

# FOREWORD

When I agreed to assume the editorial responsibilities of William H. Perkins for *Seminars in Speech and Language*, I felt both pleasure as well as some nagging feelings of apprehension. I have known Bill for longer than either of us care to acknowledge—first as a professor and dissertation director and later as a mentor, colleague, collaborator, and friend. It should not be surprising, therefore, that I have a sense of pride in succeeding someone whose contributions to speech-language pathology I have long respected and admired but am also apprehensive as I try on that person's editorial shoes.

As I undertook this responsibility, Bill's advice to me was to select guest editors whose understanding of a topic includes an appreciation of how best to apply what we know from recent research to clinical practice. He also reminded me that clear writing and clear thinking go hand in hand. As you will see, I followed Bill's advice to the letter in selecting Dr. Thomas Watterson of the University of Nevada School of Medicine to be guest editor of this issue.

For a number of years, practicing clinicians have consistently rated their skills with both stuttering and dysphonic patients as relatively low. It is likely that some of these concerns reflect, in part, their clinical training as students. Another part may also reflect the infrequency with which such problems are encountered in their clinical settings. But with dysphonias in particular, I suspect that a "technophobia" may account for many of these concerns. "Technophobia" is a term I use to refer to the reactions that many of us have when exposed initially to equipment that we neither understand nor know how to operate. There appears to be, for example, a "technophobia" for programming VCRs that is epidemic among adults in this country. Likewise, it is my hypothesis that a number of recent technological advances that permit both direct and indirect observation of vocal fold function have led many clinicians to feel obsolete and incompetent.

Dr. Watterson and the impressive collection of author-clinicians that he has assembled for this issue of *Seminars* see these technological advances in instrumentation and technique as tools that enhance the skills of clinicians, not replace them. Indeed, their value is determined by the clinical skill of those who use them. As you read further, I am hopeful that any "technophobia" that you may have in this area will be diminished and that you will gain a better appreciation of some of the marvelous technological windows to vocal fold function that are now available to us.

Richard F. Curlee, Ph.D.  
Editor-in-Chief