

lever and then into stapes making a to and fro movement of stapes and inducing waves in the fluid system. These waves travel further which can be seen on the screen. So in other words one can see the sound in this model.

Here the middle ear muscles are also constructed. By pulling the respective cords, the actions of

the screen. If the cord representing stapedius muscle is pulled with little more force than the to and fro movement of stapes completely seizes and no vibrations are transmitted into fluid system of inner ear.

In this model one can demonstrate how pathological conditions can affect the normal hearing. For example in case of big central perforation (here the polythene sheet can be perforated for demonstration) the hearing becomes less obvious (the waves fade on the screen). The other pathologies (which affect hearing) that can be shown are fixation of stapes foot plate, ossicular destruction and dislocation, fluid in middle ear etc.

Thus physiological ear model can be used for teaching and demonstrating the various functions of ear. Still it can be improved and efforts are being made in this direction.

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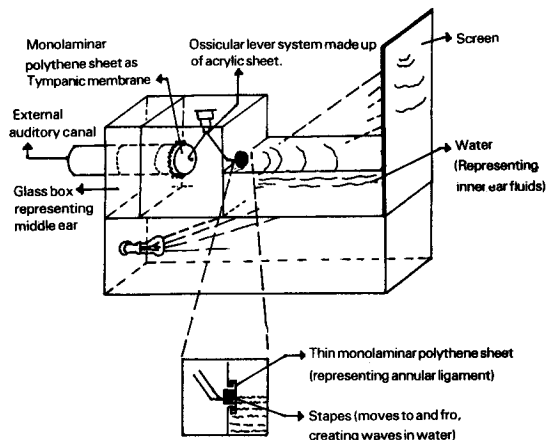


Fig. 2 : Line diagram of physiological Ear Model.

middle ear muscles can be demonstrated. The tensor tympani muscle is constructed by attaching a cord to the ossicular lever (near the drum). In a similar manner the stapedius muscle is constructed by attaching a cord to the stapes. By pulling these respective cords, the vibrations which are getting transmitted to stapes and inner ear fluids decrease in amplitude which can be seen on

Reference

1. David G Golding - Wood (1994) : Temporal bone dissection for display. The Journal of Laryngology and Otology. Vol. 108, pp 3-8.
2. Natarajan B and Baxter A. (1994): Preparation of a temporal bone exhibit. The Journal of Laryngology and Otology Vol. 108 Page 9-12.

Corrigendum

In Page 264, Vol. 48, 3, 1996, in its second column, step No. 4, last line of the article entitled 'Choking Child—First Aid', should be read as 'If necessary a series of five thrust is performed. The thrusts should not be directed to either side of the abdomen. In Fig 1 & 2—Reference No. should be read as 2 in place of 15.

—Editor