

## INTRODUCTION BY THE CONFERENCE CHAIRPERSON

Clinical Aphasiology, Quo Vadis - Ouq Sidav

Thomas E. Prescott

Veterans Administration Medical Center, Denver, Colorado

This year I have the opportunity to extend to each of you a very hearty welcome to the fifteenth Annual Clinical Aphasiology Conference. Each of you has demonstrated considerably more than a passing interest in the understanding and treatment of patients with aphasia. As I thought about this year's conference, and thought about Ashland and its relationship with Shakespeare, I was reminded of the words of Hamlet as he spoke of our special interest. To be or not to be - that is the question. Whether tis nobler in the mind to suffer the slings and arrows of aphasia, or to perceive intermittently the auditory signals of the world, and by such misperception and lack of expression, to die, to sleep no more, and by a sleep to say we end the heartache, and the thousand natural shocks that the flesh is heir to. Our history for the past fifteen years has suggested that we consider aphasia, and life for that matter from a variety of perspectives. Rosenbeck suggested that we view aphasia by standing in the icy stream until our feet wrinkle and we can visualize the beast with the man's head, the lion's body and the dragon's tail (the manticore). LaPointe told us to remember, and to watch out for mole crickets as we entered pubescence and became aware of our differences. Wertz wouldn't let it drop, and returned us to the improbable realm of the mythical beast, the Chimera, with a lion's head, a goat's body and a dragon's tail. Marshall asked us quo vadis "where are we going?" We could also ask, when we consider our past preoccupation with mythical and small strange creatures, ouq sidav, which is quo vadis backwards, and means "where have we been?" Both questions are important and deserve our consideration and reflection. Fifteen years ago in Albuquerque, Bruce Porch and his colleagues saw a need for a group to consider the clinical side of aphasia. This meeting is an outgrowth of that thought and effort. Our patients deserve our best efforts based on clinical plans well founded and data based. We have in the last fifteen years seen enormous growth in the level, quantity and quality of our research. We have wrestled with research design. We have asked people to consider our data not our word. We have described, evaluated, dissected and served up treatment approaches that work and presented the data to prove that they work. Metter has indicated that our communicative efforts have not always been successful. Our visibility is a legitimate concern and we must never stop promoting our efforts. We know that our clinical literature is not always well read by other disciplines and sometimes not even by our own. We must promote ourselves by making our colleagues aware that we do have a literature and a data base for dealing with the aphasic patient. We must behave in a scholarly fashion, and make others aware that we are not the "Johnny come lately" to the field. We are a discipline that has previously considered, agonized over, evaluated, researched and adopted or rejected ideas that many others who don't know our literature, now have as ideas -- ideas that we have long ago dealt with. We should not reinvent the wheel and we must not allow those who do so to replace or displace us from our legitimate role as the evaluators and treaters of aphasia. This fifteenth Clinical Aphasiology Conference gives us another opportunity as clinicians to demonstrate our interest and our work specific to the treatment of the patient with aphasia.

We have before us four days of exciting exchange, our charge is not to take the downward view but to look beyond, perhaps even from a different perspective. If you seize the opportunity you too can ride off into the sunset with Cisco and Pancho.