

Changing Times

Change in many aspects of our lives is virtually inevitable and, often although not always, healthy and beneficial. We welcome and adapt to those changes which appear logical and to represent some sort of progress in quality of life, world betterment, and similarly lofty goals. Other changes we accept only reluctantly but pragmatically, because frequently it's not a question of choice! Finally, there are those changes which we at least attempt to reject, not only because their necessity has been inadequately demonstrated, but on occasion, even worse, the rationale for their institution has actually been misrepresented—a wolf in sheep's clothing. Self-righteously, we commit to fighting these changes.

Although the connection of these comments to performing arts medicine may appear somewhat obtuse, there is method in my madness. For one thing, it gives me an opportunity to discuss some issues which, directly or indirectly, do in fact apply to our multiple roles as health care providers, patrons of the arts, and to our uniquely combined roles as performing arts practitioners.

Emphasizing the positive, I would like to lead off by mentioning some recent changes in the performing arts at large, as well as some we have made here at MPPA. Both are a response to some well-earned criticism. In the past, but especially more recently, some segments of the performing arts have been accused of being elitist and thus being self-defeating in their stated goals of attracting larger and more varied audiences, not to mention in the not unrelated task of generating a more consistent and increased level of support. This criticism has been aimed most intensively at those institutions associated with classical music, especially those dedicated to classical music per-

formance, such as symphonies and operas. However, other groups traditionally associated with the establishment, classical ballet companies and most conservatories, must share in this indictment. In the last several years there has been a growing trend among many of these offending groups to mend their ways, in part, no doubt, driven by pragmatism more than altruism. For example, in my hometown of Chicago, the Chicago Symphony has massively redone their repertoire of offerings, motivated in part by a need to fill as well as pay for their newly and elegantly redone space, "Symphony Center," but also unquestionably by a sense of responsibility to entertain as well as educate a diverse urban and suburban population. In addition to concerts by the CSO and by visiting orchestras, and in addition to a wide range of recitals, there are now jazz concerts and ethnic music offerings, performed by well-known and talented artists who can readily hold their own with their classical music peers. In addition, the CSO, like orchestras across the country, are sponsoring imaginative and innovative forms of cultural enrichment, outreach, and educational opportunities never before even contemplated by such groups. One hopes this is not too little too late in successfully attracting historically neglected audiences whose habits of non-attendance at live musical and other cultural events may yet be challenged.

Performing arts medicine and its practitioners have also received the same criticism of being elitist. In the past we have quite freely admitted a tendency to embrace the familiar (i.e., classical music and ballet) and veer away from the unaccustomed (jazz, rock, pop music, modern dance, rap, etc.), not only in our personal arts preferences but also in our medical at-

tention. Now, as a maturing specialty, it's time to confront our critics in this matter and to examine how best to serve the medical needs of the widest possible spectrum of performing artists. Some of our colleagues, perhaps as a function of their generation, have less parochial tastes than others of us, but, as a group, we in medicine are a pretty conservative lot. Paraphrasing Gilbert and Sullivan, who say that every child born is "either a little liberal or else a little conservative," whatever we may be at birth, once we have that medical diploma we're "rarely a little liberal and mostly a little conservative." During the past 12 years, the entire lifetime of MPPA, we have attempted to delineate and understand the medical problems of performing artists, but, regrettably with few exceptions, this has revolved around classical artists. While the scope and impact of MPPA and performing arts medicine in general are miniscule compared with the performing organizations and the performing artists, our obligations to broaden our visions are similar. We must address the medical problems of a wide range of artists and art forms, and, if our excuse for past exclusiveness is unfamiliarity, then we must responsibly educate ourselves to appreciate more than just classical music and ballet. In addition, we must search out persons with the expertise and connections to lend the same degree of credibility in more contemporary art forms as we have achieved in classical circles.

As a first, if tardy, step in this direction, a number of important changes have been made in the constitution of the editorial and artistic advisory boards of MPPA. We plan to continue this process until the journal can justly claim to represent "the medical prob-

lems of *all* performing artists.” There are differences between the medical risks of being a musician and being a dancer, but it is the significant areas of similarity between them that has been the rationale behind the existence of performing arts medicine. Now this process has simply to be expanded to include a more diverse population of performing artists. We hope that you, our readers, will not only accept this as a progressive change but also assist in this process by submitting names of potential advisors and editors, and bring suitable subject matter to our attention.

In a totally different vein, I’d like to draw your attention to some different kinds of recent changes affecting musical performance, these being reconfigurations of some instruments. These changes have met with mixed reviews by the very musicians and organizational managers that they have ostensibly been developed to help!

The first is a viola, described by some as “Dali-esque” in appearance, which was designed to circumvent the frequently user-unfriendly dimensions of standard, if variable, violas. As you may have read elsewhere, there is currently only one such instrument being used in a professional orchestra, other musicians being less adventuresome, less motivated by personal pain, or perhaps concerned with negative criticism for using such a radically different-appearing instrument. This unfortunate attitude toward experimentation and change, no matter from what it stems, threatens to stymie a possibility for advancing the careers of some reluctant musicians.

The second example of an experimental instrument’s restructuring is the dual-lidded piano, with a second “lid” being on the bottom surface. Rather than directly addressing pianists’ ergonomic struggles, this re-

design is being promoted for its potential to capture and reflect sounds that might otherwise be lost or attenuated through the customarily open piano bottom. In this case, there are supportive musicians, namely pianists Peter Serkin and Andre Watts, while it is the conservative managements of musical meccas, such as Carnegie Hall, that appear to be blocking adequate testing of this pianistic bivalve.

These are a few of the more interesting changes occurring in the performing arts arena. They all represent constructive efforts and should be exciting for us to both observe and participate in. In times when so many changes, especially in medicine, seem to be regressive, it is particularly gratifying to be allied with institutions dedicated to progress.

Alice G. Brandfonbrener, M.D.

In Memoriam

Walter Trampler

1915–1997

Walter Trampler could be described as a man of elegance in every sense of the word: as a musician, in his persona, as the term is most customarily applied, by his appearance. Mr. Trampler died recently after a brief illness which he bore, as he did many aspects of his life, privately and with great dignity. It was the good fortune of MPPA and its editor to be the recipients of his excellent advice, based on a combination of good common sense and a wealth of experience. Walter served since 1986 as a member of the Artistic Advisory Board, and was a wonderful friend of many more years' standing. His loss is felt personally as it surely is by the musical community of the world and especially by the many devoted musicians whom he trained.

Walter was charismatic, warm, and caring without being aggressive. The standards he set for himself were the highest and he fully recognized his own musical success without remotely succumbing to a superstar mentality, so frequent among many of his colleagues. Throughout his long teaching career, he was affiliated at different times with a number of the most prestigious conservatories. In accepting students, he assumed responsibility not only for their violistic proficiency but also for their overall musical direction and development. His degree of commitment went way beyond the actual lesson and the studio door to a concern for their careers and overall well-being. He was both a friend and a mentor to his students.

While Trampler spent most of his adult life and career in the United States, he maintained his European appreciation of the good life, and having a good time was an integral part of his being. He was a wonderful dinner guest, enjoying what he ate and drank as well as always-lively conversation.

First and foremost, Walter Trampler was a consummate musician, especially when it came to a wide variety of chamber music, which he played with all the world's finest musicians and ensembles, young and old. To the end his playing remained spirited, cerebral, and riveting, with a total involvement. Indeed, there was nothing superficial about Trampler or his musical interpretations. While there remains a legacy of his fine recordings, as well as the many violists whom he trained, it is having heard and seen him in performance for which I am most grateful, as I'm sure is true for many others. It is these memories which will keep Walter most alive for me.

We extend our sympathy to his widow, Ruth, and to his son and grandchildren.

Alice G. Brandfonbrener, M.D.