

Remembering William House, DDS, MD

By Blake S. Wilson; Derald E. Brackmann, MD; & Fan-Gang Zeng, PhD

It is with great sadness that we note the death of William F. House, DDS, MD. Dr. House died at his home in Aurora, OR, on Dec. 7, 2012, six days after he turned 89.

“Dr. Bill” is widely known and admired as the father of neurotology for his key role in the development of safe and effective treatments for hearing and balance disorders. He was the first to use a microscope in neurosurgery, and he developed the middle fossa approach and then the translabyrinthine approach for the removal of acoustic neuromas. As a result, the mortality rate for acoustic neuroma operations dropped from 40 percent to less than 1 percent, where it now stands. Prior to Dr. Bill’s innovations, preservation of hearing or facial nerve function was not even a goal in acoustic neuroma treatment. Now, virtually all patients have facial nerve function preserved, and many maintain their hearing as well.

Dr. Bill’s crowning achievement is the development of the first practical cochlear implant (CI). Three large steps led to the development and success of present-day CIs: (1) the pioneering step to implant the first patients with a safe and reliable device that had a life span of many years, (2) the first patients with a safe and reliable device that had a life span of many years, (2) the first patients with a safe and reliable device that had a life span of many years, (2) the development of devices that provided multiple sites of stimulation in the cochlea to take advantage of the tonotopic organization of the auditory system, and (3) the development of processing strategies that utilized the multiple sites and supported high levels of speech recognition for most users of cochlear implants. More than anyone else, Dr. Bill was responsible for that critical first step.

At the outset, many experts opposed cochlear implants, arguing that any useful restoration of hearing with electrical stimulation was a fool’s dream. As a result, implantation in humans, particularly children, was considered unethical, as the surgical risks could not be outweighed by any conceivable benefit from the CI. The criticism was vociferous, but Dr. Bill persevered, determined to help deaf people.

“The thing that kept me going was that patients could hear, and they told me how much they appreciated it,” he said on Oct. 18, 2012, during his last published interview. (See HJ 2012;65[12]:32 or http://bit.ly/DrBillArticle for the print article, and http://bit.ly/DrBillVideo for the video.) “We implanted a number of children who were 2 or 3 years of age, and one of them even became a linguist.”

Without Dr. Bill’s determination and pioneering contributions, the development of the cochlear implant would have been greatly delayed, if started at all. We as a field and the hundreds of thousands of deaf and severely hearing-impaired people who have benefitted from CIs owe him the greatest debt of gratitude. His work should serve as a constant reminder: We all stand on the shoulders of giants.

Mr. Wilson is the codirector of the Duke Hearing Center and an adjunct professor of surgery, electrical and computer engineering, and biomedical engineering at Duke University.

Dr. Brackmann, of the House Clinic, is a clinical professor of otolaryngology at the University of Southern California. Dr. Zeng, chairman of The Hearing Journal Editorial Advisory Board, is the director of the Center for Hearing Research and a professor of anatomy and neurobiology, biomedical engineering, cognitive sciences, and otolaryngology at the University of California, Irvine.

CORRECTION
In the January issue, in the article “Task Force Finding Underscores Knowledge Gap about Benefits of Hearing Screening,” the title for Jaynee A. Handelman, PhD, was incorrect. She is director of pediatric audiology at the University of Michigan C.S. Mott Children’s Hospital.