

## Ronald Hinchcliffe

Laid the foundations for audiology as a medical speciality

Ronald Hinchcliffe was a champion of the many patients with hearing and balance disorders, who were often unrecognised and poorly treated, causing considerable educational, social, and occupational limitations. He was one of the first academic clinicians to recognise the role of the basic sciences in underpinning the development of world class clinical medicine. His research and clinical skills led to his appointment to the first chair of audiological medicine in the United Kingdom at the University of London, many international appointments, and recognition as a world authority in audiology. He was instrumental in developing the scientific foundation of audiology, establishing national and international professional organisations and, in the UK, the clinical specialty of audio-vestibular medicine.

Hinchcliffe's epidemiological studies of hearing in south Wales and southeast Scotland defined the normal limits of hearing as a function of age and showing the high frequency hearing loss in men who had been exposed to noise at work. These findings established Hinchcliffe as an international authority on hearing loss induced by noise, and he became renowned for his advice in occupational compensation claims. His evidence formed the basis of Justice Mustill's landmark decision in 1984 that, as from 1963, all employers were responsible for protecting workers' hearing.

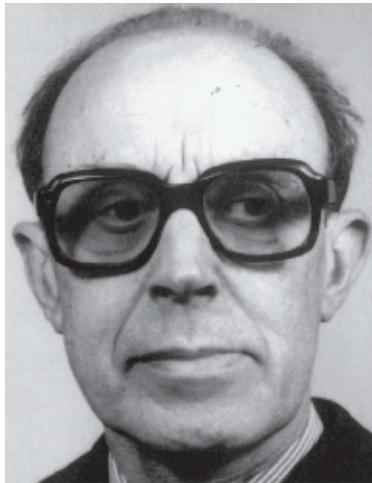
Hinchcliffe, however, was soon enticed back to the United States to set up a vestibular laboratory in Iowa City with Scott Reger, a US audiologist. This led to his interest and clinical expertise in vestibular medicine and his introduction to medical education, when in 1962 he became responsible for two medical students from the Charing Cross Hospital Medical School on elective placements.

### Ménière's disorder

Hinchcliffe returned to London in 1963 to develop a vestibular research laboratory at the Institute of

Laryngology and Otology, where he was to remain for the rest of his career. Here he continued his studies on Ménière's disorder begun in Iowa City, highlighting the psychological factors involved in the condition.

He developed the Institute of Laryngology and Otology's basic research into hearing disorders, particularly in the area of noise induced hearing loss. He was supportive of young scientists and this gradually led to the development of a world renowned centre in this discipline. It was within this environment that, in the 1970s, David Kemp was able to show the existence of otoacoustic emissions (cochlear echoes) reflecting the active



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processes of the cochlea, which revolutionised our basic understanding of inner ear function.

Hinchcliffe maintained his interest in epidemiology and travel with studies in Jamaica and West Africa, which showed the neurotoxicity of cyanides in inadequately cooked cassava and their effects on the hearing and balance systems. His studies in Jamaica also led to him showing that hearing loss with age is largely related to genetic and environmental factors rather than being a global condition known as "presbycusis."

He maintained his interests in the psychological aspects of neuro-otological

conditions, and in the 1980s, in conjunction with Jack Rachman and Richard Hallam, embarked on a series of studies on the psychological aspects of tinnitus, advancing the "habituation" model for the condition.

In the early 1970s Jack, now Lord, Ashley and others highlighted the inadequacies of existing audiological services within the National Health Service. Hinchcliffe worked with Professor Ian Taylor of Manchester to establish the specialty of audiological medicine. This had the support of Elizabeth Shore of the Department of Health

and Social Security, who established a working party of the joint colleges of physicians and surgeons, which led to the establishment of a training programme for the specialty. Hinchcliffe was awarded a personal chair, the first in audiological medicine in 1977, which later became an established chair.

### Noise induced hearing loss

Hinchcliffe was born in Lancashire and studied medicine at the University of Manchester. He graduated in 1950, and his interest in science and the opportunities for research together with his love of travel led him into the Royal Air Force. As head of the force's acoustics laboratory he worked on hearing protection, which formed the basis for a doctoral degree in medicine from Manchester and his life long interest in noise induced hearing loss, a common cause of preventable hearing loss.

Upon leaving the air force, Hinchcliffe continued his research at the Medical Research Council Wernher Research Unit at King College Hospital under T S Littler and was awarded the Werner travelling fellowship in ear, nose, and throat medicine to work in the psychoacoustics laboratory at Harvard. Here, in 1956-7, he worked with auditory pioneers von Békésy, Stevens, Skinner, Boring, and Zwislocki and developed the quantitative approach, which characterised his research. During the same period at the Massachusetts Eye and Ear Hospital, he also established life-long professional friendships with "giants" in audiology and otology, including Bert Scharf, Pal Kapur, Dix Ward, and Jacob Sadé.

In 1975 he was largely responsible for the major publication *Scientific Foundations of Otolaryngology*, co-edited with Professor Donald Harrison, and in 1983 edited *Hearing and Balance in the Elderly*, which remains an invaluable source of information at the present time.

Hinchcliffe was a modest and approachable colleague, teacher, mentor, and friend to all the many doctors and scientists who worked in his department. His professional achievements continue to drive plans to improve hearing and balance services internationally.

### Linda M Luxon, Dafydd Stephens

Ronald Hinchcliffe, audiovestibular physician and academic (b 1926; q Manchester, 1950), died on 5 January 2011 from infection associated with interstitial lung disease.

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**Rafid Subhi Adib Baban**



Former consultant urologist Pinderfields Hospital, Wakefield (b 1927; q Baghdad 1951; FRCSEd), d 22 December 2010. After graduation, Rafid Subhi Adib Baban (“Mr Adib”) joined the Iraqi Army Medical Services. During 1954-7 he trained in Margate and London before returning to Iraq as consultant surgeon at Al-Rashid Military Hospital in Baghdad. In 1963 he left the army as a colonel and worked for 10 years as a civilian consultant surgeon until returning to the UK. As consultant in Wakefield from 1975 until his retirement in 1994, he developed and upgraded urology services and was the first urologist in Yorkshire to use laparoscopic techniques. He exhibited his paintings with a group of Iraqi medical artists known as the Pioneers. Predeceased by his wife, Christal, in 2005, he leaves two children and six grandchildren.  
**Munther Aldoori**  
 Cite this as: *BMJ* 2011;342:d1588

**James Cope**



Former general practitioner City of London (b 1920; q Royal Free 1957), died on 6 December 2010 after a heart attack. James Cope was in the Royal Air Force during the second world war, mostly in the Middle East. He then worked in the Air Ministry and became fluent in Arabic after

studying in Jerusalem during 1946-7. One of the Royal Free’s first male graduates, he was also secretary of the British Medical Students’ Association. He practised singlehandedly from 1962 until he retired in 1991, as well as being a common councilman for the Ward of Farringdon Without on the Corporation of London for 30 years. An interest in 18th century English history and John Wilkes in particular prompted him to raise funds for the statue of John Wilkes in Fetter Lane. He leaves a wife, Anna, three daughters, and five grandchildren.

**G C Cook**  
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**Audrey Trevor Evans**



Former principal medical officer for health for Camden, London (b 1920; q Royal Free 1946; MBE, DPH, FFPH), d 19 January 2011. After house jobs, Audrey Trevor Evans took an internship at Vassar Brothers Hospital, Poughkeepsie, New York, during development of the Salk vaccine. On her return she was assistant medical officer in Hornsey and Tottenham before becoming principal medical officer for Camden in 1964. She became an area specialist in community medicine (social services) for the area health authority, and was honorary lecturer for the Association for Research in Infant and Child Health. In her retirement she helped various voluntary organisations effect changes to ensure that volunteers were well trained. In 1999, after 19 years of voluntary work, she was made MBE for her services to the community, especially in healthcare in Barnet, London.

**Cathy Morton Lloyd**  
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**George Barnet Forbes**



Former consultant pathologist Kent and Canterbury Hospital (b 1915; q Aberdeen 1937; MD, FRCPath), died from pneumonia on 29 December 2010.

George Barnet Forbes (“Jock”) started training as a pathologist in 1938. When war broke out he enlisted in the Royal Army Medical Corps, serving for six years, becoming major, and being mentioned in dispatches. Jock then joined the central public health laboratory service at Colindale, taking part in the MRC trials of streptomycin in pulmonary tuberculosis and gaining his MD on staphylococcal resistance to penicillin. He was clinical pathologist in Canterbury until his retirement, and founder fellow of the Royal College of Pathologists. Jock played rugby for Canterbury until serious injury, resulting in a below knee amputation in 1999, prevented him. However, he played golf into his 80s. Predeceased by his wife, Doreen, in 2008, he leaves three sons and six grandchildren.

**G B Forbes**  
 Cite this as: *BMJ* 2011;342:d1604

**Gavin Philip Henry**



Former general practitioner Glasgow (b 1927; q Glasgow 1949; DPH), d 26 September 2010. After house jobs in Glasgow, Gavin Philip Henry spent two years as ship’s surgeon travelling the

world before succeeding to his father’s practice in Dumbarton Road, Glasgow, in 1952 until his retirement in 1996. Thereafter he rarely left Glasgow or Scotland, even for holidays. A leading figure of Glasgow University Debating Society for several years, he was a keen debater with a strong Christian commitment and great sense of humour. Dedicated to the NHS and to his patients, he revolved his life around his mostly singlehanded practice, his family, and his local Catholic church, all within a square mile or two, with regular excursions to Glasgow Golf Club. He leaves a wife, Joan, and a son.

**Edward Reynolds**  
 Cite this as: *BMJ* 2011;342:d1561

**Alison McDonald**



Epidemiologist McGill University, Montreal, Canada, and St Mary’s Hospital Medical School, London, UK (b 1917; q Royal Free 1941; MD), d 4 November 2010. Alison McDonald’s professional achievements spanned more than 50 years. As a student and lecturer in public health at the London School of Hygiene and Tropical Medicine, Alison McDonald studied maternal health and congenital defects. Then at Guy’s Hospital she undertook a follow-up study of children of very low birth weight. In 1964 she and her husband, Corbett, moved to Montreal, where they initiated epidemiological research into the health effects of asbestos and related mineral fibres. In 1978 Alison became chair of the epidemiology department at St Mary’s Hospital Medical School, returning to Montreal in 1981 to examine the effects of work in pregnancy on birth defects and pregnancy outcomes. She leaves Corbett, four children, and eight grandchildren.

**Jane McCusker, Sarah Meredith**  
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