

## VOICE AND SPEECH, A NEGLECTED MEDICAL STUDY.

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It may be frankly acknowledged that although we have many excellent specialists and operators in America, we have as yet no definite class of physicians for the proper care and treatment of the human voice.

Through the gradual growth of an appreciation of talented voices, the time is not far distant when we may hope for a truly individual class of physicians, specializing in voice only, just as we have orthopedic specialists, otologists, etc.

The proper care of the voice is a very interesting study and important branch of medicine, but instead of the laryngologist devoting more attention to its importance, it seems to have been allotted to the care of vocal instructors, the majority of whom are absolutely ignorant of the fundamental principles of anatomy, physiology and hygiene of the voice.

In order that such a distinct class of specialists be formed, our post-graduate schools should pay more attention to this important branch of laryngology; in fact, should give as much attention to the proper use and care of the voice as they are giving to bronchoscopy.

In New York City alone we have over 200,000 vocal and speech students, and over 15,000 vocal instructors; this forms such a large percentage of the population that it is shameful that their care should be in the hands of the laity, the majority of whom are using destructive methods and are spoilers of good and promising voices. This misfortune is due to the neglect and disinterestedness upon the part of our medical and post-graduate schools.

Not alone are the vocal instructors spoilers of good voices, but the majority of our so-called nose and throat specialists can be placed in the same category.

I have come in contact with a great many laryngologists and when the subject of vocalism is brought up, the majority do not understand the fundamental principles of voice production, and yet they undertake to treat singers.

They do not seem to know that the voice is produced by the vibrations of the vocal cords due to the expiratory blast of air emitted from the lungs, and the quality is reinforced by the resonating chambers, which are the cavities of the head. The majority believe that the quality is due to the vibrations of the vocal bands. If the specialist would realize that the quality is due to the reinforcement of the vibrations in the accessory cavities, there would be less oper-

ative interference, with the result that a good many promising voices will be spared from unjust ruination. It is true, I admit, a great many need operative interference, but the majority can and ought to be let alone. For example, let us take plain hoarseness—a problem confronting the laryngologist, who deals with singers, speakers and those who depend for a livelihood solely upon the use of their voice. There are many causes producing this condition, but the paramount and chief cause is a faulty method of attack. The faulty attack usually causes the lining of the vocal apparatus to become congested and finally produces a degeneration of the mucous membrane, with hypertrophy of the glandular tissues and also produces enlarged lingual veins. In most instances upon examination you will find permanent changes in the deeper tissues of the pharynx, also an alteration in the secretion, thereby resulting in a difficulty in using the pharyngeal muscles; this causes the constant and persistent symptoms of hoarseness and an irritating cough.

Improper breathing and lack of knowledge of the proper method of attack causes the singer or speaker to use his muscles of phonation and the muscles of articulation incorrectly, thus causing an overtaxation of the laryngeal and pharyngeal structure. Due to this increased action of the muscles, there is a great increase in the blood supply and if persisted in marked changes in the deeper tissues occur, which finally lead to a relaxation of the walls.

Most of the throat specialists believe that the enlarged linguals and tissue changes are the cause and not the result—go right ahead and operate, instead of using expectant treatment. Result—impairment of a probably good voice.

If the physician were properly trained, he would first examine his patient's voice with a few scales or have him sing or recite a simple piece, so that the physician would become acquainted with his patient's method of intonation and attack, in order that he be put on the right road for the correct carrying out of his treatment. This should be done before examining the patient's nose and throat for any pathological conditions; by adopting this method a good many tonsils, turbinates, etc., will be spared.

I have an opera singer who comes for treatment from time to time, 60 years of age, possessing a very good, robust tenor voice. This gentleman has had an enlarged left angiomatous tonsil since birth, which does not interfere with his tone production. His hoarseness is usually due to climatic changes and not to his pathological growth.

In order that the nose and throat specialist be properly trained in the proper production of the voice, the post-medical schools

teaching laryngology should also devote some time to instruct their students on this important subject.

The human voice is one of nature's noblest gifts, and when properly understood and produced is far superior to any musical instrument.

Again I repeat that this subject, which has been grossly neglected, is even more important than bronchoscopy, which is an emergency operation and not so frequently encountered in our daily practice as defects in voice and speech.

The post-graduate schools should adopt this branch of laryngology and teach it systematically.

The following program I would suggest for adoption:

A. The anatomy and physiology of the vocal apparatus, including the diaphragm and the cavities of the head.

B. The mechanism and physiology of correct respiration in voice production.

C. The principles of resonance and quality.

D. Classification of the voice.

E. Hygiene and care of the voice.

F. Audition—in voice production.

G. Affections of voice in singers and speakers.

H. Treatment in general.

I trust there will be a time when the medical profession will be awakened to the fact that intelligent practitioners alone should treat singers and speakers medicinally.

I hope the time will come when they will realize that the requisites are an intimate acquaintance with the fundamental principles of vocalism and a good knowledge of medicine, together with an accurate knowledge of the anatomy, physiology and hygiene of the human vocal apparatus. Indeed, every physician graduating in this enlightened age should know the general principles of vocalism and correct speech, so that he may be able to instruct his patient intelligently, when and how he should take care of his voice. Every patient has a moral right to expect that his particular doctor shall be able to tell him what to do. The great trouble is that the average physician and specialist knows absolutely nothing about the production and mechanism of vocalism, and so cannot advise his patient in an intelligent manner. The result is only too lamentable, for the unfortunate singer or speaker often drifts from one specialist to another, until he falls into the hands of some charlatan or faker, who advises anything, whether indicated or not, as long as the fees are forthcoming.

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