

Notices.

2009 Calendars have arrived.

All members will be given 5 Rotary Calendars each to sell. You will be given a list of your previous years sales so that you can follow up the same clients. Thanks

Ron Jericho, Calendar Committee

NOW ON SALE: "**Rotary on the River**": History of the first 50 years of the club. \$50.00. See Jim Mason or the web site.

A DVD is available of the **Australian Girls Choir** concert at the High School. See Ron Jericho

Combined Services Clubs of Murray Bridge Annual Dinner Hosted by The Lions Club of Murray Bridge

Twenty one of our membership attended the Annual Dinner.

We were treated to a generous welcome, warm fellowship, and an inspiring speaker.

The key speaker for the evening was Felicity Bleckly from the Cochlear Awareness Network.

Felicity gave an inspirational address of her own journey from passionate aspirations as a young person to be a concert pianist, followed by the gradual loss of her hearing ability as a young adult and finally the restoration of most of her hearing abilities with the receipt of a cochlear implant in later life.

Please find a transcript from the website managed by Felicity on the report page of this Bulletin.

Opening of the Murray Bridge Day Centre.

As President of our Rotary Club I was pleased to attend the Opening of the Murray Bridge Day Centre conducted by Mr Fred Toogood, Chairman of the Murray Bridge Soldiers Memorial Hospital. A large gathering of community people witnessed the opening, and then enjoyed morning tea together.

The Day Centre is a spacious building where people ranging in ages from 30 to 100 years come to meet friends, share being together, learning new things, telling stories and feeling special.

Visitors may have a range of disabilities and medical issues including dementia, strokes, amputees and so on. The Day Centre provides services for our citizens who have ongoing health issues, and it also provides respite time –out for the many carers in our community.

ROTARY CLUB OF MURRAY BRIDGE MEETING # 2780

Bulletin # 16

This week	14/10/08
TOPIC	SA Ambulance – Vocational Visit
SPEAKER	
CHAIRMAN	Daryl Webb
FELLOWSHIP	Jack Reddin
	Wayne Richards
RESERVE	Phil Rosew all
INVOCATION	Jack Reddin
NATIONAL ANTHEM	Wayne Richards
MEMBERS' BIRTHDAYS	
PARTNERS' BIRTHDAYS	Julie Richards 17 th October
WEDDING ANNIVERSARY	
Next week	21/10/08
TOPIC	Small Business Presentation
SPEAKER	
CHAIRMAN	Daryl Webb
FELLOWSHIP	Phil Rosew all
	John Scarvelis
RESERVE	Gordon Schultz
INVOCATION	Phil Rosew all
NATIONAL ANTHEM	John Scarvelis
Following Week	28/10/08
TOPIC	Rural Press- Vocational Visit
SPEAKER	
CHAIRMAN	Gary Fischer
FELLOWSHIP	Jim Stocker
	Daryl Webb
RESERVE	Phil Westover
INVOCATION	Jim Stocker
NATIONAL ANTHEM	Daryl Webb

MEETING Number 2779 07/10/08

Total Membership 51 District statistics 42
 Number Present 21 50%

Apologies

R.Lehmann	H.Beauchamp	G.Frazer
A.Hay	J.Mason	T.Curtis
B.Foster	B.Lewis	D.Mellen
B.Murdoch	B.Kompier	D.McLean
R.LeGallez	W.Richards	B.Frazer
J.Stocker	G.March	B.Nicholson
P.Westover	B.Thompson	D.Webb

Make Ups

D.Mellen

Leave of Absence

Steve Smart
 Margaret Whitehead
 Rotarian John Bassham from Port Lincoln
 Pia Midtturn Eie- apology

Rotarian Visitors

Youth Exchange

Guests

Raffle

Heads & Tails

Calendar Draw 08/10/08

	WON BY	#	SOLD BY
\$100	Barry Wilden Murray Bridge	637	A.Hay
\$30	Thekla Herrmann Germany	983	H.Beauchamp
\$20	Bob & Margaret England Murray Bridge	689	Uniting Church

Cochlear Implants.- from the Cochlear Awareness Network website.

For some people, a Cochlear Implant is the only way they can hear. It is not an alternative to wearing a hearing aid and is only an option if you cannot effectively use conventional hearing aids. It is not a high powered hearing aid and does not amplify sound. Having a Cochlear Implant is a considered decision, one which is only taken after many tests for suitability and all other avenues for hearing are explored.

The type of hearing loss an implant works best for is sensorineural deafness where the hair cells in the cochlea have died or are damaged. For people with this kind of deafness, it doesn't matter how loud a sound is, it cannot be heard. If the cochlea hair cells are the missing, then the connection, which changes sound vibrations into electrical impulses so the brain can interpret sound, is missing and a cochlear implant provides this connection.

A cochlear implant consists of two parts and you need both parts in order to hear. The first part is internal and is inserted under routine surgery, generally 2-3 hours. The internal implant is basically a radio transmitter with 22 electrodes inserted into the cochlea.

The second part is the external speech processor. While it looks a bit like a hearing aid it is actually four small computers which, through microphones, receive sounds and convert them to electrical impulses. These electrical impulses are transmitted to the internal implant radio transmitter which sends them to the electrodes in the cochlea. The electrodes are the connectors and take the place of those missing hair cells stimulating the hearing nerve with electrical impulses. The electrical impulse received in the brain is much the same as anyone with normal hearing experiences.

This means the sound a cochlear implantee hears is usually very close to the sound they remember. One implantee told me that a few weeks after her processor activation she took a phone call and was able to identify the speaker by voice alone. This tells me the sound she now gets must be very similar to what she had before she went deaf.

Our population is aging and since sensorineural deafness is often age related, this means there will be many more people with hearing loss in the coming years. A cochlear implant could provide a solution for some of these people.