

Abstracts of Current Literature

Case Analysis and Diagnosis

EXAMPLES FROM PRACTICE SHOWING THE NECESSITY FOR DIFFERENTIAL DIAGNOSIS AND THE APPLICATION OF RATIONAL TREATMENT PRINCIPLES. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:308, June, 1941.

A series of five cases is covered with history, etiology, diagnosis, treatment plan and results outlined. In all the cases the lower teeth occupied a posterior relationship to the upper teeth.

LEWIS, Dayton, Ohio

RECORDING DENTAL ANOMALIES FOR CLINICAL APPRAISAL. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:239, May, 1941.

Four necessary prerequisites to a correct diagnosis are: (1) consultation and written record, (2) the roentgenographic record, (3) the oral and denture record, and (4) the facial record.

The consultation is routine, while the ordinary X-ray record can be supplemented by cephalograms. The oral denture records advised are those of Simons' technique, and photostatic photographs are recommended for the facial records.

LEWIS, Dayton, Ohio

THE USE OF LATERAL HEAD RADIOGRAPHS FOR EVALUATING ORTHODONTIC RESULTS AS DISTINGUISHED FROM GROWTH CHANGES. ROBERT M. MCDOWELL. *Am. J. of Orthodont. and Oral Surg.* 27:59, Feb. 1941.

A technique is presented for taking lateral head roentgenograms and making their tracings. In the author's opinion superimposition of tracings on the cranial periphery is superior to any other basis for such a procedure from the third year to maturity. Tracings show that each child has a definite and individual pattern for skull growth, the pattern seems different for each child, but once established it is followed with remarkable regularity. Records for this study came from the Child Research Council of Denver.

LEWIS, Dayton, Ohio

Dental Caries

DOMESTIC WATER AND DENTAL CARIES. I. A DENTAL-CARIES STUDY, INCLUDING LACTOBACILLUS ACIDOPHILUS ESTIMATIONS, OF A POPULATION SEVERELY AFFECTED BY MOTTLED ENAMEL AND WHICH FOR THE PAST TWELVE YEARS HAS USED A FLUORIDE-FREE WATER. H. TRENDLEY DEAN, PHILIP JAY, FRANCIS A. ARNOLD, JR., and ELIAS ELVOVE. *Pub. Health Rep.* 56:365-381. 1941.

This study was made at Bauxite, Ark., a community which has occupied a prominent place in mottled-enamel history. . . . Bauxite pupils with moderate to severe mottled enamel and exposed to F-free waters during the past 12 years showed markedly less dental caries than a comparable group of Benton pupils without mottled enamel who had been using a F-free water during their lifetime. Children born within several years of the change in the water supply to a fluoride-free water and practically free of mottled enamel likewise disclosed a low dental caries experience. The youngest age group at Bauxite—those farthest removed in time from the influence of the "old" high-F water—shows the highest dental caries experience in spite of the fact that they had been exposed to risk of caries for the shortest period of time. The *L. acidophilus* counts apparently reflect a difference in caries activity in the several groups studied, a result which is seemingly consistent with the clinical findings in these groups. . . . (CA, 35:3313)

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A FREQUENT VARIATION OF THE MAXILLARY CENTRAL INCISORS WITH SOME OBSERVATIONS ON DENTAL CARIES AMONG THE JIVARO (SHUARA) INDIANS OF ECUADOR. HARRY BERNARD WRIGHT. *Am. J. of Orthodont. and Oral Surg.* 27:249, May, 1941.

These Indians were divided into two groups; group one had little or no contact with white people or with the world outside their own community; group two lived in a mixed white and Indian settlement, and their customs and food were altered by the white people.

In both groups 82 per cent have misplacement of maxillary central incisors, a rotation of some type. In the first group 61 per cent were free from dental caries, and of the remaining, the greatest number of cavities did not exceed five. Of the second group less than 4 per cent were free from caries, about 25 per cent had all teeth affected, and in 35 per cent from one to several teeth were missing.

LEWIS, Dayton, Ohio

*DOMESTIC WATER AND DENTAL CARIES. II. A STUDY OF 2,832 WHITE CHILDREN, AGES 12-14 YEARS, OF EIGHT SUBURBAN CHICAGO COMMUNITIES, INCLUDING *LACTOBACILLUS ACIDOPHILUS* STUDIES OF 1,761 CHILDREN. H. TRENDLEY DEAN, PHILIP JAY, FRANCIS A. ARNOLD, ELIAS ELVOVE, DAVID C. JOHNSTON, and EDWIN M. SHORT. *Pub. Health Rep.* 56:761-792. 1941.

A study of 8 suburban Chicago communities discloses marked differences in the amount of dental caries. The dental caries experience rates in Elmhurst, Maywood, Aurora and Joliet, whose public water supplies contain 1.8, 1.2, 1.2 and 1.3 parts per million of F, respectively, were 252, 258, 281 and 323, respectively. At Evanston, Oak Park and Waukegan, where F-free water is used, the dental caries experience rates were 673, 722 and 810, respectively. . . . The differences in the counts of *L. acidophilus* in the saliva corresponded to the differences in the dental caries experience in the groups of communities studied. . . . (CA, 35:3705)

*RELATION OF DENTAL CARIES IN CITY CHILDREN TO SEX, AGE AND ENVIRONMENT. BION R. EAST. *Am. J. Dis. Child.* 61:494-517. 1941.

The data on which the caries rates for the 528,842 white children of 156 cities included in this study are based were collected under the direction of and published by the United States Public Health Service. Each city has a population of at least 10,000. . . . There were 115 cities located north and 41 located south of latitude 40 north. In every instance the children of the southern cities had lower mean caries rates than did those of the northern cities.

*STUDIES ON DENTAL CARIES. XI. SEX DIFFERENCES IN THE CARIES SUSCEPTIBILITY OF THE VARIOUS MORPHOLOGICAL TYPES OF PERMANENT TEETH. HENRY KLEIN and CARROLL E. PALMER. *Child Development* 12:207-216. 1941.

In order to compare the caries susceptibility of each type of permanent tooth in boys and girls, the numbers of teeth of particular type which have been attacked by caries (decayed, missing and filled) per 100 boys and per 100 girls are related to the duration of time after eruption that these teeth have been exposed in the mouth of the children of each sex. This procedure, carried out with data collected on more than 6,000 elementary and high school children, fails to reveal a consistent difference between the sexes in the caries susceptibility of the individual types of permanent teeth. On the whole, the findings indicate that sex *per se* is not an important variable influencing caries susceptibility of the individual types of teeth in Hagerstown, Maryland, school children of the chronological ages 6 through 19 years.

*SURVEY OF NUTRITION AND DENTAL CARIES IN 120 LONDON ELEMENTARY SCHOOL CHILDREN. IRENE ALLEN. *Brit. M. J.* 1:44. 1941.

Allen studied the effect of nutrition on the dental caries of 120 children from 5 to 7 years of age. . . . There was a fairly high negative correlation at the age of 5 between the increase in the average caries figure and the increase in the nutrition figure. . . . At 6 years of age the same relation existed. At 7 years no correlation was found between the two conditions, but this group is not satisfactory. . . . The onset and spread of caries

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tended to be less when the nutrition was better. . . . Vitamin additions to the diet before eruption of the teeth had a definitely beneficial effect in reducing the amount of decay which developed, and also even after full eruption the additions tended to delay the onset and spread of caries in the permanent teeth. . . . (JAMA, 116:1989).

Dentistry and Dental Relations

CO-ORDINATION OF OTOLARYNGOLOGY AND ORTHODONTICS. F. B. MALONE. Am. J. of Orthodont. and Oral Surg. 27:142, Mar. 1941.

This paper deals with the advantages of co-operation between the otolaryngologist and the orthodontist. Nasal obstructions of various types are described with their ill effects on the developing face of the child.

LEWIS, Dayton, Ohio

Education, Legislation, Economics

EXTENDING THE SCOPE OF ORTHODONTICS. FRANK S. CARTWRIGHT. Am. J. of Orthodont. and Oral Surg. 27:394, July, 1941.

A consideration of what orthodontics is doing to meet the demand for services to the masses, rather than the classes of rich and affluent. It is recommended that every hospital have an orthodontist on its staff mainly for the purpose of elevating diagnostic procedure. A hope is expressed that more hours will be available to orthodontists by having appointments during the day and not just after school.

LEWIS, Dayton, Ohio

THE DENTAL PREPARATION OF ASPIRANTS TO THE UNITED STATES MILITARY ACADEMY. WILLIAM H. DAY. Am. J. of Orthodont. and Oral Surg. 27:147, Mar. 1941.

Dental requirements for admission to West Point are listed, and discussed in detail. Co-operation of the child, parents, and dentists, is necessary for preparation of aspirants to the academy.

LEWIS, Dayton, Ohio

THE DISTRIBUTION OF ORTHODONTISTS IN THE UNITED STATES. THOMAS SWEET. Am. J. of Orthodont. and Oral Surg. 27:263, May, 1941.

A survey of the dental profession shows that there is a great opportunity in this field as more men are leaving the profession that are being graduated from our schools. As far as orthodontists in California are concerned, it seems the saturation point has been reached. With 5.25 per cent of the total population it has 14 per cent of the orthodontists; there is one operator to every 52,300 persons.

LEWIS, Dayton, Ohio

THE LEGAL STATUS OF THE ORTHODONTIST. HARRY E. LINDERSMITH. Am. J. of Orthodont. and Oral Surg. 27:255, May, 1941.

Relationship between the dentist and the state, and the dentist and his patient are reviewed. For all practical purposes, in most states, there is no legal distinction between a dentist and an orthodontist.

LEWIS, Dayton, Ohio

Etiology

A FREQUENT VARIATION OF THE MAXILLARY CENTRAL INCISORS WITH SOME OBSERVATIONS ON DENTAL CARIES AMONG THE JIVARO (SHUARA) INDIANS OF ECUADOR. HARRY BERNARD WRIGHT. Am. J. of Orthodont. and Oral Surg. 27:249, May, 1941. (See Dental Caries.)

*A STUDY OF THE RELATIONSHIP BETWEEN FETAL POSITION AND CERTAIN CONGENITAL DEFORMITIES. CHARLES C. CHAPPLE and DOUGLAS T. DAVIDSON. J. Pediat. 18:483-493, 1941.

Uterine pressure occupies a prominent place in medical literature among the suggested causes of various congenital deformities. This paper has been written in an attempt to

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further the explanation of the mechanism involved by regarding the attitude of the entire fetus and to suggest a simple method for the determination of these attitudes. It is felt that not only may the cause of some deformities be demonstrated, but that by adding this maneuver to the routine examination of newborn infants, certain obscure deformities not apparent on the ordinary inspection may be detected. This early detection has prognostic significance and may have preventive value.

†APPEARANCE OF DOMINANCE AND DEGREES OF STIMULATION OF THE SUCKING CENTER. ALBRECHT PEIPER. *Jahrb. f. Kinderh.* 149:201, July, 1937.

The author states that there are two distinct phases in the act of sucking. These are designated as the regular and the periodic sucking movements. Kymographic records purporting to illustrate this are reproduced.

LANDAU, Hannibal, Mo.

†CONGENITAL CRANIO-FACIAL MALFORMATION (PTEROSCHISIS, ENCEPHALOCLE AND HYPERTELORISM). O. ARMENIO. *Arch. ital di otol.* 52:251, May, 1940.

Armenio reports a case of congenital deformity in a boy aged 3 years represented by dehiscence of the right lateral wall of the nose, flattening and broadening of the root of the nose and bilateral frontal encephalocle. The two inner canthi were 55 mm. apart. The Wassermann reaction was negative. The nasal bones could be palpated, and the interior of the nose was normal. The malformations are said to be due to a fault of development of the precordial cartilage, dependent on a hypophysial, endocrine dysfunction initiated during intrauterine life.

DENNIS, San Diego, Calif. [*Arch. Otolaryng.*]

EXAMPLES FROM PRACTICE SHOWING THE NECESSITY FOR DIFFERENTIAL DIAGNOSIS AND THE APPLICATION OF RATIONAL TREATMENT PRINCIPLES. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:308, June, 1941. (See Case Analysis and Diagnosis.)

FACTORS IN ETIOLOGY OF MALOCCLUSION. WALTER J. SLY. *Am. J. of Orthodont. and Oral Surg.* 27:9, Jan. 1941.

Various factors in etiology of malocclusion are divided into (1) genetic or antenatal, (2) those having to do with nutrition or metabolism, (3) those in which function plays the leading role, and (4) accidental causes.

LEWIS, Dayton, Ohio

OPEN-BITE ASSOCIATED WITH A TONGUE HABIT. A. JUTKOWITZ. *Am. J. of Orthodont. and Oral Surg.* 27:30, Jan. 1941.

An opening of five eighths of an inch between the incisal surfaces of upper and lower incisors marked this mutilated Class I case. Treatment was carried out by a full banded appliance with round archwires. Numerous X-rays are illustrated, taken before, during, and after treatment, to show the bone structure and lack of root resorption.

LEWIS, Dayton, Ohio

PRENATAL FACTORS IN FACIAL DEVELOPMENT (MANDIBULAR MALFORMATION). WILLIAM F. PETERSEN. *Am. J. of Orthodont. and Oral Surg.* 27:179, April, 1941.

Petersen concludes that anomalous growth of the mandible is to be regarded as a cephalic malformation and takes origin in metabolic disturbances acting at some critical time in the medullary-notochordal field of organization. Cephalic malformations, in general, occur predominantly in the female, and the author's investigations would make it probable that the major factor that causes the disturbances involves the environmental situation of the maternal organism at about the time of conception.

LEWIS, Dayton, Ohio

†REFLEX MOVEMENTS PRECEDING THE ACT OF SUCKING IN THE NEWBORN. F. STIRNIMANN. *Jahrb. f. Kinderh.* 149:326, Aug. 1937.

The movements preceding the act of sucking in the neonatal period are influenced by

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many factors. These different movements are influenced by whether the infant is awake or asleep. They are also dependent on whether the infant is hungry or not.

LANDAU, Hannibal, Mo.

***THE SIGNIFICANCE OF THE VARIABILITY OF THE UPPER LATERAL INCISOR TEETH IN MAN.**

M. F. ASHLEY MONTAGU. *Human Biol.* 12:323-358. 1940.

In this comparative study the upper lateral incisor teeth were found to be missing in about 2.5 per cent in cases of modern whites; in about 19.0 per cent they showed deviation from the normal condition. Approximate percentages of cases in which they were missing or reduced among other races were: Chinese, 2.0; Japanese, 4.0; pure-blooded Negroes, 1.5; and mixed-blood Negroes, 5.0. In the Bantu, Australian aborigines and other relatively unmixed races these deficiencies were rarely evident, and among sub-human primates they very rarely occurred.

Growth and Development

ON THE GROWTH PATTERN OF THE HUMAN HEAD FROM THE THIRD MONTH TO THE EIGHTH YEAR OF LIFE. ALLAN G. BRODIE. *Am. J. Anat.*: 68, 2, Mar. 15, 1941.

Twenty-one white males were serially X-rayed in the Broadbent-Bolton cephalometer from the third month to the eighth year of life. Tracings of the films were made and the resulting figures divided into brain case, nasal area, upper alveolar area and mandible. All linear and angular measurements were corrected. Composite figures derived from the means of all measurements at each of fourteen growth stages were constructed for each area. Superposing of composites revealed that the morphogenetic pattern was probably established by the third month and thereafter did not change. The nasal floor, the occlusal plane of the teeth and the lower border of the mandible all maintain constant angular relations with the cranial base. The face as a whole travels downward and forward on a straight line. The several parts of the face maintain a constant proportionality with the nose invariably contributing 43 per cent. The sum of the increments of anterior face height is equalled by growth at the mandibular condyle which exhibits a growth mechanism and potential similar to a long bone. The mandibular angle does not change as has been universally taught and this bone bears the same angular relation to the cranium at 3 months as at 8 years although the tongue protrudes between the gum pads and supports the lips. The teeth bear constant angular relations to the face.

BRODIE, Chicago, Ill.

***OUTLINE OF PHYSICAL GROWTH AND DEVELOPMENT.** EDITH BOYD. 43 p. 43 plates, 33 tables.

Burgess Publishing Co.: Minneapolis. 1941. \$4.

Teachers and students in Child Development have long awaited a publication that would bring together the scattered and diversified material in physical growth and development. Dr. Boyd has done this—not in a formal text, but in a clearly thought-out, well-organized outline. In 43 plates the types and patterns of growth are illustrated, together with graphic mathematical and statistical analyses. In 33 tables significant data on the growth of the body, its parts and its organs, are presented. In 43 pages there are presented a carefully chosen bibliography and a most stimulating summary-outline of Dr. Boyd's own course in physical growth and development. But the outline is that of a course adaptable in any Medical School, School of Education, Department of Pediatrics, Department of Psychology, Department of Anthropology, where the physical growth of the human child is studied. The outline is a detailed blue-print for the logical step-by-step analysis of child growth. Pertinent references to the bibliography constantly suggest collateral sources of information. The "Outline" is a *must* for all persons interested in Child Development. (W. M. KROGMAN)

THE GENERAL HEALTH BENEFITS OF ORTHODONTIC TREATMENT. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:369, July, 1941.

Benefits of importance to general health from orthodontic treatment lie in the restoration of masticatory function; in maintaining essential relationship to normal respiration;

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and in the interrelated functions within the oral ensemble which promotes normal facial growth.
LEWIS, Dayton, Ohio

Fractures

THE RESPONSIBILITY OF THE ORTHODONTIST IN THE TREATMENT OF TRAUMATIC INJURIES OF THE FACE AND JAWS. BRIGADIER GENERAL LEIGH C. FAIRBANK. *Am. J. of Orthodont. and Oral Surg.* 27:414, Aug. 1941.

The Army visualizes the orthodontist as one of a trio of specialists making up the important group engaged in the reconstructive work for jaw casualties. The other members of the group are an oral surgeon and a prosthodontist.

LEWIS, Dayton, Ohio

Habits

REFLEX MOVEMENTS PRECEDING THE ACT OF SUCKING IN THE NEWBORN. F. STIRNIMANN. *Jahrb. f. Kinderh.* 149:326, Aug. 1937. (See Etiology.)

APPEARANCE OF DOMINANCE AND DEGREES OF STIMULATION OF THE SUCKING CENTER. ALBRECHT PEIPER. *Jahrb. f. Kinderh.* 149:201, July, 1937. (See Etiology.)

Historical

HISTORICAL REVIEW OF THE FIRST TWENTY YEARS OF THE NEW YORK SOCIETY OF ORTHODONTISTS. JOSEPH D. EBY. *Am. J. of Orthodont. and Oral Surg.* 27:83, Feb. 1941.

Twenty years of organization, personnel and accomplishments of the New York Society of Orthodontists are outlined in this article. Most of the data came from original minute books and programs of the society.

LEWIS, Dayton, Ohio

Miscellaneous

FEDERAL TRADE COMMISSION STIPULATIONS. FLEER'S DUBBLE BUBBLE CHEWING GUM. Council on Dental Therapeutics, American Dental Association. *J.A.D.A.* 27:1988, Dec. 1940.

Frank H. Fleer Corporation, Philadelphia, engaged in selling a brand of chewing gum designated "Fleer's Dubble Bubble Chewing Gum," has entered into a stipulation with the Federal Trade Commission in which it agrees to discontinue representing that the gum will do away with the gray or dingy condition of teeth, clean them thoroughly and force its way into crevices in teeth that an ordinary toothbrush won't or can't reach; that food particles left between the teeth are the principal cause of bad breath; that chewing the gum will rid one of unpleasant breath or will beautify teeth; that merely chewing the respondent's gum will enable a person to remain awake or alert during drives; that the gum is rich in dextrose or that the dextrose content will help relieve fatigue, give pep or animation, contribute any appreciable energy to a person, or increase vitality or strength in men, women and children; that the gum will be of material benefit in developing well-arranged teeth in children; that the exercise provided by chewing the respondent's gum will enable the teeth of boys or girls to grow straight or strong; that the exercise of the facial muscles provided by chewing the gum constitutes a beauty treatment; that the exercise provided by chewing the gum will bring, give or in any way impart youth to a person's face or facial muscles or keep the facial muscles young, or that chewing the respondent advertiser's gum is a competent aid in or treatment for a great variety of oral disorders or dental diseases or gingivitis, gingival recession or alveolar atrophy, or acute and chronic Vincent's infection or periodontoclasia (pyorrhea).

The Frank H. Fleer Corporation further agrees not to make any unwarranted claims concerning the relative toughness or elasticity of its gum. (Stipulation 02648.)

NAMING DENTAL ANOMALIES: A STUDY IN ORTHODONTIC NOMENCLATURE. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:169, April 1941.

The author has endeavored to analyze orthodontic terms by comparing them with confusing and meaningless titles that are now encountered in orthodontic literature.

LEWIS, Dayton, Ohio

THE NEXT TWENTY YEARS. RAYMOND L. WEBSTER. *Am. J. of Orthodont. and Oral Surg.* 27:23, Jan. 1941.

The future of orthodontia is discussed from the standpoints of postgraduate instruction, mechanics, myofunctional therapy, and social aspect.

LEWIS, Dayton, Ohio

Nutrition and Metabolism

SURVEY OF NUTRITION AND DENTAL CARIES IN 120 LONDON ELEMENTARY SCHOOL CHILDREN. IRENE ALLEN. *Brit. M. J.* 1:44, 1941. (See Dental Caries.)

THE VITAMIN B COMPLEX. Council on Dental Therapeutics, American Dental Association. *J.A.D.A.* 28:316, Feb. 1941.

Of the various members of the vitamin B complex the following have been mentioned prominently in the literature: thiamine hydrochloride (vitamin B₁), riboflavin (vitamin B₂), vitamin B₃, vitamin B₆, vitamin B₁₂, vitamin B₅, pantothenic acid, factor W and nicotinic acid. Of these vitamins the following have been demonstrated to be necessary in human nutrition: thiamine hydrochloride, riboflavin and nicotinic acid. Evidence for the necessity of some other vitamins in the group has been presented but is not yet convincing.

Thiamine hydrochloride is of value in the prevention and treatment of beriberi and in certain other conditions which may be related to a deficiency in the vitamin. Nicotinic acid is a valuable therapeutic agent in the treatment of pellagra. A deficiency of this vitamin may be one of the numerous predisposing factors in Vincent's infection but the vitamin has not been shown to be a cure for Vincent's infection. Riboflavin deficiency may produce a marginal stomatitis.

The following are good sources of thiamine: legumes, nuts, whole grain, milk, eggs, lean meat and liver. Nicotinic acid is found in dried yeast, liver, lean meat, kale, tomatoes, turnip greens, canned salmon, peas and wheat germ. Good sources of riboflavin are kale, spinach, turnip greens, wheat germ, liver, milk, eggs, lean meat, carrots, tomatoes, and apples.

VITAMIN K. Council on Dental Therapeutics, American Dental Association. *J.A.D.A.* 27: 1986, Dec. 1940.

In the course of investigations on the sterol metabolism of chicks, the Danish investigator Henrik Dam noted that chicks subsisting on certain artificial diets became anemic and had marked tendencies to subcutaneous and intramuscular hemorrhage. He suggested that the hemorrhages and prolonged coagulation time were due to a deficiency in or a lack of a factor which he called vitamin K.

Subsequent work has shown that vitamin K is 2-methyl-3-phytyl-1, 4-naphthoquinone. This vitamin is widely distributed in green leaves and vegetables with an abundance in dried chestnuts, spinach, cabbage and alfalfa. Vitamin K₂ is chemically distinct from vitamin K₁.

Vitamin K is of value in prevention of hemorrhage in a number of conditions characterized by a low prothrombin level. The vitamin is recognized as a useful agent in obstructive jaundice and in bleeding in the new-born. There is at present no evidence as to the usefulness of vitamin K preparations in dental practice. However, vitamin K deficiencies in dental patients may call for co-operation with the physician.

VITAMINS PLUS. Council on Dental Therapeutics, American Dental Association. *J.A.D.A.* 27:1989, Dec. 1940.

Vitamins Plus, Incorporated, 370 Lexington Ave., New York, has entered into a stipulation with the Federal Trade Commission in which it agrees to cease certain representations in the sale of a vitamin concentrate supplement designated "Vitamins Plus."

The respondent agrees to cease representing, directly or by implication, that a cloudy or lusterless condition of the eyes or lack of whiteness of the teeth is generally due to vitamin A deficiency; that vitamins are of significance in determining the duration of time hair stays in curl, or make-up remains on the skin surface or nail polish adheres to the nails; that vitamin B will maintain or nourish brain tissue, or will remove lactic acid from the blood stream and thereby eliminate fatigue, or is of value in cases of constipation or nervous disorders, except where and to the extent that such cases may be due to an

insufficiency of vitamin B, or that foods customarily consumed have but a negligible amount of vitamin B.

Other representations which the respondent agrees to discontinue are that vitamin E is known to be capable of preventing sterility or promoting mental or physical vigor; that by use of "Vitamins Plus" a person may expect to have sparkling eyes, or gleaming or lustrous hair or a lovely complexion, or one may become active, gay, beautiful or charming, or live without a "let-up" or "let-down." (Stipulation 02652.)

Oral Surgery

CORRECTION OF MALOCCLUSION BY SURGICAL INTERFERENCE. JOSEPH E. SCHAEFER. *Am. J. of Orthodont. and Oral Surg.* 27:172, April, 1941.

Two cases are reported illustrating the technique of cutting the neck of the condyles. This procedure together with orthodontic assistance resulted in the establishment of normal occlusions and marked improvement in the faces of the patients.

LEWIS, Dayton, Ohio

CORRECTION OF SEVERE MANDIBULAR PROTRUSION BY OSTEOTOMY OF THE RAMI AND ORTHODONTICS. BENJAMIN WEISS, MAXWELL J. LENTZ, and JULIUS NEWMAN. *Am. J. of Orthodont. and Oral Surg.* 27:1, Jan. 1941.

Treatment of a Class III case of a patient 19 years old is described. Following the osteotomy of the rami, orthodontic treatment was completed in one year. Illustrations are shown of the models, teeth and face before, during, and after treatment.

LEWIS, Dayton, Ohio

THE IMPLANTATION OF BONE IN THE CHIN IN A SEVERE CASE OF MANDIBULAR RETRACTION. EARL F. LUSSIER. *Am. J. of Orthodont. and Oral Surg.* 27:267, May, 1941.

The patient, a boy 14 years of age, was treated for 20 months by routine Class II treatment. After two years of the usual retention it was decided to resort to surgery for the development of a chin. Models, photographs and data are shown, and the surgeons' report of the operation is given.

LEWIS, Dayton, Ohio

Pathology

†A PECULIAR CASE OF CLEIDOCRANIAL DYSOSTOSIS IN A CHILD OF SEVEN. HILDEGARD WINKLER. *Jahrb. f. Kinderh.* 149:238, July, 1937.

A classic case of cleidocranial dysostosis is described in detail. Photographs and roentgenograms are reproduced. The various etiologic theories are presented, and their weak points are exposed. The author states that Visellefont's idea of a hypophysial lesion must be considered a possibility in this case because of the enlarged sella turcica as shown by roentgen examination. The child was considerably shorter than the average.

LANDAU, Hannibal, Mo.

CONGENITAL CRANIO-FACIAL MALFORMATION (PTEROSCHISIS, ENCEPHALOCELÆ AND HYPERTELORISM). O. ARMENIO. *Arch. ital di otol.* 52:251, May, 1940. (See Etiology.)

ORAL AND ROENTGENOGRAPHIC ASPECTS OF THE TEETH AND JAWS OF JUVENILE DIABETICS. C. E. RUTLEDGE. *J.A.D.A.* 27:1740, Nov. 1940.

The outstanding symptom is a typical fruity odor of the breath known as "diabetic breath." Owing to the lowered general resistance the gums develop a tendency to hemorrhage, and later there may follow paradentosis, sometimes other sequelae by paradental abscess. The patient under twenty who has been on a diabetic diet during tooth formation is usually free of caries but shows a marked tendency to tartar formation. The gums are generally healthy, but older patients usually have much caries and resorption of alveolar bone. Marked alveolar involvement in younger people is sufficient evidence to suspect childhood diabetes or other serious body upset.

PREWITT, Lexington, Ky.

† Reprinted by courtesy of the *American Journal of Diseases of Children*.

ORTHODONTICS IN THE TREATMENT OF CLEFT PALATE. JACOB C. LIFTON. *Am. J. of Orthodont. and Oral Surg.* 27:423, Aug. 1941.

In this paper we find: (1) a résumé of acquired perforations and clefts in the hard and soft palates resembling congenital cleft palate and postoperative sequelae; (2) a developmental study of the embryo and early fetus; (3) an evaluation of the etiology of congenital cleft palate; (4) the orthodontic treatment phase of postoperative cleft palate; and finally a brief discussion of cleft palate speech.

Most of the cases reported were treated from the start by a combined obturator and orthodontic appliance; this was done to bring about immediate improvement in the patient's speech.

LEWIS, Dayton, Ohio

*ROENTGENOGRAPHIC DIAGNOSIS OF CONGENITAL SYPHILIS IN UNERUPTED PERMANENT TEETH. BERNARD G. SARNAT, ISAAC SCHOUR, and ROBERT HEUPEL. *J.A.M.A.* 116:2745-2747. 1941.

An early roentgenographic diagnosis of congenital syphilis on the unerupted permanent central incisors and first molars of a Negro girl aged 4 years was made and confirmed clinically two years later when the teeth had appeared in the oral cavity. The teeth showed disturbances in the developmental phases which occur during the neonatal period and earliest infancy. The effects were different in the growing deciduous and permanent teeth, depending on the developmental stage active at the time. The deciduous teeth, active in the formation of enamel, showed hypoplasia; the permanent teeth, active in morpho-differentiation, showed a disturbed dentino-enamel junction with a resulting characteristic distortion of the crown. . . . (From Authors' Summary.)

Psychology

PSYCHOLOGY APPLIED TO DENTAL TREATMENT OF ADOLESCENTS. WALTER C. MCBRIDE. *J.A.D.A.* 28:114, Jan. 1941.

In this article Dr. McBride discusses the problems associated with handling the adolescent boy or girl as contrasted with problems associated with younger children. Adolescents want adult attentions and yet act much like children. In some ways they are more difficult to understand and handle than children because of the emotional as well as rapid physical changes their bodies are undergoing. The use of encouragement, flattery (for younger children only) and limited sympathy are discussed. Shame is contraindicated when dealing with all children, particularly adolescents.

PREWITT, Lexington, Ky.

Roentgenology

THE USE OF LATERAL HEAD RADIOGRAPHS FOR EVALUATING ORTHODONTIC RESULTS AS DISTINGUISHED FROM GROWTH CHANGES. ROBERT M. McDOWELL. *Am. J. of Orthodont. and Oral Surg.* 27:59, Feb. 1941. (See Case Analysis and Diagnosis.)

Speech

ORTHODONTICS IN THE TREATMENT OF CLEFT PALATE. JACOB C. LIFTON. *Am. J. of Orthodont. and Oral Surg.* 27:423, Aug. 1941. (See Pathology.)

Technic and Metallurgy

AN EASY AND INEXPENSIVE METHOD OF MAKING HAWLEY RETAINERS. W. B. STEVENSON. *Am. J. of Orthodont. and Oral Surg.* 27:154, Mar. 1941.

Steps are outlined in detail for the construction of retainers by use of "Permaform," one of the plastics.

LEWIS, Dayton, Ohio

* Reprinted by courtesy of *Child Development Abstracts & Bibliography*.

ANALYSIS OF MALOCCLUSION, BASED UPON THE FORWARD TRANSLATION THEORY. GEORGE W. GRIEVE. *Am. J. of Orthodont. and Oral Surg.* 27:323, June, 1941.

The pin appliance and its technique are discussed in detail. Greive also outlines again his "forward translation" theory of malocclusion which he believes should be accepted as a basis for case analysis and treatment.

LEWIS, Dayton, Ohio

SOME METALLURGIC ASPECTS OF ORTHODONTIC MATERIALS. ARNOLD S. ROSE. *Am. J. of Orthodont. and Oral Surg.* 27:127, Mar. 1941.

The instruments of the metallurgist, the tensile tester, the microscope, and the bend tester with several applications of each are described as well as the use of radiography in examination of wires.

LEWIS, Dayton, Ohio

THE CONSTRUCTION AND MANIPULATION OF THE TWIN-WIRE MECHANISM. JOSEPH E. JOHNSON. *Am. J. of Orthodont. and Oral Surg.* 27:202, April, 1941.

The assemblage of this appliance is described in detail, manipulation for various tooth movements and pertinent facts about the appliance are mentioned.

LEWIS, Dayton, Ohio

Treatment and Retention

ANALYSIS OF MALOCCLUSION, BASED UPON THE FORWARD TRANSLATION THEORY. GEORGE W. GRIEVE. *Am. J. of Orthodont. and Oral Surg.* 27:323, June, 1941. (See *Technic and Metallurgy*.)

CORRECTION OF CLASS II, DIVISION 2, CASE WITH BITE PLATE. WALTER MOSMANN. *Am. J. of Orthodont. and Oral Surg.* 27:75, Feb. 1941.

A severe case of this type was treated by moving the upper centrals labially, and allowing the mandible to come forward after release of pressure from the upper centrals. Gnathostatic models, photographs and charts are included in the report.

LEWIS, Dayton, Ohio

CORRECTION OF MALOCCLUSION BY SURGICAL INTERFERENCE. JOSEPH E. SCHAEFER. *Am. J. of Orthodont. and Oral Surg.* 27:172, April, 1941. (See *Oral Surgery*.)

CORRECTION OF SEVERE MANDIBULAR PROTRUSION BY OSTEOTOMY OF THE RAMI AND ORTHODONTICS. BENJAMIN WEISS, MAXWELL J. LENTZ, and JULIUS NEWMAN. *Am. J. of Orthodont. and Oral Surg.* 27:1, Jan. 1941. (See *Oral Surgery*.)

EXAMPLES FROM PRACTICE SHOWING THE NECESSITY FOR DIFFERENTIAL DIAGNOSIS AND THE APPLICATION OF RATIONAL TREATMENT PRINCIPLES. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:308, June, 1941. (See *Case Analysis and Diagnosis*.)

OPEN-BITE ASSOCIATED WITH A TONGUE HABIT. A. JUTKOWITZ. *Am. J. of Orthodont. and Oral Surg.* 27:30, Jan. 1941. (See *Etiology*.)

ORTHODONTIC CONSIDERATION OF CASES TO OBTAIN NORMAL VERTICAL DIMENSIONS. FRED E. HABERLE. *American Dental Association. J.A.D.A.* 28:66, Jan. 1941.

This paper is concerned principally with the orthodontic treatment of abnormality in the vertical dimensions of the dental arches.

Plans to treat this condition include direct application of force by means of arch wires or by the bite plate to bring about bone modification.

Frequently bite planes appear to hinder the free labial movement of the lower incisor teeth and are undesirable. A removable device for opening the bite with no interference with the free movement of the lower incisors has been devised. Several case reports are included showing the results of treatment.

PREWITT, Lexington, Ky.

ORTHODONTICS AS AN AID TO PROSTHODONTICS. CHARLES W. HLAVAC. *Am. J. of Orthodont. and Oral Surg.* 27:41, Jan. 1941.

Treatment of a 34 year old man with a mutilated Class I malocclusion characterized by a very severe overbite was instituted with the purpose of limiting orthodontic correction to the extent of enabling the insertion of artificial restorations. Prior to treatment it was impossible to construct any type of restorations.

LEWIS, Dayton, Ohio

ORTHODONTICS IN THE TREATMENT OF CLEFT PALATE. JACOB C. LIFTON. *Am. J. of Orthodont. and Oral Surg.* 27:423, Aug. 1941. (See Pathology.)

THE GENERAL HEALTH BENEFITS OF ORTHODONTIC TREATMENT. JAMES DAVID MCCOY. *Am. J. of Orthodont. and Oral Surg.* 27:369, July, 1941. (See Growth and Development.)

THE IMPLANTATION OF BONE IN THE CHIN IN A SEVERE CASE OF MANDIBULAR RETRACTION. EARL F. LUSSIER. *Am. J. of Orthodont. and Oral Surg.* 27:267, May, 1941. (See Oral Surgery.)

THE TREATMENT OF DIFFERENT TYPES OF MALOCCLUSION WITH THE TWIN-WIRE MECHANISM. JOSEPH E. JOHNSON. *Am. J. of Orthodont. and Oral Surg.* 27:289, June, 1941.

In this article the author presents numerous cases treated with use of his appliance. Illustrations are shown of cases before and after treatment, and also of appliance in the mouth.

LEWIS, Dayton, Ohio

THE USE OF THE TWIN-WIRE MECHANISM IN THE TREATMENT OF DEEP OVERBITES. JOSEPH E. JOHNSON. *Am. J. of Orthodont. and Oral Surg.* 27:347, July, 1941.

Numerous cases are shown treated by the author with the twin-wire mechanism. Detailed accounts are given of appliance therapy and diagnosis; also instruments used by the essayist to measure the extent of, and direction which he moves the teeth are illustrated and explained. The measurements are from the inner canthus of the eye to the incisal edge of the upper anterior teeth; from the ear to the upper first molar; and from the occlusal surface of the lower first molars to the lower border of the mandible.

LEWIS, Dayton, Ohio