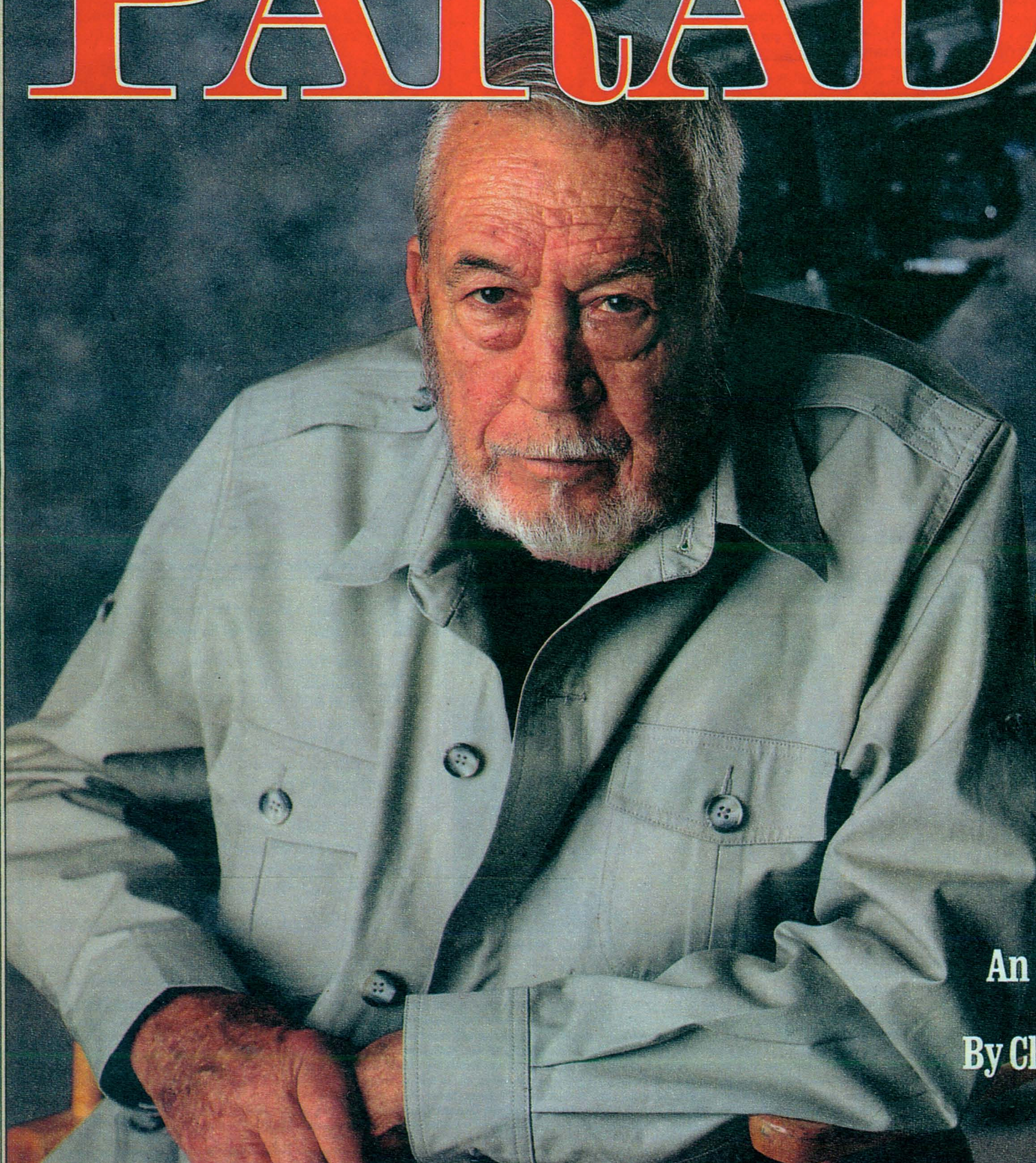


Sarasota Herald-Tribune

# PARADE



Reflections  
Of A Hollywood  
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Life To  
Live  
Over  
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An Interview With  
John Huston  
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**INSIDE: How To Praise A Child...By Earl Ubell**



## Thousands of Americans may not know they have Ménière's disease

# DO YOU LOSE YOUR BALANCE?

**R**ICHARD SHERMAN, a powerful figure in Florida banking, was lunching at a popular Fort Meyers restaurant when, suddenly, the room began to spin. Swept by waves of nausea, he broke out in a cold sweat. "I had to get out of there," he recalls. "I was reeling, banging into tables, grabbing chairs. I looked like your neighborhood drunk."

That moment 10 years ago was Richard Sherman's introduction to the mysterious and frightening Ménière's disease. It has plagued millions of Americans, including former White House Chief of Staff Donald Regan and the astronaut Alan B. Shepard Jr.

The symptoms include sudden attacks of spinning vertigo (dizziness), strange sounds in the ears (tinnitus) and a hearing loss that eventually could lead to deafness. An attack might last minutes or hours and then not recur for days or years. It's like living with a time bomb.

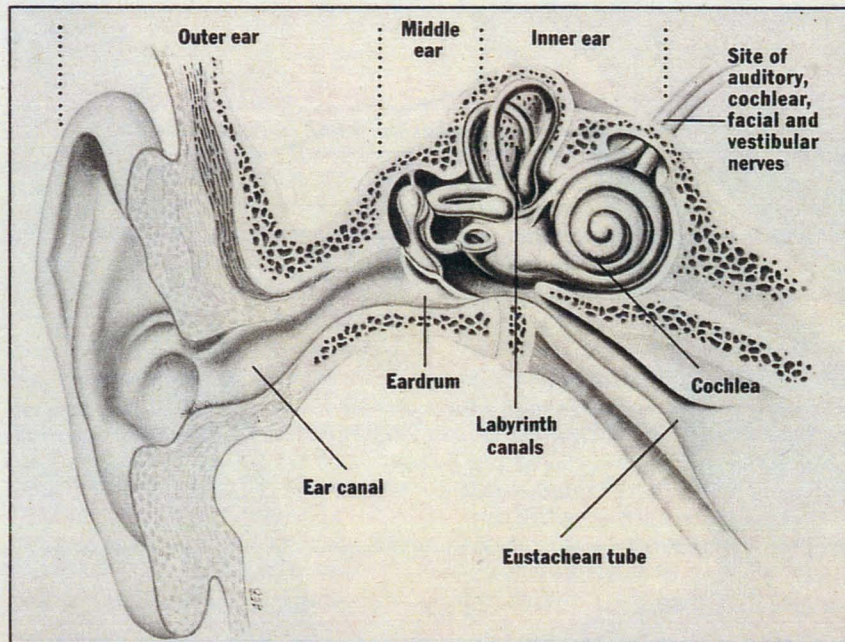
Medication and diet seem to help. Says Donald Regan: "I've learned to live with it, recognize its symptoms, take medicine." But for many thousands of others, surgery is the only answer. Now, the retrolabyrinthine vestibular neurectomy operation (RVN) offers new hope.

When the head or body moves, the motion is picked up by a liquid that flows through the inner ear's nerve endings in chambers and canals devoted to balance. The vestibular nerve telegraphs the body's latest position to the brain, as do the eyes, muscles and joints. The brain then sends out instructions, the body adjusts—and we keep our balance. When, for reasons still unclear, the volume of liquid in one ear suddenly increases, the brain gets the wrong messages and the body goes haywire.

Says Mary Salamone, 35, a commercial artist in Grand Rapids, Mich.: "You reach for a wall to steady yourself, but it turns out to be the sidewalk—you can't tell what's horizontal and what's vertical. You can't stop vomiting."

With each attack of vertigo, there is some temporary hearing loss in the affected ear. As the attacks multiply, the loss becomes permanent.

Some patients fear to drive a car or to leave home alone. "Between attacks," says Dr. John-L. Kemink of the University of Michigan Medical School in



Our sense of balance depends on a liquid flowing through the inner ear, but the system goes haywire in those with Ménière's disease. A new operation offers hope.

Ann Arbor, "these patients are healthy and feel fine. It's hard for employers and others to believe they actually have a disease." Many are never diagnosed; victims either avoid doctors, or doctors fail to recognize the disease.

There is no cure. Diuretics and antihistamines usually are prescribed; patients are urged to avoid salt and caffeine and to stop smoking. Surgery is the last resort. Says Dr. Jack Wazen of Columbia Presbyterian Medical Center in New York, "The choice of operation depends on how much hearing is left in the ear." If the hearing is almost gone, the usual option is to surgically remove the entire inner ear. The body learns to keep its balance with a single inner ear.

In the most commonly performed operation, a tiny silicone tube, or shunt, is inserted to drain off excess fluid, relieving the pressure on the inner ear with

little chance of hearing loss. In 1968, the operation was performed on Alan Shepard by Dr. William F. House of Los Angeles. It enabled Shepard to command the Apollo 14 moon landing.

The shunt often lends only temporary relief. For decades, surgeons cut the vestibular nerve to keep vertigo-causing messages from the brain. But the vestibular nerve is close to the cochlear nerve, which governs hearing, and the nerve that controls the facial muscles also is nearby. A slip of the scalpel could leave the patient completely deaf or with a half-paralyzed face—or both.

Dr. Herbert Silverstein, president of the Ear Research Foundation in Sarasota, Fla., developed the RVN procedure in 1978: As in a mastoidectomy, he enters *behind* the ear—a technique easier for surgeons to master. About 100 surgeons have been trained in this

procedure, including Dr. Wazen.

Madeline Lacertosa, 61, talked to Dr. Wazen about the operation. "I'd had Ménière's for four years," the New York housewife recalls. "I was afraid to leave my home." She hesitated to risk surgery until last fall, after another attack. At Columbia Presbyterian Medical Center, Wazen explains, a piece of bone the size of a silver dollar was removed from behind Mrs. Lacertosa's left ear. A flap of tissue covering the brain was lifted, exposing the vestibular and cochlear nerves at a point just outside the inner ear. Wazen placed an electrode on the cochlear nerve. Before surgery, a small, custom-made earphone that produced steady clicks was placed in the outer ear. The clicks—picked up by the inner ear and transmitted through the cochlear nerve—produced lines on a computer screen nearby. A pattern change would signal a possible injury to the hearing nerve. Dr. Wazen severed the fibers of the vestibular nerve, layer by layer.

Patients are warned that the first few days after surgery will be difficult. Mrs. Lacertosa had an easy time. But Richard Sherman, now 60, says "it was absolute horror." His vertigo did subside, but he walked unsteadily for weeks.

Dr. Derald E. Brackmann's Otolgic Medical Group (affiliated with the House Ear Institute in Los Angeles) has performed more than 200 RVN operations. Dr. Brackmann says vertigo has been cured or substantially improved in 93 percent of the cases with virtually no severe hearing loss.

RVN is changing lives. Mary Salamone says, "I felt free for the first time in 10 years. Now my biggest problem is not to take it for granted."

For information about Ménière's, write to the Ear Research Foundation, Dept. P, 1921 Floyd St., Sarasota, Fla. 34239.

**An attack might last for minutes or hours, then not recur for years**

BY CARYL STERN