

History of the American Neurotology Society (1965-1990)

RICHARD E. MARCUS, MD, Winnetka, Illinois

ANS

On Sunday, November 14, 1965, during the Seventieth Annual Meeting of the American Academy of Ophthalmology and Otolaryngology (now the American Academy of Otolaryngology—Head and Neck Surgery) at the Palmer House Hotel in Chicago, the Neurotology Group presented its first program. Since we were an unknown and untested organization, exploring new and clinically remote otologic territory, the Academy officials not unexpectedly handled us gingerly and at arm's length. We were assigned to the Chicago Room, which, despite its impressive name, was located in the basement of the massive hotel, next to the boilers. We thought 30 to 40 members and guests of the Academy might attend (having invited 250), but more than 100 occupied the available seats, stood against the walls, and filled the rear of the room, spilling into the corridor. The door was left open, not only to let the overflow crowd hear, but to provide some needed ventilation.

What began as the Neurotology Group in 1965—renamed the American Neurotology Society in 1974—is this year celebrating its 25th Anniversary. The Society presented a two-day scientific program, with an attendance of more than 400, and hosted a gala black tie banquet on Friday, April 27. It has grown to become an important and influential otolaryngologic society, a full member of the Combined Otolaryngologic Spring Meetings (COSM), with 323 Active, Associate, Senior, and Honorary members, and a substantial bank balance, as reported at the Fall 1989 meeting. How did this happen?

It goes back to the early 1960s, when otology was

at one of its crossroads. Significant advances in the post-World War II years, including antibiotic control of purulent otologic infections and complications, had opened the way to important accomplishments in the medical and surgical treatment of chronic otitis media and conductive deafness. Using the basic techniques of such middle ear surgery and assisted by site-of-lesion audiometric tests, nystagmography, and newly developed temporal bone tomography, otologists could reach eighth nerve neoplasms early, directly, and with minimum risk. In addition, the challenges of the Cold War, Sputnik, and the weightless environment of space resulted in an outpouring of public and private funds for all types of basic research. There was a rapid proliferation of experimental reports on the microscopic, molecular, and biochemical mechanisms of the inner ear and central nervous system. What had been mostly an anatomic and physiologic curiosity, in which lesions were difficult or impossible to treat, now looked as if it might become clinically accessible.

Encouraged further by the papers presented on the approaches to auditory and vestibular system disorders at comprehensive symposia in Houston and Detroit, some of us thought it might be time to bring a group of our co-workers together in a context in which these developments could be discussed and applied to the profound and universally disabling problems of inner ear deafness and recurrent or persistent vertigo. The plan for such a group was formulated when Dr. Nicholas Torok and I met at a delicatessen down the street from the New York Hilton Hotel on Tuesday, October 22, 1963, during the 68th Annual Meeting of the American Academy of Ophthalmology and Otolaryngology. It was decided that I would get in touch with some of our friends and colleagues, including Fred Harbert, Norton Canfield, Aram Glorin, Willard Parker, and Joseph

Reprint requests: Richard E. Marcus, MD, 691 Sheridan Rd., Winnetka, IL 60093-2323.

3/1/24649

Sataloff—all of whom joined us the next afternoon in my room at the Americana Hotel.

Although a number of views were expressed, we found our interests ultimately centered on the problems of the increasing complexity of clinical hearing and vestibular tests and the otologist's role in the application and interpretation of those tests in a field in which responsibility for patient care was fragmented and controversial. After that meeting, we worked together as a provisional committee on otoneurology, lost a few of the early participants, but added others. Subsequently we agreed to try to develop an organization in which information on these problems could be exchanged and scientific programs could be presented. We haggled a bit on the choice of our name, but went public as the Neurotology Group, and arranged for the inaugural panel on Nystagmography, which included a statement of our aims read by Dr. Frederick Harbert.

Heartened by the success of the inaugural, we decided to repeat at future Academy meetings. With a modest underwriting of expenses by our Founding Group, we moved quickly to write a constitution and by-laws (adopted in 1967), with purposes that echoed our original aims to:

1. exchange and disseminate information about the physiology, pathology, and clinical management of the sensorineural systems of audition and equilibrium, and
2. stimulate education and basic and clinical research relating to these systems.

We named our interim officers and Executive Council and, with our new Society's structure now in place, we sought to enlist others in our cause. A carefully selected list of invitations was sent out, and 49 distinguished otologists and co-workers in the field became our charter members in 1968 (Appendix).

Programs were planned on a yearly basis at the Academy meetings. In the first 5 years, auditory and vestibular panels or selected combinations of the two were alternated. This format continued thereafter, but as the Society's purposes and activities became recognized, the number and variety of papers steadily increased. Five-year groupings of the programs from 1965 to 1989 outline this development.

PROGRAM DEVELOPMENT

1965-69

Primarily 2-hour annual and semi-annual panel presentations on audiometry and nystagmography, covering diagnostic approaches to hearing loss and vertigo, including some elements of medical or surgical treatment. One of the panels reviewed the surgical considerations in facial nerve disorders.

1970-74

Continuation of 2-hour panels, with introduction of genetic aspects of hearing loss and emphasis on description and measurement of nystagmus and oculomotor disorders. In 1972, for the first time, the Nystagmography Study Club joined the regular scientific presentations of the Society. Eventually it became the Vestibulology Committee, which, along with the Audiology Committee, organized annual workshop programs.

1975-79

Numerous papers on neurotologic correlates of central nervous system disease. In-depth studies on the physiologic, histologic, pathologic, and clinical findings in Meniere's disease, including various medical and surgical treatments then available. Methods of rehabilitation for patients with vertigo. Review of new developments in audiometry, with the first symposium in 1978 on clinical applications of evoked auditory response. The day-long general scientific sessions at the Spring meetings were an innovation in 1979.

1980-85

Meetings now extended to one-and-a-half days; further studies on the basic science and clinical aspects of vestibular function and pathology and evoked response audiometry. Papers and panels on tinnitus, sudden deafness, and use of CT scanning in eighth nerve neoplasms and other inner ear disorders. Various reports on surgical treatment of Meniere's disease, eighth nerve section, and singular neurectomy. Papers and discussions on the cochlear implant.

1985-89

The appearance of various papers on new or updated versions of surgical treatment of Meniere's disease, facial nerve disorders, skull base lesions, glomus tumors, and middle ear inflammatory disease. In-depth reviews of the cochlear implant, application of CT scan, and introductory use of magnetic resonance imaging. Comprehensive program in 1987 (31 ten-minute papers) on auto-immune ear disease, further clinical applications of evoked response, temporal bone disease, and posterior fossa vascular and neurotologic surgery. Co-sponsored scientific meeting with the Politzer Society, December 1987. Extensive presentations in 1988 (48 ten-minute papers), including the 25th anniversary of transtemporal bone microsurgical removal of acoustic neuromas. In 1989, there were 62 eight-minute papers.

In the decade of 1980 to 1989, probably in response to the major developments in diagnostic capabilities, monitoring techniques, and surgical approaches to the

inner ear, posterior fossa, and skull base, there was a remarkable increase in the number of papers (from 15 in 1981 to 62 in 1989), many of them on surgical treatment and technique. There was also a corresponding decrease in the time allotted for presentation (from 15 to 20 minutes in 1981 to eight minutes in 1989) and in choice of subjects—a perceptible drifting away from the primary sensorineural auditory and vestibular aspects of our field. However, including transplant and implant surgery, the exponential growth of interest in surgical treatment is not unique to neurotology and is seen in cardiology, ophthalmology, and orthopedics, to name but a few of the burgeoning specialties.

ORGANIZATIONAL DEVELOPMENT

The original constitution and by-laws (1967) set out to define and implement the organization and function of the Society in four general categories in order to:

1. establish a membership of qualified professionals with recognized proficiency in teaching, writing, or research in the field of neurotology;
2. choose, arrange, coordinate, and stage its scientific programs;
3. initiate an active liaison with other societies and groups with mutual or related interests; and
4. strive for leadership in specific areas of importance to its purposes.

It appointed committees that in the early years worked to set up a joint scientific session with the American Medical Association Section on Otolaryngology; organized an AMA-approved continuing medical education program; co-sponsored, endorsed, or participated extensively in symposia, panels, and presentations with other societies or groups in the field. The Society undertook to monitor and evaluate the relevant neurotologic teaching courses at the American Academy of Ophthalmology and Otolaryngology Fall meetings; concerned itself with the education and training of residents (since a number of its charter members were heads of medical school departments); and took an active part in providing information to general practitioners and other specialists through medical school postgraduate courses. It encouraged basic studies in auditory and vestibular physiology and pathology and provided places for such papers at its scientific meetings. There were early attempts to set up training programs for audiometric and vestibular technicians. The Vestibulology Committee led the way to acceptance of nystagmography as an important clinical procedure and its ultimate approval, as such, by third-party payers. The Audiology Committee was an early proponent of otologists' efforts to include in their practices an expanded audiometric capability, as well as the evaluation and

prescription of hearing aids and assistive devices.

As the Society grew in numbers and influence, its organizational work increased proportionately. To acknowledge its new status, it became the American Neurotology Society in 1974. In 1989, after years of preparation and review, a revised constitution and by-laws were approved that further strengthened, enlarged, and clarified these functions. Membership standards were sharpened and formalized. The coordination of the scientific program was streamlined and a permanent place was finally assured in April 1989, with the Society's acceptance into the Spring meeting of COSM. Liaison was expanded with the American Otological Society, with both societies working together to develop, among other things, Fellowship Guidelines for Otolologic Training in Otolology/Neurotology. A joint document on the subject is to be approved by both societies.

Active contact with the AAO-HNS has been maintained through the Board of Governors. It has considered a number of matters of mutual concern, including relationships with audiologists and audiologic organizations, which had indicated a desire in 1984 to function independently of physicians in audiology and vestibular testing. Also discussed with the AAO-HNS, as well as the American Otological Society and the American Board of Otolaryngology, were the problems of recertification—sub-certification. The concept was finally rejected by both AAO-HNS and ANS. In addition, the publication of the AAO-HNS, *Otolaryngology-Head and Neck Surgery*, is now the official Journal of the American Neurotology Society. Through some of its reorganized standing committees, the Society will maintain liaison and support the development of a new independent American Society of Evoked Potential Monitoring and will encourage presentations at its scientific programs by members of newly developing Skull Base Societies.

It has extended its scientific program to include the William F. House Lectureship, as well as honored guest lecturers. It becomes the host society this year for the Nicholas Torok Vestibular Award for an annual lecture on an innovative observation, experience, or technique in the field of vestibular basic science. This is in addition to its already established annual Trainee Award Program for a paper accepted and presented by the author (resident or fellow) on a clinical or basic research study.

REFLECTIONS

It is fair to say that the American Neurotology Society has made the most of these past 25 years. It has gained institutional solidity by finding a permanent meeting time and place. It has an official journal for the pub-

lication of the papers of its scientific programs. It enjoys a comfortable financial stability. It has restructured its organization to deal with the recurrent problems of audiologists and audiologic groups, optimum size of membership, and recertification and sub-certification. The definition of neurotology continues to be difficult, but may evolve from the studies of the joint committee of the American Otological Society and the American Neurotology Society on fellowship guidelines for otologic training in otology/neurotology.

The Society has been fortunate to have had a succession of officers and members with vision, energy, and enterprise. They have shown a willingness to open their programs to the many new and sometimes controversial

developments in medical science, while trying always to maintain an overall balance. They have had to adapt quickly to the demands of constantly shifting administrative, educational, socioeconomic, and political conditions in their own communities and in the nation at large.

The growth of the Society from its original founder group and charter membership to its present stature is recounted and documented here. Its scientific meetings are crowded, places on its scientific programs are sought by many more than can be accommodated, and membership in the group is a proud achievement. It is apparent that its influence is felt and acknowledged wherever neurotology and otolaryngology are practiced.

APPENDIX

FIRST OFFICERS AND CHARTER MEMBERS 1967-68

OFFICERS

Fred Harbert
President
Richard E. Marcus
Secretary-Treasurer

EXECUTIVE COUNCIL

Godfrey E. Arnold
Aram Glorig
Willard Parker
Bruce Proctor
Wallace Rubin
Nicholas Torok

ACTIVE MEMBERS

Alford, Bobby Ray
*Arnold, Godfrey Edward
Busis, Sidney N.
Clemis, Jack D.
Cohen, Noel L.
Compere, Wesley E.
DeWeese, David Downs
Dotowitz, David A.
Farkashidy, Joseph
Gacek, Richard R.
*Glorig, Aram
*Harbert, Fred

*Founding Member

Hart, Cecil W. J.
Hemenway, W. Garth
Hilding, David A.
Hilger, Jerome A.
House, William F.
Linthicum, Frederick H.
*Marcus, Richard E.
McCabe, Brian Francis
Naunton, Ralph
Paparella, Michael M.
*Parker, Willard
*Proctor, Bruce
Proud, Gunnar C.
Pulec, Jack

Reddy, John B.
Ruben, Robert J.
*Rubin, Wallace
Sataloff, Joseph
Schuknecht, Harold F.
Simmons, F. Blair
Snow, James B., Jr.
Spector, Martin
Stroud, Malcolm H.
*Torok, Nicholas
Ward, Paul H.
Wolfson, Robert J.

ASSOCIATE MEMBERS

Bertrand, Robert A.
Derbyshire, Arthur, PhD
Fields, William Straus

Hardy, William G., PhD
Igarashi, Makoto
Ireland, Desmond J.
Toglia, Joseph U.
Valvassori, Galdino E.

Vernon, Jack A., PhD
Weiss, Alfred D.
Young, In Min