



Hear (Continued)

obedient. During recess, Dick stands alone at the edge of the playground. His playmates are frank: "Dick never wants to do anything. Besides, he's strange. When you talk to him sometimes, he doesn't even answer."

Nobody suspects that Dick and Jane behave as they do because they are hard of hearing.

"Jane is just more preoccupied than most children her age," her teacher explains.

Dick's mother says, "He caught measles, chicken pox, and scarlet fever, one right after the other, when he was in first grade. He had to stay in bed for months and never seemed to catch up in school. I know he's a little difficult to manage at times, but he'll outgrow it."

Among the 38 million youngsters in classrooms across the nation there

are many Janes and Dicks who suffer moderate, hard-to-detect hearing losses. The American Public Health Association estimates the total to be at least 5 percent of all school children between 5 and 17; that would mean some two million victims. Many won't receive the attention they need, though, because no one recognizes their trouble.

The real tragedy is that the youngster with a moderate hearing loss often could lead a normal, healthy life. Modern medical science has a number of ways it can help the hard-of-hearing victim, especially the young one. But the trouble must be discovered first!

What often prevents detection is that the youngster seems to get along all right most of the time. Actually, Jane, Dick, and the thousands of other children with the same hearing handicap are like swimmers trapped in water that's too deep. They try desperately to grasp a foothold of meaning in the sea of words that engulfs them. Occasionally they hear, but more often they don't. They discover little tricks—like reading lips, guessing at words they don't hear, watching

others who may be listening with them—but these dodges often fail. Meanwhile, other children around them hear readily, effortlessly. The handicapped child, imprisoned in his half-world of fragmentary sound, becomes angry at them and at himself, or he becomes confused and frightened. So he becomes rebellious like Dick, or apathetic like Jane.

"Some parents don't want to find out that their child has a hearing loss," says one specialist with years of case work behind him. "A young couple came to me not long ago with their four-year-old son; their family doctor had insisted that they consult a specialist. I tested the boy on a device called the audiometer and found he had a severe loss in both ears. When I showed the father the results of the tests, he refused to believe them. He said the boy's ability to hear the tones emitted by the audiometer and his inability to hear normal conversation were completely unrelated. Fortunately, the father changed his attitude later, and his son's hearing is now much improved."

In the majority of cases, reports this specialist, parents don't have the

youngster's hearing tested because they can't see anything unusual in his behavior. "This is understandable," he adds. "It's certainly not unusual to find that Johnny doesn't hear when you call him to dinner, especially if he's watching television. Often it takes an expert to differentiate between a child who's having ear trouble and one who isn't."

A FEW YEARS AGO, Chicago's Board of Education began giving hearing tests regularly to all grade-school children. Among the first 250,000 youngsters checked, 5,000 were found to have losses sufficient to require medical attention. The parents weren't aware of the existing deficiency in 54 percent of these cases.

Unfortunately, only about a third of our schools are giving such tests.

If your child's hearing is not being checked in school, consult your family doctor or pediatrician. After examining your youngster, he'll know whether a test is needed; he'll also know where testing facilities are available in your community.

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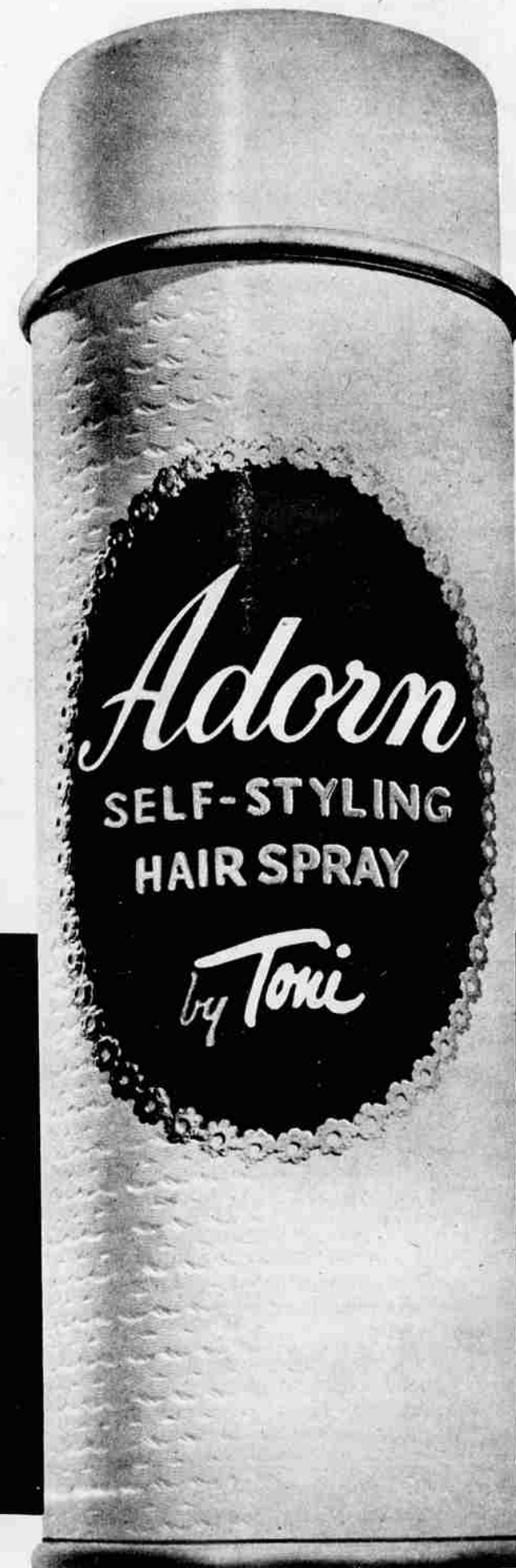
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three years. The initial test should be given no later than the child's fourth birthday, and earlier if possible. Today, there are tests which can detect hearing losses in infants only six months old.

In addition to these periodic tests, hearing should usually be checked after the child has recovered from such sicknesses as scarlet fever, measles, chicken pox, pneumonia, or flu; for in each case the ears can be damaged.

A hearing test and a good long talk with the doctor are particularly important if your child frequently has colds, a running nose, or infected ears. Any one of these conditions, if allowed to continue, may cause serious loss of hearing. Today, a number of antibiotics are available that can do much to fight such infections, but to be effective they must be administered in time.

Even moderate hearing losses are not always curable, of course; sometimes the sound-transmission mechanism within the ear has been permanently damaged. There are a number of ways the child can compensate for this disability, however. He can be fitted with a hearing aid,

for example, and there are classes where he can learn to make maximum use of the hearing ability he does possess.

Just as important, through this training he will meet others his own age who can't hear well. In many communities, besides attending classes, these groups meet regularly for picnics, dances, baseball, and other recreation. Through this social contact, each youngster loses the feeling of aloneness that so often makes him miserable.

But here again treatment does most for the youngster whose hearing loss is discovered early. "It is estimated that more than one-half of all adult hearing impairments could have been prevented by early and adequate treatment in childhood," reports the American Public Health Association. That grim indictment of past negligence tells better than anything else why hearing tests are so vital to the present and future of every child!

(If you would like more information on detection of hearing losses in children, write to the American Hearing Society, 1800 H St., N.W., Washington 6, D.C.)