

Abstracts of Current Literature

Anatomy

DENTOFACIAL MUSCULATURE. B. F. DEWEL. *Am. J. of Orthodont. and Oral Surg.* 27:469, Sept. 1941.

Dewel reviews the muscles and groups of muscles that are influential in establishing and maintaining normal occlusion of the teeth, and considers the principles of balance, symmetry, and stability throughout the dentofacial area. Normal dental and facial development depends to a great extent on normal muscular function, and normal dental development and maintenance involve an equalization of the forces between the labiobuccal musculature outside the arches and the tongue within.

LEWIS, Dayton

Case Analysis and Diagnosis

DIAGNOSIS IN ORTHODONTIC PRACTICE. MILO HELLMAN. *Am. J. of Orthodont. and Oral Surg.* 27:681, Dec. 1941.

Hellman believes the terms "diagnosis" and "classification" are confused by many orthodontists; he points out the difference between Angle's and Simon's thinking on the same subject. The author's standards for appraising the dimensions of facial features are explained in detail. Polygons are shown of many cases and illustrate the need and advisability of appraising faces periodically long before a final diagnosis is made.

LEWIS, Dayton

ORTHODONTICS AND GROWING UP. CLIFFORD SWEET. *Am. J. of Orthodont. and Oral Surg.* 27:546, Oct. 1941. (See Growth and Development)

THE INTERNIST'S CONTRIBUTION TO THE ORTHODONTIST. S. P. LUCIA. *Am. J. of Orthodont. and Oral Surg.* 27:542, Oct. 1941.

The significance of jaw pain is demonstrated in four case reports, and illustrates the type of problems with which the internist is confronted.

LEWIS, Dayton

Dental Caries

†ALIMENTARY AND MEDICINAL PROPHYLAXIS AND THERAPY OF DENTAL CARIES. O. BRINCH. *Nord. Med.* 1:83, Jan. 14, 1939.

It is not possible to improve resistance against dental caries by diet or by pharmacologic compounds when the teeth are already developed, as there is no vital metabolism in the enamel of the teeth. The dietetic prophylaxis of dental caries is confined to the period during which the teeth are growing. It is important that the diet during this period contain a sufficient supply of calcium, phosphorus and vitamins and that the food be of such a consistency that it necessitates chewing.

WALLGREN, Gothenburg, Sweden

†RELATION BETWEEN VITAMIN C AND DENTAL CARIES. T. SANDBERG AND H. DAGULF. *Nord. Med. (Hygiea)* 1:603, March 4, 1939.

One hundred and ninety healthy school children and children hospitalized for surgical treatment of different kinds of tuberculosis were studied. Determination of the ascorbic acid level of the blood (Farmer and Abt) was carried out in the spring and in the fall. In some cases saturation tests were performed. The teeth were carefully examined by a dental surgeon before and after the study. There was no statistically significant difference in the degree of dental caries in children with satisfactory and in children with abnormal vitamin C standards.

WALLGREN, Gothenburg, Sweden

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

†TREATMENT OF DENTAL CARIES. M. DECHAUME. *Presse Méd.* 48:1057, Dec. 18-21, 1940.

Dechaume stresses the thesis that caries is due to local and trophic disturbances rather than to general deficiencies. In the treatment of the inflammatory lesions of the tooth a nonirritating antiseptic can be utilized. Excision of the dentine down to the pulp will produce devitalization of the tooth in many cases.

DAFFINEE, Boston

Education, Legislation, Economics

THE BASIS FOR A MODERN CONCEPT OF ORTHODONTICS. LOUIS BRAUN. *Am. J. of Orthodont. and Oral Surg.* 27:454, Aug. 1941.

A consideration of the fundamental prerequisites to mechanical treatment is set forth in this article. Todd, Hellman, Strang and McCoy are quoted.

LEWIS, Dayton

Endocrinology

DUCTLESS GLANDS. H. CLARE SHEPARDSON. *Am. J. of Orthodont. and Oral Surg.* 27:538, Oct. 1941.

The effects of various endocrine gland disturbances on the developing child are described. Shepardson stated that the orthodontist and the medical clinician must cooperate in this type of case.

LEWIS, Dayton

Etiology

†ASSOCIATION BETWEEN CLEFT PALATE AND OTHER CONGENITAL ANOMALIES, ESPECIALLY THOSE OF THE VERTEBRAL COLUMN. C. H. SCHRÖDER. *Beitr. z. klin. Chir.* 169:402, 1939.

Schröder discusses the family trees of several families and shows that there is an association between cleft palate and other anomalies. He describes various types of anomalies in the vertebral column (spina bifida, etc.).

RUBIN, Boston

RICKETS. MEYER EGGNATZ. *Am. J. of Orthodont. and Oral Surg.* 27:379, July 1941.

An analysis is presented on the relation of rickets to dental caries, enamel hypoplasia and malocclusion.

It has been shown that lack of sunlight, lack of calcium and phosphorus, vitamin D deficient diets, dampness, poverty, and syphilis are the more frequent etiologic factors of rickets. Early symptoms of rickets are: sweating of the head, craniotabes, restlessness at night, delayed dentition, and enlarged fontanel. In the later stages the bone picture becomes apparent, beading of the ribs, enlargement of the epiphyses of the wrists and ankles, and bowlegs. Rickets can be prevented by use of vitamin D therapy, by exposure to sunlight or lamp giving off ultraviolet rays.

Investigations show caries and hypoplasia do not occur more frequently in children who have had rickets than in those who have had anti-rachitic therapy; but the same investigators have shown malocclusion to be more frequent in children who have had rickets than those not affected.

LEWIS, Dayton

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