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DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

17 December 1958.

Clinical Services Letter No. 8

TO ALL MEDICAL PRACTITIONERS:

Dear Sir/Madam,

DEAFNESS IN PRE-SCHOOL CHILDREN

You will no doubt be aware of the striking advances which have been made in recent years in dealing with deafness in babies. Special techniques for the accurate testing of hearing in very young children are necessary, combined with arrangements for fitting them with hearing aids and guiding the parents in regard to management. These services are now available for cases anywhere in New Zealand.

The possibility of deafness in babies should always be kept in mind. In those worst affected the parents are usually the first to realise that the baby is deaf. In some moderately severe cases, however, good lip reading, acquired naturally by the infant, may lull suspicions. This fact must be remembered in testing. Quiet, meaningful sounds made out of sight of the baby, such as the mother's voice, the clinking of a spoon in a cup, or the rustling of paper, may give valuable clues.

Importance of Early Ascertainment

Infants failing to talk by two years of age should be given a hearing test. Children with partial deafness, especially of the "high tone" type, are frequently misdiagnosed as retardation or behaviour problems. These partially deaf children always have speech defects (which are often slight) and skilled investigation is essential if mistakes of this kind are to be avoided.

The earlier deafness is ascertained, the better. The period of "readiness to listen", from birth to three years, is critical for the development of language and speech. If this phase is neglected, unused residual hearing may rapidly become unusable. Hearing aids may be fitted from the age of six months.

Babies known to be at risk should have their hearing tested as a routine; for example, where there is a significant family history, or a history of maternal rubella, Rh. incompatibility, foetal anoxia, birth injuries, recurrent otitis in infancy, etc. Post-meningitic cases deserve special mention. If they have acquired speech before becoming deaf, unless precautions are taken they either lose it rapidly, or the quality of the voice deteriorates.

Arranging for Hearing Tests

The child should be referred to an otologist, either privately or through an appropriate clinic, depending on the circumstances of the case.

[P.T.O.

A Useful Reference

Attention is drawn to an article on "The Pre-school Deaf Child" by Dr A. A. MacGibbon, in the *New Zealand Medical Journal*, April 1956, page 125. This valuable contribution is particularly helpful in connection with the management of cases from the parents' point of view.

The following are some brief extracts:

- It is most important to diagnose and start educational treatment under the age of three.
- Education must begin in the home as soon as the diagnosis of deafness is made, even at the age of 18 months.
- Some children have more aptitude than others for speech reading, but in most a workable means of communication can be established in a year.
- Hearing aids are important to use from the earliest age even in complete deafness to speech. Some sounds may be heard indicating spacing of words, intonation, etc. Most deaf children have hearing to low tones but severe loss to the high tones – 75 per cent of consonants are in the mid-high range – and this interferes seriously with speech and language development. Amplification of sound is very important at all ages.

Yours faithfully,

A. W. S. Thompson. T. L. Hayes

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Best wishes for Christmas and the New Year.

R. E. OWEN, Government Printer, Wellington, New Zealand—1958

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