

## **PSEUDOHYPACUSIS: FALSE AND EXAGGERATED HEARING LOSS**

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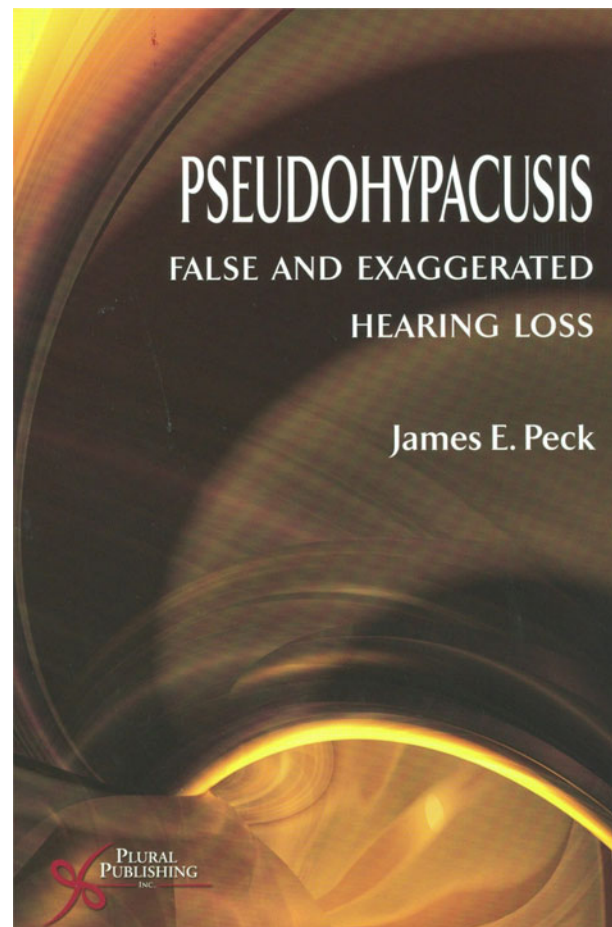
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Readers could easily dismiss this book as more in the province of the audiologist or the ‘aurist’, than of any interest to otologists. I nearly did so. There are those of you who are, however, prepared to hazard a professional reputation and risk public humiliation in our UK legal system. Rarely are experts called to court to earn that crust, but, if they are, familiarity with false and exaggerated hearing loss (‘FEHL’) could be strongly advised.

This is an easy reading, 206 page paperback (followed by no fewer than 14 pages of references). Inevitably the text reflects US practice, but I was surprised at how easily the lessons do cross the pond. As the Foreword states, non-organic hearing loss (my term) will generally take up a chapter in most audiology text books, but this does seem to be, as claimed, the first book devoted to the subject. How clever then to spot that gap and produce something that appeals to the non-expert at least as much as to the professor of audiology. Maybe we all assumed that the audiologists’ computers can now produce those squiggly lines of brainstem and cortical activity and automate the whole detection of malingering? Of course, the author stresses that ‘FEHL’ (that might yet catch on, although I am sure that we have an extra ‘o’ in pseudohypacusis, in the UK) is more commonly an indication of a psychosocial disorder, rather than an attempt to deceive for compensation.

The opening chapter, Terminology, is very thought-provoking. I had never appreciated the subtle distinctions between malingering and factitious, or between faking and feigning. Correcting any misuse in a courtroom can surely only enhance one’s expert credentials. The second chapter, Historical Perspective, describes many an obscure and obsolete test (although, sad to say, they are all too familiar to one of my seniority). Chapters on adult followed by childhood presentation include revelations about ‘the deaf wannabee’, and that all too common ‘obscure auditory dysfunction’. Brief and punchy case reports augment the text.

Later chapters take the reader through the first suspicions, conventional audiometry, behavioural testing



and, of course, all of those objective measures so beloved of neurophysiologists. A chapter on legal-forensic aspects provides generic advice for the expert witness in any country’s legal system. The ‘tips for testimony’ are, alone, worth the price of the book. Final chapters on psychosocial considerations and management may be seen as ‘soft’ subjects for the personality type that drills a mastoid or wields a scalpel and asks few questions.

Finally, I am not sure I have totally succeeded here in showing that this is not just for the US market, it is not just a dry list of obscure testing done in a basement and it is certainly not only for the audiologist. Again, easily this book overlooked is (at risk of sounding like Yoda).

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