

CHILDHOOD DEAFNESS.

11. continued:

- (a) Education of the public, particularly of the parents, school teachers and persons actively engaged in child welfare work.
- (b) Eliciting the assistance and cooperation of all medical practitioners.
- (c) Testing at least once a year the hearing acuity of all children and young people attending public and private schools and colleges.
- (d) Compulsory registration of all cases of measles, whooping cough, scarlet fever, typhoid fever, diphtheria and other deafness-causing diseases.
- (e) Following up closely by public nurses all discovered cases of incipient deafness in order to ensure such examination and treatment as may be necessary by Otologists, either privately or in public clinics.
- (f) Providing lip-reading instruction for all children whose defective hearing is regarded by Otologists as incurable and therefore likely to increase, in adult life.
- (g) In classes in which there are hard of hearing pupils, placing on the teacher's desk a sound amplifying instrument connected electrically with the electric light system, and having an ear piece at each of the deafened scholar's desks.

FURTHER EXPLANATIONS.

Educative & Cooperative.

- 1. Of the Public: This can be best done through the medium of the Press and by circulars handed to the school children to take home.
- 2. Of School Teachers: Instruction regarding deafness-prevention and the discovery of childhood deafness should be included in the teachers' training course.
- 3. Appeals should be made, at least once a year, to all medical practitioners in the City to cooperate with the authorities by warning parents, by searching for ear trouble among children of pre-school age, and by urging parents to have their children treated by Otologists when so requested by the health authorities.

TESTING OF THE HEARING.

*Tests*

These should be made annually of every child or young man or woman attending school or college.

Testing of the hearing of children below the age of 6 to 7 is a somewhat difficult matter, and can be done successfully only by physicians or by nurses specially trained. Each child should be examined separately. In the case of older children it is possible to examine as many as 40 at one time, and this in from half to three quarters of an hour. The watch tick and whisper tests are no longer regarded as satisfactory, and are now being replaced by audiometers specially devised for the purpose.

In the case of the older children the 4 A Audiometer, supplied by the Northern Electric Co., is recognized as the best available instrument and can be carried from school to school, a room being set apart for the examination and the several classes being brought to the room one after another. A second and individual test on a 2 A Audiometer is made of all those whose hearing shows a loss of 6 units or more.

In the case of the younger children the 4 A Audiometer is also used, but instead of requiring them to write down what they hear, the children are asked to repeat certain words from the record, such as cat, ball, boy, dog, etc. The examiner also wears an ear piece and can tell whether or not the child repeats the words correctly. The 2A Audiometer is also used with the younger children in cases in which impairment is discovered on the 4A.

Detailed explanations of the Audiometers 4 A and 2 A are given in the accompanying booklets.

FOLLOW UP SYSTEM.

The following up by visiting nurses of all cases in which incipient deafness has been discovered is even more important than the testing itself, certainly until such time as the parents shall have been impressed with the seriousness of these early troubles. So indifferent are the average parents regarding the possibility of their children's hearing being affected that the simple notifying by the authorities after a school test has been made would to a large extent be "love's labour lost" unless each case is actively followed up so