ReSound

For people with Cochlear Implants

Summer 2018 Issue 59

Lawrie Cleary our long time patron, awarded MBE in Queens birthday honours

a charity supporting implant patients

This newsletter has been produced on behalf of the Manchester CICADA Charity

contents

Editorial

Welcome to the Summer edition of Resound.

This issue is a mixture of good news and sad. We have to report that sadly after a long illness Bill Allen has passed away, we include an article about him which reveals a life which most of us had never known about and is an adventure in its own right.

Our long serving patron Lawrie Cleary has finally been recognised for all the work and support he has provided both for the HEAR charity, Cochlear Implant Surgery and for us in CICADA and we congratulate him.

Our recent experiences in travelling have formed the basis for one of the articles together with a series of questions about safety, which if anyone has any feedback or comments about we will feature in the next issue in a bid to help others who may find themselves in our situation.

We welcome all the new members who have joined this last year and who will hopefully feature in interviews in subsequent issues of the magazine.

We have continued to work closely with our local hospitals to try and help improve the treatment and outcomes of patients in different situations.

As summer blazes on we look forward to upcoming events and being able to meet and chat with new members and old friends in a relaxed and friendly environment and make the most of our new ‘Mediterranean’ climate.

All of us on the EC thank you all for your continued support throughout the year and look forward to seeing you at an event or meeting soon, the next event is the visit to Quarry Bank Mill on August 17th.

We hope you enjoy this issue and if you’ve any comments please let me know.

Kevin Williams - Editor

Recognition for CICADA patron.

by Kevin Williams

THE
GAZETTE
OFFICIAL PUBLIC RECORD

Order of the British Empire

Civil Division

Central Chancery of the Orders of Knighthood

St. James's Palace, London SW1

9 June 2018

THE QUEEN has been graciously pleased, on the occasion of the Celebration of Her Majesty's Birthday, to give orders for the following promotions in, and appointments to, the Most Excellent Order of the British Empire:

M.B.E.

To be Ordinary Members of the Civil Division of the said Most Excellent Order:

Lawrence Paul CLEARY

Founder and Chair, Help Ear and Allied Research

For services to Deaf People.

This was the entry in the London Gazette announcing the award in June this year.

After many years of support for charities who help Cochlear implant patients Lawrie Cleary, our patron, has finally been recognised with an MBE for his services.

The HEAR charity helped with the production and distribution costs of the Resound magazine for many years and helped CICADA to get charitable status so we can continue some of the work done by HEAR.

To give you some idea of his accomplishments we can do no better than look at a talk given to us by Professor Ramsden at one of our AGM's where he described the challenges faced in the early days of the operation.

Professor Ramsden is also the President of the Manchester Cicada charity and one of the pioneers in this country of Cochlear Implant surgery.

Prof RAMSDEN: Thank you very much for asking me to come along today, it is always a bit disconcerting to hear your lecture described as interesting before you have actually delivered it, to be quite honest I wasn't sure when I arrived here this morning just what I was expected to say so this is all off-the-cuff. Sadly my dear friend Lawrie Cleary has had to respect his other obligation with his golfing friends and go to America, but I have been in touch with Lawrie as I am all the time but during the last week and he sends his very best regards to you all he is sorry he can't be here but first things first.

Now, let's start with the word CICADA and why this club is called the CICADA club, many of you will know already, I expect some of you might not, when the first attempted cochlear implant was carried out in France by Djourno and Eyries many years ago, the patients by the way didn't receive the sort of cochlear implants you have all received but he had a little electrical device implanted on to the hearing nerve and when it was switched on he heard a noise which he compared to either a little ball going around in a roulette wheel or the noise of cicadas chirping so the that was when the word CICADA first entered the lexicon.

The other reason that the cicada influenced things was because in Australia in Sydney and Melbourne which is where Graeme Clark, I will talk about Graeme again in a minute, Graeme Clark embarked upon his research project which led to your cochlear implants in Sydney and Melbourne and the leading ENT surgeon out there a chap called Bill Gibson his name might be familiar to you. He and I trained together in London in the 70's, Bill Gibson set up the first club for people who had received cochlear implants, and he called it the CICADA club because of the presence of cicadas in the environment in the neighbourhood.

Around Sydney and Melbourne cicadas are very active so there you have a combination of two things, the first perception of the noise of the first implant in Paris, and the actual presence of the cicadas in Sydney and Melbourne where the research work was being done.

> "Lawrie Cleary was the person who made it all possible who founded the HEAR charity"

Now Graeme Clark who is a remarkable person is Australian but when he came across as a young researcher to the UK he was already very interested in the problems of the deaf because he had a deaf father, and so when he qualified in medicine, he qualified as an ENT surgeon, he came across to the UK to try to pursue his surgical skills but also to start on the great research journey that was eventually to lead to the cochlear implant.

Now, we have a certain claim to influencing Graeme Clark's career at Manchester Royal Infirmary because years and years ago before I came to Manchester I am pleased to say Graeme Clark applied for a job in our department as a very junior ENT surgeon job and he didn't get the job, he wasn't thought to be good enough. That was probably a very good thing because it pushed him in the direction away from surgery it helped him in his research programme and so he went to Keele University and did a lot of work on speech processing, and when he went back to Australia he set up his project there doing everything from raising the money to equipping laboratories to employing staff conducting the experiments.

All of this was done in the face of enormous scepticism not to say criticism from the scientific community who did not believe it was possible to reproduce hearing by artificial means, but Graeme soldiered on and, leaping to the present day, his results are so obviously he has influenced the lives of so many people adults and children around the world.

I don't know how many implants have been done worldwide now it is certainly in the many hundreds of thousands it might even be approaching 1million, in this country there have been many thousands done as you know.

So influential has this operation been in shaping the lives of people, changing the lives or giving back the lives of people deafened in adult life or in the case of children allowing them to just inhabit the normally hearing world, so important not just from a scientific point of view but on a bigger more holistic point of view it's a life-changing phenomenon and there are very few operations that can compare.

Because of this we, and when I say we I am one of a group people internationally, have proposed Graeme twice now for the Nobel Prize for medicine and he very nearly got it last time but didn't and it may be that his name will go forward again next year. We have drummed up support from very many influential people around the world. I don't think there can be many people whose contribution to humanity has been greater than Graeme Clark's.

So there we are, that was the history of how the whole thing developed you will hear later there will be some overlap here of what happened in Manchester.

When I was training in London in the 70's it had reached a stage where multi-channel cochlear implants were being done in a number of countries around the world particularly in America and Australia and in Europe, but there was a tremendous air of scepticism in Britain, and there was *no government funding for cochlear implants - there was very little enthusiasm for the whole project.*

> "In 24 hours we flew around the country played 4 rounds of golf 4 times 18, 72 holes in 24 hours sponsored and we raised about £80,000"

The person who did most early work in this country was a chap called Graham Fraser, too many Grahams around, Graham Fraser he was an ENT surgeon in London, I was his registrar at training with him and Graham had developed at UCH the single-channel device that is a very simple thing.

It cost a few hundred pounds to manufacture it was a cheap little device and Graham was a tremendous enthusiast and implanted a lot of single-channel devices and he was very keen for other people to do them as well, but because the results with the single-channel device were so indifferent, in my view, for most recipients because the results were so poor there was a general feeling cochlear implants in general were no good or not worth the money or not worth the effort.

I was quite sceptical when I was in London, all I had been exposed to was an experience with a single-channel device but gradually when I came to Manchester I started to become aware of the results with multi-channel devices across the world that persuaded me it was certainly worth pursuing in this country.

Unfortunately to start doing a cochlear implant programme you need a very important ingredient and that is money, and we didn't have any money but Lawrie Cleary was the person who made it all possible who founded the HEAR charity, which you now all know about.

HEAR over the years produced considerable amount of money and we did this by going out ourselves and rattling the can doing crazy things.

It's appropriate that Lawrie is away playing golf at the moment because one of the first things we did to raise money was a sponsored golf tournament where 8 of us flew around 4 countries in the United Kingdom, Scotland first, then Ireland, Wales and England in 24 hours. We had a executive jet loaned to us by Nissan UK and this was at a time when you could get in and out of airports by phoning up and saying we are coming not of this nasty security business we have now.

In 24 hours flew around the country played 4 rounds of golf 4 times 18, 72 holes in 24 hours sponsored and we raised about £80,000, in those days a cochlear implant cost £15,000 to £20,000 so it was, well it was a start and that at the time when my golf is not fantastic and I do have the distinction of having had my photograph in golf international because at the end of this particular trip we were all photographed in front of the executive jet and this photograph appeared on the inside page of the 1989 I think it was edition of golf international with Mark Calcavecchia on the outer cover, he had just won the British Open so I have appeared in the same journal as Mark Calcavecchia and it is probably my favourite publication.

The following year we did the same again only this time we started off in Malmo in Sweden and flew to some place in Denmark, the name of which I can't quite remember, then we flew to the Royal Waterloo in Brussels in Belgium then flew to Le Touquet in the North of France and then flew back to Cheshire so we played 5 rounds of golf in 24 hours and raised again a comparable sum of money these are just examples of the things we had to do to raise the money to get things going so we used the initial money to purchase a few implants.

“I actually turned down an appearance with Terry Wogan on television!”

Then we needed accommodation and the name of Ian Taylor might not mean much to you but Ian was the professor of audiological medicine back then, he gave us access to space within the university and we still use that space within the university. So we then had a few cochlear implants and had space and we then used some more money to employ one or two people I am sure although Deborah is not here you know her well, I am sure Deborah's first pay cheque came from the HEAR charity and then as time went on as soon as we did our first operation it got all over the papers and the television and I was bombarded with phone calls to speak on this channel or that channel and I actually turned down an appearance with Terry Wogan on television.

The reason I turned it down was because in a sense of sort of scientific propriety! I thought it wasn't the place to be advertising I thought it was kind of, in a way cheapening the thing, I wish I had done it actually now, and eventually when I changed my mind I contacted them a year later and said can I come on the Terry Wogan show now they didn't want me and had lost interest!

That was in 1989. It is very interesting in the last 24 hours there has been a lot of publicity about cochlear implants again, now I had kind of mixed feelings about this publicity because I thought well it is being sold as if it is a new thing when in fact it has been around 25 years or more in this country.

At the same time I was very pleased cochlear implantation was getting this kind of exposure, it's fascinating to see how this particular lady in the news does.

I suppose if YouTube had been around when we first did our cochlear implants it would have gone viral round the world in no time, but having started and got the publicity, several other departments immediately who probably had been thinking the same thing, and didn't have the courage or money to get going, several other departments in the country thought we must do something.

Nottingham, London, Birmingham, Kilmarnock, a whole number of them came out of the woodwork so it formed a Nucleus of a group called the British Cochlear Implant Group which acted as a lobbying voice to the Department of Health.

The Department of Health didn't want anything to do with cochlear implants initially, but eventually, and I have to pay tribute to Jack Ashley here, did any of you meet Jack he was a Labour peer, from Stoke-on-Trent, a wonderful man and he was deafened in adult life and eventually had a multi-channel cochlear implant inserted in London and because he was a privy Councillor he could exert a lot of pressure in the right places.

Eventually there was a response from David Mellor, he was in the Department of Health at the time and David Mellor I remember when that e-mail first came through to say - was it an e-mail or a fax probably a fax - to say that they were putting up money for a multi-centre trial to look at the effectiveness.

So the multi-centre trial was set up in the - must have been late 80's, early 90's - it was run from Nottingham by Quentin Summerfield they produced a wonderful document a marvellous historic document it made it absolutely clear that the benefits of cochlear implantation were real.

> "... the great thing is that cochlear implantation from having been a real gee whiz operation when it started is now routine"

Not only were they real, in terms of price, costings, and various instruments the economists use for working out if something is good value or not in terms of value, it sat very nicely alongside kidney transplantation and so on and so forth it wasn't outrageously expensive, though it appeared to go out and buy the thing was a lot of money but in terms of quality of life and years you might use the thing it looked very very favourable alongside other comparable operations and things.

As a result of that the government said okay we will finance them now, and after that we didn't have to go and play golf running around the continent of Europe swinging golf clubs just as well it became more difficult first of all it became more difficult to get in and out of airports and secondly the Chief Executive of Nissan UK, it is public knowledge I am not telling stories, ended up in prison.

He was our main backer and there was some scam about import duty on Japanese cars I never really understood what had happened there, a delightful chap he is out again now and a wonderful person too he was in an open prison in Kent and every day he would get up have his prison breakfast a car would come for him he would be driven to London to spend the day doing charitable work and at the end of the day the big car would take him back to the open prison where he would resume his prison activities sewing a few mail bags and things!

So this was all history now and the great thing is that cochlear implantation from having been a real gee whiz operation when it started is now routine, the word would get round the hospital they are doing cochlear implant today and people would say can I come and have a watch and you would have a television screen and you could hardly get in the operating theatre! People would come to watch and we could almost sell tickets to come and watch a cochlear implant and now when you do cochlear implants it's just, you know, so routine, it's a "'so what?' operation" and that is how it should be.

That something should become so accepted that it is not regarded as spectacular is good in one way, but it is good something should take its place as a routine health service procedure with no questions asked.

So that’s where we are at now and there have been developments along the way of course, miniaturisation of speech processors, those who started off would be carrying a thing like a half brick round your waistband and as the electronics became more sophisticated it was possible to reduce the size of the external bit the hardware and bring it down to what you have all got ear level processors, all the clever bit of the cochlear implant isn't the surgery, it's the bit on the outside, it's the electrical engineers, it's the people who can produce programmes which help you to understand speech more clearly and to reduce it all into this small package so the external bit has got much smaller.

The internal bit hasn't changed that much there are 4 cochlear implant companies and they all try to put all sorts of funny things into their products, a lot of the things, gimmicks have been produced in the design of the actual implanted bit or gimmicks people have thought they are doing that we better do this and many of these were rejected along the way. The basic design of the intra-cochlea device is unchanged.

What's happened over the years is the external part, the speech processor is where the progress has been made and probably where the progress will continue to be made.

When we started, we were just doing adults, post-lingually deaf adults people, who had been born with close to normal hearing had lived a perfectly normal lives if, I can say that, up until some point in adult life when the hearing went.

The important point is I guess it's most of you here went through the very important phase of development early in your life. In the first two years of life where your brain is being programmed to first of all to hear and secondly to attach meaning to what you are hearing, so language development was going on from a very early age from under the age of 1 and that process is terribly important because your ability to handle that sort of information decreases rapidly after the age of 3 or 4. So people like yourselves who have gone deaf in adult life have at least got the advantage of having had your brains programmed at that very critical period, first 2 or 3 years of life.

So when we do a cochlear implant in some people like yourself, what we are really doing with the implant, it's a bit of an analogy you might disagree with, it's like wiping the cobwebs off a dormant system which has worked, has gone asleep for years and has been re-awakened it's one group of patients where we started that was controversial enough when we started then it became to be accepted.

The next thing was children, this is where the real trouble started all around the world there were groups who really did oppose implantation in children. It was thought to be unethical immoral sticking bits of wire into children's heads, children weren't old enough to consent, you were depriving them of the chance to grow up using sign language and there were some really acrimonious confrontations.

Eventually as results start to come through and it became clear these children did fantastically well so the opposition went and we don't hear much about that now.

To come back to what I said about early the brain's early ability to hear and to acquire language it is very important with these children if they are born deaf or lose their hearing in that first year of life it's very important to implant these children, the younger the better.

When we started doing children we were

implanting children, from the congenitally deaf born deaf children - up to the age of 8, did all right, not fantastically. As time went by we were implanting them younger and younger and younger and now if you implant a child, to give you a statistic to act as a point of reference if you implant children under the age of 2 after 2 years implant use they will be on a par with normally hearing children and they will go to normal school and fit into an a normal education system with minimal support. If you wait until they are 3, that figure drops tremendously and by the age of 4 they are really off the bottom of the scale so you really have to get these children very early.

Now because of universal screening where a child gets a test done at birth almost before they are delivered you can tell straight away if a child is likely to be deaf enough to require further investigation. We are now implanting children under the age of 1 quite regularly and the younger you do them the better result and of course if you were to follow the wishes of the signing deaf community and wait until the child was old enough to give consent in other words the age of 16 you would have closed the door completely. There is no chance they will get a good result and that would strengthen the argument of those against cochlear implants in children and say look it doesn't work so that's where we are at with children.


Professor Ramsden and Lawrie at the opening of the new H&N Centre in Manchester funded with the help of HEAR

The other thing with children is that we can routinely offer them bilateral cochlear implants on the health service. Some of you have bilateral implants generally speaking although it's hard to measure advantage and gain improvement certainly the subjective responses from people who have had two implants is that it is an awful lot better than one and that is really where we are at now with cochlear implants.

The other spin off from implants we got involved with in the country is that we were the first people in the country to do the brain stem implant for people who don't have a cochlea nerve. People who have cochlear implants have a cochlea that doesn't work and a nerve that goes to the brain that does work so the messages go down the cochlea nerve to the brain, there are a group of people with certain tumours who don't have a nerve either you can't do cochlear implants on them as they have no nerve.

We are putting electrodes into part of the brainstem called the cochlea nucleus, we have done 50 or 60, they don't work nearly as well as cochlear implants but give some awareness of sound and contact with the outside world.

We have a young lad, probably not so young now, had 2 tumours, one on each hearing nerve and took those out, he is now at university doing a university degree so that is it really, that's my trip down

Visit to Lyme Hall

On Saturday 9th June we visited Lyme Hall near Stockport.
We arranged to meet for lunch first before looking around the house and all enjoyed a tasty meal together in the nearby restaurant.

The Arrival of our guest of Honour, Edna with her carer and daughter

It was a glorious sunny day so the hats were a vital necessity although some of us forgot!

There was so much to look at we ended up going round the main building twice, but we were not invited to sit down at the table unfortunately!

As you might expect of a house of this size and age there was a huge collection of things from all over the world. I'm not sure if Alan was eyeing this up for his front garden or not but we left it there!.

The busiest room in the house was on the first floor where visitors could dress up in period costume just to see what it looked like. I did not indulge but others seemed to slip into the part effortlessly.

The house was so interesting that time flew by and really warranted another visit to see the gardens so we may do that at some point.
Everyone came away ready for a cup of tea after an interesting afternoon.

Iron Bridge boat trip (part 1)

by Kevin Williams

One fine Saturay in July we had arranged to meet in Chester to take a trip on board a comfortably appointed boat for a buffet lunch and a two hour cruise called 'The Iron Bridge Cruise'.

It was a popular event and a large group of us had booked to go on the trip travelling from all over the North West to get there.

As you can see from the pictures below it didn't seem crowded and there was an abundance of food! What happened to the rest of the group you may ask ... well that is for part two of this article.

For the people that managed to get there it was a really comfortable well appointed cabin as you can see and the weather and food was magnificent.

I'm not sure if people asked for doggy bags but I would if I'd been there.

It was all a mystery but for some it was a chance to get your feet up and relax.

The boat did get to where it was expected to go and all those on board enjoyed the trip and the food!

So, what happened to the rest of the party?

Iron Bridge boat trip (part 2)

While the main party were assembling in Chester ready for the boat trip, four of us had an unexpected stop on the motorway.

In heavy stop start traffic we were involved in a collision, which disabled the car and left us at the roadside.
If you're ever in any doubt about the result of a set-to between a cast iron tow bar and a radiator I can guarantee who the loser is going to be!

Oops !

And so it was with our small group, having gained the safety of the roadside thankfully without injury and being grateful for a sunny day we contemplated what the next step should be.

Call for assistance I hear you say, of course but how? We were not within sight of a motorway emergency telephone and all we had were mobile phones to communicate with.

Even with good hearing it would be a struggle to hear someone talking at the end of the phone with all the traffic noise of six lanes of vehicles and the first question was who to call?

I am in the RAC so that was my first thought, I tried texting the number on my card and received an automated reply acknowledging receipt of the text message then … nothing. Twenty minutes passed, I sent another text with the same response.

At this point, one of our party with better hearing than the rest of us volunteered to try to phone the RAC and got through only to be told that 'A breakdown and recovery policy did not include recovering a vehicle damaged in an accident'. To get a recovery we would have to contact the insurance company.

In my naivety I had it in my mind that the RAC actually always recovered vehicles from motorways (note to self read the small print)

They kindly gave us the number to call, which was not a text number but an ordinary telephone number and therefore the first five minutes of the call would be about the insurance company recording telephone calls, being a member of the FSA, then an automated menu system, about as confusing and stressful as you could make it for someone with hearing difficulties!

Eventually our hearing party member

Still smiling at this point

managed to speak to a human being and after explaining the situation they agreed to send a recovery vehicle.

At this point several things happened at once, a major accident at the next road junction on the motorway closed all Eastbound traffic gridlocking one side of the motorway and then another multicar pile up on the west bound side a few miles away reduced everything to a single lane. Our recovery vehicle was going to be late whichever way it came!

Not to be outdone by the unfortunate series of events our gang settled down for a wait at the side of the road.

At this point more mundane things came to the fore, it was a boiling hot day and had it not been for the kind help of one of the other drivers whose car was driveable after the collision leaving us a bottle of cold water we would have been pretty thirsty to say the least. We had no food or snacks to keep us going, we were all looking forward to a great lunch on the boat so we were pretty hungry in no time at all and we had no idea how long we were going to have to wait!

In times like this of course it is the British thing to do to keep a stiff upper lip and endeavor to persevere so we set about entertaining ourselves.
Playing I-Spy was not going to be much fun 'Car', 'Lorry', 'Caravan', 'Grass' … you get the picture. We did try an impromptu song and dance routine to entertain the drivers in the traffic jam on the other side of the motorway, but it was a bit risky to ask for tips and then our resident magician who just happened to have his box of tricks with him, came to the rescue!

It was the stuff of novels, a magic show at the side of the motorway!

After two and a half hours our rescuer arrived and took us back home, not the afternoon we had planned at all.

Now all of this may be entertaining stuff but it has raised some really important issues:

How is a hearing impaired person expected to get help and from who, in such a dangerous situation?

What facilities do organisations provide for deaf people to get roadside assistance?

What should you keep in your car for emergency situations?

The next day when all the excitement had died down I thought I would do some investigation.

First of all I examined the handbook from the RAC and sure enough in small print there was the exception clause about Recovery after an Accident, I later checked with others and their breakdown cover had the same exceptions.
Then I looked for roadside assistance for deaf/hard of hearing people.

In their booklet, the RAC suggest that hearing assistance is provided if the user types 18001 (Type Talk) or texts them on 07855 828282.

Now out on the roadside the chances of me having paperwork with me are minimal, I of course have my card but that only has the telephone number on it.

I did a test on the text number and got a reply saying that it was a valid number for help. OK so that's my fault for not reading the booklet properly but it would have been so much easier if the number was on the card. (I have since then taped the number on the front of the card)

Homeward bound at last

I then got in touch with the insurance company having scanned their booklet minutely and found no reference whatsoever about using text or any similar system to get in touch. The person I contacted at the company did not know how we were to get in touch and then came back after asking his manager and said use Type Talk.

Now there is no text phone involved and from memory that service is usually used from home/office situations and not the side of motorways.

If I had its replacement, NGTS installed on the phone I may have been able to use it but seeing as simple texting is an everyday thing and available on all mobiles, why was that service not available? Maybe I should install NGTS but I would need to try and read up on how to use it properly and to be honest in a stressful situation the simpler the solution the better!

However in a little twist, I decided to google insurance companies that provided text message support for customers and one of those on the list was AXA insurance and by pure coincidence in the very, very small print at the back of the Car insurance booklet was a phrase saying that 'Breakdown and Recovery services are provided on behalf of the (Insurance company) by AXA insurance services'!

The advice on their website (AXA) is exceptionally clear about using the text service so well done them but why did my Insurance company not know this? So the conclusions of all this apart from not arguing with tow bars:

1. Check your Breakdown company's terms and conditions to see what is actually covered for regarding roadside assistance.
2. Look to see how to get in touch with the insurance company and insist on having a text number.
3. Check the Highways agency advice about calling from roadside assistance telephones especially if you can't hear.
4. Register your text number with the 999 services, as a last resort being disabled and broken down at the side of the road especially a motorway is potentially life threatening and the Police will respond.

http://www.emergencysms.org.uk/registering_your_mobile_phone.php

5. Keep some biscuits or something in the car and a bottle of water. Even warm water works on a hot day!

MED-EL NEWS

Wireless Connectivity with the Roger™ 21 and Roger Pen for SONNET

Enjoy wireless connectivity and benefit from optimal hearing in challenging environments with the new Roger™ 21 FM battery sleeve for the SONNET audio processor.

Produced by Phonak, the Roger 21 sleeve is a fully integrated receiver, meaning there's no need for a neckloop or to fix an additional receiver to the bottom of your audio processor. This simple-to-use battery sleeve makes it easy to connect the SONNET to a range of Roger wireless devices to stream sound from a variety of sources.

The Roger 21 is ideal for use at meetings, in the classroom, for conversations in noisy settings, for talking on the telephone, or simply for enjoying listening to music at home.

MED-EL users can now enjoy the freedom to choose the Roger 21 and a Roger Pen as part of their upgrade to the SONNET.

Don't forget that the Roger 21 is also available to order from retailers approved to supply Phonak products.

EXPLORELIFE goes online!

Welcome to www.explore-life.com – the new platform for the very popular EXPLORE magazines from MED-EL. Explore Life opens up a whole world of interactions in the form of articles, interviews, videos and so much more for you to enjoy with a special focus on hearing. All at a mouse click!

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www.explore-life.com

News from across the pond

CENTENNIAL, Colo., June 27, 2018 /PRNewswire/ -- Cochlear Limited (ASX: COH), the global leader in implantable hearing solutions, announces the upcoming release of the Nucleus® Smart App for Android™ in the United States and Canada, offering greater connectivity than ever before for people with hearing loss and a cochlear implant.

Cochlear implant recipients with the Nucleus® 7 Sound Processor can now control their hearing with the Nucleus Smart App from a compatible Android device, allowing them to monitor and adjust their settings, view personalized hearing information and even locate a missing sound processor, all from the convenience of their smartphone.

Since the Nucleus 7 Sound Processor was first launched in 2017 as the world's first Made for iPhone cochlear implant sound processor, Cochlear has been working to extend the benefits of its industry-leading technology to Android smartphone users.

Along with the release of the Nucleus Smart App for Android, Cochlear has also added a first-of-its-kind control feature called ForwardFocus available to compatible smartphone users of the app.

The user-activated control feature allows the wearer to hear better in a challenging listening environment such as a noisy restaurant. When switched on, the ForwardFocus feature reduces distracting noise coming from behind a person so they can more easily enjoy a face-to-face conversation.2

The Nucleus Smart App, which is exclusively compatible with the Nucleus 7 Sound Processor, offers a range of first-of-its-kind features for users. From locating a lost or misplaced sound processor using the Find My Processor feature, to confidently tracking progress with the Hearing Tracker feature, or reducing noise from behind with the ForwardFocus feature, users can experience unprecedented connectivity and performance in managing their hearing.

"We live in a world where consumers expect to be easily connected to technology, and consumers should expect to get innovative, accessible technology out of their medical devices too," said Patricia Trautwein, AuD, Vice President, Marketing and Product Management, Cochlear Americas. "At Cochlear, we are proud to be the first in the hearing implant industry to provide convenient monitoring tools and direct connectivity to smartphones.
We want our recipients to be able to take control of their hearing performance like they may do already with their fitness and health and how they are accustomed to connecting with their other consumer electronics."
In addition to the new connectivity and performance features, the Nucleus 7 Sound Processor will be available for the first time to people with a Nucleus 24 Series Implant (CI24R/CI24M).
This means thousands more people from all over the world living with disabling hearing loss will be able to experience the innovative Nucleus 7 Sound Processor technology for the first time.

NHS
Manchester University
NHS Foundation Trust

New Conversation Club

by Kevin Williams

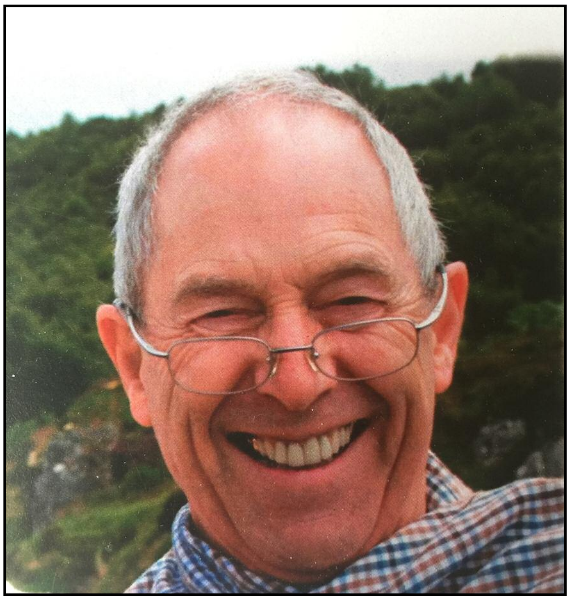
The first meeting of a new monthly service took place on 4th Juy at the MRI implant centre. CICADA members were there to help out. It is aimed at helping CI users in the early stages of implant use, particularly those who have few opportunities to practise conversation or who are struggling with their implants.
After welcome drinks people introduced themselves and we then had a 15 to 20 minute session about what makes it difficult to hear and communication tactics to use which was very useful. We then got people into pairs and gave them some conversation topics or questions on a set of cards to talk about whilst everyone else was talking. It was very helpful and people said they would come back for more practice. If anyone feels that they could help out or needs some conversation practice contact me or Karen Smith at Karen.Smith@mft.nhs.uk

William Robert Callard Allen 1944-2018

We have to report the sad news that after a long illness, Bill Allen a long time member of CICADA has passed away.
Bill was born on 12th May 1944 in High Wycombe to parents Barbara Callard and Bob Allen. His ancestry on his mother's side came from a line of Royal clockmakers, and his maternal great—grandmother, Janet Vulliamy, married into the Callard confectionery family, who with Bowsers, created the famous butterscotch, Callard and Bowsers. Bill's brother David arrived in 1946 and the two boys spent their early years in Yeovil and Dorchester, until 1954 when Barbara and Bob divorced and they were sent to live in a boarding school in the Golden Valley near Stroud, Gloucestershire.

In 1961, desperate for freedom from school rules and the constant obligation to seek permission, Bill emigrated to Australia under the auspices of the Big Brother Movement, a voluntary youth migration scheme to recruit rural workers and populate the Dominions. Bill's work as a 'Jackaroo' involved him riding a horse, milking the cows, patrolling with dogs (to eliminate rabbits where possible) and checking fences around the 4000-acre property for damage and any necessary repairs — all for a basic £5/week wage.

In 1965, Bill left Australia and spent 7 weeks in Ceylon with his mother and step-father. He made the decision to return to the UK by hitch-hiking back overland avoiding the the second Kashmir war by flying over India to Pakistan — leaving him with little money for food and accommodation for the rest of the journey finally ending up in Jerusalem in February 1966. Bill stayed at a kibbutz in Upper Galilee for two years, working in the orchards and chicken houses, then moving to the smaller kibbutz on the Eastern Shores of the Sea of Galilee where he he met Suzanne, who had travelled to Israel with her friends.



In 1972, when they were ready to settle permanently back in the UK, they moved to Nottingham together, where Suzanne began her teacher training degree at Clifton College of Education. Bill worked for Habitat, and 4 years later, Bill's job transferred to Manchester, and the couple moved to Stockport, where they married at Stockport Registry Office on 31st July 1976.

In 1977, Bill and Suzanne bought their first home in Little Hayfield their first daughter Fionna was born in January 1980 and Samantha followed two years later in March 1982. As Bill entered his 30's however, his hearing became impaired, until gradually, he became completely deaf. He lost his job in 1984 due to a combination of the closure of factories in the North of England, and in part to do with his hearing loss. So when Samantha was only a year old, Suzanne went back to teaching and Bill stayed at home with the girls.

In 1987, Bill trained to become a Teacher of Lip-reading to adults at Manchester Metropolitan University, giving his life even more purpose and helping him cope with his own deafness. He spent the next 30 years teaching lip reading to adults with impaired hearing. Some years ago he received a Life Changers award in London, after being nominated by Derbyshire Adult education, and met Princess Anne as Patron of Hearing Dogs for the Deaf.

As their daughters got older, Bill and Suzanne took up rambling holidays and went to Marrakech, Cyprus, Cuba, Turkey and the Greek island of Samos. They were also able to visit Bill's mother Barbara who lives in Vancouver.

In 2001, Bill had a Cochlear implant, which transformed his hearing. Fionna recalls that she was living in Los Angeles at the time and could hardly believe it when Bill called and suddenly she was having her first ever phone conversation with her dad! The implant certainly gave Bill a new confidence and he became more sociable and he enjoyed conversations as well as arguments.

Bill’s love of walking was well known in CICADA and he was always up for a ramble, which for some of us felt more like an expedition!

He was an active and thoughtful member of CICADA and served on the EC for many years and will be sadly missed.

Caldon Canal walk - whats that in my lunch?

Xmas lunch 2009

Manchester Centre for Audiology and Deafness (ManCAD)

Volunteers needed

The C.I. program at MRI and CICADA itself have a long association with the University of Manchester and I met up recently with the team at ManCAD to see if there were ways in which CICADA could work with them. These are the main points that they mentioned.

1. Patient and public involvement
We are always keen on finding people to advise with research: questions we should be asking, how to conduct it, how to interpret the results and how best to communicate research findings.We have panels of volunteers who provide advice: The link to Register is below
https://www.manchesterbrc.nihr.ac.uk/public-and-patients/

2. Participation in research
We always need people who would like to help with research. We keep a research volunteer database. People on the database who fit requirements for particular research studies are sent notices of opportunities to participate in studies as they come up and also receive a regular newsletter about hearing research in Manchester.

3. Teaching audiology students
People help with our undergraduate and postgraduate audiology teaching programs,speaking to students about the experience of being an audiology patient.

Notes for the diary

Quarry Bank Visit 17th August.

You should all have received a flyer for this visit we have now agreed an itinerary for the visit as follows.

1. Meet at the Information centre near the car park 12:00-12:20
2. 12:30 have a group tour of the Apprentice house, we will supply the tour guide with a neck worn microphone so we can all hear what he's saying.
3. Buggies down to the Mill restaurant for lunch for about 1pm
4. 2-2:30 browse shops etc.
5. 2:30 a guided tour outside the mill
6. Buggies back to Information centre and home.

Notes.

* Buggies provided to help travel across the site.

* Carers and National Trust members free admission

* Entrance fee includes access to all areas

If you would like to come on this visit please let me know as soon as possible so that I can organise the party.

If you have any queries or would like more information please contact me at the address below.

Kevin

And finally ...

We would like to hear as soon as possible from people wanting to come to the Terracotta exhibition (September 12th) so we can organise the event, also if you are able to come to the Annual Dinner or the AGM and tour at at Gaskell House an early indication would be appreciated!

Resound Notes Section

We welcome contributions from members on any subject that would be of interest to others, (including your CI experiences) your recent experiences with the health service, meet ups, activities or other news about yourself.

If you have something that you think may be of interest to others email it to:

editor@manchestercicada.org.uk

or fill in the form online at
http://www.manchestercicada.org.uk/resound-2/

or write to:
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