BOOK REVIEWS

Betty J. McWilliams, Ph.D., Editor

LILLYWHITE, HEROLD S., AND DORIS P. BRADLEY, *Communication Problems In Mental Retardation: Diagnosis and Management,* p. 196. New York: Harper & Row, 1969.

Lillywhite and Bradley address themselves to a number of problems encountered in the diagnosis, treatment and management of retarded children. They do this simply; they do this clearly; they do this very well indeed. In the course of creating a guide to mental retardation primarily intended for speech pathologists and audiologists, some limited goals were set. It is important to note that the authors are not addressing themselves to specialists in mental retardation but to the professional who may have to deal with a retarded child in his practice. In addition, the authors stress the need for a multidimensional approach to the problems of mental retardation, and clearly indicate the need for a variety of professional disciplines to participate in team efforts to deal with the diagnosis, treatment, and management of mental retardation. Finally, Lillywhite and Bradley emphasize the value of reinforcement techniques applied to the modification of the retardate's linguistic behavior.

Within this slim volume, there is an ambitious attempt to range over a variety of problems encountered in dealing with mental retardation. Not only do the authors discuss etiological factors, general characteristics, and the diagnosis of mental retardation, but also problems of "medical-dental" management as well as the educational management of mentally retarded children.

At the risk of being somewhat picayune, this reviewer cannot help but express his feeling of frustration. From the title alone, the reader is led to believe that the book would present a discussion of communication problems in mental retardation. Lillywhite and Bradley concentrate primarily on those aspects of language (phonation, articulation, respiration) seemingly of particular interest to speech therapists. While they do have three highly readable chapters on the diagnosis, management, and treatment of communication disorders, the concept of communication remains somewhat circumscribed and unclear. What may be needed is a definition of communication, for in this volume there seems to be no clear line of demarcation between speech and communication, or between language acquisition and the ability to communicate.

Perhaps it is because the authors have succeeded so well in writing a simple and clearly written book that a price had to be paid to achieve the goal. To achieve simplification, for example, they rather sketchily describe

the role of reinforcement in the management and training of retarded children. To this reviewer's taste, however, the presentation is rather superficial. While the authors do refer the reader to other sources for further information, they also, unfortunately, give the impression that the principles of reinforcement can be easily applied by anyone. While principles of reinforcement are not the province nor the discovery of any one discipline, it is possible that a fragmentary presentation may lead to unwise attempts to use the method.

Although the volume is addressed primarily to speech pathologists and audiologists, this book can prove valuable to a number of orthodontists and surgeons as well, particularly if they deal with retarded children in their practices. Both Lillywhite and Bradley have an intimate and extensive knowledge of the cleft palate child and have probably drawn from their experiences to make the book particularly valuable to members of the American Cleft Palate Association.

In summary, despite some minor drawbacks, Lillywhite and Bradley have succeeded in writing a simple and clear exposition of a number of problems encountered in the diagnosis and treatment of mental retardation. This volume will prove to be particularly useful to the primary audience for whom the book was intended: teachers, audiologists, and speech clinicians. It can serve as an introduction to problems associated with mental retardation to the non-specialists in the area. Finally, but by no means least, it can prove to be a valuable addition indeed to the bookshelves of those in other disciplines dealing with the cleft palate child who may also be retarded.

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ABSTRACTS

Berkeley, W. T., Correction of secondary cleft-lip nasal deformities. *Plastic reconstr. Surg., 44,* 241–249, 1969.

The author emphasizes procedures of ala rotation, advancement, and external incision first presented by Blair, Joseph, and Metzenbaum, for the the treatment of unilateral cleft lip nasal deformity. A critique of other available surgical procedures is given also. (Cosman)

Bixler, D., J. C. Christian, and R. J. Gorlin, Hypertelorism, microtia and facial clefting: a new inherited syndrome. *Birth Defects Orig. Art. Ser., 5,* 77–81, 1969.

Two sisters are described with a syndrome of hypertelorism, microtia and clefting of the lip, palate and nose. In addition, the sisters have psychomotor retardation, atretic auditory canals, microcephaly, steep mandibular angles, hypoplasia of the thenar eminences, ectopic kidneys and congenital heart defects. There is no family history of consanguinity or similarly affected individuals, but there is a strong maternal family history of congenital heart defects. The authors suggest that this is a newly described hereditary syndrome and suggest the descriptive name of hypertelorism-microtia-clefting (HMC) syndrome. (5 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles*. The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69–584.)

Blocksma, R., and S. Braley, Present status of retropharyngeal implantation for velopharyngeal insufficiency. *Plastic reconstr. Surg., 44,* 242–247, 1969.

This is a report of the replies to a mail questionnaire sent to members of the American Society of Plastic and Reconstructive Surgery relative to their experience with retropharyngeal implants. Materials used have included cartilage, bone, fat, silicone, and other plastics. Because of a lack of uniform pre- and postoperative evaluation methods, results from several centers cannot be compared either for the posterior pharyngeal implant or for other surgical procedures. However, the survey served to indicate that while synthetic implants have a high erosion rate they are more effective over the long term than tissue implants because of the latter's late absorption. Injection procedures using either silicone or teflon paste seem to hold some promise but are currently restricted by the Federal Drug Administration and long term results are not available. (Cosman)

Carter, R., E. Baker, and D. Hayman, Congenital malformations associated with a ring 4 chromosome. *J. med. Genet. 6,* 224–227, 1969.

A case is presented of a male infant with multiple anomalies and with a ring chromosome of the B group which is considered to be a No. 4 chromosome. The infant was the first child of young Caucasian parents with an unremarkable family history. The pregnancy, which lasted 40 weeks, was uneventful except for the first trimester during which the mother received gamma globulin because of a rubella contact and cyclizine hydrochloride for morning sickness. The congenital anomalies included microcephaly, brachycephaly, bilateral proptosis, a coloboma of the left iris, harelip and complete cleft palate on the right side, hypospadias, and deformities of the hands and toes. The child developed cardiorespiratory distress and died at the age of four weeks. While no autoradiographic studies were performed, it is believed that the ring chromosome is a No. 4 chromosome on the basis of a comparison of the abnormalities of the patient with those of reported cases with B group aberrations. (12 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(10), Oct 1969, abstract number NF-MOD 69-772.)

Chase, R. A., and R. P. Jobe, Rehabilitation of the forgotten cleft child. *Rehab. Record, 10,* 10–14, 1969.

The authors give a brief account of the usual social, educational, and vocational problems encountered in the cleft palate child and adult. The value of comprehensive diagnostic and treatment procedures is stressed. They include a description of the Stanford University Clinical Rehabilitation Unit supported in part by a Public Health Service grant. Several illustrations of cleft conditions are shown. The article is written in a style appropriate for the general rehabilitation audience rather than for professional readers in the field of cleft palate. (Noll)

Chaube, S., F. R. Kuffer, and M. L. Murphy, Comparative teratogenic effects of streptonigrin (NSC-45383) and its derivatives in the rat. *Cancer Chemother. Rep.* (Part 1), *53,* 23–31, 1969.

The teratogenicity of streptonigrin and two of its derivates was tested in pregnant Wistar rats by administering single intraperitoneal injections from the fifth to the 17th days of gestation. Control rats were given comparable doses of the vehicle. When fetuses were examined on the 21st day of gestation, doses of streptonigrin of 0.05 to 0.5 mg/kg had produced cleft palate and lip, exencephaly, encephalocele,

short maxillae and mandibles, short trunks, and deformed appendages and tails. Following treatment on the ninth day of gestation (0.2 mg/kg) 17 of the 24 21-day-old fetuses examined had abnormalities: ectopic kidneys, adrenals, and gonads; hydroureters, and diaphragmatic hernias. The two derivates were also teratogenic but much larger doses were needed. The lowest single dose of the methyl ester streptonigrin (NCS-45384) which produced 100% of abnormal survivors was 10 mg/kg and of isopropylidine azastreptonigrin (NSC-62709), 15 mg/kg. (35 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-589.)

Chaube, S., and M. L. Murphy, Teratogenic effects of 6-hydroxylaminopurine in the rat—protection by inosine. *Biochem. Pharmacol., 18,* 1147–1156, 1969.

The teratogenic effect of 6-hydroxylaminopurine (HAP) was tested by injecting pregnant Wistar rats with a single intraperitoneal dose on day 9, 10, 11, or 12 of gestation. The protective effect of inosine and other compounds was tested in rats in their twelfth day of gestation. All animals were sacrificed on day 21 of gestation. Doses of HAP ranging from 200 to 900 mg/kg of maternal body weight injected on day 11 or 12 of gestation produced malformations in the fetus which included cleft palate, micrognathia and deformed appendages and tails. Doses of 50–600 mg/kg injected on days nine or ten produced no malformations; a dose of 400 mg/kg given on day nine and a dose of 600 mg/kg given on day ten killed all of the fetuses. A single dose of 500 mg/kg of inosine when given simultaneously or within five minutes of a dose of 500 mg/kg of HAP on the 12th day gave complete protection against fetal malformations. Protection was only partial with lower doses of inosine or when the time interval was lengthened to 10–20 minutes. Hypoxanthine (50–1,000 mg/kg) and adenine (50–250 mg/kg) given simultaneously with 500 mg/kg of HAP gave only partial protection. (19 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-588.)

Christian, J. C., D. Bixler, S. C. Blythe, and A. D. Merritt, Familial telecanthus with associated congenital anomalies. *Birth Defects Orig. Art. Ser., 5,* 82–85, 1969.

Telecanthus was observed in five consecutive generations and eight individuals of one family. Telecanthus with or without hypertelorism segregated as a dominant trait with high penetrance and no instance of male-to-male transmission was observed. The telecanthus was associated with widow's peak, hypospadias, cryptorchidism, strabismus, cranial asymmetry, flame nevus, imperforate anus, cleft lip and palate, urethro-colic fistula and ureteral stenosis in one or more family members. The congenital anomalies are postulated to be variable manifestations of a single mutant gene. (10 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-590.)

Cohen, M. M., Jr., and R. J. Gorlin, Genetic considerations in a sibship of cyclopia and clefts. *Birth Defects Orig. Art. Ser., 5,* 113–118, 1969.

The alobar holoprosencephalies comprise a spectrum of related disorders. Sibships with holoprosencephaly and clefts, and case reports of familial holoprosencephaly suggest several genetic possibilities. (85 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-591.)

Cunningham, D. P., and J. V. Basmajian, Electromyography of genioglossus and geniohyoid muscles during deglutition. *Anat. Rec., 165,* 401–410, 1969.

The swallowing activity of the paired genioglossus and geniohyoid muscles in 26 healthy human adults was studied by electromyography. Bipolar nylon-coated depth electrodes were inserted into the muscles and each subject swallowed four times. The first two were dry (saliva) swallows, and the last two were water swallows. Duration of each swallow was divided into eight equal parts. Saliva swallows peak around midpoint whereas water swallows peak earlier. It takes longer to swallow saliva than to swallow water and genioglossi show activity for a longer period than the geniohyoids. These four tongue muscles are active even when the bolus has passed the epiglottis area. There is a cessation of electrical activity immediately preceding swallowing when intense abrupt activity ensues. These muscles are only in general inexact synchrony. Large variability exists among as well as within subjects. (Singh)

Dallaire, L., Syndrome of retardation with urogenital and skeletal anomalies (Smith-Lemli-Opitz Syndrome): clinical features and mode of inheritance. *J. med. Genet., 6,* 113–120, 1969.

A report is presented on nine cases in six families with a syndrome which includes retardation along with urogenital and skeletal anomalies. Certain features of the Smith-Lemli-Opitz syndrome were not always found in these patients: cleft palate, heart defect, pyloric stenosis, and polydactyly. A common finding was a characteristic facies resulting from the association of blepharoptosis, anteverted nares, and micrognathia. Also common were broad maxillary ridges, and syndactyly involving the second and third toes. The three males in the series exhibited hypospadias and cryptorchidism, while the external genitalia of the females were normal. When reports from ten other sibships were combined with data from the six sibships in the present study, there were 24 affected and 19 normal children. Excluding one proband per family, the distribution of affected to normal gives a value of 30%, which does not deviate from the expected 25% value for autosomal recessive inheritance. In the enlarged series there were 15 males to 9 females. Consanguinity appeared to be involved in only one sibship. There did not appear to be any relation to advanced paternal age. (9 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(10), Oct 1969, abstract number NF-MOD 69-776.)

Dallaire, L., and F. C. Fraser, The Smith-Lemli-Opitz syndrome of retardation, urogenital and skeletal anomalies. *Birth Defects Orig. Art. Ser., 5,* 180–182, 1969.

Nine children in six sibships were found to have a syndrome (SLO) of which the distinctive features are: psychomotor retardation and odd facies, with blepharoptosis, anteverted nares and micrognathia; broad maxillary ridges, syndactyly involving the second and third toes, and hypospadias in males. Cleft palate, heart defect, pyloric stenosis and polydactyly were seen occasionally. The mean age was 23 years for mothers and 26 years for fathers. So far no specific cytogenetic and biochemical abnormalities were detected. The mode of inheritance of this syndrome is probably autosomal recessive. (No references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-594.)

Farbman, A. I., The epithelium-connective tissue interface during closure of the secondary palate in rodent embryos. *J. dent. Res., 48,* 617–623, 1969.

Rat embryo palatine process epitheliums were studied during palate fusion. An effort was made to detect signs of impending cell death just before or during fusion. It was found that epithelial cells can destroy basement lamina substance, and it is felt that this process may influence fusion by providing a common microenvironment between the epithelial and connective tissue cells. Connective tissue phagocytes seem to play a prominent role in cleaning away palate fusion epithelium. (Luban)

Fledelius, H., Coloboma of eyelid and harelip. *Acta Ophthal.* (Kobenhavn), *47,* 560–564, 1969.

A female born in September 1968, has a coloboma of the left upper eyelid and a partial harelip on the left side. The combination of these two defects alone is rare. The child has no other malformations and is healthy in every other respect. Her karyotype is that of a normal female and there are no chromosomal abnormalities. The parents are healthy and unrelated. During this pregnancy the mother was not exposed to x-rays, drugs, infectious diseases or malnutrition; birth was normal. The mother's family history was completely noncontributory. A son with a harelip and normal eyes was born as a result of the father's previous marriage. It was suggested that in this case the two defects may not be part of a syndrome, but may instead be two unrelated developmental accidents. (11 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(10), Oct 1969, abstract number NF-MOD 69-779.)

Giacoia, J. P., and S. W. Klein, Waardenburg's syndrome with bilateral cleft palate. *Amer. J. Dis. Child., 117,* 344–348, 1969.

A new born female with the above anomalies was described and a pedigree taken. The literature and characteristics of the syndrome were reviewed and it was pointed out that, if not cleft palate, at least some palatal abnormalities are often associated with Waardenburg's syndrome. Importance of pedigree analysis was emphasized. (Singh)

Gorlin, R. J., Some facial syndromes. *Birth Defects Orig. Art. Ser., 5,* 65–76, 1969.

Eight specific syndromes which affect the face are discussed and illustrated. Similarities and differences are described. (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-606.)

Guerrero-Santos, J., Use of a tongue flap in secondary correction of cleft lips. *Plastic reconstr. Surg., 44,* 368–371, 1969.

Two ingenious uses of tongue flap tissue are presented. A directly joined pedicle flap from the tip of the tongue can be sutured to a raw area made in the vermilion to increase the latter's thickness. A tubular denuded and buried flap taken from the tip of the tongue can be inserted into a pocket on the back side of the lip to increase vermilion bulk and forward protrusion. Illustrative cases are presented. (Cosman)

Hagerty, R. F., W. K. Mylin, and D. A. Hess, Augmentation pharyngoplasty. *Plastic reconstr. Surg., 44,* 353–356, 1969.

64 cases of augmentation by viable homologous cartilage are reported. Complete records were obtained for 31 of these patients. The soft palate was retracted, the posterior pharyngeal wall injected with saline, and a transverse incision made about the level of the tuberosity of the atlas. A shaped segment of cartilage was inserted transversely into a pocket elevated just superior to the atlas tuberosity.

No extrusion of cartilage graft occurred in any of the 64 cases. In 3 cases however there was complete absorption of the graft within the first year. Pharyngeal wall position was checked by serial cephalometric laminographic x-rays. There was roughly 2 to 3 percent per year decrease in the anterior projection of the pharyngeal wall. However, increased palatal mobility found postoperatively appeared to compensate adequately for this loss so that improved speech was noted on auditor judgments of speech recordings in essentially all patients. The degree of preoperative speech impairment in these patients was not detailed in this report. (Cosman)

Isshiki, N., I. Honjow, and M. Morimoto, Cineradiographic analysis of movement of the lateral pharyngeal wall. *Plastic reconstr. Surg., 44,* 357–363, 1969.

In an effort to establish criteria for the individualization of procedures for velopharyngeal incompetency the authors have studied mesial motion of the lateral pharyngeal wall utilizing a special x-ray-to-head angle. The details of the technique are given and its limitations discussed. Studies in a small number of normals and cleft palate patients suggest that the mobility of the lateral pharyngeal walls varies considerably and that no conclusion as yet can be reached as to the relation between the mobility of the lateral wall and that of the soft palate or that of the pharyngeal wall. In short this criterion does not serve to establish the prognosis of a pharyngeal flap procedure. (Cosman)

Kelsey, C. A., F. D. Minifie, and T. J. Hixon, Applications of ultrasound in speech research. *J. speech hearing Res., 12,* 564–575, 1969.

This paper describes techniques employing diagnostic ultrasound for monitoring various physiological parameters within the head and neck during speech production. The theoretical principles underlying these techniques are discussed together with basic instrumentation systems that have direct application to studies in speech physiology. Examples of A-scope measurement of pharyngeal wall depth, B-scans of the trachea, time-motion displays of the moving lateral pharyngeal wall, and Doppler monitoring of vocal-fold velocity are included. It is concluded that diagnostic ultrasound can be a useful tool in speech research. (authors' summary)

Knott, Virginia, Ontogenic change of four cranial base segments in girls. *Growth, 33,* 123–142, 1969.

This study reported data for 4 segmented distances and 5 angles of the human cranial base. Lateral static roentgenograms were obtained semiannually on 37 North American white girls from age 5½ to 12 years, and annually thereafter to age 15, and extending to age 17 years for 20 girls. The segments represent consecutive distances, proceeding anteroposteriorly between nasion, posterior point of frontal sinus, sphenoidal wing point, pituitary point, and anterior point of occipital condyles. Statistics in tabular and graphic form are given at ages 6, 9, 12, 15, and 17 years. Angular relations among the segments are shown at ages 6 and 15 years. Over the 9 year period, mean increments approximated 4 mm. for the frontal segment, 1 mm. on the ethmoid portion, no change in the presphenoid distance, and 6 mm. for the posterior segment. The angle nasion-pituitary point-occipital point averaged no appreciable change, although component angles formed by the presphenoid segment within it did show significant change. The results of this investigation are compared with previous studies of the human cranial base made on roentgenographic and skeletal materials. (Mason)

Loevy, H., Relationship between the incidence of harelip and parental age in mice. *Growth, 33,* 113–122, 1969.

This study dealt with the effect of pa-

rental age on the incidence of spontaneous harelip, with and without cleft palate, in Strong A and A/He mice. In the 81 pairs studied, the same female was mated to the same male for the lifespan of the pair. In the Strong A group, there were 49 different pairs, derived from 3 original pairs while in the A/He group, there were 32 pairs derived from 5 originals. The largest number of abnormals in the Strong A group occurred for parents between 4 and 5 months old, while in the A/He group, for parents between 5 and 6 months old. In both strains, the percentage of newborns with harelip decreased with increasing parental age. Bilateral harelip occurred less than unilateral clefting in the Strong A, whereas in the A/He strain, bilateral harelip was higher in proportion. In both strains, males had a higher incidence of spontaneous harelip and cleft palate than did females. (Mason)

Mason, R. M., Improving the efficiency of the intraoral examination. *J. Tennessee speech hearing Assn., 14,* 4–10, 1969.

The guidelines (for the speech clinician) presented in this paper represent a sampling of some important factors of the intraoral examination. The procedures of examination should be orderly and should follow a systematic progression from the oral orifice to the posterior wall of the pharynx. Delineations should be made between oral anatomy and physiology and their interdependencies in the oral and pharyngeal cavities. The identification of pathology and malfunction in the oral cavity and pharynx can be accomplished with accuracy and efficiency. Skill at conducting an intraoral examination can be improved by mastery of the procedures of examination. Also, occasional review of normal anatomy and physiology will yield dividends which will amply reward the clinician who invests time in this pursuit. (author's summary)

Massengill, R., Jr., T. Walker, and K. L. Pickrell, Characteristics of patients with a Passavant's pad. *Plastic reconstr. Surg., 44,* 268–270, 1969.

18 out of 190 cleft palate patients were noted to have a Passavant pad visible on cinefluorography. 16 patients, 10 females and 6 males, were further studied. In general, the presence of Passavant's pad is not attributable to any specific type of cleft or number of surgical procedures. 8 patients were observed to have a velopharyngeal gap and 8 had complete closure. The pad did appear to function in closure in these latter patients. However, there was no relationship between the presence of the pad and the size of the velopharyngeal gap. (Cosman)

Netsell, R., Changes in oropharyngeal cavity size of dysarthric children. *J. speech hearing Res., 12,* 646–649, 1969.

This study was designed to test the hypothesis that no change in oropharyngeal cavity size will occur in dysarthric speakers during vowel productions following the insertion of a velopharyngeal prosthesis. Subjects were six cerebral palsied children who were filmed using a cinefluoroscopic technique during isolated vowel productions. Cinefluoroscopic measurements revealed a general decrease in oropharyngeal cavity size during low vowel productions. Once a prosthetic appliance was inserted, however, significant cavity size changes were not observed in high vowel comparisons. The findings in this study suggest the possibility that some dysarthric speakers routinely use an abnormally large oropharyngeal cavity size during certain vowel productions as a compensatory effort to deal with velopharyngeal dysfunction. (Mason)

Oliver, H. T., Construction of orthodontic appliances for the treatment of new

born infants with clefts of the lip and palate. *Amer. J. Orthod., 56,* 468–473, 1969.

The impression procedure and design of removable "McNeil type" appliances are described. Some of the advantages of this technique are outlined, including the reduction of psychic trauma to the mother. In cases with complete bilateral clefts, an arch-molding appliance is inserted on the day of birth to avoid collapse of the palatal segments. These appliances are changed every six weeks and worn until palate surgery is performed, or until they are no longer tolerated by the patient. (Luban)

Opitz, J. M., Familial anomalies in the Pierre-Robin syndrome. *Birth Defects Orig. Art. Ser., 5*(2), 119, Feb 1969.

This paper reports the repeated occurrence of anomalies in relatives of individuals with the Pierre-Robin syndrome. These observations strongly suggest a genetic etiology of this syndrome. (1 reference.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-639.)

Pickrell, K., G. Quinn, and R. Massengill, Multidisciplinary record for cleft lip-palate patients suitable for computer-programming. *Plastic reconstr. Surg., 44,* 462–463, 1969.

In an effort to study the more than 2500 cleft lip-palate children operated upon at the Duke University Medical Center in the past 25 years, the authors developed a record suitable for programming which represented the combined efforts of the disciplines directly interested in this patient group, namely, those of plastic surgery, orthodontics and dentistry, medical speech pathology, and developmental psychology. A sample of the elaborate program record accompanies the article. The inadequacy of routine types of old records and the consequent loss of valuable experience is once again documented and a plea made for the better records which such a programmed approach would make possible. (Cosman)

Pruzansky, S., Not all dwarfed mandibles are alike. *Birth Defects Orig. Art. Ser., 5,* 120–129, 1969.

Not all dwarfs are of one kind. Neither are all dwarfed mandibles alike in form or in their pattern of growth. Longitudinal roentgencephalometric studies on a large number of children with craniofacial birth defects have provided precise descriptions of the range of malformations within a given syndrome and facilitated the differentiation between syndromes with overlapping features. The severity of the deformity present at birth is not always predictive of the condition at maturity. (9 references.) (This abstract is from *Birth Defects: Abstracts of Selected Articles.* The National Foundation-March of Dimes, *6*(8), Aug 1969, abstract number 69-653.)

Pruzansky, S., and R. M. Mason, The "Stretch Factor" in soft palate function. *J. dent. Res., 48,* 972, 1969.

By means of lateral cephalometric X rays it has been observed that the soft palate can lengthen in function. This has been called the "Stretch Factor". Among patients with palatal insufficiency, the "Stretch Factor" for the consonant /s/ exceeded that for the vowel /u/. Diminished thickness of the velum appears to suggest an intrinsic muscle defect that limits soft palate activity. (Luban)

Subtelny, Joanne D., R. M. McCormack, J. D. Subtelny, and M. A. Cichoke, Cineradiographic and pressure-flow analysis of speech before and after pharyngeal-flap surgery. *Plastic reconstr. Surg., 44,* 336–344, 1969.

Intensive pre- and postoperative study

of 10 cleft palate subjects who underwent pharyngeal flap procedures is reported. The surgery resulted in a significant reduction in nasal air flow and in total volume of flow generated for consonant articulation. Postoperatively as lesser respiratory effort produced a higher intraoral pressure. Lingual activity was also appreciably modified. Lingual valving activity tended to shift from the pharyngeal to the oral cavity. Pressure-flow parameters and articulatory activity tended to normalize after functional obturation had been accomplished by the flap. These changes accompanied significant improvement in speech quality. (Cosman)

Woolf, C. M., R. M. Woolf, and T. R. Broadbent, Cleft lip and palate in parent and child. *Plastic reconstr. Surg., 44,* 436–440, 1969.

A questionnaire directed to members of the American Plastic and Reconstructive Surgery Society enabled the ascertainment of a total of 142 patients with cleft lip and/or cleft palate who also had had one or more children with a cleft. In this group the dominant gene for the lip pit (Van Der Woude) syndrome was segregating in at least 7 families. In general, in the other 135 families, the type of cleft occurring in the patient was the type usually found in his offspring thus supporting the hypothesis that cleft lip with or without cleft palate is in general genetically distinct from isolated cleft palate. With the exception of the lip pit syndrome there was no evidence that dominant genes accounted for the cleft process in the remainder of the patients. The frequency of cleft lip and/or palate among siblings of cleft lip and/or palate patients is at a value expected if polygenes are responsible for the anomaly. A low frequency of associated congenital malformations were also found in these polygenically determined cases. (Cosman)

Letter from the Editor

Dear reader:

This issue of *CPJ* (April 1970) brings to an end my term of office as Editor. I bid adieu to *CPJ* with relief and regret. Six years is a considerable period of time and I am truly fatigued by the minutiae and responsibility of editing. At the same time, the experience has been most gratifying. I have learned much about writing, publishing, cost accounting, the U. S. mails, grammar, self-discipline, and people.

In my opinion, the six years have been productive and so I do not in any way regret the commitment. ACPA can be proud of the *Cleft Palate Journal.* It is reasonably attractive, the subscription rates are low enough to compete in the market place, and the contents are sufficiently varied so that, most of the time, there's something in it for everyone.

Many people have served to make *CPJ* possible and successful. I am especially grateful for the assistance of Judith Bartell Paesani, Patricia Dobbins, Dene Bissell Hellman, Pat Thomas, Carol Rouslin and Arthur Kuntz. Peter Randall, Charlie Vincent, Bill Laney, and Bob Harding served well as Co-editors. Betty Jane McWilliams, Ken Lutz, Mike Lewin, and Doug Noll did a fine job in providing book reviews and abstracts. Bob Brown, Ann Bonnett, John Wetzig, and Connie Kiley, representing Waverly Press, have been mighty helpful in the production end of the process. Officers of ACPA, particularly the Secretary and Treasurer (Ken Bzoch, Howard Aduss, and Mort Rosen), have given vital support to the Editor's office throughout the six years.

And, of course, the real stars of the show are the authors who were interested enough in *CPJ* to want to publish papers in it. Without them, the best editorial staff in the world would be for nought.

The new Editor, Robert L. Harding, takes over officially with the July 1970 issue. Actually, he and his staff began their duties in September 1969. They will have many problems with which they will need help. Publication costs continue to soar. We've never really come to grips with the matter of advertising in *CPJ.* Maintaining an abstract program is a chronic headache. The current publication lag is worrisome. Should more papers be rejected? Can ACPA afford to increase the number of pages? Are there other ways to use our publication budget more efficiently? Bob and his staff will need help on these and other problems. I know he can count on us all to provide that help.

Anyway, for my part, thanks to you all and so long.

Hughlett L. Morris, Ph.D.
Editor, *Cleft Palate Journal*
1964–1970

ANNOUNCEMENTS

The Transplantation Society is happy to announce that the Third International Congress will convene at The Hague, The Netherlands, from 7th to 11th September, 1970. The Transplantation Society was founded in New York in February 1966 as an international association for the study of transplantation. More than 650 specialists in the field of transplantation are members of this association. The President of the organization is Professor J. Hamburger of the Medical Faculty, University of Paris. Some 10 aspects of organ transplantation will be covered: 1) Mechanics and Modifications of Graft Rejection; 2) Genetics of Transplantation; 3) Transplantation Antigens; 4) Organ Transplantation; 5) Fundamental and Clinical Aspects; 6) Organ Preservation; 7) Transplantation of Haemopoietic Cells; 8) Phylogeny of Transplantation; 9) Heterotransplantation; 10) Impact of Transplantation on Biology. Plenary sessions will be held in the mornings while the afternoons can be used for parallel sessions. The majority of the papers will be short presentations, at times followed by discussions. There will be a number of symposia dealing with the main subjects as well as "micro-symposia" to cover certain highly specialized areas of research or clinical transplantation. Approximately 2000 participants from all over the world are expected to attend. The official languages of the past Congress of Transplanation Surgery have been English and French. However, in order to provide editorial uniformity an attempt will be made to use only English at the Third Congress. During the Congress there will be a scientific and a commercial exhibition. Those who are interested in participating may apply to the Secretariat for information. Recent scientific films in the field of Transplantation will be presented. Those who would like to submit a film for consideration are requested to contact the Secretariat for relevant information. On Monday night, 7th September, there will be an informal gathering. A cabaret, a general excursion, and a farewell party have also been scheduled. A special ladies' programme is being arranged for accompanying persons. All persons interested in this Congress are kindly requested to forward their names and addresses to the Secretariat. The Secretariat of the Third International Congress of the Transplantation Society, c/o Holland Organizing Centre, 16, Lange Voorhout, The Hague, The Netherlands.

Graduate Traineeships 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 $6,000.00 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 Dental Medicine, 4001 Spruce Street, Philadelphia, Pennsylvania 19104.

Recently, a Cleft Palate Bibliography Service was initiated as one of the services offered by ACPA. All ACPA members receive the bibliography, to be published quarterly, at no cost. Nonmembers can subscribe to the service by writing to Dr. Nicholas G. Georgiade, Department of Surgery, Duke University, Durham, North Carolina 27706. The fee is 50¢ per copy; a yearly subscription is $2.08.

NOTICE: The page charge policy, instituted with the January 1969 *CPJ*, will not be assessed for the publication of Congress papers since the publication of Congress papers has been underwritten by the NIDR grant. If, however, the Congress paper is lengthened for publication, there may be page charges for the added pages.

TIME AND PLACE, ACPA

1970—April 16, 17, 18 ..... Portland at the Hilton
1971—April 22, 23, 24 ..... Pittsburgh at Chatham Center
1972—May 18, 19, 20 ..... Salt Lake City at the Utah
1973—date unspecified ..... Oklahoma City
1974—date unspecified ..... Boston