BOOK REVIEWS

MOORE, G. PAUL, *Organic Voice Disorders*. Englewood Cliffs, New Yersey: Prentice-Hall, 1971. pp. xiii + 161, price $6.50.

Most readers with an interest in speech pathology have probably come in contact with one or more of the books contained in the Prentice-Hall, *Foundations of Speech Pathology Series*. The series, under the editorship of Charles Van Riper, was intended to provide students and clinicians with a compact presentation of basic information on the topics covered by each of the fourteen books in the series. In total, the fourteen books were to constitute a basic library for students and professional workers. Since the length of each book was to be limited, search items and clear references to other significant sources were to be a unifying feature of the series. The publication of G. Paul Moore's book completes the series.

While it is a worthwhile contribution to the literature of speech pathology, it does not fulfill expectations for a basic book on organic voice disorders. And indeed, Dr. Moore states that the book "is not addressed to the beginner in speech pathology."

The book is organized into six chapters. The first chapter begins by distinguishing between disorders of voice and other speech problems. The chapter closes with a few words on the frequency and significance of voice disorders.

Chapter 2, on the anatomy of the voice mechanism, includes a description of the laryngeal, respiratory, and velopharyngeal structures.

Chapter 3 is a highlight of the book. This chapter, on the physiology of phonation, is based largely on an analysis of high speed motion pictures produced by the author and his associates. This chapter presents an extremely clear, and yet highly sophisticated, discussion of laryngealvibrations and how modifications in these vibrations can account for the vocal effects perceived in cases of normal and abnormal voice.

Chapter 4 is a review of organic conditions which may produce vocal deviations.

Chapter 5 presents a detailed plan for obtaining diagnostic information through systematic observation and careful interviewing. The chapter contains many helpful suggestions of a practical nature and should be useful to inexperienced clinicians.

The final chapter deals with three approaches to treatment. These are: (1) Medical treatment aimed at restoring the vocal mechanism, (2) Environmental manipulation, and (3) Vocal training.

In summary, this book appears to have several limitations. Approximately half of the book is concerned with anatomy and the physiology of voice production and not with pathology. While the author appreciates the

dual role of phonation and resonance in determining vocal charactistics, he gives only cursory attention to resonance problems. Approaches to treatment of voice disorders is brief. Finally, the book is not basic enough to be considered introductory; and it is not comprehensive enough to be considered an advanced reference. It can be recommended as a book of value on a somewhat intermediate level to those persons who have background and interest in voice disorders.

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ABSTRACTS

Aramany, M. & Drane, J., Effect of nasal extension sections on the voice quality of acquired cleft palate patients. *J. Prosthetic Dentistry, 27,* 194–202, 1972.

Surgical removal of tumors arising in or adjacent to the maxilla is the most common etiological factor of acquired palatal defects. Patients who acquire these palatal defects leading to oronasal communication require prosthetic therapy in order to obturate the defect and improve the patient's speech. Silicone rubber, silastic sponge, and latex rubber has been used to fill the defect. It is not always necessary to completely fill the deficiency to alter the voice quality. Large nasal extensions decrease the size of the resonating cavity. Improvement in voice quality may change with the size of the obturating prosthesis, provided there is an adequate peripheral seal. (Goldenberg)

Brown, K. S., Johnston, M. C., & Niswander, J. D., Isolated cleft palate in mice after transporation during gestation. *Teratology, 5,* 119–124, 1972.

Evidence is available which indicates that changes in the external environment of pregnant mice during critical periods of gestation may cause isolated clefts of the palate. The purpose of this experiment was to determine if such evidence is reproducible and to determine if the frequency of occurrence of isolated clefts of the palate was related to the strain's response to cortisone injection. Results of the study indicated that subjecting pregnant mice to a 48-hour transportation process during the five days of gestation prior to closure of the embryonic palate increased the frequency of occurrence of isolated cleft palate in the fetuses. Furthermore, the increase in frequency of isolated cleft palate was dependent on the mouse strain and the time of gestation when transportation was performed. (Lass)

Davis, P. K. B., & Jones, S. M., The complications of Silastic implants: experience with 137 consecutive cases. *British Journal of Plastic Surgery, 24,* 405–411, 1971.

The authors present the results of their assessment of 153 Silastic implants employed in 137 patients seen in the Department of Plastic Surgery of Churchill Hospital in Oxford, England since 1962. Implants for nasal support, augmentation mammoplasty, for improvement of facial contour, for the external ear, for the orbital floor, for palatopharyngeal incompetence, and for relief of temporo- mandibular joint pain were involved. The general finding was that Silastic is a valuable implant material; however, further research is needed on the problem of fixation of the implants in the body. (Lass)

Edgerton, M. T., Jr., Surgical advances in the treatment of rare craniofacial anomalies. *Southern Med. J., 64,* 1348–1353, 1971.

The author describes several recent surgical trends in the modern reconstruction of rare congenital craniofacial deformities: surgical treatment of facial defects at much earlier ages; serial augmentation of a hypoplastic bony or cartilaginous skeleton; bolder use of synthetic implants for major building programs of the craniofacial skeleton; neurovascular island flaps to provide luxuriant hair for missing eyebrows or cutaneous sensation in a reconstructed feature; new technics of combined intracranial-extracranial surgical exposure to facilitate massive osteotomies and block repositioning of deformed units of the craniofacial skeleton; new methods of reduction and remodeling cranioplasty; modern maxillary orthopedics, elastic splinting, deciduous orthodonture, and use of glossolabial dynamics; improved color matching for facial skin grafting, tattooing, and better camouflage. (Noll)

Friede, H. & Pruzansky, S., Longitudinal study of growth in bilateral cleft lip and palate, from infancy to adolescence. *Plastic and Reconstructive Surgery,* Vol. 49, 392–403, 1972.

54 complete bilateral cleft lip and palate patients were studied longitudinally employing cephalometric radiographs and casts. Overgrowth of the premaxillary vomerine junction seems to lead to the protrusion of the premaxilla in this group of cases. However, considerable in-group variation existed in the extent to which the premaxilla protruded ahead of the palatal shelf. In the cases operated by closure of the lip without premaxillary setback, the facial profile approximated the averages of the non cleft population by the time the children reached early adolescence. Given a premaxilla that protrudes a great deal in the unoperated state it may justify a surgeon in electing an early premaxillary setback. However, the authors feel that the more conservative approach of no setback and no excision of the premaxilla in infancy is the procedure of choice when possible. Subsequent setback, excision, or other procedures are not foreclosed by this early form of treatment.

Following lip repair, ventroflexion of the premaxilla accounted for the immediate reduction in protrusion and a restraining action on the premaxillary growth consequent upon the lip repair appeared to be slow, irregular but continuous as a further factor in reducing the premaxillary protrusion. (Cosman)

Friedman, T. & Roblin, G., Gene therapy for human gentic disease. *Science, 175,* 949–955, 1972.

The possibilities of altering genetically determined human diseases by gene therapy and the problems ethical and otherwise are explored by the authors. In their opinion, gene therapy may ameliorate some human genetic diseases in the future, and for this reason there should be continued research in this direction. They oppose any attempt in the immediate future to use gene therapy in patients for the following reasons: 1) understanding of gene regulation and genetic recombination in human cells is inadequate; 2) details of the relation between the molecular defect and the disease state are inadequately understood for the majority of genetic diseases; 3) no information is avialable concerning the immediate and long term effects of gene therapy. An effort should be made to formulate a complete set of ethico-scientific criteria to guide the development and clinical application of gene therapy techniques, attempting to assure that gene therapy in humans would be used only in those instances where it will prove beneficial and would not be misused through premature application. (Gregg)

Firtell, D., Moore, D., & Palleu, G., Sterilization of impression materials for use in the surgical operating room. *J. Prosthetic Dent., 27,* 419–422, 1972.

To avoid violation of the sterile chain in the operating room, sterile dental materials and equipment must be used. Hydrocelloids and plastics deteriorate rapidly at elevated temperatures and in the presence of moisture; therefore, they cannot be sterilized by autoclaving. Gaseous ethylene oxide is utilized as an effective sterilizing agent. Exposure to the agent is for 48 minutes. The sterilization procedure does not adversely affect the setting time and linear dimensions of the hydrocolloid material or quick setting plaster. (Goldenberg)

Gorlin, R. J., & Sedano, H., Cleft lip-palate, tetraphocomyelia, and genital enlargement. *Modern Medicine, 40,* 142–143, 1972.

This is a descriptive article accompanied by vivid illustrations outlining the characteristics of this syndrome. It includes cleft lip-palate, tetraphocomyelia with fewer digits, exophthalmos and ocular hypertelorism, and clitoral or penile enlargement; and is autosomal recessive. Similarly affected siblings and parental consanguinity have been reported. Usually all four extremities are reduced in size, varying from one individual to another. (Gregg)

Hall, B. K., Skeletal defects in embryonic chicks induced by administration of beta-aminopropionitrile. *Teratology, 5,* 81–88, 1972.

When beta-aminopropionitrile (BAPN) was injected into the chorioallantoic membrane of chick embryos seven days old, teratogenic skeletal defects, including bent and buckled mandible, shortening of the upper jaw, and the bending of the tibia and fibula, resulted. Detailed histological and histochemical descriptions are provided. (Lass)

Heycock, M. H., Beckwith's syndrome. *British Journal of Plastic Surgery, 24,* 414–416, 1971.

The author presents a case report of a patient with Beckwith's syndrome, which includes macroglossia, exomphalus, and gigantism. He urges the early reduction in

the size of the tongue to prevent any secondary deformity of the jaws. (Lass)

Honjow, I., & Isshiki, N., Pharyngeal stop in cleft plate speech. *Folia Phoniatrica, 23,* 347–354, 1971.

This paper provides aerodynamic, cineradiographic, and spectrographic analyses of the use of a pharyngeal stop by a 28-year-old female with a complete cleft of the lip and palate and velopharyngeal incompetence. The authors concluded that of the three methods employed, the cineradiographic method is the most useful for the detection and understanding of the mechanism of the pharyngeal stop. (Lass)

Kalter, H., Effects of litter size and maternal and temporal factors on the frequency of spontaneous cleft lip and open eyelid in newborn A/J mice. *Journal of Dental Research, 50,* 1442–1446, 1971.

The frequency of cleft lip and palate was lowest in litters of intermediate size. There was a trend toward reduced frequency of malformation with advancing age. Advancing parity did not cause a reduction in the frequency of clefts. (Luban)

Klein, M. F., & Beall, J. R., Grieseofulvin: A teratogenic study. *Science, 175,* 1483–1484, 1972.

The authors have found that Grieseofulvin, a fungistatic agent, administered to pregnant rats orally during organogenesis caused more malformed offspring than occurred in controls. Offspring from treated female rats have decreased pre- and postnatal survival rates. Spermatogenesis was not adversely affected in male rats which were given Grieseofulvin daily for 63 days in oral doses up to 1500 mg/kg. Deformities found in the offspring from treated female rats included: retardation of skeletal ossification at delivery, clubbed feet, no eyes, one gonad, anal atresia, angulated ribs, deformed skull bones, dilated renal pelves, deformed tails, and exencephaly. No facial clefting was reported. (Gregg)

Kossowska, E., Korycki, Z., Czarnecki, S., Slawinska, E., and Kulesza, A., Assessment of patency of the nasopharynx by means of acoustic analysis of respiratory sounds. *Folia Phoniatrica, 23,* 288–294, 1971.

The authors are concerned with comparing the use of respiratory phonography (the analysis of the acoustic spectrum of the respiratory sounds) for the assessment of patency of the nasopharynx with other methods, including palpation, radiography, and by measurement of the size and weight of the removed pharyngeal tonsil. They found that respiratory phonography was more accurate in the determination of the degree of stenosis than radiography or palpation. (Lass)

Langenbeck, D., Operation on congenital total cleft of the hard palate by a new method. Uranoplasty by means of raising mucoperiosteal flaps. *Plastic and Reconstructive Surgery,* Vol. *49,* 323–330, 1972.

These are two classic reprints in the series devoted to cleft lip cleft palate surgery and include also comment by the Editor, Dr. Frank Mc Dowell. (Cosman)

Lindsay, W. K., & Farkas, L. G., The use of anthropometry in assessing the cleft-lip nose. *Plastic and Reconstructive Surgery,* Vol. *49,* 286–293, 1972.

The nose was measured by anthropometric means and evaluated visually in 103 patients with unilateral cleft lip and/or palate or bilateral cleft lip and/or palate. Primary surgery in 96 patients had been a one stage LeMesurier operation. The data obtained were compared with similar measurements made in normals. The overall length of the nose in the study group was similar to that in the controls. The width of the noses in the unilateral cleft lip pa-

tients was almost the same as in the controls. However, in the bilateral cleft lip patients the width of the nose was significantly greater than in the control group. Columella length on the cleft side in unilateral cases and on both sides in bilateral cases was significantly shorter than in normals. Analyzing the nature of the nostril deformity, the commonest defect found in the unilateral cleft lip nose was a persistent round nostril causing asymmetry. (Cosman)

McCoy, F. J., & Zahorsky, C. L., A new approach to the elusive dynamic pharyngeal flap. Preliminary report. *Plastic and Reconstructive Surgery,* Vol. *49,* 160–164, 1972.

Anatomical studies presented by the authors demonstrate relatively conclusively that the raising of conventional superiorly or inferiorly based pharyngeal flaps must invariably sever the motor nerve supply to the flap tissue. The clinical improvement commonly observed from these conventional flaps must therefore be based on other than dynamic qualities achieved by the flap. In order to achieve a truly dynamic flap a bipedicle chevron-shaped pharyngeal flap has been designed which preserves functional neuromuscular components when raised. 7 patients are reported with the data too preliminary to warrant any valid conclusions at this time. (Cosman)

McDermott, J. & Akina, E., Understanding and improving the personality development of children with physical handicaps. *Clinical Pediatrics, 11,* 130–133, 1972.

Parental reactions to a child's defect are crucial in determining his reaction. Physicians today have no difficulty recognizing and intervening in problems of children whose families over-protect. Some parents shift too quickly to placing a premium on intellectual achievement rather than on motor expression almost as if intellectual sharpness could compensate for physical laggardness. This could almost squeeze out an entire phase of a child's motor and related emotional development, and distort his future manipulation. Evidence is strong that having weathered one hospitalization does not necessarily mean that the second or third or nth will be easier or nontraumatic for the child or his family. Too often, families shop and get conflicting and fragmented advice and care. Perhaps a specially trained assistant —a paraprofessional—might be a key in proper ongoing management of these children so that the results of the team consultations will be integrated rather than separated. (Goldenberg)

Millard, D. R., Lehman, J. A., Deane, M., & Garst, W. P., Median cleft of the lower lip and mandible: a case report. *British Journal of Plastic Surgery, 24,* 391–395, 1971.

This article provides a case report of a median cleft of the lower lip and mandible and a surgical technique for correction of this condition. The technique attempts to avoid any unnecessary scarring of the skin and to maintain a portion of the groove as a dimple in the chin. (Lass)

Pickrell, K., Clifford, E., Quinn, G., & Massengill, R., Study of 100 cleft lip-palate patients operated upon 22 to 27 years ago by one surgeon. *Plastic and Reconstructive Surgery,* Vol. *49,* 149–155, 1972.

The senior author's experience with 500 cleft lip-palate patients of whom some 100 could be reviewed is the basis for this contribution. All the patients had had the Brown-McDowell type of lip repair. Most of the repairs were ultimately rated as good but none were considered perfect. 32% of the cleft palate only group had poor speech while in the cleft lip-palate patients 71% had good speech and the rest had fair speech. The impression was therefore confirmed that patients with cleft

palate only had the poorest overall speech results. The long term psychological evaluation of the patients was of interest in revealing rather impressive educational attainments of these 100 patients who returned for follow up. A high level of personal satisfaction and negligible influence of the cleft psychologically seemed to be demonstrated. (Cosman)

Shapiro, D. & Moss, M., Gold plate closure of oroantral fistulas. *J. Prosthetic Dentistry, 27,* 202–208, 1972.

In 1953 it was accidentally discovered that spontaneous closure of a fistula occurred beneath a metal plate. This led to use of metallic implants designed to be removed after healing. An oval piece of 44 gauge 24 carat gold is annealed and trimmed to fit over an antral fistula. No attempt is made to cover the gold completely. Indeed, an area of gold is always visible during healing. As healing occurs, the area of exposed gold plate progressively enlarges. After about seven weeks, the plate can be easily lifted out. A firm, intact bed of granulation tissue will be evident, which completely obturates the fistula. In a matter of weeks, the mucosa regains a normal appearance.(Goldenberg)

Shenefelt, R. E., Morphogenesis of malformations in hamsters caused by retinoic acid: relation to dose and stage at treatment. *Teratology, 5,* 103–118, 1972.

When retinoic acid, a carboxylic acid derived by oxidation of the hydroxyl group of retinol (vitamin A_1 alcohol), was given in single doses to female golden hamsters at various stages in pregnancy, more than 70 types of malformations resulted in near-term fetuses. Based on normative data on development of various structures in hamster embryos, embryonic development was correlated with the critical period for production of each malformation. It was found that in many instances, the period during which administration of retinoic acid produced a malformation began considerably before any morphologically identifiable precursor of the structure destined to be affected was present. Implications of these findings are discussed. (Lass)

Sivaloganathan, V., Cleft lips in Malaysians. *Plastic and Reconstructive Surgery,* Vol. *49,* 176–179, 1972.

A personal series of 86 patients with cleft lip deformity in Malaysia is presented. There was little significant difference between Malay, Chinese, Indian and other population groups relative to the apparent incidence of defect but past records in general are too inadequate to permit a firm statement as to this point. Genetic influence appeared apparent in only some 20% of families. The unavailability of a team approach in the treatment of these patients is much regreted by the author. (Cosman)

Smiley, G. R., & W. E. Koch, Fine structure of mouse secondary palate development in vitro. *Journal of Dental Research, 50,* 1671–1677, 1971.

Organ cultured homotypic palatal processes were studied with an electron microscope. It is felt that the union of the secondary palate of the mouse can be separated into at least five stages: Epithelial contact, epithelial adherence, epithelial reorganization, epithelial disruption, hand mesenchymal fusion. (Luban)

Steffek, A. J., Verrusio, A. C., & Watkins, C. A., Cleft palate in rodents after maternal treatment with various lathyrogenic agents. *Teratology, 5,* 33–40, 1972.

When diets containing 50 percent ground sweet pea seeds (Lathyrus odoratus) were given to pregnant Sprague-Dawley rats and A/J mice, they proved to be teratogenic. Feeding rats in days 10–20 of gestation resulted in an increase in the

rate of fetal resorption as well as a high incidence of congenital malformations, including cleft palate, in the surviving offspring. The same results occurred with mice when the diets were used on days 9–18 of gestation. Furthermore, when single oral doses of 500 mg of the lathyrus factor, beta-aminopropionitrile (BAPN) were given on day 15 of gestation, resorption rates decreased but the frequency of cleft palates increased in the offspring of the pregnant rats. (Lass)

Stenström, S. J., & Thilander, Birgit L., Healing of surgically created defects in the septal cartilages of young guinea pigs. *Plastic and Reconstructive Surgery, 49,* 194–199, 1972.

The regeneration of surgically created nasal septal defects of 3 mm in width was studied experimentally in 24 growing guinea pigs. Signs of slight regeneration were seen histologically at the borders of the defects but even after 6 months of observation the defects had decreased only negligibly in size. The absence of appropriate filling in of these defects appears to deny the notion that a primary growth center within the septum may influence mid-facial growth. There was no basic interruption in the longitudinal growth of the anterior part of the septum in these guinea pigs. Accordingly, the role of the nasal septal cartilage in mid-facial skeletal growth seems negated. (Cosman)

Sturim, H. S., & Jacob, C. T., Teflon pharyngoplasty. *Plastic and Reconstructive Surgery,* Vol. *49,* 180–185, 1972.

23 patients with velopharyngeal insufficiency treated by teflon powder mixed with glycerin and injected into the pharyngeal wall to correct rhinolalia are herein reported. 22 patients were found to have improved verbal communication skills post operatively. Advantages of the technique in the authors' viewpoint are the limited morbidity (mild to moderate stiffness of the neck and cervical lymphadenitis), an immediate improvement in verbal communication skill which is gratifying to the patient, the possibility of teflon reinjection lending flexibility to this type of treatment, the ease of application, and the shortness of the hospital stay. No death has been reported from the procedure. In 3 instances the teflon injection was employed following a previous pharyngeal flap procedure which had proved unsuccessful. The selection of patients was restricted to those whose demonstrated gap in the velopharyngeal region with attempted vowel closure was less than 1 cm on cineradiography. (Cosman)

Uchida, I. A. & Lin, C. C., Identification of triploid genome by fluorescence microscopy. *Science, 176,* 304–305, 1972.

Multiple congenital anomalies were found in a male infant which was the product of a 6½ month gestation. These included cleft lip and palate, hydrocephalus, poorly developed external genitalia, right dilitation of the heart with patent auricular septum and patent ductus arteriosus, and absent corpus callosum. Fluorescence markers on chromosomes number 3, 13, and 14 showed cytological evidence of paternal origin of the extra haploid set in this infant. The infant had an XXY chromosome complement. The mother had discontinued the use of oral contraceptives 13 months prior to conception. Studies did not indicate whether the mechanism involved here was fertilization by dispermy or by a diploid sperm. (Gregg)

Walker, B. E., & Ross, L. M., Observation of palatine shelves in living rabbit embryos. *Teratology, 5,* 97–102, 1972.

When the tongue of rabbit embryos removed from the uterus immediately prior to the time of palatal closure was displaced from between the palatine shelves, the shelves did not move. Furthermore,

when the tongue was released, it either returned to its original position between the palatine shelves or remained ventral to the shelves and forced them into horizontal location. These findings show no evidence of any intrinsic palatine shelf force in rabbit embryos. (Lass)

Weatherley-White, R. C. A., Sakura, C. Y., Jr., Brenner, Lynne D., Stewart, Janet M., and Ott, J. E., Submucous cleft palate. Its incidence, natural history and indications for treatment. *Plastic and Reconstructive Surgery,* Vol. *49,* 279–304, 1972.

A prospective study of submucous cleft palate is reported. 61 patients with newly diagnosed submucous clefts comprised the study group. 34 males and 27 females were involved. In addition, a random population study of 10,836 school children in Denver was carried out looking for abnormalities of the palate, lips and speech. Of the 61 in the study group 9 were found during this survey. Only 4 of the submucous cleft palate patients studied have undergone surgical correction. Only 1 of the 9 asymptomatic patients discovered in the school survey had a abnormality of speech which was mild and corrected by speech therapy alone. A high incidence of associated abnormalities in these 9 patients and in 52 others studied including hearing loss and mental retardation were noted. Speech proficiency in thtse patients seemed not to be related to the degree of the muscular clefting. (Cosman)

Wilk, A. L., King, C. T. G., Horigan, E. A., and Steffek, A. J., Metabolism of β-aminopropionitrile and its teratogenic activity in rats. *Teratology, 5,* 41–48, 1972.

The administration of β-aminopropionitrile (BAPN) to pregnant rats induced various fetal anomalies including a high percentage of cleft palate. Following oral administration BAPN was found along with its deaminated-oxidized derivative cyanoacetic acid (CAA) in embryos, placentas, and maternal tissues, serum, and urine. BAPN levels reached a maximum in tissue and serum 6 hours after treatment, were maintained for about three hours more, then sharply declined to negligible amounts by 24 hours. CAA levels however gradually rose and high levels were still present at 24 hours. Similar amounts of BAPN were found in tissues after its administration on either day 14, 15, or 16 of gestation; however, only on day 15 was there a positive correlation between embryonic levels of BAPN treatment on day 15 embryonic levels of 106, 42, or 16 μg BAPN per g of tissue corresponded to a cleft-palate incidence of 98, 28, or 0% respectively. Oral adminstration of CAA produced no cleft palate even though high embryonic levels of CAA were attained. These data indicate that BAPN itself is teratogenic and that it acts within a narrow period of time on day 15 in producing cleft palate. (Authors' Summary: Lass)

Winstock, D., One stage mandibular-maxillary reconstruction in treatment of gross disproportion of the jaws. *British Journal or Oral Surgery, 9,* 115–121, 1971.

Combinations of orthodontic treatment and single jaw correction are often used. When surgery upon both jaws has been described, it is performed as a two-stage procedure. The author's procedure is to treat by a one-stage bimaxillary technique. Where a forward osteotomy of the mandible is performed, the space created is filled with bone chips from the iliac crest, or a rib is particularly useful as a wedge of bone to fill a premolar gap. One-piece acrylic cap splint for both jaws. (Goldenberg)

Younkers, A. J., Maxillofacial surgery for congenital clefts of the lip and palate. *O. R. L. Digest, 34,* 13–22, 1972.

The author has given a resume of the problems found in children with facial

clefts, background information concerning possible causative factors, and a short discussion of the commonly utilized surgical procedures for cleft lip and palate rehabilitation. The first sentence of the concluding paragraph, "The main objective in correction of maxillofacial clefts involving the lip and palate is to improve speech," may not meet with the approval of all who deal with congenital facial cleft problems. (Gregg)

Zimmerman, E. F., & Bowen, Donna, Distribution and metabolism of triamcinolone acetonide in mice sensitive to its teratogenic effects. *Teratology, 5,* 57–70, 1972.

Because of the fact that glucocorticoids cause a high incidence of cleft palate in the A/J mouse strain, the distrubution and metabolism of triamcinolone acetonide in these mice were studied. Results indicate that triamcinolone acetonide, and not its metabolites, is the teratogenic agent causing the high incidence of clefts in A/J mice. (Lass)

ANNOUNCEMENTS

1973 ANNUAL MEETING AMERICAN CLEFT PALATE ASSOCIATION

TO MEMBERS OF THE AMERICAN CLEFT PALATE ASSOCIATION:

The 1973 Annual Meeting of the American Cleft Palate Association will be held May 10–12, 1973 in Oklahoma City, Oklahoma, at the Skirvin Hotel. Therefore, please be advised that this is the formal request of your Program Committee for the submission of all abstracts of papers, motion pictures, table clinics and demonstrations to be considered for presentation at the Oklahoma City meeting. You are cordially invited to participate.

The following information is included for your use and careful consideration in preparing proposals for presentation.

PAPERS: Summaries of contributed papers must be between 300 and 600 words in length. Each summary must be accompanied by an abstract of not more than 75 words. The summary of 300–600 words will be used by the Program Committee in making the selection of papers. The 75 word abstract will appear in the printed Program of the Convention. Summaries of research should include, where appropriate, a statement of the problem, procedures, and results.

Each summary and its accompanying abstract must be in sextuplet, double spaced on 8½" x 11" typing paper. The purpose is to expedite the work of the Program Committee. Each submitted paper must include a cover page on each of the six copies submitted. The cover page must follow this form:

Title: (of paper)

Author's Name: (For multiple authors, list first the speaker who will present the paper.) Give the following information for each author: Institution (name, location, specific office address); home address (house number, street, city, state, zip code).

Degree: (Highest degree held)

Member or Non-Member of ACPA.

Time Required: (Requests for more than 10 minutes for a paper should be accompanied by justification. The final allotment of time will be made by the Program Committee.)

Equipment required: (Standard equipment available will consist of the following items: a blackboard, a pointer, a single microphone, a 2 x 2 slide projector and a 3¼ x 4 slide projector. If any specialized audio-visual equipment is needed, i.e., equipment other than the five items listed above, it must be identified and justified. The acceptance of your paper may depend, to some degree, upon the total rental cost to the Association of specialized audio-visual equipment requested. NOTE: This is the only request for audio-visual and other equipment needs you will receive.

MOTION PICTURES: A brief abstract with running time, size of film, and whether or not it has sound.

TABLE CLINICS AND DEMONSTRATIONS: A brief abstract, amount of floor

or table space required, number of chairs, electrical requirements, and other special needs. The Association will pay for the basic needs of setting up such materials. All other expenses must be underwritten by the clinician.

The *deadline* for the submission of all abstracts for presentations of any type is December 1, 1972. These should be sent to the Chairman of the Program Committee. Authors or clinicians whose papers, films, or clinics have been selected for inclusion by the Program Committee, will be notifield in January, 1973.

At the time of presentation, all papers should be in final form for publication in the *Cleft Palate Journal* subject to acceptance by the Editorial Board.

WILLIAM C. TRIER, M.D.
1973 Program Committee Chairman
Medical School
University of Arizona
Tucson, Arizona

INTERNATIONAL MEDICAL CONGRESS LTD. MEETS IN VIENNA SEPTEMBER 2–8, 1973

The International Medical Congress, Ltd., is happy to announce that the Fourth International Conference on Birth Defects will convene at Vienna from 2 to 8 September incl., 1973.

Theme and Structure

Birth Defects—1973

Advances in the fundamental and clinical sciences bearing on human birth defects will be covered in a series of invitational symposia and in sessions where free papers will be presented.

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Languages

The official languages of the Conference will be English, French and German. Simultaneous interpretation will be provided at all plenary sessions.

GRADUATE-RESIDENCY TRAINING PROGRAM IN PROSTHODONTICS OFFERED BY MAYO CLINIC

The Mayo Graduate School of Medicine and the Department of Dentistry of the Mayo Clinic offer a graduate-residency training program in Prosthodontics leading to a Master of Science Degree in Dentistry or Certificate of Achievement. Appointments for the 36 or 30 month course of study in conventional and maxillofacial prosthodontics are made once a year beginning summer or fall quarter. Didactic courses, clinical and laboratory experience, and practice teaching satisfy requirements for certification by the American Board of Prosthodontics. A beginning annual stipend of $10,000 is provided with annual increments. Address inquiries to Director, Mayo Graduate School of Medicine, 200 First Street S.W., Rochester, Minnesota, 55901.

DR. HERBERT KOEPP-BAKER RETIRES

Dr. Koepp-Baker

Dr. Koepp-Baker, a founder and past president of the American Cleft Palate Association retired on March 31, 1972 as Chairman of the Department of Speech Pathology and Audiology of Southern Illinois University at Carbondale, Illinois. Dr. Koepp-Baker received the Honors Award of the American Cleft Palate Association for his writing, teaching, and pioneering work in the field of cleft lip and palate rehabilitation, and the Citation for Honors of the American Speech and Hearing Association.

Dr. Koepp-Baker holds degrees from the State University of Iowa, the University of Michigan, and Pennsylvania State University, and certificates from the Universities of Berlin and Vienna. He has been a faculty member and lecturer at Pennsylvania State University, the University of Illinois, the University of Washington, Northwestern University, the U. S. Naval Hospital in Philadelphia, and several other universities. When he first became interested in cleft lip and palate patients, he recognized the need for an inter-disciplinary effort among medical and paramedical personnel.

The Koepp-Bakers will make their home in Highlands, North Carolina.

He will be kept busy fulfilling writing commitments, establishing clinical rehabilitation programs and doing biological field research for the Raptor Research Foundation of South Dakota. The Raptor organization is concerned with the preservation and protection of birds of prey and Dr. Koepp-Baker has been a falconer for many years. He will also continue his interest in the Easter Seal Society and we will hope he will continue with an active interest in the American Cleft Palate Association. (Editor)

AMERICAN CLEFT PALATE ASSOCIATION IS SPONSORING ORAL-FACIAL ANOMALIES ESSAY CONTEST

Essay Contest

At the last meeting, the American Cleft Palate Association approved an Essay Contest and submits the following information.

Subject: Clinical subjects or research in Cleft Palate or Oral-Facial Anomalies.

Eligibility: Medical or dental residents and graduate students in speech pathology and audiology. (All applicants are expected to apply for the student membership in the American Cleft Palate Association.)

Judges: Editors of the Cleft Palate Journal.

The deadline for submission of papers is January 15, 1973. The winning paper will be submitted to the Program Chairman for presentation at the Annual Meeting of the Cleft Association in Oklahoma City on May 9th, 10th and 11th of 1973. The winner will also be given free transportation on one of the charter flights to London and from Copenhagen to the U.S.A. for the II International Cleft Palate Congress in Copenhagen in August of 1973.

Please submit all papers to: Robert L. Harding, D.D.S., M.S., M.D., 2201 North Second Street, Harrisburg, Pennsylvania 17110.

29th ANNUAL MEETING OF AMERICAN INSTITUTE OF ORAL BIOLOGY IN CALIFORNIA, OCTOBER 13–17, 1972

The 29th Annual Meeting of The American Institute of Oral Biology will convene in Palm Springs, California, October 13–17, 1972 (Friday–Tuesday), at the Spa Hotel. The Institute is principally to bring together a group of eminent authorities in the fields with specific pertinence to the modern practice of dental surgery.

The faculty members will be Drs. Jennifer Jowsey, Melvin Moss, Emil Steinhauser, Paul Terasaki, and Joseph Volker.

For further information and application forms, please write to Dr.

James A. Ducasse, Membership Chairman, P. O. Box 897, Glendora, California 91740.

SHORT COURSE OFFERED IN ORAL PANENDOSCOPY

A four-day intensive course on Oral Panendoscopy, sponsored jointly by the Cleft Palate Unit of Montefiore Hospital and Medical Center, Bronx, New York, and the Institute of Child Study, Department of Special Education, Newark State College, Union, New Jersey, will be held September 25–28, 1972, at Montefiore Hospital.

The course will cover diagnostic and prognostic implications of the evaluation of velopharyngeal function. Participants will receive extensive individualized training in the use of the Taub Oral Panendoscope. Faculty will include Stanley Taub, M.D., Clyde Willis, Ph.D. and Eugene Sidoti, M.D.

Further information may be obtained by contacting either Michael Lewin, M.D., at Montefiore Hospital (212/920-4462) or Joyce Heller, Ph.D., at Newark State College (201/527-2218).

BIBLIOGRAPHIES ON TOPICS IN COMMUNICATION DISORDERS PUBLISHED BY JOHNS HOPKINS

The Information Center at the Johns Hopkins University has prepared a bibliography for investigators on the subjects listed below. These can be obtained at a nominal fee.

Search Number	Title
I-311	Language and Mentally Retarded Children
I-315	Speech and Language Education of the Deaf and Hearing-Impaired
I-317	Problems of Language and Speech Development in Infants and Children: Selected Bibliography
I-318	Visual Aids for the Education of Deaf Children
I-328A	Speech in Parkinsonism
I-330	Testing for Central Auditory Function
I-349	Apraxia
I-366	Screening Tests for Hearing, Speech and Language
I-373	Microbiology of the Middle Ear
I-415	Otosclerosis of the Middle Ear
I-416	Tympanic Membrane
I-426	Mental Retardation and Audiology

For the further information, write to: Department DS-J, Information

Center for Hearing, Speech, and Disorders of Human Communication, 310 Harriet Lane Home, Johns Hopkins Medical Institutions, Baltimore, Maryland 21205.

II International Cleft Palate Congress

Copenhagen, Denmark

August 26-31, 1973