

MEDICINE

Cancer Victims Speak Again

About 2,650 men and women each year are learning to speak again after operations for cancer of the larynx. These hoarse-voiced persons help each other through Lost Chord Clubs.

By FAYE MARLEY

REMOVAL OF A CANCEROUS LARYNX doomed a patient to a life of silence until in the 1920's a Pennsylvania Dutchman, recovering from a laryngectomy, discovered the use of the burp.

He was sitting silently at dinner with friends, enjoying a hearty meal, when without warning he made a social blunder. He decided that if he could burp without a larynx he could control and direct the sound into speech—and he did.

The burp technique in esophageal speech is based on swallowing air to a point in the esophagus where it can be forced back up to vibrate against the muscles and walls of the esophagus and pharynx to produce low-pitched sounds. Words can be spoken in the usual way, by movements of the tongue, palate, lips and teeth.

The Pennsylvania Dutchman and others had to teach themselves to speak. Even with the best teachers, forming the sounds "ba, be, bi, bo, bu"; the troublesome "la," which on lazy tongues comes out "kla"; and the most difficult "h" require long hours of practice.

A relaxed atmosphere for this speech practice is afforded today by the 54 Lost Chord Clubs in the United States and Canada, local chapters of the International Association of Laryngectomees (IAL) sponsored by the American Cancer Society. These clubs help to reassure patients who have undergone or are about to undergo a laryngectomy that they may be able to speak again. Several members may serve as speech therapists.

First Voice Institute

But unfortunately only about half of the 16,000 to 19,000 laryngectomees in the U. S. have learned to speak again. Many have not had qualified teachers. Because of this shortage the IAL has organized its first voice institute (July 18-Aug. 4) at the St. Louis Central Institute for the Deaf.

Grants totaling \$13,500 from the Government's Office of Vocational Rehabilitation and the American Cancer Society will make possible traineeships for 20 new teachers in the esophageal speech fields. One full-time speech therapist could, in one year, teach 100 laryngectomees to talk.

On the faculty of this institute will be one of the outstanding teachers of the nation, Mrs. Mary Doehler, who lost her larynx to cancer 15 years ago. She now teaches in Boston six and a half days a week, with night and Saturday work in other New England areas.

"I tell the patient he will be without his voice for a short time, but that he will speak again—and just as soon as he himself determines," she says.

The lessons should begin 24 hours after the drainage tube is removed from the stoma (a hole left in the front of the neck).

"I use my hands in teaching four simple things," Mrs. Doehler explains:

1. "Open the mouth (and my hand is my mouth as I open it to show the procedure) to let the air go in.
2. "Close the mouth (and here I close my hand).
3. "Swallow the air as you would swallow a drink of water, with complete relaxation.
4. "Open the mouth and say 'ba'."

After the "ba," which is easily made with the lips, Mrs. Doehler has the pupils say "ma," also a lip sound.

The "s" is difficult for those with false teeth, but it can be mastered with practice.

It is Mrs. Doehler's belief that only a laryngectomee can teach another laryngectomee. But speech pathologists and therapists are divided on this point. Many teach who have natural voices.

One point on which all doctors seem to agree is that in the case of the operation for cancer of the larynx, the patient should be told what he has.

Dr. James J. McFarland Jr. of the Washington Hospital Center, Washington, D. C.,

says the laryngectomee should know what to expect. He can be told, not bluntly but honestly, that his voice box will be gone when he wakes up from the anesthetic.

Dr. Rex V. Naylor, speech pathologist at the Forest Glen (Md.) Annex of the Walter Reed Army Medical Center, says the greatest hurdle his patients have is learning to take in the air properly. The speed with which they learn to speak varies. Some are successful in 13 or 17 hours, while others may take a period of months. If they have not begun to talk at the end of three months, Dr. Naylor recommends one of four complex mechanical aids.

Devices Discouraged

However, these mechanical devices are frowned upon. Although only one hour is required to learn to speak through one, the disadvantages are many. The devices are expensive, difficult to keep clean and the three of them which have batteries are subject to failure when their batteries run down. The monotonous sound produced can never approximate the human voice.

An outstanding member of the Washington club is the Rev. Dr. E. Felix Kloman, rector of St. Alban's Episcopal Church. He conducts small parts of the church services and gives prayers in spite of a recent laryngectomy.

"It took me five or six weeks before I could say much," Dr. Kloman says.

At least ten times more men than women are operated on for removal of the larynx. In most cases, they are heavy smokers.

No reason has been definitely pinpointed for contracting the cancer, however.

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SWALLOWING AIR—This exaggerated pose of Capt. John W. Jamison, U. S. Navy, Retired, demonstrates a first step in learning to talk without a voice box. With him is Mrs. Mary Doehler, who is director of esophageal speech at the Massachusetts Eye and Ear Infirmary, Boston.