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When in Doubt, Lock ‘Em Up in the Dark!

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Editor’s note:

I am sure that this has happened to each and everyone of us sometime during their clinical career.

At least through the mid-1970s, if a person separating from service, regardless of branch, provided audiometric results that were inconsistent, either internally or between tests, and the inconsistency couldn’t be resolved at the local separation facility, he or she was referred to the U.S. Army Audiology and Speech Center at the Walter Reed Army Medical Center.

In 1970 the AASC was remodeled so that audiology occupied most the basement of what had originally been a dairy barn on the grounds of Forest Glenn College in Silver Spring, MD, located some 3 miles from the main hospital. While I was one of four audiologists seeing patients at the

Glenn, I lived across the street from the main hospital and managed the two movie theatres on the post – sometimes filling in as projectionist as the main theatre located adjacent to the main hospital. The other theatre on the post was at the Glenn, but I seldom went there as it had its own staff and assistant manager.

One day a separating soldier showed up at the clinic for a hearing assessment appointment two days late. These people were under travel orders and their transportation was prepaid and tightly controlled. In this case, the soldier's flights had been cancelled and he had spent two nights in the airport in Atlanta waiting to be rerouted. He hadn't contacted the clinic, and so we thought he was a no show.

Rather than let him wander about the grounds until we could reschedule him, I confirmed that housing was available overnight should we need it and then put him in a spare testing room. The remodeled facility had four testing suites, one for each primary audiologist, and one extra that was seldom used, except for ABR testing for children. The extra sound room was hooked into the building wiring strangely in that it went dark when the hall lights were turned off.

The day finished up, I completed my scheduled caseload, dispensed a couple of hearing aids, scheduled one person for the aural rehabilitation program, and then went home. I changed clothes, grabbed a bite to eat, drove over to the main theatre and got things organized for the first show at 6:00 PM. There would be a second show at 9:00 PM. About 7:30 I had a flash that I had left a patient in the now locked-up and powered-down spare sound room back at the clinic. I advised the theatre cashier that I had to go to the Glenn and then drove out, not knowing what to expect. All the way, I tried to figure how I might respond if I found that I was sitting in totally dark, locked sound room and all I could come up with was panic, claustrophobia, and claustrophobia heightened by panic. And, of course, I had forgotten the soldier's name.

I was fortunate to have a key to the clinic so that I didn't have to involve anyone else in getting this soldier extricated from the prison in which I had inadvertently placed him. I entered the clinic through the rear door and turned on the hallway lights, which also powered up the sound booth. I had to walk the length of the building to get to the entrance to the room with the sound booth, unlock it, and then open the sound booth. As this was the only sound booth in the clinic without a window, it wasn't possible to get a preview of what to expect.

What I found was the soldier sitting quietly in the same chair where I had placed him. "Is this part of the test over?" he asked. I assured him that it was, and that we would restart first thing in the morning so that he should report at 7:00 AM to this room and I would finish up his testing. Meantime, I would drive him over to his overnight housing and arrange for him to see the movie showing at the Glenn for free along with free concession drinks and snacks. After dropping him off I drove back to the main theatre and finished my night there.

The next morning, I arrived at 6:30 AM, no small feat for someone who is chronically late, to set up everything for testing. The soldier arrived at 6:45 AM and it was just him and me in the clinic at that hour. After taking a short history that was surprisingly free of noise exposure during his service period, I administered the normal pre-test screenings that we used since every new patient was considered to have a functional hearing loss until they proved otherwise. His results came back within normal limits for pure-tones by air and bone conduction as well as for speech and speech discrimination. There was no correlation between the results I found and those he brought with him which indicated a moderate-to-severe bilateral hearing loss.

Although it wasn’t a technique we could use or even develop a standard operating procedure describing it, shutting a person in an isolated sound room for more than four hours with at least three of those in total darkness appeared to resolve the non-organicity of the hearing loss as well as any other technique we had on hand, including PGSR audiometry. Or maybe it was the free movie, drinks, and popcorn and candy.