BOOK REVIEW

BENNETT, C. RICHARD, *Monheim's General Anesthesia in Dental Practice*, C. V. Mosby Company, St., 1974, Pp446, $16.00.

The fourth edition of this all encompassing book suffers from many of the pitfalls of such general works. At best, the first nine chapters are arduous reading containing many oversimplifications and inconsistencies between information presented in successive chapters.

The chapters dealing with anatomy and physiology suffer from lack of adequate illustrations or clarifying diagrams and a few gross inaccuracies.

In the chapter on physics, terms are used before they are defined, and some are defined incorrectly or not at all.

The chapter on theories of anesthesia serves only to confuse the reader of an introductory work.

Phases, Stages and Signs of Anesthesia again contains rather misleading information which could involve the novice in rather complicated management problems.

The reader should not accept the physical properties presented in the chapter on anesthetic agents without checking them against another source as some of them do not agree with the Handbook of Chemistry. Also, the dashes sometimes appearing before the figures makes them appear to be below zero degrees Centigrade—some are and some are not. Most anesthesiologists would not agree to the use of trichlorethylene in any anesthesia machine other than the ancient dental models which do not incorporate a CO_2 absorber as the rubber may become impregnated with the vapor and poison subsequent patients when the absorber is used. Similarly, halothane can only be used safely with carefully calibrated vaporizers and delivery systems which assure adequate oxygen supply. This precludes the use of this very potent agent by the open drop method.

Some errors would seem obvious enough to have been proof reading oversights. Obviously gases are not stored at 70 degrees Centigrade, and the administration of less than atmospheric oxygen (20%) is not acceptable. Not all IV anesthetics are barbiturates ie. Ketamine, Fentanyl, morphine. If 5% O_2 in the inhaled atmosphere produces death, then it is not compatible with life.

There are repetitions in the two chapters dealing with drugs. The term small doses is ambiguous, and the dosage for Ketamine is larger than that recommended by the manufacturer.

Chapter 10 is a respite; for Dr. Bennett has done an excellent job with the important topic of airway management.

The following chapter confuses patient status with risk to patient. Physical status is independent of anticipated procedure and should be determined prior to induction. No patient with mitral stenosis should be classified status 1. Their propensity for developing arrhythmias is well recognized.

Charting and evaluation of the patient during anesthesia is well handled, and some of the difficulties in doing so pointed out.

The prone position suggested for postanesthetic management may make ventilation almost impossible in obese patients and permit these airway problems to go unrecognized. Suctioning and reintubation are near to impossible. The lateral position is a good compromise.

A word of caution to those who would use IV lidocaine in the treatment of ventricular arrhythmias. This should not be done without EKG monitoring to assure

that the patient has atrial activity. An idioventicular rhythm so treated will result in asystole. This is but one form of cardiac arrest which could better be defined as the cessation of effective cardiac action.

Some of the author's hypotheses are physiologically unsound. There has been no evidence that hypoxia is the precipitating factor in "halothane hepatitis", and it is highly unlikely that a distended breathing bag will result in pulmonary edema since the increased airway pressure diminishes venous return and pulmonary perfusion.

Anesthesia for Dental Procedures in Pediatric Patients is aptly handled by Dr. Marcy.

In consideration of fire hazards, practitioners using ethylene should be advised that the 5 foot safety level does not apply to this lighter than air drug. Its use today is so rare as to make it primarily of historical interest. In most opinions prevention of fire and explosions in the outpatient areas can best be handled by avoiding flammable anesthetics.

The chapter entitled Dental Anesthesia and the Law is excellent. Some anesthesiologists might take exception to Dr. Dornette's stand on halothane anesthesia for outpatients as the choice is so much wider for hospitalized patients where the constraints imposed by the need for early ambulation are removed.

The remaining chapters on Armamentarium and Technical Aspects contain many well phrased cautions to the would be dental anesthetist. Still a few important items are understated—IV's before intubation, necessity to use conductive rubber goods with flammable agents, use of standard size connectors and checking the compatibility of fittings, availability of means to transport patients from the dental chair to an appropriate recovery area.

As a textbook for the dental anesthetist, the book cannot stand alone; however the chapters on Maintenance of the Airway and Dental Anesthesia and the Law are highly recommended.

PATRICIA H. RUSSELL, M.D.

Washington, D.C.

ABSTRACTS

Brown, K. S., M. C. Johnston, and R. F. Murphy, Isolated cleft palate in A/J mice after transitory exposure to drinking-water deprivation and low humidity in pregnancy. *Teratology, 9,* 151–158, 1974.

The purpose of this investigation was to determine the effects of drinking-water deprivation with and without the added effects of ambient dehumidified air on the rate of occurrence of cleft palate in the offspring of A/J female mice when treated for 72 hours beginning on gestation day 12. It was found that all treatments increased the fetal death rate; however, there was no apparent effect on the rate of occurrence of cleft lip with or without cleft palate. The authors discuss the implications of their findings. (Lass)

Canario, C., A two section metal mould for an ear prosthesis. *J. Prost. Dent, 31,* 343–348, 1974.

This method of prosthesis fabrication utilizes a two piece metal mold within which processing and curing takes place. Upon separation, the prosthesis does not tear or otherwise deform, since the two sections of the mould separate easily. The prosthesis is made up in either Acrylic resin, vinyl resin or silicone. (Goldenberg)

Catalanotto, F. A. and J. L. Moss, Manual and oral sterognosis in children with cleft palate, gonadal dysgenesis, pseudohypoparathyroidism, oral facial digital syndrome and Kallman's syndrome. *Arch. Oral Biol., 18*, 1227–1232, 1973.

Using the 20 standard stereognosis forms developed at the National Institute of Health, manual and oral sensation was studied in children with cleft palates (n = 25), gonadal dysgenesis (n = 8), pseudohypoparathyroidism (n = 5), oral-facial-digital syndrome (n = 2) or Kallman's syndrome (n = 2). Fifty normal children served as controls. Mean ($\bar{x} \pm$ SEM) manual and oral scores (16.4 ± 0.2 and 13.6 ± 0.3, respectively) and mean manual and oral times (3.4 ± 0.1 sec and 4.5 ± 0.4 sec, respectively) of the controls compared well with previously reported data. Mean manual and oral scores (18.0 ± 0.3 and 13.1 ± 0.5, respectively) and times (3.6 ± 0.2 and 5.1 ± 0.6, respectively) of the subjects with cleft palate were essentially similar to that of controls. Mean manual scores of the subjects with gonadal dysgenesis (15.3 ± 0.6) and pseudohypoparathyroidism (16.8 ± 0.8) were similar to that of controls but manual times were significantly elevated (5.3 ± 0.3 and 6.5 ± 0.4, respectively; $p < 0.001$). Mean oral scores and times of the patients with gonadal dysgenesis (9.4 ± 0.8 and 8.7 ± 1.1 sec) and pseudohypoparathyroidism (8.2 ± 1.0 and 11.9 ± 1.4 sec) were also significantly altered ($p < 0.001$). The manual and oral scores of the subjects with Kallman's syndrome were essentially similar to those of controls but patients with oral-facial-digital syndrome had decreased manual and oral scores (15.5 ± 1.5 and 8.5 ± 1.5) and increased manual and oral times (4.2 ± 0.2 sec and 7.5 ± 0.5 sec). The data suggest an abnormality in sterognosis ability in patients with gonadal dysgenesis, pseudohypoparathyroidism and oral-facial-digital syndrome. These observations suggest that such patients have in common certain oral sensory abnormalities which may aid in understanding their etiology and pathogenesis. (This abstract is from *BioResearch Today—Birth Defects, 3*(6), 66, Jun 1974.)

Cohen, M. M., B. D. Hall, D. W. Smith, C. B. Graham, and K. J. Lampert, A new syndrome with hypotonia, obesity, mental deficiency, and facial oral, ocular, and limb anomalies. *Journ. Pediatr., 83*, 280–284, 1973.

Care reports of three patients were presented. These three patients shared in common a number of features, including obesity of midchildhood onset, hypontonia, mental deficiency, characteristic craniofacial appearance, oral and ocular anomalies, tapering extremities with narrow hands and feet, cubitus valgus, genua valga, hyperextensibility at the elbows and proximal interphalangeal joints, and other abnormalities. All three patients were white. All three were the products of full-term gestations during which decreased fetal activity was evident. Blood chromosome studies were normal in all three. Both sets of parents were apparently normal, and there was no history of consanguinity.

Although the patients differed in a few respects, notably in the ocular findings and in the presence of mild cutaneous syndactyly in Case 3, the over-all pattern of abnormalities is sufficiently similar and distinctive to regard all three cases as examples of the same syndrome with some variation in expression. The identification of affected siblings of normal parentage suggests that the syndrome may follow an autosomal recessive mode of inheritance. Although the syndrome shares certain features in common with both the Prader-Willi syndrome and the Laurence-Moon-Diedl syndrome, it should be clearly distinguishable from each of them. (Troutman)

Eisen, J., J. Schliefert, and R. Beck, Nebraska's new program to prevent birth defects. *Health Services Reports, 89*, 43–46, 1974.

A new program at University of Nebraska Medical Center at Omaha carrying out Human Genetrics Studies, and aspects of birth defects prevention. Conferences are called periodically to acquaint physicians and technicians in Amniocentesis, Genetic counselling, in utero detection of genetic defects, tissue culture techniques, advances in "chromosomology". Services are provided to pregnant women who previously have given birth to a genetically abnormal child especially to rule out Down's Syndrome in the fetus. The rate of Mongoloid children born to mothers over 35 years of age is more than 40 times the rate for mothers under age 35. Since mongolism occurs in 1 out of 600 live births, this program of genetic counselling, it is hoped, will reduce the incidence of birth defects. (Goldenberg)

Fairbanks, Mary B., and E. J. Kollar, Inhibition of palatal fusion in vitro by hadacidin. *Teratology, 9*, 169–178, 1974.

This study explored the effects of hadacidin, an antibiotic isolated from cultures of *Penicillium frequentans* which was developed as a potential antitumor agent, on the formation in vitro of cleft palate in fetal mice. Results indicate that hadacidin suppressed epithelial-band breakdown in fetal mouse palates in vitro. The author suggested that perhaps in this manner hadacidin contributes to the production of cleft palate which is observed in in vivo studies. (Lass)

Fine, L., J. Robinson, and G. Barnhart, Absence or major loss of part of the external ear and its correction. *J. of Prost. Dent. 31*, 313–322, 1974.

Loss of the external ear can be corrected surgically or by means of prosthetic replacement. Surgical correction is more costly and far more time consuming. Combined effort on the part of the plastic surgeon and prosthodontist is essential to a successful result. The best materials used are silicone rubber, Silastic, a polyvinyl chloride compound, (P.V.C.) and Acrylic resin. With proper care, no changes in form or consistency, or shade are apparent for as much as three years. Decision to operate or utilize prosthetic fabrication depends on the judgement and experience of the operators, since failures are not too uncommon. (Goldenberg)

Fukuda, O., The microtic ear: Survey of 180 cases in 10 years. *Plast. reconstr. Surg., 53*, 458–463, 1974.

The author presents a gigantic experience with this condition for which he employs fundamentally his own modifications of the Tanzer procedures. His results are impressive and his experience remarkable. (B. Cosman)

Hartwell, J. W. and M. D., Hall, Mandibular condylectomy with silicone rubber replacement. *Plast. reconstr. Surg., 53*, 440–444, 1974.

Fifteen patients are presented with 19 TM joints treated by condylectomy with silicone rubber replacement via a preauricular incision. The condylar replacement maintains the vertical height and appropriate occlusion and prevents lateral drift. The many difficulties of evaluating results of TM joint surgery make it hard to say what the permanent value of this procedure will be but it does have a logical basis in its approach. (B. Cosman)

Hayes, A. W., R. D. Hood, and H. L. Lee, Teratogenic effects of ochratoxin A in mice. *Teratology, 9*, 93–98, 1974.

The authors investigated the effect of ochratoxin A, a fungus-producing toxin, on the growth and development of mice. Treatment with 5 mg/kg of this toxin on one of gestation days 7–12 caused an increase in the occurrence of fetal malformations. The malformations included complete median facial clefts associated with exencephaly and eye defects. (Lass)

Ho, L. C. Y., B. N. Bailey, and P. J. Sykes, Composite reconstruction of the mandible and temporomandibular joint, following hemimandibulectomy. *Plast. reconstr. Surg., 53*, 414–420, 1974.

In selected patients an immediate or a delayed reconstruction following hemimandibulectomy has been carried out employing a patterned cancellous bone graft from the ipsilateral iliac crest together with the ipsilateral second metatarsal with its shaft decorticated, shaped into a peg, and inserted into a cavity drilled in the proximal end of the iliac bone graft. This whole composite is then placed in position and a cuff of the joint capsule closed around the neck of the metatarsal. The other end of the bone graft is wired at the symphysis to the remaining mandible. The jaws are immobilized with dental cap splints for six weeks.

Two patients are presented with satisfactory results including radiological data showing that the composite grafts took well. Union of components and remodeling occurred and the articular surfaces were said to have remained intact after years. (B. Cosman)

Hollister, D. W., S. H. Klein, H. J. DeJager, R. S. Lachman, and D. L. Rimoin, The lacrimo-auriculo-dento-digital syndrome. *J. Pediatr., 83*, 438–444, 1973.

This case report describes a syndrome consisting of nasolacrimal duct obstruction with hypoplasia of the lacrimal puncta, cup-shaped ears with mixed hearing loss, mild hypodontia with enamel dysplasia, and various digital malformations. A Mexican

father and five of his eight children are affected, suggesting an autosomal dominant mode of inheritance. A number of other dominantly inherited syndromes have been reported elsewhere which share one or more features of the present syndrome. (Noll)

Jelinek, R. and M. Dostal, Species specificity in teratology in the light of analyzing intraspecies differences in mice. *Folia Morphol.*, *21*, 94–96, 1973.

When relatively equal doses of teratogens are administered to pregnant females, various animal species exhibit different susceptibility. The susceptibility measured by incidence of malformations among the offspring may be expressed as a variant distributed continuously between 0 and 100%. A simple model of well-known intraspecies differences in mice which differ in incidence of cleft palate (CP) after administration of corticoids (Fraser et al., 1954) was employed in this study. Four inbred strains of mice (A/J, C57BL/6, C57BL/10, CBA) were chosen and an experimental population comprising several F_1, F_2 hybrids and the 1st backcrosses according to the non-classical Latin square were produced. Reaction of the whole maternal-fetal complexes was followed up after i.m. administration of 5 mg cortisone acetate on day 12 (after vaginal plug appearance). Reaction of fetuses was estimated by intraamniotic injection of 0.1 mg soluble hydrocortisone. Both the time of administration and the doses were stated after evaluating the critical period and the dose-response curves in several experimental subgroups in order to obtain approximately equivalent effects. CP developed as a direct consequence of interference of administered corticoids with the embryonic morphogenetic systems. Significant differences in susceptibility to teratogenic action of hydrocortisone can be demonstrated even with fetuses of some inbred strains and their hybrids. Variance of the response was significantly greater when the teratogenic impulse was mediated by the maternal organism and/or the site of exchange between mother and fetus. Both types of teratogenic stimuli were not, with regard to the final effect, equivalent in all cases as was suggested but evident and clearcut exceptions appear that may be explained only by different protective properties of the mother and/or the site of exchange between the mother and the fetus. In these cases no reliable extrapolations can be made from the reaction of the whole complex to the degree of susceptibility of the offspring. The occurrence of significantly higher incidence of CP following i.m. administration of cortisone acetate in 4 experimental groups revealed that mothers of some genotypes exerted a relatively lower protective influence on their offspring. The results further support the opinion that the protective influence of the maternal organism and/or the site of exchange between mother and fetus may represent the main source of interspecies variance (Dostal and Jelinek, 1971) which a reliable testing system on teratogenic effects of drugs should, therefore, avoid. (This abstract is from *BioResearch Today—Birth Defects*, *3*, April 1974, pg 37, #7063.)

Ketchum, L. D., F. W. Masters, and D. W. Robinson, Mandibular reconstruction using a composite island rib flap. *Plast. reconstr. Surg.*, *53*, 471–476, 1974.

A case of gunshot wound of the lower jaw was treated by transfer of a segment of rib with intercostal vessels attached. This block of viable tissue is passed up through the chest and under a skin bridge in the neck to the jaw region. It is there contoured and fastened to the existing remnants of the mandible. The reconstruction achieved extended from essentially angle to angle. Use of radioactive techniques demonstrated apparent viability of the included bone. (B. Cosman)

Kucera, J. and V. Dolezalova, Prenatal development of malformed fetuses at 28–42 weeks of gestational age (anencephalus, hydrocephalus, Down's syndrome, cleft lip and palate, and hypospadias): Length gains. *Biol Neonate*, *22*(3/4): 319–324, 1974.

Mean body sizes of 416 anencephalus, 504 hydrocephalate and 1,047 hypospadias were calculated for each week of prenatal life between 28–42 week of pregnancy [human]. Except for anencephalus no considerable differences were found in comparison with standard growth. A tendency to undergrowth is most pronounced in the phase of reduced growth of fetuses with Down's syndrome and hypospadias. The reduced growth in anencephalus, hydrocephalus and in cases with cleft lip and/or palate is absent. (This abstract is from *BioResearch Today—Birth Defects*, *3*(6), 64, Jun 1974.)

Kukreja, H. K., Half nose. *J. Laryngol. Otol., 87*, 599–602, 1973.

This is a case report of a 10 day old female infant with an absence of the external nares, nasal skeleton, and nasal cavity on the left side. The nasal fossa of the existing right half-nose was clean. The medial wall (normally represented by nasal septum) of the nose was similar to the lateral wall, but on anterior rhinoscopy no turbinates were seen. The turbinates on the lateral wall were normal. Palate and lips were normal. X-ray of paranasal sinuses showed complete absence of left half of nose. The left nasal bone was also not formed. Interorbital space was normal. The author discusses this case in light of embryological development of the nose. It is presumed that the anomaly supports the hypothesis of Badrawy which suggests the narrowing of the frontonasal process occurs through a process of folding. (Noll)

Lessard, J. L., Elizabeth L. Wee, and E. F. Zimmerman, Presence of contractile proteins in mouse fetal palate prior to shelf elevation. *Teratology, 9*, 113–126, 1974.

The presence of the contractile proteins, actin and myosin, was sought in palates from day-14.5 mouse fetuses in an effort to account for the mechanism of palate shelf elevation. Day-14.5 tongues were carried through the same procedures as a positive control. The excised tissues were labeled with radioactive amino acids by culturing in vitro. After adding carrier actin and myosin it was possible to purify these components to constant specific activity using both palates and tongues. On this basis at least 2.1–3.3% of the radioactivity in the palates copurified with actin and about 3.6–4.7% copurified with myosin. Similarly, 1.8–3.9% and 2.5–3.3% of the radioactivity in the tongues purified with actin and myosin, respectively. About 70% of the radioactively labeled component purified from both palates and tongues migrated with the carrier actin in SDS-polyacrylamide gels indicating an identical molecular weight. In contrast the major radioactive component in the purified myosin from both tissues had a molecular weight (180,000) slightly lower than adult myosin. In addition it was possible to extract these proteins from the labeled palates in the form of actomyosin. The possibility that the myosin-like component may represent an embryonic form and the role that these proteins might play in palate shelf movement is discussed. (Authors' Summary: Lass)

Mahindra, S., R. Daljit, N. Jamwal, and M. Mathew, Lateral nasal proboscis. *J. Laryngol. Otol., 87*, 177–181, 1973.

The authors have discussed briefly a single case which had lateral nasal proboscis, and they have presented a resume of the world literature which contains 39 reported cases of the anomaly. Only three cases from the literature were similar to the authors' case. Anomalies found in the case reported here included the left sided proboscis; complete absence of the left half of the nose; cleft in the lower eyelid on the affected side; cleft in the iris, retina, and optic disc on the affected side; an aberrant lacrimal sac with an opening of the nasolacrimal duct on the skin surface; an incomplete midline cleft of the upper lip and alveolus; and absence of the half of the maxilla, all on the affected side. The authors have deferred corrective surgery until a later date. (Gregg)

Monson, R. R., L. Rosenberg, S. C. Hartz, S. Shapiro, O. P. Heinonen, and D. Slone, Diphenylhydantoin and selected congenital malformations. *New Eng. J. Med., 389*, 1049–1052, 1974.

A series of 50,897 pregnancies was studied. Of these 50,591 were in non-epileptic mothers and 306 were in mothers who had convulsive disorders. Of the mothers who had convulsive disorders, 98 received daily diphenylhydantoin (DPH) during months 1–4 of pregnancy, 29 received sporadic DPH during months 1–4, 78 received DPH after the 4th month only, and 101 received no DPH. In the pregnancies occurring in mothers who had no convulsive disorder, there were 1,240 malformed children (24.5/1000). A definitely higher rate of congenital disorders occurred in women who had convulsive disorders, the highest rate being in those who took daily DPH during the first four months of pregnancy (6 malformed children—61.2/1000 pregnancies). Of the children who had malformations, born to mothers who took DPH in the first 4 months of pregnancy, two had cleft gums (20 per 1000). In women with no convulsive disorders, the rate was 2 per 1000. The rate of cleft lip or palate or both was 10 per 1000 among children of users of DPH in early pregnancy and 1.5 per 1000

in the women who had no history of convulsive disorder. It was the authors' opinion that the difference in rates of congenital malformations in women who had no exposure to DPH and those who did could reflect a teratogenic effect of the drug, of epilepsy itself, or a combination of factors. (Gregg)

Morgan, L. R. and A. M. Rich, Four years' experience with the Morel-Fatio palpebral spring. *Plast. reconstr. Surg., 53,* 404–409, 1974.

Proper placement of the palpebral spring produces a good result without evidence of long term ill effects in patients with lagophthalmos. (B. Cosman)

Ottolenghu, Anna D., J. K. Haseman, and F. Suggs, Teratogenic effects of aldrin, dieldrin, and endrin in hamsters and mice. *Teratology, 9,* 11–16, 1974.

Aldrin, dieldrin, and endrin are pesticides employed for agricultural, domestic, and public health purposes. When single doses of these drugs were administered to pregnant golden hamsters on day 7, 8, or 9 of gestation, a high incidence of fetal death, growth retardation, and congenital anomalies resulted. One of the most frequent defects was cleft palate. (Lass)

Palmer, J., Analysis of speech in prosthodontic practice. *J. Prosthetic Dent., 31,* 605–614, 1974.

Guidelines and techniques for evaluating speech problems of patients with prostheses. When the physiology of converting air-produced noise into intelligible speech is understood, the problem of correctly positioning the teeth is simplified. Changes in position and shape of the dental arches in relation to the cheeks, lip and tongue are shown to alter speech sounds; while patients can adapt their speech habits to new forms, it is easier for them if they do not have to make this adjustment. The author cites rugae or a roughened spot in the region of the incisive papilla as being helpful to patients as they relearn speech patterns. These contours provide a tactile landmark to be used by the patient as he relearns where to place his tongue. Changes in the width of the maxillary dental arch are probably more critical. (Author's summary: Goldenberg)

Priest, R. E., J. F. Moinuddin, and J. H. Priest, Collagin of Marfan syndrome is abnormally soluble. *Nature, 245,* 264–266, 1974.

Marfan's syndrome is an autosomal dominant characteristic with variable expressivity which results from a diffuse generalized disorder of connective tissue. The authors present evidence that collagin produced by fibrocytes cultured from individuals with this syndrome is more soluble than normal in solvents used to extract it. Seven controls and six cultures from patients with Marfan's syndrome were tested. Acetic acid was used as the extracting agent. The authors postulate that a molecular defect exists in the collagin of persons with Marfan's syndrome, and this accounts for its unusual solubility. (Gregg)

Rubin, L. R., The anatomy of a smile: Its importance in the treatment of facial paralysis. *Plast. reconstr. Surg., 53,* 384–387, 1974.

An analysis of the facial musculature is presented with emphasis on the different forms of smile to be seen in the population at large and the relevance of these differences to the insertion of temporalis muscle flaps and/or tendon attachments in reanimating the face with acquired or congenital facial paralysis. (Cosman)

Saxén, Irma, and Aito Lahti, Cleft lip and palate in Finland: incidence, secular, seasonal, and geographical variations. *Teratology, 9,* 217–224, 1974.

The authors studied 599 cases of cleft lip and cleft palate which were reported to the Finnish Register of Congenital Malformations from 1967–1971. They found the following: (1) the incidence per 1000 births for oral clefts was 1.72; for cleft lip with or without cleft palate, the incidence was 0.83, and for cleft palate alone it was 0.86; (2) the incidence of cleft palate showed a significant geographical variation; and (3) some seasonal variation in incidence was observed. (Lass)

Schreiner, R. L. and R. E. Marshall, Stickler syndrome in pedigree of Pierre Robin Syndrome. *Amer. J. Dis. of Children, 126,* 86–90, 1973.

A child with Pierre Robin syndrome had a family history of Stickler syndrome on

the father's side and congenital cataracts on the mother's side. Roentgenograms of representatives of five generations showed radiographic evidence of Stickler syndrome which consisted of lateral flattening of the distal tibial epiphysis, wedging and Scheuermann-like changes in the thoracic spine, mandibular and anterior maxillary underdevelopment, and mild generalized spondyloepiphyseal dysplasia. Radiographic abnormalities were more prevalent than ocular abnormalities and cleft palate in this family, although no major disability was apparent in those persons with osseous abnormalities. (Author's Summary: Berkowitz)

Shih, Ling-Yu, Daphne G. Trasler, and F. C. Fraser, Relation of mandible growth to palate closure in mice. *Teratology, 9*, 191–202, 1974.

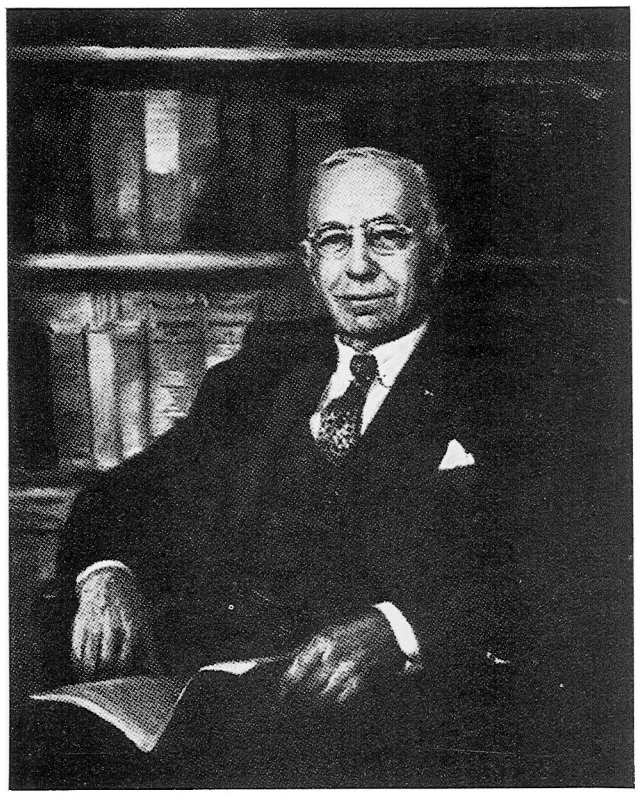
The authors investigated the rate of mandible growth in normal palatal closure, and the effects of three teratogens (cortisone, 6-aminonicotinamide, and hypervitaminosis A) on mandible growth. Inbred strains of A/J and C57BL mice were studied during palatal closure. The authors concluded from their experiments that the three teratogens investigated do not cause cleft palate by reducing the length of the mandible at the time of palatal closure. (Lass)

Tucker, A. L. and J. G. Hubbard, Retropharyngeal infection with disc space involvement and osteomyelitis, following a pharyngeal flap operation. *Plast. reconstr. Surg., 53*, 477–478, 1974.

A C3-C4 interspace infection with resultant fusion of C3-C4 occurred following an otherwise unnremarkable pharyngeal flap operative procedure. Direct culture of the area revealed Staphylococcus aureus and beta-hemolytic strep in the disc area together with necrotic material. Bony healing and ankylosis at the C3-C4 level were evident radiographically by the 24th day. No neurological deficit ensued. There is no clear explanation for the occurrence of this potentially catastrophic complication. (B. Cosman)

Weiss, Curtis E., The speech pathologist's role in dealing with obturator-wearing school children. *J. Speech Hear. Dis., 39*, 153–162, May 1974.

The author is concerned with the role of the speech pathologist in the public school relating to children who wear obturators. He defines the term "obturator" and discusses its diagnostic and therapeutic value. The twelve criteria for the proper fitting of an obturator are listed and it is recommended that the speech pathologist be familiar with them. It is stated that the speech pathologist has specific responsibilities to the child wearing an obturator, such as, (1) assessing the fit of the obturator; (2) getting the child to accept and wear the obturator; and (3) teaching proper care of the obturator. The article suggests fine procedures which can be utilized in assessing the obturator fit. It concludes by stressing that better knowledge of the role of the speech pathologist in dealing with obturator-wearing children can result in more efficacious treatment. (Lerman)



ROBERT HENRY IVY
1881–1974

Robert Henry Ivy died peacefully during his sleep at his summer home in Skytop, Pennsylvania on June 21, 1974. Dr. Ivy was one of the great men in plastic surgery. After completing his early education in England, he enrolled in the University of Pennsylvania from which institution he received both the dental and the medical degrees. He was one of the first two dental interns in the United States. He served as a resident physician in Philadelphia for three years at a time when most physicians spent little, if any, time in postgraduate training. He developed an interest in oral and plastic surgery early in his career. Dr. Ivy was a surgeon with broad interests and devoted some time to urology and worked for a few years as a clinical pathologist and bacteriologist. He was very patriotic and proud of his long service, both on active duty and as a consultant to the Army.

Dr. Ivy's initial appointment to the University of Pennsylvania was Professor of Maxillofacial surgery and this was changed in 1943 to Professor of Plastic Surgery. It was here that he devoted much of his time to teaching medical, dental and graduate students. In addition he was a

writer, lecturer and editor. One of his literary monuments is the *Journal of Plastic and Reconstructive Surgery* with which he was identified as Editor from the beginning until 1965 after which he continued in an advisory capacity until 1974. He was a founding member of the Board of Plastic Surgery and the Board of Surgery. He was a founder and past president of the American Association of Plastic Surgeons and has been a member of the American Cleft Palate Association since 1946. Dr. Ivy's accomplishments and contributions are too numerous to list in our limited space and many have been previously published in the *Journal of Plastic and Reconstructive Surgery*, Volume 30, No. 1, July, 1962 and in "A Link With the Past," an autobiography published by Williams & Wilkins Company, Baltimore, Maryland, 1962.

After his retirement from the University of Pennsylvania, Dr. Ivy became Chief of the newly-formed Cleft Palate Division of the Pennsylvania Department of Health. He developed a well organized program for the care of children which has served as a model for many interested people and he is largely responsible for the well organized care program for patients in Pennsylvania today.

Dr. Ivy enjoyed life to the fullest. He was a generous, humble, honest man and a friend to all, which are qualities often found in great men. His favorite sports were fishing and bowling on the green. It would be difficult to write a greater life story. He is survived by his wife, Mrs. Norma Ivy, four children, fourteen grandchildren, seven great grandchildren and many, many friends.

EDITOR

ANNOUNCEMENTS

NEW MEMBERS

AMERICAN CLEFT PALATE ASSOCIATION

(December 1973)

Dennis J. Brandstetter, D.D.S.
Hopkins, Minnesota
Jack Gene Bruner, M.D.
Sacramento, California
Paul A. Corbet, M.D.
Tacoma, Washington
Susan Couzens, B.A.
Santa Monica, California
Randolph Elliott Deal, Ph.D.
Denton, Texas
Joseph Anthony DeJulia, D.D.S.
West Nyack, New York
Ann Veronica Douglas, B.A.
Town of Tonawanda, New York
Dale Blacker Dubin, M.D.
Tampa, Florida
John Berlyn Edwards, M.D.
Biloxi, Mississippi
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James Gary Lee, M.D.
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Brookline, Massachusetts
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EDUCATIONAL FOUNDATION PROGRAM GRANTED APPROVAL

The educational program of the American Cleft Palate Education Foundation, Inc. has been granted provisional approval by the Council on Medical Education of the American Medical Association. The Foundation's program in continuing education is acceptable on an hour-for-hour basis in Category I towards the Physician's Recognition Award of the American Medical Association and in fulfillment of state requirements.

ONE YEAR FELLOWSHIP OFFERED

The Cleft Palate Service of Rancho Los Amigos Hospital (Los Angeles County-University of Southern California Medical Center) is offering a one year fellowship in the total evaluation and management of cleft lip and cleft palate patients.

The Fellows will be selected from any of the following disciplines: Plastic and Reconstructive Surgery, Pediatrics, Otolarynology, Speech, Audiology, Prosthodontics, Pediatric Dentistry, Orthodontics.

For an application and further information, contact Dr. Libby Wilson, Rancho Los Amigos Hospital, 7601 East Imperial Highway, Downey, California 90242, Telephone: (213) 922-7454.

INDEX TO VOLUME 11, 1974

CLEFT PALATE JOURNAL

AUTHOR INDEX

TITLE INDEX

Topical Index of Abstracts from the Cleft Palate Journal Volume 10 (1973)

J. DOUGLAS NOLL (National Abstracts Editor)

The titles and reference notations of all abstracts which appeared in Volume 10 (1973) of the *Cleft Palate Journal* are included in this listing. The articles are shown in alphabetical order, according to the last name of the senior author. The location of the abstract in the *Cleft Palate Journal* appears after the reference, in terms of volume, issue number, date, and page(s). For example, the first entry is: Andra, A., G. H. Schumacher, and M. Sonnenburg, Morphology of the cleft lip. *Deutsch. Zahn Murd Kieferheilk., 56* (7/8), 217–226, 1971. Following this, the notation reads: 10(4), Oct. 73, 400. This means that the abstract of that specific article is in Volume 10, issue number 4, October 1973, page 400 of the *Cleft Palate Journal.*

Based upon the content of the abstract, each abstract was assigned to one or more of the topics listed below in the index. For example, abstract number 73 (Lawson, Lucie, et. al., Effects of adenoidectomy on the speech of children with potential velopharyngeal dysfunction. *J. Sp. Hear. Dis.*, 37, 390–402, Aug. 1972. 10(1) Jan. 73, 108) is included under the index topics of Dynamics of Velopharyngeal Function; Otology, Hearing Loss, Otolaryngology; Speech; X-Ray—Cinefluorography; and, X-Ray—Cephalometry, as shown by the fact that the number 73 appears under each of these five headings in the index.

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