



AUDINEWS

The Newsletter of the International Society of Audiology

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XXVIIth International Congress Update

Ted Glatke, PhD, 2004 ISA Congress President

Scientific Program News

More than 300 delegates and their co-authors have contributed abstracts for traditional platform and poster presentations that promise an enriching experience for all persons attending the Congress. The scope of the submissions mirrors the breadth of the International Society of Audiology. Sessions are being organized around such diverse themes as mechanisms of hearing loss, pediatrics, evoked potentials, assessment of amplification systems, aural rehabilitation, cochlear implants, other interventions involving surgery, and new technical developments. In addition to the Round Tables on Molecular Biology, Cognition and Pediatrics, special sessions have been developed on Newborn Hearing Screening throughout the World; Vestibular Evaluation of Children; Issues Surrounding Scope of Practice, Curriculum and Professional Ethics; and a very special salute to Marion Downs.



The preliminary version of the full scientific program will be available in an electronic format to all persons who are pre-registered for the Congress! Delegates should watch their email in August for important messages from US Arrangers, the Congress Secretariat. Don't miss the opening reception and ceremony scheduled for the Convention Center on Sunday evening and a reception with exhibitors on Monday!

Exhibits

Exhibitors and sponsors promise to add to the excitement of the Congress. Our exhibit space is nearly sold out to representatives of manufacturers and professional organizations. Manufacturers from three continents will be sharing information about their products and four professional organizations have reserved space. Sponsors will help us to enhance our banquet, Western Night and several scientific sessions.

Registration/Hotel

Delegate registrations have been received from six continents! The Congress will provide a unique opportunity to interact with colleagues from throughout the world. Persons can register at reduced, pre-congress rates via the Congress Web Site until September 19th. On-site registration will also be accepted on the evening of the 26th of September and each morning throughout the Congress. There are new payment options. Payment options include credit card, wire transfer and checks. See instructions on the Web Site: <http://www.dawsongroup.net/isa> for complete information.

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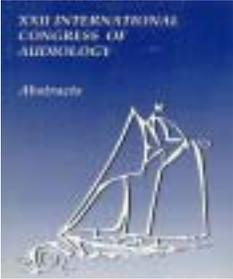
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History Of Our International Congresses: A Quiz

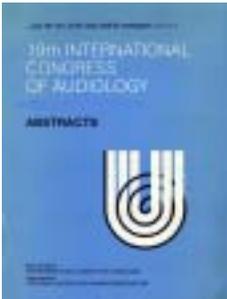
See if you are an Old Timer (7-10 right), a good timer (4-6 right), time flies by too quickly (2-3 right) or a welcomed new member (1 right). Answers on Page 6.

- 1) Which country has held the most number of ISA Congresses and how many?
- 2) Which country held the first International Congress of Audiology?
- 3) Two Congresses have been affected by illness or death of the President of the Country in which they were held. One was Poland (XVth Congress) what was the other?
- 4) As you know, the meeting in Phoenix will be the XXVIIth Congress, who was President of the XXVIth Congress and where was it held?
- 5) One name has appeared as President of two separate Congresses (VIII and XIV), but it was father and son (not the same person twice), what is the name and which country?
- 6) During the Congress in Santa Barbara, USA (XVII), an organization was proposed, but it did not become a formal organization and affiliate of ISA until the XXIth Congress in Morioka, Japan. Today all ISA members know about the organization through its newsletter. What is the name of the organization?
- 7) The Vth International Congress was held in Bonn, Germany in 1960. Which country will be the second German speaking country to host a Congress and when?
- 8) Has there ever been a Congress in South America?
- 9) Who was President of the Xth Congress and where was it held? This will tell us whether you read the last issue of Audinews!
- 10) Can you place these Congress logos with their city and year? If you are really good - Can you name the Congress President?

A] 

C] 

E] 

B] 

D] 

PRESIDENT'S MESSAGE

Sharon Fujikawa, PhD



As we approach another Congress, I remember some of the first Congresses I had the pleasure of attending. I remember how impressive it was to meet luminaries of audiology such as Rainville, Glorig, Hinchcliffe, Aran, Bergman and the audiologists from all over the world. I learned so much from the conversations we shared as well as the formal presentations of the Congresses. This was an opportunity to learn first hand about how clinical audiology was practiced in countries other than my own and to network with other researchers. Many an international collaboration has begun with these informal interactions at the International Congresses. This year, I look forward to seeing a good friend of the Society, Dr. Moe Bergman who will be joining us in Phoenix.

This year we have the distinct pleasure of honoring, through the Glorig award, a man who has literally written the book in the field of clinical audiology, Dr. James Jerger. This award will be presented during the opening ceremony of the Congress; that will be Sunday, evening, September 26. My remarks will be limited by time constraints and even if I had a full seminar, I could not approach Dr. Jerger's accomplishments that are marked by the breadth and the depth of his scientific studies. I first met Dr. Jerger as a graduate student at the University of Hawaii where he was presenting a series of lectures on his way to Australia. Over the years I have learned from him and have appreciated his encouragement at various stages of my career.

Dr. Jerger received his Ph.D. in audiology from Northwestern University in 1954. He was on the Northwestern University faculty for seven years, moving to Washington, D.C. where he was on faculty at Gallaudet. In 1962 he moved to Houston as Director of Research for the Houston Speech and Hearing Center. In 1968 he joined the faculty of the Baylor College of Medicine where he was the head of the Division of Audiology and Speech Pathology. In 1997, he moved to Dallas where he is a Distinguished Scholar-in-Residence at the University of Texas/Dallas. The University of Texas, in a summary of his accomplishments stated that Dr. Jerger's research and clinical interests have focused on the development and evaluation of tools for the refinement of audiological diagnosis. His work includes studies of intensity discrimination, auditory adaptation and fatigues, speech audiometry, immittance audiometry, dichotic listening, and auditory evoked potentials. His current research interest is the development of tools to improve the diagnosis of auditory processing disorder, especially in school-aged children. He is the author or co-author of 298 publications in the field.



Dr. James Jerger

I hope you will join me at the Congress in congratulating Dr. Jerger for his accomplishments. Talk to him and you will learn something. We also have the pleasure of greeting Dr. Susan Jerger. I look forward to another Congress where we have the opportunity to greet old friends and make new ones. See you in Phoenix!

A Gentle Reminder
Renewal of ISA Dues for 2005-2006 Begins in September
Notices will be sent by e-mail.

The Real Benefits Of Bilateral Hearing Aid Fitting

William Noble, PhD



At the International Hearing Aid Research Conference, Lake Tahoe, California, Stuart Gatehouse and I will be presenting results from the most recent phase of a project we started four years ago. The project has been aimed at identifying as completely as possible the range of functions for which hearing is used, including everyday contexts and tasks that have not been considered in the literature on hearing and hearing impairment. At this stage in the life of the project, inquiry has been largely limited to the self-report domain; but design and development work for performance-based testing is underway.

To illustrate the broadened range of hearing tasks, take the area traditionally considered to be of most significance for human listeners, hearing for speech. The usual way this is thought about, reflected in both the performance and self-report domains, involves a stationary listener attending to a single stationary voice, either in quiet conditions or in conditions of stationary noise, or listening in a group setting. While these are recognizable as contexts they do not represent the range of engagements people have with others' spoken speech.

Most notably, in order to operate effectively in the social environment, listeners must monitor simultaneous and overlapping speech streams, a circumstance common in any setting involving multiple participants, such as in the supermarket, or around the house, or at and around the dinner table, watching TV with others in the family, at a meeting or at the office dealing with telephone callers and colleagues coming and going. In these more challenging and often dynamic settings, listeners must be able to divide attention between different streams, and/or switch attention rapidly from one to another, in order to orient to currently salient input and re-orient to content that becomes salient.

We fashioned a series of scenarios covering the traditional speech hearing contexts and more challenging ones involving divided and rapidly switching attention. Together, they formed part of a self-report inventory that also covered all aspects of spatial hearing, that's to say, discrimination of direction, distance and movement — the last being an amalgam of changes in direction and distance. In addition, we inquired about a range of other hearing characteristics such as segregation of sound streams, clarity and naturalness of various everyday sounds, identifiability of sounds (music, a speaker's identity, a speaker's mood from their voice). Finally, we asked about the need to concentrate and expend effort while listening. The resulting questionnaire is called the Speech, Spatial and Qualities of Hearing Scale (SSQ), and was reported in the International Journal of Audiology earlier this year.

The project just completed, to be presented at the Lake Tahoe meeting, involved comparison of the scores on the SSQ of a sample of clinic clients, prior to them experiencing a hearing aid, with scores from a matched sample of clients fitted for at least six months with a single hearing aid, and further with scores from another sample fitted for at least six months with two aids. For most traditional speech hearing contexts (in quiet, in noise, in groups) there was a benefit in fitting one aid, and little further benefit with two. In contrast, speech hearing in the contexts calling for divided or rapidly switching attention showed further benefit of amplification in both ears versus one. The directional, distance and movement components of spatial hearing showed no benefit from one hearing aid, whereas all components, but especially distance and movement, showed evident advantage of two. Finally, clarity of sounds, and effort needed in conversation, showed bilateral advantage. The conclusion is that the benefit of fitting two hearing aids will not be readily demonstrated so long as traditional speech hearing contexts are relied on to make the case.

Audiogenic Seizures Associated with Severe Intractable Epilepsy and Anterior Callosotomy

Juan Jose Madriz, MD



Photosensitivity induced-epilepsy is the most common form of “reflex epilepsy”. Other less common triggers of epileptic seizures have been described as auditory, olfactory, vestibular, musicogenic and it is possible to even find in the literature references to cognitive processes (like mathematical calculations and reading) as generators of seizures. Noise – first observed by Pavlov more than 75 years ago - is widely described in Experimental Neurology as a cause of epileptic seizures in mice and rats, although few references can be found in human clinical cases. Usually, the laboratory animals are exposed to tonal or narrow-band noises of high intensity (100 to 110 dB), for one minute or longer, or until a seizure is generated. These conditions have been associated, among others, to Magnesium deficiency, to low level gamma irradiation or to Fragile X Chromosome Syndrome.

RCR is a 6 year-old boy who was the product of a normal pregnancy and who had an uneventful delivery. He was referred to the Neurology Department at the National Children’s Hospital in San Jose, Costa Rica, when he was 6 months old because of muscular hypertonic spasms. Gradually, the spasms evolved to daily atonic-myoclonic and tonic spastic crises of difficult management. Thorough assessment with SPECT (Single Photon Emission Computed Tomography), CAT scan and MRI showed mild cortical atrophy and impaired bi-frontal and bi-temporal blood flow. EEG tracings demonstrated important epileptic activity always described as severely abnormal. The boy started using the different anti-epileptic treatments available in the market until he had used all known commercial drugs without improving his condition. Given his refractory epilepsy and lack of response to treatment, it was decided to perform an anterior callosotomy. Regretfully, the results were not only unsuccessful, but the child developed an abnormal hypersensitivity to moderately loud sound stimuli, leading him to frequent daily crises of loss of consciousness and atonic falls. This raised concern for head and body injuries.

The boy now experiences daily conventional epileptic seizures and reacts to unexpected sound (a house blender, the drop of a plate in the sink, clapping, a door slam) with the described type of crisis. Hearing was assessed in March 2001 and January 2004 through: a) Distortion-Product Otoacoustic Emissions: normal bilaterally between 750 Hz and 8.000 Hz; b) BOA: normal behavioral binaural responses at 15-20 dB and SAT at 15 dB; Immitance: normal tympanograms (type “A”) and normal acoustic reflexes at 85-90 dB bilaterally. ABR was not performed given the previous test results and the risk of sedation in this patient.

In spite of the general findings in the literature, we have not been able to find any specific management measures – other than common sense ones... - to deal with this particular condition. An interesting mention is made to the “pre-pulse inhibition paradigm” in mice, where it has been possible to suppress the startle response to a strong auditory stimulus, with a moderately intense pre-stimulus sound. No mention was found to clinical application of this principle to humans. Comments and suggestions in regard to this case will be greatly appreciated.

Editor’s Note: We would very much like to have comments and ideas submitted about this case, or if you wish, please submit interesting cases of your own for discussion. Please reply via the editor (gtmisa@yahoo.com) who will forward all material to the original author and publish new and interesting cases.

香港聽力學會
HONG KONG SOCIETY OF AUDIOLOGY



**International
Conference on
Recent
Developments in
Paediatric
Audiology**

Organizer :
Hong Kong Society of Audiology

Venue :
Penthouse Ballroom, Hotel Miramar Hong Kong
118-120 Nathan Road, Tsim Sha Tsui, Hong Kong

Dates :
Pre-Conference Workshops: 3rd Dec 2004 (Friday)
International Conference: 4th - 5th Dec 2004 (Saturday & Sunday)

Web site :
<http://www.audiology.org.hk>

Answers to the Congress Quiz:

- 1) Italy with 4 Congresses (III-1956-Montecatini; IV - 1958-Padua; XIII-1976-Florence; XXIII-1996-Bari)
- 2) The 1st Congress was held in Leiden, Netherlands in 1953
- 3) Paris, France (XII- 1974) altered by the death of President Georges Pompidou
- 4) President Bob Cowan in Melbourne, Australia
- 5) Drs Pedro Berruecos Sr and Jr of Mexico
- 6) Hearing International
- 7) Innsbruck, Austria in 2006 (XXVIII)
- 8) Yes, the XXIVth-1998 in Buenos Aires, Argentina
- 9) The Xth Congress was held in Dallas, Texas and Aram Glorig was President
- 10) A] Halifax, Canada XXII-1994, Mencher;
B] Jerusalem, Israel, XIX-1988, Bergman;
C] Tenerife, Canary Islands, Spain, XX-1990, Barajas;
D] Florence, Italy, XIII-1976, Bocca; E] Acapulco, Mexico, XIV-1978, Berruecos Jr

WANTED

DEAD OR ALIVE (HOPEFULLY ALIVE!!)



A VOLUNTEER EDITOR AND/OR ASSISTANT EDITOR FOR THE AUDINEWS!

REWARD: PLEASANT AND FUN WORK, A CHANCE TO PLAY A SIGNIFICANT ROLE IN A MAJOR INTERNATIONAL ORGANIZATION, TRAINING, FUNDS FOR PUBLICATION AND ASSISTANCE AVAILABLE. FLUENT WRITTEN ENGLISH ESSENTIAL. ANY MEMBER MAY APPLY

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XXVIIth International Congress Update.... continued from page 1

Outside Activities/Optional Social Registration

Please book hotel space through the Web Site passkey system so that the Congress receives credit for rooms that have been reserved at special rates for delegates.

During the Congress, delegates will have many options for their free time! The Arizona Diamondbacks will play 3 home games in a state of the art ball park located within 10 minutes' walk of the Wyndham Hotel and Convention Center! Tickets are still available for all locations from behind home plate to dizzying heights above the field. Concert artists, including Sting, will be in Phoenix just prior to the Congress. Accompanying persons may sign up for a social program that will keep them busy touring Sedona, the museums of Phoenix and shopping opportunities in Scottsdale! Plan on warm days and perfect evenings in terms of weather.

All delegates and guests are invited to purchase optional tickets for a Western Night to be filled with music, good food, and other surprises on Tuesday and for the Congress banquet, to be held at the Wyndham Hotel, on Wednesday. Along with the receptions scheduled for Sunday and Monday, these evenings will provide you with special opportunities to see old and make new friends from among your colleagues around the world. We hope to welcome you to Phoenix!!

TO: WIDEX® — “THANKS!”

The International Society of Audiology is very grateful to WIDEX Hearing Aids for their continuing support of the Audinews. It is through their generosity that we are able to continue to bring you this publication. The next time you visit a Widex booth or see a Widex representative, please pass on words of appreciation!



Topics

- Physiological bases of auditory evoked potentials
- Generators
- Development of the auditory system as revealed by evoked responses.
- Otoacoustic emissions: TEOAE, DPOAE, SOAE & other
- Electrocochleography (EcochG)
- Brainstem responses (ABR)
- Middle latency responses (MLR)
- Long latency responses (P50/P1, N1, P2)
- Auditory Steady-State Responses (AS- SR)
- Cognitive responses: MMN, P3, N400 & other
- Language and event-related potentials
- Electric-evoked auditory responses: Cochlear implant evaluations
- Magnetic responses (MEG)
- Newborn hearing screening and diagnostic evaluation
- Surgical applications of evoked potentials
- CNS plasticity as revealed by evoked potentials
- Technology: Instrumentation and data processing

We Remember: Sylvan Stool, MD
Sanford E. Gerber, PhD



Sylvan Stool MD

We have recently learned of the death of Sylvan Stool, M.D. At the time of his death, Dr. Stool was on staff at the Children's Hospital of Denver and on the faculty of the University of Colorado. He had moved to Colorado after some years at the Children's Hospital of Pittsburgh and before that at the Children's Hospital of Philadelphia.

Dr. Stool was Board Certified in both Otolaryngology and in Pediatrics; a unique feat. Stool earned an international reputation for his discovery of a procedure that made performing tracheotomies on children safer. This procedure saved countless lives and remains the standard of care today. He traveled all over the world teaching doctors how to protect a child's airway and how to use a pneumatic scope to diagnose middle-ear infections. The author of more than 150 articles, Stool received the *Award of Merit* and the *Humanitarian Award* from the American Academy of Otolaryngology. Dr. Stool was a founder of the Society for Ear, Nose, and Throat Advances in Children (SENTAC), and served that society as its second president. For thirty years he was the historian of SENTAC, and everyone very much enjoyed his historical reports. SENTAC named its annual award for education the *Sylvan Stool Award for Excellence in Education in Ear, Nose, and Throat Advances in Children* in his honor. Our several professions will sorely miss this good man. He was a mentor and model for us all.

We Remember: Ralph F. Naunton, MD
George Mencher, PhD

We have also recently learned of the death of Ralph Naunton, M.D. The following appeared in *Audiology Today* (May/June, 2004), a publication of the American Academy of Audiology:

Ralph F. Naunton MD, former director of the Division of Communication Sciences and Disorders, National Institute On Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH), died peacefully on February 28th, 2004 of heart failure. Under his leadership, the NIDCD began supporting research in the development of cochlear implants. Born in London, Naunton served as Chairman, Section on Otolaryngology at the University of Chicago from 1966 to 1978. He also served as President of the American Auditory Society and was a board member of the Deafness Research Foundation, the American Otological Society, the Better Hearing Institute, and the International Hearing Foundation.



Ralph Naunton MD

I had the pleasure of meeting and serving with Ralph on the Joint Committee On Infant Hearing when I was Chair and he, the representative of the Otolaryngologists. His charm, sense of humor and intelligence went a long way toward making those early days in infant screening research and protocol development a lot less tense than they could have been. As a significant contributor to the development of the original High Risk Register, his expertise continues to influence us today. His work at NIH speaks for itself. He saw his responsibility to aid researchers in any way he could. Many of us owe him a debt for his efforts to aid us with funding. Ralph left his mark and he will be missed!

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XXVIIth International Congress of Audiology

Phoenix, Arizona, U.S.A.
26-30 September 2004

Organized in the name of the
International Society of Audiology

For clinicians, scientists, manufacturers, and students throughout the world who wish to exchange information and ideas about human hearing, protection against hearing loss, habilitation, and rehabilitation.

- Round Table Presentations
- Featured Sessions
- Free Papers

Social program includes Southwestern Fiesta Night, optional travel to the Grand Canyon, Sedona, Arizona-Sonora Desert Museum, and historic sites.

Call for papers and registration materials will be published in early 2004.

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