

ReSound

MANCHESTER COCHLEAR IMPLANT NEWSLETTER



Winter 2011

Issue 40

For people with
Cochlear Implants



A Canadian Forest



This newsletter has been produced on behalf of the
Manchester Auditory Implant Centre, the Cicada Club and the HEAR Charity

contents

1 Holiday Loaner Scheme

New holiday loan service for implant users.

2 Cochlear Implant Maintenance

via the Internet.

3 London Temporal Bone Course Fellowship Award

MED-EL products.

4 Caldon Canal Walk

by Kevin Williams.

5 Obituary Geoff brown

by Norah Clewes.

6 Join in the CONVERSATION

MED-EL'S Products.

6 CONCERTO

MED-EL Products.

7 ONE STEP CLOSER

Phone Calls for Deaf People

7 Perforated ear drums respond to silk scaffold

Ear Science Institute of Australia (ESIA).

8 Auditory Implant Centre

Christmas and New Year repair Clinic.

9 Children with the CP810

Central Manchester University Hospital.

9 Pneumonia Vaccination

Checking with your GP.

10 Tinnitus Discovery

ScienceDaily (Sep. 12, 011).

11 your letters

Editorial

Why don't you come and join us at Cicada Club, we have a good range of members.

You can join online at www.manchestercicada.org.uk or contact Jonathan Salas email: secretary@manchestercicada.org.uk

On page 1 you will see that the Manchester Clinic is now doing a Holiday Loaner Scheme. Also we have two articles from the Ear Science Institute of Australia (ESIA). In this ReSound we have three articles from MED-EL.

We still have the letters page so come on and tell us your stories because we want to hear from you.

Merry christmas to you all and a Prosperous New Year

Hedy Williams Editor

183 Two Trees Lane Denton
Manchester M34 7AJ

For ReSound E-mail:

hedylomas@gmail.com and
nwclewes@cix.co.uk

News from the Clinic

HOLIDAY LOANER SCHEME

New holiday loan service for implant users

New holiday loan service for implant users.

Three manufacturers of Cochlear Implant have announced a scheme whereby clients can loan some or all of a cochlear device on a temporary basis in case of holiday emergencies. The three manufacturers Medel, AB and Cochlear have agreed to participate in the scheme and all three have provided request forms which can be

filled in and sent off before your holiday.

If you have access to the internet these forms are available on our website <http://www.manchestercicada.org.uk/news.html> otherwise if you contact Karen Smith on the address below and tell her which implant you have, she can send you the forms directly.

If you have any questions

about the scheme contact:

Karen Smith
Hearing Therapist
Manchester Cochlear Implant Programme HCD,
The Ellen Wilkinson Building,
Devas Street
The University of Manchester
Oxford Road
M13 9PL

COCHLEAR IMPLANT MAINTENANCE

via the Internet

THE Ear Science Institute of Australia (ESIA) is building software that will allow for remote mapping and analysis of cochlear implants.

Patients currently need to visit the ESIA centre for cochlear implant maintenance but with the new telehealth software, patients in remote areas would only need a computer and an internet connection to test their implant.

Adjunct Professor Rob Eikelboom is the lead researcher for the cochlear implant remote mapping project and says the software could decrease the high level of ear disease in remote Australia and developing countries.

"Twenty per cent of our patients live about 200 kilometres or more away from the clinic. So they lose at least an entire day for one appointment. This project will alleviate that issue," Prof Eikelboom says.

"We want to make the way we deal with patients more efficient."



Under the software patients would be able to plug their implants into their computer and have them tested by audiologists in real time. Image: flickr alextitterton

Under the software patients would be able to plug their implants into their computer and have them tested by audiologists in real time.

"We will be able to have a consultation with the patient in a video conference format via their own PC," Prof Eikelboom says.

"We will also be able to text chat because at some stage of the consultation and testing they won't be able to hear because the device will be turned off," he says.

"We also need to get feedback from them as to what they can hear and normally that's done by them pointing to a piece of paper saying 'that's comfortable, 'that's uncomfortable' or 'I can't hear anything at all.'"

With this program they will be able to click a button indicating what they can or cannot hear."

The project is at the first stage of testing and has received positive feedback but still needs to solve some issues.

"You have to cater for different network connections and connecting the device to the internet is not easy. Normally the device is plugged into a control box at a computer with the one of the institute's audiologists."

We are also going to test if programming this implant from a distance rather than from across the desk will affect the program," Prof Eikelboom says.

ESIA gained funding for the project from the Austrian cochlear implant manufacturer MED-EL.

The project is expected to be completed and available for use nationally and internationally late next year.

ESIA is an organisation dedicated to research and treatment of ear and hearing disorders.

Written by Hamish Hastie Wednesday, 28 September 2011 09:00

Of ScienceNetwork, Western Australia.



MED-EL London Temporal Bone Course Fellowship Award

MED-EL London Temporal Bone Course Fellowship Award Now in Third Year

Promoting excellence, supporting cochlear implant programmes worldwide and improving training opportunities are at the heart of this very special award, now in its third year: the MED-EL London Temporal Bone Course Fellowship.

The idea of providing practical training support in the field of Otolaryngology germinated from conversations in 2008 between Cassandra Brown, the MD of MED-EL UK and Mr. Enyi Ofo from Nigeria, one of the organizers of the London Temporal Bone Course. These discussions concerned the problems faced by medical trainees and professionals in this specialism in countries with under-resourced or fledgling auditory implant programmes.

The outcome was the MED-EL London Temporal Bone Course Fellowship. The successful candidate attends this special training at King's College London School of Medicine, organized by the ENT department of Guy's and St. Thomas' NHS Foundation Trust. This is followed by two weeks' observership at the Auditory Implant Centre at

Guy's and St. Thomas' NHS Foundation Trust, London where the MED-EL London Temporal Bone Course Fellow has the opportunity to learn from some of the most eminent ENT specialists in the UK.

This MED-EL Fellowship was first awarded in 2009 to Dr. Cipriana Perederco, an ENT trainee from the Sfanta Maria Hospital in Bucharest. In her application she described the lack of funding and opportunity faced in her native Romania where she was so keen to make a difference to patients' lives. Dr. Perederco feels she gained a great deal from her time in London. "Being in London changed my vision about how to approach patient needs." She adds: "It gave me the opportunity to see, learn and evolve in my career in a way that wouldn't have been possible in my own country."

Dr. Perederco's sentiments are shared by the 2011 MED-EL London Temporal Bone Course Fellow, lecturer and ENT surgeon, Dr. Elhamy Samak from Cairo University Hospital, Egypt. Cairo University hospital is a referral centre currently serving approximately 5 million patients and has recently started a cochlear implant programme.

Lack of both temporal bones and Otologists in Egypt to supervise mean that temporal bone laboratory courses are seldom run in Egypt. Dr Samak enjoyed the opportunity to practise procedures he has not yet performed in the hospital theatre. During his observership he attended cochlear implant surgery where he learned different surgical approaches he is keen to share with his colleagues on his return to Egypt.

Cassandra Brown, MD of MED-EL UK is delighted with the success of this fellowship. "MED-EL is proud to support these outstanding candidates in their endeavour to improve patient outcomes in their countries as they develop auditory implant programmes. The London Temporal Bone Course provides an excellent training opportunity for this purpose."

This is the third year that MED-EL has granted this fellowship award. Previous recipients are Dr. Cipriana Perederco from Romania (2009) and Dr. Sanyaolu Ameye from Nigeria (2010).

For further information please contact MED-EL UK on ++44 (0)1226 242874 or email: office@medel.co.uk.

Caldon Canal Walk

Sunday 10th July 2011 by Kevin Williams

We met in the car park of a restaurant at Cheddleton on a bright morning with the possibility of a shower. The starting point of the walk was right next to the canal itself and we set off at ten thirty at a gentle stroll.

The canal itself runs for 18 miles from Stoke to Froghall, with a three-mile branch to Leek and it was this branch that the walk started on.

The plan was not to set any records for speed marching (thank goodness) but to walk halfway there and stop for lunch at one of the Pubs dotted along the way, and then carry on to the restored railway station at Froghall and get the train back to Cheddleton.



The Leek end of the canal where we started the walk is really picturesque travelling down a sparsely populated valley with the only sign of the industrial age being the Churnet Valley Railway which runs parallel to the canal, sometimes as close as two hundred yards but more usually half a mile away. Even where the railway line was close it was difficult to see through the trees which made things interesting when a column of smoke and a great deal of noise came crashing through the forest!

The canal itself dates back to the industrial revolution and in some of the sections of the canal you could easily feel that you were back in time and we had many interesting discussions as we came across peculiar shaped bridges and canal towpaths that suddenly finished on one side of the canal and started on the other.

For example, how they manage to get the horse pulling the barge, from one side of the river to the other without un-harnessing the horse?

Easy, build a 'C' shaped path for going across the bridge rather than a conventional one.

Clever Victorians!

After a few hours of taking in the lovely scenery and wild life (including a dog walker whose dog preferred swimming down the canal rather than walking on the towpath), we arrived at the pub where we were to have lunch.

In common with a lot of Victorian developments, this pub was close to a railway station so as we sat outside we could eat and watch the railway activity. Now I confess to having been an 'anorak' when I was much younger and so really appreciated the restored Steam Engines although I had forgotten the smoke and soot part of the experience.

Lunch was memorable for the size of the baguettes as well as the taste ! Alan's lunch has now featured on the Facebook page but rest assured all of our plates were as full as his.

After lunch we carried on in the direction of Froghall and soon came across a group of anglers. Now there is nothing unusual about seeing anglers on a canal bank but as we got closer we found that this group were not catching fish but the dreaded American Crayfish which is invading our rivers and canals and destroying our smaller native crayfish.

What these enterprising fisherman had realised however was that there was a good local market for selling these to restaurants as they have a taste not too dissimilar to Lobster! They were happy to reach into a teeming bucket and show us examples of their catch and they did look dangerous! As we left them to carry on there was the sound of one boy whose afternoon had been spoiled by something getting its revenge.

On we walked admiring the flocks of Canada

Geese settled in the marshy land on the valley floor between the Canal and the railway until coming around a bend we came across some giant structures that reminded me of all those stories I read as a young boy about explorers finding lost cities in the jungle.

These man made structures were not as old however, they were the Consall Lime Kilns built into the side of the hill by the Victorians. Impressive none the less.

As we walked on towards Froghall and into the Industrialized area it began to rain, fortunately

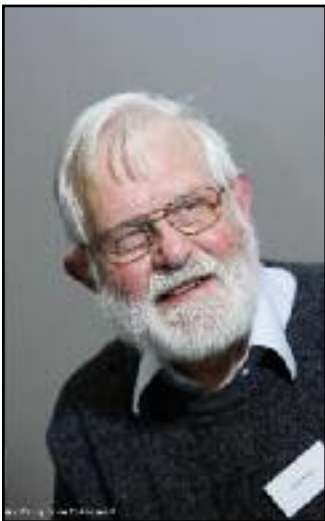
by now we had arrived at the Station and could enjoy a well earned cup of tea while we waited for the train to take us back to Cheddleton.

I had forgotten what it was like to ride in a corridor train, it certainly took me back, especially when the ticket collector in his full regalia came around to check our tickets.

It was a different experience to travel back along our route of earlier in comfort and a fitting end to an enjoyable day out.

OBITUARY

Geoff Brown



We are sorry to report that Geoff Brown died after a short illness on July 27th 2011 at the age of 84. This is a very sad loss to all his friends. Geoff lost his hearing completely, as a young man, from meningitis. Over forty years later he received one of the earliest single electrode implants at the RNTE hospital in London. It was over fifty years after being deafened that he had his multi-electrode cochlear implant at Manchester. Although he did

not hear speech without lip-reading and was unable to enjoy the music he remembered so well, he was always glad he had the implant which helped with lipreading and environmental sounds.

Geoff was very supportive of Cicada. He joined the committee and being always ahead with new technology, he set up our web site and provided his digital projector for use at all our meetings. He was quiet but his useful and sensible comments made him well respected. We also enjoyed his dry sense of humour, both written and spoken.

He was a founder of STAGETEXT, a long time member and Trustee of NADP, and until recently Chairman of the Late Deafened People Commission for the International Federation of the Hard of Hearing (IFHOH). For some years he was Chairman of Deafness Support Network.

He also attended the ALDA (Association for Late Deafened Adults) Conference in the USA every year.

He was a scientist and had a career in the chemical industry before retiring early and setting up a bookbinding business. Geoff was a Methodist lay preacher, following in the footsteps of his dear wife who died when his four children were teenagers, and a true Christian. He had more energy than many much younger and enjoyed walking – always leaving many of us trailing behind! He was also a confident driver and on one occasion took two very grateful Shakespeare fans from Chester to Stratford for the day to see Sam West in Hamlet. That was one of the many captioned plays we enjoyed with him. In spite of all his achievements he was a very modest person and always very encouraging and

supportive to the efforts of others to help deafened people. No wonder he has so many friends all over the

world. Many of his Cicada friends attended his funeral, which was a very moving occasion. We all extend our

deepest sympathy to his family.



Join in the CONVERSATION with MED-EL

Join in the conversation with MED-EL

With today's technology, information is available at the click of a mouse, the touch of a screen or the press of a button. Moreover, with the array of social networking opportunities, this experience is no longer a passive activity.

MED-EL has embraced these channels, not only to provide information about its product range, but to give MED-EL users and candidates the opportunity to join in the conversation.

YouTube

Watching short videos is a great way to learn about complex subjects such as hearing. MED-EL has produced a range of videos, which are available on YouTube, including "Describing the Process of Hearing and How it Works", "Sensorineural Hearing Loss Occurs in the Cochlea" and "Vibrant Soundbridge Middle Ear Implant System for Hearing Loss."

Other videos include user testimonials and introductions to MED-EL's product range.

To view the full list of videos available visit: www.youtube.com/medelnetwork.

Facebook

Facebook provides a virtual meeting place, connecting friends and family from all over the world. MED-EL now has its own Facebook page where users and candidates can ask questions, view photographs and share their experiences.

To find out more go to:

www.facebook.com/medel.hearlife.

Twitter

If you prefer to tweet, you may enjoy following MED-EL on twitter. If you are competitive, you will love the regular quiz questions and the competitions. To join in go to: www.twitter.com/medel.

If you enjoy hearing about other user's real life experiences, visit either YouTube or the MED-EL Facebook page and watch the short video, Hearing Loss and Cochlear Implants – Laurie's Story.

CONCERTO Cochlear Implant



MED-EL is proud to introduce the new CONCERTO Cochlear Implant, the world's smallest and lightest titanium implant.

- 25% thinner than the SONATATI100 titanium implant
- Reduced weight, now 7.6 g.
- Designed for minimally

invasive surgical techniques

- Optimal choice for surgeries performed on small children.
- Largest variety of electrode arrays for every cochlear anatomy

The particularly small dimensions make it the ideal

choice for children and adults of all ages.

CONCERTO is offered with a variety of the softest and most flexible electrode arrays ever produced for preservation of the delicate neural structures of the cochlea.

Phone Calls for Deaf People

ONE STEP CLOSER

Deaf organisations have today signalled their willingness to work with Ed Vaizey MP, the Minister for Culture, Communications and Creative Industries, to make sure deaf people can access the telephone, whether through improved text relay, captioned telephony or video relay services.

The organisations participated in a meeting organised and chaired by Ed Vaizey and attended by MPs, telecommunications providers and Ofcom. The Minister called for flexibility and creativity in bringing about these changes which will revolutionise the lives of deaf people across the UK.

The Minister made it clear that he is committed to the establishment of a fair and equal service, and called on the telecoms industry and deaf organisations to work with him to find the right solutions.

Following the meeting and led by the UK Council on

Deafness, organisations representing Deaf Sign Language users first delivered a 3,000 signature strong petition to Downing Street calling for the government to introduce a video technology service that will allow Deaf people to use the telephone in the same way as everyone else.

Deaf people have consistently said they should be able to use the phone 24 hours a day, 365 days per year, and at the same price as everyone else.

David Buxton of the British Deaf Association said: "We have been clear that Deaf Sign Language users should be able to call colleagues, friends and relatives in the same way that hearing people take for granted every day. The Deaf community won't be told when they can and can't make those calls. We are not seeking special treatment, we are just asking for fairness and equality."

Jack Sandover of Hearing Concern Link said: "Hearing Link firmly believes that hard of hearing people should benefit from captioned telephony at the earliest possible time as we are unable to make use of the current Text Relay. Captioned telephony for us is the most functional equivalent telephone service restoring our full independence in our lives both socially and in the workplace.

The UK Council on Deafness hailed the meeting as a success. Jim Edwards, Chair of UKCoD said: "We are really pleased with the outcome of today's meeting. We are looking forward to working with Ed Vaizey and telecoms providers to make sure the UK develops effective video relay, captioned telephony and enhanced text relay services so that deaf people use the phone in the same way as everyone else."

Perforated ear drums respond to silk scaffold

"The THE complete regrowth of the tympanic membrane (ear drum) after perforation or other disorders using a silk scaffold is being researched by the Ear Science Institute of Australia (ESIA).

The project aims to discover whether it is possible to regain the three main structures of the tympanic membrane as well as original

function and capabilities with an artificially constructed ear drum.

ESIA biological sciences project coordinator Dr Rob Marano says the current surgical techniques used to repair chronic perforation of the tympanic membrane (using skin from the Temporalis Fascia, cartilage or fat tissue) are producing hearing outcomes not as satisfactory

as they could be.

“When you have a perforation your hearing is not gone, you can still hear but it’s reduced quite a bit. If this occurs when you’re a child and it’s not repaired, you do get deficits in your speech and language which can lead to social issues and to recurrent infections,” Dr Marano says.

“The tympanic membrane is a very specific organ, it has got to be able to transmit sound, it’s thin, and it’s transparent which makes other grafting material closes the hole but you can’t see through. It makes any follow up investigations difficult, so the idea was to tissue-engineer a new tympanic membrane that would resemble the original.”

Dr Marano says using silk fibroin—developed by Deakin University’s Fibre Innovation Group—as a bio-scaffold will allow cells to grow upon and into it and provide cell signalling cues that allow cells to differentiate and divide, migrate and align properly.

“Silk is used for other implantable devices in the body. It’s versatile; it can be a powder, a solid block or a thin membrane. You can make it porous, stiffer and looser or you can make it



degrade faster or slower depending on its configuration. It’s also abundant, so it’s readily available, as opposed to some other products,” he says.

“Eventually, the silk dissolves and leaves behind the cells that grew upon it. The aim is that it will function as well as the previous tympanic membrane.”

The research is at the stage of testing cell growth on the scaffold in a bioreactor, with animal trials using a number of different product configurations to begin soon.

The finished product will be an off-the-shelf implantable device to heal perforations using the patient’s own cells within the ear.



AUDITORY IMPLANT CENTRE

CHRISTMAS AND NEW YEAR REPAIR CLINICS

The Auditory Implant Centre at the University will be closed on Friday 23rd December 2011 and will re-open on Tuesday 3rd January 2012.

If you require spares or repairs during this time, a member of the implant team will be on call and you can contact them on:

Tel: 0161 275 3364


Fax: 0161 275 3795

Email: auditory.implant@cmft.nhs.uk

Please note that this service will not be available on the Christmas and New Year Bank Holidays

HAPPY HOLIDAYS FROM ALL THE IMPLANT TEAM!



Central Manchester University Hospitals 
NHS Foundation Trust

Children with the Cochlear™ Nucleus® 5 Sound Processor (CP810)

The Manchester Auditory Implant Centre would like to invite all **parents** of children with the CP810 device to an informal troubleshooting workshop on the **12 / 1 / 2012**.

The workshop will be hosted by representatives from both Cochlear™ and the Manchester Centre.

Key aims;

- To provide an opportunity to have 'hands on' experience with the equipment and increasing familiarity with the product.
- To provide an opportunity to ask specific questions relating to concerns or on going issues you may have.

This will be a half day workshop from **9.30am -12.30pm** held at the Implant Centre.

Places will be limited and therefore allocated on a 'first come –first serve' basis. If you wish to attend please e-mail rebecca.bentley@manchester.ac.uk or alternatively call 0161 275 3554.

Unfortunately we do not have any crèche or childminding facilities.

Hope to see you there

Pneumonia Vaccination

Manchester Cicada Club has received information that the Pneumonia Vaccination is advised for people who have received a cochlear implant to

guard against contracting pneumococcal meningitis and that these people should seek advice from their GP.

Tinnitus Discovery Could Lead to New Ways to Stop the Ringing

Retraining the Brain Could Reanimate Areas That Have Lost Input from the Ear

Neuroscientists at the University of California, Berkeley, are offering hope to the 10 percent of the population who suffer from tinnitus -- a constant, often high-pitched ringing or buzzing in the ears that can be annoying and even maddening, and has no cure.

Their new findings, published online in the journal *Proceedings of the National Academy of Sciences*, suggest several new approaches to treatment, including retraining the brain, and new avenues for developing drugs to suppress the ringing.

"This work is the most clearheaded documentation to this point of what's actually happening in the brain's cortex in ways that account for the ongoing genesis of sound," said Michael Merzenich, professor emeritus of otolaryngology at UC San Francisco and inventor of the cochlear implant, who was not involved with the research. "As soon as I read the paper, I said, 'Of course!' It was immediately obvious that this is almost certainly the true way to think about it."

Merzenich is also chief scientific officer at Posit Science, which develops software to retrain the brain, primarily to improve learning and memory but more recently to address problems like schizophrenia, Alzheimer's Disease and tinnitus. "Two million Americans are debilitated by tinnitus; they can't work, they can't sleep. It's life destroying and a substantial cause of suicide," he said. "These experiments have led us to rethink how we attack the tinnitus by our training strategies."

Loud noises kill hair cells

According to coauthor Shaowen Bao, adjunct assistant professor in the Helen Wills Neuroscience Institute at UC Berkeley, tinnitus -- pronounced TIN-it-tus or tin-NIGHT-us -- is most commonly caused by hearing loss. Sustained loud noises, as from machinery or music, as well as some drugs can damage the hair cells in the inner ear that detect sounds. Because each hair

cell is tuned to a different frequency, damaged or lost cells leave a gap in hearing, typically a specific frequency and anything higher in pitch. Experiments in the past few years have shown that the ringing doesn't originate in the inner ear, though, but rather in regions of the brain -- including the auditory cortex -- that receives input from the ear.

Bao's experiments in rats with induced hearing loss explain why the neurons in the auditory cortex generate these phantom perceptions. They showed that neurons that have lost sensory input from the ear become more excitable and fire spontaneously, primarily because these nerves have "homeostatic" mechanisms to keep their overall firing rate constant no matter what. "With the loss of hearing, you have phantom sounds," said Bao, who himself has tinnitus. In this respect, tinnitus resembles phantom limb pain experienced by many amputees. One treatment strategy, then, is to retrain patients so that these brain cells get new input, which should reduce spontaneous firing. This can be done by enhancing the response to frequencies near the lost frequencies.

Experiments over the past 30 years, including important research by Merzenich, have shown that the brain is plastic enough to reorganize in this way when it loses sensory input. When a finger is amputated, for example, the region of the brain receiving input from that finger may start handling input from neighbouring fingers. Bao noted that retraining the ear has been tried before, but with limited success. Most such attempts have taken patients with some residual hearing and trained their ears to be more sensitive to the affected frequencies. This wouldn't work for patients with profound hearing loss, however.

Most retraining is also based on the assumption that reorganization of the brain -- that is, changing how frequencies "map" to regions of the auditory cortex -- is a cause of the tinnitus. This is the opposite of Bao's conclusion.

"We argue that reorganizing the cortical map should be the goal, so that the nerves get some input and stop their tinnitus activity," he said. "You don't want to leave these cells without sensory input."

"We changed our (brain training) strategy from

one where we completely avoided the tinnitus domain to one where we directly engage it and try to redifferentiate or reactivate it, and we seem to be seeing improvement," Merzenich said.

Drugs can boost inhibitors

Another treatment strategy, Bao said, is to find or develop drugs that inhibit the spontaneous firing of the idle neurons in the auditory cortex. Hearing loss causes changes at junctions between nerve cells, the so-called synapses, that both excite and inhibit firing. His experiments showed that tinnitus is correlated with lower levels of the inhibitory neurotransmitter GABA (gamma-aminobutyric acid), but not with changes in the excitatory neurotransmitters. He demonstrated that two drugs that increase the level of GABA eliminated tinnitus in rats. Unfortunately, these drugs have serious side effects and cannot be used in humans. He has applied for several grants to start screening drugs for their ability to enhance GABA receptor function, increase the synthesis of GABA, slow

the re-uptake of GABA around nerve cells, or slow its enzymatic degradation.

"Our findings will guide the kind of research to find drugs that enhance inhibition on auditory cortical neurons," Bao said. "There are a lot of things we can do to change GABA functions, some of which could potentially alleviate tinnitus with fewer side effects."

Bao's colleagues include post-doctoral fellow Sungchil Yang, who developed a new technique to measure tinnitus behaviours in rats with hearing loss, and research associates Benjamin D. Weiner and Li S. Zhang of the Wills Neuroscience Institute, and post-doc Sung-Jin Cho of UC Berkeley's Department of Molecular and Cell Biology.

The research was supported by the American Tinnitus Association and the National Institutes of Health's National Institute on Deafness and other Communicative Disorders.

ScienceDaily (Sep. 12, 2011)

your letters

Dear Editor,

Many members of Cicada and ReSound readers will be sad to hear that Betty Allanson died early this year. Betty was a long-time and very supportive member of Cicada. I first met her and her sister waiting in the clinic at the Royal Infirmary after my operation. I had very severe vertigo at that time and Betty was very friendly and cheerful as always and got talking to me there. She said she had had the same problem but was much better. I remember clearly her advice, to wait a year before I worried about it.

I kept that in mind in the following months and it encouraged me very much.

Betty always remembered that meeting too and we had a lot of chats over the years. I think this is an example of the help that Cicada members give to each other and friends we make when we meet and share our experiences.

Betty was a lovely lady and we miss her. We send all our sympathy to her son and her sister on their loss.

Norah Clewes

Chairman

Kevin G Williams
183 Two Trees Lane
Denton
Manchester
M34 7AJ
Email:
kevingwilliams@hotmail.com

Honorary Treasurer

Alan Corcoran
45 Polefield Road
Prestwich
Manchester
M25 2GN
Email:
alan.corcoran2@btinternet.com

Honorary Secretary

Jonathan Salas
5 Lander Close
Old Hall
Warrington
WA5 9PJ
Email:
secretary@manchestercicada.org.uk