

FOREWORD

The Guest Editor for this issue, Stephen McFarlane, had just arrived at the University of Nevada when I first met him. Little did either of us realize what lay ahead for him. He had barely discovered he liked Reno when he was asked, as a freshly minted Ph.D., to preside over the demise of his department. The fact that it was a part of the medical school, which is roughly akin to living in the lion's mouth, all but insured that he would soon be seeking employment elsewhere.

But Steve had other plans. He reversed the circumstances that led to the termination order. He persuaded the Medical School to strengthen rather than eliminate the program. He built a clinical program second to none. It not only produced outstanding students, it provided service to the entire state of Nevada. When the financial crunch struck higher education a few years ago, all departments in the entire state system were required to cut their budgets drastically, the medical school included. The only department in that school not severely reduced was Dr. McFarlane's. Instead, he was authorized to add new faculty. This "miracle" was courtesy of the people of Nevada who rallied to his support in their legislature. The upshot is that he is now called upon to represent the entire university before that legislature. More recently, he has added another administrative chore to his Department Chairmanship. He is now Associate Dean of Medicine for Academic Affairs, a position in which he has the ticklish task of mediating personnel disputes, which sometimes requires him to terminate professors, because he is responsible for promotion, tenure, annual evaluations, and merit pay for all faculty in the School of Medicine.

If you dropped in on Steve while all of these administrative heroics were going on, you would hardly have a clue that he was engaged in anything but teaching, clinical supervision, and hands on therapy—especially voice therapy. Early on, he saw the value of videoendoscopy for visualizing laryngeal and nasopharyngeal functions. We more or less parted company on the topic. It is an invasive procedure that can require anesthesia. I was, and still am, concerned about its use in voice therapy for legal and ethical reasons, but my confidence in Dr. McFarlane overrode my reservations, so I invited him to guest edit this issue. What he has prepared not only addresses my concerns, but satisfies them thoroughly, so much so, in fact, that were I in a position to specify preparation of a voice clinician for doing videoendoscopy without medical collaboration, I would make this issue of *Seminars* a requirement, with understanding of the first article paramount.

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Editor-in-Chief