

STIRRUP-LIKE BONE—The stapes in the middle ear can become fixed or hardened (right) and cause hearing loss. Normal stapes (left) is shown with enlarged needle to indicate size.

turn of deafness. The stapedectomy in many instances can correct this failure.

A new Public Affairs Pamphlet, "You and Your Hearing" by Dr. Norton Canfield of Yale University School of Medicine, explains the various types of hearing loss—conductive, perceptive, and mixed deafness, as well as psychological.

"Some people do not wish to hear," Dr. Canfield says. "Some have their mind so occupied that perception centers do not react normally. A few people feign deafness."

Tests have shown that about three percent of the young people in the United States under 20 years of age have abnormal hearing. Dr. Canfield says that about two-thirds of this group are affected seriously enough to require medical aid.

"More than half of the children who have some hearing loss can have normal hearing after proper treatment," the Yale otologist says.

It is well known that many infectious diseases such as scarlet fever, measles,

mumps, pertussis, influenza, pneumonia, typhoid fever, diphtheria, a common cold or any disease causing high fever can produce hearing difficulties. The new antibiotics have done much to alleviate the effects of these diseases.

But for many old people and those with nerve deafness that medicine and surgery cannot help, the hearing aid remains the principal avenue to auditory contact with the outer world of sound. Speech or lip reading, along with speech training, may be advised.

Dr. Canfield, who is on the advisory board of the American Hearing Society, advises no one to wear a hearing aid until his doctor has examined him.

Dr. Canfield especially warns against itinerant hearing aid salesmen, adding that there is "no more gullible group than those who do not hear well." Peddlers and unauthorized companies should be avoided, and all hearing aid recommendations should be checked with the ear doctor.

In a sense, Dr. Canfield points out, everyone uses hearing aids. Telephones, radios, television sets, sound movies, tape recorders, public address systems, hi-fi machines, walkie-talkies and electric baby sitters are all real aids to hearing that we do not hesitate to use.

"Yet in the use of a personal hearing aid there may be reluctance so strong that many people wait too long for their best interest," he says. "The modern hearing aid is truly one of the electronic marvels of the age."

Dr. Canfield's pamphlet, which was prepared in cooperation with the American Hearing Society and the Royal Neighbors of America, can be obtained by writing to Public Affairs Pamphlets, 22 East 38th Street, New York 16, N. Y. The price is 25¢ each.

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PUBLIC HEALTH

Alcohol Link Not Proved

➤ THE IDEA that dependent persons tend to become alcoholics "is still premature," according to a University of Cincinnati psychology professor and two research associates.

Experiments conducted by Dr. Alfred Kristofferson, Willard Bailey and Frank Hustmyer at Longview State Hospital, Cincinnati, Ohio, show that organic brain damage without accompanying alcoholism causes a larger degree of dependence than that evidenced by brain-damaged alcoholics.

Tests in "perceptual dependence" suggest that alcoholism and dependence are associated because dependence results from an organic impairment produced by drinking, rather than being present before the person turns alcoholic, they conclude.

Such tests require the subject to keep an item separate from the visual field surrounding it—in this case, a luminous rod surrounded by a luminous frame.

Two rod-and-frame tests are described in

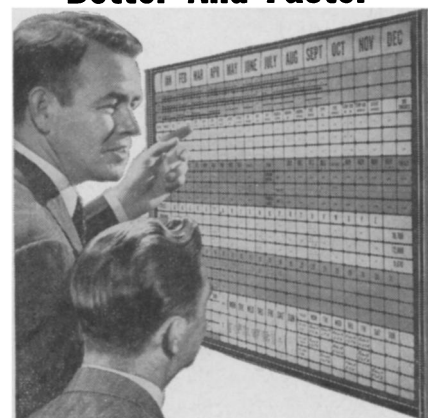
the current Quarterly Journal of Studies on Alcohol, 22:387, 1961. In the first, the researchers used a group of brain-damaged alcoholics, a group of "dry" alcoholics who had not had a drink for a year or more, and two control groups with no history of alcoholism. Both the brain-damaged and the "dry" alcoholics showed a much higher level of dependency than the control groups.

In the second tests, the three groups consisted of brain-damaged non-alcoholics, "disturbed" alcoholics with little or no brain damage, and hospitalized schizophrenics with no history of alcoholism.

The schizophrenic group scored about the same as the "normal" control groups in the first test. The sociopathic alcoholics "performed very nearly the same" as the "dry" alcoholics. The brain-damaged non-alcoholics "showed by far the largest degree of dependence."

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