SESSION V

Treatment Methods and Results
(Chairman: A. Shulman)

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Section 1: Tinnitus Masking

Introduction

by A. SHULMAN

We now come to our final session concerning treatment methods and results. We are very honoured to have with us here a number of internationally-distinguished individuals in various specialties, particularly otolaryngology. We now have the treatment session divided into three sections: one section for treatment that will control tinnitus by masking; the second for medical treatment; and the third for surgical treatment. I have selected moderators for each of these sections who are international in their experience as well as in their reputations. First, for the section on tinnitus masking, I have asked Mr John C. Ballantyne, of London, England, to chair the section. He is editor of the Journal of Laryngolgy and Otology. We are honoured to have him with us.

For the section on medical treatment we have Dr John Shea from Memphis, Tennessee; and for the section on surgical treatment we have as moderator Derald Brackmann of Los Angeles, California.

Introduction of Panel

by

JOHN C. BALLANTYNE (London): Thank you very much indeed, Abe, for your introduction. It is a great pleasure to be here and I should like to join others who have congratulated you on the excellence of the programme and the organisation of this meeting. I first was introduced to Abe Shulman in London about a year after the first international symposium by my old friend, Ellis Douek, and it was the stimulation that he produced in inviting me to edit the proceedings of the first international symposium which led me to look at a few of my own cases of tinnitus. I have been invited here, of course, in an editorial capacity and not to give any papers, but I have in fact, since I was stimulated by Abe to do so, looked at 100 consecutive cases of tinnitus seen in my own private practice over the past few months. These are all patients who have come to me with a primary complaint of tinnitus, not patients who just had tinnitus as an incidental symptom. I have a secretary who has now been with my for nearly 10 years. She knows how I work, and she was taught to do my audiometry by Joy Reed—she was my technician at the hospital for over 20 years and was in fact the co-author of Ellis Douek's first paper on tinnitus.

Of these 100 cases, one-third exactly had no subjective complaint of hearing loss.

When one looked at those 33 cases with no subjective hearing loss, there was in fact a measurable hearing loss in pure tone audiometry in no less than 27.

There were six in 100 consecutive cases who had no measurable hearing loss. So in my experience—and I am talking not as a person who runs a tinnitus clinic, but as an ordinary otolaryngologist with a special interest in hearing problems—the great majority in fact do have a hearing loss if you measure it.

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