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Some Researches with Professor Hughes' New Instrument for the Measurement of Hearing; the Audiometer

Benjamin Ward Richardson

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It measures also the electrostatic capacity of Leyden jars or condensers, and is sufficiently sensitive to appreciate and measure a surface of tinfoil not larger than 4 inches square, the condenser being simply placed between the wires of one pair of coils, and the disturbance produced being measured on the sonometer.

I could cite many more interesting experiments in other branches of physical research for which this instrument offers a wide field of observation; but my object this evening is neither to broach new theories nor to correlate at present the results obtained with views already advanced by Ampère and others.

My only desire has been and is to show the wide field of research the instrument opens to physical inquirers. I trust that in more able hands it may serve to elucidate many physical phenomena.

IV. "Some Researches with Professor Hughes' new Instrument for the Measurement of Hearing; the Audiometer." By Benjamin Ward Richardson, M.D., LL.D., F.R.S. Received May 14, 1879.

Professor Hughes having done me the honour to show me first his newly invented instrument for the measurement of hearing, and having supplied me with an instrument for the purpose of testing the application of it for physiological and practical purposes, I have been enabled to make a considerable number of experiments, on which I venture to submit the following preliminary report:—

The instrument, as it has been used, is before the Society. It consists of two Leclanché's cells for the battery, a new and simple microphonic key connected with the cells and with two fixed primary coils, and a secondary or induction coil the terminals of which are attached to a telephone. The induction coil moves on a bar between the two fixed coils, and the bar is graduated into 200 parts, by which the readings of sound are taken. The graduated scale is divided into 20 centims., and each of these parts is subdivided into 10, so that the hearing may be tested from the maximum of 200 units to 0°—zero. The fixed coil on the right hand contains 6 metres of wire; the fixed coil on the left hand contains 100 metres. By this means a long scale from the left hand coil is produced. The secondary coil contains 100 metres of wire.

In using the instrument, one Leclanché's cell has been found sufficient, as a general rule, but two have been used in instances where the hearing of the person under test has been very defective. The Leclanché cell was selected by Professor Hughes as affording a reliable current for the purposes he had in view, and for standard comparisons.

In using the instrument, the induction coil is moved along the scale from or towards the larger primary, as may be required, and the degrees or units of sound are read from the figures on the scale, the sound being made by the movement of the microphonic key between the battery and the primary coils.

The person whose hearing is being tested should sit in an easy position, and should not see the act of the observer in moving the microphone key. For good observation, the room in which the experiment is made should be large, and all external causes of sound, such as the ticking of clocks, the vibrations of windows and doors, the moving of feet and the singing from gas jets, should be silenced. The sitter should close the ear that is not applied to the telephone while he is listening for minute sounds, and should give his full and calm attention to the proceeding. Any excitement is like to lead to error when refined measurements are required.

Capacity of the Instrument for Observation.

The instrument may be considered to afford the most satisfactory means for testing the hearing power of all persons who can define a sound. The range of sound is sufficient at the maximum—200°—for everyone who is not absolutely deaf; 0°, or zero, is a point of positive silence from the instrument, or rather from the sound which it produces through the telephone.

Phenomena from Observations made on different Persons.

Abrupt Loss of Sound.

One of the first facts learned with the audiometer is the suddenness with which the sound is lost to those who are listening. The sound is abruptly lost within a range of 2°; that is, within one-hundredth part of the entire scale. This is the case with those who are very deaf as well as with those who hear readily, a fact originally noticed by Mr. Hughes, and which I have corroborated by fifty special observations on different persons presenting powers of hearing which varied from 200° to 140° as the extreme limit or capacity, to complete hearing through the whole scale, down to zero. In these persons, when the observation was taken, under the strictest possible conditions for surrounding silence, the point between distinctness of sound and complete loss of it was not more than one-hundredth part of the scale.

Continuous Hearing in Line.

In testing the capacity of hearing, it is noticeable that the power to detect the diminishing sound is maintained best by continuing the reduction in trace or line while the attention is fixed. A sudden break may cause the sound to be lost to the listener long before his real inca-

pacity to hear is reached. If, for instance, the sound be very faintly heard at 15°, and the induction coil be suddenly moved to 5°, the sound at 5° may be quite inaudible; but if the coil be slowly moved, unit by unit, from 15° to 5°, the sound at 5° may be distinctly heard. Mr. Maitland Tate, C.E., who noticed this point very markedly in his own case, when I was submitting him to test, compared this to what is observed by the sense of sight in making surveys. The eye will follow a line to an extreme point with comparative readiness, but if it break away from it, the object seems to have disappeared.

Influence of Respiration on Hearing.

The effect of filling the chest and holding the breath makes a difference in listeners. The capacity for hearing is for a few seconds increased by holding the breath. Mr. Tate, who could hear with his right ear only down to 8° under ordinary breathing, could hear down to 5° when he held his breath. Another gentleman, who could hear only down to 100° under ordinary breathing, could hear to 80° when the breath was held with the chest full. Holding the breath with the chest not full fails to produce the same result.

Influence of habitual Movements of the Body.

As a rule, the hearing of persons who are right-handed is most refined in the right ear, and as most persons are right-handed, it is found that the right ear is the best ear. This rule is, however, attended with many exceptions, since, for various reasons, some persons who use the right hand exclusively, practise for some particular purpose the use of the left ear, upon which that ear becomes more acute. Thus five physicians, who were right-handed but who had accustomed themselves to use the stethoscope with the left ear, could hear to zero on that side, but had lost from 4° to 5° on the right side. Four other persons who were similarly circumstanced were able at once to account for the fact by the habit they had acquired of listening to a public discourse or sermon from the left side. Another point of interest attaching to this observation is, that the practice of using one ear for special refinement of the sense seems for the time slightly to impair the other ear, although there is no physical evidence of such impairment.

Influence of some Automatic Adjustment and of Memory, on Hearing.

Connected with the last-named fact is another, namely, that by this instrument the deaf are found to fail in capacity of hearing not only by reason of physical defect, but also by failure of memory of sounds. Thus in a youth who had suffered serious defect of hearing for seven years owing to partial destruction of the tympanum, and who in the right ear could only detect sound at 107°, there was an inability to

catch all the sound lying between 130° and 107°, until he could remember what he had to listen for. By practising him then to detect the lowest sound that he was physically capable of receiving, I got him to detect this one sound more readily than those which came higher up. By further practice all the intervening sounds became audible with equal facility. These facts, which have been confirmed by another observation on a different person, seem to me to indicate that deafness from imperfection of the tympanum or other parts of the organ of hearing may be increased, beyond the mere physical failure, either from some lost power of automatic adjustment in the auditory apparatus, or from failure of receptive power in the cerebrum itself, so that the memory, rendered imperfect, is slow to assist the listener until by exercise of function its readiness is restored.

Influence of Atmospheric Pressure.

By use of the audiometer, the influence of atmospheric pressure on hearing is detectable. In my own case when the barometer is at 30 I can hear on both sides close down to zero; but below 30 I fail by 2° on the left side to reach zero. In another person a similar failure extends to a loss of 4°.

Observations on Lower Animals.

I have tried to determine in some of the lower animals whether there is the same sense of hearing as in man. In most animals it is difficult to obtain sufficient quietude to enable the observer to gather from expression or movement of the animal the information sought for. In two dogs, one a terrier, the other a field spaniel, I succeeded in making some good observations, and in them the range of hearing power seemed to be distinctly lower than it is in the human subject who has perfect hearing. In both these animals, which were healthy, and in the prime of life, the first indication of the detection of sound commenced at 10° on the scale. The detection was evidenced by the sudden expression of listening, by a slight change of position, and a slight dilatation of the pupils. This detection was clearly made on the instant, as if the sharp line of hearing were the same in them as it is in the higher animal.

PRACTICAL MEMORANDA.

1. The audiometer will, I think, be an essential in all physical examinations of men who are undergoing examination as to their fitness for special services requiring perfect hearing, such as soldiers, sentries, railway officials, and the like.

2. The instrument will be of great use to the physician in determin-

ing the value of hearing in those who are deaf, and in determining the relative values of the two organs of hearing. In one instance, already, I have been able by its means to detect in a person who was supposed to be equally deaf on both sides, that on one side the hearing is perfect close up to zero, while on the other side nine-tenths of the hearing is lost.

3. In other forms of diagnosis I have found the instrument useful. In a young person suffering from acute anæmia the hearing was so defective that on the right side it failed to detect sound at 18°, and on the left side at 15°. In ten days, during which, under a new regimen, great improvement took place in strength and general condition, the power of hearing had so much improved that the right ear was good down to 12°, and the left to 3°; an improvement of 6° on the right, and of 12° on the left side.

In another person who was subject to repeated vertigo, the giddiness occurring three or four times a-day, the hearing was so defective that although the external ear on each side was clear and the tympanum natural, no sound could be heard below 30°. Under complete rest and attention to diet, the vertiginous attacks were in a few days removed altogether, and with that removal there was gain of hearing, on both sides equally, up to 5° on the audiometric scale.

4. The instrument may be used to differentiate between deafness through the external ear and deafness from closure of the Eustachian tube,—throat deafness. In my own case I fail to detect sound by the mouth at 170°, and this I find is a fair average in those who are healthy. It represents the comparative value of communication by sound through the Eustachian canal and the external ear.

5. The instrument promises to be very useful in detecting the effects in the body of those agents which quicken or excite the circulation, such as alcohol and other similar chemical substances. I have some observations on these points in reserve for a further report.

6. The instrument promises to be of great service in determining the value of artificial tympanums in instances of deafness due to imperfection or destruction of the natural tympanum. The cotton artificial tympanums introduced originally by the late Dr. Yearsley, and the membranous tympanums introduced by the late J. Toynbee, F.R.S., have proved of much service; and, by means of the audiometer, I have been able very accurately to test their respective merits and to compare both with tympanums made of other material. The inquiry has led me to test different metals for this purpose, and to find in fine gold the substance for making the most useful and effective artificial drum. The Messrs. Ash, of Broad Street, have made for me various forms of gold drums, the best of which, perhaps, is a little cylinder which, with other forms, is placed before the Society. With one of these cylinders I was able to give to a young gentleman who had lost

hearing on the right side up to 110°, from destruction of the tympanum, an instant gain down to 60°, a gain of 50° on the audiometric scale.

In this preliminary report I have omitted many subjects of interest, but I hope I have related enough to show that the world of science in general, and the world of medicine in particular, is under a deep debt of gratitude to Professor Hughes for his simple and beautiful instrument, which I have christened the audimeter, or less correctly but more euphoniously, the audiometer.

V. "Note on the Invention of a Method for making the Movements of the Pulse Audible by the Telephone. The Sphygmophone." By Benjamin Ward Richardson, M.D., LL.D., F.R.S. Received May 14, 1879.

While experimenting with the audiometer, it occurred to me that I might get a secondary or telephonic sound from the movements of the pulse at the wrist. I have effected this in a very simple manner, by adding a microphone to a Pond's sphygmograph. I mount on a slip of talc, glass, wood, or ebonite a plate of metal or gas carbon. I place the slip in the sphygmograph as if about to take a tracing of the pulse. I connect one terminal from a Leclanché's cell to the metal or carbon, and the second terminal from the cell to a terminal of the telephone. Then I connect the other terminal of the telephone with the metal rod of the sphygmograph. The instrument is now ready for use. It is placed on the pulse, in the ordinary way, and is adjusted, with the writing needle thrown back, until a good pulsating movement of the needle is secured. When the movement is in full action, the needle is thrown over to touch the platinum plate, which it traverses with each pulse-movement, and completes the connexion between the telephone and the battery. The needle, in passing over the metal or carbon plate, causes a distinct series of sounds from the telephone, which correspond with the movements of the pulse. When all is neatly adjusted, the sounds heard are three in number, one long sound and two short, corresponding to the systolic push, the arterial recoil, and the valvular check. The sounds are singular, as resembling the two words, "bother it." The sounds can be made very loud by increasing the battery power.

This little instrument is not so good a recorder of the pulse as the sphygmograph, but it may be made very useful in class, for illustrating to a large number of students, at one time, the movements of the natural pulse, and the variations which occur in disease. I call the invention the sphygmophone.