



# WIMMERA HEARING SOCIETY INC. A0021322J

(a voluntary organisation established August 1981)

Address:	Phone/Fax:	Email:
24B Roberts Ave, Horsham	(03) 5382 7501	whearsoc@bigpond.com

NEWSLETTER 98

CIRCULATION 1200

JUNE 2010

## Don't get a cold this winter - your ears may suffer

Ear infections are common in kids, particularly during the winter months, and should never be ignored. They cause fever and pain and can occasionally lead to permanent hearing loss. Our centre pages explain the issues, and page 5 will give you some useful tips for looking after your ears.

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*Brooke Kuchell from Kaniva shows us how to rug up this winter to protect our ears from infections and earache.*



# Take Note!

## Screening and Education Days ...



*IF YOU WOULD LIKE THE WIMMERA HEARING SOCIETY TO VISIT YOUR COMMUNITY, PLEASE CALL THE OFFICE AND SPEAK TO SUE.  
TEL: 03 5382 7501 MOB: 0417 372 850*

### May 2010

24th: Coomealla High School  
25/26th: Mildura Horticultural Field Days  
27th: Red Cliffs College  
28th: Resource Centre Red Cliffs

### June 2010

7th: Nelson  
17th: Stawell Secondary College  
18th: Ararat Secondary College  
22nd: 23rd Heathmere Farm  
Sustainability Families  
24th: To be confirmed

### July 2010

10th: Ballarat Lake Wendouree  
14th: St Arnaud College & Community  
21st: Lubeck Farm  
Sustainability Families  
27th: Murtoa 10am - 12pm  
Minyip 1pm - 3pm  
29th: Marnoo 10am - 12pm  
Rupanyup 1pm - 3pm

## Wimmera Hearing Society Inc. 2009/10 Committee

### OFFICE BEARERS

President: Mr Campbell Trewin  
Vice President: Mrs Marie Knight  
Secretary: Mrs Sue Valentine  
Treasurer: Mrs Barb Ryan  
Ass. Treasurer: Mrs Pat Uytdehaag

### GENERAL COMMITTEE

Mrs Carmel Armstrong  
Mrs Wendy Johns  
Mrs Wendy Rule  
Mrs Buffy Harrison

### TRAINED VOLUNTEERS (all of the above plus the following)

Mrs Gwen Erhardt  
Mrs Jean Hood  
Mrs Wendy Maher  
Mrs Sue Dawson  
Mrs Kerry Marney  
Mrs Robyn Hosking  
Mr Mark Hornsby  
Mrs Joy McDonald  
Mrs Rosa Vaughan  
Mrs Theresa Barnes  
Mrs Marion Thomson  
Ms Athalie Lane  
Mrs Fay Burge

### ADMINISTRATION

Sue Ward (Manager)  
Judy Jende (Office Administrator)  
Buffy Harrison (Newsletter Editor)



**Stawell Hearing Clinic  
Visited Weekly**

Located at Stawell District Hospital  
Telephone: 5333 2999

## **Ballarat Hearing Clinic & Stawell Hearing Clinic**

University trained Audiologists providing services to Western Victoria

**Hearing Testing & Reporting**

**Hearing Aid Fitting, Accessories & Repairs**

**Custom Hearing Protection & Solutions**

**Assistive Listening Devices**

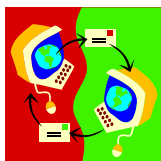
**Industrial Testing**

**Tinnitus Retraining Therapy**

Free Services to Pensioners & Veterans

**For all appointments call 5333 2999**

22 Drummond St Nth, Ballarat, Victoria, 3350



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**In the subject box write  
*Email Newsletter***

**We produce 4 newsletters a year, in  
March, June,**

**September and December.**

**The newsletter is in PDF format and  
is approximately 2MB in size.**

## **THE WEEKLY ADVERTISER**

A PUBLICATION FROM YOUR LOCAL RADIO  
STATIONS 3WM AND MIXX fm

*The Wimmera's most  
read newspaper*

Tim Rayner  
**AUDIOLOGY**

MR TIM RAYNER AUDIOLOGIST

B. Sc. Dip. Aud. (Melb). M. Aud. S.A (C.C.P.)

Phone: 03 5560 5833 Fax: 03 5560 5834  
"Newton Cottage" 334 Timor Street  
Warrnambool, Victoria 3280

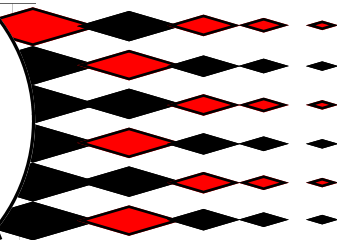
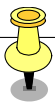
## **Hearing Protection for Children: \$40**



**Do you expose your young  
children to loud noises  
i.e. speedway, concerts,  
loud community events?**

**Their hearing may  
be getting damaged.**

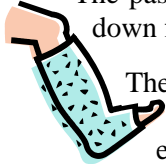
**Children's Hearing Pro-  
tection now available at  
the WHS Office.**



# Manager's Report

*from Sue Ward*

The past few months have probably been the quietest for many years, with a broken leg slowing me down for the past 6 weeks.



The field days attended during the last few months have included Wimmera and Lucindale - with record numbers being screened. We also attended the Victorian Farmers Federation Conference which was held at the Wimmera Field Day site at Longerenong.

A rewarding week was held recently with Wimmera Hearing Society staff attending the Special Olympics in Adelaide to assist with the Healthy Athletes Program by providing hearing assessments. This was a fantastic experience that Judy, Rosa and I will cherish for many years.



I sent out invitations recently to local parents, with deaf and hearing impaired children in our area. At last year's weekend family camp, parents indicated that they would like to assist in the preparation and running of the camp. Sadly only two parents showed interest, but some very positive ideas have been put forward for this year's camp. The camp will be held on the weekend of October 16th/17<sup>th</sup> - so mark that date in your family calendar. The camp registration is on page 15 of this newsletter.

Many requests have been made for June and July, so the mobile unit will certainly be on the road around western Victoria during these months.

Volunteer training will be held in Horsham in July. I am waiting for confirmation regarding dates before sending out invitations to volunteers.

## Bereavement Notices

The Committee and Members of the Wimmera Hearing Society Inc., wish to pass on our heartfelt condolences to the families of Mr Ray Ellis, Mr Vern Burge and Mrs Susan Holmes.

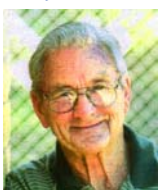


Mr Ray Ellis was a founding member of the Wimmera Hearing Society Inc.

Ray has always taken an active interest in the Society's work, and together with fellow founding member Mr Jim Molyneaux, cut the ribbon to launch our new Mobile Testing Unit in 2009.

Ray was on the WHS committee for many years, and helped tow the caravan around to testing sites in the Wimmera. Since retiring from the Society Ray and Noreen have kept in touch by attending Society functions, and Ray would frequently pop into the office with hearing aid problems - he never liked those digital hearing aids!

Ray has always been regarded in high esteem by the members of the Wimmera Hearing Society.



Mr Vern Burge, husband of Faye, one of our Horsham Volunteers, passed away peacefully after a very short illness. Vern has assisted with the Society on occasions and enjoyed popping in for a cuppa when Faye was in the office. He always had a joke or two to share with us.

Mrs Susan Holmes died in a tragic accident recently. Susan is a daughter of Jean Hood, Volunteer and Cochlear Implant contact for the Society.

# Top Tips For Looking After Your Ears



*Your hearing and your ears are precious and easily damaged. Take better care of them in 2010 by following these tips from Deafness Research UK*

## **1. Never poke anything into your ear - including cotton buds.**

The lining of the ear is delicate and can be easily damaged. The ear is also self cleaning and earwax is needed to protect the ear from dirt and dust. If you use a cotton bud you may find some wax is on the cotton bud, but the majority will be pushed into the ear canal. This means it can become harder to remove. Trying to clean your ears in this way can also increase the production of earwax.

## **2. Keep ears clean.**

Wash the visible part of the ear (the pinna) and behind the ear with slightly soapy fingers. Then wipe the soap away with rinsed fingers and dry with a thin towel.

## **3. If you have problem ears keep them dry because bacteria like a moist environment!**

This is particularly important if you have a perforated eardrum or are prone to outer ear infections (otitis externa). When showering or hair washing, use a piece of cotton wool coated with Vaseline and fill the outer part of the ear (the concha). Research comparing earplugs and cotton wool with Vaseline found cotton wool to be the most effective at keeping out water. This was also the preferred method.

## **4. Use one drop/spray of olive oil inserted into each ear once a week if you have dry, itchy ears.**

This is to lubricate both the skin of the ear canal and the earwax, encouraging natural movement of the wax out of the ear. Olive oil is anti-bacterial and anti-fungal and contains vitamin E which helps to heal skin. One of the Deafness Research UK's advisors has found that this is of benefit for people with dry skin, also helping earwax to become softer.

## **5. If you are using olive oil, an olive oil spray may be easier to use and be more effective.**

Using a dropper can mean too much oil is used which can block up the ear, affecting hearing. In the same way it is only recommended to use olive oil or other wax softening drops for a few nights prior to removal.

## **6. Don't immerse your ears in bath water.**

Body bacteria may enter your ear canal and could cause an infection through water getting trapped behind the earwax.

## **7. If your hearing is affected by catarrh try inhaling the steam from a cup of tea.**

Research by an ENT consultant into the decongestant property of the tannin in tea leaves has shown that putting hot water on a tea bag and sniffing the steam from this morning and night (being careful not to burn your nose), then blowing your nose resolves mucus congestion and helps hearing recover. It is best to continue this for about 5 weeks.

## **8. Avoid the common problem of ear pain when flying by swallowing frequently or yawning as an aeroplane descends.**

This will open the tube which goes from the back of your nose to the middle ear space and allow air in so that there is the same pressure in both the outer ear canal and the middle ear space. This procedure can be more effective if the nose is pinched prior to swallowing. A suggestion for parents with babies or toddlers is to cuddle one ear to the mother's chest and cover the other ear with a disposable beaker, or alternatively use two beakers.

## **9. Don't ignore an ear problem.**

It won't improve without proper treatment and the longer an ear problem is neglected, the longer it may take to treat.



# Changes to Student Support Services

**Wayne Jackson**

**Co-ordinator Student Support Services**

**West Grampians**

In 2009 the DEECD introduced a revised model for the provision of Student Support Services to government schools in Victoria. This was in response to a review of services which found major inconsistencies in the level and type of service that was available to schools across the state.

The Grampians region has been divided into two with Wimmera schools being part of the West Grampians area. Student Support Services staff in the West Grampians are based at Horsham and Ararat.

	Horsham	Ararat
Co-ordinator	Wayne Jackson	Wayne Jackson
Social Workers	Clair Hucker Stacey James	Lestyn Opie
Visiting Teachers	Wayne Jackson (Hearing) Chris Phelan (Learning)	Wayne Jackson (Hearing) Penny Earle (Learning)
Speech Pathologists	Emily Guglielmotti Michelle Bennett Catherine Weiser Carrie Dunkley	Tracey Townsend Sarah Wals
Psychologists	Vacant	Alice Lamb Sarah Nurse
Student Welfare Officers	Mike Coffey	Christy Long

These teams meet weekly to receive referrals for assistance from schools in their area. Each referral is allocated to a case manager who takes responsibility for working with the school to provide the best possible support available. The allocation is made after a full discussion by the team of the needs of the individual child and the school itself.

Referrals for hearing impaired students are handled in the same manner as any other referral for assistance. In addition to my role as Coordinator of Students Services (Central / Wimmera) I am the case manager of all students with a hearing impairment. In this role I assist with student wellbeing issues, provide general curriculum advice, technical advice regarding hearing devices and classroom acoustics, information regarding implications of a hearing loss, and on accessing community support organisations. The more specific speech and language needs of hearing impaired students is addressed by speech pathologists.

Wayne Jackson  
0419570928  
Coordinator Student Support Services  
West Grampians

## DISCLAIMER

No person should alter, or refrain from taking any medication as a consequence of reading items in this publication, whether reprinted from another publication or originating in this newsletter. Any queries an individual may have about medication should be discussed with their medical practitioners or pharmacist. While every effort has been made to ensure the accuracy of all information contained within, the Wimmera Hearing Society Inc. expressly disclaim liability to any person for the consequence of anything done, or not done, as a result of reading any article printed in the newsletter of the Wimmera Hearing Society Inc.

# The Colonoscopy



*Gotta laugh!*

All the organs of the body were having a meeting, trying to decide who was the one in charge.

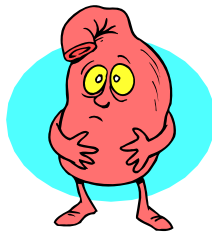


'I should be in charge,' said the brain, 'Because I run all the body's systems, so without me nothing would happen.'



'I should be in charge,' said the blood, 'because I circulate oxygen all over so without me you'd all waste away.'

'I should be in charge,' said the stomach, 'because I process food and give all of you energy.'



'I should be in charge,' said the legs, 'because I carry the body wherever it needs to go.'



'I should be in charge,' said the eyes, 'because I allow the body to see where it goes.'



'I should be in charge,' said the rectum, 'because I'm responsible for waste removal.'



All the other body parts laughed at the rectum and insulted him, so in a huff, he shut down tight.

Within a few days, the brain had a terrible headache, the stomach was bloated, the legs got wobbly, the eyes got watery, and the blood was toxic.

They all decided that the rectum should be the boss.



**Moral of the story?**  
**The a\*\*hole is usually the one in charge!**

**D**o you remember having an ear infection? Even if you don't remember, you probably had one. Most kids have at least one middle ear infection before they are 2 years old. These infections can cause ear pain and a fever.



## What Is a Middle Ear Infection?

Middle ear infections are one of the most common childhood problems. Let's start by talking about infections. An **infection** (say: in-**fek**-shun) happens when germs like bacteria and viruses get inside the body and cause trouble. Germs can get into your ears. The ear is divided into three parts: outer, middle, and inner. When the germs bother your outer ear, it's called swimmer's ear.

The middle ear is a small pocket of air behind the eardrum. You have a middle ear infection when germs get into the middle ear and the area fills up with fluid (or pus), which contains germ-fighting cells. When the pus builds up, your ear starts to feel like a balloon that is ready to pop, which can really hurt.



## How Do I Get an Ear Infection?

Between your middle ear and your throat there is a passage called the **eustachian** (say: yoo-**stay**-she-un) **tube**. The eustachian tubes (you have one on each side) keep pressure from building up by letting air move in and out of your middle ear. When you were young, especially before you turned 3, the eustachian tubes were very small and less able to keep germs out.

The eustachian tubes get longer and usually work better in older kids, but they can still cause problems. If you have allergies or catch a cold, the eustachian tubes can get blocked up and let germs get in the middle ear. Then the number of germs can grow inside your middle ear and cause an infection.

You do not catch ear infections from other people, though you might catch a cold that then leads to an ear infection. If you have an ear infection, you might have ear pain, a fever, or trouble hearing. If you have any of these problems, tell your parent so he or she can take you to the doctor.



## What Does the Doctor Do?

The doctor will look into your ear with a special flashlight called an **otoscope** (say: **oh**-te-skope). With the otoscope, the doctor can see your **eardrum**, the thin membrane between your outer and middle ear.

The doctor may use the otoscope to blow a little puff of air in your ear. Why? To see if the air causes your eardrum to move the way a healthy eardrum does. An infected eardrum won't move as it should because the pus presses against it and may make it bulge. An infection also can make the eardrum red.

If you have an ear infection, the doctor will make a decision about what to do next. He or she might ask your parent to watch you over the next day or two to see if you get any better. The doctor also might suggest a pain reliever to keep you comfortable.

If bacteria are causing the problem, the doctor might prescribe a medicine called an **antibiotic** (say: an-ty-by-**ah**-tik), which usually clears up a bacterial infection, so you'll feel better in a few days. If you are

given an antibiotic, it's **very important** to keep taking the medicine for as many days as the doctor instructs — even if your ear stops hurting. If you don't take all the medicine, the infection could come back and your ear will start hurting again.

A kid who has chronic, or frequent, ear infections might need a few other tests. They include an **audiogram** (say: **aw-dee-uh-gram**), which tests your hearing, and a **tympanogram** (say: **tim-pah-noh-gram**), a machine that checks whether your eardrum moves normally.



## Ear Infection and Hearing Loss

There can be a relationship between an ear infection and hearing loss. Although hearing loss due to an ear infection is usually temporary, if left untreated, damage to the eardrum, the bones of the ear or even the hearing nerve can occur and cause a permanent hearing loss. Also, kids who have frequent ear infections may experience hearing loss that can lead to speech and language difficulties.

## How to Prevent Ear Infections

What can kids do to prevent ear infections? You can avoid places where people are smoking, for one. Cigarette smoke can keep your eustachian tubes from working properly.



**YOU CAN ALSO TRY NOT TO CATCH COLDS.** You can't catch a cold from being cold, but getting a cold is most common during the cold months.

These steps can help:

- Stay away from people who have colds, if possible.
- Try not to touch your nose and eyes.
- Wash your hand regularly.



Good luck staying clear of colds and keeping those pesky germs out of your ears!



## Cold Weather Earaches

Do you experience a really painful earache after you expose your ears to cold weather, particularly on moist or windy days? Painful cold weather earaches are caused by a change in the air pressure within the eustachian tube. Most of the time this tube remains closed off, until you create a muscular force that prompts it to open. So, when air pressure changes because of a sudden shift in temperature (like going outside on a chilly day) or adjustment in atmosphere (such as taking off in a plane) the air trapped in the middle ear becomes less dense than the air outside, resulting in pressure within the very sensitive inner ear -which you experience as that awful cold weather ear pain!

## How to Prevent Cold Weather Earaches

So, how can you prevent a cold weather earache? You need to stabilize the temperature in the inner ear by covering up properly before going out - like Brooke is showing us here and on the front cover! Use a scarf and wear a hat with ear flaps or carry earmuffs. Also, if you have a cold, take a decongestant at least an hour before heading out. Congestion can make you especially vulnerable to cold weather inner ear pain.





*Marie Knight*

# Tinnitus News

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## **WHY DOES TINNITUS EMERGE AND PERSIST?**

### **DOES EVERYONE HAVE TINNITUS TO SOME DEGREE?**

In answer to this question, Jack Vernon and Barbara Tabachnich Sanders, in their book `Tinnitus Questions and Answers`, refer to a highly significant study in 1953 conducted by two tinnitus researchers, M E. Heller and M. Bergman. This study involved putting 70 adult test subjects with normal hearing and no tinnitus into a soundproof room for 5 minutes. When the subjects emerged, they were each asked to describe what they had experienced in the soundless chamber. 94% described tinnitus, exactly as hearing impaired adults with Tinnitus describe their tinnitus. Vernon then posed the idea that, depending on the situation, we might all have tinnitus.

I remember Jonathan Hazell, the English E.N.T. of Tinnitus Retraining Therapy`s reputation saying that he did not have tinnitus, except when carrying out tests in a soundproof booth.

I have just got off the telephone from counseling a young woman in Wodonga. She described her Tinnitus as being quiet, but it had become even quieter after having a large amount of wax removed from her ear canals. When I described the Heller and Bergman experiment to her she said it now made sense. Any improvement in a person`s hearing will see a decreased awareness of the tinnitus sound`s.

## **WHY DO WE BECOME AWARE OF TINNITUS IN NORMAL SITUATIONS?**

If we accept that almost everyone can become aware of tinnitus in situations where there is no external sound, what happens to increase the volume of the tinnitus so that it can be heard as we go about our normal lives? David Baguley, when he was a Head of Audiology at Cambridge Hospital explained it in these terms:

“Imagine you are lying in bed at night and hear a creak on the stairs. You have an immediate response in your muscles, breathing, heart beat... and so on. All that begins 1/12,000th of a second after the start of the creak. The first sound of tinnitus can have the same kind of effect. The more the person worries and concentrates on the sound, the greater and more persistent the tinnitus becomes.”

I have often wondered whether any of the participants in the Heller and Bergman experiment began to worry about the sounds of tinnitus they heard in the soundproof booth to the point where they developed troublesome, persistent tinnitus?

## **CENTRAL AUDITORY GAIN**

The auditory system has a mechanism that can increase the perceived loudness of things that we consider important or threatening. This mechanism is called central auditory gain.

In many situations this works to our advantage. A mother with a newborn child has been known to sleep through a thunderstorm, but wake to the first sound of her new baby in another room.

You have all probably experienced the situation where in a crowded social gathering, you hear someone mention your name elsewhere in the room. You have no idea what the other group of people are discussing, but you do hear the mention of your name.

Often while driving our brains can seem to be in ‘auto pilot’, until the siren of an emergency vehicle instantly focuses our complete attention on our driving.

Unfortunately, this extraordinary mechanism of central auditory gain can also work to our detriment. If we are worried or even fearful of our tinnitus, not only may we be aware of it in quiet situations, but also due to the increased perceived volume, in a noisy environment. As we stress in our seminars, worry makes tinnitus worse.

Dr. Peter Tunghland, an audiological physician in Britain, in a presentation at a tinnitus conference in Cambridge, explained the problem in this way.

“Many patients are already in a heightened state of arousal when they become aware of tinnitus. Most people start to worry, wondering if something is wrong with their hearing, if they have sustained damage in relation to a trauma or even thinking they may have a brain tumour. This, of course, increases the arousal further, so there may be the need to check, consciously or unconsciously on the presence of the sound in order to monitor it. By checking and rechecking, the auditory pathway of the tinnitus identification passing through the brain becomes more and more used.”

“What started as a little track through the wood (brain) increases in size due to increased use. It may develop into a road or even a roadway, in neurological terms, because of the increased demand for neurological activity involving more and more neurons. It's like any other learning process - with practice your brain becomes better at it”.

### **HOW DOES THE BRAIN RESPOND TO A MALFUNCTION IN THE AUDITORY SYSTEM?**

Tinnitus can emerge and persist by simply hearing the first sounds of tinnitus and then worrying or even becoming fearful of the sound. Baguely and Tunghland describe this process extremely well. However, I suspect that many people's tinnitus is triggered by other factors, and then the worry and fear takes over and the tinnitus becomes an entrenched problem.

Four common causes are exposure to excessive noise, periods of stress and trauma in one's life, age related hearing loss and many prescription and non-prescription drugs.

Tinnitus researcher Aage Moller, Ph. D., tried to determine what could be physically wrong in the cases of severe tinnitus and severe pain. In a paper presented at the 6th International Tinnitus Seminar in CMBRIDGE, U.K., 1999, Moller outlined his belief that pain and tinnitus are both caused by changes in the central nervous system as a consequence of the plasticity (changeability) of the central nervous system.

That means that the brain can alter its function either because of specific input or because of a deprivation of input. In either case, the result can be chronic pain or chronic tinnitus.

Norman Doidge in his best-selling book, 'The Brain That Changes Itself', mentions that there are similarities between chronic pain and tinnitus.

Phantom limbs are troubling because they give rise to chronic 'phantom pain' in 95% of amputees, that often persists for a lifetime. How do you remove a pain in an organ that isn't there?

Doidge also mentions that the neuroplastician Edward Taub has begun collaborative experiments in the search for a cure for tinnitus that can be caused by plastic changes in the auditory cortex.

So it would seem that a certain part of the brain becomes over active in its response to a malfunction in the auditory system, thus generating the sounds of tinnitus.

Neuroplasticians believe the brain attempts to 're-wire' itself to restore normal function, and it is this brain activity that gives rise to chronic tinnitus. **WE NOW KNOW THAT TINNITUS IS NOT AN EAR PROBLEM, BUT A BRAIN PROBLEM.**

### **THE DILEMMA IN THE EARLY STAGES OF TINNITUS**

I often receive phone calls from people who have only had their tinnitus for a few days or weeks. It is natural for them to want to understand what these head noises mean and how they can manage them. They are usually very worried about the tinnitus, but I explain to them by trying to find out all they can about tinnitus and reading about purported cures and treatments, they are actually in danger of increasing the volume of their tinnitus and ensuring that their tinnitus will become permanent.

It is not easy, but if they can go about their normal lives and ignore the tinnitus as much as possible, there is a chance that they may only be experiencing a bout of temporary tinnitus.

Tinnitus is not considered permanent until you have had it for approximately 6 months - easier said than done!

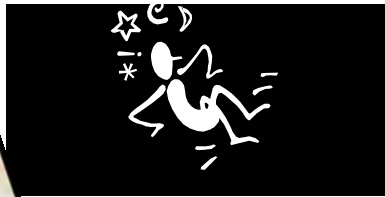
My advice is usually as follows:

1. Re-assure them that tinnitus is a common condition that can be successfully managed.
2. Tell them it is unlikely that they have a treatable medical condition causing their tinnitus. However, if the tinnitus persists it is important to be examined by your G.P. and an E.N.T. to rule out this possibility.
3. Explain that they will begin to ignore their tinnitus most of the time, just as people who live on busy roads eventually 'tune-out' to the traffic noise.
4. Tell them that as they become more relaxed about their tinnitus, the periods when they are unaware of their tinnitus will become more frequent and of longer duration.
5. Then tell them if the tinnitus persists and it is affecting their quality of life, ring back and we can begin to discuss tinnitus management strategies, or better still, try to attend one of the Tav's Tinnitus Management Seminars.

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NORMALISING YOUR LIFE: IAN PATERSON

Some time ago I wrote an article entitled 'The Fifth Key' (if you want a copy, email me at [ian@tinnitus.org.au](mailto:ian@tinnitus.org.au)). In it I wrote about the importance of people with tinnitus 'normalizing' their life.



*Barb Ryan*

## Meniere's News

Happy Birthday to us; 11th July, 2005 was when Horsham had its first M.S.G.V. meeting.

As I look back over the past 5 years and where the Horsham group is today; I have the memories of the numerous phone-calls to Lynn Poulson and Paul Jenkins at M.S.G.V., Sue Ward at Wimmera Hearing Society, Linda McWaters from Ballarat M.S.G.V. When I first spoke to Linda about starting up the Horsham group, she spoke of her experiences with the Ballarat group and inspired me to go ahead.

Paul Jenkins travelled the 3 hours to Edenhope to deliver all the gear, had lunch and then drove the 3 hours back to Ballarat. M.S.G.V. was keen to get this group going!!

Lynn Polson travelled to Horsham to give a presentation on Meniere's and in conjunction with the Wimmera Hearing Society, the group was launched and I was now the Regional Co-ordinator.

We've had the change in venues - teas at Horsham R.S.L., teas at White Hart Hotel; afternoon tea at Thipatiy Coffee Lounge which has now been changed to lunches at Thipatiy. Lunchtime meetings are great and it's easier for me to travel the 1 hour home in the daylight rather than late at night and contending with the kangaroos.

We haven't had a guest speaker for quite some time due to our fluctuating attendance but we do enjoy our lunchtime get-together where we catch up and head off until we meet again in 2 months time.

Along the way, I've met some great people and still continue to meet lots of people through M.A. and the Wimmera Hearing Society.

We still continue our bi-monthly meetings on the 1st Tuesday of the month. We had a meeting on June 1st - yes a month early but I didn't want to forget our 5 year milestone. Any excuse for a cake!

Thanks to everyone for their support over the past 5 years - without you, we wouldn't be where we are today.



### **MENIERE'S SUPPORT GROUP MEETINGS**

Thipathy Coffee Lounge, Roberts Av,  
Horsham, 12 noon for lunch:  
**August 3rd**



*Jean Hood*

## Cochlear Implant News

**In this issue I would like to share with you a delightful success story. It appeared in a Brisbane newspaper and was sent to me ... too good to keep to myself.**

KATHRYN O'BRIEN

LLB (Hons) GU; BACCJ (GU); Grad. Dip. Legal Practice (GU).  
AGE 31, SOLICITOR, GEEBUNG, QLD.

I was born deaf but I've wanted to be a lawyer since I was eight. All through school I took it for granted that I would be going to university. The naysayers just spurred me on. It wasn't the social justice aspect of law that motivated me in the beginning; it was the fact-finding and the chance to argue a case. I also liked the ideas of playing with words. My Mum says I always seem to want to take the hard road in life but when I make my mind up about something, I don't like to give up on it. I guess you could also call me stubborn.

First I did a bachelor of arts in criminology and criminal justice; my second degree was a bachelor of laws and I graduated with second class honors, which was great. I'm currently studying for my masters at the University of Queensland. I had to work twice as hard as everyone else at uni., not because of the study - I found that pretty easy - but because the interpreters at the lectures used a different form of sign language than I was used to. Learning the new version from scratch was a bit of a culture shock.

The most difficult experience came last year after I was admitted as a legal practitioner and started applying for work. Of all the applications I sent off, only

a couple of firms offered me an interview and then when I told them I would need to arrange a sign language interpreter, I didn't hear from them again. I also did a six week internship with the Tax Office in their in-house prosecution unit, which I loved, but when I applied for a permanent position they said "thanks but no thanks".

It started to turn around when I did some work experience at Porta Lawyers (at Geebung, in Brisbane's North). Principal lawyer Giovanni saw I could do the work just fine and he employed me one day a week to keep my toe in the water. About five per cent of my clients are deaf. To interact with speaking clients I use interpreters via video calling as well as Skype, email, faxes and MSN.

I owe so much to my parents for everything they've done to encourage me, and my partner Daniel is my rock. We met at uni six years ago and he is now fluent in sign language. When our daughter Mischa, now five, came along I had no idea how to be a parent. It was hard for me to communicate with her in the beginning because I couldn't even hear the tone of her cry but we can sign now; she learnt to sign before she could talk.

I have lots of advice to give her as she grows up but the most important message will be "follow your passion".

AMANDA WATT



# Parents and Kids Page

Jane Dunn  
whearsoc@bigpond.com  
WHS, PO Box 837, Horsham 3402

Things are never as they seem. So even though we haven't been exactly overwhelmed with contributions for the Parents and Kids Page I am hoping that you are getting something from it.

For this issue I have found some optical illusions for kids on the internet. I hope you enjoy them. There are lots available, so if you find a really good one, email me with it and I will put in the next newsletter. All contributions from you budding authors, artists and comic geniuses are most welcome.

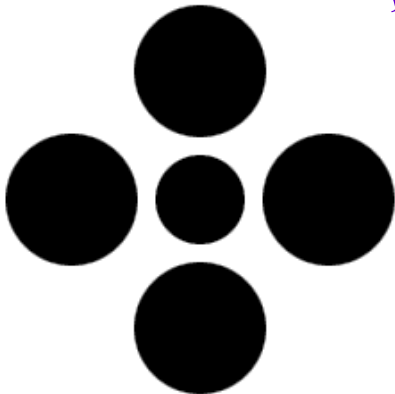
Don't forget about the Primary School Deaf Sports coming up - please contact me if you are interested.

Jane Dunn

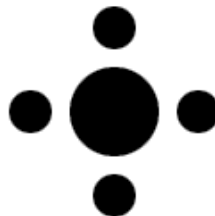
*IS WHAT YOU SEE  
FOR REAL?*



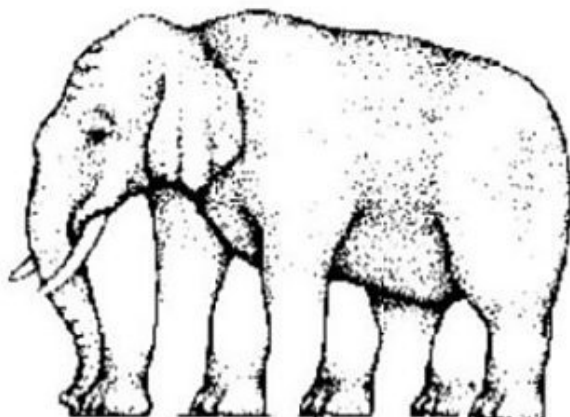
Is the middle character a number or a letter?



Are the middle circles the same size or not???



Are you good or evil??



How many legs does this elephant have?



Can you see an old lady or a young woman?

# 2010 Family Camp

## COST (inclusive of GST)

\$77 per family  
\$33 Grandparents if sharing hut  
\$25 Helpers & single people



## MEMBERSHIP

For insurance purposes, everyone who attends the camp has to be a member of the Wimmera Hearing Society. **\$10 per family, \$5 per pensioners, students and single people.**

***Our 21st weekend camp at Roses Gap Recreation Reserve in the Grampians for deaf/hearing-impaired children and their families.***

**15, 16, 17th October 2010**

# Registration Form

Family Name: .....

Address: .....

Tel: .....

Email: .....

Parents/Guardians Names: .....

Children's Names	Age	Hearing Impaired
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>

Please state if you or a family member has any special diet, and provide details:  
.....

## CAMP HELPERS: (Family members over 13yrs who would like to help can also fill in this section)

Name: .....

Address:..... Tel: .....

I would prefer to help in the following areas:

- Leader of a children's group
- Helper with a children's group
- Age of children preferred:    0-5 yrs                       5-10 yrs                       10 yrs +

**Please return to: Mrs Sue Ward, PO Box 837, Horsham, 3402. Fax (03) 5382 7502**

*I would appreciate your registration form being returned as soon as possible please.*

# Wimmera Hearing Society Inc.

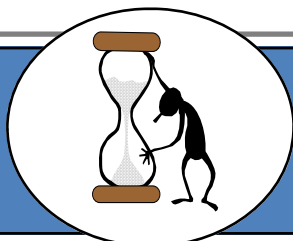
**OFFICE:** 24B, Roberts Avenue, Horsham (behind Bus Terminal)  
**POST:** PO Box 837, Horsham, Vic. 3402  
**CONTACT:** Office: 5382 7501  
Mobile: 0417 342 850  
Fax: 5382 7502  
Email: [whearsoc@bigpond.com](mailto:whearsoc@bigpond.com)  
Website: [www.wimmerahearingsociety.com.au](http://www.wimmerahearingsociety.com.au)

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**PO BOX 837, HORSHAM, 3402**



## Membership Subscriptions

Subs for 2009/2010

Membership current

Membership due now

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Family Membership: \$10.00

Pensioner Membership: \$5.00

Date: .....

Treasurer: Wimmera Hearing Society Inc., PO Box 837, Horsham, 3402