



Unheard Voices: interviews with deafened people

John Chamberlain
Interviewed by Christine Beal

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IMPORTANT

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Interview Summary Sheet

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Collection title:	Unheard Voices: interviews with deafened people		
Interviewee's surname:	Chamberlain	Title:	
Interviewee's forename:	John	Sex:	Male
Occupation:	Civil servant	Date and place of birth:	Loughborough, 1934
Date(s) of recording:	25 th October 2008		
Location of interview:	Eastbourne, East Sussex		
Name of interviewer:	Christine Beal		
Speech to Text reporter:	Emma White		
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[Track 1]

Okay, then. Good morning. I am Chris Beale. I am interviewing John Chamberlain on Saturday, the 25th of October, 2008 for the Unheard Voices Project in Eastbourne, East Sussex.

Could you give me your full name?

Yes. My full name is John Chamberlain, and I was born in Loughborough in Leicestershire in 1934, so I am 74 years old.

Can you remember what your mother's occupation was?

Oh yes. My mother worked in a hosiery factory until she got married, and then just for a little while after she got married, then she stayed at home as most wives did in those days to look after the family as we grew up. My father was a millwright, looked after heavy machinery in a big local factory in Loughborough.

Ah. So when you were growing up, did you have grandparents?

Oh yes. I had grandparents. In fact, my grandmother on my mother's side is the reason I am deafened. She was a matriarch. She had five daughters and she ruled the family. Even though they were married, she still expected them to do what she told them, and my grandmother, one day when I was seven, had a very bad cold, so she had the doctor come to see us. Now this, of course, was way before the National Health Service. We are talking about 1941. She had -- the doctor come to see her. He prescribed a medicine for her, and she insisted that she must have her medicine now, and my mother was instructed to get it. So, mother sent me off on my bicycle to fetch the medicine. Of course, in those days, as I say, there was no National Health Service, so you belonged to a doctor's panel. You paid a few pence a week, and the doctor would then come to visit you, but if you needed a medicine you went to the dispensary in the doctor's surgery to get it. So, I was sent off on my bicycle with a bottle -- you always had to take a bottle with you. They provided the cork to go in the

bottle, but you had to take the bottle, and it was in a bag on the handlebars of the bicycle, and the bag flipped round, went into the front wheel, and I was thrown right over the top, landed on my head. I was unconscious, bleeding from the left ear. They thought I had had a fractured skull. The ambulance came. I was taken to hospital, but I recovered. Initially, there seemed to be no problem. I just recovered, but then the left ear started to discharge, and over the next two or three years the discharge got worse. I was referred to the hospital. I had to go to the school nursery every day to have the ear looked at, so that lost schooling while I was going there, and then I was referred to Leicester Royal Infirmary where the ENT consultant decided that I had a mastoid, and by this time I was coming up to eleven, so I needed an operation on the left ear. My father saw -- of course, again, still no National Health Service because we are only now in 1945 -- so my father talked to his Trade Union and the Trade Union agreed to pay for the operation. So, I went in to Leicester Royal Infirmary. There was a delay of about six months before I could go in, and by the time I got in there it had deteriorated from an ordinary mastoid into a radical mastoid, so when they did the operation they destroyed all the hearing in the left ear.

Right.

So, quite interesting, when my mother came to see me for the first time after the operation, she came onto the ward, saw the sister, and said, "I have come to see John Chamberlain. Where is he?" and the Sister said, "Oh, he's down there on that side. You do know that he's now deaf, don't you?" So, my mother walked down the ward in an absolute state of shock, and was very relieved to find it was only the left ear that had gone, not my total hearing.

Did you have brothers and sisters?

I have a sister, yes. She is seven years younger than I am, but she doesn't have any hearing problems or anything like that. She is married, lives still in the Leicester area where we were born, in Loughborough. So, she lives in that area still. Of course, one of the disappointing things about all this is that penicillin had just been introduced, and if I could have had penicillin, it would have cured the problem, and I would not be -- not have needed the operation, and I would probably not be deaf now. But,

unfortunately, at that time, penicillin was only allowed to be used for armed forces. I was civilian. I just couldn't have it, and that was that, there we are.

There we are. It seems very unfair now.

Well, it does looking back on it, but, of course, at that time everybody thought it was very fair. I have no complaints. I have been profoundly deaf now for many years, but I have had a good life so I am not worried about that.

[06:20]

John, when you had the accident, and you went over the handlebars of your bike, was there much traffic around in that time?

Oh gosh, trying to remember back – not a lot of traffic, no. I mean, we have played on the streets quite happily with two coats down to make goalposts, and we played football on the streets, and it would be very rare for us to have to pick the coats up and move out the way because a car was coming down the street, so not a lot of traffic.

You couldn't do that today!

Certainly not!

You lived in a house, then, I take it?

Yes. We lived in a rented house. People didn't own houses in those days. We had quite a reasonable rented house. My grandmother lived just round the corner from us, and she ran a little shop. They sold sweets and general groceries, and my mother actually took that shop on when my grandmother became too old to look after it, so we moved from the house we were in to live in the shop, so we lived there for a number of years, yes.

That sounds quite interesting as a child.

How old were you then?

Me? I was fourteen when we moved round to take the shop on, and I stayed there until I got married, when I was 21.

It was like an old-fashioned shop that we would say now?

Oh yes. Yes. There was a little counter in there and people passing by. We were fortunate in that there was a very large factory on the outskirts of Loughborough, and everybody going to the factory passed the door of the shop, so we had a regular clientele of people coming in to buy a few sweets to take to work, or groceries, and on the way back they did the same thing, of course.

Were your parents -- well, your mother, quite a good income from that?

She got a reasonable income from it, yes. In fact, they saved the money they got from the shop and eventually bought a bungalow, and we thought that this was great, they had bought their own bungalow. It was marvellous, and they were able to give me some money when I got married and we were looking for a house. They gave us the deposit on our house, too, so that all came out of looking after the shop.

Can I ask you, John, a bit about your schooling, then?

Yes, fine. I went to an ordinary school called Cobden Street School in Loughborough. Mixed until we were seven, and then segregated into boys and into girls, so I was in the boys' part. Did quite well at school. They still had what was the predecessor of the Eleven Plus exam called the Annual School Exam, and I did very well in the exam, getting what was called an, "A1 Plus", grading, which meant I could choose any grammar school in Leicestershire to go to, and I went to Loughborough College School. I think perhaps because my parents were not, shall we say, very aware of the opportunities that education could bring, I didn't do quite so well as I should have done. I could probably have gone on to university. I didn't work hard enough. Too interested in sport and things like this to work as hard as I should have done. I left school and just went to work, but I was deaf all the way through the schooling.

Yes. That is what --

It is quite interesting, on one occasion, one of the headmasters gave me a real clip round the side of the head, that was the way they disciplined you in those days, and I went home and told my mother and we immediately went to Leicester to see the ENT consultant, because she wondered about my mastoid cavity on the left side, and the consultant wrote a very strong letter to the headmaster, and all teachers in the school were forbidden to hit me, so when other boys were being clipped round the ear I was quite happy that they dare not touch me! So, the hearing began to have benefits, if you like, even though it was perhaps not too good. I could be a bit cheeky to them and they couldn't clip me round the ear.

[11:03]

Did the other children treat you different, bearing in mind you had the hearing loss?

No, because really I wasn't aware that I was deaf.

Right

I think at eleven I had the operation, and I think I just started to cope with it. Made adjustments to things, without realising it, and didn't appreciate that I had lost one ear completely. So, I didn't bother about it, the other boys didn't bother about it. It probably did affect my education, thinking back on it, I probably didn't hear everything that was going off in the class, but I just didn't appreciate that it was down. I just -- it was life, and that was it. You accepted it. So, I carried on at school, left school at 16, went to work for an engineering firm called, "The Brush", in Loughborough as a trainee engineer, but I was there for about a year. I found it very boring. We didn't do a lot. We just moved around from department-to-department, and it was fitting and not a lot happened, so I left, and they, I think, had decided they didn't really want me anyway. So, I went from there to Loughborough College to work in the laboratories as a technician, but by this time I was also beginning to have some hearing loss in the right ear as well, and I was referred for a hearing test, and it

was decided that yes, I had lost -- the left ear, of course, was completely gone, the right ear was beginning to go, and I needed to wear a hearing aid, so I had one of the very earliest National Health Service hearing aids, just after 1948 when they were introduced. It would be probably about four years after that, and it was quite intriguing, because it was a body-worn aid. The batteries didn't go inside the aid as they do now, they were external. Enormous things. There was an HT battery and a LT, high tension and a low tension battery, and they were connected together with wires, and then you had the body-worn aid which was also connected on from the two batteries, and then an insert piece to go into your ear, and of course, trying to wear all this lot, a young man, what, fifteen, sixteen -- sorry, a bit older than that, I would have been about seventeen, eighteen when this happened, having to wear all of this, so we had special waistcoats made for me. Inside the lining, inside the waistcoat, we had two pockets, one for the LT battery, one for the HT battery with a wire connecting them round my back, and then the wire came through the armhole to fit onto the processor which was worn in the external pocket of the waistcoat and then a lead up to the insert aid in my right ear, and so from that time on I always had to wear a waistcoat which did make me stand out a bit. I got my leg pulled a bit about it, but most people understood, and so it didn't bother me too much.

Were pretty good. Yes.

I carried on wearing that insert aid then, I got married and I would be about 24, 25 when I found I wasn't coping with that insert aid, so I went down to the Hearing Aid department at the hospital, and you didn't have hearing tests in those days, and there weren't any audiologists, you just walked in and saw the technician in the department, and I just said to him, "I am not hearing so well", and he said, "Oh. Try one of these", and he just got another aid off-the-shelf. It was the BW81-type of hearing aid, which was a bone conductor, and what you had then was a processor which you had an -- I had two internal batteries, and just clipped on to the front of a shirt pocket, and went up to an Alice band which went over the top of your head, and then the vibrating processor was pressed by the Alice band behind your ear onto the bone behind your ear, and that shook the bone, which then shook the cochlea, and so you could hear that way, and it was marvellous, the hearing I had then. I suddenly began to realise just how much I had lost, and so this was really great.

That was, I take it, much -- was that easier to transport around, obviously, if you were wearing it --

It made you stand out, because a man wearing a metal Alice band on the top of his head, everyone knew that I was deaf, but in some ways that worked for me, because people just had to look at me, they knew that I was deaf and they would make accommodation for it. Of course, by this time I was married, and I ran into all the problems that – if the two of us went in anywhere, somebody would look at me and then turn to my wife and say, "Does he want so-and-so? Does he do so-and-so?" But my wife was very good, she was an ex-nurse and she would say, "Ask him!" So they were always directed back to me by her.

[16:50]

Can I ask how you met your wife, John?

Yes. We met at church. I was working at Loughborough College, as I said, as a technician, and I met a man there who -- he was a Christian, and I was told by all my work colleagues, "Be very careful. He will have you saying prayers over your cup of tea at break, so watch what you get -- involved with him", but he was so different to everybody else, and one day I asked him what made him different, and he told me about his church life and his belief in God, and I went along to the church and met my wife there, and we have been going to church as Christians all our lives.

Were you brought up with the church as a child?

It was in the background as a Methodist church, but but to the same extent that it became once I really began to understand what it was about. Yes.

As a child, did you go to church on a Sunday with your parents?

Oh yes. My father took me to church and we went to Sunday school, so it was -- Sunday school in the morning, then church, Sunday school in the afternoon, then church in the evening, and that was it at the local Baptist Church

The church is where you met your wife?

No. This was a --

Yes. When you were older.

When I was older.

Yes.

I didn't know her before I had met this man who was so different, made this big impression on me, and we went then to that church, yes.

Was your wife -- how old was she then?

She is slightly older than me. She is two years older than me. When I first met her I was 19 and she was 21. I just missed her 21st birthday.

Was she a nurse then?

A nurse. Yes. She again was a working class girl, left school at 13 with no qualifications, went to work in factories, but when she started to go to church, the people there recognized she had some potential and suggested she went to Derby Royal Infirmary for an interview and with no qualifications at all, they accepted her as a trainee nurse, and she did three years and got a State Registered Nurse, which, you know, is very good for somebody with no qualifications whatsoever.

Yes. It is very good. Yes.

But when we married she gave up nursing and she worked for a couple of years as a secretary, then we had our first child, and she stayed at home after that. Yes.

[19:38]

How many children do you have, John?

I have two. Two boys. They are both married, getting on. The eldest one is nearly 50! But they are both married. The eldest one has three daughters, so we have three granddaughters on that side. The eldest granddaughter is 20 now. She is at Portsmouth University reading geography. The second granddaughter is just 19, she is in her first year at Birmingham doing politics, and the other one is just doing her final school exams. The other son, he's married. They have one child, a daughter, again, so we have four grandchildren. The fourth granddaughter is six at the moment. It is quite interesting, because my daughter-in-law on that side has rheumatoid arthritis which she has had since she was 21. She was told she couldn't have children because of all the drugs she had to take. Very severe rheumatoid arthritis. She has had pins put through their hands into her arms because her wrists weren't strong enough. She has had both her knees replaced. She has had her feet straightened out. She was a nurse too. She was actually a Staff Nurse at Great Ormond Street children's hospital, and she reached a stage where they dare not trust her to pick up the children because of the arthritis, so she went on to secondary duties, and eventually retired, but as I say, she was told, while she was on all the drugs, she would not have children, and if she wanted children, she had got to come off the drugs for 12 months and live with the pain of the arthritis, then they could try for a child. If she became pregnant all the symptoms of the arthritis would disappear. The damage would still be there but the symptoms would disappear until about three days after she had had the baby, and then it would all come back again, but they were obviously having a normal married life, and suddenly, even though she was on the drugs, they found she was pregnant, and there was panic. They whipped her in, all sorts of tests because she was on all these drugs, but they decided that as she was pregnant, and she was taking the drugs, she should continue on them which she did until she had the baby, the baby was born about six weeks premature, but the child is perfect. No problems.

A lovely, healthy baby.

And now she is at school, they have found that she is a child with exceptional abilities, and she has been put on the exceptional abilities register, and she gets all sorts of extra benefits, extra coaching, things like this. She was very fortunate because my daughter-in-law is well-educated, and her sister is also well-educated, and they were both -- the sister was living with my son and his wife in the early stages of the child growing up, and both of them concentrated -- they would sit and read to her, encouraged her, played with her, and so she got this tremendous input from two adults who are very well-educated themselves, and I think that is where the benefits come from.

So, she had a very good grounding, really, to begin with.

Oh yes. It has really taken her on. Only about a few weeks ago we were visiting, and she came to sit and read with us in bed and she had brought a book about Russian ballet, and six years old she was reading this book, and the only words she was having trouble with were the names of the Russian ballet dancers that she couldn't pronounce, but all the words about the ballet dancing -- obviously, she stumbled a little bit starting on some words, but then she would work out what the pronunciation was and came through it. In fact, our daughter-in-law tells us that when she does spelling tests at school, if she doesn't get one right she comes home absolutely disappointed. "I got one wrong!" and that is all she can think about, not the fact that she got nine right. It is the one that was wrong that bothers her.

You almost wonder eventually where that is going to lead her, because, obviously, she is very intelligent.

She is doing very well. Yes.

I wonder what the future holds.

Yes. She is quite healthy. No health problems at all.

[24:33]

Well, of course, but your hearing loss wasn't hereditary or anything.

Purely resulted in an accident. Yes.

Did you find it difficult, John, with two children, you know, with your hearing loss, because obviously, I assume --

My hearing loss, in those days, when my own children were young, was about 70-80 decibels, but I had the bone conductor aid, and with the bone transmission I was only about 20-30 decibels down, so when I wear the bone conductor, I can do very well, so it didn't bother me. We got on very well together. The boys appreciated I had a problem, and so we just -- no problems in them growing up. I have been very, very fortunate, really, that I have always -- when I have been working, as I say, I worked as a Laboratory Technician in Loughborough College, as it was in those days, university now. When I left there I joined the Civil Service, and went to Plymouth where I worked in the Royal Naval Engineering College. I was essentially there to run laboratories and laboratory classes for naval engineers, but because I had, by this time, caught up on my education, and I had passed my Higher National Certificate, I was classed as a metallurgist, as a full metallurgist, not as a technician any more, and I began to lecture to students. So, I have been able to develop a good career, always amongst intelligent people. They have appreciated I am deaf, and it is not like -- I think if I had been in an ordinary factory among working class people I would probably have got a lot of stick, because I know that other deaf people have had a lot of stick in those circumstances, but being amongst these people -- all right, they will pull my leg and joke a bit, but it is always friendly.

Nothing malicious?

Nothing malicious about it, and if they have offended me, and I have told them, they have always apologised, and then we have carried on, so I have had a really good career. So, you know, everything has been fine. I was talking a bit at one stage about the hearing aids I have had. As I have told you, I went on and saw the technician in

Leicester who changed me over to the bone conductor aid, and I carried on wearing those for -- oh, until I was into my fifties, and doing very well. Then I had a problem. I am jumping in two different ways at once now. Let's talk about the hearing aids first. I will come back and talk about the other thing. Remind me to come back to it. I began to make mistakes, and it was obvious that my hearing was deteriorating. I was running on these aids with the Alice band over the top, the BW81s, and Maggie Thatcher came into power in the Government, and Maggie Thatcher issued an instruction that the National Health Service was not to make hearing aids any more. They were to buy them. The BW81 was made by Medresco, the National Health Service hearing aid unit, so they were forced to stop, and the replacement aid was a Phillips one, and, to be honest with you, it was just pathetic. It just didn't have the power of the BW81. Now, fortunately, the -- by this time I was living in Plymouth, and the people down in Plymouth realised I needed these and kept a couple of them back for me, and as my BW81s packed up and were unrepairable, they would get another one out for me, and I was on the last one when Plymouth hearing aid department, or Plymouth ENT department was getting behind with its interviews, and they had to call in help from other hospitals, and fortunately for me, a man came down from Great Ormond Street children's hospital doing -- conducting interviews for -- medical interviews for the hospital, and I happened to see him, and he took one look at me and said, "You are an ideal candidate for a bone anchored hearing aid, as opposed to a bone conductor", and I don't think my consultant, who was a rather elderly gentleman, knew about them, or certainly didn't appreciate what they were, and this young consultant from Great Ormond Street explained to him what they were, and he then decided, yes, you should have one.

[30:11]

There were three opportunities. I could be referred to -- sorry -- Plymouth didn't do the operation. You needed an operation to fit them, and they didn't supply them, so I could go to Southampton, but they were only just setting up, and he said, "You don't really want to be a guinea pig, do you?" So I said, "No", and he said, "Well, the alternative is Birmingham where they do adult bone-anchored hearing aids, or Manchester. They specialize in children's, so I am going to send you to Birmingham", and he referred me to David Proops. David Proops is a great ENT

consultant surgeon, and I went to see to see him. He took one look at me, and he said, "Yes, you are an ideal candidate", so I was put on the waiting list, had the operation to fit the implant into my head, because there is an implant goes in, and then the bone-anchored hearing vibration transmitter fits on to that and that is how it all works.

Were you anxious at all about --

No. I was getting anxious about what was going to happen to me when I used up the last BW81.

Yes. I was going to say.

Yes. I was beginning to get a bit concerned about that, because, obviously, if I had to go back to this Phillips, then I could see it finishing me completely.

Because, I can imagine you with a little stockpile of them worrying when they finish.

Yes, because there was none of them getting repaired. Actually, I have still got the last BW81 at home in a cupboard, and it still works, and if there is absolute -- you know, absolute chaos, I can dig that one out and still use it.

The operation you were going to undertake then, was there any risk involved with that, to lose the rest of your hearing?

Not with that operation, no. What they do is they just drill a hole in your skull and screw a titanium screw into the hole, and you then have to wait three months for the bone of your skull to ossify with the titanium screw. It all becomes one piece, and the skin around it heals up, and then the insert -- it is like a press stud. The bone-anchored hearing aid has a press stud fitting, and you just clip it on and wear it. So, there is no problem with that. It doesn't -- there is no danger of me losing my hearing.

It sounds quite traumatic.

But you have raised a point, you know, jumping back again now, we are going backwards and forwards in time, so anybody listening to this will have to appreciate that and sort it out.

That is all right.

While I was still wearing the Alice band with the BW81, they decided to attempt to repair the damage which they thought had occurred in the right ear, which was making my hearing slowly deteriorate. What they thought had happened was the three little bones, the ossicles which go between the drum and the cochlea, had fused together, so that is why it wouldn't transmit sound, and what they did in those days was an operation called a fenestration, in which they would cut the eardrum, take the little bones out, and replace the little bones with a plastic plunger, and then, as the ear drum vibrated, the plastic plunger transmitted the sound across to the cochlea, but when they opened the ear, they found that the bones weren't ossified, they were broken. There was a fracture which had probably occurred not immediately I had the bicycle accident, but it had probably damaged it, and, over the years, with the powerful input from the insert aids I was wearing, it had probably damaged it further until eventually they broke. So, the surgeon tried to repair it, but when I woke up, I couldn't hear. The operation had failed. About two years later, three years later, he had another go, and he tried once more, but again, when I woke up, it wouldn't work, and I was warned at that stage, "You have got these fractured bones, but don't let anybody else try to repair it for you because it will only take one little slip and damage to the cochlea, and then your hearing aids will be of no use to you because the cochlea will be damaged, and you will have lost all the hearing on the right side of your head. So, leave it alone", and that is why I have never had it repaired, again. So, that is damage that could have occurred, but the operation to fit the bone-anchored hearing aids posed no problem at all. I went on from there, hearing – the bone-anchored hearing aid, the initial one, "Classic", it was called, was almost as good as the BW81. Of course, it didn't -- it was all a self-contained unit, it clipped onto the side of my head. It was a box about an inch and a quarter long, probably three-quarters of an inch wide, and quite shallow.

A lot smaller.

Very small. It just clipped on the side of my head. I went on with that for about 18 months to two years, and then when I went back to work -- I had to go up to Birmingham. We lived in Portsmouth, I had to go to Birmingham for all the examinations, fittings, and everything was done up there. I went up to Birmingham, and by this time Mr. Proops had handed me on to a colleague named Andrew Reid. I saw Andrew, and said to him, "Can I have a second one? You know I am bilaterally deaf. Can I have two hearing aids?" And his immediate response was, "Well, what advantage do you think you will get?" And I said, "Well, if I had two, I could wear -- with the two on I might get some binaural hearing back again and know which direction sound was coming from, and also I could hear my wife in the car, because the one I have got now is fitted to the right side of my head". I will tell you why it was fitted to the right side in a minute. Remind me to tell you. "If I had one on the left I will be able to hear my wife talking to me in the car while I am driving", and I gave him one or two other reasons, and he said, "Right. Let me tell you. Theoretically, there is no advantage to having two, because one stirs both cochleas. It vibrates your skull. That will set both cochleas off, and you will get hearing through both cochleas, but --", and this is now some time ago, of course, he said, "We have fitted ten people with two, and every one of them has said there are big advantages, so I will look into it for you". He then approached Portsmouth. Portsmouth agreed to pay for the second one, and I was put on the waiting list. I had a six-month wait to get the operation. After about five months we had heard nothing, so we got in touch with the Birmingham hospital, and we were told that, "Oh, Portsmouth has reneged on paying, so there is no money for it, but you are coming up to see me". I was down to see him about two weeks later. He said, "Come up and see me". So, we went up, and when we got there he said, "Portsmouth has reneged. They won't pay for it, but we will put you on our waiting list. We have promised we will do it, so I have been to see the Birmingham Health Authority people and they have agreed to pay for your second hearing aid". So, the second one was paid for by Birmingham, and, as I said, it was -- it is so much better to have two than to have one. I will tell you why I had the other one on the right side, because before I had the first one fitted, of course, I was wearing the BW81 with the band over the top. I had always worn that on the right side, because the left ear had got no hearing in it, and it seemed natural to wear it on the right side, but when I knew I was going to have a bone-anchored hearing aid, I

thought, "I will try an experiment", so I began to wear the Alice band the other way around, and use the left ear. I tried it in all sorts of situations over the period of -- the six months I was waiting. I kept wearing it perhaps a week for it on the left, a week for it on the right, trying it, and came to the conclusion that the right side was much, much better than the left side. So, that is why I -- when I went to see Mr. Proops, originally, to have the first one fitted, he said, "We will fit it on the left side because that is good for the car when you are driving". I said, "No you won't, you will fit it to the right side", and he was, I think, going to tell me that he knew what he was doing --

He was the expert?

Yes. He was the expert. I told him, then, what I had done, and he said, "Well, if you have carried out those tests and you are absolutely sure, we will fit it to the right side". So, that is what he did. Now, when I had two bone-anchored hearing aids, the tests I had done proved to be absolutely right, because the one on the left side is not so effective as the one on the right side, and I think that is because -- the sound quality on the left is much softer, and I tend to get echoes, and I have to run the hearing aid at a higher volume to be able to hear through that side. I think it is because I have got a very large mastoid cavity.

From the operation?

On the left side. I had the original mastoid cavity when I was eleven, and I was told that cavity would always discharge. "If it ever stops discharging something has gone wrong, get to the nearest ENT department and have it looked at". So, I grew up with this idea it was always going to discharge.

[41:28]

Can I ask you, John, at that point; was that an inconvenience? Because, obviously, if you have got to deal with that all the time --

Yes. I had to clean it out every day, but you clean it out, and then it didn't really bother me.

Did they have the wicks then? I know people who have got mastoid now have the wicks put into their ears.

That was when the operation was done, I had a wick in it, and I had the wick in for about six weeks, but once the cavity had healed, they took the wick out. Now, that was what happened with the first operation. When I was in my middle fifties, again, this was seeing the consultant who didn't know about the bone-anchored hearing aids, he told me, "Your cavity should not discharge". He did an operation to reconstruct it, but he had to use a plastic bone to fill in part of the cavity, and I don't think the bone was properly mixed. It was one of these two-part mixtures, and they didn't put enough hardener in it, and after he had done the operation, it still discharged, but the problem was this plastic bone began to migrate, because it was soft. After he had retired, and I had been fitted with the bone-anchored hearing aid, a new consultant came to the hospital in Portsmouth where I was going, and he said, "It should not discharge", so I told him what had happened, and he looked at the notes, and he said, "What I will do, if you wish me to, is to do a complete mastoid operation again, but we won't have to remove all the bits that we removed -- were removed originally, but we will do it as if it was a brand new mastoid", and he did that, and told me that he had to make a much bigger cavity than he normally would have done, because they had to take all this plastic bone out, and it had migrated, and it was all in the wrong place, so I have an enormous cavity on that side. The point I was coming to is I think that cavity affects the quality of sound that I get from the bone-anchored hearing aid on that side. It is an enormous cavity, and it causes it to echo, and I think that is why I can hear much better on the right side than on the left, although, according to theory again, from the experts, it doesn't matter which side you have it, it works exactly the same way. According to the experts, there is no advantage in having two, but there is a tremendous advantage in having two. It really benefits me.

You are the patient and you know how it works, how it feels to you.

It really, really does work. It is tremendous. Yes. So, that is sort of the history of my hearing. I did have to retire from work. After I had work at the naval engineering college teaching, I was a lecturer there, so I coped with lecturing and students'

questions. I had to tell my students, "If you want to ask a question, either put both hands up and wave them or stand up and jump about, so you attract my attention so I can look at you while you are speaking to me so help me to lip read as well as hearing what you say". Being a naval college they were all naval officers, young naval officers, but I had the tremendous advantage that I had the Naval Discipline Act to back-up anything I said, so they treated me very well.

With respect?

[45:27]

Got on very well there. I was considered to be someone with potential, so I was actually detached from the college. I was there for 20 years, but I was sent to London to do a personnel job to give me broader experience. I didn't get promoted at that stage, but I did get promote a little while later, and again went back into personnel, so my final four years as a civil servant I was a Senior Personnel Officer, and I was doing interviews six hours a day for many years, interviewing graduates for appointments in the Civil Service.

That is what I was going to say. Was it -- that was to employ people for jobs?

I was doing recruitment interviews and promotion interviews, and also what were called, "Career interviews", where I saw people face-to-face, one-to-one, and I would have all the notes from their reporting officers, all their background, et cetera, and I would discuss their careers with them, and advise them on what they should do if they wanted to be promoted, or what were the alternatives that they could do if they wanted to move, things like this. I did that for four years, but then I did begin to make mistakes. At that point I was still wearing the BW81. I did begin to make mistakes on prefixes and suffixes of words, and, of course, that changes the whole meaning of the word, and therefore the whole meaning of the answer, and I did it once, and after the - - this was a promotion interview where I sat as Chairman with two other people, and afterwards they said to me, the other two said, "Why did you let him get away with that, John? Normally you would have jumped down his throat for saying something like that", and I said, "Well, he said this, didn't he" and he said, "Oh, no", and I had

mixed up, "Hypo", with, "Hyper", and it changed the whole meaning of his answer, and I said, "Crumbs, I have made a huge mistake", and this began to happen. I went down to see my consultant at the ENT. Quite interesting actually, I went to the hearing aid department first, because I thought there might be a fault with the hearing aid, and they tested it and said, "No, you have got no problems, this is working very well". As I walked out I walked the wrong way down the corridor and walked right down this long hospital corridor, realised I had made a mistake, turned round and walked all the way back again, and as I got to the doors at the end of the corridor I bumped into my consultant. If I had not made the mistake I would have missed it. I bumped into him, and he said, "What are you doing here? You are not on the list for me to see", and I told him what was saying. He said, "How old are you?" I said, "58". He said, "With ears in the state yours are in -- You should not be working, especially in that job. If you carry on working until you are 60 under this stress, you are going to be quite ill by the time you retire". So, he got me out, and I retired medically at 58, so I was out. I haven't worked since I was 58.

[End of Track 1]

[Track 2]

I was going to ask you, John, was there very good support around at that time with clubs and different things?

Oh, yes. I have been very, very fortunate, really, that I have had quite an easy life as a deaf person. As I say, I think if I had been a working class man in a factory I would have had my leg pulled and all sorts of things, but I haven't had too much of that. A lot of support from -- at work. Just recently, I had the worst experience I have ever had as a deaf person. I was at a conference, and a girl came up behind me and -- let me just say, I wear the two bone-anchored hearing aids, and the vibrators on my head are both black, because I didn't see any point in having white ones trying to hide them. The black ones were okay, so they fit one on each side behind my ears, and suddenly this voice came up, "Ha, ha, ha! You have got two big black beetles climbing up behind your head, do you know?" And this girl was standing there laughing her head off at me. I think she got quite upset when I turned round to her and told her these were my only ears, they were hearing aids, and it was my sole means of communication. I think she became very, very embarrassed and sort of quickly scarpered away, but that is the worst experience I have had in all the time I have been deaf. I belong to the Hampshire Deaf Association, and I got quite a lot of support there. I learned -- I go to lipreading classes, and I went to sign classes, because I thought this was quite -- after I had retired from work, I went to sign classes, because I thought that would help me perhaps if my hearing continued to deteriorate, and there came a time when I could no longer wear hearing aids. Got on all right, I did Level 1 exams, passed those, but Level 2, the college wanted to charge me £200 for the course, plus £100 for an examination fee, which I had got to pay before I started the course, and I thought, "Well, do I really want to pay out all that money just for something that is going to be beneficial to me?" All the other people who had been on the Year 1 class with me and had gone on to Year 2 were all in employment. They were social service workers. All of them were hearing, and they were going to get paid extra money at work because they could communicate with deaf people. All I was going to get was an ability to communicate, eventually, so I didn't pursue it any further, but I did go along to some special evenings which they had at Hampshire Deaf Association on a Friday night, they were practice sessions for

people who were learning sign language. They were very, very beneficial. I met a number of people from the Hampshire Deaf Association who have been very helpful to me. Yes. I will tell you this. There is a thing called, "Disability Living Allowance", which disabled people are able to get. This happened when I was about 64 years old. I applied for it, because I was told as a deaf person I should be able to get it. It was rejected. I was told to appeal. When I was told to appeal, I was told -- it was actually while I was at Hampshire Deaf Association at one of these meetings, and I met a lady there, and she said, "Well, you must appeal". She said, "When you get your appeal papers, come and see us", so I actually went over to Hampshire Deaf Association with the appeal papers and a copy of the stuff that I had sent in originally to make the claim which had been rejected, and they had this lady there, a lady named Dawn, and she was really on the ball, and I showed her the papers, and she said, "Right, let's look through it. Now, this question, 'Do you require help at the toilet?'" She says, "What did you write down?" I said, "No. I don't need help at the toilet. I can still wipe my own bottom, even though I can't hear", and she said, "Silly man! Silly man! Let's look at it. You go to have a shower? Yes. Do you take the hearing aid off? Yes. Can you hear the fire alarm without your hearing aid? No. So if you -- if there is a fire, someone has got to come and fetch you out of the bathroom? Yes. So you have got to leave the door open. You cannot lock the door when you go for a shower? No. If you have visitors you have got to tell all your visitors not to come in the bathroom because you are having a shower? Yes. You need help at the toilet", and all this was written in. "What about food? A meal? When you are having your meal, do you need help with that?" And I said, "Well, no". She said, "Silly man! When you are sitting down and having a meal, can you lip read somebody who is chewing? No. So, they have got to stop chewing and you have got to tell them, before the meal starts or in the meal, 'Please stop chewing while you are talking to me and look at me'? Yes. You do some signing, don't you? Yes. Can you sign with a knife and fork in your hand? No. You need help at the meal table. Put it in". It went -- she went through the whole form, and it was like this, question after question, things I am just not -- things I did automatically.

You don't think about.

It was just part of life, but you don't think about them now, and this all went into the form, and sent it off, got a nice letter back saying, "We are pleased to tell you that we have reconsidered your position in the light of the new evidence, and we will give you Disability Living Allowance at the Intermediate level". I had thought, you know, "Well, I might get it at the first level, the lower level", but they gave it to me at the intermediate level, and because I was 65 a little while later, you know, this was just before my 65th birthday, it is for life, so that I have got that for the rest of my life, without any further examination. The people said, "Your hearing is obviously not going to improve. This is a permanent disability. You have got it for life".

[07:14]

So, as you have previously said, then, John, financially, having a hearing loss, because you were in well-paid employment it didn't affect the family?

No. No. Everything was all right. We coped very well. All right, I was climbing up through the grades, so, I mean, I retired as a Principal, retired -- what now -- sixteen years ago, and I was on over £30,000 then, so I retired on a very good salary, which has affected my pension, of course, and things like that. Earlier on, we did, you know, we managed, but it has never stopped us doing anything, the financial side, and certainly it has never -- the financial side has not stopped me progressing -- sorry, the hearing loss has not stopped me progressing, and therefore the financial side improving.

Can I ask you, John, have you travelled much?

I have been abroad once, and that was to a conference while I was still working. It is my wife. My wife has a delicate tummy, and she has to be very careful what she eats, and several times we have planned to go abroad, but at the last minute she has always said, "But suppose I have a problem? No. I will not go", so we cannot go on coach tours, because if you go on a coach tour and she gets up one morning and she is ill, and says, "I have got to stay in bed for the rest of the day", and the coach tour is moving on, you have had it, so we have always moved under our own steam, and we have always stayed in this country.

Holidayed in this country?

But we have enjoyed life, we have had a great life, and the hearing has not prevented me doing things, and she is very supportive. My wife, I really give her lots of credit. She is very, very supportive. All right, we have problems and we have arguments now and again, but it has never been about the hearing. Only once in an argument did I actually switch the hearing aid off. I said. "I am not joining in this any more", and switched off, and it had been an argument before, it then became a real war. "Don't you dare turn it off on me!" So I have never done it again, but everything was all right. It didn't cause a lasting problem. It was all over in an hour or so, kiss and make up and everything was fine, but she is very, very understanding, and she has to put up with a lot, because, of course, she is my minder. At home, she always answers the telephone because I have got to switch my hearing aid to the T position, switch the telephone over to the correct position, so there is a delay, so she always answers the telephone, and if she is coming towards it, I will pick the telephone up and just hand it to her if it rings, but if it is for me, she just says, "He will be with you in a minute, he's just wiring-up", and I get myself ready and I carry on talking.

[10:48]

Is that the same with the doorbell?

Yes. With the doorbell, what we have is an alarm system provided by a firm called, "Clofields", and it is a radio alarm system, so the doorbell, the telephone, the fire alarm, all have radio transmitters in them. I wear a pager with a radio receiver, and if they go off, the pager goes off. She also has a personal alarm which she can carry about with her. If she wants me she just presses it, and this operates up to 100 metres from the house, so if I am within the 100 metres range and one of these goes off, I know that it has gone off, I can just look at the top of the pager, a light lights up, and I say, "Oh, it's the doorbell, or it's the telephone, or my wife wants me". We can be in next door talking with the people there, the alarm will go off, and it's, "Oh, there is somebody at our front door", so we pop out and do it, so that is very beneficial, but, of course, at night I take the hearing aids off, the pager goes into a charger that operates a vibrator under the pillow, so again, in the night, fire alarms and things like that, but

she is there all the time. If there is a fire in the house, she is obviously going to know before I do, because I have got to wait for the delay in the vibrating going off, and she will have me awake and out if it was necessary. When we go to hotels and places like that, she will be my minder, and she will have to be alert to the fact that if anything goes wrong she has got to look after me, get me out, and the arrangement is that she will just grab hold of me, shake me, and I just go. There is no stopping for anything. She just gets me out. I was quite intrigued, in the hotel we stayed in last night before we came for the interview, in the notes the hotel provides, it says, "If anyone is hard of hearing, or deaf, please tell reception", and it was quite interesting, I went to reception and I said, "As you know, Link has booked me in, and I am deaf", and the man said "we'll look after it-- and I said, "I will not hear the fire alarm". The man said, "Oh great. I will tell the person. They will come and knock on your door", I said, "No. No they won't. I will not hear knocking on the door. That is just as bad as the fire alarm". They have got to open the door, come in, actually get hold of me. It is no use shouting to me. Get hold of me, physically shake me and wake me up and just pull me. Don't try to tell me anything, just pull me to the door, and I will know what it is and I will come". But that is the sort of problem you run into with hearing people. It is quite funny at times, all the sorts of things that happen.

You have never thought of having a hearing dog?

No. When I was about four or five I was attacked by an Alsatian. I wasn't severely bitten but it frightened me, and I don't like dogs. Okay, I tolerate dogs, and Yogi, the hearing dog that is here, tolerate him, but you will notice I have never patted him. I just don't want to be near a dog if I can avoid it, so I don't have a hearing dog, but the Clofields alarm does everything that the dog would do, except that it is inanimate equipment. It doesn't offer you the friendship or the fellowship that you would possibly get from a dog, so I can well understand people who want to have a hearing dog and find them very helpful. Great.

It is not for everyone.

No. No. It is interesting, you see, we have talked about problems. The biggest problem I have is with (a) noisy backgrounds, because the noise level comes through

very loudly on the hearing aids. These are not digital. They are analogue. You can turn the sound down a bit and therefore kill the background noise, and then you have got to concentrate trying to pick the voice out, but the thing that absolutely does me is children's voices. It doesn't matter whether they are crying and screaming or whether they are really enjoying themselves and they are laughing and having lots of fun, children -- great! But the shrillness of the children's voices comes through on my hearing aids and it drives me mad. So, quite often when we go out, we travel a lot, we are old age pensioners, obviously, we have bus passes, so it is much easier to go into Portsmouth on the bus than it is to take the car in. We get on the bus, a lady gets on with a child in a pushchair, she gets on, I look at my wife, just make the sign for shutting down, and then I turn off. She knows, if she wants to talk to me she will tap me and tell me.

Yes.

[16:22]

That, again, is something that my wife has had to learn to live with, that she has got a husband that doesn't talk very much. If I get into a conversation I have got to concentrate because I am hearing part of it, and I am lipreading. Watching body language. It is called, "Total communication", and that is what I practice, but I have got to concentrate, so a conversation to me involves effort. Whenever I get into a conversation I have to think before I start, "Is this conversation going to be worth the effort I have got to put into it", and I will be quite honest with you, often I only half listen, half pay attention. I have learned over the years to be able to make the right responses at the right times, and people think I am giving them all my attention when, in actual fact, I am not. I am just ticking over.

Does it make you very tired, John?

Oh, yes. Lipreading is very intense, because intense concentration -- I go to lipreading classes which is a two-hour class. We have a half an hour or so break. I can tell you about lipreading classes in a minute, but when I get home I need to rest after the class. If I go to meetings, I go to meetings at church, they are very good at

church, because I have complained and complained to them, they now have a Loop system in the rooms where we have meetings, the big meetings, where there is lots of discussion going on, and now there is a person who is appointed before the meeting starts to go round with the microphone, and every time anybody wants to speak, they have to wave to say they want to speak, they get the microphone, then they are allowed to speak. If they start speaking before they have got the microphone, the Chairman will stop them, because I can then hear them on the Loop system. If they just talk into the meeting, and I cannot see their faces, I just don't know what they are saying. There is one or two people who are deaf and we have all benefited from this. So, you know, they are very good in the church, and this is one of the things you just have to do to concentrate. But coming back to lipreading classes, they are very, very beneficial, and anyone who has got a hearing problem should go to a lipreading class, because they not only learn to lipread, which is hard work, and takes time, and takes perseverance, but they also learn skills in coping with deaf people, coping with conversations. At breakfast this morning, we were sitting at the breakfast table, and because I needed to see everybody's face, I parked myself on the end of the table. I got to the table last night for dinner. I claimed that place, because I knew that that is where I would have to sit, so that is a skill I have learned from a lipreading class, to see people. This morning the sun was shining in through the window, and people were telling me, "You are sitting there with the sun right behind your head. You have got a halo around you and your face we cannot see", so nobody could lipread me, but I could lipread everybody else around the table, and backing it up with the hearing -- so I knew what was being said by people right at the other end of the table, even though I could only just hear the background, so I knew what people were saying.

You get into a position where you can actually view people, and see them correctly, so that enables you --

Yes.

[20:20]

Can I ask you, John, talking about religion, do you think that has helped you with your deafness in any way, that it has helped you cope?

Yes. Yes. Very, very much. I find – I mean, I am a believer, so I believe in the Lord Jesus Christ as my saviour, and I believe the Holy Spirit lives within me, and that is something that has encouraged me -- strengthened me. I have never felt really depressed about deafness, because I have always known that God is going to use me and help me and strengthen me. It is not difficult, no, to talk about it. I have never felt angry towards God. I have met people who have said, you know, "You should feel angry. Don't you blame God for letting you become deaf?" No. I don't even blame my grandmother who insisted that I fetch the medicine, and therefore started the whole thing off. I don't blame her. It has happened. What God has done is to give me the strength and the abilities and the understanding to cope with it. People have said to me, "We are praying for you that your hearing will be restored", it has happened about three times at different intervals at different churches where groups of people have said, "You know, we are concerned about you, John, and we think you ought to have good hearing. We are praying for you". I said, "Why on earth are you doing that? Don't do it! God is enabling me to cope with this, and if I suddenly got my hearing back, I doubt very much whether I would be able to cope". The thing I dread is being in the hearing world and not being able to turn off. Imagine getting on a bus and there is a child squealing! All I have got to do is go, "Flick, flick", with two switches and there is absolute quiet on that bus. I cannot hear the engine, I cannot hear anybody talking, I cannot hear the child screaming. I can sit there and I am perfectly all right. If I have got hearing, I would have to listen to that child screaming, I would have to listen to all the people babbling away on their mobile telephones. There would be the noise. It would drive me mad. I don't know how hearing people cope! How do they cope in a hearing world? They tell me, "Well, you know, you get used to the background and it just fades out and all those things disappear for us", me, I make sure they disappear. I just switch them off. So, there are big advantages. I am very privileged that I can be in the hearing world if I wish, I can be in the total deaf world if I wish. I am 100 decibels down, so without the hearing aids I hear nothing, so I know what it is like to be deaf in the world where they call it, "Deaf", with a capital D. I know what it is like. I know what it is like to be in the hearing world, so I can share both, and this is why I feel so strongly about the problem with young children being fitted with cochlear implants. There is a great movement, particularly among the older people in the deaf world, that young children should not be fitted with cochlear implants. They should wait until they are 18, and

then make a decision "Do I want to be in the deaf world or the hearing world? Do I want a cochlear implant?" And by that time it is far too late, because it is in the early stages of their life that they will learn to talk and their brains will fit into being able to converse through speech, and I know what it is like to be in the deaf world, I know what it is like to be in the hearing world, and being in the hearing world is far better than being in the deaf world. The deaf world has a lot to say, you know, a lot of things about it that is good, it has its own culture, it has its own friendships, it has its own way of doing things -- great, preserve it, but don't force these children to join it because that is what you are doing if you deny them the cochlear implant at an early age. You are forcing them into the deaf world. You are not allowing them a decision. By the time they are 18 there will be no decision. It will have been made for them. They will belong to the deaf world, but being able to let them into the hearing world, opening that door for them, they can maintain a contact with the deaf world, they can still learn to sign, they can converse, but they need that very early on, so they learn to speak. I mean, I have no problem speaking. As you probably heard on this interview, my voice -- I have a full range of tones. I can modulate it. The one thing I cannot do is know how loudly I am speaking. So, again, my wife -- if I am talking at a meeting or addressing a meeting, she sits there, and if my voice needs to drop she will just signal "Up a bit", or, "Down a bit", and that is how she looks after me, but that is the only problem I have. It is just great. That is what I see it happening. Fortunately, among the younger people in the, "Deaf with a capital D", world there doesn't seem to be this hatred of the idea of the cochlear implants, and really encourage them.

[End of track 2]

[Track 3]

How old were you, John, when you started to use -- practice sign language?

The sign language, I retired at 58, and it would be about two years after, so it was about 60 when I started to learn sign language. I just went along to a local class, signed up, and did very well. I did it, actually -- I only did the Level 1, but I did do part of Level 2 at one stage, and I was very fortunate, I had an American instructor, a black man, who was brilliant, so a lot of the signing that I now use, I learned from him, which just backed up what I had done in the first year to pass the first level exam, but I don't use it a lot, and I think, as you will know, sign language is a language in itself. It has its own grammar. For instance, if -- in speech you would say, "Where do you live?" In sign language you sign, "Where live you", and I am beginning to forget this. So, really, what I do now is mostly sign-assisted English to back-up what I am saying, but it means that if a person does sign, they will know what I am saying, so I do use it.

Because I have been told that depending on the region and the area in which you live, obviously people do different signs, they change it round a bit.

There is a dialect in sign language. Particularly you find that with the number system. The numbers are different. The numbers are common, one, two, three, four, five, but when you go six, seven, eight, in the north they will do it -- six is done with just the little finger pointing upwards, where I am the thumb is bent over and it makes a fist with the thumb on the top, and that is six, so there are these differences, and the signs are different, too, but you have to watch when you buy a book on sign language, because, depending on where the person wrote the book lives, so you will get different signs, and I ran into trouble because I started to use some signs, and my teacher -- not the American, the previous teacher -- immediately said, "They are northern signs! They are not used down here! Stop it!" and so I had to be very careful what I did.

[02:46]

Overall, John, looking back on your life, with everything that has happened to you, obviously to me you sound a very positive person, very intelligent, and, as you say, you have got on with it, because you have had to. Has the National Health Service itself -- I mean, obviously, you were there when it first started -- has that been good to you, really, over the years? Have you found it – the audiologists and the consultants?

Yes. Most of my experiences of the National Health Service have been very, very good, particularly doctors and nurses. I have run into trouble with non-medical people, particularly receptionists. In Portsmouth, where I am, I do not go to the Portsmouth Audiology Unit. If I have got a problem, I always go to the Birmingham unit where I had my -- where my hearing aids are looked after, because I now -- I still deal with Birmingham. They were fitted there, so I still deal with Birmingham. What put me off the Portsmouth one, they hold general open sessions in the morning from 10 until 12, and they do fixed interviews, timed interviews, in the afternoon, and on two occasions I went into the hospital early afternoon, because I was going -- didn't want the Audiology department, going to ENT to have my mastoid vacuum cleaned, and I called in in the audiology unit to ask a question, and I walked up to the counter, and as I got there, the receptionist saw me coming, she wasn't even looking at me when I got to the desk, she just said, "Have you an appointment?" And I said, "No". "You need an appointment". I said, "But -- just a minute-- ", "You must have an appointment". "But I only want --" "You must have an appointment to come in in the afternoon". I said, "I only want to ask a question. Do you want me to make an appointment to ask a question?" And eventually she did say, "Well, what do you want?" And I asked my question, and she had to go and ask an audiologist. I was enquiring, actually, about the lead I needed to connect my Cordell hearing aid, the processor, to the hearing piece, could they supply me with one instead of me having to send to Birmingham. That is what I wanted to ask, and she came back and said they could, and that happened again on another occasion. Then, one day, I went into the ENT department itself, and there is a big notice up which says, "Loop system available. If you wear a hearing aid please switch to T", so I went up to the desk, and I pointed to the sign and said "I have switched to T but I cannot hear anything", and the receptionist says, "Oh no, no, you won't hear anything. It is not switched" -- I had switched back by now to normal voice -- and she said, "You won't hear it. It is not switched on", and I said, "Well, can you switch it on?" And she said, "I am ever so

sorry, but we have only got two sockets at the desk", and it was a very -- it was the very hot summer about four years ago, and she said, "We have got the big fan plugged into one socket", and this was a huge fan on a stand. It was in the reception area where all the people who were waiting to be interviewed were sitting, so it was helping them. So, she said, "The fan is in one socket and the water cooler for cold drinks is plugged into the other", and I said, "But where is it?" And she said, "Oh, that is in the staff side over there". I said, "Just a minute. This is an ENT department. You have got deaf people coming here, and you consider that cold drinks for the staff -- not for the patients -- is more important than being able to communicate with the deaf people?" And she was most embarrassed. She really was, and apologised, and she said, "I didn't make the decision. It was made by the Clinic Manager, the manager of the clinic, and she insisted we did it". So, I said, "Okay". So, I wrote a letter of complaint to the Chief Executive of the Plymouth Healthcare Trust. I give him his due, I got a letter which was most apologetic that that had happened. It was an error of judgment, the communication was much better. What they had done, because I had written in, was to have the unit checked to make sure it would work, and also they had got units in other departments in the hospital, they had also all been checked, and the staff had been instructed, those units were to be switched on, and they were to take priority. So, that was very helpful, very beneficial. Another thing about going to the hospital in Portsmouth, I damaged my hand, I had a fracture in two of the fingers, and I had to go to the fracture clinic, so I walked in there, did the usual thing, walk up, two fingers against my ears, say, "I am deaf, can you please look at me when you speak, and when you need to call me to go into see anyone it is no use just shouting my name, the nurse will actually have to come and tell me that you want me" About two seconds after I had sat down a nurse appeared and she said, "We have just introduced this call system. Here is a pager. You have the pager, and when we want you, instead of me having to come and fetch you, we will just press the button and the pager will go off and you will know we want you, and we are delighted to have you because you are the first person we have been able to give it to". So, I had the pager, and sat there. About ten minutes later the pager went off, and I looked up, and these two nurses were standing right across the other side of the waiting area, staring at me, and I looked up, and they both broke into great big grins to say, "It's working!" She was in there with the other thing and she was pressing, and they had obviously, you know, got it all set up, and then they wanted to see what happened when they pressed

it, and the fact that I looked up, they realised it was all working, so I give credit there as well. It is just, as I say, occasionally you get trouble, mostly with receptionists, and what they don't realise is that the receptionist is the interface, and your whole opinion of the hospital comes from your first reaction at the interface, and receptionists are so important.

Yes. It is the first sort of port of call.

Yes. Yes, but I have had a good life. As I say, if somebody said to me, "We can fix your hearing and you will have perfect hearing", I would say, "No thank you".

Thank you very much, John.

Oh, thank you. It has been great.

It sounds a very -- it is very interesting. I could probably sit here and listen for another four hours, but thank you.

Good.

[End of Track 3]

[End of recording]