Conclusion

By Ellis Douek

Well, I guess it falls on me, as moderator of this last session, to summarize a bit on what has happened. I attended one meeting, not in this country, where the person who ended up read out virtually the whole of the papers which everybody else had given, and which he had carefully written down. I promise you I won't do this. But in return, you have to accept that what I am going to say is what I myself have gleaned from this. If I have misunderstood certain points, please forgive me. I've done my best and I hope to reform later. Now, when I sat down here at the beginning and I thought what a large and obviously keen and interested audience this was, I became a little apprehensive; and I told a young Audiologist from Bellevue, who was sitting next to me, that I was again apprehensive on behalf of the speakers; that I hoped that what they had to say was really worth her having to come here for; and she said: 'Well, it was useful in any case to hash it out'; and when she saw that I was writing this down, she said: 'Perhaps you'd better talk it over'. Well, there you are.

I thought at first that this apprehension was because I thought there would be difficulty in finding enough to say about tinnitus. It sounds ridiculous now, when we've all gone overtime so much; but this is what I thought, and in a way what we had to say was in fact a spin-off from our other work. In our own case, the histological and nerve stimulation work was really part of our interest in the possibility of a cochlear implant. What Abe has done is to force us to think about tinnitus as an important feature, rather than as a minor aspect, of our work. He forced Max Ronis to analyse his Menière's disease patients from that point of view; he forced Jack Pulec to look at his nerve sections again from that point of view; he forced Derald to look at his cochlear implants and produce these figures, which again were of great interest to me, but which again (from the point of view of what we thought at that time) was the least important aspect.

Now, a very important point, I think, was demonstrated clearly by Abe and by Barbara Goldstein on the one hand, and by Jonathan Hazell on the other: namely, that to study this properly we need a proper protocol, extensive tests; otherwise the information that we get is anecdotal. For instance, Abe showed us that there was a much higher incidence of vestibular dysfunction than I had ever imagined; this is an important point. Jonathan Hazell showed us the higher incidence in the left ear; I'm not clear about the statistical value of this, but if it is true, then he's found an important point relating to cerebral dominance; and those who have been discussing the central aspects of tinnitus should find it of great value to look at that.

https://doi.org/10.1017/S0022215100601251 Published online by Cambridge University Press

Or could it be something binaural, Jonathan? Could it be that it's only in England, because we drive on the left and the window is open there? Obviously this requires looking into and it is important.

Nevertheless, what we have to remember here, is that we have problems other than simply investigating this symptom: we have operations to do; in America, you have costs to look at; in England, we have the problem of enormous numbers of people. For us to do a stapedectomy on a National Health patient, there is a waiting list of two-and-a-half years; for you, how much do you charge them? It's one against the other. With these problems in mind, we cannot just say that every center, every clinic, every doctor will have to go through all the tests. It's for this reason that we look to centers such as Abe's and Barbara's, and to Jonathan Hazell, to do this and to tell us which are the points that we ought to look for. So now I'm going to look for vestibular abnormalities because I think that's important. It's a thing that we've learned.

Now, the question of diagnosis looms large. We have spent a lot of time on electrophysiology, and I think you've all gleaned that we were all uneasy about this. We hope there may be something we'll get; we all have these expensive machines and we're going to use them, but as to whether it will give us information or not regarding the site of the lesion, we'll have to keep our fingers crossed. What is important, however, is that we don't fool ourselves with diagnosis. We mustn't make statements like: 'This is vascular', or 'This is viral', or 'This is premature senility', or what you will. We can make them because our patients require some sort of diagnosis, but we musn't fool ourselves. I would certainly agree that there are vascular causes; there are viral causes of deafness, and of tinnitus as well as of deafness, but I cannot be sure which is which. Unless we are sure, then the facts that we accumulate about each case may mislead us here.

The electrophysiological and physiological views that were given to us by Dr. Durrant, by Dr. Berlin, and by Dr. Graham regarding his electrocochleography, are going to be of great importance, I think, in the sense that they will have to guide us as to the meaning of all these things. With Dr. Feldmann's curves, I think that clearly they have added a considerable dimension to this work. But again, I think that we have to confess that we remain unable to be precise about the diagnosis in the vast majority of cases. We can speculate, but we've agreed that we cannot be fools.

Now we come to theory, which has to come side-by-side with attempted classification and proper diagnosis. We must theorize. To some extent the theory must follow the too-few true facts that we painfully accumulate. But on the other hand, theory must go a little further, imposing hypotheses which we can then test. Dr. Tonndorf's contributions were quite invaluable. I thought he was going to go on, between papers, to tell us what it all meant as we went along, and I was rather disappointed when he disappeared after a while.

Regarding treatment, we discussed the medical aspects—Dr. Shea and

https://doi.org/10.1017/S0022215100601251 Published online by Cambridge University Press

Dr. Emmett; the surgical aspects were looked at by Dr. Pulec; Jean-Marie Aran and Dr. Brackmann and I managed to get in a few words on electrical stimulation, though it was interesting that none of us actually pressed this when it came to the point of treatment, or grabbed the microphone and said: 'It's nerve stimulation that you must do'. And just think how uneasy we must be, because it's a new operation, if it does work. I think that the thing that came to my mind while I heard all this was this. There are various drugs. We're all using some of them, but not all; there are various electrical stimuli that are helping someone, but not all; there are various operations that are helping one or two, but no more. This reminded me of the manner that my son has of getting the television to work—by banging it. I think that, on the whole, that's what we are doing. There's no harm. After he bangs it, it works. But we must not get up here and say that we have discovered a new method of mending television sets; we bang them. You see, we are doing these things because we do not know better, and we will have to wait and see what comes. We must beware of the gratitude that the patients show to us. I think Derald pointed this out earlier on. Again I was reminded of my early days, when I was an intern for a general surgeon who did many gastrectomies. We did a combined follow-up clinic and all the patients that came to me said it was dreadful, that they couldn't eat properly, that the food didn't stay, and that they only had very tiny quantities; but the surgeon used to tell me: 'You know, they do so well; people don't do enough of these operations, they keep putting them off'. And in the end, I couldn't take it. I took the patients and I brought them to the Chief, who in front of me asked them; 'Well, how are getting on Smith?' And he said: 'Fine, Dr. M., I couldn't be better'. And I was completely shattered. When I came out, I said: 'Why didn't you tell him?' He said: 'How could I? He's the only one who cares about me. Everybody else sent me away and he took me into the hospital. He did an operation. He put in an electrode and he gave me drugs'. We care about them, and that to them is perhaps more valuable than almost anything else. I'm not saying this in order to mock ourselves. On the contrary, this is an important feature. It gives them hope to know that we are trying. What we mustn't do, is to fool ourselves. Fool them, if it helps them to live for the rest of the week; but don't fool yourselves.

In the end, the only thing in which I have confidence at present is Dr. Vernon's masker. Now he insists on telling us that he didn't invent it, that it was Hippocrates; and I take his word for that. But as far as I'm concerned, he invented it. He brought it to us at any rate, and it is quite clear, for us in England, that we are far behind in the development of these things. I know that Jonathan Hazell has made careful note of this and we depend on him to bring us up to date.

To come nearly to the end, perhaps I could mention a series of twelve novels by Anthony Powell, a contemporary British author. You don't have to read them. They are about people you don't know and you won't like

https://doi.org/10.1017/S0022215100601251 Published online by Cambridge University Press

them; but there is one novel to which he gave the title of 'Temporary Kings', and this was about people who were attending a literary conference in Venice. While they were there, they thought themselves important; they were in the swim. They were either talking or they were listening to the most advanced things on the subject, and it all went up to their heads; and when they went back to their practices and clinics or schools or whatever it was, they had to face the actual patients who had had all these things done, and who rang them up and said: 'Look, the noise is terrible, you've got to do something'. I've had this from one man, late at night, and he said: 'She's keeping me awake; the noise is terrible in her ear'; and so I said: 'Well, tell her to come at eight tomorrow morning before the operations'; and he said: 'But what am I going to do tonight?'

The problems that we are going to face tomorrow are going to bring us down to earth again. Nevertheless, we will leave thinking that there is no single cause of tinnitus; there is no single treatment for tinnitus. If some improvement can be obtained, by one thing or another, or by psychological means or what you will, that's a good thing.

Eventually I have to turn to Abe and say: 'In the end, what have you done here? We have to thank you. I think what you did was to bring us together. I started out saying we had to hash things out, but I think something more important emerged from this. It reminded me (seeing some of the old faces, very old faces, from evoked response meetings; those who came right at the beginning) of how we started—really isolated groups, people who did little odd experiments in disparate countries, quite unknown in their territory; people who gradually built up something which is now recognized and invaluable. Abe, can we count on you to do the same thing here? To proceed somehow from this present meeting perhaps to further meetings so that, by forcing us to put tinnitus to the fore and with the new tools that we have available, you will shame us by asking us to talk about this and that, and shame us because we have no real answer. Perhaps we can say that what we've seen in the last few days may be the beginning of a new approach. Thank you very much for bringing us together'.

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