

BOOK REVIEWS

DARLEY, FREDERIC L., *Diagnosis and Appraisal of Communication Disorders*. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1964. Pp. 152. \$4.95.

Those readers familiar with *Diagnostic Methods in Speech Pathology* by Johnson, Darley, and Spriestersbach and perhaps bothered (as this reviewer has been) by the impression that its authors were well educated and imaginative but often naive with respect to the realities of day-to-day clinical work will welcome Dr. Darley's thoughtful and concise discussion of the process, principles, and tools of diagnosis and appraisal. The use which Darley makes throughout the book of examples drawn from his experiences in identifying and describing distinctive patterns of dysarthria does much to enhance the credibility of this tightly written book.

The book is organized into three parts: Part One, which includes only Chapter I, has to do with a definition and description of the process of diagnosis and appraisal together with a listing of 'guiding principles' and a rationale for each of these.

Part Two, which is composed of Chapters II through VI, concerns the 'examination of basic communication processes.' Dr. Darley considers these 'basic' processes to be: symbolization, respiration, phonation, articulation-resonance, and prosody. One might argue, perhaps, about the internal consistency of a scheme which seems to lump together those language and speech functions associated with a given structure or set of structures (symbolization, respiration, phonation, articulation-resonance) and an aspect of speech and language produced through the coordinated functioning of widely spread body structures (prosodic features). But, on the other hand, prosodic features of speech probably constitute a package insofar as the learning of speech is concerned. For example, one rarely encounters functional pitch monotony unaccompanied by less than acceptable loudness variability. Consistency of the components into which language and speech are analyzed seems far less important, therefore, than the usefulness of the scheme in organizing the study of tools for appraisal and in systematizing the diagnostician's efforts; Darley's scheme accomplishes these ends.

In the chapters comprising Part Two, brief descriptions of kinds of tests and specific tests useful in appraising various aspects of the communicative functioning of an individual with respect to each of the 'basic communication processes' are presented. Though the descriptions are brief, they seem to be sufficient for a reasonable understanding of the nature of most tests and the 'search' items included in these chapters

introduce the newcomer to speech pathology and audiology to the relevant controversies, ethical issues, unsolved problems, etc. associated with each test or test area.

Part Three concerns the examination of associated factors and consists of Chapters VII through X. Chapter VII contains descriptions of tests of sensory and perceptual functions including tests of hearing; Chapter VIII describes examination of the oral speech-output apparatus; Chapter IX concerns the evaluation of 'associated behavior', which includes measures of intelligence, personality, motor performance, and informal observations of behavior; Chapter X discusses methods of assessing environmental influences including: family constellation, socioeconomic status, parental attitudes, parent-child relations, and peer relations. At the end of the book, one finds a list of 371 references, each of which has been cited at least once in the body of the text.

Diagnosis and Appraisal of Communication Disorders is a tightly knit and well-organized book. The student of disorders of communication might make highly profitable use of this book as the skeleton around which is organized the study of the process and tools of diagnosis; the professional audiologist or speech pathologist will find this book a concise review, in some instances, and an introduction to previously unknown or unappreciated diagnostic approaches in still other cases. In no other book can the professional worker in some area other than speech pathology encounter such an authoritative and concise a digest of the diagnostic approach and the diagnostic armamentarium of the speech pathologist-audiologist.

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ABSTRACTS

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Penkava, J., Suitable time for surgical treatment of complete clefts of the lip and palate. *Cesk. Stomat.*, 65, 213-219, 1965.

The matter of a suitable time for operation of the palate and lip in complete unilateral and bilateral clefts still remains a topical problem. It is, however, at present not resolved only with regard to the shape and function of a single organ. New therapeutic methods are sought which by collaboration of several specialists will achieve more satisfactory results. Schweckendiek's operation of the two-phase closure of the

palate applied in indicated cases is a further advance in the treatment of complete clefts. McNeil's orthodontic procedure can be evaluated similarly. As regards the development of the affected organs, the author also draws attention to the selection of a suitable time for reparative operations. (author)

Neuner, O., Sekundäre korrekturmöglichkeiten bei lippen-kiefer-gaumenspalt-patienten (Secondary corrections in lip, jaw, palate, cleft-patients). *Osterr. Zeitschrift Stomat.*, 6, 268-282, 1965.

In spite of great improvements in primary cleft surgery, Neuner points out there are still many functional and anatomical deficiencies to be corrected later. The nose, upper lip, upper jaw, and hard and soft palate very often need secondary surgery, and the author gives in his article a summary of the methods best suited in his opinion for helping those patients to better their speech, breathing, mastication, and general appearance. With instructive drawings, good photographs, and a complete list of literature he demonstrates technique and results of very many corrective procedures, adding his own ideas and experiences in connection with shaping the philtrum, lengthening the columella, correcting occlusion of upper and lower jaw, and improving the velopharyngeal function. (Schmid)

Neuner, O., Eine neue methode der velopharynxplastik (A new method of lengthening the velum). *Deutsche Zahn. Zeitschrift*, 20, 302-306, 1965.

The author discusses bad speech results after cleft palate closure and points out that pushback procedures alone very often do not prevent nasality. A new surgical method of the author uses the muscle tissue on both sides of the pharynx behind the base of the velum arch for lengthening the soft palate. Incisions are carried along the free border of the velum and from their base further back into the side walls of the pharynx. After mobilization, the mucous membrane and the muscle tissue are united in the midline suture, separating the nasal pharynx from the oral pharynx by a contractible arch. With the help of drawings and photographs the method is demonstrated clearly. Since the author observed especially good speech results, he is using the procedure not only in secondary cleft cases but also when operating primarily. (Schmid)

Skoog T., The pharyngeal flap operation in cleft palate. A clinical study of

eighty-two cases. *Brit. J. plastic Surg.*, 18, 265-282, 1965.

This is a study of 82 cases treated by posterior pharyngeal flap operation between 1951-1962. The primary purpose was to compare those based superiorly (cranially) and those based inferiorly (caudally). Skoog points out that Passavant was the originator of pharyngeal flap operations and refers briefly to the literature. The indications for pharyngeal flap operations have been as follows. Group 1: patients older than 10 years who have not had an operation on the cleft palate. With present experience, Skoog is inclined to extend this group to include all patients above the age of five years. The closure of the palate according to Veau-Wardill has been combined with pharyngeal plasty. Group 2: patients with incompetent palatopharyngeal function in spite of previous cleft palate surgery. Skoog has devised an operative procedure to prevent the scar contracture in the superiorly based flaps, which will tend to pull the soft palate downwards. He also shows a modification for using the superiorly based pharyngeal flap in cases of partial loss of the soft palate. He reports on 49 cases of superiorly based flaps and 33 inferiorly. Intensive speech therapy was provided until no further improvement could be obtained. The period of post-operative observation ranged from one to 13 years. One of the post-operative complications was especially bleeding, necessitating one case of tracheotomy. Hospitalization has been eight days. The speech was rated with the test sentences and scored as described by Nylén in 1961. Acceptable speech results regarding intelligibility was 84% in this series, acceptable open nasality in 78%, acceptable consonant articulation in almost 100%, and absence of glottic and pharyngeal sounds in a somewhat smaller percentage. He concludes that the pharyngeal flap will not fully substitute for soft palate with poor muscular function. Normal, or almost normal, speech can be ob-

tained when there is good muscular function of the soft palate. The pre-operative anatomy has a decisive influence on the final result. He points out that speech therapy and active exercises are of great value. There is no difference in a superiorly based or inferiorly based flap, but there are technical indications and contra-indications for the use of each type of flap. Speech results will be better if it is performed before facial growth is completed and should preferably be accomplished before the age of 10 years. (Nylén)

Cavallazzi, C., I trattamenti post-chirurgici nei fanciulli affetti da cheilognato-palato-schisi (Post-surgical treatment of children suffering from cheilognathopalatoschisis). *Minerva Med.*, 56, 1064-1065, 1965.

After stating that the reparative operation is insufficient on its own to completely restore the morphological, esthetic, and above all, functional conditions, especially in cases of very extensive cleft, the author emphasizes that it must be supported in chronological and organic sequence by a whole series of suitable supplementary treatments (orthophonic, orthognathodontic, and prosthetic treatment) which permit obtaining the best final result and an easier return of the patient to normal society. A very early start of orthophonic therapy is recommended, as only then will the phoniatrician be able to exactly estimate the severity of the dyslalia and establish a well-balanced plan of phonetic education, facilitating through continuous and prolonged exercise the intellectual de-

velopment which is very often compromised by loss of hearing due to chronic otitis following on and related to the main morphological abnormality. Simultaneous with phonetic instruction, accurate orthognathodontic treatment must be given, so as to correct the congenital deformities and prevent and compensate for those consequent to surgery. It is repeatedly stressed that the success of the orthodontic treatment is connected, not only to the single intrinsic factors in each case, but also to the perserverance of the treatments which must be continued for a long time. The third stage necessary to complete the functional and esthetic treatment of cleft lip and palate, which is generally put into practice only when somatic development is complete, is prosthetic treatment. This is particularly difficult in subjects with severe alterations of the dental articulation, with abnormalities of shape and position varying greatly in extent, especially with regard to the teeth near the cleft and in those cases where abnormal motility of the osseous segments remains after surgery, with pseudo-arthritis of the median tubercle or loss of substance from the alveolar arch or palate. The critical review, which is certainly the fruit of long personal experience, summarizes the most up-to-date standards for the most correct treatment of cleft lip and palate. It therefore deserves the utmost interest, as it contributes to the spread of these fundamental concepts which are so often only little known or not organically put into practice sometimes, even by those attempting to repair a cleft lip and palate. (Francesconi)

REGISTRY OF CURRENT RESEARCH PROGRAMS

The Registry will be maintained in subsequent issues of the *Journal*. Currently, the major source of information is the Bio-Sciences Information Exchange; however, other sources are invited to contribute. Descriptions of research programs to be listed with the Registry should be sent to the Editor.

Items are: Name of project; supporting agency; name of principal investigator with degrees; academic rank, institution, and address; and summary of project.

Studies on the chromosomal patterns of children suffering from mental retardation and congenital deformities: The correlation between clinical entities and specific chromosomal patterns (Dept. of National Health and Welfare of Canada). *W. A. Cochrane*, Dalhousie University, Halifax, Nova Scotia, Canada.

Summary: None provided.

Pressure-flow study of velopharyngeal function (NIH). *Donald W. Warren*, D.D.S., School of Dentistry, University of North Carolina, Chapel Hill, North Carolina.

Summary: A pressure-flow technique, based upon hydrokinetic principles, will be used to determine the relationship between velopharyngeal closure and associated speech characteristics. This method is based upon the assumption that velopharyngeal orifice size can be determined if differential pressure across the orifice is recorded simultaneously with airflow through it. Differential pressure transducers, heated flowmeters, amplifiers, microphone, and recording instrument will be utilized to record the necessary parameters in normal and cleft palate subjects during speech. The specific aims of this proposed work are as follows: a) define normal and abnormal velopharyngeal ori-

fice size, pressure, airflow, and voice quality patterns of continuous speech; b) define normal and abnormal articulation patterns in terms of upper pharyngeal pressure-flow dynamics; c) evaluate the relationship between velopharyngeal orifice size and voice quality characteristics in order to determine the critical range separating normal from nasal and denasal speech; d) determine the effect of different phonetic segments upon velopharyngeal orifice size during continuous speech; e) evaluate the relationship between two efforts in speech, i.e., contraction of thoracic muscles and pressure-flow patterns in the upper pharynx.

Predicting articulation improvement with instruction from cinefluorographic measurement (NIH). *Ralph L. Shelton, Jr.*, Ph.D., University of Kansas Medical Center, Kansas City, Kansas.

Summary: We propose to conduct studies of articulation and the speech mechanism in prosthetically repaired and in surgically repaired persons with cleft palate and in individuals without cleft palate but who present abnormal nasal escape of air during articulation. In the study of prosthetically repaired subjects, Study 1, we would expect to determine whether the prosthesis bulb can be reduced in size after good speech is acquired without ad-

verse effect on articulation. Secondly, we would hope to learn the means by which gains are maintained, if they are. The study would also add to knowledge about adequacy of bulb fit for speech learning. The goal of the study of surgically repaired subjects and of noncleft palate subjects with nasal air escape during articulation, Study 2, is to gather data that would facilitate prediction of future articulation behavior by cinefluorographic observation. More specifically, we wish to assess the responsiveness to articulation instruction of individuals presenting varying degrees of palatopharyngeal closure.

Evaluation of speech in patients with cleft palate (NIH). *Richard B. Stark, M.D., St. Luke's Hospital, 421 West 113th Street, New York, New York.*

Summary: The lack of objective criteria of normal speech has blocked improvement of defective speech in patients with repaired cleft palate. Even following the most skilled surgical repair of cleft palate, approximately 25% of the patients will develop speech characteristics of this anomaly. Many newer techniques have been developed to reduce the size of this failure group. However, because subjective speech analysis by a speech therapist remains the only criterion of speech performance, results from these techniques cannot be compared with verity. To obviate this shortcoming, this study attempts to establish objective measures of speech using speech analysis, cineradiography, sonography, and assay of the phase phenomenon of speech by voice systems nasality meter.

Etiology of the cortisone-induced cleft palate (NIH). *Luis Angelone, Ph.D., University of Washington School of Dentistry, Lindell and Skinker Boulevards, St. Louis, Missouri.*

Summary: It is generally agreed that definitive biochemical information at a cel-

lular level is needed to understand the development of the cleft palate. It is proposed that the delay in palatal shelf movement in the embryo when the pregnant female is exposed to cortisone is the result of a metabolic change in the embryonic palatine tissues caused by cortisone. Thus studies will be made to determine the mechanism involved in the formation of the cleft palate due to cortisone. Simultaneous observations will be made on sponge-induced connective tissue of the pregnant female and the palatine tissues of the embryos. Histochemical analyses will be made on the embryonic palatine structures. Biochemical analyses will be made on the sponge connective tissue to determine the effects on growth, structural, chemical, and enzymatic patterns. Correlation will be made between the histochemical palatine tissue responses and biochemical responses of the sponge connective tissue.

The study of cleft lip and palate (NIH). *M. J. Jurkiewicz, M.D., Department of Surgery, University of Florida, Gainesville, Florida.*

Summary: Based largely on data obtained in rodents, most investigators agree with Fraser that a minority of congenital malformations have a major environmental cause and a minority of congenital malformations have a major genetic cause. The human studies of Cunningham, Fogh-Andersen, and others in families of individuals with clefts of the lip and palate show an increased susceptibility to these malformations in such families. These studies support the notion of inherited susceptibility to cleft lip and palate. The specific aims of this proposal are three: a) to expand the present colony of cleft lip and palate dogs in whom the data now accumulated indicates that expression of cleft is influenced by recessive genes with incomplete penetrance; b) to confirm the induction of cleft palate in dogs by treatment during pregnancy with a glutamine

antagonist; c) to study the embryogenesis of cleft lip and palate in dogs.

Functional analysis of human cephalic malformations (Dept. of Health, Education, and Welfare).

Melvin L. Moss, Ph.D., Department of Anatomy, Columbia University, 630 W. 168th Street, New York, New York.

Summary: The analysis of the growth of normal and malformed human heads by the new established techniques of functional cranial analysis will be continued. This specifically requires the continued attempt to isolate the biologically meaningful soft tissue matrix units in the head, and to demonstrate the effect of their primary alteration upon the secondarily responsive skeletal structures.

Airflow, pitch, and intensity in cleft palate speech (Dept. of Health, Education, and Welfare). *D. T. Counihan*, Ph.D., University of Oklahoma Medical Center, 800 N.E. 13th, Oklahoma City, Oklahoma.

Summary: This study is designed to investigate the volume rates of oral and nasal air flow that occur during the production of sustained vowels and consonant-vowel combinations at each of three intensities at each of two pitch levels by cleft palate and normal speakers. Subjects will consist of 30 cleft palate speakers with known velar incompetency and 30 normal speakers matched with them in age, sex, and fundamental vocal frequency. It is the plan of this investigation to explore differences in measured oral and nasal air flow that exist both within and between the experimental and control groups in production of these vowels and consonants under varying pitch-intensity conditions. Since this information has a direct bearing on the necessity for and wisdom of many diagnostic and treatment procedures employed in cleft palate rehabilitation, the

study is thought to have important clinical significance. It is further believed that such information could be important in explaining the patterns and types of misarticulations present in cleft palate speech.

A preliminary study of methods for evaluating the speech and related behavioral changes which accompany therapy programs for oral cleft patients (Dept. of Health, Education, and Welfare). *David Prins*, Ph.D., The Regents of the University of Michigan, 2008 Administration Building, Ann Arbor, Michigan.

Summary: Clinical observation suggests that most post-operative oral cleft patients do not achieve normal speech despite extensive programs of rehabilitation which involve specialists in the areas of medicine, dentistry, and speech pathology-audiology. This observation has begun to place a major responsibility upon rehabilitation programs to demonstrate their effectiveness. The proposed research project will represent a preliminary study to develop suitable indices for evaluating the effectiveness of therapy. Recorded speech samples of words and sentences will be obtained at weekly intervals from two groups of post-operative cleft palate children before, during, and after intensive speech therapy programs. These recordings will be analyzed objectively for word and phoneme intelligibility and subjectively along value judgment scales concerning nasality, intelligibility, and normality. Objective and subjective speech scores for cleft palate and normal speakers will be compared for the purpose of developing an index of speech adequacy. In addition, subject recordings which show intelligibility variations as a function of therapy will be analyzed spectrographically. Measures will be obtained of palatopharyngeal function using lateral head x-ray and oral manometer. These measures will be compared with both the objective and subjective indices of speech function.

Cinefluorographic study of pathological speech mechanisms (NIH).

Joseph L. Westover, M.D., Department of Radiology, University of California, Los Angeles, California.

Summary: This research project is continuing to examine the relationships between pathological physiology and speech disorders, as revealed through the use of cinefluorography. The investigators are

continuing to examine, specifically: a) changes in speech processes before and after the pharyngeal flap operation, b) changes in speech processes when a prosthetic device is introduced, c) specific kinesiological differences in phonation and swallowing, d) relationships between articulatory disorders and the early appearance of hypertrophied adenoids, and e) the study of malocclusions which show a need for corrective surgery.

ANNOUNCEMENTS

A new periodical, the *British Journal of Disorders of Communication*, is announced. The journal, incorporating *Speech Pathology and Therapy*, is to be published twice yearly in April and October. It will deal primarily with disorders of communication in children and adults including the receptive and expressive aspects of language, audiology, articulation, and personal, social, and environmental conditions relating to communication through spoken and written language. The Editor is Dr. Muriel E. Morley, Beechroyd, Hillside Road, Rothburg, Northumberland, England. Further details are obtainable from Dr. Max Nelson, Speech Department, California State College, Fullerton, California 92631, who is a member of the Editorial Board. Subscriptions \$4.00 to E. & S. Livingstone, Ltd., 15-17 Teviot Place, Edinburgh 1, Scotland.

American Medical Association (Annual Convention), June 26-30, 1966, Chicago; (Clinical Convention) November 27-30, 1966, Las Vegas
American Association of Plastic Surgeons, April 27-30, 1966, Cleveland
American College of Physicians, April 18-22, 1966, New York
American Laryngological, Rhinological, and Otological Society, April 20-22, 1966, San Juan
American Pediatric Society, Inc., April 27-29, 1966, Atlantic City
Society of Head and Neck Surgeons, April 24-26, 1966, Denver
American Cancer Society (Scientific Session), May 11, 1966, San Francisco
International College of Surgeons, May 1-5, 1966, Houston
American Roentgen Ray Society, September 27-30, 1966, San Francisco
American Academy of Ophthalmology and Otolaryngology, October 16-21, 1966, Chicago
American Society of Plastic and Reconstructive Surgeons, Inc., October 2-8, 1966, Las Vegas
International Cancer Congress, October 23-29, 1966, Tokyo
International College of Surgeons, October 1-4, 1966, Mexico City

The Epidemiology Branch at the Dental Health Center of the U. S. Public Health Service, located in San Francisco, announces two vacancies on its staff. One of these vacancies is for an Epidemiologist (physician) to plan and direct the epidemiologic investigations of birth defects conducted by the Epidemiology Branch. A Doctor of Medicine degree and advanced training and experience in epidemiology are required for this position; a background of specialized training and experience in pedi-

atrics and/or genetics is preferred but not mandatory. Salary is from \$16,460 (exact salary to be based on applicant's qualifications), with periodic increases. The other vacancy is for a Geneticist to design and conduct research dealing with the genetics of cleft lip and palate and related birth defects, and provide consultation to other investigators of the Epidemiology Branch. Salary is from \$14,170 (exact salary to be based on applicant's qualifications), with periodic increases. Both of these vacancies will be filled through Federal Civil Service appointments and relevant benefits and standards will apply, with nondiscrimination in employment. Submit application form SF-57 (obtainable from any post office or federal agency) to: John C. Greene, Dental Health Center, 14th Avenue and Lake Street, San Francisco, California.

Dr. John Marquis Converse, Lawrence D. Bell Professor of Plastic Surgery, New York University School of Medicine and Director of the Institute of Reconstructive Plastic Surgery, New York University Medical Center, has been appointed by the Surgeon General to a four-year term on the National Advisory Dental Research Council of the Public Health Service, U. S. Department of Health, Education, and Welfare. As a member of the Council, Dr. Converse will advise and make recommendations to the Surgeon General on research and training grants and fellowships to be awarded by the Public Health Service from funds appropriated to the National Institute of Dental Research, one of the nine Institutes which comprise the National Institutes of Health.

NECROLOGY

Francis Burian: October 15, 1965

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AMERICAN CLEFT PALATE ASSOCIATION

Information for Applying for Membership

The Association was organized in 1940 with the following objectives:

1. To encourage scientific research in the causes of cleft lip and palate.
2. To promote the science and art of rehabilitation of persons with cleft palate and associated deformities.
3. To encourage cooperation among, and stimulation of, those specialists interested in the rehabilitation of cleft palate persons.
4. To stimulate public interest in, and support of, the rehabilitation of cleft palate persons.

The Association publishes the *Cleft Palate Journal* quarterly. The Association's Annual Meeting includes sessions devoted to the presentation of papers in medicine, dentistry, speech, and related areas concerning the problems in individuals with cleft lips and palates.

To be qualified as a member of the Association, the applicant must be in good standing in the professional organization representing his major or clinical orientation. He must be accredited in his professional field, and he must have displayed an interest in the rehabilitation of cleft palate persons. The above statement has been interpreted to mean that those applicants trained in Speech Pathology and Audiology must hold at least basic certification from the American Speech and Hearing Association at the time of the application.

The person shown as sponsor on the application must be a member of the Association and must write a letter attesting to the fact that the applicant is eligible for membership.

Send applications or requests for further information to:

KENNETH R. BZOGH, PH.D.
American Cleft Palate Association
Department of Communicative Disorders
University of Florida
Gainesville, Florida 32603