

BOOK REVIEW

BZOCH, KENNETH R., PH.D. and LEAGUE, RICHARD, PH.D., *Assessing Language Skills in Infancy: a handbook for the multidimensional analysis of emergent language*. The Tree of Life Press, Inc., Gainesville, Florida, 1971. \$9.00.

This 56 page handbook is written essentially as an introduction to a language evaluation scale for infants from birth through 36 months of age (The Bzoch-League *Receptive-Expressive Emergent Language Scale* [REEL]).

The handbook format is divided into the following sections: 1. Introduction, 2. Theoretical and practical considerations, 3. Stages and patterns of emergent language development, 4. Administering and scoring the REEL Scale, 5. Guidelines for interpreting the REEL Scale, a glossary of terms and tables for convenience of scoring.

The REEL Scale is quite unorthodox in its normative foundation in that the authors elected to use 50 "normal" infants from *enriched linguistic environments*. They felt these "norms" would be indicative of the language development "... possible under 'ideal' environmental conditions".

This is a critical departure from conventional normative studies in that it may encourage the unsophisticated reader to believe that infants *in general* are potentially capable of competing with these "norms". It thus requires that any one using this scale be mindful that the "norms" are not truly norms at all. The use of "language quotient" scores may further mislead users into handling such scores as though they are based upon true norms, such as the conventional norms established as the foundation for tests of intelligence.

A short and handy description of the "predictive" sequences and "patterns" of language reception and expression are broken down generally and specifically into the first, second and third year of infancy.

The authors support the modern biolinguistic view of language development, which is up-to-date and long overdue in this field. This view is counter to the popular, and traditional, psycho-social language theories. The authors thus espouse the view that language acquisition is innate and is physiologically and genetically determined. They do a nice job of documenting this view, stating that "... language development is not highly dependent upon the frequency or quality of language stimulation in the environment ..."; then, disappointingly, they obscure this concept in its enlightened beauty by moving with some subjectivity to the idea that this biolinguistic view relates principally to language reception rather than language expression. Their own bibliographic citation (Lenneberg) refutes this idea in its recapitulation of the virtual ease with which normal

hearing children of deaf "non-speaking" parents learn both receptive and expressive language.

The authors' presumptive statement that "acceptance and reinforcement of gesture communication in place of speech in the home is the most frequent cause of severely delayed expressive language", seems in marked contrast to their earlier stated and well-formulated beliefs about biolinguistic development.

Their concept of critical imprinting periods in language development is a solid one, but it can hardly work well for reception of language in any given infant without at least working "reasonably well" for language expression (when the latter so closely follows the former).

Throughout the authors' discussion of causative factors in expressive language delay, the concept of normal variations, and delay, in neuro-motor development is conspicuous by its absence.

The REEL Scale is a very useful scale particularly for its sequence of events and its nondependence upon the visual modality, motor and social aspects of other language scales. Achievement items are listed by threes on the test forms at one month intervals for the first year, two month intervals for the second year, and at three month intervals for the third year. Receptive language is evaluated down the left side of the page, while expressive language can be tallied on the right side of each page.

The technique of administration of the test is largely by interview of the mother or mother substitute. Direct observation of the infant is recommended when items come under question. The test is said to be easily administered in "about 10 minutes" by non-speech pathologists after some familiarity with the test is obtained.

The REEL Scale is eclectic, in part, from information supplied in the literature on human infant development. The authors, therefore, assume "inherent validity" for the Scale. Reliability scores are high, based on test-retest methods using "unsophisticated" graduate students to do the testing.

The REEL Scale should be useful for speech pathologists, public health nurses, pediatricians, psychologists, educators, and child development specialists as long as they keep in mind the fact that the Scale represents age levels for development of language based on a group of children reared in exceptional (good) environments. A comparison of REEL Scale items with conventional normative data suggest that the REEL Scale is approximately one to three months ahead at the one year level, two to four months in advance at the two year level, and at the three year level it is almost four to six months ahead.

REEL eight-page Recording Forms may be purchased in packages of 25 for \$6.50 from The Tree of Life Press, P. O. Box 447, Gainesville, Florida 32601.

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ABSTRACTS

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Blake, G. B., G. Wreakes, and D. Orth, Clefts of the lip and palate in twins. *Br. J. of Plast. Surg.*, 25, 155-163, 1972.

Case reports of five pairs of identical twins with one or both having a cleft deformity, possible etiological factors responsible for the clefts, and a discussion of observations on the early maxillary growth in one of the five twin pairs, are provided. (Lass)

Clifford, E., Eleanor C. Crocker, and Barbara Ann Pope, Psychological

findings in the adulthood of 98 cleft-lip-palate children. *Plast. reconstr. Surg.*, 50, 234-237, 1972.

An evaluation of cleft palate patients operated upon 22 to 27 years previously is presented. Interviews and questionnaires constituted the examination. In general, a mean level of accomplishment was high in this group as was the mean level of self satisfaction. Degree of satisfaction was lowest concerning their teeth and closely followed by their speech. Interestingly enough, satisfaction was highest so far as appearance was concerned.

The possibility that denial is involved as a defense mechanism relative to this unusually high degree of satisfaction with appearance is mentioned but the point is made that denial is not always a pathological defense but may operate in the service of personal growth and self mastery. (Cosman)

Dorrance, G. M., Lengthening the soft palate in cleft palate operations. *Plast. reconstr. Surg.*, 50, 275-279, 1972.

This is another in a classic reprint series relative to cleft lip-cleft palate surgery and contains Dorrance's first description of the pushback operation. The reprint is accompanied by a commentary by Dr. Frank Mc Dowell with interesting biographic material concerning Dorrance. (Cosman)

Glass, A. J., Midfacial fractures in a patient with cleft palate. *J. of Oral Surg.*, 30, 357-361, 1972.

The presence of cleft palate may influence maxillary fracture configuration and predispose the maxilla to fracture with less force. It may also limit the possibilities for reduction and fixation, as well as increase the required time of immobilization. (Swoope).

Goode, R. L. and J. Ross, Velopharyngeal insufficiency after adenoidectomy. *Arch. Otolaryng.*, 96, 223-226, 1972.

Accompanying the discussion of results in two cases the authors have described a technique of making a superior based posterior pharyngeal roll to correct velopharyngeal incompetence which appeared after adenoidectomy. The flap is folded back upon itself, sutured to the posterior pharyngeal wall, precluding the tendency of the flap to migrate downward post-operatively, as was seen with other surgical procedures. No deterioration in speech quality occurred in one case observed for 16 months and the other for 14 months.

Careful screening of patients pre-operatively is recommended. This procedure is not suitable for every case of palatal insufficiency. (Gregg)

Gorlin, R. J. and H. Sedano, Smith-Lemli-Opitz syndrome. *Modern Medicine*, 40, 126, 1972.

Multiple skeletal anomalies (short stature, narrow shoulders, short neck, soft tissue syndactyly of the second and third toes, occasional stippled epiphyses, polydactyly, and sacral dimples), urogenital anomalies (hypospadias, cryptorchidism, and cleft scrotum), and characteristic facies (microcephaly associated with mild to severe mental retardation, bilateral blepharoptosis, a short nose with a broad bridge, anteverted nostrils, micrognathia, and occasionally cleft palate, low-set ears, strabismus, epicanthal folds, and cataracts) characterize this syndrome. These infants are small and hypoactive at birth, followed by progressive change to spasticity in older years. They demonstrate irritable behavior and typical shrill screaming as if in constant pain. Frequent vomiting with regurgitation may result in secondary pneumonia. The anterior maxillary ridge has been described as broad. Affected individuals also present abnormal dermatoglyphics (palmar simian creases, high number of digital whorls, and arch tibial pattern). There is no chromosomal abnormality. The pattern is inherited as an autosomal recessive trait. The authors have presented an illustrated discussion of this problem. (Gregg)

Gupta, J. L. and R. R. Pillai, Acrocephalosyndactyly. *International Surg.*, 57, 671-673, 1972.

This is a brief discussion of this syndrome accompanied by illustrated discussion of a single case. The case presented has small bilaterally symmetrical swellings of the anterior hard palate, bifid uvula, mild mandibular prognathism, par-

rot-beak nose with partial stenosis of the left nostril, bossing in the frontal and temporal areas and hypersalivation with drooling from the corners of the mouth. There is no discussion of the treatment or the outcome of the patient. (Gregg)

Hahn, G., A silicone bulb obturator with or without dentures. *J. Prosthetic Dent.*, 28, 313-317, 1972.

A thin silicone bulb is fitted to the palatal defect. A denture is constructed so that it fits into the hollow, collapsible silicone bulb. The hard acrylic resin maintains the form of the bulb, and the bulb helps maintain the denture. This prosthesis effects adequate closure of the defect with minimal irritation. The silicone bulb can be worn with or without dentures. (Goldenberg)

Harley, W. T., Dynamic palatography—A study of linguopalatal contacts during the production of selected consonant sounds. *J. of Prost. Dent.* 27, 364-376, 1972.

A research method is described which allows dynamic monitoring of tongue contacts, and a simultaneous recording of speech. Temporal sequencing of contacts can be studied on the recording. Anterior-posterior area sequencing can be evaluated. The tongue appears to move in a bilaterally symmetrical manner during speech and contacts are mainly in lateral aspects of the palate and the incisal papilla region. (Swoope)

Jackson, I. T., Closure of secondary palatal fistulae with intra-oral tissue and bone grafting. *Br. J. of Plast. Surg.*, 25, 93-105, 1972.

The author describes a surgical procedure for the closing of secondary palatal fistulae involving the use of intra-oral tissue and bone grafting. He discusses procedures for narrow and wide fistulae sep-

arately, and reports the results of 72 cases of palatal fistulae. (Lass)

Johnson, H. A., A simple method for the repair of minor post-operative cleft lip "whistling" deformity. *Br. J. of Plast. Surg.*, 25, 152-154, 1972.

The author discusses a simple surgical procedure for the repair of the "whistling" deformity which results from crushing lacérations around the lips that leave an overgrowth of mucous membrane. (Lass)

Lawson, Lucie I., G. Chierici, A. Caston, E. P. Harvold, E. R. Miller, and J. Q. Owsley, Jr., Effects of adenoidectomy on the speech of children with potential velopharyngeal dysfunction. *J. of Sp. and Hear. Dis.*, 37, 390-402, August 1972.

The authors of the article are primarily concerned with the appearance of hypernasality following an adenoidectomy. They evaluated a number of children who had not as yet undergone an adenoidectomy. These children were referred to their facility by other professionals who suspected an anomalous condition based upon some deviancy in the child's speech. The techniques utilized in the evaluation of these children were (1) clinical speech evaluation; (2) cinefluorography; (3) cephalometrics, and (4) coordination pattern tests. The results indicated positive findings for most of the children on all of the evaluation procedures. It was suggested that a detailed evaluation procedure be employed, prior to consideration for a total adenoidectomy, with those children who may exhibit a potential for poor velopharyngeal function. (Lerman)

Monroe, C. W., and K. Ogo, Treatment of micrognathia in the neonatal period. Report of 65 cases. *Plast. reconstr. Surg.*, 50, 317-325, 1972.

Thirty males and thirty-five females were seen in a 20 year period. There

were 14 deaths (21.5%). Ten of these deaths were in infants who had associated congenital heart disease. The other eight deaths were due to aspiration or pneumonia or both. A Douglas glossopexy was performed in only four patients two of whom died of heart disease. Forty-eight other patients had incomplete clefts of the palate. Four other patients had their palates closed under one year of age, two of whom required a tracheostomy. Twenty-one patients were repaired between one and two years of age with four complications including need for tracheostomy, respiratory distress and bleeding episodes. Fourteen patients had palate closure when they were more than two years old. Multiple other associated congenital deformities were noted. The authors conclude that tracheostomy might have been employed with greater frequency in their series and might have avoided some of the deaths. (Cosman)

Morgan, R. G., a fibre optic light attachment for the Dott cleft palate gag. *Br. J. of Plast. Surg.*, 25, 199-200, 1972.

This report describes a fibre optic light system attachment for the blade of the cleft palate gag. Such an attachment would allow for the use of the modern fibre optic light system for surgical repair of clefts. (Lass)

Onizuka, T., and Y. Tai, Supernumerary nostril. *Plast. reconstructive Surg.*, 50, 403-405, 1972.

The authors review the scant literature on cases of supernumerary nostril and present their case of this rare anomaly together with a satisfactory early surgical excision and repair. (Cosman)

Saad, M. N., and D. O. Maisels, Further applications of the rotation advancement technique. *Br. J. of Plast. Surg.*, 25, 116-122, 1972.

This article presents examples of applications of Millard's rotation advancement technique, originally developed for repair of cleft lips, to include other defects of the lips and eyelids. (Lass)

Schweitzer, J. M., R. D. Schweitzer, and J. Schweitzer, The telescoped complete denture: A research report at the clinical level. *J. of Prost. Dent.*, 26, 357-372, 1971.

A thorough review of the author's years of clinical experience with tooth supported dentures is presented. Many applications of combined tooth tissue support are illustrated. The common use of overlay appliances in patients with congenital defects, makes this report very useful. (Swoope)

Smiley, G. R., A possible genesis for cleft palate formation. *Plast. reconstr. Surg.*, 50, 390-394, 1972.

The author marshals evidence to suggest that the palatal shelf edges normally undergo a process of programmed cell death in the epithelium along their medial margins. Epithelial adherence is one of the first stages that must occur after epithelial contact has been made. Cell degeneration prior to epithelial contact could inhibit the normal epithelial adherence. Electron microscopic observation suggests that the epithelial degeneration is not a generalized process but one in localized areas. It is thus possible that normal palate development may occur but altered epithelial degeneration may locally prevent epithelial adherence. Other concepts of cleft formation are also discussed. (Cosman)

Thomson, H. G., and D. Harwood-Nash, The fate of the infrafractured hamuli. *Plast. reconstr. Surg.*, 50, 354-356, 1972.

Five children who were 18 months of age at the time of cleft palate repair were investigated. Under general anesthesia

with the patient's neck extended, the hamular tips were exposed and a metal wire sutured to the hamulus. An x-ray cephalostat was applied and the x-ray film exposed. Each hamulus was immediately fractured and another x-ray obtained. Six months after surgery the patients were readmitted and the same roentgenographic exposure employed under general anesthesia. The distance between the medial margins of the wire sutures in the fractured hamuli were measured on each of the 3 roentgenograms for each patient to determine the effect of growth during the 6 month period. The interethmoid distance was measured as well. In each of the five pa-

tients the hamulus had returned to at least its preoperative position relative to the growing structures adjacent to it. (Cosman)

Wood, B. G., Three-dimensional arch correction in patients with unilateral cleft lip and palate. *Am. J. of Orthodontics*, 61, 301-307, 1972.

Pre-surgical orthopedic correction of the maxillary arch is accomplished prior to lip and anterior palate closure. Appliances are described which will correct the deformed arch in the anteroposterior and lateral planes, and also in the vertical plane. (Luban)

ANNOUNCEMENTS

ANNUAL CLEFT PALATE SYMPOSIUM TO BE HELD BY MONTEFIORE HOSPITAL

The Cleft Palate Center for Montefiore Hospital and Medical Center, New York City, will hold its Annual Symposium on Friday, April 13, 1973, 10:00 A.M.-4:00 P.M. Those interested in attending the Symposium, please write or call: Cleft Palate Center, Montefiore Hospital, 111 E. 210th Street, Bronx, New York 10467, (Telephone:) 212-920-4781

ASPRS EDUCATIONAL FOUNDATION ANNOUNCES SYMPOSIUM ON THE CLEFT LIP AND PALATE

The Educational Foundation of the American Society of Plastic and Reconstructive Surgeons announces a Symposium on the Cleft Lip and Palate to be held at Duke University Medical Center, Durham, North Carolina, April 12-14, 1973. It will cover all phases of the treatment planning and management of patients with cleft lip and palate deformities. Inquiries can be made regarding this Symposium to Dr. Nicholas Georgiade, P.O. Box 3098, Duke University Medical Center, Durham, North Carolina 27710.

CRANIOFACIAL BIOLOGY GROUP TO HOLD THIRD ANNUAL INTERNATIONAL MEETING IN LONDON

The third international meeting of the *CRANIOFACIAL BIOLOGY GROUP* of the International Association for Dental Research will be held at the Royal College of Surgeons, London, on August 13, 1973, immediately preceeding the Third International Orthodontic Congress. Topics for this meeting will be *inheritance factors in the craniofacial complex* and *biology of bone*. Brief reports (15 minutes each) of original research in either of these fields will be considered for inclusion in the program, provided that the work has not been published or presented at another major meeting prior to August 13, 1973.

Typed, double-spaced abstracts of 300 words or less should be submitted in duplicate and include: concise title, author(s), institution at which research was conducted, a brief description of the problem investigated, methods, results, and conclusions. Papers will be selected on the basis of quality and suitability to the program. Abstracts should be mailed, prior to April 15, 1973, to the Local Arrangements Chairman:

Dr. W. A. B. Brown, Department of Anatomy, University of London King's College, Strand, London WC2R 2LS, England.

Further information regarding the meeting may be obtained from Dr. Sidney L. Horowitz, Director, Division of Orofacial Development, School of Dental and Oral Surgery, Columbia University, 630 West 168th Street, New York, N.Y. 10032.