In the months that followed, Lynn smiled and laughed and cooed; she sat up on time and began babbling just the way Bruce had done. With each new development our hopes soared; for days we knew she heard us. Then she ignored our voices, and all the old doubts came rushing back and our spirits dropped.

In November, when Lynn was seven months old, she started banging her head and rolling her eyes. It began soon after she learned to sit by herself in her crib.

"Tom!" Louise called one day. "What is Lynn doing?" She sounded horrified and I quickly joined her in the bedroom. Propped against the end of her crib, Lynn was shaking her head back and forth, banging it against the wooden end. Each time her head struck the wood, the crib worked its way a few more inches across the floor. Then she stopped and rolled up her eyes, almost as if she wanted to see the underside of her eyelids. The pupils disappeared completely and left only the whites of her eyes exposed.

"Something must be wrong, Tom! Could she be retarded? Do you think it could be brain damage?"

I quickly picked up Lynn and her eyes moved down; she smiled and looked pleased with herself. I fought back the fears even as I tried to sound confident. "I don’t think it’s anything to worry about. Just because Lynn doesn’t act exactly as Bruce did, we can’t jump to conclusions all the time. Kids are all different."

But all through December and into January our hopes and suspicions chased one another in a vicious circle. Like detectives, we worked overtime, trying to catch the truth about Lynn. The head banging and eye rolling continued, as did her game of "Now
I hear you, now I don't." Sometimes we felt depressed; then we made overconfident declarations that Lynn must be O.K., and our hopes lifted for a few days. Round and round we went. For me it was enough to wonder if she could hear; the possibility of brain damage was almost unthinkable.

In January, Louise took Lynn in for her nine-month checkup. Louise sat in the examination room and watched Dr. Bales test Lynn's reflexes and listen to her heart.

"She's a good baby and we find her really responsive," Louise said. "Last summer, on the Fourth of July, we noticed that she didn't seem to hear the loud sirens or the fireworks. For the last six months we've tested her in dozens of different ways—coming up behind her, making loud noises, creeping into her bedroom when she's asleep and calling her name. Sometimes we think she can hear us; other times it seems like she can't."

Dr. Bales listened patiently, reached again for a small instrument with a light that shone through a tiny funnel at the top. He bent over Lynn and looked through it into her eyes again, taking at least a minute to scrutinize the details of each small opening.

Then he told Louise, "Well, there's nothing wrong with her ears as far as I can tell. Sometimes small babies just ignore sounds. Why don't you wait until Lynn is sleeping, then make a loud noise and watch for the slightest reaction from her. I really don't think there's anything for you to worry about. In any event, it's not possible to make a conclusive test until she is a few years older."

They discussed Lynn's head banging and eye rolling. "Nothing to worry about, it's something some infants do. Just let me know if it persists."

As Louise left his office she couldn't help but feel a trace of embarrassment. Did Dr. Bales think we were merely overanxious parents? Had we read too much into Lynn's erratic responses to sounds? Perhaps knowing about rubella influenced us to see things that didn't exist.

But now we both felt reassured. Louise had expressed our doubts and gained a professional opinion at the same time. Within a few weeks Lynn's head banging decreased. By late February it had disappeared entirely and her eye rolling had turned into a coy game. She turned her head away from us, looked down at the floor, and then slowly peeked at us out of the corner of her eye until we laughed. Then she would break into a wide smile and start the game over again.

We diligently administered the sleeping tests. Sometimes Lynn passed, sometimes she failed; most of the time we couldn't tell whether she had passed or failed. When she fell asleep for her afternoon nap, Louise sometimes vacuumed the entire bedroom and Lynn slept peacefully through it all. On several occasions we crept into the bedroom together and popped an inflated paper bag near Lynn's head. She flinched visibly but did not wake up. If we touched her, she woke up easily.

"But she's always been a sound sleeper," I argued after these tests, and Louise agreed. We both knew that Bruce also slept soundly. More than once, when he had fallen asleep during a noisy television program, I had lifted him off the couch and carried him to bed. He never woke up.

More amazing yet, the train had never aroused him at night. When we first arrived in Wheaton it was dark when we moved into the Ferris House; we didn't realize that the commuter train to Chicago passed less than fifty yards behind our yard. We had unpacked some of our things and went to bed exhausted. Sometimes around two in the morning we were jolted from our sleep by what sounded like a locomotive going through our bedroom. Bruce remained sound asleep. Never once in three years did he awaken to the roar of that nightly engine or the clickety-clack of iron wheels against the tracks. Was Lynn, at ten months, supposedly to be more sensitive to sound in her sleep than Bruce had been?

Lynn did continue to respond to many sounds. In the afternoon she sometimes looked in my direction when I came in the front door from work.

"I really think she hears you come in," Louise commented more than once.
One afternoon in March I arrived home as usual but opened the front door quietly. I peered into the kitchen to see if Lynn had looked in my direction. She was watching Louise knead dough for bread. Almost without thinking, I slammed the door to see if I could get her attention. Startled, she looked up instantly, her head searching in every direction but mine for the sound or the vibration she felt.

Louise heard me open the door again but sensed another experiment was under way; she did not look up or say anything. I slipped back outside, went around to the rear of the house, stealthily crept in and closed the back door softly behind me. I could now approach Lynn unseen. I tiptoed up behind her.

"Lynn." I spoke quietly and in an even tone.

She did not move. Had she seen me out of the corner of her eye and decided to play this game of "I know you’re there, Daddy, but I’m not going to look"?

"Lynn."

I spoke louder this time, still careful not to make any movement. Nothing. Not a shift in her gaze, not a muscle twitch, not a hint of interest or awareness. I did not want to give myself away by any movement or vibration. Not by the slightest stirring of my breath or even a shadow cast within her range of vision.

"Lynn!"

The room echoed with the reverberation of my voice. Lynn instantly looked up at Louise, a faintly quizzical expression on her face. Then, completely ignoring me, she looked back at the cup and spoon that had occupied her attention on the tray. Louise and I looked at each other, baffled, perplexed, not wanting to accept the evidence we both had witnessed. Half a minute dragged by and then, gently, without speaking, I touched Lynn’s shoulder. She whirled around instantly and broke into an eager smile.

I looked at Louise and read the test results in her expression. Neither of us said what we both knew. \textit{Lynn could not hear}. At least not like Bruce had heard at this age and not like other children we had observed. Yet it seemed so elusive. Almost invisible. She experienced no pain or discomfort. No bleeding.

If only we had known someone to talk to, someone who had known a deaf baby. Was Lynn one in a million? Were there other parents somewhere who had struggled with these same perplexing questions? We didn’t even know where to start looking for such parents.

In April we noticed something peculiar about Lynn’s voice. From the day she was born she used her voice to cry, and then later to coo and laugh. By the time she had reached four or five months she responded to our voices with soft "aaaaahh’s" and "o0000hh’s." At six months she started to babble, and slowly this turned into a kind of meaningless baby talk—"gaga," "bababa," "ninini," "mumumu," "dodododo," "tatata"—short strings of consonants and vowels that sounded identical to the noises Bruce had made at that age.

In recent months we had noticed that she babbled less and less—unlike Bruce, who had talked in nonsense syllables for minutes at a time. We tried in vain to coax her. We wanted her to make more sound, not less. We talked to her far more than we had ever talked to Bruce at the same age.

A few days before Lynn’s first birthday Louise was sitting on the couch after dinner reading to Bruce from his favorite book, \textit{Skin Diving}. Although only five, Bruce was obsessed with scuba diving. Louise was holding Lynn, who seemed to thoroughly enjoy the pictures and the sound of Louise’s animated voice. Louise read aloud about the hand signals used for communicating underwater: "going up," "going down," "I am okay," "I need air," "time." Louise closed the book and the three of them played happily together. Lynn became quite animated and laughed delightedly as Bruce smiled and frowned and made grotesque faces.

"Ma ma ma ma ma," Louise said to Lynn as she had done many times before. I was reading on the other side of the room when Louise called to me without looking up. "Tom, come and look at Lynn, I think she’s trying to say her first word!" I joined them and watched. Whenever Louise said "ma ma," Lynn would
come right back with a silent but perfectly mouthed "ma ma." We coaxed her and said it louder, enunciating each syllable. "Ma ma," her lips formed clearly, but still with no sound. Again and again we tried, but she would only make the tiny mouth gestures, lips tightly together, then opened wide. No "mmmm," no vowel sound, not even a whisper accompanied her movements. A few weeks later she mouthed "da da" clearly, distinctly, silently.

Then, just before school ended in June, a similar thing happened when Louise and I sat down to watch the early news on our portable TV, which sat on a round coffee table in the living room. Lynn had never seen the picture except when it magically came on or disappeared—that fascinated her. Now she crawled over to the TV set, pulled herself up beside it, reached for the on-off switch and tried to turn it. Her little hands could not quite manage the required coordination.

"No! No!" I said emphatically, shaking my head, I picked her up and put her on the floor beside us. Walter Cronkite finished talking about a growing conflict between warring factions in Vietnam, and a commercial came on. Lynn reached for the switch; we waited for a minute to see if she could master the task she had set her mind to. Then, as Cronkite appeared again, she turned and looked at us with her hand still on the switch, an impish grin on her face.

"No! No!" She distinctly formed the words with rounded lips and shook her head slowly back and forth. Only her voice was missing.

A few days later, during another TV program, she pulled herself up and fumbled with one of the knobs until the picture faded away. She whirled around to look at us, pleased with her achievement, a puzzled grin on her face. In the next instant her hand went out toward us, palm turned up, in the gesture Louise always used when Lynn had finished all the food in her dish.

"All gone!" she mouthed at the same instant. But no sound joined her words.

I looked at Louise in amazement. "She just said two words and she understands what they mean!" I burst out excitedly. "But why doesn't she use her voice?"

"I guess she's never heard it," Louise replied in a quiet, straightforward way.

It took a few seconds for her words to sink in. Then, like some timed device, their meaning exploded in my mind. She doesn't know about her own voice! She can't make sounds because she can't hear sounds. For the first time the full connection between hearing and talking came together like powerful magnets.

I thought about the months and months of learning she had missed. No chance to locate the sources of sound. No opportunity to make the fine discriminations between different kinds of noises or to distinguish one voice from another. How easily Bruce had learned to connect sound with faces, sound with lip movements, sound with the quick darting motions of our tongues. And finally to connect sound with his own voice.

With Lynn, we had completely taken for granted our reliance on sound. What had she missed? I wanted to rush back in time, to live through her first year again, this time not wondering if she could hear.

Even in the nursery at Winfield Community Hospital, sound must have been nonexistent for her. She could not hear the lusty, piercing cries that filled the room. Amid the din of other crying babies, she had rested quietly in the stillness, unaware that a chorus of untrained voices filled the air. Her own periodic cries of hunger and discomfort had never reached her ears; nurses talked to her with inaudible voices.

All through those months of testing and wondering, we wanted Lynn to hear us. We never thought about the more important question: "Can she hear herself?" If she heard our voices, and much of the time we believed she did, we assumed she heard her own voice.

We didn't fully understand why Lynn could mouth and gesture, "all gone," but not say these same two words. In time we became aware that something strange was taking place: Lynn was becoming an expert mimic of everything but our voices. She copied our
facial expressions. She imitated our lip movements. She used our unconscious gestures. As her babbling became more infrequent, then disappeared altogether, she became a curious combination of animated smiles, frowns, nods, shrugs, grimaces, questioning looks and a myriad of silent hand gestures.

For Bruce, the random sounds of babbling had enabled him to make the connection between hearing sounds and making sounds. He experienced this kind of feedback as naturally as breathing. Lying in his crib, he had experimented with his tongue, his lips, his breath and his voice. Tentatively, as the months passed, he drew a simple but profound conclusion: "Those sounds come from me! I make the noises I hear!"

Once Bruce had made this essential connection, he could start to control the sounds he made and to imitate the sounds we made. He progressed quickly from his early nonsensical jargon to single words, then to two-word sentences, and after that, with almost no assistance from us, to a jabbering question box. By the age of four or five he had become fluent in the language we spoke.

But Lynn missed out on this first lesson of human speech. She would have no chance to forge this link in the chain so naturally. The first stage of language learning passed before we knew anything about it. It was as if Lynn had climbed the first step on the stairway to language, stood for a while, then stepped quietly down while we continued to wonder if she was really deaf.

A sense of urgency now pervaded our lives, but still, I felt hesitant and unsure of what to do. More than once our anxiety turned into arguments. Our tempers flared. I would blame Louise for jumping to conclusions and she would accuse me of denying the obvious—that Lynn couldn’t hear.

"Why don’t you come with me and talk to Dr. Bales?" Louise would ask angrily.

"What good would that do? He can’t tell me anything he can’t tell you!" For some reason I did not want to face Dr. Bales, to push for conclusive answers.

Louise finally returned to Dr. Bales with additional evidence about Lynn’s lack of hearing. She arrived home in tears. "I don’t think he takes me seriously," she began as her mood turned into anger. "He says Lynn is just too young to tell anything for sure. Tom, I wish you had gone with me. Maybe he would listen to you." Then she broke into tears again.

We were both silent for a long time as we tried to sort out our emotions. Finally Louise said in a quiet voice, "I think I’ll call Kathy Andrews. At least we can compare Lynn with Debbie."

Louise had shared the same hospital room with Kathy when Lynn was born. Kathy’s daughter Debbie was only a few hours older than Lynn. An easygoing person, Kathy had impressed Louise as a mother who possessed an extraordinary amount of common sense with children. Kathy also knew the whole story about our experience with rubella. Louise hadn’t talked to her since coming home from the hospital, but they quickly renewed their friendship over the phone.

"It doesn’t sound to me like you’re overreacting at all," Kathy said emphatically. "There might be nothing wrong with Lynn, but I wouldn’t take your doctor’s word for it. He may know a lot about kids but he doesn’t know everything! Sometimes they just don’t want to admit they don’t know something. Why, I had to change pediatricians myself because I didn’t think one of them examined my kids thoroughly. If I were you, I’d ask to see a specialist. If he doesn’t think that’s necessary, go find one yourselves."

Dr. Bales referred us to an ear specialist, an otologist, he called him. The earliest appointment we could make was two weeks later, in the middle of July.

The drive to Chicago took only half an hour. We found the small red brick medical building on the corner of Oakland Street, not far from the first of several white frame houses. I checked the list of names near the front door. "George Williams, M.D., Ear, Nose and Throat Specialist." We gave the receptionist our names and sat down in the corner to wait.

I looked around the waiting room at the chrome chairs with well-worn cushions. Copies of Today’s Health lay scattered on a small table. The empty chairs seemed to stare back at us and
I wondered how many other parents had come with the same unanswered questions. We hoped that Dr. Williams could give us a clear answer about Lynn's lack of hearing and tell us about the latest methods to treat her problem.

"Mr. and Mrs. Spradley?" A nurse spoke to us from the doorway on the far side of the waiting room. "Dr. Williams will see your baby now."

I smiled hopefully at Louise as I lifted Lynn from her lap and turned to follow the nurse.

A small efficient-looking man, Dr. Williams smiled momentarily, his eyes shifting back and forth. "Sit down here and hold your baby in your lap," he said to me. He then proceeded to check her throat and ears. He fumbled in his white laboratory coat, as if searching for something, and then reached for a tuning fork on a nearby shelf. He tapped the fork and when Lynn looked at Louise, he moved it close to her left ear, at the same time watching her face for any response. He tapped it again and repeated the same procedure with her right ear. I watched Dr. Williams' face for some sign, but his expression told us nothing.

After the tuning fork came the now-familiar funnel-shaped instrument. Lynn squirmed when the cold metal went into her ear but quickly settled into a quiet, relaxed position. Dr. Williams peered intently through the lighted instrument into Lynn's left ear. Louise and I watched his every movement, wondering what he saw, what he might recommend. He moved the funnel to Lynn's right ear and looked again, squinting to shut out the light from his other eye. He straightened up, clicked off the light in the shiny instrument and returned it to its place on the shelf.

Turning to us, he said, "Well... ah, well, there is nothing wrong with her ears. Ah... ah... if she is deaf, then it must be the nerve and there is nothing I can do about that. You'd better take her to the audiologist at Children's Memorial Hospital. Maybe she can use a hearing aid and they can test her hearing response to sound better than I can."

Before we could recover from the brevity of his exam, the uncertainty of his diagnosis or the finality of his words, he had left the room. We looked at each other, stunned and angry. I wanted to jump up and follow him out of the examination room, to plead with him for advice, to ask questions. Instead I looked at Louise and fought back the sense of helplessness that welled up within me. We had come with such a mixture of anxieties and hopes that we both felt at a loss for words. Was this all the help a specialist could offer?

We drove home trying desperately to sort out our emotions, to find perspective. We were positive Lynn was deaf. We had not gone to this specialist in fear he would discover something we didn't already know. We needed confirmation. We needed advice. We needed to talk to someone who knew something about deafness. Our disappointment came from that strange helpless feeling of not knowing what to do. We had hoped for guidance. What could we do to start helping Lynn now?

The next morning, while I taught my summer school classes at the college, Louise called the audiologist at Children's Hospital. It was impossible to schedule a hearing test for at least three months. October 23 was the earliest opening. Louise started to explain. This was not just a routine checkup to allay our suspicions. We had been to two doctors already and we felt sure that our daughter was deaf. We needed help now. She might need a hearing aid. We wanted to know about her deafness and how to begin helping her.

"I'm sorry," came the voice from some office at the hospital, "you'll have to wait until October. We can send you some material on deafness that will help answer your questions."

Louise took the appointment. Upset and troubled by the delays, she called her mother, who told Louise about a world-famous clinic near the University of Southern California that specialized in research and treatment of deaf children. "If I can get an appointment for Lynn," she asked, "could you and Tom come to California for your vacation when summer school ends?"

Five weeks later we pulled out of our driveway and started the long drive to California.
Wednesday dawned bright and clear, a typical September morning for Eagle Rock. I picked up Lynn and went out to start the car. We had an appointment at the John Tracy Clinic for ten-thirty.

I looked up at the familiar chaparral-covered ridge. Louise had grown up in this small community, which lies strung out along the foothills between Glendale and Pasadena. After we were married we had lived there for four years while I went to college and started teaching.

Louise and her mother climbed into the car; we drove through Highland Park toward the Pasadena Freeway, passing the house where I'd grown up. I could still recall vividly my eight brothers and sisters getting up early in the morning, catching breakfasts at different times, and all going off to different schools. I could hardly remember a time when someone wasn't going to some college or university. One June all nine of us graduated at the same time from as many schools. Dad proudly showed the clipping from the Highland Park News Herald to everyone he met.

The value of education was nourished by reminders that one could miss the opportunity. Mom had finished all her high school requirements in the little town of Wilmington, California, but when the principal refused to allow an early graduation, she quit school at sixteen and married Dad. Earlier, he had enrolled at the University of Washington. After one quarter he transferred to the College of Pacific in Santa Clara to play basketball, then dropped out a year later and went to work, a decision he seemed to regret for the rest of his life.

We had always taken for granted that Bruce and Lynn's op-
portunities for education would expand beyond what Louise and I had known, just as ours had seemed greater than our parents'. Now, fully expecting the specialists at the John Tracy Clinic to verify our suspicions that Lynn was deaf, we were wondering what to do to prepare Lynn for school. We always talked to Bruce about things that interest small children; after all, it was through words that he had begun to discover the meaning of the world around him.

We located the John Tracy Clinic on West Adams Boulevard, a two-story beige stucco building. It sat back from the street, almost hidden behind a high brick wall and hedge that separated the sidewalk from the parking area. Jacaranda trees lined the driveway to the parking lot. We pushed open the tall glass doors and entered the reception area.

"I'm Tom Spradley," I said. "We have an appointment for our daughter, Lynn." I nodded toward Lynn, who smiled at the receptionist.

"Oh, yes. We've been expecting you. Please follow me this way."

The receptionist walked toward a door that led us down a hallway to a small room, where we were introduced to Dr. Murphy, a staff psychologist. She wore rimless glasses, a blue suit, and appeared to be about forty-five. Speaking in an easy, friendly manner, she offered us chairs and said how glad she was that Lynn's grandmother had also come. I began to relax.

"How old is Lynn?" she asked in a way that included all of us in the conversation.

"A little over sixteen months," Louise replied.

"How long have you suspected she might be deaf?"

"Well, we first noticed that she didn't respond to sound when she was about three months old. I think I suspected it even a little earlier."

"That's quite early," Dr. Murphy said, nodding thoughtfully. "Have you had her hearing tested anywhere else?"

"No," I said. "In fact, we came to L.A. for our vacation in
order to bring her to the John Tracy Clinic. An otologist in Chicago examined her and he said there was nothing wrong with her outer ear or the middle ear. I guess that could mean nerve deafness?"

"I’m not going to test Lynn’s hearing; that will be done down the hall by the audiologist. I want to give her some tasks that will help assess her physical and mental development."

We talked easily about Lynn, about our fears and hopes, about rubella and the months of confusion we had experienced. Dr. Murphy listened, asked questions, smiled, nodded, asked more questions. She said she had seen hundreds of other parents who had gone through the same experience.

I put Lynn in a small high-armed chair. Dr. Murphy placed a board across the arms to form a tabletop. She sat down opposite Lynn and placed three green and yellow blocks on the makeshift table. Lynn immediately stacked them up, looked up at me for an instant, and then, with a pleased expression on her face, knocked the pile over.

"Has she started walking yet?" Dr. Murphy asked.

"No," Louise said, "but she crawls a lot and can walk if she holds on to a chair or our hands."

I watched Dr. Murphy carefully as she worked. She smiled warmly at Lynn, took away the blocks and replaced them with a board, inset with triangular, round and square pieces of wood. She had an air of assurance, a calmness about her that seemed to say, "This is a normal procedure; Lynn is a normal child."

"What about dressing? Does she help put her clothes on?"

"Yes, some—she tries to pull her socks on and manages partway. She watches when I pick up a shirt and raises her hands so I can put it over her head. She even tries to pull on pants and can get them started."

The wooden shapes disappeared and in their place Dr. Murphy presented Lynn with a bottle, not more than two inches tall, with a narrow mouth; she placed a small red bead next to the bottle and then sat still to watch. Lynn’s eyes sparkled with interest, following Dr. Murphy’s every move. She reached immediately for the bead, picked it up, turned it over slowly between the thumb and forefinger of her right hand. As an impish grin spread over her face, she dropped the tiny treasure into the bottle and looked up at Dr. Murphy as if to say, "Well, what’s next?"

"She’s a little small for her age," Dr. Murphy said in a tone of voice that told us she had finished the tests. "I think her physical development is a little slow, but otherwise she is a very normal little girl. With special training she’ll be able to learn as well as any child. Now I’ll take you to the audiologist who will test her hearing."

I looked at Louise, whose raised eyebrows told me, "Well, it’s good to know that!" We had been right all along. Lynn was just too alert, responsive and quick to be retarded.

As I picked up Lynn and started to follow Dr. Murphy to the audiologist, I felt a new appreciation for the John Tracy Clinic. We were finally getting some answers. Those people know what they’re doing, I thought to myself. It began to seem as if the long drive to California might turn out better than either of us had hoped. Only the day before, I had called to confirm our appointment and had been surprised to discover that all the services of the clinic were free for parents of deaf children—the tests, the consultations, even a correspondence course about raising a deaf child.

We had read about the clinic in If You Have a Deaf Child, a book sent to us by Children’s Hospital before we left Wheaton. Louise Tracy’s story about her deaf son had impressed us the most. Years after she discovered his deafness she recalled what happened:

When our son, Johnny, was about ten months old, he was taking a nap one afternoon out on the sleeping porch and he was sleeping very late. I decided to wake him. It was about four o’clock. I started out to the sleeping porch and I suppose I was humming along, as mothers do, saying something about it being time to wake up now. I remember very distinctly that I slammed the screen door… you remember things
like that sometimes. Yes, I slammed the screen door after me. Still Johnny didn’t wake up. I stopped beside his crib. I said, “Johnny, time to wake up,” and I saw he wasn’t waking. I went still closer and said it again and again until I fairly shouted in his ear, “Johnny, wake up!” Then finally, very gently, I touched him. His eyes flew open and he looked up at me.

I knew he was deaf.

Louise and Spencer Tracy learned that John had nerve deafness, that nothing could be done to restore his hearing. Their first doctor also said there wasn’t much either of them could do; when John reached the age of six or seven, they could send him away to a state school for the deaf where they had special teachers.

Louise Tracy took John to a specialist in New York who told her something that became the cornerstone of her life work: “Your child can learn to lip-read. He can learn to talk. He can go through a university. He can do almost anything that a hearing person can do, but you have a job! It can be a very interesting job. It is up to you.”

In the years that followed, as Louise Tracy painstakingly worked to teach her own son, she also became convinced that other parents of deaf children needed assistance. In September 1942 she organized a nursery school for mothers and their deaf children; they met in a small cottage on the campus of the University of Southern California. The next year the John Tracy Clinic incorporated, and Spencer Tracy and Walt Disney, among others, became the first board members. The clinic grew over the years, developed its own correspondence course, added staff, and in 1952 moved into the modern facilities where the psychologist had just tested Lynn.

As we walked into the small room where the audiologist would evaluate Lynn’s hearing, we knew only these sketchy facts about the history that surrounded us. We couldn’t fully appreciate the philosophy of the John Tracy Clinic or its implications for Lynn. We couldn’t begin to grasp the impact it would have on our lives.

Before the day had ended, we felt as if we had taken the first step of a long journey; it would take us years to understand the course we would travel.

The room, about ten feet square, appeared larger because one wall contained a rectangular two-way mirror into a smaller control room containing electronic equipment. A low kidney-shaped table occupied the center of the room; blocks, a miniature car, several plastic numbers and a wooden train with a removable engineer were scattered on the table.

“Hello! I’m Mrs. Caldwell, one of the audiologists here at John Tracy.” Friendly lines crinkled around her eyes as she spoke. We introduced ourselves and she motioned for us to sit down. I helped Lynn into a child’s chair at the table and sat down beside her; Louise took a seat on the opposite side of the table, and her mother watched from the control room. A speaker protruded from each of the other walls about four feet from the floor.

Mrs. Caldwell sat down on the other side of Lynn and asked us when we first suspected that she might have a hearing impairment. We told her about the Fourth of July parade and the months of testing to see if Lynn heard our voices.

“I see from the psychological tests that she has normal intelligence and no other problems.” Mrs. Caldwell was looking down at some notes in the manila folder that Dr. Murphy had given to her. “I want to test Lynn’s hearing; first I’ll use some ordinary sounds and then some pure tones with the audiometer. That will help us find out how much hearing she does have. See if you can get her to play with these toys, and I’ll start the test.”

Lynn had already pulled the wooden train closer and was attempting to extricate the engineer from his place at the front. Mrs. Caldwell stood up and walked in back of Lynn. She moved slowly, almost cautiously. She picked up two rattles, held the small rattle in one hand, the larger in the other hand. At a distance of about five feet she shook the small rattle for a moment, then stopped.

Lynn did not look up.
The larger rattle went into sudden, vigorous motion, filling the
room with a clackety noise.
No response.
She moved closer and shook the smaller rattle again, this time
holding it about twelve inches from Lynn’s unsuspecting ear.
Lynn did not turn, look up or react in any way; she reached
calmly for a bright red number eight as if she couldn’t be bothered
with these sounds when she could play with new toys. I glanced
at Louise across the table and she seemed to be thinking. We’ve
done similar tests before; now she’s getting the same results.
Mrs. Caldwell shook the larger rattle again, moving it rapidly
back and forth near Lynn’s left ear.
No response.
As she set down the rattles, she seemed unconcerned; the calm
smile remained on her face. She selected a stick with three bells
attached to the end. Stepping back from Lynn, she shook the
bells. They jingled loudly, a high ringing sound that seemed
quickly absorbed by the carpet that covered the floor. Lynn tried
to stack two blocks on top of the number eight without success;
the bells jingled again, this time close beside her head.
No response.
A single bell followed, ringing out a deeper, clearer tone. I
watched intently, hoping to see her turn, look up, even flinch;
instead she held up a block for her mother to see. Mrs. Caldwell
started a small music box, let it play for a moment, moved it
closer and closer to the back of Lynn’s head, her eyes concen-
trating all the while on the still, small child in front of her. I
thought I detected a puzzled expression on her face, a slight
wrinkling near the center of her forehead, but her smile still
seemed to say she was unconcerned. She picked up a toy horn
shaped like a fish and blew a single, high blast.
No response.
She moved closer, blew again, careful to point the fish toward
the floor so that the rush of air would not disturb Lynn.
No response.
Only three or four minutes had passed. It seemed like an hour.
After each noise the silent intervals became heavier. The muscles
in my neck and shoulders grew taut.
“I want to use these other noisemakers, they have lower tones,”
Mrs. Caldwell said as she walked into Lynn’s range of vision
and picked up a toy drum and a castanet. I thought I detected a
low sigh from Louise. She unfolded her arms and let her hands
drop loosely into her lap. Lynn looked up, spied the drum and
reached out for it.
“Here, Lynn, look at these blocks,” I said, piling up two of
them in front of her.
Mrs. Caldwell waited a few seconds, then thumped the drum
with four quick beats using the knuckles of her right hand. A
low, booming noise vibrated the room. At the same instant Lynn
flinched. A tiny movement, a barely visible twitch of muscles.
Louise had seen it too.
Moving closer, Mrs. Caldwell again produced a series of low
tones from the drum, like the thunder of a crashing surf on a
cold, windy day. Lynn looked up instantly. The throbbing
vibrations had reached her, caught her attention. She looked at me
for a moment, then at Louise. Searching no further for the sound,
she went back to playing with the blocks.
Mrs. Caldwell had easily seen this response, but now the puz-
zled expression on her face, her narrowed eyes, the lines in her
forehead had replaced the confident smile. The castanet created
a harsh clacking sound that bounced back and forth between the
walls.
Lynn remained still, encased in silence.
The clacking sound came again, like a flock of noisy crows,
this time a few inches from her ear, and again she flinched visibly.
I looked at Mrs. Caldwell. I tried to read her face. I searched
for some clue to the conclusions she seemed to be forming. The
pattern of lines on her forehead and the shape of her mouth
suggested a slight but unmistakable look of disappointment. It
was intensified by Lynn’s coy smile, her pink dress set off by a
pink bow in her hair, her delicate features.
In the long months of our struggle to accept the fact of Lynn’s
deafness, we had started asking more specific questions about the extent of her hearing loss. Was it a complete loss? Could she hear anything at all? If she had some ability to hear sounds, how much could she hear? Then, the moment we began to pin down the elusive handicap called deafness, it had broken into a dozen different kinds and degrees of hearing loss. When we read _If You Have a Deaf Child_, the first great division became quickly apparent: _hearing children_ vs. _deaf children_. A hearing child can imitate your sounds and learn your language easily; a deaf child can't imitate your sounds. A hearing child can learn quickly to follow your directions. A deaf child will find even the smallest instruction difficult to understand.

But then another idea emerged from what we read. _Deafness is not a single phenomenon_. In place of the forest I began to see the trees: dozens of species, subspecies and varieties of deafness. The array of forms often seemed interchangeable. "If your child is _hard-of-hearing_ ..."; "If your child is _profoundly deaf_ . . ."; "If your child is _severely deaf_ . . ."; "If your child has _usable hearing_ . . ." Scattered everywhere throughout the book the words appeared without definition.

_Truly deaf_
_Hard-of-hearing_
_Totally deaf_
_Hearing-impaired_
_Severely deaf_
_Profound hearing loss_
_Reduced hearing_
_Hearing-handicapped_
_Mild hearing loss_
_Profoundly deaf_

Now, at the John Tracy Clinic we hoped to find out how much hearing Lynn did have.

"I'm going into the control room," Mrs. Caldwell said, pointing toward the mirror. "You will hear short bursts of pure tone over the speakers from the audiometer. I'll watch Lynn from in there. I'll do a single tone several times, a little louder each time."

As the door closed behind Mrs. Caldwell I puzzled over the difficulty of establishing the presence of deafness. And the even greater difficulty of measuring the different degrees of deafness.

A high, sharp whistle broke the silence of the audiology testing room. Its clear, pure tone lasted about three seconds. The air went silent. Unaware, Lynn played with the miniature replica of a car, bumping it into the blocks. The whistle came again, splitting the air with greater intensity.

No response.

The moment of stillness was interrupted by another and louder blast that filled the room. Intently I watched Lynn, hoping she would hear, look up at the speakers, react in some way to the sound.

No response.

The tone changed. Slightly lower, it now came through like a high tenor voice without any trace of vibrato. Silence. The same tone, now louder. Silence. The final tone made me want to cover my ears, to shut out some of the sound. But any movement would catch Lynn's attention.

No response.

Step by step the audiometer came steadily down the scale. One after the other the pure tones collided against Lynn's eardrums. I fastened my attention more securely on Lynn. A soft, low tone flowed like liquid from each of the speakers.

Lynn did not react.

It filled the air a second time, its volume suddenly expanded. Lynn appeared uninterested.

Mrs. Caldwell turned the dial up still higher and the pure, clear sound rushed at us with such force that I could almost feel a vibration run up my spine. It was as if the sound had come down the walls from the speakers, raced through the floor and flowed up through the legs of my chair.

Lynn looked up momentarily at her mother, then went back to her play. Had she heard? I wasn't sure.
On the final and lowest series of tones she waited until the loudest one, then looked up and turned her head a full 180 degrees as if searching for the invisible presence that had joined us in the small room.

Mrs. Caldwell came out of the control room, plugged a telephone jack into an outlet near the viewing window and placed a small box with a dial on the table. In her hands was a large single earphone that she held over Lynn’s left ear, making her tiny head look even smaller. Lynn looked apprehensive for an instant, tried to see what Mrs. Caldwell was doing and reached for the earphone at the same moment that I heard a clear tone inside it. I couldn’t tell whether Lynn responded to the tone or to the presence of this strange object against her ear. Mrs. Caldwell moved the earphone to Lynn’s other ear, turned the dial quickly, then removed the tangle of cords from the table and returned the equipment to the control room. I looked at Louise and shrugged my shoulders, unable to make any interpretation of this brief earphone test.

Mrs. Caldwell came back into the room and sat down in silence. Louise’s mother sat down next to Louise. Half a minute went by as Mrs. Caldwell studied the folder in front of her and we studied the lines of concern and puzzlement in her face. Finally she looked up at us, a tentative smile on her lips, and motioned for Louise and her mother to pull their chairs closer to the table.

“Everyone has a little hearing,” she said slowly. Her words came in a carefully controlled sequence. She hesitated, then placed the folder on the low table. “Even the most profoundly deaf person has a little hearing, and with training almost all deaf children can learn to use whatever hearing they have. Lynn does have a hearing loss,” she said, then quickly added, “but it’s an educable loss.”

Before Louise or I could ask any questions, Mrs. Caldwell had shifted her attention to the folder on the table. She reached inside and brought out a single sheet of paper with a graph on it and placed it so we could all see. The graph’s horizontal scale displayed sound frequencies in cycles per second starting at 125 cycles and going up to 8,000 cycles.

“The speech range is here,” Mrs. Caldwell said, pointing with her pencil, “between 250 and 4,000 cycles per second, but the most important speech sounds are between 300 and 3,000.” The graph’s vertical scale, showing hearing levels, increased by jumps of 10 from 0 decibels at the top to 100 decibels at the bottom.

“The threshold of hearing in the middle of the speech range is near zero decibels for the normal ear,” Mrs. Caldwell continued. “You can see that in the middle of the speech range it took more than 100 decibels of sound pressure to get a response from Lynn. “That’s more than a loud shout at a distance of one foot. As you can see, Lynn’s loss at 250 cycles is 90 decibels. At 500 cycles per second, her loss is 95 decibels. At 1,000 cycles she has a loss of 100 decibels or more. That means she doesn’t respond to 100 decibels or more. That means she doesn’t respond to 100 decibels at this frequency. The same is true at 2,000 and 4,000 cycles. Lynn appears to have a severe hearing impairment.”

I looked blankly at the audiogram, trying to untangle the lines on the graph. A severe hearing impairment? How much hearing did that imply? How much deafness? The penciled line on the graph descended quickly as it moved across the page in front of me, indicating with mathematical precision what we wanted to know. A severe hearing impairment. A loss of 90 decibels.

Mrs. Caldwell hadn’t said she was totally deaf; only a severe hearing impairment. Perhaps impairments could be restored. Or a powerful hearing aid might bring that jagged line on Lynn’s audiogram closer to normal. Perhaps a severe hearing impairment wasn’t as bad as we had thought. Even as Mrs. Caldwell spoke the words came with a hint of reassurance. And whatever the audiogram was saying to us, we had a more important concern.

“What can we do to help her now?” I asked, looking up from the audiogram at Mrs. Caldwell.

“First of all, remember that at Lynn’s age hearing tests are not always reliable. As she grows older and more aware of sounds she should be retested. I think you will find that she will respond to many sounds that she did not respond to today. For now, all
we can say is that she appears to be functioning as a child with a severe, if not profound, hearing loss. We may notice a big difference when Lynn begins using a hearing aid.’’

That sounded encouraging. I glanced at Louise, then back at the audiogram for an instant. It no longer seemed so foreboding, so final. The uncertainty of test results and the myriad classifications of hearing loss suddenly began to lose their importance. Here was something we could hang on to.

Mrs. Caldwell’s voice had become slightly louder, more authoritative. “The most important thing is to treat her like a normal child. Talk to her all the time just as if she can hear you. When you talk, look at her and try to make sure she can see you. Talk as often as you can. Whenever you are with Lynn, talk about the things around you, about what she is doing, what you are doing, what you see, what she sees. You can’t talk too much.

“Lynn is a very observant little girl. She follows what is going on because she has learned to make excellent use of situational cues as a means of understanding. I noticed that she imitated my mouth movements several times during the testing and she even made a few vowel-type sounds. I’d say she is at a beginning-language level.

“But I want to caution you about one thing. Since Lynn is so observant, she will imitate every gesture you make. I notice she uses some gestures to be understood. That’s okay, but don’t gesture back to her. You don’t want her to rely on gestures. If she does that, she will not want to learn to use her voice.”

“Treat her just like a normal child.” “Talk to her just as if she can hear you.” I turned the words over slowly in my mind as Mrs. Caldwell spoke. Part of me kept asking, “But isn’t there something more? She can’t hear us!”

Deep within, another part of me had already begun to grasp this small reassurance. Lynn could be normal. Treat her that way and she will learn. Talk to her and she will talk. Hope had already begun to grow, and before we left the clinic it had turned into quiet determination. She didn’t have to be different. She could grow and learn and talk. Lynn could be treated as if she was normal. Like Bruce. Like the child we had hoped for.

“She’s only seventeen months,” I heard Mrs. Caldwell saying, “and our correspondence course doesn’t really start until the deaf child is two years old. But we will send you material that will give you some ideas in the meantime. When Lynn is two we can start you on the correspondence course and that will give you specific ways to teach Lynn and help her lip-read and talk.”

Louise shifted in her chair, lifted Lynn from her lap and rested her against her shoulder.

“Before we left Chicago,” she began hesitantly, “we made an appointment at Children’s Memorial Hospital—the audiology clinic. They couldn’t see us until late in October. Should we go ahead and have her tested again?”

“I think it would be a good idea. It will confirm what tests we have done here, and they will be able to tell you what kind of hearing aid you can get for Lynn.”

We left the audiology testing room talking casually with Mrs. Caldwell. We walked slowly down the hallway to the reception room. We thanked her for what she had done. Yes, it had helped. She smiled at Lynn, and then, as we made ready to leave, she gave one last reminder. ‘Now, be sure to talk to her. In time she will understand what you say and also learn to use her voice.’