FILE 385

HEL - HEM

DOCKET STARTS:

HEMMING, H.K.S.

March
Twentieth
1923.

H.K.S. Hemming, Esq.,
323 Bleury Street,
Montreal.

Dear Sir:-

When you made your suggestion last Friday regarding the formation of a McGill Luncheon Club I was very much interested and since that time have given considerable thought to the matter.

I would like to talk it over with some of my colleagues before committing myself definitely. There are so many luncheon clubs that I am sometimes surprised that they are so well attended. Every argument you advance in favour of such a club is sound and personally I most cordially support it.

Thanking you for your offer of assistance and promising to write you again, I am,

Yours faithfully,

Principal.

H. K. S. HEMMING, B.A. L.A., C.G.A.

JOHN A. BLACK, L.A., C.G.A.

CANADIAN ACCOUNTING AND AUDITING COMPANY

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WILDER BLDG.- 323 BLEURY ST.
MONTREAL

TELEPHONES, UPTOWN 6626-7
PRIVATE BRANCH EXCHANGE

CABLE, "HEMMINGUS" MONTREAL

March 19th.1923.

Sir Arthur Currie,
Principal, McGill University,
Montreal, P.Q.

Dear Sir:

May I ask your opinion of the suggestion that I made at the Friday Luncheon regarding the formation of a McGill Luncheon Club.

The more thought that I give to it the more does the plan appeal to me as a means of bringing together the University and the people ofMontreal.

Every lunch could be used as a medium of McGill Publicity in some form. McGill Professors could speak, announcements of University progress could be made, McGill news generally could be disseminated. Not only would the name of McGill be constantly on the lips of the people but the Daily Press would have frequent occasion to report its activities.

By bringing the women into the membership you would create an ambition among the mothers of the City to have their children follow a University course.

If I can be of any assistance in the organizing work I shall be pleased to do my part.

Yours faithfully,

H. K. S. Hemming

HKSH/H

March
Twenty-second
1922.

H.K.S.Heming, Esq.,
321 Bleury Street,
Montreal.

Dear Sir:-

With reference to your letter re an Association which is being formed in Montreal to provide free musical tuition to poor children of talent, in which were enclosed two tickets for a concert to introduce the idea, I have much pleasure in enclosing herewith my cheque for $2.00 in payment for the tickets.

I wish you every success in your efforts and if possible will attend the concert.

Yours faithfully,

Principal.

Dear Sir or Madam,

An Association is being formed in Montreal to provide free musical tuition to poor children who have an unquestioned genius for music, irrespective of their race or creed.

Similar Associations are already doing excellent work in New York and other American Cities.

To introduce the idea and to form a nucleus of a Scholarship fund a concert, to which you are cordially invited, will be held in the Windsor Hall on Wednesday, March 29th., at 8.30 P.m., under the auspices of the Canadian Academy of Music.

You will find enclosed two tickets for which we trust you will remit $2.00. Seats may be reserved for 25 cents or 50 cents extra according to location, at Lindsays, where additional tickets can also be had.

Some of Montreal's most noted artists will perform. Selections will also be given by two or three children now in course of training.

Short addresses will be given by Rev. Canon A. P. Shatford, Rev. Dr. H. Abramowitz, Mrs. Henry Joseph and Lyon Cohen, Esq.

Please remit to

H. K. S. Hemming (Treasurer)

321 Bleury Street,

Montreal.

'Phone Plateau 1870.

PLAN FOR IMMEDIATE ACTION.

As there will not be sufficient time before the schools close in June in which to have an Audiometer test made of the children's hearing, and as it is most desirable that a survey of some nature be made upon which ameliorative action for the 1931/32 school season may be based, the following course is respectfully suggested by the Montreal League for the Hard of Hearing, as probably the most satisfactory under the circumstances.

1. Obtain, during the present month of May, from all the teachers in the public schools a list of all pupils regarding whose hearing acuity they have the slightest reason to suspect even the first traces of impairment. For the determination of this fact the following plan might be followed:-

   (a) On a given day throughout all the schools set aside a half hour in which to have a hearing test made, to be followed up, on subsequent days, by a test of those children who might happen to be absent on the official testing day.

   (b) Have the teacher inform the children that the School Board desires to discover whether all of the scholars can hear perfectly (omitting any reference to deafness) and that a test will now be made and that each scholar will be expected to repeat the exact words that the teacher may use. Absolute silence will of course be necessary during the test.

   (c) Have each child in turn go to the back of the room to a point as far as possible from where the teacher may stand.

   (d) In as <u>low a voice as possible</u> above a whisper, but not actually a whisper which is not a fair test because of the hissing sound, tell the child to repeat three simple sentences, such as "This is a fine day". "The black board is made of wood". "Chalk is white and soft", etc.

   (e) Write down the names and addresses of all scholars that show any hesitation in being able to repeat what is said to them.

   N.B. For the above test a list of suitable sentences might be prepared in advance for the teachers. It would also be well for the teachers to practice amongst themselves on a previous day, so as to discover the actual pitch of the voice to be used in their own class rooms.

2. To the list of names obtained as above add the names of all children who have repeated their grades during the past three years and who are still attending school.

3. During the summer vacation set aside a room in a central school, such as the High School on University Street, and have same fitted on a semi-permanent basis for the use of the 4 A Audiometer.

4. Employ three teachers to take charge of the test, one outside the room receiving the children, keeping them quiet while the tests are going on, and grouping them for each test, the other two teachers inside of the room, one at the instrument and the other among the pupils.

5. Notify the children to come to the school on a certain day and hour.

   N.B. In three hours it should be possible to test from 160 to 200 children.

6. All children who show a defect of 6 units or more should be sent for a second time and given a second test, their first and second papers being carefully compared, and if the hearing impairment is confirmed in the second test they should be examined at once either by an Otologist selected by their parents or at a hospital clinic.

7. All the tests might be made in the morning and the three teachers could then examine the test papers during the afternoon.

8. In a short time the School Board, from the reports of the three teachers and of the Otologists, should have a fairly accurate idea as to the number of children that should be given lip-reading instruction and class assistance by means of an amplifying instrument, and plans could then be made in time for the school opening in September.

It is of course understood that the above plan is not as satisfactory as a complete annual test with the 4 A Audiometer of all the children in the several schools, but it is probably the best method that can be devised at this period of the year.

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 adolsecence, 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:

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) Compulsary registration of all cases of measles, whooping cough, scarlet fever, typhoid fever, diptheria and other deafness-causing diseases.

(e) Following up closely by public nurses all discovered causes 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

CHILDHOOD DEAFNESS.

as to ensure not only a primary examination by an otologist but such further examinations as the otologist may deem necessary. The visiting nurse can also determine whether a child should receive free medical advice at a hospital clinic or be attended privately by a practicing otologist.

LIP READING INSTRUCTION.

The ability to read speech from the lips is invaluable to all hard of hearing persons young or old. Older people find lip-reading difficult to learn, but children take to it more quickly. In Toronto and Hamilton special classes are provided for all children whose deafness is regarded as likely to increase, as they grow older. Some children are instructed after school hours and others give up certain less important classes. For all their other instruction they are kept in their regular classes and are placed in front seats and in the best positions to see the teacher's face. Excellent results are being obtained. This plan is being followed in many Cities in the United States.

SOUND AMPLIFIERS.

The latest idea in assisting hard of hearing school children is to place on the teacher's desk a sound amplifier connected electrically with the lighting system and wired to the seats of the hard of hearing pupils, each of whom wears an ear piece kept in place by a head band. At each desk there is an adjuster to raise or lower the volume of sound. This places the pupil in a complete parity with all the other scholars and gives excellent results. A special instrument known as the Radio Ear is being made by E. A. Myers and Sons of Pittsburg, Pa. This system is more effective and less expensive than giving instructions in lip-reading. As, however, lip-reading is of such great value in adult life to those who are hard of hearing, it is felt that it should become a part of the curriculum of all hard of hearing children.

NEED FOR IMMEDIATE ACTION.

Specialists in the United States contend that not less than 3,000,000 of their school children are suffering from incipient deafness to an extent that calls for otological attention. In a like ratio there would be 25,000 children of school age in Montreal similarly afflicted. This figure is many times greater than the number suffering from tuberculosis or from any other major ailment. Notwithstanding this latter fact no concerted action of any kind is being taken in the City of Montreal regarding deafness prevention, and considering how simple are the methods and how inexpensive in comparison to the enormous losses that now result from deafness, no reasonable excuse can be put forth for further inaction.

H. K. S. HEMMING, B.A., C.P.A., C.G.A.
CERTIFIED PUBLIC ACCOUNTANT

COMPANY INCORPORATIONS
SECRETARIAL WORK, A SPECIALTY
COST AND BUSINESS SYSTEMS
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MEMBER OF
CANADIAN SOCIETY OF COST ACCOUNTANTS

3436 DUROCHER STREET

TELEPHONE PLATEAU 2368

CABLE: "HEMMINGUS"
MONTREAL

Sir Arthur Currie,
Montreal.

MONTREAL October 23rd, 1929.

Dear Sir:-

We take the liberty of sending you under separate cover an advance copy of a booklet entitled "The Call of the Deafened", which shortly will be published, and to a perusal of which we trust that you will devote a few minutes of your valuable time.

The story that it tells is new to most people and we feel sure that you will be more than ordinarily interested in it.

The Montreal League for the Hard of Hearing is undertaking a most important work, and one that not only deserves but requires the sympathetic support of all who have the interest of the Community at heart.

In addition to the executive officers of the League, three assisting Committees are being formed, viz., a Men's Advisory Committee, a Women's Advisory Committee and a Committee of Otologists.

It is the intention to ask His Excellency the Governor General to become the Patron of the League, but before making this request we are inviting a number of Montreal's leading citizens to allow their names to be enrolled as Honorary Governors.

We take this means of extending the invitation to you, believing that in so doing we shall make less of an inroad upon your time than if we were to explain the matter to you personally. Should you, however, so desire we shall be pleased to call upon you and give you any further information that you may require.

In the accompanying memorandum will be found the names of the members of the Men's Advisory Committee. The Women's Committee and the Otologists Committee are in process of formation. There is also a list of those whom we are asking to become Honorary Governors.

Assuring you that we shall greatly appreciate your kind acquiescence with our request.

We are,

Yours faithfully,

E. A. Cunningham
F. B. Thomas
J. Arthur McBride
H. K. S. Hemming
Nominating Committee.

I am pleased to say that Mr E W Beatty has consented to act as a governor
HH

October 30th, 1929.

H.K.S. Hemming,Esq.,
3436 Durocher Street,
Montreal, Que.

Dear Sir:-

I beg to acknowledge your letter of October 23rd,on behalf of the Nominating Committee of the Montreal League for the Hard of Hearing.

I have just received the booklet you mention "The Call of the Deafened" and have not yet had time to read it. However, the names of the men on the Advisory Committee assure me that the League is intended to serve a useful purpose and I shall be pleased to have my name associated with it as an Honorary Governor.

Yours faithfully,

Principal.

MONTREAL LEAGUE FOR THE HARD OF HEARING.

Men's Advisory Committee.

E. A. Cunningham, (Chairman)
Alderman J. N. Drummond,
Dr. A. Grant Fleming,
Dr. George Hall,
H. K. S. Hemming,
Horace Joyce,
J. A. McBride,
Dr. W. J. McNally,
Dr. Frank G. Pedley,
Prof. J. Bonsall Porter,
O. R. Rowley,
F. W. Stewart,

Suggested Board of Governors.

Lord Atholstan,
Sir Montague Allan,
Sir Arthur Currie
Sir Charles Gordon,
Sir Herbert Holt,
Sir Henry Thornton,
E. W. Beatty,
H. R. Drummond,
C. W. Lindsay,
T. B. MacCaulay,
H. B. MacKenzie,
J. W. McConnell,
Hon, Dr. W. L. McDougald,
F. E. Meredith,
Col. Herbert Molson,
C. E. Neill,
C. F. Sise,
Lady Drummond,
Mrs. Geo. McDonald,
Mrs Ross McMaster,
Dr. Helen Reid,
Mrs. B. B. Stevenson,

THE CALL OF THE DEAFENED.

by

H. K. S. HEMMING, B. A., C.P.A.,

THE CALL OF THE DEAFENED

By H. K. S. Hemming, B. A., C. P. A.

FOREWORD

Twenty-five thousand children of school age on the Island of Montreal are believed to be suffering from incipent deafness. A large number of them can be cured if treated promptly. If neglected many of them will become permanently deafened. This estimate is based upon statistics collected during recent years in several large American cities, and has been partially confirmed by a test of the school children in Verdun, carried out by the Montreal League for the Hard of Hearing in 1928.

Similar conditions presumably prevail throughout the whole Dominion, but as yet, except in Toronto, little or nothing is being done in any part of Canada to grapple with the problem.

Aroused by the discovery of startling facts of this nature the people of this Continent are awakening to a stern sense of their responsibility and, for the first time in history, the claims of the hard of hearing are receiving the consideration that they merit.

Deafness throughout the ages has been an affliction from which humanity has suffered untold sorrows and economic losses beyond the power of man to estimate. Silenced ears have known no distinction as to age, sex, class or race, and lives of the brightest future and of men and women greatly needed by their fellows have been stifled equally with those of little children and of older people of less importance in the world's affairs.

More than surprising is it that, while the sciences during the past century have been bettering conditions in almost every channel of life's activities, not until the last decade has any concerted attempt been made to

stem the tide of the constantly increasing infirmity of impaired hearing. Nor have these efforts been widespread, having as yet been confined to a few of the larger Cities of the United States.

There are of course schools where children who are born deaf are educated, but their numbers are not nearly so great as those whose hearing becomes impaired after they have learned the art of speech, and it is to this latter class that the attention of the public is now being drawn.

The movement is regarded by those who gratuitously are devoting much of their time to it as one of such abundant possibilities for good that it justifies a call being made upon men and women of the hignest ability and of those whose lives might otherwise appear to be full to the brim.

Up to the present no reliable statistics of the hard of hearing are anywhere available, but, judging from tests recently made among school children in the United States, there can be no doubt but that the total number of persons with impaired hearing, old and young, is alarmingly great. Of the 24,000,000 American children attending school it is estimated that the hearing of about 3,000,000 or one eighth is below normal. What the figures among the adults may be can only be imagined. In any event the disabling effect upon people of mature years is far more serious, for unless arrested in its earliest stages defective hearing as a rule gradually and persistently increases from month to month and from year to year.

Perhaps the chief cause for inaction on the part of public spirited men and women who mignt have been expected to interest themselves in behalf of the deafened has been a feeling that but little can be done. The reverse, however, is actually the case. Not only can permanent deafness be prevented in a large percentage of cases if treated promptly, both in childhood and in

after years, but there are many ways in which valuable assistance can be rendered to those who are incurably hard of hearing.

CAUSES OF DEAFNESS

There are many causes of deafness, and it is well to consider them under two broad headings, viz.,

CONGENITAL DEAFNESS (Born Deaf) and ACQUIRED DEAFNESS.

In congenital deafness there is a mal-development of the hearing organ which results in a partial or a total loss of hearing. The causes are as yet little understood, but heredity and intermarriage of blood relations are regarded as important factors.

In acquired deafness the hearing organ at first develops normally, but later becomes affected by disease. Of the very numerous cases of acquired deafness the following are generally regarded as the most common:-

1 Abscess formation in the ears, for the most part brought on by common cold.

2 Scarlet fever, meningitis, measles and other acute infections of childhood.

3 Neglected catarrhal inflammations of the nose and throat.

4 Otosclerosis, a disease of the inner ear.

5 Occupational diseases in which the throat and ears are affected.

6 Head injuries.

TREATMENT

Until the turn of the present century certain medical men devoted their energies to the eye, ear, nose and throat. To-day oculists and otologists are two distinct classes, the latter specializing in the diseases of the ear,

nose and throat. While it is admitted that many things relating to the ear have yet to be learned, excellent progress is now being made, largely as a result of intensive research work both in America and in Europe.

During the annual Convention of the American Federation of Organizations for the Hard of Hearing held in Cleveland, Ohio, in June 1929, eminent otologists of New York, Minneapolis and elsewhere, who have in recent years made extensive investigations among school children, stated that in their opinion a very large percentage of cases of incipient deafness could be cured. They however, advised the delegates to be conservative in their statements, until more comprehensive statistics are available.

TESTING SCHOOL CHILDREN FOR EAR TROUBLE

Too much stress cannot be laid upon the importance of an annual or semi-annual testing of the hearing of school children. The process might indeed be likened to searching for thistles in a garden when they first show their heads above the ground, at which stage their whole roots will be extracted in the weeding process. As already explained not only are the chances of eradicating the trouble for life many times greater when treated promptly, but the fact that the children of the country are gathered together in the schools renders comparatively easy a task that would otherwise be almost impossible, a circumstance, moreover, that increases materially the responsibility for action at this stage. Making these tests and giving the children the necessary after care, including instruction in lip reading, has proved itself to be a measure of no small economy, for once the knowledge of the impaired hearing has been obtained the children can with proper attention be prevented from repeating grades, a common misfortune among those who are hard-of-hearing, and as a result a very considerable saving will accrue to the school authorities.

During the past decade instruments have been invented by the use of which rapid surveys can be made among the children of the middle and senior classes, testing as many as 40 in an hour, and recording results that are regarded as more reliable than the watch tick and whisper tests that have been used in the past for each child individually. These methods of testing are certainly worthy of careful investigation by all public school boards.

IMPLANTING NEW HOPE INTO THE LIVES OF THE DEAFENED

Only those who are actually afflicted know the bitter anguish experienced by young men and young women when first made to realize that they are doomed to face a whole life of silence and separation. A guiding and encouraging hand put forth at that time is of a value in the lives of these young people beyond the power of appreciation by persons of normal hearing. Moreover encouragement of this nature must as a rule, to be successful, come from a source outside that of the immediate family connection.

THE SCIENCE OF LIP READING

The ability to read the words, although inaudible, from the lips of one who is speaking is of very great value to all who are hard of hearing. Although practiced unconsciously to some extent by all deafened persons, the real benefits of the science are obtained only by those who receive special instructions. Children learn the art more quickly than adults, and it is of substantial assistance to them in their school lessons.

AIDS TO HEARING

For some inexplicable reason those who are troubled with deafness almost universally regard their infirmity as something of which there is reason to feel ashamed. Why there should be any difference in the feeling regarding

imperfect eyesight and imperfect hearing is not apparent. It is nevertheless the case that, while but few people object to the use of spectacles, no one seems ready to wear a hearing device of any description, particularly while on the street or when otherwise subjecting themselves to public view.

Many hard-of-hearing actually try to hide the fact of their deafness, a most illogical procedure, for a person's inability to hear the ordinary tone of voice is readily discernable.

Fortunately the widespread use of radio headsets is accustoming people to the use of hearing instruments, and during recent years there has been a noticeable change towards a more common-sense attitude on the part of the hard of hearing. There is still, however, much room for improvement, and, in this particular, persons of normal hearing can do a great deal to assist, partly by not appearing to notice that head pieces are being worn, and still more by impressing upon their shy deafened friends the desirability of using hearing aids. Apart from the personal advantages thus gained it is certainly the duty of those whose hearing is subnormal to render it possible for others to speak to them without raising their voices unduly.

Another feature is that there does not appear to be any one instrument that will relieve all cases of deafness, and the only safe way in making a selection is to keep on testing until a satisfactory instrument has been found.

THE HARD OF HEARING AND THE TELEPHONE

The telephone has become so universal a medium of communication that to be deprived of its use is a serious handicap. To overcome this difficulty in the case of the hard of hearing the Bell Telephone Company has introduced an instrument called "the amplifier", by the use of which in many cases it can truly be said that "the deaf are made to hear". At a small additional cost the

Company will attach the amplifier to the ordinary telephone instrument. It can be turned on or off by means of switch, and thus it does not prevent the telephone being used by persons of normal hearing. With this attachment words spoken at the other end of the line are so increased in volume that in most cases they can be heard distinctly by persons having a quite pronounced hearing deficiency.

BEWARE OF QUACKS

Because of the incurable nature of permanent deafness a wide field is opened up to quacks, faddists and fraudulent so-called ear specialists. Under no circumstances should those suffering from imperfect hearing be tempted by advertisements, originating almost entirely in the United States, to apply to their ears oils or other medicinal treatments or to insert ear drums, so called "ear-phones", "radium ears", "vibraphones" and other similar "cures". They are all worthless and frequently result in permanent injury. In particular should self advertised ear specialists be avoided. The ear is too sensitive an organ and, if it has any hearing ability, is too precious to be entrusted for treatment to any but skilled otologists. Further information regarding quacks can be had by sending 15 cents, for a 24 page booklet entitled "Deafness Cures", to the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

A PUBLIC HALL FOR THE HARD OF HEARING

During the past few years several instruments have been invented, by means of which sounds are amplified and transmitted electrically, just as in the case of the radio. Churches, concert and lecture halls, theatres and schools are being equipped with these instruments. They are placed in the pulpit or on the platform, and connected by means of electric wires with ear

pieces in the seats in the auditorium. At the recent Convention in Cleveland 350 seats in the Auditorium of the Museum of Art were wired, and the occupants heard the proceedings, in most cases as well as those with normal hearing. The wiring system has the advantage of conveying the sound equally well to the seats farthest from the platform as to those in the front rows. In a City of the size of Montreal there is urgent need for a hall especially equipped in this way.

EMPLOYMENT BUREAU

The loss or impairment of one human sense does not lessen the acuteness of the other senses, and thre are many occupations that can be filled satisfactorily by the hard-of-hearing. Sometimes, because of the power of concentration that goes with silence, special duties can be performed with a high degree of efficiency. Notwithstanding these facts it is as a rule with great difficulty that those with faulty hearing are able to obtain suitable employment. The very fact that they are even partially deaf seems to prejudice the average employer in advance of his learning anything of their qualifications, while frequently they lack the approach and the self reliance of those of normal hearing. To overcome this difficulty a special employment bureau for the Hard-of-Hearing is required, under the direction of a trained employment worker assisted by men and women of influece in the community.

AN EAR CLINIC

In certain American Cities Diagnostic Ear Clinics have been established in conjunction with school boards or leagues for the hard of hearing. Such an institution in Montreal, employed as a central clinic working in conjunction with all the hospitals, might be made of peculiar benefit to those of the poorer classes. The percentage of deafness among the poor is far

greater than among those in more comfortable circumstances, a fact due not only to the lack of proper medical attention in early childhood, but also because of the greater prevalence of illness. The cost of equipping and maintaining a clinic of this kind would not be great and any event would be justified. There would, indeed, be a call for two central clinics, one for the English and the other for the French.

LEAGUE FOR THE HARD OF HEARING

There is in Montreal an association, composed almost entirely of deafened people, known as the Montreal League for the Hard of Hearing. It was formed in the spring of 1926. In 1928 the League affiliated itself with the American Federation of Organizations for the Hard of Hearing, whose headquarters are in Washington, D. C., and in June 1929 it was accepted as a constituent member of the Montreal Social Agencies, Health Division. Miss Margaret Worcester, a gifted teacher of lip-reading, was the founder of the League and has acted as its President during the past three years. Miss Worcester has given many class lessons in lip-reading, free of charge, and a number of the members have made excellent progress in the art.

In addition to lip-reading classes, evenings have been set apart for social intercourse and these have been greatly enjoyed by the members, who, meeting others similarly situated, have thrown off all restraint and reserve in a way that is not usually the case when the deafened come in contact with those whose hearing is perfect.

There have also been some concerts and lectures, but in these the lack of an electrically equipped hall has been a serious handicap, the results being disappointing alike to the speakers and musicians on the one hand and to those who tried to hear on the other.

The membership of the League is growing and can be increased materially

once the advantages outlined above have been brought into existence. Not only is a permanent home needed, and a hall electrically wired, but the employment of a salaried secretary is of prime importance.

With a view to increased activity and to the arousing of a widespread interest in the movement, it has been decided to invite persons of normal hearing to enroll themselves as Assisting, Supporting and Life Members.

Every person who is interested either directly or indirectly in the hard of hearing is urged to become a member of the League.

DEAFNESS

AN ECONOMIC LOSS TO THE COMMUNITY

AN ADDRESS GIVEN BEFORE THE
MONTREAL CITY IMPROVEMENT LEAGUE
FEBRUARY 26, 1930

BY

H. K. S. HEMMING
VICE PRESIDENT
MONTREAL LEAGUE FOR THE HARD OF HEARING

DEAFNESS AN ECONOMIC LOSS TO THE COMMUNITY

Deafness is a scourge from which humanity has suffered throughout the ages, and to a degree that never has been known and never will be known. No tabulation has ever been attempted of the many millions of those affected with impaired hearing. Moreover, the interest shown in the malady by the peoples of the world has not at any time been commensurate with its momentous seriousness.

For this apathy, covering all these generations, there has been one very evident reason, viz., that, unlike other major afflictions of the human body, such as cancer, tuberculosis and diabetes or such virulent diseases as smallpox, diphtheria and typhoid, deafness as a rule does not shorten or even endanger the physical life of its victim. Rather has it the malevolent characteristic of prolonging their miseries, which usually increase with a relentless insidiousness, so that, indeed, in their later years it becomes a moot question whether they experience life in death or death in life.

Perhaps another reason for this widespread inaction has been an almost universal reluctance, on the part of those of impaired hearing, to assert themselves publicly in any way. Some deafened people even go so far as to pretend that they are not deaf, a shockingly foolish attempt at deception, of course, but all too common nevertheless.

There is a third reason, I believe, for this lack of interest, viz., that people of normal hearing lose patience with their deafened brothers and sisters, because of habits engendered by their handicap, and shrugging their shoulders say to each other: "Too bad! But we can do nothing. It's no fault of ours. They'll simply have to grin and bear it."

Now it is, if possible, in order to instill into the minds of you who are seeking to improve conditions of life in this community, that this shoulder shrug and these thoughts are all wrong, that I have consented to appear before you to-day.

It is not my intention to dwell upon those phases of deafness that naturally would call for your sympathy, such as the heart rending anguish endured by the young man or woman after he or she has been told by a specialist that no longer is there any hope for relief, that there is nothing to look forward to but a life of awful silence and of grim separation. I shall not tell of the gradual loss of friends, of being shunned on all sides, of the diminishing interest in every kind of pleasure and pastime, of the unsatisfied craving for music and the singing of birds and all the beautiful sounds of nature, and above all of the inability to do the things that others do, and particularly to fill efficiently one's vocations in life, and all too frequently even to earn a decent living. It was Beethoven who said "For me there can be no recreation in the society of my fellows. No refined intercourse, no mutual out-pourings. I must live like an exile."

I could without difficulty employ my whole time in this manner, and I know that I could break your heart strings if I wanted to, but I have a more important role to play to-day, for I want to convince you, upon cool and calculating lines, that the community suffers even more than does the individual when its members become deafened, and that it behooves the community

in self defence and for purely economic reasons to do everything that lies in its power, not only to prevent deafness among its people but to enable those who are deafened to play a more impressive part in the scheme of life. Now, when discussing this question with individuals I cannot bring to mind a single instance in which the idea of the community suffering through deafness has not appeared to be so new as to cause an evident shock to their reasoning powers, and yet it surely must be evident that, by having a considerable proportion of the adult citizenry deprived largely of the capacity to produce and to do things, and to impress their ideas upon others, and generally to fill successfully their otherwise allotted part in the world, the community as a whole must experience a very serious loss. Let me cite an example:—

Let us suppose that a young man succeeds to his Father's business of manufacturing, in which a pay roll of say $100,000 is distributed annually, and that at the age of 30—a very common time for deafness to become an insistent handicap—the young man decides that, because of his impaired hearing, he would probably make a failure of the undertaking, and the business as a result is wound up. Then in the succeeding thirty years, during which the business might have been expected to exist and at least to have held its own, there would be a lost distribution of wages in the community of $3,000,000 not to mention the buying and transporting of raw materials, the handling of the finished product and the expending of profits earned.

Or let us suppose that a young man enters college with a view to fitting himself for one of the professions. He will probably stop at the end of his arts course, for by that time his deafness will likely have developed sufficiently to set him thinking deeply of future prospects, and he will go no further in his University work, because he will realize that in not one of the learned professions, including those of teaching and banking, is there room for a deaf man.

Or let him learn the business of distributing merchandise, either at retail or wholesale, in which frequent and close contact with the public is of paramount importance, how quickly will he be made to realize that he cannot hope to compete successfully with those more fortunately circumstanced.

And so, through practically every walk in life, one business, or profession or calling after another is given up, and the deaf man or the deaf woman falls into some insignificant niche, to be filled simply as a means of earning a paltry existence. Or, if we follow the deaf man into the later years of his life, how often do we find him entirely dependent upon others for a living!

Then again in public life. When have you heard of a man with impaired hearing, no matter how great his ability or how highly respected he may have been as a citizen, consenting to represent his fellows in any public administrative body? Moreover, it not infrequently is the case that men of unquestioned talent and wide experience suddenly are deprived of their hearing, and as a result are compelled to withdraw into private life. Two notable examples of this disaster in Canada have been those of Sir Clifford Sifton and Sir Allan Aylesworth, both outstanding figures in our Federal Parliament. Nor have they been by any means alone in this misfortune.

Do not all these things mean a loss and a serious loss to the community? Perhaps someone will say that the places of those who are thus forced to one side are filled by others, on the theory that "there are just as good fish in the sea as those that are caught in the net," a proverb, which to my mind has always appeared to be fallacious, for while there may be just as good fish somewhere in the sea, there is no guarantee that they will come within the

meshes of the net. In any event in a new country like Canada with its superabundance of opportunities that call for initiative and the exercise of a full measure of mental and physical energy, we can ill afford to have any of our people handicapped, no matter to what station of life they may belong. No! Look at it from any standpoint, and you will be forced to admit that the loss of the power to do things, because of deafness, by any individual citizen, is a loss to the community as a whole, just as is the loss by death of an important citizen.

Now this is my premise No. 1 which, put into a few words, is that **Deafness of the individual citizen always results in a greater or less economic loss to the whole community.**

My second contention is that deafness is to a very considerable extent preventable. Again many of you will be surprised, and will no doubt say that had deafness been preventable it would not have been allowed to have assumed such widespread proportions. In this matter, while I cannot of myself speak with authority, I can at least repeat what I have read, what I have heard on platforms, and what I have been told by medical men of wide experience and of generally acknowledged skill.

There are two kinds of deafness, viz., *Congenital* (those born deaf) and *acquired*. The former are frequently incorrectly called "deaf and dumb." They are dumb simply because they are unable to hear sufficiently to imitate those who speak, but they can usually be taught to speak with greater or less efficiency. But I am dealing to-day only with those who suffer from *acquired* deafness, viz., those who have learned the art of speech before losing the ability to hear.

From the Otologists we learn four things regarding acquired deafness.

1. **That in the majority of cases the primary seeds of ear trouble are sown in early childhood, frequently in infancy.**
2. **That the particular disease that causes the deafness has to develop to quite a considerable degree before it will affect the hearing sufficiently to cause the impairment to be noticed by parents and others.**
3. **That if treated promptly, i.e., in the earliest stages of the trouble, a cure in most cases can be effected.**
4. **That, if allowed to reach the stage when the inability to hear has become apparent, it is then too late as a rule to apply a remedy, and the deafness will keep on growing, from month to month and year to year, until it becomes a very serious handicap to the afflicted person.**

There are of course many cases in which loss of hearing results from ailments such as scarlet fever, typhoid and measles, also from accidents and occupational noises, and, while prompt attention by a specialist is of the utmost importance in all these cases, there apparently is not with them the same assurance of a cure as with adenoids, catarrh, colds, tonsil troubles, ear suppuration and other weaknesses of early childhood.

It is not for a layman to say to what extent assistance can be given, but this I can say that, at the Convention held in Cleveland, Ohio, in June 1929, of the American Federation of Organizations for the Hard of Hearing, I heard it stated publicly by distinguished Otologists, and the same was confirmed to me in private conversation, that in their opinion no less than 85% of cases of

childhood ear trouble could be cured permanently if discovered in their earliest stages and treated promptly. In order to be on the safe side let us say that a *majority* of cases can be cured, and what a wonderful prospect we have before us!

This then is my second premise, and let me repeat it, viz., that in the **majority of cases deafness starts in childhood and, if treated promptly by specialists, can to a very large extent be cured, but if neglected will become a handicap for life.**

"But," someone will say, "Are you not making altogether too much of this ailment?" "Surely there are not a great number of deaf people in Montreal?" That I believe to be a very general opinion outside of the medical profession, due probably to the fact that deafened people keep to themselves and live so unobtrusively as to leave very little impression of their existence upon the minds of the public. I am not in a position to quote reliable figures of the number of deafened, either in Canada or elsewhere, for, while elaborate censuses and figures of all kinds have been tabulated regarding those born deaf, I know of no country in which any serious attempt has been made to collect data regarding the number of those suffering from acquired deafness. Of late years there has been greater activity in these matters in the United States than in any other country. In a booklet entitled "What of the Deafened" published recently by the American Otological Society, of which General Birkett of Montreal is a Director of the Board of Trustees of the Research Fund, the following passage occurs:—"a conservative estimate of defective hearing, based upon group tests of school children and of drafted men, places the number of persons now suffering from impaired hearing in the United States at 10,000,000. Of these 3,000,000 are school children."

In an address over the radio in April 1929 Professor John Norris of the New York University said:—"The most conservative estimates show that at least eight or nine per cent, or ten millions of American people, are deafened. Eight out of every hundred facing life with one of the most serious handicaps imaginable. How serious is the problem! What cause there is for battle against deafness! Why tuberculosis, that much dreaded scourge, affects only one tenth as many people as deafness."

How correct these figures are I do not know. On the other hand I do know that at the Cleveland Convention last June I heard Otologists who have spent the best part of their lives during the past ten years on this problem say that in their opinion the estimate of 3,000,000 children of school age suffering from incipient ear trouble in the United States was *under* rather than *over* the mark.

Now, if these figures are correct, viz., that one person out of every twelve in the United States is suffering from impaired hearing of some nature, then we in Canada must have an even higher percentage similarly afflicted. I say "a higher percentage" because our climatic extremes of heat and cold are more trying upon the throat and ears, because of their tendency to cause chronic catarrh, than is the case in the warmer zones of the United States.

Now, if we take our population in Montreal at 1,000,000 and apply the above estimate, we shall have to figure upon no less than 110,000 as suffering from ear trouble in some form, of which 30,000 would be children. These figures are so alarming that I cannot bring myself to regard them as correct. On the other hand there are no data extant to prove the reverse to be the case, and because of the high professional standing of the men who compose the

American Otological Society, there is no choice for us but to regard their statement as a matter of, to say the least, momentous concern.

Cut these figures in two; cut them in four; cut them in eight; and you will still be confronted with a condition of life in this City that calls for the keenest possible investigation and of preventive measures of the most drastic nature on the part of our Municipal and School authorities, and particularly of our newly formed Board of Health.

Cut off the left hand of 100,000 of our people and I doubt if the handicap would equal that of having 100,000 citizens deprived to a serious extent of their ability to hear.

This, then, is my third contention, viz., **that the number of deafened people in Montreal is very large indeed and that there are probably 25,000 to 30,000 children of school age calling for immediate attention.**

And here let me go back for a moment to my second contention, viz., that, if treated promptly, deafness can be forestalled in the majority of childhood cases but, if allowed to reach the stage of hearing impairment noticeable by parents and teachers, the victims will probably in later years be counted among the great army of the deafened.

Now Mr. Chairman, what conclusion can we draw from all these facts? There is only one, viz., that there rests upon the shoulders of the parents, the medical practitioners, the teachers, the School Boards, the health authorities, and particularly the Municipal Health Board, an urgent responsibility to *seek* and to *find* the source of the trouble at the earliest possible moment,—to dig up the soil and to hand pick the thistle roots before they have reached the point of showing their heads above the surface.

I am not going to minimize the task. I realize fully how great and how difficult an undertaking it is, but, cost what it may in time or energy or money, and it will yield you, not a hundred fold but a thousand fold in future dividends, and will save the oncoming generation from a degree of misery and of sorrow that no one living is capable of measuring.

For ten years in the United States men of great ability and of equal unselfishness and public spirit have been doing intensive work among the school children in about 100 of the larger American Cities, and have gathered together facts and figures of the utmost value. They have devised means of rapid group examination of the ears, and have tested these methods sufficiently to know their value and their limitations. Having met these men I know that I am safe in saying that they gladly would give all the information they have to any Canadian Medical or School Officials interested in the work. In other words, we in Montreal have to-day an opportunity of starting in this great undertaking at the point of investigation already reached in the United States, after years of research work and the outlay of a large amount of money, and in the name of humanity I beg of you that you will lose no time in starting to work.

And now, Mr. Chairman, perhaps you will allow me before sitting down to make a concrete suggestion. Although for some years I have not taken an active part in the work of your League, I have watched closely the progress that you have made, and I know that *action* is your watchword to-day, and that when you see an opportunity to make Montreal a safer, a better and a happier place in which to live, you do not hesitate to exert your energies in that direction. Now in the Montreal League for the Hard of Hearing (and let me

emphasize the word *for* the hard of hearing, and not simply *of* the hard of hearing) we have an Advisory Committee composed of prominent men of outstanding ability. Our Chairman is your Vice-President, Mr. E. A. Cunningham, while Mr. F. W. Stewart, your past President, and Dr. Fleming and Dr. Pedley are all enthusiastic members. Would it not be well for your League to form a Committee to work jointly with our Committee, and thus enable each body to assist the other in hastening the day of accomplishment in this important matter. I trust that you will bring this question before your executive as soon as possible.

Now just one word more before I close. I have dwelt only upon one phase of this important question, viz., that of prevention. Time would not permit of a discussion of that other equally important relationship, viz., of assisting those already deafened. There are a great many ways in which people of normal hearing can assist their less fortunate friends. One thing I shall ask of you, viz., that you will take home with you the booklet set opposite each of your plates to-day and that you will set aside 10 or 15 minutes to read carefully, not merely the splendid prefaces written by Lady Drummond and Mr. Beatty, but the booklet itself, including the two leaflets enclosed in it, and finally that you will not turn a deaf ear to the widespread appeal that shortly will be made in this City among those of normal hearing for membership, either active or supporting, in the Montreal League for the Hard of Hearing.

The Montreal League so far is composed mostly of English speaking people, and, as deafness makes bi-lingualism a matter of great difficulty, I personally feel that a special section should be formed by our French speaking friends, and I shall be only too glad to be called upon to assist in the formative work if I can be of any service.

N.B.—After the above address a resolution was passed unanimously requesting the Chairman to name a Committee of the City Improvement League, to work in conjunction with the Advisory Committee of the Montreal League for the Hard of Hearing, which Committee has since been named.

DOCKET ENDS:

HEMMING, H.K.S.