

best way is to get blood transfused from some known donor, either a relative or a close friend whose social habits and details are known for long time. Ganguly mentioned that blood donation camp is not generally encouraged in places like Memari, in the district of Burdwan, West Bengal where malaria is endemic and hence the risk of presence of *Plasmodium* in blood is high. He also said about Single Donor Platelet (SDP). SDP is a process in which blood is drawn from the donor, is sent to a special blood bag, which is housed in the Apheresis Machine. The machine spins, separates the platelets and sends back the remaining components of the blood to his body. It is possible to obtain 300 ml of platelet from one donor. He said that Kolkata has many SDP centres. He mentioned about the 'safe blood transfusion community' in Kolkata.

Ganguly mentioned about the requirement of blood transfusion for pregnant mothers and the related problems. WHO celebrates Blood Donor's Day on 29 of June every year and the slogan for 2014 is 'Save the Mother'. The mothers who need blood transfusion urgently and belong to the outskirts of the city or in villages are at high risk. We hear reports of death of several pregnant mothers every

day who die because of not being able to reach the immediate blood transfusion clinic or hospital. He said that awareness about such difficulties has increased these days and situation is improving. He also recollected the contributions and philosophy of Bidhan Chandra Roy not only as a great physician but also as the former Chief Minister.

T. Bose (National Medical College, Kolkata) spoke on 'Law by letters and spirit'. He said that the main philosophy of doctors is that 'if the patient is smiling, the doctor is happy'. The rules, regulations laid by law are termed as 'letters' while the judgement, thoughts, ethics and abilities of oneself to discriminate between right and wrong are termed as 'spirit'. The purpose of law is the need of the society. But the problem is that the laws are made considering some specific conditions and they are never foolproof. Often it happens that practical situations appear to be violating laws even though they are not so in true sense. He mentioned about the PNDT Act, i.e. Prenatal Sex Determination Act. The act makes prenatal sex determination unlawful considering the increasing incidence of female foeticide in India. But the true scenario is that rich people can fly to some other country nearby where there is

no PNDT act and can get the prenatal sex determination test done. Thus the law is not foolproof and is not serving the purpose for which it is made. On the other hand, if the society needs to be reformed and female foeticide needs to be stopped, we have to educate women and provide opportunities for being self-dependent. Only 'letters' are not enough, we need the 'spirit'.

Bose mentioned about the harassments of the doctors due to wrong implications of the 'letters' and misunderstandings. The fact is often different from what it appears to be. He mentioned about few laws and their flaws, e.g. laws regarding euthanasia or mercy killing. According to Bose, the only way to prevent one from getting misguided by appearance of the situations and surroundings and to decide right and wrong is to keep one's ears and eyes open. He concluded with the statement that it is our 'attitude' towards life that makes our life 100% and that we should always keep a positive attitude towards life to get 100% out of life.

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## MEETING REPORT

### Cochlear implant – a boon for deaf people\*

It is known that deaf or near deaf children and adults do not get benefited with hearing aids because these electroacoustic devices simply amplify sounds for the damaged ears to detect sounds. In its place, a cochlear implant, a surgically implanted electronic device in the ear has proved to be a better option for people with severe to profound deafness. Also, people with severe nerve deafness may benefit from the implant. According to the Food and Drug Administration, about 324,200 people have received cochlear implants as of December 2012.

\*A report on The International Symposium on Cochlear Implantation, organised by ENT Department, Jaslok Hospital, Mumbai, during 20th and 21st August 2014.

Sandra Desa Souza (Jaslok Hospital and Breach Candy and Desa's Hospital, Mumbai) convened the symposium, performed live surgeries and participated in scientific programme together with Dillon D'souza (Jaslok Hospital, Breach Candy Hospital and Desa's Hospital), Jaques Magnan (Cochlear Implant Surgeon, Hospital Nord, Cedex, France) and J. M. Hans (PGI, Chandigarh). Audiologist Shernaz Shah presented the results after rehabilitation in operated cases.

According to the surgeons, cochlear implants bypass the damaged portions of the ear and directly stimulate the auditory nerve. The implant produces signals that are sent through the auditory nerve to the brain, which recognize the signals as sound. Hearing through a cochlear

implant is different than normal hearing. It allows people to recognize warning signals, recognize or understand sounds and can converse in person or even on telephone.

Cochlear implant is an electronic device, the internal component of which is implanted during the surgery while the external component that consists of a microphone, sound processor and transmitter system, is later worn on the body. The implanted receiver and electrode system contains the electronic circuits, which receive signals from the external system and send electrical currents to the inner ear.

The latest devices include a magnet that holds the external system in place next to the implanted internal system.

The external components can be worn behind the ear or can be worn in a pocket, belt pouch or can be harnessed. With the implant, children born deaf can hear and be taught to speak while people who become deaf after acquiring speech can hear and continue living normally.

Rehab programme Post cochlear implantation is an important aspect of management. The surgeons described the programme, which includes providing a speech processor to the patient four weeks after the surgery following which mapping or activation of programme is

done and then the speech sessions are started. The sessions include sound awareness, specific sounds, identifying single sounds and sentence level identification.

Parents are also trained along with the child to continue the programme at home with their respective audiologists and speech therapists. In this way the child develops speech and language. Later the child can easily be integrated into a normal school.

The rehabilitation period is shorter if the child is young. The therapy continues

for a longer time in children who are older. In post lingual patients (where the person is not born deaf and mute and has lost hearing post his/her learning to hear and talk) the patient has already developed speech, so the period of rehabilitation is much shorter.

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