harding who has been on the nursing staff for 15 years. Sister Harding has worked in all Wards and Departments, and has been in charge of Wards 15 and 18 for many years. She leaves this hospital to take up the position of Matron of St. Anne's Hospital, Hobart.

We wish her well in this new appointment and we hope she will not entirely forget the staff of the "Eye and Ear".

We are pleased to welcome back Sister Napper who has taken charge of Wards 6 and 7.

ALL THE WAY FROM TAIPEIH



The first post-graduate nurses to come here from Formosa arrived at the Hospital last month. Sister Liang Wu and Sister Lily Hung make friends with a young patient.