

PREFACE

When I first performed nasoendoscopy on Dr. Fred Minifie at the University of Washington in 1973 I had no idea that someday I would be the guest editor of a monograph on the subject. I did realize that this "New instrumentation," the nasal endoscope, held great potential for revealing many of the secrets to understanding the challenging area of voice disorders that I had selected as a major interest area when I began my career as a speech pathologist in 1968. I purchased my first endoscope in 1975 at the University of Nevada School of Medicine. Dr. Alfred S. Lavorato joined me at the University of Nevada in 1978 and for three years he and I worked together to develop our mutual interest in endoscopy as a clinical tool to explore, diagnose and treat voice disorders in an incredible variety of dysphonic patients referred to us by a very supportive community of ENT physician colleagues. When Dr. Lavorato left us for private practice in Los Angeles I was fortunate to recruit a colleague eager to develop his expertise in endoscopy. This colleague, Dr. Thomas L. Watterson, is a conspicuous coauthor in this monograph. Dr. Watterson has found his long interest and expertise in cleft palate a natural marriage with the field of endoscopic study.

Dr. Izdebski, Dr. Ross and Dr. Klein have brought a close working relationship to the study of transoral endoscopy and stroboscopy of the larynx and dysphonia. Dr. Zwitman has for some years been an advocate of the study of the velopharyngeal port mechanism via oral endoscopy. He has worked often alone on his projects and brings his insights and findings to this monograph in a spirit of sharing.

Just as Dr. Izdebski works closely with his medical colleagues, Dr. Watterson and I work closely with our colleague Dr. John W. Brophy, Professor of ENT/head and neck surgery, at the University of Nevada School of Medicine and Vice President of Medical Affairs at St. Mary's Regional Medicine Center, Reno, Nevada. Dr. Brophy brings his 32 years of experience as an otolaryngologist to bear on his monograph.

I feel that no instrumentation has so added to our ability as voice clinicians and voice scientists to understand and effectively treat dysphonias as has videoendoscopy and

stroboscopy. We now have an enormous obligation to make the great strides that are possible and so urgently needed in the exploration of the various dysphonias.

Due to prior commitments, Dr. Lavo-rato was unable to join us in the preparation of the manuscript, but many of his excellent ideas and much of his careful work is evident in the volume. It is our hope that this series

of articles will provide a base for many to launch further explorations of dysphonia. Finally, I thank Dr. William Perkins who asked me to prepare the monograph after allowing me to observe his "exquisite" larynx in 1985.

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Guest Editor