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Preface

The Second European Symposium on Paediatric Cochlear Implantation was held in Montpellier/La Grande Motte, France, from May 26 to 28, 1994. Over 300 participants coming from more than 20 countries and representing the finest clinicians and researchers in the field of cochlear implants contributed to the success of this meeting.

Cochlear implants have become a very useful tool in the rehabilitation of profoundly hearing-impaired children. Since the initial work of pioneers, cochlear implantation of deaf children has become a success of modern medicine, associating high sophisticated technology to address a medical challenge. There is now clear evidence that implanted children may derive benefits from cochlear implantation. Prelingually and congenitally deaf children may perceive sounds in the environment and their communication is improved by adding auditory sensation to vision. Many of them are able to understand some speech without lipreading and some of them obtain a significant amount of open set speech understanding. Moreover, speech production and acquisition of language is facilitated. The acquisition of these benefits require many efforts not only from the implant team, but also from the child and his family.

In many countries, such as France and USA, the considerable progress made in cochlear implantation is being swept away by the intolerance of some representatives of the deaf community who ask for the halting of cochlear implantation in children. They claim that cochlear implantation is dangerous, that some children had medical complications following implantation, that some of them became mad or even died ... This is not true. We cannot accept such lies based upon inquisition practice, medical and technological progress
will not be stopped. But we must also take a stand against the misconceptions presented by members of the deaf community who wish to forbid the parents of a deaf child to make the decision of the mode of rehabilitation they want for their child.

In this context, it was important to organize a meeting on paediatric cochlear implantation. Our strength is evaluating the benefits of cochlear implantation by a multidisciplinary approach including physicians, audiologists, speech therapists, educators for hearing-impaired children, hearing-aid dispensers, and engineers involved in signal processing. We must continue our fight for the progress of medical science in order to demonstrate that cochlear implantation is safe and useful for the rehabilitation of hearing-impaired children.

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Alain S. Uziel
Michel Mondain

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