CHILDHOOD DEAFNESS.

In the United States, where research work regarding childhood deafness has been carried on for some years, the conditions and conclusions outlined below are generally accepted by otologists and public health and school authorities.

As, in the Canadian climate, with its extremes of heat and cold, there is if anything a greater prevalence of diseases that result in deafness than in the warmer sections of the United States, it will no doubt be regarded as safe to accept American conclusions and to follow their modes of procedure — at least until such time as experience shall have shown that they are incorrect or subject to improvement.

BASIC FACTS ACCEPTED IN THE UNITED STATES.

1. Deafness is not in itself a disease, but a symptom or penalty of some one or more diseases, accidents or noises.

2. Of the common causes of childhood deafness the following are the more important: — Adenoids, diseased tonsils, ear suppuration, catarrh, the common cold, influenza, sinus trouble, whooping cough, measles, scarlet fever, typhoid fever, diptheria, meningitis, mastoiditis, pneumonia, infected teeth, frequent blowing of the nose, accidents to the head, foreign matter in the outer ear, diving, etc.

3. Many if not the majority of cases of deafness originate in childhood, largely prior to the five years of age.

4. In the early stages of most of the diseases that result in defective hearing, deafness is not a noticeable symptom. The process of losing the sense of hearing usually is very slow and is so gradual that years may elapse before parents, teachers and others discover that any actual impairment has taken place. Meanwhile the disease steadily causes changes which, after the period of adolescence, it is frequently impossible to remedy, and the child will then as a rule become a hard-of-hearing adult.

5. After diseases such as measles, whooping-cough, scarlet fever, typhoid fever, diptheria meningitis, etc., any resulting ear trouble is likely to become more quickly apparent, also in cases of accidents.

6. When treated promptly in its incipient stages, childhood deafness can in the majority of cases be cured.

7. When neglected the chances of a cure are very materially lessened, the difficulty of ensuring a successful treatment increasing out of proportion to the time that actually elapses after the trouble originates.

8. The prevalence of ear trouble among school children varies greatly, depending partly upon the climate and largely upon living conditions and the lack of medical care during infancy and early childhood. On an average it is estimated that 12½% of the children attending public schools in the larger cities are suffering from ear trouble to a degree that calls for immediate attention by a specialist.

9. In some American cities calculations have been made of the cost to the school authorities of the needless re-education of children who repeat their grades from year to year because of their inability, through deafness, to progress in their studies equally with their fellow scholars, and it has been many times stated that this one cost alone exceeds the combined cost of testing the hearing of all the school children and of following up their cases medically. Some even go so far as to contend that the cost of medical treatment would also be covered. To the above of course there is the loss of valuable time in the child's period of education.

10. Regarding the question of childhood deafness-prevention, a heavy responsibility rests with the state to do everything in its power to prevent deafness, particularly among children for the following reasons:-

    (a) the handicap to the individual sufferer in adult life, coupled with the misery resulting from an inability to hear.

    (b) the financial loss to the school authorities resulting from the repeating of school grades.

    (c) the serious economic loss suffered by the community from adult deafness.

11. In the matter of deafness prevention there are seven distinct channels of activity: