

COMMUNICATING VOICE

SPRING 2017
VOLUME 17, ISSUE 3



The journal of **the british voice association** – the UK's voice for voice

COMMUNICATING VOICE

SPRING 2017 VOLUME 17, ISSUE 3

Voice Clinics Forum	3
Assessment, Diagnosis and Remediation in the Studio with Dr Ron Morris	6
Book reviews	8-12
World Voice Day News	9
Forthcoming Association events	12

COVER PHOTO

Tom Harris receiving Fellowship of the
BVA from Ruth Epstein

EDITORIAL

World Voice Day is two weeks away as I write so many thanks to the contributors who shared their preparations and I look forward to receiving photos and details of all the events that members arranged to celebrate this special day.

The information leaflets are an important BVA resource, the latest of these, *The Voice and Ageing* (see page 9), addresses the issue of maintaining a healthy voice in later years. I would be interested to hear from members who work in this field.

Recently I've been sent several books for review, six are included in this edition, however there are more to follow so I'll be sending out requests again. Do contact me if you haven't contributed so far and thank you to all reviewers this time.

Lynne Wayman, EDITOR
lynnewayman.voicecentre@virgin.net



We're also on Facebook and Twitter

DISCLAIMER: Neither the British Voice Association (BVA) nor the Editor can be held responsible for errors or any consequences arising from the use of information contained in this newsletter; the views and opinions expressed do not necessarily reflect those of the BVA or the Editor, neither does the publication of advertisements constitute any endorsement by the BVA or Editor of any products or services advertised.

PUBLISHED BY: the British Voice Association,
330 Gray's Inn Road, London WC1X 8EE
Tel: +44 (0)300 123 2773 Email: administrator@britishvoiceassociation.org.uk

© 2017
DEADLINE FOR THE NEXT ISSUE: 7 July 2017



britishvoiceassociation.org.uk

The Interdisciplinary Vocal Research group

The Interdisciplinary Vocal Research group (IVR) will be launched in conjunction with the 2017 World Voice Day. The IVR is a new initiative to connect and support burgeoning vocal researchers across London and beyond.

The IVR's initial aim is to provide a platform for early career researchers from across the spectrum of the human voice to share their experiences and questions with fellow ENT, SLT and vocal/singing practitioners. From World Voice Day 2017 on, the IVR will provide roundtables, talks and interviews as well regular meet ups, giving the opportunity to exchange ideas and perspectives from diverse backgrounds.

Being the brainchild of Amelya Goldy and co-founded with Janine Magnin and Viktoria Klara Latko, the Interdisciplinary Vocal Research group is an informal forum, free to join and contribute, bringing together fellow vocal researchers and practitioners alike. If you would like any further information or to join us please contact us at info.ivr17@gmail.com.

Research contributors wanted

I am undertaking a Clinical Research Masters at the University of Manchester and my dissertation will be preliminary work into the development of a treatment schedule for patients who have undergone surgery for benign vocal fold lesions such as polyps, cysts and nodules. I am interested in hearing from anyone who has an interest in this area and who has thoughts, questions, uncertainties and/or frustrations about this area of voice therapy. Your thoughts will help to influence the focus of the study.

In addition, I am looking for Specialist Speech and Language Therapists (Band 6 and above) who would like to be involved in a semi-structured interview discussing their views on post operative voice therapy. Interviews will last a maximum of an hour. I am seeking therapists who work in Voice disorders and who regularly see this patient group (defined as delivering post operative voice therapy at least once a month). Therapists must work in the NHS setting in England. If you are interested, please get in touch via e-mail anna.white@nottshc.nhs.uk or anna.white-3@postgrad.manchester.ac.uk and I will send you an information sheet

Anna White
*Highly Specialist Speech and Language Therapist
Voice Disorders and Head and Neck Cancer*

Become a director of the BVA

The BVA's Annual General Meeting will take place on Sunday 2nd July 2017 at Baden Powell House Conference Centre, London. At that meeting, new directors will be elected to serve on the Council and to act as Trustees. A Call for Nominations will be mailed to all BVA members in early May.

Do you know someone who might make a good director/trustee of the BVA? Are you such a person? If so, look out for the Call for Nominations paperwork to be sent to you in May and submit a name.

A director and trustee must be a member of the BVA and must have:

- enthusiasm for the multidisciplinary work of the BVA
- a commitment to devote time and effort to the BVA as there are some six Council meetings each year and director/trustees are expected to attend all of them unless there is a sudden and urgent reason they cannot attend
- a willingness to speak up
- acceptance of the responsibilities of trusteeship
- an ability to work effectively as a member of a team.

Reasonable expenses for attending Council and Working Party meetings are reimbursed for directors who live outside London.

VOICE CLINICS FORUM

Friday 13th January 2017
St Thomas' Hospital, London

Report by DR JENEVORA WILLIAMS

As an example of multi-disciplinary discussion, the Voice Clinics Forum brings the most balanced mix of delegates representing all the disciplines within the BVA. This was such an enjoyable and informative day, with a chance to hear from so many clinicians as well as educators. The initial panel presented a series of viewpoints from the perspective of each of the disciplines represented. How does the voice clinic aim to function, what is the comparative frequency, caseload, duration and follow-up from different voice clinics across the NHS?

Ruth Epstein presented the initial findings from the recent Voice Clinics Survey, the last one having taken place in 2004. The majority of clinics have been running for more than 8 years but there were large variations in patient numbers and clinic frequency. The benefits identified by the survey were the quality of diagnosis engendered by the multidisciplinary team, the ability to have a one-stop clinic as well as providing an expert teaching environment. The commonest problems were those of time – over-booking (some clinics have up to 20 weeks waiting time), not enough time for each individual (one clinic can have up to 40 patients per clinic) and no clerical or technical back-up. The outcomes for discussion were mainly concerning the protocols and frameworks: criteria for fast-track can be clarified, audits should be regular, although the protocols for both ENT and SLT should be the same, the



Anna White



Tony Narula

ultimate responsibility for diagnosis is with the ENT, and finally that an agreed and standardised medical coding would be preferable.

The next address was from Tony Narula, who is the President of ENT UK. His expertise is not in voice, it is in medical politics and multidisciplinary team efficacy. He summarised a case study in tracheostomies: demonstrating how effective teamwork could reduce serious clinical incidents, complications and patient hospitalisation time. The key is to measure the outcomes at every stage, only then are you able to evaluate performance. Rehab Awad (Phoniatrician and SLT) shared her thoughts on competency frameworks, in the light of the training offered in Europe and elsewhere. There is still an element of chance in the combination of skills available in the voice clinic. She suggested that we should have guidelines for quality of service for all voice clinics, so that the necessary specialisms are provided.

Dane Chalfin is a singing teacher (and past BVA President) with many years of experience of working in a voice clinic multidisciplinary team. He suggested that voice clinic singing teachers, as a basic requirement, need skills in counselling, in palpation, in anatomy and physiology as well as muscular function protocols. In terms of experience, he suggested 100 hours of voice clinic time as well as knowledge of different pedagogical models. It is also crucial to know one's professional boundaries - don't think you know how to solve everything. Singing teaching is an unregulated industry and there is a need for a recognised qualification that is relevant and accredited. SLTs do have a regulated training, but the competency framework is constantly under review. Dominique



Annie Elias

Lowenthal (SLT and Head of Professional Development at the RCSLT) is in the process of reworking the current training framework for SLTs. This is a lengthy, iterative process of asking questions and responding with further questions. These include how the guidelines fit with other institutions and policies, whether they should have aspirational or realistic targets and ways of updating the specifications. Other options for learning and development could include e-learning, mentoring, multi-media resources, reflective questions or workshop style events.

After coffee we were presented with a series of difficult case studies. The first one from Annie Elias (SLT) appeared to be a common problem of a psychogenic voice problem, most likely muscle tension dysphonia. The patient had a series of CBT sessions, but the voice remained stable and dysphonic. Only with follow-up laryngoscopy was it evident that she

had right vocal fold palsy. This was obvious in retrospect, considering the degree of dysphonia, but would not have been anyone's first guess on hearing the patient history. The second case study from John Rubin (ENT) was a university lecturer who was unable to speak with any clarity or fluency. He had undergone previous surgery, probably unnecessarily, which had left scarring and a web between the ventricular folds. However, this didn't explain the severe dysphonia he was experiencing. The consensus of the delegates was that it was a neurological cause, possibly spasmodic dysphonia.

The third case from Tony Aymat (ENT) was to illustrate the potential difficulties of working with children. The 9-yr-old boy in question was not an unusual case of dysphonia, he had surgery to remove submucosal cysts, was compliant with subsequent therapy and had a much better functioning voice a year later. Finally, John Rubin presented a case of a cruise ship singer with vocal fold haemorrhages in both vocal folds. A regime of basic vocal hygiene, voice rest and then SOVT (singing through straws) didn't help, so he underwent laser treatment for the vascular lesions. With two weeks of voice rest and 6 weeks of SOVT exercises he was back singing on the cruise ship.

At lunch we all had a chance to see the displays, demonstrations and publications on offer, as well as catching up with news from colleagues and friends. The networking opportunities provided by an event such as this are not to be underestimated. Many research collaborations and work opportunities have resulted from a chat over coffee or an introduction by the sandwiches.

The afternoon began with Tom Harris (ENT, founder member and a past president of the BVA) being presented with the Fellowship of the BVA. This is a prestigious award and was fully deserved. Tom's successor in the Lewisham clinic is Nick Gibbins, who led us through a series of explanations and laryngoscopic films of different vocal gestures. Essentially, it is very difficult to separate and identify the role of individual muscles in a laryngeal set-up as muscle function is inter-related. The muscles are always doing something, isolated activity doesn't happen. Sara Harris (SLT) and Tori Burnay (SLT) proceeded to guide us through a series of films for

The panel: (left to right): Tony Narula, Dominique Lowenthal, Rehab Awad, Dane Chalfin and Ruth Epstein





James Heyman

which the guinea pig was Mel Mehta (SLT, Voice and Singing Teacher). This was not only clear and informative, it was also extremely entertaining. Polite twang had a lower larynx setting than rude twang, for example. We could observe how the epiglottis pulls back in order to aid vocal fold closure, or how a tight jaw can result in a backed tongue and AP/PA constriction. Mel followed up with a couple of case studies from her RADA students, showing how the vocal tract alignment altered considerably with habitual dialect settings. This section was rounded off by Dane Chalfin, who took us through the vocal tract set-ups found in four emotively-initiated sounds: sigh, whimper, whinge and yell. He argued that all contemporary singing voice qualities arise from one of these primal sounds. The issue of registers was clearly and simply addressed – the sound may be M1 or M2, some are more likely to be in one register than the other.



Marianne Bos-Clark

The final part of the day was an opportunity for different practitioners to present and discuss their research projects. Marianne Bos Clarke (SLT) gave a well-prepared outline of her auditing process. Who would have thought that a potentially dry subject would actually be so interesting? One surprising outcome was that when she tried to give shorter treatment sessions due to time pressure, the patients needed more of them, so the total time taken was no less overall. She identified the importance of resource management and skill mix. James Heyman (ENT) had undertaken a review of research into the use of steroids in voice treatment. Although there were overall favourable outcomes, there was a paucity of established guidelines and a lack of control groups for these trials.

Although I have been a keen member of the BVA for over twenty years (really?) this was my first Voice Clinics Forum; I loved it, it won't be my last!



ASSESSMENT, DIAGNOSIS AND REMEDIATION IN THE STUDIO

Dr Ron Morris

18th March 2017, Park Crescent
Conference Centre, London

Report by PHILIP SALMON

"I've got a PhD but I'm a very bad scientist!" With such winning self-deprecation Dr. Ron Morris wears his considerable breadth of knowledge and experience lightly.

As a performing classical singer and active singing teacher, I was particularly interested in the content of this day - a presentation of the teaching process followed by a master class in action - which Dr. Morris delivered with an engaging sprinkling of humour and a wealth of clarity and insight. As he acknowledged, little of the information would be new to attendees, but the objective was to articulate some form of codification of what singing teachers do in an organized form.

In order to assess what is happening in a particular student's singing and identify the causes, he refers to a 'model' within which a teacher can take a flexible approach rather than follow a rigid 'method'. His model of reference is the very helpful one provided by Janice Chapman, with its closely integrated core components of Primal Sound, Posture and Alignment, Breathing and Support, surrounded by the interlinked 'satellite' elements of Phonation and Speaking, Resonance, Articulation, Artistry and Performance.

There were many interesting and important points among the detail. We heard of the use of Primal Sound (sighs or cries) as a tool to find connections between breath and voice, and of its importance in strengthening the neuromuscular patterns that are hard-wired into the brain to ensure phonation.

Dr. Morris himself prefers the term Alignment to Posture as it implies a more fluid state, and in the master class that followed the value of the correct adjustment of their Alignment alone gave a very clear demonstration of the improvement in the students' vocal tone (as he says, "You don't play a bent clarinet"). It allows access to correct breathing, frees phonation, facilitates articulation and releases resonance.

Each of these was discussed in turn:

- Details of incorrect and correct breathing

- Pressed, Breathly and (the correct) Flow Phonation

- Alignment and tension issues that can affect articulation and resonance, including incorrect length and width of the vocal tract, Tongue Root Tension or TRT (often due to poor breath co-ordination and air flow) and the inefficient use of the tongue blade rather than the tip of the tongue.

Then there was the thorny issue of registers. The focus of the day was on classical singing, where ideally the registers are blended with no audible change over the range. However, Dr. Morris was careful to include references to the contemporary commercial music singer and musical theatre performers,

where choice of contrast between registers can be used to advantage for a time according to taste, as long as the singer reverts to good singing (the larynx being in neutral position rather than the lower larynx of the classical singer).

Scientific investigation is invaluable instructive and influential in the modern age of teaching singing. But many of us would have been greatly heartened to hear authoritatively from Dr. Morris that the most efficient diagnostic tools in the singing studio are visual, aural and palpatory (ie. looking, listening and feeling!).

Palpation is a touchy subject (pun intended), especially in the school environment. But with careful negotiation and trust, touch is the quickest and most accurate way to diagnose what is happening in the body. The ear makes a very quick assessment on the whole of the student's singing process. Keen observation is the way in to diagnosis ("Always observe from the side"). But palpation is the quickest diagnostic and corrective route to the root of any issue.

Here we heard of the differences in perception between science and the singer. For instance, in the passaggio the singer feels a big adjustment where science shows no change



Ron checking this mezzo soprano's jaw release



Helping this high tenor feel breath connection

in vocal fold pattern. What the singer feels is real even if science doesn't detect it ("To nail it, the classical singer has to fool the scientist"). Another example: where the machine says that every measurement lies within normal parameters the ear says 'Hoarse'. On the other hand, the ear cannot diagnose the physiological cause of dysphonia. This has to be investigated scientifically by endoscopy.

All this was covered in the first hour. After the coffee break we got to see Dr. Morris' ideas in context, working in half hour slots with four contrasting students: an early-stage high tenor, a "mature voice" soprano, a tall young baritone and a mezzo-soprano addressing hyper-mobility issues (it is fair to say that these last two were more advanced students from the Royal College of Music). Apart from appealing to my own particular interest, as much of my teaching activity involves similar master class work, the following two hours were peppered with gems.

"The soft palate is the stupid cousin of the articulation team"

"Having a little TRT is like being a little bit pregnant – you've either got it or you haven't"

"You're using all the right muscles at all the wrong times"

"Don't practise until you get it right. Practise until you can't get it wrong"

"Squeeze the clementines under your armpits" (this last courtesy of Yvonne Kenny).

With these responsive singers we quickly saw how adjusting alignment of head and body, the release of an over-active jaw, and exercises to release TRT (floppy tongue rolls and singing on a rolled r) improved efficiency of technique and tone.

I learnt in particular about the effect of hyper-mobility, which doesn't give the same feedback from the ligaments, causing problems of alignment perception. It was very educational to see how this could be helped by rotating the hips while singing, and 'bouncing' with flexed knees to stimulate the feedback system.

Dr. Morris admits that there is not uniform agreement over all aspects of singing technique. I would like to have a longer



Soprano Alison Cooke singing Handel aria

conversation about the in-breath and the onset of breath (he teaches the Accent method, and I have to admit that I haven't yet finished reading his book 'If in Doubt, Breathe Out'), and would have liked to hear mention of the importance of a legato line when working with the students. However, he correctly acknowledges that the master class is an artificial environment and that you have to "pick your battles" at the appropriate moment.

5.30 soon came. We had to vacate quickly and, stimulated by clear ideas, I for one went home with much food for thought to digest.



Working on alignment and release with this young baritone

If In Doubt, Breathe Out!

Ron Morris and
Linda Hutchison

ISBN 978-1-909082-16-8
Compton Publishing

Review by Geraldine McElearney

I'm sure I wasn't alone in my eager anticipation of this book. Linda Hutchison and Ron Morris are familiar figures to those active in the UK's voice professionals community. The subject of breath is chief amongst the dull-but-necessary work involved in training, and training as a singer. Along with resonance, it's also probably the topic about which most nonsense is talked, so any meaningful contribution to its better understanding is to be welcomed, especially when co-authored by such an engaging pair.

The book's serious side is indicated by its subtitle, 'Breathing

and Support for Singing based on the Accent Method'.

A great deal is contained in this slim volume; helpfully, it's arranged into distinct parts and so useful to readers of differing needs. Upfront, a number of "core concepts" are set out which offer a simple, bullet-pointed overview of the respiratory system's anatomy and physiology. This allows readers, who choose not to go through the considerably more detailed description that follows, to quickly absorb the key points. The respiratory system is complex with some aspects still not fully understood, so the book's periodic re-statements of these and other concepts balance its considerable (to me, at least) depth.

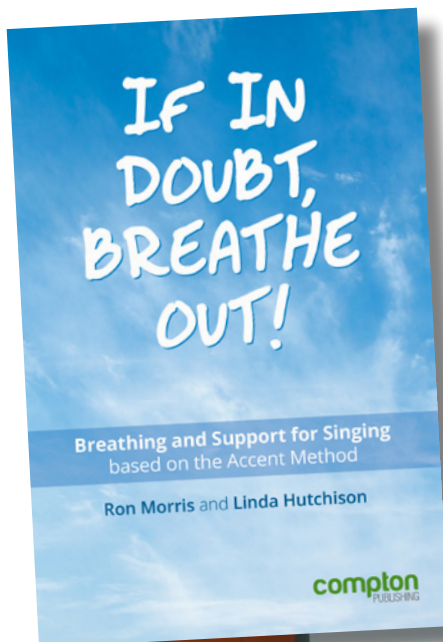
Although the book's focus is the application of the Method to singing, there are chapters specifically dealing with speech too, both theoretically and practically. Its origins in speech therapy are covered at length. Recent developments by Kirsten Thyme-Frøkjær and Børge Frøkjær-Jensen of the initial work of Svend Smith are discussed in detail, and some of their exercises included. The adaptation of these into singing provides interesting evidence of the Method's evolution.

Hutchison and Morris, as well as the other advocates of Accent Method, emphasise its scientific underpinning, alongside its evident benefits for singing. The research journey from early studies examining respiratory patterns in singers (Watson and Hixon, 1987) onwards to Dr Morris's own PhD work on the efficacy of the Method for singing is laid out across the book. Its academic grounding is also apparent from the literature review, which takes us from Garcia to Janice Chapman, with whom Morris is closely

professionally associated. I'd like to have known more about the variables amongst the samples from whom the data is drawn; were all the singers working in the classical genre, for instance? As a teacher, will I find Accent Method equally useful for all students? I can't imagine why not, but I'd have welcome the authors' insights into modifications that may be necessary according to current skill level, age, style etc – or aren't there any?

Anyway, so far, so theoretical. The rest of the book is a manual for putting the Method into practice, and can be used by singers working alone as well as by teachers of both individuals and groups. As someone whose familiarity with Accent Method is bitty, I found this step-by-step guide fantastically useful. Singers and teachers with some experience can easily adapt the programme according to experience, and work at a pace that suits them. Leaders of groups can use the book's ten-week structured format, specifically designed for class-based instruction.

Following a routine of physical exercises from a printed book is always challenging. I got around this by recording the directions myself, and working from that; a companion DVD or online video presentation of the exercises could really enhance the book's utility - something for Compton to consider, perhaps? In fact, design in general is a shortcoming, especially in the second, 'how-to' part. Whilst the use of photographs is useful in demonstrating body positions, instructions and explanations could be more helpfully presented with a little graphic creativity. Nevertheless, Morris and Hutchison do a brilliant job of making a complex subject accessible and useful. Definitely one for the studio bookshelf.



Dr Ron Morris (left) with singers Thomas Edmonds, Alison Cooke, Lydia Haynes and Edward Jowle

Laryngeal Endoscopy & Voice Therapy

Sue M Jones

ISBN 978-1-909082-19-9
Compton Publishing

Review by Kate Young
*Clinical Lead Speech and Language
Therapist Voice/Head & Neck*

I was very pleased to be asked to review this book by Sue Jones as I have thoroughly enjoyed reading it. It is a text aimed at speech pathologists working in extended practice and using rigid indirect or nasendoscopy more frequently in their assessment and management clinics.

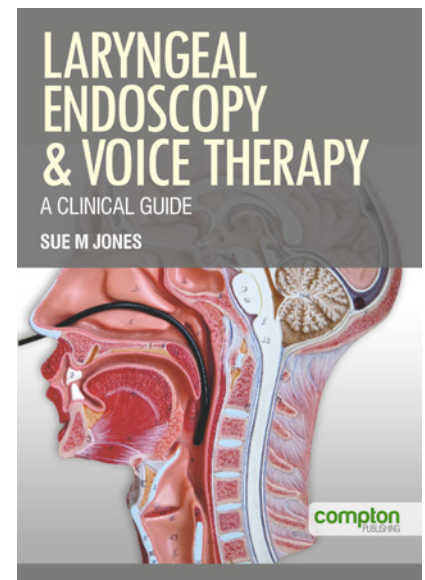
The book has not only set out a clear introduction on the topic of endoscopy for Speech and Language Therapists specialising in voice, but also progresses to detail and enable the reader to extend their practice with experience. Sue Jones covers the set up of a voice

clinic, including personnel, procedures and equipment. I found the experienced description of approaching a new patient and orientating them to the clinic setting and purpose useful.

The chapters expand on the topics of endoscopy, voice clinics, assessment protocol for the spoken voice, assessment protocol for the sung voice, muscle tension dysphonia, voice therapy techniques and case examples. Each section the reader benefits from the experience of the author and clear presentation of useable tools for practice.

Initially the text discusses anatomy, assessment and endoscopy in detail. This provides a useful reference point for clinicians to set up their practice and return to when problem solving or needing a teaching tool. Images are clear and concise. Problem solving and pitfalls are discussed clearly with helpful images.

Chapters are evidence based, well referenced and provide readers with the opportunity to explore more reading linked to the clinical practice of endoscopy in voice therapy assessment and management. In particular the chapter on voice therapy summaries a vast topic and provides structure to guide reflection, additional reading and clinical



discussions to plan therapy and provide baselines for review assessment.

As the voice therapy profession grows with the endoscopy tools now available, it is essential to enable the development of consistent practice within speech and language therapy services. This book is a solid foundation to support that for experienced SLTs, developing specialists and SLT students. I highly recommend this book to read and keep as a resource to return to often.



WORLD VOICE DAY NEWS

New voice information leaflet: 'The Voice & Ageing'

Each year for World Voice Day we produce a new voice information leaflet to add to our growing series of free voice care resources – this year's addresses 'The Voice and Ageing: Maintaining a healthy voice in later years'. We hope the information this leaflet contains will be valuable for both Voice Clinic teams and our membership to distribute to patients or clients who are concerned about the effects of ageing on their voices. The leaflet is available both as a download from the 'Free Resources' section of our website and in printed form (please email administrator@britishvoiceassociation.org.uk to request printed copies).

Vocal warm-up video

Rebecca Moseley-Morgan MA; professional singer, teacher, director and conductor and Chair of the Association's Education Committee has produced a short video in which she explains why a warm-up is essential for any singer and particularly for the older singer. Rebecca also demonstrates her own warm-up exercises with the help of some of her students. The video is available to view in the 'Free Resources' section of our website.

'Singing for Pleasure and for Health' workshops in Hertfordshire

I work on vocal technique including vocal health, music, drama and performance, enabling people to express themselves and be in a state of 'Flow' while singing. I have been asked to do a 'Singing for Pleasure and for Health' workshop, and will be celebrating World Voice Day with that in Kings Langley on 18th April at 11:00am. The workshop has been commissioned by Sportspace, a charity whose aim is to provide services to people living in Dacorum Borough Council area in Hertfordshire. It will lead to a weekly class especially geared to getting people singing who would not otherwise do so. There will be some BVA "Singing is good for you" leaflets available on the day! *Mary-Jane de Havas*

'Share your voice!' on the radio

This World Voice Day, I intend to get a spot on live radio to encourage people to 'Share your voice!' The exact nature and content have yet to be written and I will be using material from other years to get more ideas. I do something for WVD each year and this will hopefully be the 3rd radio interview to really get the word out and share my own voice. *Kelly Anne Sharp.*



The Wordsmith's Guide to English Song: Poetry, Music and Imagination

Nicola Harrison

Volume 1:

THE SONGS OF
ROGER QUILTER
ISBN 978-1-909082-08-3

Volume 2:

THE SONGS OF
IVOR GURNEY
ISBN 978-1-909082-55-7

Review by Richard Edgar-Wilson
www.richardedgar-wilson.com

"Prima le parole e poi la musica"

The Orangery at Vienna's Schönbrunn Palace played host to a rather special musical duel on the evening of 7 February 1786 when the Holy Roman Emperor, Joseph II, pitted the city's two leading composers, Mozart and Salieri, against each other. Mozart premiered his exquisite battle of the prima donnas, *Der Schauspieldirektor*. Salieri's new offering was *Prima la musica e poi le parole*, a "divertimento teatrale" depicting another squabble, this time between a poet and a composer over whether words or music should have primacy in opera. Some 150 years later Richard Strauss was inspired by this work to continue the debate in *Capriccio*, and I remember fiercely discussing the same issue in our Lieder and English Song classes at the Royal College of Music in the 1980's.

In these two books Nicola Harrison's contention is that English Song (or rather "British Song" as she tactfully puts it) "is not just a heritage of music but of poetry". The starting point is Gerald Finzi's statement that "the first and last thing is that a composer is (presumably) moved by a poem and wishes to identify himself with it and share it".

A.E. Housman was one of the poets set extensively by Gurney and many other English song composers (though intriguingly not by Quilter or other such luminaries as Britten, Elgar, Warlock, Finzi or Holst), but he clearly harboured

little enthusiasm for the resulting musical offerings: "I am not willing that poetry should make any concessions to music, at any rate to European music, which I regard... as unsuitable for union with words. Europeans, in order to enjoy the sensual luxury of harmony, employ the diatonic scale, whose intervals have no resemblance to the modulations of human speech, which is the interpreter of human emotion; and consequently European music can only express emotion in the vaguest manner, and when wedded to words, which express emotion with precision, it becomes, strictly speaking, nonsensical."

The author of these two absorbing books probably couldn't disagree more. Dealing respectively with the songs of Roger Quilter and Ivor Gurney, Harrison looks "to take the singer 'off the page and into the poem'". Michael Pilkington, in his Foreword to both volumes, makes a similar point: "I have spent the last fifty years trying to persuade singers to start by learning the words rather than the music, and this fascinating book will be invaluable in helping them understand the full meaning of the poems and their dynamic relationship with the music."

Harrison explores the poetry with insight and intelligence. She is a writer, singer, teacher and literary explorer, who presents much to inform and interest her readers. These are two well-presented volumes from the excellent Compton Publishing, though the arresting cover designs (taken from works by Rachel Convers) appear curiously unconnected with the subject matter. The books are structured similarly, indeed when read side by side, the preliminary pages that include Pilkington's Foreword and another by Roger Vignoles have a slightly jarring "cut and paste" feel to them. Relatively brief biographical notes about the composers are followed by detailed descriptions of the poetry of many of their songs. These are interspersed with "Boxes" which focus on some particular aspect of the poetry being examined, such as The Georgian Poets, The Nightingale and Elizabethan Beauty Secrets. Copious well-chosen illustrations add visual interest and texture, while useful publication information, discographies and detailed bibliographies complete the volumes.

There is a huge amount to enjoy in the bulk of the books devoted to the poems, and singers and lovers of song will find many of the entries both fascinating and helpful to their own understanding of the repertoire. I'm sure that the author is



right that these volumes will rekindle attention on some of the more obscure songs, but I found the pages devoted to well-known pieces such as Gurney's *Sleep* of particular interest. I imagine that most performers are unaware that this verse comes from a misogynistic play by Beaumont and Fletcher about a woman subject to "a stream of such abuse that she becomes distraught and is locked up in a brothel by her tormentor". Occasionally the emphasis on the poem rather than the composer's response to it means that there is not enough on the song itself (and with some songs, such as Quilter's settings of *To Althea from Prison* or *Take, O Take those lips away*, nothing at all). This is a shame, for when the author does get into the musical settings she is both eloquent and insightful.

Harrison is keen to stress that with regard to the poetic and musical interpretations "You may not see what I see, or agree with what I have written... There is no right and wrong". Some singers may raise an eyebrow at a few assertions, however, such as when she describes the "gold fin" in Quilter's *Now sleeps the crimson petal* not as a goldfish but as a goldfinch that "has settled on the font

for the night". I would also wish for more comparisons of the poems' settings with those by other composers – especially true with such popular verses as *Sleep* or the Shakespeare settings such as *Come away, death* or *O mistress mine*.

The author doesn't mention the grading system of ticks and crosses that Finzi and fellow composer Howard Ferguson devised when trying to filter Gurney's musical works for publication, but she is nonetheless particularly strong on Gurney's troubled relationship with words. Some years ago I spent time

researching the myriad of his unpublished songs. What in his more honed works might be considered a slapdash or forgetful response to the original text (he usually memorized – often incorrectly – the poems before setting them), in so many of the songs written during and after his descent into madness we see little more than a spark of an idea extinguished in a deluge of musical creativity. Nevertheless, Nicola Harrison, whilst acknowledging the difficulties that his textual pointillism can present, rightly celebrates Gurney's powerful and unique

response to texts and promotes many of his lesser-known works, including the "exquisite" cycle *Ludlow and Teme*.

Salieri won by the way, with his opera gaining the popular vote on the night. But of course in song there's no competition between poetry and music, and no victor. Rather, as Nicola Harrison says "art song, whatever the language it is presented in, is multi-sensory: the magical fusion of not two but many forms. It is seeded in the rich soil of the imagination, rooted in words and brought to flower in song".

Speech Pathology Management of Chronic Refractory Cough and Related Disorders

Anne Vertigan & Peter Gibson

ISBN 978-1-909082-17-5
Compton Publishing

Review by Julia Selby

Ph.D., MRCSLT, Clinical Lead Upper Airway SLT, Royal Brompton Hospital

Over recent years, speech and language therapists (SLT) have received an increasing number of referrals for patients with chronic refractory cough (a dry, irritative cough lasting longer than 8 weeks that has failed to respond to medical or pharmacological treatment). Treatment of these patients and those with other upper airway symptoms is now a recognised specialism within SLT, but until the appearance of Anne Vertigan and Peter Gibson's book, there has been no reference text to support clinicians working in this area.

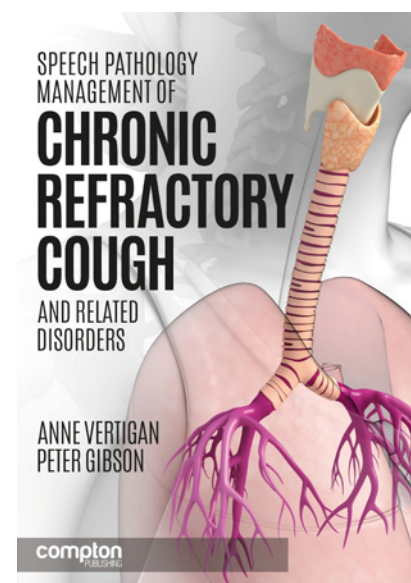
This collaborative work between Vertigan and Gibson, SLT and respiratory physician respectively, reflects the close multidisciplinary approach necessary to treat this patient group effectively. It has resulted in a comprehensive text that brings together clinical practice and research findings from both medical and therapy perspectives, with chapter contributions from well-respected ENT colleagues also.

The first seven chapters set out the background medical knowledge essential for treating chronic cough. To begin, there is an excellent explanation of current understanding of cough physiology, including neural control. Following this, the medical conditions

most commonly encountered with chronic cough, important in differential diagnosis, are discussed. These include acid reflux, sinusitis, asthma, lung disease and psychological disorders. All SLTs in this field will appreciate the clear summary chapter on pulmonary function tests, which can seem complicated at first, and the excellent algorithm for diagnosis presented by Kenneth Altman in his otolaryngology chapter. The concept of hypersensitivity is then presented as the underlying mechanism for chronic cough, followed by a discussion of the overlap between cough and other features of laryngeal dysfunction, which we encounter so frequently in clinical practice.

The focus then shifts to the finer details of SLT assessment and treatment. After a useful reminder of referral criteria, Vertigan has written at length on the features that must be observed or assessed in patients with chronic cough, including cough triggers, posture, breathing pattern, voice quality and psychological factors. She also mentions the role of nasendoscopy and puts forward rating scales and questionnaires that facilitate assessment and provide pre- and post-therapy data, essential for demonstrating the effectiveness of therapy.

Her explanation of SLT management is equally thorough. She explains the importance of providing reassurance and education for this patient group, along with a personalised approach to increased understanding and awareness of the individual's cough and associated



triggers. The goals of therapy are to reduce laryngeal irritation and strain, and desensitise the larynx - Vertigan describes how to help patients achieve this. Finally, she extends her expertise to the treatment of paradoxical vocal fold motion and globus sensation, both of which commonly accompany chronic cough.

A major strength of this book is the inclusion of assessment and therapy materials. There are no fewer than 13 appendices containing the most relevant questionnaires to use with chronic cough patients, along with suggested patient handouts.

This welcome text is an excellent resource for anyone working with patients with chronic cough, but particularly well suited to those new to this area or those with only sporadic cough referrals who may need to refresh their knowledge and skills from time to time. It is comprehensive, accessible and clinically relevant, and the first text of its kind in this new area of specialism within SLT.

Vocal Fold Scar: Current Concepts & Management

Jaime Eaglin Moore,
Robert Sataloff and
Mary Hawkshaw

ISBN 978-1-909082-25-0
Compton Publishing

Review by Nick Gibbins

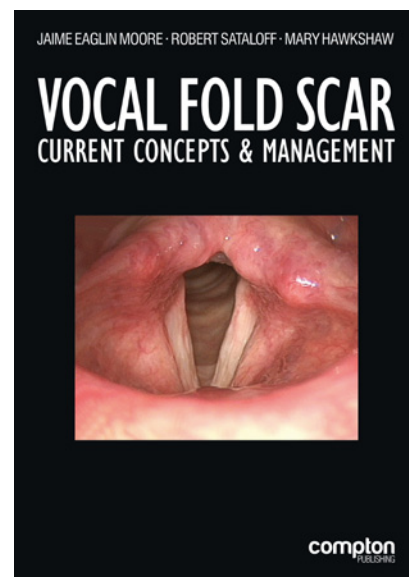
I was looking forward to reading this book as it sought to cover the treatment of vocal fold scar. It is a tricky area of phoniatic treatment, as anyone who has had experience in it can tell you, as the diagnosis can sometimes only be made in theatre and the treatment and outcomes can be variable. Personally, I have struggled to get a handle on exactly why some patients respond very well to surgical treatment and why some do not, and I held some hope that within its pages lay some bon mots or light-bulb moments. When I received my copy I flicked to the end and saw 170 pages - surely the answers lay within!?

However, this book confirmed what I already knew - that vocal fold scar is difficult to treat and that there is no 'right way' as yet. Although this was a little disappointing, these were my

expectations and hopes on opening the book, and mine alone, but I must assume it must be the same for others doing the same; so I warn you now, the Holy Grail does not lie within!

On the negative side, having now read it, I was unsure who the target audience was. I consider myself a reasonably experienced phonosurgeon and felt that, at first glance at the cover, those tempted to buy this book would also be consultant phonosurgeons looking for alternative views on this problem. As such, it was a bit of a mystery as to why there was a chapter on the voice clinic, as this seemed a moot subject given the presumed audience. Also, there was one chapter on treatment with speech therapy. Now, SLT is a vital part of the overall management of patients with scar, but if the book was aimed at surgeons, I am uncertain as to its relevance due to the heavy surgical slant through the rest of the book. I think that either the subject is covered in depth, with different aspects and methodologies being discussed over 3 or 4 chapters, and thereby lending itself to a much larger SLT audience or it is briefly mentioned in passing. I fear that too many surgeons would skim through this chapter and not enough speech therapists would pick the book up due to the paucity of this area. It currently falls between the two and I felt was reduced because of it.

Having said all of that, some of the chapters were excellent and I expect will become well leafed over time on my



bookshelf, especially those including basic science reviews (Chs. 1 and 4) and, the sections I was immediately searching for, operative techniques (Chs. 6, 7 and 8). There were some clear and helpful images and gave food for thought on how I could improve my practice - clearly a good sign for a book.

Overall, this is a good book to dip into as a quasi 'very large review article'. However, I felt that the book was probably 50 pages too long and that there was slightly too much filler for me that I found myself skimming through. It will still remain on my shelf though, as there are enough excellent sections for me to go back to, and is probably just about worth the £75 that I found it on Amazon for.

FORTHCOMING ASSOCIATION EVENTS

See www.britishvoiceassociation.org.uk for more details

Sunday 7th May 2017

Tools of the Trade

Baden Powell House, South Kensington,
London SW7 5JS, 9:30am – 4:45pm

A day designed primarily for Speech and Language Therapists specialising in voice disorders, although other related professionals are welcome. The day will focus on voice therapy techniques including Lax Vox, resonant voice work and the management of psychogenic voice disorders in children.

Further information also available from
administrator@britishvoiceassociation.org.uk

Sunday 2nd July 2017

British Voice Association Study Day & Annual General Meeting

Baden Powell House, South Kensington,
London SW7 5JS

The 2017 AGM Study Day will focus on chronic cough – contributing factors stemming from allergy or conditions in the ENT, chest/pulmonary and gastroenterology systems will be considered. Speakers to be arranged.

**The Gunnar Rugheimer Lecture will be presented
by Mel Churcher (Acting and Spoken Voice Coach).**