

personal contact with their friends. They still have the medium of conversation.

It is often not realised just how important personal contact is to one's happiness. Inability to converse freely with one's friends is the basis of the suffering of the hard of hearing and deafened adult. There are other hardships certainly—inability to hear music and all the sounds of nature for instance—but inability to understand and share the ordinary everyday conversation around one seems to cause greater unhappiness. With the realisation of the onset of loss of hearing there is a decided mental shock, whether the process is sudden or gradual. When it is sudden and complete, the problem is not quite so complicated; one is totally deafened and has to admit it and, naturally, sets out to do what is best as soon as possible. When the onset is gradual, as is the case of the majority of people affected, the psychological problem becomes a deep one.

Let us suppose a girl of 16 or 17 is just realising she is not hearing as well as she should—perhaps the hearing in one ear is almost gone before she is aware of it. The first reaction is one shock at the realisation of what is happening and the fear of what increasing deafness will mean. In all probability she begins to feel ashamed of the fact that she misses a considerable part of conversation going on round about her, she feels inferior to her normal hearing associates and as often as not will "bluff" what she cannot hear, only to suffer agonies afterwards when she is alone, wondering just what her friends had been saying, and thinking how foolish and stupid she must have appeared to be. In the meantime her friends realise what is happening and try to help by raising their voices and explaining to others that Mary doesn't hear very well. Mary always seems to sense this and the off-side explanations add to her discomfort. She will probably deny that her loss of hearing is worrying her, but at the same time she will use any pretence to avoid meeting people and going places. Before long she feels decidedly out of things and totally miserable. She wonders if life is worth living and if the future holds anything more than extended misery. The fact that her contact with people is decreasing and her time to herself increasing, leads to a forced indifference towards outside affairs and more and more time to brood over herself and her worries. Her future presents a dismal and unhappy picture unless she is helped to adjust herself and to make full use of hearing aids and lip-reading. When she commences the study of lip-reading she has new interest in life, renewed hope with the promise of normal social contacts, new friends and a renewal of old friendships. When she learns what can be accomplished by lip-reading, she will be willing and anxious to devote the necessary time and concentration to the study. If she is able to purchase a suitable hearing aid she will find that its use, together with lip-reading, will enable her to take her place with normal hearing people and she will enjoy an added appreciation of life's bounty as the result of her experiences.

Many people hesitate before using a hearing aid. They are probably not aware of the rapid improvement which has taken place during the last few years, making it now possible to obtain a really good aid. The in-

convenience of the older types was really greater than the benefit received from them. The price is still exorbitant and prevents many people from buying, but important work in this direction is being done and results are expected in the near future. Some people, owing to nerve deafness find it impossible to wear electrical aids, although in such cases, non-electrical aids are often very satisfactory. Nowadays, there is no need for over-sensitiveness regarding the wearing of an aid. The new types are becoming progressively smaller and are more commonly seen. There is really little difference between wearing eyeglasses and hearing aids.

The work amongst the hard of hearing is one of absorbing interest and well worth the patience, perseverance and concentration which is so necessary in overcoming any handicap.

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NATIONAL WHEATMEAL.

I am directed by the Minister of Health to call attention to the desirability on nutritional grounds of making available to patients and staffs of hospitals within the Emergency Hospital Scheme and to inmates and staffs of any other residential Institutions under the control of local authorities, bread made of national wheatmeal flour.

The Minister has been in consultation with the Minister of Food on this matter and he is advised that national wheatmeal flour is now available to bakers. This flour contains the greater part of the germ of the wheat, with some of the finer bran, but excludes the coarser bran. It thus contains not only most of the vitamin B₁, but also most of the remainder of the vitamin B complex, as well as valuable mineral elements which are removed in producing white flour. National wheatmeal flour is, therefore, of high nutritional value and is particularly valuable at times when there is restriction upon the availability of other foods from which these vitamins and minerals could be obtained.

Bread made of national wheatmeal flour should be of a pale brown colour and of a flavour and texture closely similar to white bread. Owing to the exclusion of the coarser bran, it should be readily tolerated by patients, e.g., with digestive complaints, who do not easily tolerate bread made from coarser brown or wholemeal flours.

If in any particular district difficulty is found in obtaining bread made of national wheatmeal flour I am to suggest that the authority should bring the facts to the notice of the Bread Branch, Ministry of Food, Mount Stewart, Colwyn Bay, North Wales.

A copy of this Circular has been sent to the Medical Officer of Health.

Your obedient Servant,
E. J. MAUDE.

HOSPITAL FOR POLES.

Polish patients have been finding the language problem so difficult when they are in Scottish hospitals that they are to have a special hospital of their own in Edinburgh to be named the Paderewski Hospital. It is situated in a building within the confines of an Edinburgh hospital. Refugee organisations in London and New York are giving financial support.

Students at the Polish Medical School in Edinburgh will have opportunities for training in medical practice at the new hospital, of which Professor A. T. Jurasz, Dean of the Polish School, is to be director.

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