had chronically hoarse voices; (2) the incidence was higher in the primary grades, kindergarten through third grade; and (3) more boys than girls were hoarse. Results of a speech and voice survey of 95 first-grade children enrolled in a northeast Texas elementary school indicated that 8.6% had chronically hoarse voices. The school is located in a milling district for cotton and grains. Five of the eight children had articulation problems in addition to chronic hoarseness. All of the children were from large families, the average family size was 6.5 persons.

The results of this survey and other studies (Baynes, 1966; James and Cooper, 1966; Pont, 1965; Senturia and Wilson, 1968; Wilson, 1971) indicate that approximately 6 to 9% of school-age children have hoarse voices. By contrast, Milisen (1957) and Johnson (1956) estimated that approximately one to two percent of the school-age population has some type of voice disorder. The apparent increase in the percentage of children reported as having voice disorders may reflect an actual increase, or improved identification procedures, or both. Silverman and Zimmer (1975) suggest that the incidence of hoarseness in their population is “strikingly high.” Baynes (1966) felt that 7.1% was a conservative figure for chronic hoarseness among children, since children displaying mild hoarseness were excluded from his study. It would appear that data on the prevalence of hoarseness are incomplete.

REFERENCES


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ERRATA

Two lines were omitted from A. Damien Martin’s letter to the editor, “Reply to Aten, Darley, Deal, and Johns,” which appeared on pages 420-422 of the August, 1975, Volume 40, issue of this journal. The paragraph should read:

The writers state flatly “But the simple fact, known to everyone . . . is that not all aphasic patients display phonologic impairment. Only some of them do. And some patients display phonological impairment in pure culture with no associated problems in the use of lexicon or syntax.” There is not total agreement on this. Schuell (1965) pointed out that her Group I and II patients presented inconsistent misarticulation, while Group III patients presented phonological difficulties as a major presenting symptom. In some of my own research (Martin and Rigrodsky, 1974a, 1974b) patients who did not present phonological impairment as a major symptom showed it within certain tasks. In a later study (Martin et al., 1975) we found that the incidence, type, and position of error were related to the presence or absence of morphological inflection. The arguments presented by Aten et al. illustrate one of the dangers of categorization, especially dichotomous categorization. It can reflect “the old error of observing only the most obvious symptoms that fit some a priori assumption, or symptoms prominent at one point in time” (Schuell, Jenkins, and Jimenez-Pabon, 1964, p. 101).

In August 1975 issue, the article by Marshall, Brandt, and Marston, “Anticipatory Middle-Ear Reflex Activity from Noisy Toys,” contains an error. The sentence, “However, reflexes occurred to sounds with sufficient SPL to elicit a reflex that had been given anticipated loudness ratings as low as 3 (on a 1-5 scale)” found in the full paragraph above the figures on page 324 should read “However, reflexes occurred to sounds with insufficient SPL to elicit a reflex . . . “
Erratum: Anticipatory Middle-Ear Reflex Activity from Noisy Toys

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This information is current as of July 6, 2011

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