

EDITORIAL

Celebrating 10 Years of the *International Tinnitus Journal*

“Verba volant. Scripta manent!”

We assume that humans are talking much more about annoying noises in their ears than are writing about tinnitus. Obviously, humans observing themselves and listing their complaints can definitively describe their subjective symptomatology. However, for more generally formulating an idea, they need to bring together facts, which they then arrange, rearrange, and accumulate, so that a system model and a theory can be found. Therefore, we need to spread our observations and thoughts into the outer world, coded in such a way that they can be revisited with the eyes (i.e., in writing).

Looking back over the last 10 years since the inception of the *International Tinnitus Journal (ITJ)*, we find that it has proved to be the appropriate platform for further developing the scientific and clinical ideas in modern tinnitology. Therefore, we chose as a motto for this foreword a 2000-year-old Roman proverb: “*Verba volant. Scripta manent!*” This proverb tells us that ideas being circulated from person to person quickly escape; they can fly in any direction, like birds, and can disappear. However, ideas organized into a written, long-lasting form (e.g., in a printed journal) remain visible for a long time not only for authors but for all those interested in them. Readers might not even personally know the authors of written ideas, but when they read their letters, words, and sentences, those ideas as such are pictured in their imagination.

In earlier days, writing systems always tended to be very conservative. Their origins often were attributed to divine sources, thereby underscoring their importance. Knowledge is established in related compartments, as different pieces of a puzzle. We understand our *ITJ* as an academic stone in a printed manor house. When speaking about tinnitus, we refer to abnormal sensations in one or both the ears. The term *tinnitus* is used to describe any form of noise that arises in the ears or head and is audible to a person affected. It may be whistling, ringing, clicking, pulsating, humming, hissing, and the like. In some cases, however, it may also be audible to other persons using a stethoscope or a microphone held against an affected patient’s head. This latter form is

also called *bruit*. The *bruit*, which arises from vascular abnormalities in the head or neck or from muscular contractions in the muscles of the middle ear or those muscles surrounding the jaw, is a special form of physically created noise within the skull.

So-called real tinnitus usually arises because of signals generated by the sensory structures and within the neuronal networks between the ear and the temporal lobe of the brain (i.e., in the auditory pathways) even in the absence of any noise. There we can differentiate an endogenous tinnitus, which is present even in silence and can be functionally localized as to loudness and pitch by audiometric masking procedures. The second form of subjective tinnitus, also with a high incidence, is so-called exogenous tinnitus, or the tinnitus arising from a hypersensitive ear. This form arises mostly in situations in which a patient is exposed to an overload of noise information (e.g., in a noisy environment, at a party). In such cases, the acoustic dynamics play an important role. The information processing of an incoming noise in the pathways of the hearing system between the inner ear and the cortical projections, especially at the temporal lobe, cannot sufficiently handle the separation of the acoustic information in an intelligent way.

Tinnitus can affect people of all ages and is usually a permanent condition. However, it can also occur temporarily, after sustained loud noise (e.g., in a steel factory or after an explosion or a rock concert). Tinnitus sometimes is accompanied by a severe hearing loss, even to the point of deafness, although it can also occur in people with normal hearing. Tinnitus can be a symptom of specific diseases, such as acoustic neuroma, Ménière’s disease, vestibular neuritis, Pica-syndrome, and the like, together with vertigo and other disorders. Severe cases of tinnitus can cause depression and sometimes ultimately lead to suicide. As tinnitus mainly is a complaint registered during the second half of life, we find millions of tinnitus cases worldwide in our aging populations.

For us, as clinical scientists of neurootology and as physicians in this field, it became imperative to start the

ITJ on the basis of the research and publications of Abraham Shulman from New York in 1994. Already in 1946, the famed Prof. Juan Manuel Tato, who died in March 2004 at the age of 102, published a book on objectively and quantitatively measuring human hearing by means of audiometry, dealing not only with different kinds of hearing disturbances and impairments but with measuring tinnitus.

Prof. Tato encouraged us in 1974 to found the international Neurootological and Equilibrimetric Society (NES) at Würzburg–Bad Kissingen, Germany, including an international circle of researchers and physicians from the Anglo–American, Spanish, German, and French worlds. Since then, at its annual meetings at various places around the world and during the courses offered by this organization, the NES has dealt with a combination of symptoms and related disorders of vertigo, nausea, dizziness, hearing loss, and tinnitus.

As a ranking authority who devoted his life to the early development of otology into neurootology, Prof. Tato taught us that scientists from all over the world should come together to bring forward and explain their ideas about diseases and that they should not only talk but should publish their findings and ideas. In that way, the authors could formulate their theories more thoroughly and others—at the same time or even much later—could revisit these ideas and take up the thread of the thoughts presented.

Thus, the NES began publishing its proceedings very early in its history (now in its third decade). They were published in four official languages: English, Spanish, German, and French. Later, we added a journal, *Neurootology Newsletter*, which was published in Kiev, Ukraine. The *Neurootology Newsletter* allows authors to publish in all four languages. Because the modern form of Latin (i.e., the world's language) is English, during the early 1990s members Abraham Shulman and Barbara Goldstein and I concluded that we needed a highly ranked modern journal dealing with the most dynamically developing specialty, neurootology (i.e., tinnitology). Now, 10 years later, we find that the *ITJ* has made its way to the highest level of modern scientific, clinical publishing. It is accepted into and included in the international *Index Medicus* and prints articles submitted from many countries worldwide.

Many diseases involving the ear, such as the complaint of tinnitus, are treated primarily by specially trained doctors called *otolaryngologists* or by ear, nose, and throat specialists and, more recently, by specialists in neurootology. However, the *ITJ* has proven that very many psychologists, physiologists, neurologists, orthopedic surgeons, traumatologists, and medical specialists as well as specialists from other areas, such as phone-audiology, enjoy writing and reading the articles

in the *ITJ*. Because soon the NES will release a virtual journal, the *Archives of Sensology and Neurootology (ASN)* on the Internet, we also want to discuss the advantage of a printed journal.

Essentially, printing consists of making numerous identical hard-copy reproductions of an original written layout by mechanical means. Modern printing techniques increasingly rely on photomechanical and chemical processes. Johann Guttenberg of Mainz, Germany, traditionally is credited as the inventor of Western printing; the date associated with his printing-press invention is 1450.

The *ITJ* is a printed clinical, scientific periodical. To date, we have published two issues per year. The main function of these issues is to report the state of the art in tinnitology through articles about physiology and theoretical models, the mechanisms of tinnitus, evaluation and diagnoses, and therapeutic procedures, and including clinical descriptions of various types of tinnitus. Another important function is to communicate in a global polygon with colleagues worldwide. In this journal, we try to advocate various general trends and developments in modern diagnostics and therapies, to furnish special information about new discoveries, and to advise readers about what is still under discussion and what could be recommended to them.

Despite the development of the Internet, with its very quick exchange of data, we observe that many of our colleagues want to build up a personal library of current knowledge in the field of tinnitology during their life span of active participation in clinical diagnostic and therapeutic work, whether in research or in scientific modeling or even as private or clinical physicians. During the NES congresses, which are attended by these experts, ideas, news, and results of research are disseminated by word of mouth. However, these presentations must also be written as papers and thereafter should be printed into a journal.

The editorial board of the *ITJ* must then select its fare from among all the papers submitted to us. Such a journal as the *ITJ* is limited by its finances, which restricts us to publishing two issues annually. Therefore, our editorial board tries to catch the spirit of the time in tinnitology and to distill it into printed pages in an organized periodical. Regarding the *ITJ*'s layout, its content, and its commendations, we can say after 10 years that we have found the niche in which our journal fulfils a need for current information. Additionally, it establishes an encyclopedia paralleling developments in the field of tinnitology for physicians, scientists, researchers, and staff members from the most varied medical fields, all of whom are interested in the phenomenon known as *tinnitus*.

The typical circulation of the *ITJ* is to the membership of the NES, which spans some 48 nations. As we

are independent, we are not obligated to follow mainstream politics of major publishing houses that edit other scientific papers. Our independence allows us to keep up a thorough coverage of scientific news free of inadequate directing influences. The *ITJ* is aimed at a specialized readership.

Despite some people's belief that the scientific journal of the future will not be printed but will be an electronic information service instantly available at any physician's or scientist's office, laboratory, or home, we believe, on the basis of our readers' comments, that we must continue with a printed version of the *ITJ* that is aimed at both current and long-term observations and follows developments in the field. However, we are also including an Internet version of the *ITJ* that can be accessed by anyone with a personal computer and a modem. We predict that the electronic version will

serve especially those who have immediate needs for information and that it will meet the needs of persons developing an academic career. The paper version, however, will continue to serve younger members as well, as these individuals need printed pages from a listed journal as evidence for their faculties, graduation boards, and the like that their work has been accepted.

Recently, a reader told me that a journal such as the *ITJ* "gives your thoughts stability in its existence as it remains a 'hard copy' in your hands and in your bookshelf." This is in contrast to Internet data, which seem to be abundant and continually in flux and appear not to last as long as printed material.

Therefore, we maintain for the next decade: "*Verba volant. Scripta manent!*"

Prof. Dr. Claus-Frenz Claussen