Review of Current Literature

Diagnosis of Speech Defects

By MRS. OLUF STURCKE
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International Journal of Orthodontia, October, 1933.

The author gives a very clear idea of the relationship which exists between oral surgery, orthodontia and speech training in the correction of a cleft palate case. While surgery and orthodontia will give a reasonably good organic structure, speech training, along with both, helps to restore normal function and normal speech. Correct speech depends upon the proper position of the mechanism of speech as well as clear auditory impressions. Therefore it is absolutely necessary for the teacher to show the patient the exact physical position for each individual sound before the mental images can be recognized. This physical placement is of utmost importance to the sufferer of cleft palate speech. The correction is obtained by the use of the visual verbal, auditory verbal and kinesthetic verbal.

Lisping is another defect which may be due to abnormal form, and is due to lingual protrusion which is the protrusion of the tongue between the anterior teeth conceiving the "th" sound instead of the "S". It may be due to a malocclusion or a tongue sluggishness. Lateral emission is production of sound by emitting of air on one side of the mouth. This may be also caused by a malocclusion. Lalling is due to the inability to control the muscles of the tongue in the production of palatal sounds. The other conditions spoken of are defective phonation, tongue-tied condition, stammering, stuttering, foreign accent and speechlessness. The author brings out the point that where one has normal form, the teaching of normal function is indicated but where one has abnormal form, the use of abnormal function is indicated in order to obtain normal speech.

Reviewed by ERNEST MYER

The Floor of the Maxillary Sinus and Its Dental, Oral and Nasal Relations

By WALLACE F. MUSTIAN D.D.S., M.S.D.
Warrentown, N. C.

Journal American Dental Association, December 1933.

This article is an abstract of a thesis presented for the degree of Master of Science in dentistry. The findings are based on observations of 100 maxillary sinuses of adults who had practically no dental care. The author clearly shows the extreme variations in form, size and position of the sinuses, and the relation of the root apices to the sinus floor. About the latter he shows that in the material studied there is a variation of 20mm. ranging from 10mm. of process over the root apices to cases in which the apices protrude 10mm. above the sinus floor. He says that in some cases there is only soft tissue covering the roots.

Note—The article brings up an important point in treatment with appliances capable of root movement, particularly the edgewise arch appliance which employes the root apex as anchorage, in mesial or distal movement of the buccal teeth.

Reviewed by W. B. DOWNS

Physiological Changes in Upper Anterior Teeth

By FRANCISCO M. PUCCI, B.S., D.D.S.,
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The Dental Cosmos, October 1933.

The author studied the upper incisors and cuspids of a woman who died at the age of 36 years of pulmonary tuberculosis. These teeth were subjected to much wear as evidenced by abrasion and pulpal recession. The masticatory force tended to move these teeth labially. The author diagrams the force and resulting pull and relaxation of the peridental membrane. According to his diagram the fulcrum lies between the gingiva and apex of the root. The pull of the peridental membrane fibres is on the lingual-gingival and the labial-apical. Relaxation or compression of the peridental

membrane fibres takes place on the labial-gingival and lingual-apical. According to his histologic findings there is extreme tension on the lingual-gingival and labial-apical fibres of the peridental membrane with a resulting formation of bundle bone. The side of relaxation has compression of the fibres of the peridental membrane, with resorption or osteolysis of the supporting bone. The author, in discussing Oppenheim's work, states that Oppenheim noticed no change in the apical region and limited himself mainly to the gingival portion. The author gives a review of many ideas of tooth movement and hypercementosis, along with a very good bibliography.

Reviewed by ERNEST MYER