BOOK REVIEWS

EMERICK, LON L., *A Casebook of Diagnosis and Evaluation in Speech Pathology and Audiology.* Englewood Cliffs: Prentice-Hall, Inc., 1981, $17.95

This delightful little paperback book presents a series of selected vignettes to outline the management process in speech-language pathology. The author stresses the importance of the human element in clinical practicum, suggesting the client is first and foremost a person, then one who happens to have a communicative problem. Anything less than an holistic approach that encompasses personal involvement and human-to-human contact is unsatisfactory. The fact is reiterated that speech-language pathologists are members of a helping profession whose most important function is to establish a quality relationship with their clients. The information contained in the book underscores this humanistic philosophy.

The eight chapters of this book deal with child language, adult language, voice, fluency, articulation, and hearing disorders. In addition, three appendices profile an autistic child, a laryngectomee, and a child with vocal abuse. Each case presentation begins with a brief discussion of the general area of communication, such as articulation or language, characteristics of each area, etiology, differential diagnosis, and then the case illustration as follows: (a) initial interview, (b) examination report, (c) trial therapy, (d) plan of treatment, and (e) follow-up and outcome. Also included in this book is the centrality of a diagnosis: (a) norms, (b) etiology, (c) observation, (d) interviewing, (e) testing, and (f) case history; and the basic parts of the treatment process: (a) plans, (b) activities, and (c) client-clinician relationship.

Some of the pitfalls and steps of clinical management are outlined in the book. Although the discussions of each area of communicative disorders are brief, they are not intended to be the focus of the book. The author also acknowledges the limitations inherent in case illustrations, yet attempts to provide representative cases in chronology, highlighting the communicative and human variables. The chapter on hearing disorders, which is 13 pages long, might well have been excluded in favor of more case presentations of speech-language clients. Its brief discussion appears to be out of proportion with the amount of information included on speech and language, and probably enhances the book very little.

Use of an informal style, interesting examples, case illustrations, comprehensible language, and review questions combine to make this book a practical and useful resource for student clinicians and beginning clinicians. In fact, it could provide a helpful review for more experienced clinicians as well. Therefore, this book should serve well as a supplement to the more comprehensive books available on assessment and diagnosis of communicative disorders because of its common sense and its humanistic introduction to clinical management. I would recommend it without reservation.

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EPSTEIN, CHARLES J.; CURRY, CYNTHIA, J. R.; PACKMAN, SEYMOUR; SHERMAN, SANFORD; and HALL, BRYAN, D. *Risk, Communication, and Decision Making in Genetic Counseling.* Part C. of Annual Review of Birth Defects, 1978. New York: Alan R. Liss, Inc., 1979, 376 pp., $36.00 Available in Europe and the Middle East Exclusively from European Book Service, Cost Dfl 108.00 ($41.00)

These papers were presented at a conference in San Francisco sponsored by The National Foundation—March of Dimes and are part of the Foundation's Original Article Series. A considerable amount of time and effort were devoted to the discussion of issues involved in genetic counseling. In any such compendium, as expected, the quality of the material will vary from author to author. However, the volume is highly successful in bringing to light many of the complex issues involved in genetic counseling. The problems addressed range from the assessment of risk factors and considerations of appropriate risk models to psychological issues involved in counseling and decision making.

Papers are presented in four broad thematic sections. The first group of four papers is concerned with the calculation of risk and sets forth both specific and theoretical issues relevant to the genetic counseling process. The paper by Mendell and Spence, for example, is a clear exposition of the multifactorial model, while Kidd's paper addresses itself to the examination of genetic models, including the multifactorial model, for complex disorders. These discussions, particularly for those not trained in genetics, brings an awareness of the multidimensional nature of some of the data that must enter into the genetic counseling process.

The second section contains twelve papers discussing empiric recurrence risks in a wide variety of genetic disorders ranging from chromosomal abnormalities to malformations of the auricle. The major purpose of this section is to demonstrate the assessment of risk factors in specific conditions and their implications in the counseling of parents.

Psychological aspects of the genetic counseling process are discussed in the nine papers in the third

section. This reviewer wishes that psychological issues had been examined with the same degree of sophistication and rigor so evident in the discussions of risk. Some of the papers in a research paradigm attempt to assess the effectiveness of counseling sessions through the use of a genetic counseling questionnaire, or to obtain parental satisfaction ratings about the information they have been given about their affected babies. Other presentations represent serious reflections of clinical practice and present detailed recommendations for genetic counseling or consider the role of nonverbal communication in such counseling.

The final section contains four papers discussing aspects of the decision-making process. The paper by Pauker and Pauker presents an excellent portrayal of decision-making theory related to the genetic counseling process. However, this paper is effectively counterbalanced by the presentation of Lippman-Hand and Fraser who carefully delineate non-rational processes in decision making. Taken together, the two papers contain the basic arguments a genetic counselor would have to take into account to justify his or her approach to the counseling process.

As a totality, this volume has its greatest appeal to its intended audience—genetic counselors. Others concerned with learning more about genetic counseling would benefit from some of the discussions. However, they are far from elementary presentations. Certainly, it would materially aid the non-geneticist in appreciating many of the factors that must be considered in the genetic counseling process.

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MEISS, HARRIET R., and JAEGAR, DORIS A., *Information to Authors 1980–1981*, Baltimore: Urban and Schwarzenberg, 1980, 665 pp., $26.00.

Information to Authors 1980–1981 is a 665-page compilation of editorial guidelines which have been directly reproduced from 246 medical journals (including the *Cleft Palate Journal*). Meiss and Jaegar, both of the Mount Sinai School of Medicine, designed this manual for the use of authors in selecting potential publishers for their medically related manuscripts and as a source of editorial guidelines for manuscript preparation.

Included in the manual is a list of various journal editors, editorial boards, mailing addresses, sponsoring societies, circulation statistics, and advertising rates as well as exact reproductions of mastheads and editorial guidelines. The latter typically includes information regarding the journal formats, styles of footnotes and references, and even, in the case of the *British Journal of Surgery*, detailed specifications for artwork. Journals are arranged in alphabetical order according to the abbreviations of the Library of Science. The journals are also indexed by medical specialty.

There is a growing trend for journals to use a standard format conforming to uniform editorial guidelines. Thus, manuscript style does not have to be tailored to a specific journal's requirements. One such system, referred to as the "Vancouver style," or "uniform requirements," was developed in 1978 by a committee of editors (including Ian Munro, M.B., a member of the American Cleft Palate Association). They represented 17 major medical journals. The guidelines, which were first reprinted in the *American Review of Respiratory Disease*, January, 1979, and then in the *British Medical Journal*, *Archives of Internal Medicine*, and *Lancet* are reproduced in Meiss and Jaegar's manual. A "tentative list" of the 19 journals which have accepted the uniform format is also included.

Since a few journals now require that research must have been conducted according to those guidelines established in the Declaration of Helsinki (1961) as revised in the Declaration of Tokyo (1975), these revised guidelines appear in this manual's Appendix.

In order to determine whether the editorial instructions required by the journals which do not accept the "uniform requirements" are current, these reviewers spot checked 20 of the 240 journals listed in the manual. A review of the editorial guidelines as stated in their January and February, 1981, issues revealed that a minor format change had occurred in one journal and a change in subscription price in another. This is not surprising in light of the fact that the foreword to the manual was dated August, 1980. Thus, it would be unwise to prepare an article without referring to the most current issue of a prospective publication.

A further limitation of this manual lies in the selection of journals which have been included. Although many of the most prestigious medical publications are represented, the list is by no means comprehensive. For example, in the area of genetics, only the *Journal of Medical Genetics* is included, and the *British Journal of Plastic Surgery* is not listed in the plastic surgery section. Broad subject headings, which are of interest to many of the readers of the *Cleft Palate Journal*, such as dentistry, speech pathology, audiology, psychology, and nursing are either not included in the indexing or are only peripherally represented in the choice of related journals. However, in defense of the publisher, coverage of these topics was not the expressed purpose of this manual.

The reviewers next considered whether *Information to Authors 1980–1981* would be helpful in choos-

ing a journal to which to submit a particular article. If one is selecting a journal on the basis of its circulation statistics or editorial requirements, such data are available. However, there was no information which would allow an investigator to assess the quality of research submitted to a particular journal or the theoretical orientation of recently published articles. A senior medical libarian we consulted felt that a manual of this type would be useful for quickly exposing a propsective author to a large number of journals. She immediately ordered the manual.

Other points in favor of this manual were that we found it to be attractive in format, reasonably priced, and generally well organized.

In conclusion, *Information to Authors 1980–1981* was judged to be useful and informative when used as a general reference, especially in the absence of a well-stocked medical library. However, we believe that the manual cannot replace a prospective author's close scrutiny of a journal's most recently published editorial guidelines, subject content, and overall quality.

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Acknowledgement is expressed to Lynn Margolis, graduate student, University of Pittsburgh, for the library work involved in this review.

Peterson, Harold A., and Thomas, P. Marquardt, *Appraisal and Diagnosis of Speech and Language Disorders*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1981, 340 pp. No price available at this time.

This is a text for advanced undergraduate and beginning graduate students who may wish to begin to formulate their individual attitudes toward diagnostic procedures they will follow in training and, later, in their professional environments.

The authors bring to one source the various studies which have examined normal articulation and language development and the variety of available tests in these domains. Tables are also provided which summarize these data.

Case history information is detailed and samples of written records are provided to exemplify the point that objectivity is paramount in parent interviewing.

Observational and testing procedures are clearly enunciated in a fashion which hints of a practical, rather than an esoteric, approach to the diagnostic responsibility.

Numerous areas in which to make observations of speech behavior are pointed out in each of the chapters which address evaluation of the various disorders. Other chapters are concerned with physical examination, use of signal analysis instrumentation, psychological evaluation, and report writing.

Emphasis is essentially upon appraisal of the child and taking of a case history from the parent. One chapter is, however, dedicated to adults; this is, inevitably, a discussion of aphasia. A modicum of space in this chapter is concerned with appraisal for apraxia and a subsequent chapter devotes four pages to both glossectomy and laryngectomy; thus, the student is advised to look to this text primarily for diagnostic information pertaining to children.

The more experienced reader will undoubtedly sympathize with the author's chosen task to write a book concerning diagnostic method. For example, a statement is made which advocates the necessity for deriving a prognosis; yet, many experienced professionals may wonder how this prediction can be determined when examining the young child, especially for the first time.

If one deficiency occurs in the text, it is with respect to the authors not having made a distinction between *evaluation* and *diagnosis*. The book is really about evaluation or appraisal rather than diagnosis, as is implied in the title. More information regarding etiologies is needed to make this book one about both appraisal *and* diagnosis.

The stated focus of the book, however, is students in training. They will find a straightforward presentation of behavior-oriented procedures to follow, together with helpful summaries of the research literature, and simple forms to evaluate and adapt to their own preferences and work circumstances.

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Schiefelbusch, Richard L., *Nonspeech Language and Communication: Analysis and Intervention.* Baltimore: University Park Press, 1980, 514 pp., $24.95.

Recognition of the need that some communicatively handicapped individuals have for nonvocal modes of communication is becoming increasingly more prevalent among speech-language-hearing professionals. It is with this recognition in mind that Schiefelbusch has edited *Nonspeech Language and Communication.* The publication is one in a series of volumes entitled "Language Intervention Series." The material for this publication, and the one preceding it entitled *Language Intervention from Ape to Child*, is based on information presented at the Nonspeech Language Conference held at Gulf Shores, Alabama, in March, 1977. One reason for publishing this volume, as set forth by the editor,

is to establish the acceptability of nonvocal modes of communication and to make them more desirable alternatives than they have been in the past. The primary purpose of the book is "not to discourage the teaching of speech but rather to examine the range of issues relating to language and communication and to find alternatives for children who cannot speak."

The editor has drawn on the knowledge of a variety of people from a variety of settings, and they have contributed significantly to this very comprehensive publication. The information provided is theoretical constructs and frameworks for viewing language in general and nonspeech language in particular. It is essential to include this basic theoretical information in any good professional publication. However, the strength of this publication lies in the practical information provided. Assessment and intervention strategies are presented with target populations being those of the hearing impaired, physically handicapped, autistic, and severely mentally retarded. It is the inclusion of these last three populations which makes the book unique. Much has been written about the the communication of the hearing impaired but little about nonvocal or alternate modes of communication for the other three types of communicatively handicapped individuals. The detailed information provided about a variety of alternate communication modes is another advantage of this book. It is the most extensive information of its kind that this reviewer has seen.

The chance of there being an unevenness of writing style is always a potential problem in any book with so many contributors. This problem is solved in *Nonspeech Language and Communication* by the consistency of the format. The book contains twenty chapters. The title, author, and author's professional affiliation are clearly indicated on a title page which precedes each chapter. The major topics covered in each chapter are presented in a "contents" outline form preceding each chapter, and references are provided at the end of each chapter. Clearly understandable diagrams and tables are found throughout the book. Diagrams and pictures of equipment are also included. In addition, there is an index which covers topics discussed throughout the book.

It is this reviewer's opinion that *Nonspeech Language and Communication* can best serve as a reference and resource book. It is lengthy (514 pages) and detailed and probably inappropriate as a textbook for a particular course of study. Its editor does not set it forth as such. As a reference book, it is appropriate for any professional working with nonverbal or minimally verbal people, instructors of courses which cover the assessment and remediation of such individuals, and students in such courses. Parents of communicatively handicapped persons should also find the book useful as a resource. The volume achieves its purpose in examining the range of issues relating to language and communication and in presenting alternatives to verbal communication when they are required.

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WOOD, RAYMOND P. II, M.D. and NORTHERN, JERRY L., Ph.D., Manual of Otolaryngology A Symptom-Oriented Text. Baltimore, Maryland: Williams & Wilkins, 240 pp. 1979 $16.95.

This 240-page paperback book contains common otolaryngological complaints organized in the problem-oriented format which gives an orderly approach from the presenting symptom to a final diagnosis and therapy. Diagrams and illustrations are adequate, and there is a good bibliography for the disease covered.

Although the book was designed for the needs of medical students, internists, pediatricians, family physicians, and emergency room physicians, it very succinctly covers neuro-otology and would be a good review for the practitioners of otology. Topically the book covers the usual areas of interest in ear, nose, and throat disorders and is generally well organized. Unfortunately there is no coverage given to aesthetic surgery and very little mention of major head and neck surgery and reconstruction. Furthermore, it would have been helpful for the reader to know in more cases why the text suggests referring the patient with a particular disease. The use of a problem-oriented text is good in some areas but in others, is confusing and hard to follow, particularly for the readers to whom it is directed. In the chapter on facial trauma the problem-oriented format is obviously cumbersome.

However, as a manual or handbook for the primary physician, I feel that it is of value and can serve as an adjunct to a traditional text book.

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March of Dimes Annual Review of Birth Defects, 1978. Part B. Penetrance and Variability in Malformation Syndromes. Edited by James J. O'Donnell and Bryan D. Hall. New York: Alan R. Liss, Inc., 1979. 390 pp., $42.00.

Nearly four-fifths of the 28 papers contained in this volume deal with congenital malformations or disease entities affecting the craniofacial complex. The book begins with a chapter on "Biology of Penetrance and Variable Expressivity" which can serve as an excellent introduction to this topic for those without an extensive background in genetics,

although parts of it will be difficult to follow without some knowledge of biochemistry. Of the remaininng 27 contributions, 10 are specifically addressed to the topic which constitutes the title of the volume. In an additional seven papers, case reports on patients with known disorders (but often with a previously unreported additional finding) are utilized to explore the topic of variable expression. The remaining 10 papers present presumably new entities.

Within each of these three types of contributions, quality varies. In some papers, illustrations are plentiful and of good quality, while in others they are not. More disturbing in some contributions is the brevity, or virtual absence, of discussion of the literature. It is difficult to understand how investigators can assert that they have found a "new" clinical entity when they show little or no evidence of having compared their case(s) to existing literature.

M. Michael Cohen's paper on "Craniosynostosis and Syndromes with Craniosynostosis" is without question the most informative in this collection and is perhaps alone worth the price of the book to those who deal with such patients. Leonard Pinsky's chapter on "Penetrance and Variability of Major Malformation Syndromes Associated with Deafness"* actually deals with only three disorders: mandibulofacial dysostosis, Waardenburg, and the "preauricular pits-cervical fistula-hearing loss" syndrome. Several of the "new" disorders found in the volume involve the craniofacial complex.

Other topics of interest to clinicians working in craniofacial malformations include frontonasal and craniofrontonasal dysplasia, skeletal dysplasias, osteogenesis imperfecta, ectodermal dysplasia, Wagner-Stickler syndrome, neurofibromatosis, Noonan syndrome, otopalatodigital syndrome, and tricho-rhino-phalangeal syndrome Type I. The potential buyer should be aware, however, that the amount of helpful information varies from disorder to disorder.

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* Will those of us in the communication sciences *ever* succeed in convincing geneticists and dysmorphologists that there is a difference between "deafness" and "hearing loss"?

LETTER TO THE EDITOR

To: Cleft Palate Journal

I have read with interest the paper entitled "Cleft of the Hard Palate with Soft Palate Integrity" by Mitts, Garrett, and Hurwitz, which appeared in *CPJ* in July, 1981. Since the authors indicated the cleft they reported on is difficult to retrieve, I would like to refer them to a paper entitled "A Possible Genesis for Cleft Palate Formation," which appeared in the *Plastic and Reconstructive Surgery Journal* (*50*, 390, 1972). For this paper, Dr. Samuel Pruzansky was kind enough to provide me with a photograph of a similar type cleft. The paper also illustrates an atypical cleft in a dog's secondary palate and provides a very plausible theory for the etiology of these rare clefts as well as other clefts of the secondary palate i. e. abnormal epithelial adherence. After I presented material on cleft palate etiology at an Angle Society Meeting, Dr. Michael Collito furnished me with several slides of interesting, unusual clefts of the secondary palate. There are probably numerous unreported rare and unusual clefts that could hold a key to feasible etiological theories.

In a paper entitled "Invagination of Human Palatal Epithelium Prior to Contact" (*CPJ*, *i*, 335, 1972), the post-fusion rupture theory was refuted. When Dr. David Dickson was at Pittsburgh, I requested several original histological slides reproduced in the text, "*Atlas of Developmental Anatomy of the Face*," (Harper and Row, New York and London, 1966). On page 338 of our paper, we stated that one of the textbook illustrations showed what was probably an epithelial remnant in a normal fetus before epithelial contact. It was definitely epithelium. Therefore, Kraus and Kitamura's text material actually refutes rather than supports the post-fusion rupture theory. I trust that the above information is helpful. For the record, I am still around and am again involved clinically with craniofacial anomalies.

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ABSTRACTS

AZIZ, M. A., Possible "Atavistic" Structures in Human Aneuploids, *Am. J. Physical Anthrop.*, *54*, 347–353, 1981.

Five neonates, three with trisomy 13 (one with D/D translocation) and two with trisomy 18, were dissected and the findings compared with a normal infant who died of factors other than chromosomal, and with monkeys and the great apes. Muscles in the facial region of all specimens were in a state of relative fusion and undifferentiation. In specimens of trisomy 18 a continuous sheet of muscle extended from the nose to the cheeks laterally, making differentiation between the zygomaticus major, minor, and the levator labii superioris, difficult. Muscles around the corner of the mouth could not be separated individually. In one trisomy 18 infant a platysma occipitalis (transversus nuchae) muscle extended as a narrow band (2mm) from the trapezius close to its origin to the corner of the mouth where it became confluent with the facial part of the platysma. Other muscle anomalies in the post-cranial area were discussed. On the basis of comparative anatomy the author believes that the supernumerary muscles found in the human aneuploids are homologous to those found in other primates. (Gregg)

KOMATSU, Y., and KOHAMA, G., Morphological studies on preoperative velopharyngeal orifice areas in children with cleft lip and/or palate, I. Silicone rubber impression method, *J. Jap. Cleft Palate Assoc.*, *5*, 123–130, 1980.

Morphology and function of the velopharynx were investigated in 10 cleft palate and ten cleft lip and palate patients. Silicone rubber impressions for plaster models of the nasopharynx were taken before cleft palate surgery which was performed around two years of age. The shape and size of the opening into the nasopharynx were used as an index of function and were studied on the cross-sectional plane of the plaster model by cutting the velum base perpendicular to the posterior pharyngeal wall. The shape of the velopharynx was not always correlated with cleft type. The velopharyngeal orifice sizes in CLP children were generally larger than those in CP. The authors conclude that such studies on the preoperative velopharynx may provide effective data for planning cleft palate surgery. (Machida)

KOMATSU, Y., and KOHAMA, G., Morphological studies on preoperative velopharyngeal orifice areas in children with cleft lip and/or palate, II. Relationships between the type of cleft and morphology of velopharyngeal orifice areas. *J. Jap. Cleft Palate Assoc.*, *5*, 131–144, 1980.

Silicone rubber impressions and plaster casts were made to evaluate velopharyngeal orifice areas in 80 cleft palate children, aged one year and two months to three years and two months. Velopharyngeal distance, width, the size of the velopharyngeal orifice, and cleft width in the CLP children were relatively larger than those in CP children. Velopharyngeal orifices were classified into four types. Type 1, the standard type, with relatively shorter velopharyngeal distance and width, and the orifice size of less than 10mm^2. In these cases, satisfactory velopharyngeal closure was obtainable by means of minor surgery such as von Langenbeck palatoplasty. In type 2, the longitudinal type, and type 3, the crosswise type, the orifice sizes ranged between 100 and 150mm^2. Minimizing of the orifice size and preventing maxillary collapse were possible by modified Widmaier palatoplasty. Type 4, the severe type, had orifice size greater than 150mm^2, and V-Y advancement such as the Wardill operation was advised to develop satisfactory speech. (Machida)

SHIEH, T. Y., A study on morphology of unilateral cleft lip; especially the deformities of the face due to types of clefts, *J. Japanese Cleft Palate Association*, *5*, 91–122, 1980.

Facial plaster models of 108 unilateral cleft lips, including 40 cleft lip and palate patients, and 10 normal controls were studied morphologically. The main deformities of the cleft lip were found to be deviation of the midpoint of the cupid's bow, deviation of the lateral nasal alar point of the cleft side, deviation of the peak of the cupid's bow on the noncleft side, and deviation of the peak of the cupid's bow on the medial side. Accrding to three-dimensional measurements of the face, the deviations associated with cleft lip and palate were, from the greatest to the least, lateral, antero-posterior, and vertical. The morphological differences between the cleft and the non-cleft side correlated with the width of the cleft lip and the rotation of the premaxilla. (Machida)

UCHIYAMA, T., Studies on speech sound changes before and after pharyngeal flap operation, 1. Cephalometric radiographic measurements of articulatory organs, *J. Jap. Cleft Palate Assoc.*, *5*, 53–68, 1980.

The effects of flap operation on the movements of the articulatory organs were investigated in 33 cases by cephalometric radiography. Studies were taken at rest and during phonation. Either the Nagai or a modified Skoog method was used in flap construction. The degree of soft palate elevation during phonation was reduced after the operation and was significantly related to preoperative soft palate movements during phonation. During phonation, the base of the pharyngeal flap moved apparently upward, the superior part of the posterior pharyngeal wall came forward, and the middle and inferior parts moved backward. After the operation the tongue at rest was situated further forward, and the front of the tongue moved upward while the back moved downward to an extent greater than had occurred preoperatively. The highest point of the tongue shifted to antero-superior, and the posterior point moved postero-inferior at rest. The tongue shifted to postero-superior during frontal vowel phonation. The distance between the soft palate and the tongue was shortened during phonation of all the vowels after the operation. The hyoid bone shifted postero-inferiorly after the operation. The base of the pharyngeal flap formed by a modified Skoog method was positioned superior to that created by the Nagai technique. During phonation, the movements of the flap base, the soft palate, and the velopharyngeal flap were greater when the Nagai procedure had been used. No remarkable differences was observed on the position and the movement of the posterior pharyngeal wall between the two methods (Machida)

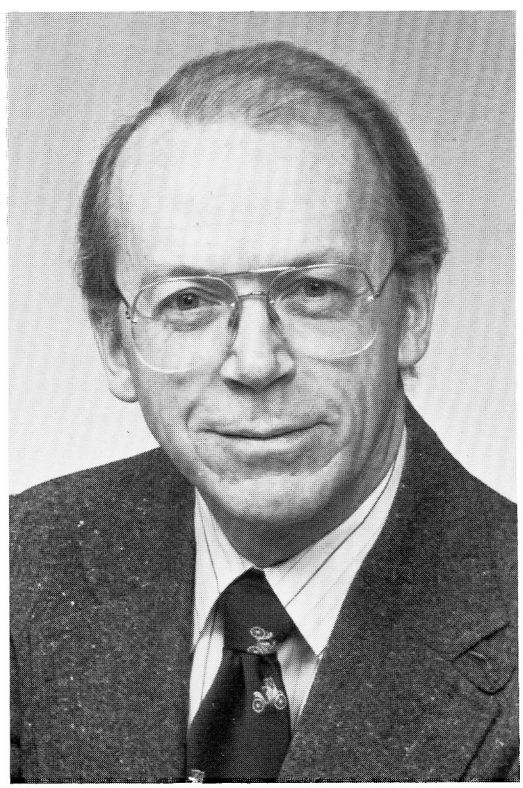
UCHIYAMA, T., Studies on speech sound changes before and after pharyngeal flap operation, 2. Analysis by sound spectrograph, *J. Jap. Cleft Palate Assoc.*, *5*, 69–90, 1980.

The speech of 23 cases was analyzed by sound spectograph. Results after the pharyngeal; flap operation revealed that the frequency and the amplitude relative to the fundamental tone were reduced in five vowels /a,i,u,e,o/, and the band width was decreased on all vowels except /i/. In the second format, the band width and the amplitude were decreased on all vowels except /i/, and the frequency was decreased in front vowels / i,e/, but was increased in back vowels /a,o/. In voiced plosives and affricates, the duration of the preceding waves was shortened, and the amplitude following the vowel was decreased. The rate of the consonant wave was apparently increased, but that of the abnormal consonant wave was decreased in consonants except nasals and /r/. Duration was shortened in plosives and affricates but was apparently lengthened in voiceless fricatives. The amplitude of the consonant relative to the following vowel tended to decrease in voiceless plosives and nasals but to increase in voiceless fricatives, voiced plosives, affricates, and /r/. The amplitude of the consonant wave relative to the following vowel increased in all consonants except nasals and /r/. The frequency of the peak of amplitude of the consonant waves was apparently increased in fricatives and affricates. (Machida)

NEW EDITOR OF THE CLEFT PALATE JOURNAL

Having served two terms as Editor of the *Cleft Palate Journal*, I am ready to turn my red pencil over to Bruce Ross, D.D.S., who will become Editor officially with the January, 1982, issue of the *Journal*. These have been busy, enjoyable years for me, and all of you have helped to make them happy and mind-expanding as well. I know that Dr. Ross will be a conscientious and creative Editor and that you will work with him as cooperatively as you have with me. Thank you all for contributing your innovative ideas and fine attitudes to the *Cleft Palate Journal* in the past six years. Now, I present your new Editor!

BETTY JANE MCWILLIAMS, Ph.D., Editor



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"PRESENT STATUS OF CRANIOFACIAL SURGERY" IS SUBJECT OF PROGRAM IN ROME, ITALY—MARCH 9–12, 1982

The Present Status of Craniofacial Surgery will be discussed at a meeting at the Hilton Hotel, Rome, Italy, March 9–12, 1982.

The program sponsored by the Italian Society of Plastic Surgery: Paul Tessier is Chairman and Ernesto Caronni is Co-Chairman.

Faculty will consist of Bengt Johanson, Ian Ross Munro, Joseph G. McCarthy, Ian T. Jackson, Fernando Ortiz-Monasterio, Henry K. Kawamoto, Jr., Anthony Wolfe, and many others involved in craniofacial surgery.

Major topics will include:

- Syndromic craniosynostosis
- Telerobitism or telecanthus?
- Emifacial microsomia and Treacher-Collins
- Unusual facial clefts
- Craniofacial trauma
- The cranial approach in facial malformations, trauma, and tumors
- Radiology and A.C.T. scanner in craniofacial disorders
- Eye problems
- Dento-maxillary involvements in craniofacial malformations
- Anesthesiology and intensive care
- Longitudinal postoperative evaluation
- Immunogenetic studies in craniofacial syndromes
- Studies on 300 congenitally abnormal specimens from Anatomical Museums

Registration will be limited to the first 300 applications.

For further information write to: Professor Carlo Cavina, Secretary, Via Parigi 2, 40100 Bologna, Italy or American Express Company S.p.A. Piazza di Spagna 38 00187 Roma, Italy.

FOURTH ANNUAL CONFERENCE ON SURGICAL TECHNIQUES IN CLEFT LIP AND PALATE—DECEMBER 2–5, 1981

The Fourth Annual Conference on Surgical Techniques in Cleft Lip and Palate will be held December 2–5, 1981, at Baylor Univ. Medical Center, Dallas, Texas.

Director: Kenneth E. Salyer, M. D., Dallas, Texas

Co-Directors: Janusz Bardach, M. D., Iowa City, Iowa
V. Michael Hogan, M. D., New York, New York

Special Invited Guest: Fernando Ortiz-Monasterio, Mexico City, Mexico
Professor Plastic Surgery, University of
Mexico Graduate Medical School. Mexico City, Mexico.

This conference emphasizes the current surgical techniques used in primary cleft lip and palate repair, cleft nasal deformity correction, and the treatment of secondary maxillofacial defects associated with cleft lip and palate. The surgical correction of velopharyngeal incompetency will also be a major topic of the conference.

AMA-CME Credits, Category 1; Fee $500-Residents $250; Enrollment limited.

For further information contact: Carolyn Saunders, Ph.D., Baylor University Medical Center, 3500 Gaston Ave., Dallas, Texas 75246, Telephone: 214-820-2317.

CLEFT PALATE TRIP TO CHINA

A Cleft Palate trip to China will be made March 17–April 6, 1982. There will be a second trip also (dates to be announced). It is sponsored by the University of Miami School of Medicine.

Category I–Continuing Medical Education. Faculty: William Trier, Plastic Surgery; Donald Warren, Dentistry-Speech; Dan Subtelny, Orthodontics; Samuel Berkowitz, Orthodontics.

Tour arrangements: Land-Lindbald Tour, Air-Japan Airlines.

For further information write or call: Samuel Berkowitz, 6601 S.W. 80th Street, Miami, Florida 33143. Telephone: 305-667-3126.

FELLOWSHIPS FOR NURSES

Funds are available to assist nurses who wish to attend the 1982 Annual Meeting of the American Cleft Palate Association in Denver, April 21 through 24. The competitive grants are awarded from the Donna Pruzansky Memorial Fund of the American Cleft Palate Educational Foundation. Nurses who are involved in the care of patients with craniofacial anomalies and who wish to increase their knowledge of the field are suitable applicants.

Applications must be received by November 1, 1981. Recipients will be announced no later than February 1, 1982. Applications may be obtained from: Jane Angelone Graminski, Administrative Secretary, ACPFF National Office, 331 Salk Hall, University of Pittsburgh, Pittsburgh, Pennsylvania 15261, Telephone: 412-681-9620.

ACPEF TO HOLD 13TH ANNUAL SYMPOSIUM ON CLEFT PALATE AND CRANIOFACIAL ANOMALIES, NOVEMBER 7, 1981, SANTA MONICA, CALIFORNIA

The American Cleft Palate Educational Foundation will hold the 13th Annual Symposium on Cleft Palate and Craniofacial Anomalies on NOVEMBER 7, 1981, at St. John's Hospital, Santa Monica, California.

The title of the symposium is "Secondary Management of Clefts". Guest Speakers are William C. Trier, M.D. and Donnell F. Johns, Ph.D.

For further information, contact Ms. Teri Neal, Telephone: (213) 829-8150.

PAPERS INVITED FOR THE SIXTH INTERNATIONAL CONGRESS OF DENTISTRY FOR THE HANDICAPPED 1982

The Sixth Congress of the International Association of Dentistry for the Handicapped will take place in Toronto, Canada at the Harbour Castle Hilton Hotel, from July 20–25, 1982.

The general programme will include Scientific Sessions in Basic Science, Research, Growth and Development, Clinical Dentistry, and Psychology. The Congress will also feature audio-visual capability, posters, exhibits, abstracts, and a full social programme.

Papers and other material related to Dentistry for the Handicapped (including Cleft Palate) should be submitted to: Programme Chairman, Sixth Congress I.A.D.H., Dept. of Paedodontics, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, Ontario CANADA M5G 1G6.

INDEX TO VOLUME 18, 1981
CLEFT PALATE JOURNAL

INDEX TO ARTICLES

AUTHORS

Bartoshesky, Louis, see Geis, Nancy
Bergland, Olav, see Dahl, Erik
Bixler, David, *Genetics and Clefting*, 10–18
Bjelland, John, see Johnston, Cynthia
Björk, Arne, see Dahl, Erik
Bumsted, Robert M., *Two-Layer Closure of a Wide Palatal Cleft*, 110–113
Burdi, A. R., see Newman, M. H.
Chin, Linda, see Simpson, Robert K.
Clifford, Sylvester, see Gregg, John B.
Dahl, Erik, Hanusardóttir, Bergtóra and Bergland, Olav, *A Comparison of Occlusions in Two Groups of Children Whose Clefts Were Repaired by Three Different Surgical Procedures*, 122–127. . . . and Björk, Arne, *Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls*, 83–89.
Demuth, Robert J. and Johns, Donnell F., *Recurrent Aspiration Pneumonitis in a Cleft Palate Child with Hamartoma of the Tongue*, 299–303.
Doyle, William J., see Rood, Stewart R.
Eisenbach, C. R., see Williams, W. N.
Elfenbein, Jill L.: Waziri, Mary and Morris, Hughlett L., *Verbal Communication Skills of Six Children with Craniofacial Anomalies*, 59–64.
Emanuel, Floyd, see Watterson, Thomas
Enany, Nagwa Moustafa, *A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals*, 286–292.
Garrett, William S., see Mitts, Thomas F.
Geis, Nancy; Seto, Boone; Bartoshesky, Louis; Lewis, Michael B.; Pashayan, Hermine M., *The Prevalence of Congenital Heart Disease Among the Population of a Metropolitan Cleft Lip and Palate Clinic*, 19–24
Glass, Lillian; Starr, Clark D.; Stewart, Ray E.; and Hodge, Susan E., *Identikit Model II®—A Potential Tool for Judging Cosmetic Appearance*, 147–151.
Goss, Alastair N., see Robinson, Bruce W.
Gregg, John B., Zimmerman, Larry; Clifford, Sylvester and Gregg, Pauline S., *Craniofacial Anomalies in the Upper Missouri River Basin Over a Millennium: Archeological and Clinical Evidence*, 210–222.
Gregg, Pauline S., see Gregg, John B.
Hanusardóttir, Bergtóra, see Dahl, Erik
Hodge, Susan, E., see Glass, Lillian
Holtmann, Barbel, see Kono, Donna
Horii, Yoshiyuki and Joan E. Lang, Distributional Analyses of an Index of Nasal Coupling (HONC) in Simulated Hypernasal Speech, 279–285.
Hurwitz, Dennis, J., see Mitts, Thomas F.
Ibuki, Kaoru, Tamaki, Hiromitsu, Matsuya, Tokuzo and Miyazaki, Tadashi, *Velopharyngeal Closure in Patients with Facial Paralysis: The Fiberscopic Examination of the Velopharyngeal Movements*, 100–109.
Jacobsson, Sten, see Rune, Bodil
Johns, Donnell F., see Demuth, Robert J.
Johnston, Cynthia, Taussig, Lynn M., Koopmann, Charles, Smith, Philip and Bjelland, John, *Obstructive Sleep Apnea in Treacher-Collins Syndrome*, 39–44.
Kaban, Leonard, Mulliken, John B. and Murray, Joseph E., *Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia*, 90–99
Kono, Donna, Young, Leroy and Holtmann, Barbel, *The Association of Submucous Cleft Palate and Clefting of the Primary Palate*, 207–209.
Koopman, Charles, see Johnston, Cynthia
Laffer, Joanne L., see Peterson-Falzone, Sally J.
Lang, Joan E., see Horii, Yoshiyuki
Lewis, Michael B., see Geis, Nancy
Maher, William P., *Artery Distribution in the Prenatal Human Maxilla*, 51–58
Matsuya, Tokuzo, see Ibuki, Kaoru
Mitts, Thomas F., Garrett, William S. and Hurwitz, Dennis J., *Cleft of the Hard Palate with Soft Palate Integrity*, 204–206.
Miyazaki, Tadashi, see Ibuki, Kaoru
Morris, Hughlett, L. see Elfinbein, Jill L.
Motohashi, Nobuyoshi, and Pruzansky, Samuel, *Long-Term Effects of Premaxillary Excision in Patients with Complete Bilateral Cleft Lips and Palates*, 177–187.
Mulliken, John B., see Kaban, Leonard B.
Murray, Joseph E., see Kaban, Leonard B.
Newman, M. H. and Burdi, A. R., *Congenital Alar Field Defects: Clinical and Embryological Observations*, 188–192.
Parris, Pamela J., see Peterson-Falzone, Sally J.
Pashayan, Hermine M., see Geis, Nancy. . . . see Whitaker, Linton A.
Peterson-Falzone, Sally J., Pruzansky, Samuel; Parris, Pamela J. and Laffer, Joanne L., *Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon*, 237–250.
Pruzansky, Samuel, see Peterson-Falzone, Sally J.. . . . see Rollnick, Beverly R.
Reichman, Joseph, see Whitaker, Linton A.
Robinson, Bruce W. and Goss, Alastair N., *Intra-Uterine Healing of Fetal Rat Cheek Wounds*, 251–255.
Rollnick, Beverly R. and Pruzansky, Samuel, *Genetic Services at a Center for Craniofacial Anomalies*, 304–313.
Rood, Stewart and Doyle, William J., *An Extreme Morphologic Variation of the Auditory Tube Cartilage (A Case Report)*, 293–298.
Rune, Bodil; Selvik, Goran; Sarnas, Karl-Victor; and Jacobsson, Sten, *Growth in Hemifacial Microsomia Studied with the Aid of Roentgen Stereophotogrammetry and Metallic Implants*, 128–146.
Sarnas, Karl-Victor, see Rune, Bodil.
Selvik, Goran, see Rune, Bodil.
Seto, Boone, see Geis, Nancy.

Simpson, Robert K. and Chin, Linda, *Velar Stretch as a Function of Task*, 1–9.
Smith, Philip, see Johnston, Cynthia.
Starr, Clark D., see Glass, Lillian.
Stewart, Ray E., see Glass, Lillian.
Tamaki, Hiromitsu, see Ibuki, Kaoru.
Taussig, Lynn M., see Johnston, Cynthia.
Trost, Judith E., *Articulatory Additions to the Classical Description of the Speech of Persons with Cleft Palate*, 193–203.
Vargervik, Karin, *Orthodontic Management of Unilateral Cleft Lip and Palate*, 256–270.
Watterson, Thomas and Emanuel, Floyd, Effects of Oral-Nasal Coupling on Whispered Vowel Spectra, 24–38. . . . and Emanuel, Floyd, *Observed Effects of Velopharyngeal Orifice on Vowel Identification and Vowel Nasality*, 271–278.
Waziri, Mary, see Elfenbein, Jill L.
Whitaker, Linton A.; Pashayan, Hermine; and Reichman, Joseph, *A Proposed New Classification of Craniofacial Anomalies*, 161–176.
White, Roger G., *Services for Children with Congenital Facial Clefts Through a State Crippled Children's Service Program*, 116–121.
Williams, W. N. and Eisenbach, C. R., *Assessing VP Function: The Lateral Still Technique vs. Cinefluorography*, 45–50.
Young, Leroy, see Kono, Donna
Zaworski, Robert E., *Anorexia Nervosa Following A Pharyngeal Flap Operation*, 223–224.
Zimmerman, Larry, see Gregg, John B.

INDEX TO ARTICLES

TITLES BY SUBJECT

ACCOUSTICS
Effects of Oral-Nasal Coupling on Whispered Vowel Spectra, Thomas Watterson and Floyd Emanuel, 24–38.

ADULTS
Distributional Analyses of an Index of Nasal Coupling (HONC) in Simulated Hypernasal Speech, Yoshiyuki Horii and Joan E. Lang, 279–285.

ALVEOLAR OSTEOPLASTY
A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.

ANOREXIA NERVOSA
Anorexia Nervosa Following a Pharyngeal Flap Operation, Robert E. Zaworski, 223–224.

APERT SYNDROME
Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Laffer, Joanne L., 237–250.

APPEARANCE
Identikit Model II®—A Potential Tool for Judging Cosmetic Appearance, Lillian Glass, Clark D. Starr, Ray E. Stewart and Susan E. Hodge, 147–151.

ARTICULATION
Articulatory Additions to the Classical Description of the Speech of Persons with Cleft Palate, Judith E. Trost, 193–203.

ASPIRATION PNEUMONITIS
Recurrent Aspiration Pneumonitis in a Cleft Palate Child with Hamartoma of the Tongue, Robert J. Demuth and Donnell F. Johns, 299–303.

AUDITORY TUBE
An Extreme Morphologic Variation of the Auditory Tube Cartilage (A Case Report), Stewart R. Rood, and William J. Doyle, 293–298.

BILATERAL CLEFT LIP
Long-Term Effects of Premaxillary Excision in Patients with Complete Bilateral Cleft Lips and Palates, Nobuyoshi Motohashi and Samuel Pruzansky, 177–187.

BILATERAL CLEFT PALATE
Long-Term Effects of Premaxillary Excision in Patients with Complete Bilateral Cleft Lips and Palates, Nobuyoshi Motohashi and Samuel Pruzansky, 177–187.

BLOOD SUPPLY
Artery Distribution in the Prenatal Human Maxilla, William P. Maher, 51–58.

BRANCHIAL ARCH
Three-Dimensional Approach to Analysis and Treatment of Hemifacial Mictosomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

CASE FINDING
Services for Children with Congenital Facial Clefts Through a State Crippled Children's Service Program, Roger B. White, 116–121.

CEPHALOMETRICS
A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.

Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Joanne L. Laffer, 237–250.

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

CHEEK WOUNDS
Intra-Uterine Healing of Fetal Rat Cheek Wounds, Bruce W. Robinson and Alastair N. Goss, 251–255.

CLASSIFICATION OF ANOMALIES
A Proposed New Classification of Craniofacial Anomalies, Linton A. Whitaker, Hermine Pashayan and Joseph Reichman, 161–176.

CLEFT LIP
The Association of Submucous Cleft Palate and Clefting of the Primary Palate, Donna Kono, Leroy Young and Barbel Holtmann, 207–209.

A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.

Cleft of the Hard Palate with Soft Palate Integrity, Thomas F. Mitts, William S. Garrett and Dennis J. Hurwitz, 204–206.

A Comparison of Occlusions in Two Groups of Children Whose Clefts Were Repaired by Three Different Surgical Procedures, Erik Dahl, Bergtóra Hanusardóttir and Olav Bergland, 122–127.

Craniofacial Anomalies in the Upper Missouri River Basin Over a Millennium: Archeological and Clinical Evidence, John B. Gregg, Larry Zimmerman, Sylvester Clifford and Pauline S. Gregg, 210–222.

Genetics and Clefting, David Baxter, 10–18.

Intra-Uterine Healing of Fetal Rat Cheek Wounds, Bruce W. Robinson and Alastair N. Goss, 251–255.

Long-Term Effects of Premaxillary Excision in Patients with Complete Bilateral Cleft Lips and Palates, Nobuyoshi Motohashi and Samuel Pruzansky, 177–187.

Orthodontic Management of Unilateral Cleft Lip and Palate, Karin Vargervik, 256–270.

The Prevalence of Congenital Heart Disease Among the Population of a Metropolitan Cleft Lip and Palate Clinic, Nancy Geis, Boone Seto, Louis Bartoshesky, Michael B. Lewis and Hermine M. Pashayan, 19–24.

Recurrent Aspiration Pneumonitis in a Cleft Palate Child with Hamartoma of the Tongue, Robert J. Demuth and Donnell F. Johns, 299–303.

Services for Children with Congenital Facial Clefts Through a State Crippled Children's Service Program, Roger B. White, 116–121.

CLEFT PALATE
Articulatory Additions to the Classical Description of the Speech of Persons with Cleft Palate, Judith E. Trost, 193–203.

The Association of Submucous Cleft Palate and Clefting of the Primary Palate, Donna Kono, Leroy Young and Barbel Holtmann, 207–209.
A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.
Cleft of the Hard Palate with Soft Palate Integrity, Thomas F. Mitts, William S. Garrett and Dennis J. Hurwitz, 204–206.
A Comparison of Occlusions in Two Groups of Children Whose Clefts Were Repaired by Three Different Surgical Procedures, Erik Dahl, Bergtóra Hanusardóttir and Olav Bergland, 122–127.
Craniofacial Anomalies in the Upper Missouri River Basin Over a Millennium: Archeological and Clinical Evidence, John B. Gregg, Larry Zimmerman, Sylvester Clifford and Pauline S. Gregg, 219–222.
Effects of Oral-Nasal Coupling on Whispered Vowel Spectra, Thomas Watterson and Floyd Emanuel, 24–38.
Genetics and Clefting, David Bixler, 10–18.
Observed Effects of Velopharyngeal Orifice Size on Vowel Identification and Vowel Nasality, Thomas Watterson and Floyd Emanuel, 271–278.
Orthodontic Management of Unilateral Cleft Lip and Palate, Karin Vargervik, 256–270.
The Prevalence of Congenital Heart Disease Among the Population of a Metropolitan Cleft Lip and Palate Clinic, Nancy Geis, Boone Seto, Louis Bartoshesky, Michael B. Lewis and Hermine M. Pashayan, 19–24.
Recurrent Aspiration Pneumonitis in a Cleft Palate Child with Hamartoma of the Tongue, Robert J. Demuth and Donnell F. Johns, 299–303.
Services for Children with Congenital Facial Clefts Through a State Crippled Children's Service Program, Roger B. White, 116–121.

COMPENSATORY ARTICULATION

Articulatory Additions to the Classical Description of the Speech of Persons with Cleft Palate, Judith E. Trost, 193–203.

CONGENITAL MALFORMATIONS—MISCELLANEOUS

Congenital Alar Field Defects: Clinical and Embryological Observations, M. H. Newman and A. R. Burdi, 188–192.
An Extreme Morphologic Variation of the Auditory Tube Cartilage (A Case Report), Stewart R. Rood, and William J. Doyle, 293–298.
The Prevalence of Congenital Heart Disease Among the Population of a Metropolitan Cleft Lip and Palate Clinic, Nancy Geis, Boone Seto, Louis Bartoshesky, Michael B. Lewis and Hermine M. Pashayan, 19–24.

COSMESIS

Identikit Model II®—A Potential Tool for Judging Cosmetic Appearance, Lillian Glass, Clark D. Starr, Ray E. Stewart and Susan E. Hodge, 147–151.

CRANIOFACIAL

Congenital Alar Field Defects: Clinical and Embryological Observations, M. H. Newman and A. R. Burdi, 188–192.
Craniofacial Anomalies in the Upper Missouri River Basin Over a Millennium: Archeological and Clinical Evidence, John B. Gregg, Larry Zimmerman, Sylvester Clifford and Pauline S. Gregg, 210–222.
Genetic Services at a Center for Craniofacial Anomalies, Beverly R. Rollnick and Samuel Pruzansky, 304–313.
Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Laffer, Joanne L., 237–250.
Obstructive Sleep Apnea in Treacher-Collins Syndrome, Cynthia Johnston, Lynn M. Taussig, Charles Koopmann, Philip Smith, John Bjelland, 39–44
Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls; Erik Dahl, Arne Björk, 83–89.
A Proposed New Classification of Craniofacial Anomalies, Linton A. Whitaker, Hermine Pashayan and Joseph Reichman, 161–176.
Verbal Communication Skills of Six Children with Craniofacial Anomalies, Jill L. Elfenbein, Mary Waziri and Hughlett L. Morris, 59–64.

CROUZON DISEASE

Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Laffer, Joanne L., 237–250.

EMBRYOLOGY

Congenital Alar Field Defects: Clinical and Embryological Observations, M. H. Newman and A. R. Burdie, 188–192.

EUSTACHIAN TUBE

An Extreme Morphologic Variation of the Auditory Tube Cartilage (A Case Report), Stewart R. Rood, and William J. Doyle, 293–298.

FACIAL GROWTH HEMIFACIAL MICROSOMIA

Growth in Hemifacial Microsomia Studied with the Aid of Roentgen Stereophotogrammetry and Metallic Implants, Bodil Rune, Goran Selvik, Karl-Victor Sarnas, and Sten Jacobsson, 128–146.

FACIAL PARALYSIS

Velopharyngeal Closure in Patients with Facial Paralysis: The Fiberscopic Examination of the Velopharyngeal Movements, Kaoru Ibuki, Hiromitsu Tamaki, Tokuzo Matsuya and Tadashi Miyazaki, 100–109.

FETAL STUDIES

Intra-Uterine Healing of Fetal Rat Cheek Wounds, Bruce W. Robinson and Alastair N. Goss, 251–255.

FIBER OPTICS

Velopharyngeal Closure in Patients with Facial Paralysis: The Fiberscopic Examination of the Velopharyngeal Movements, Kaoru Ibuki, Hiromitsu Tamaki, Tokuzo Matsuya and Tadashi Miyazaki, 100–109.

GENETICS

Genetic Services at a Center for Craniofacial Anomalies, Beverly R. Rollnick and Samuel Pruzansky, 304–313.
Genetics and Clefting, David Bixler, 10–18.

HAMARTOMA

Recurrent Aspiration Pneumonitis in a Cleft Palate Child with Hamartoma of the Tongue, Robert J. Demuth and Donnell F. Johns, 299–303.

HEMIFACIAL MICROSOMIA

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

HORII ORAL NASAL COUPLING (HONC)

Distributional Analyses of an Index of Nasal Coupling (HONC) in Simulated Hypernasal Speech, Yoshiyuki Horii and Joan E. Lang, 279–285.

HYPERNASALITY

Distributional Analyses of an Index of Nasal Coupling (HONC)

in Simulated Hypernasal Speech, Yoshiyuki Horii and Joan E. Lang, 279–285.

Observed Effects of Velopharyngeal Orifice Size on Vowel Identification and Vowel Nasality, Thomas Watterson and Floyd Emanuel, 271–278.

IDENTIKIT®

Identikit Model II®—A Potential Tool for Judging Cosmetic Appearance, Lillian Glass, Clark D. Starr, Ray E. Stewart and Susan E. Hodge, 147–151.

MANDIBLE

A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls, Erik Dahl and Arne Björk, 83–89.

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

MANDIBULOFACIAL DYSOSTOSIS

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls, Erik Dahl and Arne Björk, 83–89.

MAXILLA

Artery Distribution in the Prenatal Human Maxilla, William P. Maher, 51–58.

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls; Erik Dahl and Arne Björk, 83–89.

MIDDLE EAR DISEASE

The Association of Submucous Cleft Palate and Clefting of the Primary Palate, Donna Kono, Leroy Young and Barbel Holtmann, 207–209.

An Extreme Morphologic Variation of the Auditory Tube Cartilage (A Case Report), Stewart R. Rood, and William J. Doyle, 293–298.

NASAL ALA

Congenital Alar Field Defects: Clinical and Embryological Observations, M. H. Newman and A. R. Burdi, 188–192.

NASOPHARYNGEAL FIBER OPTICS

Velopharyngeal Closure in Patients with Facial Paralysis: The Fiberscopic Examination of the Velopharyngeal Movements, Kaoru Ibuki, Hiromitsu Tamaki, Tokuzo Matsuya and Tadashi Miyazaki, 100–109.

NASOPHARYNX

Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Laffer, Joanne L., 237–250.

NATIVE AMERICANS

Craniofacial Anomalies in the Upper Missouri River Basin Over a Millennium: Archeological and Clinical Evidence, John B. Gregg, Larry Zimmerman, Sylvester Clifford and Pauline S. Gregg, 210–222.

OCCLUSION

A Comparison of Occlusions in Two Groups of Children Whose Clefts Were Repaired by Three Different Surgical Procedures, Erik Dahl, Bergtóra Hanusardóttir and Olav Bergland, 122–127.

ORTHODONTICS

Orthodontic Management of Unilateral Cleft Lip and Palate, Karin Vargervik, 256–270.

PALEOPATHOLOGY

Craniofacial Anomalies in the Upper Missouri River Basin Over a Millennium: Archeological and Clinical Evidence, John B. Gregg, Larry Zimmerman, Sylvester Clifford and Pauline S. Gregg, 210–222.

PHARYNGEAL FLAP

Anorexia Nervosa Following a Pharyngeal Flap Operation, Robert E. Zaworski, 223–224.

PREMAXILLECTOMY

Long-Term Effects of Premaxillary Excision in Patients with Complete Bilateral Cleft Lips and Palates, Nobuyoshi Motohashi and Samuel Pruzansky, 177–187.

ROENTGEN STEREOPHOTOGRAMMETRY

Growth in Hemifacial Microsomia Studied with the Aid of Roentgen Stereophotogrammetry and Metallic Implants, Bodil Rune, Goran Selvik, Karl-Victor Sarnas, and Sten Jacobsson, 128–146.

ROENTGENOGRAPHY

Assessing VP Function: The Lateral Still Technique vs. Cinefluorography, W. N. Williams and C. R. Eisenbach, 45–50.

Growth in Hemifacial Microsomia Studied with the Aid of Roentgen Stereophotogrammetry and Metallic Implants, Bodil Rune, Goral Selvik, Karl-Victor Sarnas, and Sten Jacobsson, 128–146.

SKELETAL STUDIES

Craniofacial Anomalies in the Upper Missouri River Basin Over a Millenium: Archeological and Clinical Evidence, John B. Gregg, Larry Zimmerman, Sylvester Clifford and Pauline S. Gregg, 210–222.

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls, Erik Dahl and Arne Björk, 83–89.

SLEEP APNEA

Obstructive Sleep Apnea in Treacher-Collins Syndrome, Cynthia Johnston, Lynn M. Taussig, Charles Koopman, Philip Smith, John Bjelland, 39–44.

SPEECH

Articulatory Additions to the Classical Description of the Speech of Persons with Cleft Palate, Judith E. Trost, 193–203.

Effects of Oral-Nasal Coupling on Whispered Vowel Spectra, Thomas Watterson and Floyd Emanuel, 24–38.

Observed Effects of Velopharyngeal Orifice Size on Vowel Identification and Vowel Nasality, Thomas Watterson and Floyd Emanuel, 271–278.

Two Layer Closure of a Wide Palatal Cleft, Robert M. Bumsted, 110–113.

Velar Stretch as a Function of Task, Robert K. Simpson and Linda Chin, 1–9.

Verbal Communication Skills of Six Children with Craniofacial Anomalies, Jill L. Elfenbein, Mary Waziri and Hughlett L. Morris, 59–64.

SPHENOID BONE

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls, Erik Dahl and Arne Björk, 83–89.

STATE CRIPPLED CHILDREN'S SERVICES

Services for Children with Congenital Facial Clefts Through a State Crippled Children's Service Program, Roger B. White, 116–121.

SUBMUCOUS CLEFT PALATE

The Association of Submucous Cleft Palate and Clefting of the

Primary Palate, Donna Kono, Leroy Young and Barbel Holtmann, 207–209.

SURGERY

Anorexia Nervosa Following a Pharyngeal Flap Operation, Robert E. Zaworski, 223–224.

A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.

A Comparison of Occlusions in Two Groups of Children Whose Clefts Were Repaired by Three Different Surgical Procedures, Erik Dahl, Bergtóra Hanusardóttir and Olav Bergland, 122–127.

Long-Term Effects of Premaxillary Excision in Patients with Complete Bilateral Cleft Lips and Palates, Nobuyoshi Motohashi and Samuel Pruzansky, 177–187

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls, Erik Dahl and Arne Björk, 83–89.

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

Two-Layer Closure of a Wide Palatal Cleft, Robert M. Bumsted, 110–113.

SYNDROMES

Growth in Hemifacial Microsomia Studied with the Aid of Roentgen Stereophotogrammetry and Metallic Implants, Bodil Rune, Goran Selvik, Karl-Victor Sarnas, and Sten Jacobsson, 128–146.

Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Laffer, Joanne L., 237–250.

Obstructive Sleep Apnea in Treacher-Collins Syndrome, Cynthia Johnston, Lynn M. Taussig, Charles Koopman, Philip Smith, John Bjelland, 39–44.

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls; Erik Dahl and Arne Björk, 83–89.

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

Verbal Communication Skills of Six Children with Craniofacial Anomalies, Jill L. Elfenbein, Mary Waziri and Hughlett L. Morris, 59–64.

TEMPORAL BONE

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls: Erik Dahl and Arne Björk, 83–89.

An Extreme Morphologic Variation of the Auditory Tube Cartilage (A Case Report), Stewart R. Rood, and William J. Doyle, 293–298.

TEMPOROMANDIBULAR JOINT

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

TONGUE

Recurrent Aspiration Pneumonitis in a Cleft Palate Child with Hamartoma of the Tongue, Robert J. Demuth and Donnell F. Johns, 299–303.

TREACHER-COLLINS SYNDROME

Obstructive Sleep Apnea in Treacher-Collins Syndrome, Cynthia Johnston, Lynn M. Taussig, Charles Koopman, Philip Smith, John Bjelland, 39–44.

VELOPHARYNGEAL INCOMPETENCE

The Association of Submucous Cleft Palate and Clefting of the Primary Palate, Donna Kono, Leroy Young and Barbel Holtmann, 207–209.

Anorexia Nervosa Following a Pharyngeal Flap Operation, Robert E. Zaworski, 223–224.

VELOPHARYNGEAL INSUFFICIENCY

Two-Layer Closure of a Wide Palatal Cleft, Robert M. Bumsted, 110–113.

VELOPHARYNGEAL ORIFICE VOWELS

Observed Effects of Velopharyngeal Orifice Size on Vowel Identification and Vowel Nasality, Thomas Watterson and Floyd Emanuel, 271–278.

VELOPHARYNGEAL VALVING

Assessing VP Function: The Lateral Still Technique vs. Cinefluorography, W. N. Williams and C. R. Eisenbach, 45–50.

The Association of Submucous Cleft Palate and Clefting of the Primary Palate, Donna Kono, Leroy Young and Barbel Holtmann, 207–209.

Distributional Analyses of an Index of Nasal Coupling (HONC) in Simulated Hypernasal Speech, Yoshiyuki Horii and Joan E. Lang, 279–285.

Effects of Oral-Nasal Coupling on Whispered Vowel Spectra, Thomas Watterson and Floyd Emanuel, 24–38.

Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Laffer, Joanne L., 237–250.

Observed Effects of Velopharyngeal Orifice Size on Vowel Identification and Vowel Nasality, Thomas Watterson and Floyd Emanuel, 271–278.

Two-Layer Closure of a Wide Palatal Cleft, Robert M. Bumsted, 110–113.

Velar Stretch as a Function of Task, Robert K. Simpson and Linda Chin, 1–9.

Velopharyngeal Closure in Patients with Facial Paralysis: The Fiberscopic Examination of the Velopharyngeal Movements, Kaoru Ibuki, Hiromitsu Tamaki, Tokuzo Matsuya and Tadashi Miyazaki, 100–109.

X-RAY TECHNIQUES

A Cephalometric Study of the Effects of Primary Osteoplasty in Unilateral Cleft Lip and Palate Individuals, Nagwa Moustafa Enany, 286–292.

Growth in Hemifacial Microsomia Studied with the Aid of Roentgen Stereophotogrammetry and Metallic Implants, Bodil Rune, Goran Selvik, Karl-Victor Sarnas, and Sten Jacobsson, 128–146.

Nasopharyngeal Dysmorphology in the Syndromes of Apert and Crouzon, Sally J. Peterson-Falzone, Samuel Pruzansky, Pamela J. Parris and Joanne L. Laffer, 237–250.

Obstructive Sleep Apnea in Treacher-Collins Syndrome, Cynthia Johnston, Lynn M. Taussig, Charles Koopman, Philip Smith, John Bjelland, 39–44.

Three-Dimensional Approach to Analysis and Treatment of Hemifacial Microsomia, Leonard B. Kaban, John B. Mulliken and Joseph E. Murray, 90–99.

Velar Stretch as a Function of Task, Robert K. Simpson and Linda Chin, 1–9.

ZYGOMATIC BONE

Ossification Defects and Craniofacial Morphology in Incomplete Forms of Mandibulofacial Dysostosis: A Description of Two Dry Skulls, Erik Dahl and Arne Björk, 83–89.