BOOK REVIEWS

LOWERY, BRUCE, *Scarred.* New York: Vanguard Press, Inc., 1961. Pp. 160. $3.75.

This novel is a brief and sensitive narration about a lonely and introspective boy as he enters into adolescence. A cleft lip scar, resulting from what is described as "a good repair", becomes the focal point of the boy's emotional turmoil and assumes importance out of all proportion to the degree of disfigurement or to its relationship to the events in the story. However, the association of the scar to what happens is of importance to the boy, Jeff, and that is the point of the story.

Jeff's world of 13 years changes when he moves into a new and unfriendly school and neighborhood.

As he tries to enter into the closed world of a strange group of peers, the lip scar becomes an object of ridicule and name-calling. Jeff's defenses are precarious since they are based on his mother's original evasion of the truth about his scar. Therefore Jeff's size, his ineptness in games, and his anxiety to please as well as a timid, ineffectual teacher only make matters worse. When friendship and acceptance seem to be at hand, Jeff's jealousies and anger goad him into impulsive stealing and destroying what he most desires. As lies pile upon lies to conceal his actions, Jeff is compelled to lash out against those who try to befriend him—his bewildered parents, an adoring brother, and a long time friend. The tangled maze and chain reaction of events lead to a tragic stopping place in the story.

Parts of the book seem moving and sensitive in their description of Jeff's world, such as Jeff's wishes for miracles and his search for meaning and justice from his God. Some aspects of the story, however, seem to be awkward and determined to make one more point, rather than to provide a natural sequence or integral part of the whole. Two parts which particularly appear contrived are the passages in which a neighbor child hurls religious invectives at Jeff, and, indeed, the ending itself.

In the reviewer's opinion, this book would not be appropriate for use in a bibliotherapy sense either for patients or for families who may closely identify with Jeff, since it offers no resolution or release of feelings. Details are too sparse to draw any conclusions about how to react to a similar situation. It may be useful to those who meet and talk with patients to provide a means for patients' feeling, for a brief time, with Jeff, and perhaps deepening an understanding and tolerance for the strength and irrationality of emotions which having a scar may bring.

This is a first novel by a young American, who has studied and taught in France. The book was first written in French and rewritten in English. According to the book jacket, it has won several awards on the European continent.

Although the biographical data does not mention it, the photograph of the author suggests the possibility that the story may be autobiographical.

ELIZABETH B. SCHROEDER, A.C.S.W.

University of Iowa
Iowa City, Iowa

The Cleft Lip and Cleft Palate Research and Treatment Centre, A Five Year Report. Toronto, Ontario, Canada: The Hospital for Sick Children Research Institute, 1959, Pp. 275.

The Foreword of this publication briefly summarizes its contents:

> This is a Five Year Report of the activities and achievements of the Cleft Palate Research and Treatment Center of the Hospital for Sick Children. These activities were supported by the Atkinson Charitable Foundation, and were carried out under the direction of the Research Institute of the Hospital.
>
> The report is in two parts. Part I is a general report; Part II consists of appendices giving details of the research and treatment carried out as well as other particulars of specific value to those who may be undertaking a team approach to this important problem of the rehabilitation of the cleft lip and cleft palate child.

The historical aspects of the Treatment Centre described in Part I reveal a stimulating environment of treatment and research influenced by surgeon LeMesurier, orthodontist Harvold, and speech therapist Lewis. General information is presented concerning aims and objectives, description and outline of activities (case findings and staffing), and limitations and recommendations for research and treatment. One becomes oriented as to the purpose, general routine, and thinking of this organized group of professional personnel.

Research and treatment reports are the significant contents of Part II. Appendix II contains the descriptions of some nine projects concerning various aspects of the cleft lip and palate problem. An etiologic study of 688 cleft lip and palate children re-assesses the relative roles of genetic and environmental factors in the etiology of cleft lip and/or cleft palate. Information from this study can be helpful in counselling parents of affected individuals. A section concerning a long-term surgical follow-up contains 24 tables describing speech results as related to various physical areas of involvement and surgical procedures.

Cranio-facial growth studies through the medium of cephalometrics have been carried on as a) a comparative study of the cranio-facial complex in complete unilateral cleft lip and cleft palate, and in noncleft subjects; b) a preliminary investigation of facial growth trends in children with different types of clefts; c) cranial base and cervical vertebrae relationships in cleft lip and palate (anomalies of cervical vertebrae occur more frequently in cleft individuals; d) the morphology of the mandible in cleft and noncleft children; and e) the morphology of the nasal septum in cleft and noncleft children.

Speech aspects of 34 cases in which palato-pharyngoplasty was performed are described in another study.

Treatment reports are presented as they concern surgery, medical care, dental treatment (involving both orthodontic and prosthodontic procedures), and speech therapy. From the statistics presented, it appears that relatively little study has been given to the role of the obturator prosthesis as a medium for speech improvement in the cleft individual.

The concluding appendix contains miscellaneous information pertaining to symposia presented, exhibits and table clinics, and individual presentations by team members. Samples of records, and a publication, "Aids in Speech for the Cleft Palate Child," also are included.

This report is a very comprehensive presentation of the efforts of a professional team in treating and studying the cleft lip and palate patient. Areas of emphasis seem to be in surgery, orthodontics, and speech.

As new modalities of investigation continue to be developed, future publications from this Centre, such as this, undoubtedly will report areas of continued progress in the study and treatment of the cleft individual.

WILLIAM R. LANEY, D.M.D.

Mayo Clinic
Rochester, Minnesota

Editor's Note: The Second Report (1960–1962) from the Research Institute of the Hospital for Sick Children has been recently received but will not be reviewed separately since it is considered to be an extension of the original report reviewed above.

ABSTRACTS

Cervenka, A., Harelip and cleft palate—genetic contribution. *Acta Chir. Plasticae, 3,* 187–192, 1963.

The author studied 30 sets of twins to determine the role of heredity and environment in cleft lip and palate occurrences. The cases were divided into two groups, Type I, cleft lip and palate and Type II, isolated cleft palate. There was a predominance of concordance in monozygotic twins in Type I over Type II (47% and 20% respectively). Genetic systems participate twice as frequently in cleft lip and palate as in isolated cleft palate. (Harding)

McClelland, R. M. A., and Patterson, T. J. S., The influence of penicillin on the complication rate after repair of clefts of the lip and palate. *Brit. J. plastic Surg., 16,* 144, 1963.

In a series of 200 primary operations on cleft lips and palates, 101 patients had a course of systemic penicillin starting the day before operation; 99 had not. The total incidence of infective complications including pyrexia for more than four days, respiratory tract infection, wound sepsis, secondary haemorrhage, diarrhoea and vomiting, was 23.5%. These occurred twice as frequently in the patients who did not receive penicillin (31%) as in those who did (16%). (Gibson)

Herfert, Oskar, Two stage operation for cleft palate. *Brit. J. plastic Surg., 16,* 37, 1963.

Doctor Herfert's views on the normal development of the maxilla in cleft palate cases, when the tissues overlying the hard palate are not interfered with, are well known. He reports a further 12 patients

who came for primary palate repair after 12 years of age, in whom normal growth of the maxilla had occurred. He recommends the two-stage closure method of Schweckendiek in which the velum alone is closed first at 14 to 16 months while the hard palate repair is left until the child is five years old. In addition to the normal arch development which might be expected, Herfert has noted considerable growth of the bony plates in unilateral clefts; indeed the cleft becomes so narrow that only a single palatal flap on the noncleft side is necessary for repair and the second state is a relatively minor procedure, to be performed in 10 to 15 minutes. (Gibson)

Wallace, A. F., The problem of the premaxilla in bilateral clefts. *Brit. J. plastic Surg., 16,* 32, 1963.

In a retrospective survey of 30 cases of bilateral cleft lip and palates, treated at the Queen Victoria Hospital, East Grinstead, between 1940 and 1957, the author has classified premaxillae into three groups, large, medium, and small. The large premaxilla is extremely protuberant and wide; the small is less prominent and narrow; intermediate forms are medium. He concludes that when the premaxilla is small, lip closure alone before the age of eight months will provide a good alveolar arch without later dental orthopaedic treatment. When the premaxilla is of medium or large degree, lip closure alone usually results in a bad arch and even orthodontic treatment rarely achieves perfection. He believes, too, that resection of the bony septum is indicated in the large premaxilla group and in late neglected cases; the premaxilla must usually be excised. (Gibson)

Woolf, C. M., Parental age effect for cleft lip and palate. *Amer. J. human Genetics, 15,* 389–393, 1963.

The ages of the parents at the birth of 411 children who show cleft lip with or without cleft palate were compared with the ages of the parents at the birth of a group of control subjects. A significantly higher proportion of the parents of children with cleft palate was found, demonstrating a parently age effect for congenital cleft lip with or without cleft palate. Parental age was also shown to be of etiological importance. One possible explanation for the parental age effect is that of differential gametic selection with advancing parental age. The author also suggests that differential mutation rate and accumulation of mutations with advancing parental age must be considered. (Lutz)

Moriarty, T. M., Weinstein, S., and Gibson, R. D., The development *in vitro* and *in vivo* of fusion of the palatal processes of rat embryos. *J. Embryol. exp. Morph., 11,* 605–619, 1963.

It was the purpose of the investigation to determine the effectiveness of using *in vitro* and *in vivo* techniques in obtaining closure of isolated embryonic palatal processes of normal rat embryos. The morphology and histology of tissues obtained by these techniques were also compared with the palatal structures of intact embryos. Following a description of the methods employed the authors report the morphology of closure of the secondary palate as found in the experimental tissues differs from that of normal Sprague-Dawley embryos. Of 19 organ cultures of unfused palate tissues of 15 day rat embryos, five achieved fusion. Twenty transplantations of unfused palatal tissues of rat embryos were carried out. Ten of the heterografted palates developed fusion and four of the five homographs. The removal of the tongue from between the lateral palatal processes of the experimental tissues immediately modified the process morphology and the mode of closure. Though the histological progress of

cellular fusion appears similar for the experimental and normal tissues the authors indicate that the abnormal environments of both explants and transplants cause cellular 'regression' in them. (Lutz)

Loeb, W. J., Speech, hearing, and the cleft palate. *Arch. Otolaryng., 79,* 4–14, 1964.

An investigation of the inter-relationships of hearing loss, hypernasality, velopharyngeal incompetence, velopharyngeal distance as measured from cephalometric x-rays, and the history of adenoidectomy with or without tonsillectomy in a group of 108 cleft palate cases is reported. A positive correlation was observed between hearing loss and hypernasality. There was also a positive correlation between hearing loss and velopharyngeal incompetence. A higher incidence of hearing loss was noted among those patients who used a prosthesis. No consistant correlation between hypernasality and the distance between the soft palate and the posterior pharyngeal wall was noted in children under 10 years of age. With increased age the correlation between the velopharyngeal distance and hypernasality was found to increase. Increased hypernasality was observed following adenoidectomy with or without tonsillectomy in three of the 15 cases subjected to the procedure. From the results of the study it is concluded that children with cleft palate should be treated as other children in terms of adenoidectomy. It is also suggested that poor hearing may be a major factor in causing nasality, that a prosthesis may decrease eustachian tube function with resultant hearing loss, and that cephalometric studies are of diagnostic aid in the evaluation of older children and adults but not for small children. (Lutz)

Kodman, F., Jr., and Whipple, C. I., Radiographic study of young adults with agenesis of the palatal and uvular structures. *Eye, Ear, Nose, Throat, 39,* 807–810, 1960.

It was the purpose of this study to determine articulatory differences and a possible relationship between articulation and nasality. Eight young adults who suffered partial or extensive agenesis of the hard and soft palate which was not amenable to reconstructive surgery and who were fitted with pharyngeal bulb obturators were employed for the study. Degree of nasality derived from ratings of a modified non-nasal passage and phonation of selected vowels and compared with certain physiological measurements. The measurements were based on radiographs obtained during speaking and include incisor opening, tongue-obturator diameter, posterior pharyngeal wall-pharyngeal bulb, lateral pharyngeal width and the movement of Passavant's tubercle. The results of the study indicate that the average movement of Passavant's tubercle was less than reported by other studies. No significant differences were found between the five individual physiological measurements when subjects were divided into four most nasal and four least nasal groups. The theory of pharyngeal articulation advocated by Carmody was supported by the findings and considerable physiological variability was found between subjects during phonation of the five sounds. The author indicates that further research is needed to substantiate the present findings using similar subjects. (Klim)

Woolf, C. M., Woolf, R. M., and Broadbent, T. R., Genetic and non-genetic variables related to cleft lip and palate. *Plastic reconstr. Surg., 32,* 65–74, 1963.

A statistical study of genetic and non-genetic variables related to congenital clefts of the lip and palate was performed, using 553 surgical patients with these deformities. There was found to exist a significant positive relationship between pa-

rental age and cleft lip with or without cleft palate, but not between parental age and isolated cleft palate. The data suggest that the risk of isolated cleft palate may be lower with young parents. No relationship was found between birth order and cleft occurrence. There was no evidence for a seasonal trend in cleft births. Empiric risk values are presented and their use in genetic counseling explained. (Ashley)

Schultz, L. W., Correct time, sequence and technic for closure of cleft lip and palate. *J. Internat. Col. of Surg., 39,* 585–596, 1963.

The author states he is opposed to many of the clinics set up for the care of cleft lip and palate patients because there tends to be organizational confusion which alarms the parents of these patients. He feels only one person should be responsible for the care of the patient, namely, the surgeon. Early operation on both the lip and palate is advocated. The repair of the lip is not a surgical emergency so should not be done during the first few hours or days of life. However, the lip is closed at two weeks of age if the baby is otherwise healthy. The palate is closed at three to six months of age, depending largely on the nature of the cleft. If the baby is first seen after six months of age, the palate is repaired before the lip to enable the patient to develop perfect speech. The author states that when the palate is repaired after 18 months of age, a speech defect will usually result. With early operation on the palate, the upper jaw may not necessarily develop normally. This is particularly true in the wide, bilateral cleft, but can be compensated by orthodontia or a prosthesis. Early closure of the palate can prevent speech defects, inferiority complex, otitis media, and loss of all coordinated movements of the oral-pharyngeal area. The baby's central nervous system develops along with the development of these related parts and should be restored to as nearly normal status as possible at an early date. The writer states that a baby three to six months of age is a better operative risk than a baby two years of age. The two year old is more active and has more destructive glossal movement. Evidently a feeding catheter is placed into the stomach for post-operative nutrition. A baby with a cleft palate and micrognathia needs early surgery to keep the tongue forward and reduce the possibility of strangulation. The early surgery also creates a more normal air stream. The author recommends a modified Rose operation for a single cleft lip. The bilateral cleft lip is repaired in one operation and the lip pressure will then cause the premaxilla to move between the maxillary segments. The author states he recommends that a prosthesis be used when a cleft cannot be closed surgically, when the naso-pharyngeal space must be closed, and when the jaw relations and the occlusal plane must be restored. (Harding)

Bakamjian, V., A technique for primary reconstruction of the palate after radical maxillectomy for cancer. *Plastic reconstr. Surg., 31,* 103–117, 1963.

The author briefly describes several methods for primary or delayed palate reconstruction and presents a new method for immediate primary repair. He recommends that the patient be redraped following maxilla resection and gowns and instruments changed. A flap is outlined based superiorly at a level just below the mastoid process and angle of the mandible and extending along the course of the sternocleidomastoid to below the lower border of the clavicle. The sternocleidomastoid is divided at its origin and elevated with the flap. A subcutaneous tunnel leading into the operative defect is constructed by undermining the skin overlying the posterior half of the horizontal

ramus and angle of the mandible. The flap is rotated and pulled through this tunnel. The neck defect is covered with a split graft. The distal segment of the flap is sutured along the remaining hard and soft palates so that the epithelial surface forms the roof for the mouth. The anterior edge of the reconstructed palate is sutured to the mucosal border of cheek and lip. Cheek skin, if available, or a split graft is used to cover the raw superior surface of the new palate and lateral wall of the pterygo-maxillary space. Remaining denuded areas of the operative defect are covered with the upper eyelid structures or a forehead or temporalis flap. The patient can be given oral fluids by the third or fourth-post-operative day. Division of the cervical pedicle three or four weeks following the initial operation can be combined with a radical neck dissection. (Ashley)

Maneksha, R. J., The late results of the Millard cleft lip operation. *Plastic reconstr. Surg., 31,* 85–88, 1963.

The author states that since 1959 he has used the Millard flap repair method in 200 cases of unilateral cleft lip. He feels the method's main advantages are 1) preservation of the cupid's bow, 2) production of a faint scar on the lip, 3) minimum sacrifice of tissue, and 4) symmetry of the nostril floor. As modifications of the method he suggests that a) the lip should be closed in three layers, b) the dependent mucosa should be sutured with a vertical or transverse mattress suture, and c) a Z-plasty should be done in the lowest part of the lip. Methods of local tissue readjustment for late correction of a sagging nasal ala are briefly described. (Ashley)

Cohney, B. C., The association of cleft palate with the Klippel-Feil syndrome. *Plastic reconstr. Surg., 31,* 179–187, 1963.

The author describes the Klippel-Feil syndrome and briefly reviews five preexisting case reports of patients with cleft palate associated with this syndrome. He adds histories of six additional patients with these two abnormalities. The relevant literature is discussed in relation to the cases presented.

The author concludes that the association of clefts of the palate with the Klippel-Feil syndrome is rare. Problems peculiar to the treatment of these patients include difficulty of intubation for anesthesia, restricted access in palate repair, and an unpredictable speech result. He feels that the fusion of cervical vertebrae contributes to the development of disproportion in the relative positions of the palatopharyngeal mechanism components and consequent loss of an initial good speech result. (Ashley)

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.

The study of anomalies of human chromosomes associated with irradiation, leukemia and congenital defects (United States Atomic Energy Commission). *Benjamin Castleman,* Department of Pathology, Massachusetts General Hospital, Boston 14, Massachusetts.

Summary: Radioautographic studies of human chromosomes with the use of tritiated thymidine and the stripping film technique will be carried out in an attempt to determine the pattern of DNA synthesis. This method has been used to identify a late-replicating X-chromosome by others using normal leukocytes. It is planned to confirm this work and extend similar studies to cases with sex-chromosome anomalies. The pattern of DNA in mongoloid leukocytes will be investigated in this manner as well as other cases of chromosomal anomalies such as chronic myeloid leukemia and multiple congenital defects. Possible alterations in the pattern of DNA synthesis of chromosomes that have been irradiated *in vitro* will be investigated. Radioautography will also be used in studying asynchrony of DNA synthesis in the interphase nucleus. This will be an extension of work already carried out using normal female peritoneal cells grown in tissue culture. It is planned to study in this manner cases of sex chromosome anomalies that have abnormal sex-chromatin bodies.

The relation of chromosomal aberrations to developmental anomalies (Medical Research Council of Canada). *F. C. Fraser,* Department of Genetics, McGill University, Montreal, Canada.

Summary: None provided.

Effect of teratogenic diet on *in vitro* palatal fusion (NIH). *Robert D. Gibson,* Professor of Pharmacology, University of Nebraska, Lincoln 8, Nebraska.

Summary: 1. To compare the value of the organ culture technic and the transparent chamber isograft technic as methods for studying fusion and cellular differentiation of embryonic rat palates. 2. To study the influence of a teratogenic diet (pteroylglutamic acid deficiency) on embryonic palatal fusion employing a standard organ culture technic or the transparent chamber isograft technic.

Prenatal influences on fetal development (NIH). *F. J. Kendrick,* ADA Research Associate, Laboratory of Biochemistry, National Institutes of Health, Bethesda, Maryland.

Summary: Proposed work includes a continuation of the study of amniotic fluid hydrostatic pressure and of the antigenicity of fetal palate tissue, and their relationships to congenital defects, with emphasis upon cleft palate.

The cytology, histochemistry and biochemistry of odontogenesis (NIH). *William Lefkowitz,* Department of Oral Histology and Embryology, University of Kansas City, School of Dentistry, Kansas City 6, Missouri.

Summary: This study proposes to study the normal fusion of the palatal processes in vitro. The normal closure of the palate in explants of the maxillae only has been successfully attained. A new technic, which will permit observation of the closure with the tongue and mandible in situ in the explant, will be tested. In an hypoxic environment, the palate failed to close. Studies with known percentages of oxygen will be tested. Other teratogenic agents will also be tested in vitro culture. The procedures will be photographed and studied using histochemical technics.

Chromosome abnormalities and congenital anomalies (NIH). *Herbert Lubs, Jr.,* M.D., Clinical Investigator, VAH, West Haven, Instructor in Medicine, Yale University, New Haven, Connecticut.

Summary: Approximately 20 patients with multiple congenital anomalies have been studied. A report of 10 children with multiple anomalies studied in conjunction with Dr. Koenig, of which four children were found to have an extra chromosome, has been completed and will be published in the *Yale Journal of Biology and Medicine.* The study of additional patients continues.

The role of reversed asymmetry in visceral defect (NIH). *Robert J. Merklin,* Department of Anatomy, Jefferson Medical College, 1025 Walnut Street, Philadelphia 7, Pennsylvania.

Summary: Work will be continued on the case history study of situs inversus individuals. We expect to bring our total of cases in the Philadelphia area over the 200 mark. This case history study will be extended to the hospitals in the New York area. Records will be analysed for relationships between congenital defects and situs inversus. We hope to establish that some cases of situs inversus have a hereditary background while others are caused by trauma early in pregnancy. Embryos of situs inversus mice will be studied to determine the relationship of defects to situs inversus and to establish the times at which these defects make their appearance. The effects of anoxia on the incidence of congenital defects will be studied in Swiss albino and situs inversus mice. Particular attention will be given to the varieties of heart defects, spleen agenesis and vertebral column defects.

Study of compounds interfering with ovum implantation and development (The Population Council). *John McLean Morris,* M.D., Yale University, School of Medicine, New Haven 11, Connecticut.

Summary: This project is directed toward the study of the effect of various compounds interfering with implantation and development of the zygote. A secondary aim is the study of fetal abnormalities produced by any such agent. Agents being investigated include clomiphine, U11555A (Upjohn), ergocornine, BW-57-323 (Burroughs Welcome), colcemide and related compounds. The work is being

carried out in the rabbit with extension to the macaque monkey when indicated.

Oral aspects of the results of consanguineous marriage in Hiroshima and Nagasaki, Japan (NIH). *J. D. Niswander,* Dental Geneticist, Human Genetics Section, Clinical Investigations Branch, National Institutes of Health, Bethesda 14, Maryland.

Summary: Oral examinations were conducted on 5,033 individuals in which the parents reported consanguinity of some degree, and a like control group, selected from a population unexposed to the atomic blasts in Nagasaki and Hiroshima, Japan. Of this initial population, a total of 3,382 children of consanguineous marriages and 3,501 controls were recovered and examined in August of 1960. The oral findings have been partially analyzed, and will be collated with physical examinations, laboratory studies, anthropometric examinations and psychometrics. The preliminary analysis shows no major differences between controls and inbred groups in most respects. Certain differences between cities appear to exist. An almost complete absence of inbreeding effects could be demonstrated on most oral variables, such as malocclusion, caries, and congenital anomalies of the teeth. Some other findings not necessarily related to inbreeding: a significant acceleration in tooth eruption between 1951 and 1959; an apparent effect of socioeconomic status (possibly nutritional) on tooth eruption; a greater similarity in dental eruption status between siblings than non-siblings; a significant positive association between caries of the deciduous teeth and structural defects in enamel of their permanent successors; and a higher prevalence of supernumerary teeth in Japanese than in Caucasians, with a marked sex difference in Japanese (4% of all males affected and 2% of all females).

Insulin as a cause of congenital deformities: A presentation of chemical studies leading to the discover of the mechanism of action (The Medical Foundation). *Carl A. Olsson,* Boston University, School of Medicine, Boston, Massachusetts.

Summary: None provided.

Cytogenetics (NIH). *J. H. Tjio,* National Institutes of Health, National Institute of Arthritis and Metabolic Diseases, Bethesda 14, Maryland.

Summary: Chromosome studies of neoplastic cells for a critical evaluation of de Bovari concept of carcinogenesis and the comparison of relationship between chromosome constitution and human hereditary diseases and congenital malformations.

Genetics of congenital malformations and other disorders in man (United States Atomic Energy Commission). *Charles M. Woolf,* Ph.D., Department of Zoology, Arizona State University, Tempe, Arizona.

Summary: The objectives of the proposed project are 1) to complete a genetics and epidemiological study of harelip and cleft palate in man; 2) to initiate similar studies on other types of congenital malformations in man such as syndactyly, polydactyly, and brachydactyly; 3) to determine the distribution of the gene for albinism among the Indians of the southwestern part of the United States; and 4) to determine the reason(s) for the high frequency of the gene among some of these Indian populations.

LETTER TO THE EDITOR

Dear Sir:

In commenting on the letter published in the October, 1963 issue of the *Cleft Palate Bulletin,* I feel the mother of this cleft palate child who penned this pertinent letter certainly has shown herself to be a clear-thinking mother acutely aware of her problem.

Her remarks are intelligent and point a finger at the profession in righteous indignation.

She evidently is willing to seek and take advice, but the manner in which she was directed was apparently administered offhandedly without proper thought. This leads to misconceptions and loss of confidence.

Each parent knows her own child and it's high time we professional men listened more.

The specialties surely have a place in the "group" approach to a cleft palate problem. These patients do have special problems and require special treatment.

However, these patients can and should be treated privately with great success, provided the doctor is able to cope with the problem by virtue of his experience and knowledge.

I would strongly recommend that these children *not* be segregated into groups where only cleft palate children are treated, but rather treated with other children of all ages, sizes, etc., undergoing usual and accepted orthodontic therapy.

They should not be made to feel that they are "set apart from the main stream," as the mother complained.

Nobody can dispute the advantage of the patient being called in for a periodic consultation with the "'group" at a cleft palate center conference or oral review. This is of great advantage.

This mother has a gripe and rightfully so.

Let us take stock of ourselves.

Treat the parents first with consideration and secondly, with the use of good old-fashioned common horse sense.

In this way, we will disagree less among ourselves, and the public, which places its allegiance and trust in us, will not be left "up in the air."

Sincerely,

Alexander Goldenberg, D.D.S.
Brooklyn 30, New York

ANNOUNCEMENTS

The Nomenclature Committee announces that reprints of the article "A classification of cleft lip and cleft palate" (*Plastic reconstr. Surg., 29,* 31, 1962) are still available. Requests for no more than 10 copies are filled at no charge; a rate of 10 cents per copy is assessed for numbers of copies in excess of 10. Orders should be sent to:

William R. Harkins, D.D.S.
Fulton Building
Osceola Mills, Pennsylvania

The Abstracts Committee is having difficulty in providing comprehensive coverage of current literature. To assist the members in their efforts, authors are invited to either send reprints of recent publications for abstracting purposes in the *Cleft Palate Journal* or to send an abstract already prepared. Either should be sent to the Abstracts Editor:

Dr. Kenneth R. Lutz
School of Dentistry
Loma Linda University
Loma Linda, California

The Second Latin American Congress of Audiology and Phoniatrics is announced. The Congress will be held August 9 to 13, 1964, in Mexico City, and will include discussions on medical, teaching, and psychological aspects of speech and hearing. Inquiries about the Congress should be sent to:

Dr. Lucia O. de Flores
Colegio Hispanoamericano
Para El Estudio de Los Problemas de
La Audicion, La Voz y el Lenguaje
Av. Progreso 141-A
Mexico 18, D. F.

The Morrisania City Hospital announces the establishment of an Oral Surgery Residency program to supplement its surgical internship beginning July 1, 1964. For information and application write:

Dr. Bernard M. Cohen
Director of Dentistry
Morrisania City Hospital
Bronx, New York

The University of Alabama School of Dentistry announces a three-year training program in Dental Radiology leading to a Master of Science degree. Support for two qualified applicants at a stipend of $5,000 per annum plus tuition charges is available through a National Institute of Dental Research training grant. Applicants are not restricted to those having a dental degree. Inquiries and applications should be addressed to Dr. Arthur H. Wuehrmann, University of Alabama Medical Center, School of Dentistry, Birmingham 3, Alabama. Individuals accepted into the program must be approved by both the School of Dentistry and the Graduate School of the University.

The University of Pennsylvania and the Lancaster Cleft Palate Clinic have announced that graduate fellowships in cleft palate therapy and rehabilitation, supported by the United States Public Health Service, are available to qualified applicants. Clinical training is offered at the Lancaster Cleft Palate Clinic, Lancaster, Pennsylvania. Graduate work in a basic science in connection with the clinical training is encouraged. The annual stipend is $5,000 with annual increments and dependency allowances, and is tax-free. Address all inquiries to: Chairman, Committee on Traineeships and Fellowships, University of Pennsylvania, School of Dentistry, 4001 Spruce Street, Philadelphia 4, Pennsylvania.

Proceedings of a scientific seminar marking the 15th anniversary (June 14, 1963) of the National Institute of Dental Research have been published in a brochure just released. The Institute is one of the nine National Institutes of Health in Bethesda, Maryland, the research arm of the U.S. Public Health Service. The publication reproduces addresses of the three main speakers, representing Government science, university research, and the dental profession. The status of dental research and an assessment of accomplishments are reviewed by Dr. Seymour J. Kreshover, NIDR Associate Director; the role of NIDR in dental education is presented by Dr. Joseph F. Volker, Vice President for Health Affairs, University of Alabama; and communication of research findings is discussed by Dr. Leland C. Hendershot, Editor of the *Journal of the American Dental Association.* Messages of welcome by Dr. Luther L. Terry, Surgeon General of the Public Health Service, and Dr. James A. Shannon, Director of the National Institutes of Health, are presented. The introduction is by Dr. Francis A. Arnold, Jr., Director of the Dental Institute, who presided at the seminar. Illustrated with candid photographs of the occasion, the 26-page booklet, 'The National Institute of Dental Research, 1948–1963,' is available in single copies on request from the Information Office, Na-

tional Institute of Dental Research, National Institutes of Health, Bethesda, Maryland.

Back issues of the *Cleft Palate Bulletin*, Volumes I through XIII, are available for purchase. Copies of a bound volume (including Volume I through VIII) are available at $7.50 each. Unbound copies of Volumes IX through XIII are $4.00 per volume. Orders should be sent to the Secretary-Treasurer, Dr. Charlotte G. Wells, 106 Parker Hall, University of Missouri, Columbia, Missouri 65202.

The establishment of the National Referral Center for Science and Technology is announced. The Center does not answer technical problems directly, but rather refers the inquirer to those who may be able to assist. More specifically, the Center lists, in answer to an inquiry, information centers, special libraries, governmental agencies, professional societies, industrial laboratories, abstracting services, and individual specialists who may be able to supply the information. Requests for referral service should be made to the Center (by full name), Library of Congress, Washington, D. C. 20540.

The H. K. Cooper Institute for Research, Education, and Rehabilitation and the Lancaster Cleft Palate Clinic are presenting a comprehensive course in the habilitation-rehabilitation of oral-facial communication disorders October 26 through 30, 1964. Graduate trainee grant awards from the U. S. Public Health Service, National Institute of Dental Research, are available to qualified individuals in the fields of medicine, dentistry, speech, and audiology. All inquires concerning application should be sent to Robert T. Millard, Program Director (Lancaster Cleft Palate Clinic, 24 North Lime Street, Lancaster, Pennsylvania 17602. No applications will be processed after August 1, 1964.

The Fourth Annual Meeting of the Florida Cleft Palate Association was held February 7 and 8, George Washington Hotel, in Jacksonville. The papers for the meeting were: *Bone Grafting*, by Karl A. Schuchardt, M.D., D.M.D., Nordwestdeutsche Kieferklinik in Hamburg; *Speech Production*, by Kenneth L. Moll, Ph.D., Assistant Professor, University of Iowa in Iowa City; and *Pierre Robin Syndrome*, by Peter Randall, M.D., Associate

Professor of Surgery, The Hospital of the University of Pennsylvania in Philadelphia.

The Odontological Society of Concepcion, University of Chile, announces the election of Dr. Charles F. Bodecker, of Columbia University and Dr. Albert Schatz, currently of the University of Chile, as the first Honorary Foreign Members of the Society. The awards were made in recognition for the contributions made by Dr. Bodecker and Dr. Schatz in dental research.

The following professional meetings are announced:

The American Association of Orthodontists, May 3–7, Palmer House, Chicago.

American Psychiatric Association, May 4–8, Biltmore Hotel, Los Angeles.

American Association of Plastic Surgeons, May 13–16, Drake Hotel, Chicago.

American Laryngological, Rhinological and Otological Society, June 22–24, San Francisco.

The American Medical Association, June 21–25, Fairmont and Mark Hopkins Hotels, San Francisco.

American Pediatric Society, June 18–19, Olympic Western Hotel, Seattle.

Time and Place for Future ACPA Meetings

1964—April 30, May 1, and 2.....Los Angeles at the Statler
1965—May 20, 21, and 22.....New York City at the Americana
1966—April 14, 15, and 16.....Mexico City

(Please note the corrected dates for the 1964 Meeting. The previously given dates of April 29, 30, and May 1 were incorrect.)

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:

CHARLOTTE G. WELLS, PH.D.
Secretary-Treasurer
American Cleft Palate Association
Parker Hall, University of Missouri
Columbia, Missouri 65202