There is no wine until someone tramples the grapes
—Wallace Fancher

There is a special place in heaven for those investigators who are willing to carry out the groundwork studies without which more dramatic breakthroughs cannot be achieved. One thinks, for example, of studies defining changes in pure-tone thresholds with advancing age, effects of test parameters on distortion-product otoacoustic emissions, the acoustics of sound fields, the development of calibration standards, the effects of room acoustics on speech recognition, maturation of ABR component wave latencies in infants and young children, factors affecting bone-conduction thresholds, norms for behavioral tests, and many more. Without these fundamental studies as foundation, the subsequent use of many audiologic tools would be severely limited.

In this issue of JAAA, two papers highlight anew the importance of seemingly prosaic, often colorless, but essential studies undergirding audiological practice. In the paper “Estimates of Loudness, Loudness Discomfort, and the Auditory Dynamic Range: Normative Estimates, Comparison of Procedures, and Test-Retest Reliability,” authors LaGuinn Sherlock and Craig Formby of the University of Maryland, Baltimore, provide clinicians with norms for both absolute and relative judgements of loudness discomfort level (LDL) and for the auditory dynamic range. They make the further important observation that a simple ascending measure of the LDL yields essentially the same result as more sophisticated categorical scaling judgements. The authors make the important point that the LDL should not be treated as a “threshold” akin to the audibility threshold for at least two reasons.

First, the variability around average LDL is more than twice the magnitude of the variability around the hearing threshold at that same frequency. Second, they cite growing evidence that persons who are uncommonly distressed by the loudness of sounds that do not seem to bother others may be reflecting an underlying nonauditory, psychological disturbance. The important point is that the LDL measure should be used to identify persons who may be unusually sensitive to moderate or loud sounds so that intervention beyond the traditional hearing aid fitting can be explored.

In another paper, “Development of Low-Frequency Tone Burst versus the Click Auditory Brainstem Response,” Ray Hurley of the University of South Florida and Annette Hurley and Charles Berlin of the Louisiana State University Health Sciences Center provide important data on the maturation of the ABR latency for a 500 Hz tone burst in infants and young children. These become critical data when one attempts to estimate the audiometric contour from ABR measures in the very young child. As Berlin and others have emphasized for so many years, the ABR click threshold is not sufficient because it cannot easily differentiate a flat loss from a sloping loss. Yet the implications for appropriate intervention may be quite different in the two cases.

We trust that these talented investigators will apply their skills to many other basic audiological issues.

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