

ABSTRACTS

† The abstracts of current literature are prepared without comment or interpretation by the editorial staff of THE ANGLE ORTHODONTIST from the following sources: *Journal of the American Dental Association*, *American Journal of Orthodontics*, *Journal of Dental Research*, *Journal of Dental Education*, *Journal of the Canadian Dental Association*, *British Dental Journal*, *Dental Record (British)*, *Child Development Abstracts and Bibliography*, *American Journal of Diseases of Children (Abstract section)*, and other American and foreign periodicals from which abstracts are occasionally submitted. The abstracts represent a comprehensive though not a complete index of material and dental literature of interest to orthodontists.

Anthropology

SOME OBSERVATIONS ON THE USE OF THE TERM PROGNATHISM. ALTON K. FISHER. J.A.D.A. 38:611, May 1949.

Prognathism is a word which is now being used to describe many characteristics of the face, both normal and pathological. This has resulted in considerable confusion which has fostered misunderstanding.

Many anatomical, anthropological, and dental authorities are quoted on the use of the term "prognathism." It is shown that the related fields of anatomy and physical anthropology have developed a concept so rigid that no misunderstanding is possible. After being taken into the vocabularies of dentistry and medicine the original meaning was soon lost to its new users. A recommendation is made that the term "prognathism" be reserved to express the concept as defined by anatomy and anthropology.

LEWIS.

Case Analysis, Diagnosis and Treatment Planning

CLINICAL OBSERVATIONS ON THE AXIAL INCLINATION OF TEETH—B. F. DEWEL, *Amer. J. of Orthodont.* 35:98, Feb. 1949.

While realizing clinical diagnosis is an art, best confirmed by cephalometric science, the author assesses it as a requirement for a well-rounded orthodontic service. Axial inclination of teeth is one phase of such diagnosis and service and he pictures its diagnostic implications in general before proceeding to a discussion of the axial perversions of specific teeth. Other clinical symptoms of malocclusions are outlined and he concludes that the benefits of cephalometrics must be made increasingly available to the clinician; only then will axial perversions be assessed as symptomatic of the development aberrations which strictly limit treatment.

NEWCOMB.

TAILORED OCCLUSION WITH THE ANTERIOR COEFFICIENT—CECIL W. NEFF. *Amer. J. of Orthodont.* 35:309, Apr. 1949.

This is an effort to relate tooth mass to degree of overbite. After determining the "anterior coefficient" by dividing the sum of the mesio-distal diameters of the lower six anterior teeth into that of the upper six anterior teeth, the coefficient is referred to a table of overbite percentage to learn the ideal lap for the case at hand. The author mentions that facial analysis also plays a part in the determination.

NEWCOMB.

PRINCIPLE OF THE VARIATION FACTORS AND THEIR INFLUENCE UPON THE SOMATIC DEVIATIONS.—EDMONDO MUZZI. *Am. J. Orthodont.* 35:530, July 1949.

The writer goes into detail to try to explain on the basis of "somatic variation factors" the etiology of malocclusions which cannot be explained on the basis of inherited, environmental or pathological factors.

He also advances a new classification of malocclusions.

BALDRIDGE.

DENTAL ROENTGENOLOGIC ASPECTS OF SYSTEMIC DISEASE. EDWARD C. STAFNE. J.A.D.A. 40:265, Mar. 1950.

Disturbances of the endocrine glands, avitaminosis, skeletal developmental disturbances, inflammatory diseases of the bones, Paget's disease, multiple myeloma, ectodermal dysplasia, and atherosclerosis are the conditions discussed. Dental roentgenograms of each condition are shown. Stafne states that the above conditions are not all the oral manifestations of systemic diseases that may be revealed by dental radiographs.

LEWIS.

Cephalometrics

THE GNATHOTRANSIT. ROBERT NEWTON HARPER. *Amer. J. of Orthodont.* 35:196, Mar. 1949.

Functioning on the principle that an area may be surveyed in three dimensions, by intersecting three planes at a center, this method of symmetroscopy provides a comprehensive analysis of the survey, the author asserts.

NEWCOMB.

THE APPLICATION OF THE PRINCIPLES OF CEPHALOMETRIC LAMINAGRAPY TO STUDIES OF THE FRONTAL PLANES OF THE HUMAN HEAD. ALLAN C. BRADER. *Amer. J. of Orthodont.* 35:249, April 1949.

Laminagraphy permits projection of a roentgenographic image of a selected body plane to the exclusion of all other planes and supplements standardized cephalometric roentgenography by providing a radiographic visualization of anatomical structures otherwise obscure. There is a brief review of the literature followed by an outline of the methods, materials and technique. The author suggests the method may provide a new tool for study of developmental growth and briefly discusses its possible application to other medical, dental and surgical problems. There is an excellent bibliography.

NEWCOMB.

SOME THOUGHTS ON CEPHALOMETRICS AND ANCHORAGE. L. B. HIGLEY. *Amer. J. of Orthodont.* 36:135, Feb. 1950.

On the value of cephalometric roentgenography in orthodontic diagnosis and in assessing results of treatment, based on others' investigations. Anchorage limitations, revealed cephalometrically, led to the stabilizing plate as an adjunct to treatment.

NEWCOMB.

Cleft Palate

PRINCIPLES INVOLVING EXTRACTION IN THE SUCCESSFUL TREATMENT OF CLEFT PALATE CONDITIONS. JOS. D. EBY. *Amer. J. of Orthodont.* 35:351, May 1949.

The title covers the subject matter nicely. The author recognizes the developmental harm caused by too early surgical interference. Records of one case, from the age of eight years to completion at eighteen years, are shown. Statistics are included, both in the paper and subsequent discussions, relative to the incidence of these defects. The discussion also mentions a case of triplets born with clefts of the palate and lip, now under supervision.

NEWCOMB.

CLEFT PALATE AND SPEECH THERAPY. C. A. R. SCHUELENBURG. *South African M. J.* 23: 473, June 1949.

The author is of the opinion that no child should be operated on for cleft palate without provision for adequate speech therapy after the operation. This includes post-operative examination of the patient by the surgeon and speech therapist together. Speech should be recorded at various intervals to show improvements. Therapy should continue until speech is normal. This level may not be attainable in all patients but can be reached in most.

McGUIGAN, Evanston, Ill.

(Courtesy American Journal Diseases of Children.)

Education

THE ANGLE SCHOOL OF ORTHODONTIA. BERNARD W. WEINBERGER. *Amer. J. of Orthodont.* 35:298, Apr. 1949.

A brief history of the School (1899-1911) until the founding of the Angle College on the Pacific Coast in 1917. The heritage of the Angle School is portrayed, together with the incidents and personalities marking the stormy early years of the specialty. There is a list of graduates through the final session in 1911.

NEWCOMB.

ORTHODONTIC EDUCATION WITHIN THE SCHEME OF DENTAL EDUCATION. M. ALVERT MUNBLATT, D.D.S. *Am. J. of Orthodont.* 35:521, July 1949.

The theme of this article is that orthodontic education is in a state of great confusion. The author recognizes that in the last forty years the science of Orthodontics has accumulated valuable records, clinical materials and technical experiences, but this material is not presented with proper organization and objective interpretation, thus causing the confusion.

In his opinion orthodontic science should be included in the undergraduate study and training of the dental student along with the basic and correlated subjects closely associated with orthodontics, the same as the specialties of medicine are taught to the medical student. The dental student should spend some time in the orthodontic clinic as an observer or assistant so that he will be familiar with the possibilities and limitations of clinical orthodontics.

The technical education and clinical training for a specialist in orthodontics should be given only in postgraduate or graduate departments of the dental schools.

BALDRIDGE.

ORTHODONTIC EDUCATION. NEIL J. LEONARD, D.D.S. *Am. J. Orthodont.* 35:679, Sept. 1949.

The author brought out the fact that in undergraduate teaching in so many of the dental schools, orthodontia was just another subject needed to meet the requirements for a dental degree.

He stressed the fact that a well-rounded training program in orthodontics for the undergraduate student should be the obligation of our universities. He also was of the opinion that the students should be given a thorough knowledge of growth and development so they could recognize the abnormal from normal growth, and sufficient knowledge of orthodontic procedures so they could practice preventive orthodontics. He felt this would also be beneficial to them in understanding their problems in other phases of dentistry.

In the author's opinion, advances in orthodontics must be accomplished through graduate training. Orthodontics is a specialty of dentistry. The need for the development of postgraduate courses is as great as it is at the undergraduate level. Only in graduate courses can the finer skills and techniques of orthodontic practice be delineated. The objectives to be kept in mind included the attainment of higher standards of excellence in orthodontic practice, the encouragement of research, and the attraction of more students into the specialty by means of better instruction and increased interest.

J. PHILIP BALDRIDGE, Aurora, Ill.

ORTHODONTICS AND ORTHODONTISTS. ANDREW FRANCIS JACKSON. *Amer. J. of Orthodont.* 36:109, Feb. 1950.

An interpretation of orthodontic pioneers, their foibles and their contributions. There is a discussion of orthodontic education on both the graduate and undergraduate level. The author believes the teaching of orthodontic systems, so-called, is not justified and should be discontinued.

NEWCOMB.

Etiology

DELETERIOUS RESULTS OF UNDUE STRAIN IN THE JAW AREA. DR. AGE OFFERSPITZ. *Amer. J. of Orthodont.* 35:120, Feb. 1949.

There are two phases of this report. The first deals with the evil effects and symptoms arising from abnormal strains produced by a tilted molar. The effects, it is claimed, may be pyorrhea, diffuse alveolar atrophy, enamel defect and hypersensitivity. Several case reports, insufficiently documented, are made in support of the above. The second phase is an analysis of mechanical forces proceeding from a tilted molar.

NEWCOMB.

RHINOLOGIC EXPERIENCES TO AID THE ORTHODONTIST. HARRY NEIVERT. *Amer. J. of Orthodont.* 35:167, Mar. 1949.

A discussion of some of the common rhinological conditions which may help to create dento-facial abnormalities and how the rhinologist, trained in plastic surgery, may enhance orthodontic treatment by correcting cosmetic and functional defects. Reference is made to some of the early applicable findings of the Bolton and Brush Studies at Western Reserve University.

NEWCOMB.

THE PRIMARY DENTITION AND DENTOFACIAL ORTHOPEDICS. DALLAS R. McCAULEY. *Amer. J. of Orthodont.* 35:364, May, 1949.

The author pleads, on the one hand, for early orthodontic interference and on the other, for incorporation of pediatric methods in the treatment of dento-facial anomalies. He implies that mechanical orthodontic therapy may influence developmental growth of the face and jaws but follows this with the opposite view that growth disturbances are the primary cause of malocclusion.

NEWCOMB.

Growth and Development

CONGENITAL AGLOSSIA. HAROLD A. ESKEW AND EARL E. SHEPARD. *Amer. J. of Orthodont.* 35:116, Feb. 1949.

The clinical appearance of this adult of Chinese descent is briefly given, supplemented with facial and oral photographs and the plaster records. There is an analysis of the speech sounds, remarkably perfected by use of the Buccinator Muscles, those in the floor of the mouth and control of the breath stream. There is very little exposition of the relation of form and function.

NEWCOMB.

HEAD GROWTH OF THE MACAQUE MONKEY AS REVEALED BY VITAL STAINING, EMBEDDING, AND UNDECALCIFIED SECTIONING. ALTON W. MOORE. *Amer. J. of Orthodont.* 35:654, Sept. 1949.

The author presents a review of literature on the use of vital staining in studying bone growth, and the techniques applicable to the embedding of the undecalcified bone in a hard substance that would permit sectioning or surface grinding.

A detailed account is given of the material and the method employed in the study. The findings by gross examination and by sectioning the specimen are reported with illustrations showing the sites of bone growth.

The general conclusion indicated by this study is that the connective tissue system, by its proliferation at certain sites, leads to the marginal growth of the bones. Some of these sites lead to enlargement and are located predominantly in sutures. Other sites, some of which are sutural and others surface, act as adjusters by (1) maintaining contact of bones that would otherwise be separated or by (2) preventing the disproportionate enlargement of such cavities as the brain case, orbit, and nose.

BALDRIDGE.

Public Health

ORTHODONTICS A PUBLIC HEALTH ACTIVITY. J. A. SALZMANN. *Amer. J. of Orthodont.* 35:179, Mar. 1949.

An outline of the problems involved as interpreted by the author in the light of his experience as a member of the New York Advisory Committee on Orthodontics.

NEWCOMB.

ORTHODONTICS AS A HEALTH SERVICE. JOHN T. FULTON. *Amer. Jour. Orthodont.* 36:336, May, 1950.

Although few children receive the benefits of orthodontic service, the demand for it is rising. As an integral part of dental health, ways of increasing orthodontic participation in child health service need to be devised and should be controlled by the specialty; less than 1 per cent of the total annual visits to child dental clinics is devoted to orthodontic problems. A difficulty in raising this participation is in formulating an acceptable minimum health standard of orthodontic service. Public health service programs are outlined, special emphasis being put on that in New York state. The author pleads for the teaching of broad orthodontic principles to all dental students as the most effective means of prevention and interception of malocclusion. This latter responsibility rests with the specialty.

NEWCOMB.

Public Relations

SOME VIEWS OF THE AMERICAN BOARD OF ORTHODONTIC EDUCATION. B. G. DEVRIES. *Amer. J. of Orthodont.* 35:289, April 1949.

A rational presentation in answer of criticism of the Board for holding itself aloof from dictating orthodontic educational standards and portrayal of the difficulties involved in fulfilling a judicial position in a specialty where the standards of training and practise are changing.

NEWCOMB.

YOUR AMERICAN ASSOCIATION. LOWRIE J. PORTER. *Amer. J. of Orthodont.* 35:331, May 1949.

An outline of the historical background of the specialty and of the Association; the latter's present status, duties and objects. Also, arguments against Federal control of health service.

NEWCOMB.

"AN EDITOR VIEWS THE NEWS". H. C. POLLOCK, *Amer. J. of Orthodont.* 35, 425, June, 1949.

On the origins and history of the American Journal of Orthodontics and the place of orthodontics in a welfare state.

NEWCOMB.

A PROFESSIONAL MAN'S APPROACH TO PUBLIC RELATIONS. JAMES T. WALLS. *Amer. J. of Orthodont.* 35:432, June 1949.

A sane approach on how to win orthodontic patients and influence their parents, emphasizing personal responsibility of each practitioner.

NEWCOMB.

PRESIDENT'S ADDRESS, GREAT LAKES SOCIETY OF ORTHODONTISTS. WILSON R. FLINT. *Amer. J. Orthodont.* 36:165, Mar. 1950.

The author outlines the evolution of the major federal legislative proposals and conferences involving dentistry and orthodontics relative to a federal health program and recommends greater efforts to educate patients and the writing of letters to legislators to channel this trend in proper directions. He also discusses membership requirements in the component and parent organizations, urging higher standards, and advocates biennial meetings of the parent body.

NEWCOMB.

Research

MEASUREMENT OF OCCLUSAL CONTACT AREA EFFECTIVE IN MASTICATION. ALGIRDAS YURKSTAS AND R. S. MANLY. *Amer. J. of Orthodont.* 35:185, Mar. 1949.

The efforts of others to measure effective occlusal contact area is reviewed. The authors then describe the instrument they have developed for making such measurements from the wax-bite taken in centric occlusion; they seemingly attach no importance to the effectiveness of lateral shearing. Their methods indicate the first molar provides almost two-fifths of the total effective area in a complete dentition and the first premolar less than ten per cent. Possible clinical applications are mentioned.

NEWCOMB.

CHANGES IN TOOTH AND BONE TISSUE PRODUCED BY PLACING CAPS UPON THE INCISORS OF RODENTS. VIKTOR KALNINS AND ANNA BERZIUS-RAIMONDS. *Amer. J. of Orthodont.* 35:219, Mar. 1949.

Guinea pigs were the experimental animals used and the changes induced were studied roentgenologically and microscopically. Only the histologic material is published. The findings were similar to those of other investigators.

NEWCOMB.

THE RELATION OF ILLNESS PATTERNS IN CHILDREN TO ORDINAL POSITION IN THE FAMILY. ALICE KINGSLEY AND EARLE L. REYNOLDS. *J. Pediat.* 35:17, July 1949.

Kingsley and Reynolds have analyzed illness records for a group of children during their first five years of life. In general, single children more readily acquired gastrointestinal upsets, feeding disorders, constipation, asthma and allergies. Second children led in respiratory and aural infections, tonsillitis, whooping cough, diarrhea, accidents and enuresis. First children did not show the highest mean incidence in any of the categories examined. One hundred and one children were studied.

MACDONALD, Pittsburgh.

(Courtesy American Journal Diseases of Children.)

A STUDY OF BACTERIAL COUNTS (LACTOBACILLI) IN SALIVA RELATED TO ORTHODONTIC APPLIANCES (A Preliminary Report) OLIN W. OWEN, D.D.S. *Am. J. Orthodont.* 35:672, Sept. 1949

The author gives a brief review of the work done on caries control with special reference to the indices used to determine caries susceptibility.

The experiment was carried out on patients with three main types of orthodontic appliances.

Evidence seems to indicate that appliances did increase the lactobacillus count, and was dependent somewhat upon the number of bands in the mouth and the length of time the bands were in place.

As preventive measures the author recommended dietary control, the use of fluorides, ammonia preparations and salts of silver and other chemicals as suggested by Gottlieb and others.

J. PHILIP BALDRIDGE, Aurora, Ill.

Surgery

SURGICAL CORRECTION OF DEFORMITIES OF THE MANDIBLE. DOUGLAS B. PARKER. *Amer. J. of Orthodont.* 35:292, Apr. 1949.

A summation of the possible etiological factors behind mandibular deformities, case records needed, factors in planning treatment, the advantages and disadvantages of osteotomy of the ramus and of osteotomy of the body. There is also a short discussion of corrective methods for the micrognathic mandible.

NEWCOMB.

BENIGN HYPERPLASIA OF THE MANDIBULAR CONDYLE. ROBERT H. IVY. *Plastic and Reconstructive Surgery*, 4:445, Sept. 1949.

The author presents a case of bony and cartilaginous enlargement of the condyloid process of the mandible, resulting in slow progressive vertical elongation of one side of the face and the formation of a crossbite occlusion. Practically no interference with the motion of the mandible was found. As these cases progress there may be some pain on motion in the region of one or both condyles. The case described is that of a woman, age 38, who presented the typical syndrome due to hyperplasia of the left mandibular condyle occurring over a period of several years. The left side of the face was elongated with the chin deviated to the right, and a hard prominence could be felt over the left condylar region. The movements of the lower jaw were unrestricted, but there was slight pain in both joints. Roentgenographic examination showed marked enlargement and irregularity of the left mandibular condyle.

It was decided to resect the enlarged left condyle and this operation was performed under endotracheal anesthesia. A skin incision two inches long was made beneath and behind the left angle of the mandible and part of the masseter muscle reflected from the outer surface of the ascending ramus, as suggested by Risdon. A Gigli saw was carried around the neck of the condyle by the use of a Blair curved pedicle needle, and made to emerge through the sigmoid notch just beneath the zygomatic arch, where it was exposed by a small stab incision. The neck of the condyle was quickly divided by the saw, dissected free of the soft tissues and removed intact. The specimen revealed a greatly enlarged condyle with cartilaginous and bony proliferation. The wound was closed with deep catgut sutures and silk for the skin, without drainage. Healing was uneventful with immediate restoration of the symmetry of the face and occlusion of the teeth. The author suggests this method of approach because of easy and rapid access, less danger of seventh nerve complications, time saved by use of the Gigli saw and less mutilation of the pathologic specimen.

HEYL G. TEBB.

(Courtesy Journal of American Dental Association.)

Techniques

FABRICATION OF SEMICONTOURED MOLAR LOOP BANDS FROM CHROME BANDING MATERIAL.

E. E. JOHNS, D.D.S. *Am. J. Orthodont.* 35:651, Sept. 1949.

In this article the author gave the measurements and the technic, along with illustrations, of the band stretchers and rollers used in making stainless steel molar loop bands patterned after the Johnson Molar loop band.

J. PHILIP BALDRIDGE, Aurora, Ill.

THE USE OF ISOTHERMAL PLASTICS IN ORTHODONTICS. A. K. TAEFFER. *Amer. Jour. Orthodont.* 36:305, April 1950.

An outline of the technical steps in constructing palatal retainers, bite planes and mouth shields with the isothermal (self-curing) plastics. The cast and wire portion are prepared as usual; embedded portions of the wire must not touch the cast surface. Water-glass is the separating medium. The plastic is mixed (three parts of powder to one of liquid) only long enough to wet the powder thoroughly. The first adaptation is in the areas involving the wire, the wire is placed and the palatal area adapted with the fingers. Excess material is trimmed, the model allowed to cure for at least forty-five minutes and then polished. For mouth-shields, a glass slab is coated with separating fluid, the mix is made and applied to the slab for three minutes, then rolled on the slab, adapted to the model and the excess trimmed.

NEWCOMB.

Treatment

THE IMPORTANCE OF SIMPLICITY IN ORTHODONTIC MECHANISM AND SOME ESSENTIAL REQUIREMENTS OF SUCH APPLIANCES. JAMES DAVID MCCOY, D.D.S. *Amer. J. of Orthodont.* 35:485, Jan. 1949.

The author gives a short review of growth and development. He states that the records of growth changes under normal conditions should impress several facts: first, that our field of operation and all structures concerned "are in a state of change during Orthodontic treatment;" second, "that periods of advantage may be selected for active treatment, to the end that when normal functional and anatomical balance is established, subsequent growth changes may be advantageously utilized in augmenting and rendering permanent benefit of treatment." He feels that "our concept must also contain the admission that numerous cases are untreatable."

The orthodontic problem should dictate certain requirements for appliances and the time that treatment should be instituted. The appliances should aid, not retard, growth in the dentofacial complex, and early restoration of the "forces" of occlusion" favors successful treatment.

The directive action of appliances should be predicated upon rational diagnostic methods, and active treatment should be an uninterrupted process. He advocates the use of appliances of simple design but they must have stability of attachment, force, control, strength and delicacy retained, efficiency, cleanliness and inconspicuousness.

The article also contains three case reports.

BALDRIDGE.

(APPLIED PRINCIPLES OF THE JOHNSON TWIN-WIRE MECHANISM. HENRY U. BARBER, JR. *Amer. J. of Orthodont.* 35:87, Feb. 1949.

A written treatment plan, the conservation of anchorage, the unraveling of a malocclusion in logical sequence and the use of the simplest appliance which will produce results are basic principles; plaster records of four cases, of less than average complexity, are shown to illustrate these. The author advocates use of a tension gauge to determine the actual amount of elastic pressure. The latter portion of this paper reviews some of the spots in the evolution of the appliances developed by Angle, Case, Jackson and Merzhon. The twin-wire, it is concluded, in conjunction with suitable lingual appliances, represents one of the most efficient treatment methods today.

NEWCOMB.

A BASIS AND METHOD OF ORTHODONTICS—JOHN HEATH. *Amer. J. of Orthodont.* 35:208, Mar. 1949.

By rationalization the mandibular dental arch is established as a basis of treatment planning in the "ordinary" child; the outstanding feature is extraction. The latter half of this discourse attempts to outline, step by step, technical methods in treatment using stainless steel archwires of varying dimensions. The author closes with a plea for development of alloys of greater tensile strength.

NEWCOMB.

AUTOKINESIS AND EXTRACTION—M. ALBERT MUNBLATT. *Amer. J. of Orthodont.* 35:206, Mar. 1949.

Autokinesis is defined as both a prophylactic and therapeutic measure involving tooth extraction. The author points up the fallacies of this procedure relative to developmental growth and implies that he will soon present new clinical material reconciling the opposing viewpoints of Hellman and Tweed with respect of extraction.

NEWCOMB.

GENERAL PRACTITIONER'S DESIRED COOPERATION WITH THE ORTHODONTIST—ARTHUR E. CORBY. *Amer. J. of Orthodont.* 35:279, Apr. 1949.

The author discusses the usual topics under such a heading, with emphasis on his personal viewpoint of the primary effects of emotional instability (psychosomatic) on dental and orthodontic ills.

NEWCOMB.

THE SIGNIFICANCE OF PROPER MECHANICAL THERAPY IN ORTHODONTICS. GEORGE NAGAMOTO. *Amer. J. of Orthodont.* 35:269, April 1949.

The author discusses the following as current controversies in orthodontics: 1) the age for starting treatment; 2) extractions; 3) the reason for relapses; 4) the response of basal bone growth to mechanical stimuli. The work of Oppenheim and others, is cited as favoring the use of light continual forces. Early treatment may be both remedial and preventive. He advises recourse to all modern diagnostic facilities before ordering extractions but does not mention these facilities. The use of controlled, mild, continual forces is

advocated as a means of reducing the degree of relapse and the author implies that such forces may stimulate basal bone growth. He urges an end to prejudice in selecting appliances and diagnostic aids.

NEWCOMB.

CASE REPORT—DALLAS R. McCAULEY. *Amer. J. of Orthodont.* 35:377, May 1949.

A class I malocclusion involving a tongue habit and ectopic eruption of a primary lower cuspid. Two periods of active treatment were required. Documented with the usual clinical records.

NEWCOMB.

CASE REPORT—DALLAS R. McCAULEY. *Amer. J. of Orthodont.* 35:373, May 1949.

A mild Class II, Division 1 case presenting an impacted upper cuspid tooth; routine treatment; documented with the usual clinical records.

NEWCOMB.

EXTRACTION AND NON-EXTRACTION IN IDENTICAL TWINS—EDWARD A. CHENEY, *Amer. J. of Orthodont.* 35:351, May 1949.

This is a comprehensive report covering the original records of each case, records at the end of active treatment and three years after retainers had been discarded. The last are enhanced by superimposed tracings of cephalometric radiograms.

NEWCOMB.

CLINICAL APPROACH TO ORTHODONTIC THERAPY. JOSEPH D. EBY, *Amer. J. of Orthodont.* 35:407, June, 1949.

First, a résumé of orthodontic appliances development and the qualities of an efficient appliance. Secondly, some general thoughts on caries prevention, orthodontic diagnosis and the proper time for treatment. There is a lengthy discussion covering the same ground.

NEWCOMB.

ADAPTATION TO EMBOUCHURE AS A FUNCTION OF DENTOFACIAL COMPLEX. EDWARD A. CHENEY. *Amer. J. of Orthodont.* 35:440, June 1949.

The dentofacial irregularities interfering with the playing of wood instruments are described. According to the situations, the orthodontist may help in selecting an instrument best suited to the malocclusion or he may advise corrective treatment to provide satisfactory functional relationships.

NEWCOMB.

ORTHODONTICS AND A PRESCRIBED THERAPY—LEIGH C. FAIRBANKS. *Am. J. of Orthodont.* 35:501, July 1949.

The author reviews some high points in the development of the science of Orthodontics, and also gives a brief resume of different types of appliances. He also gives briefly four case reports accompanied by illustrations.

The paper is followed by a discussion given by Lowrie J. Porter in which he advances ideas which should be given serious consideration by all orthodontists.

BALDRIDGE.

CRITERIA FOR EXTRACTION IN ORTHODONTIC THERAPY RELATED TO DENTOFACIAL DEVELOPMENT. J. A. SALZMANN, D.D.S. *Am. J. Orthodont.* 35:584, Aug. 1949.

In this paper the author gives a short review on the inherent growth and functional adaption of the jaws, and the trajectory pathways of the forces exerted on the jaws to the skull. He also differentiates between true facial prognathism and dentoalveolar protrusion using Bjork's facial diagram.

The factors in the dentofacial complex which constitute criteria for extraction in individual patients are listed as follows:

1. The labial-lingual dental arch relationship to the prementon point.
2. The size of the gonion angle.
3. The axial inclination and the relationship of the mandibular incisors to a plane which passes through the prementon point and is perpendicular to the mandibular plane.
4. The type and degree of irregularity and crowding present in the dental arches before orthodontic treatment is undertaken.
5. The presence of constriction of the basal arches in relation to the dental arches.
6. The relative difference in size of the basal arches.
7. The amount and distribution of the soft tissues covering the facial bones.

J. PHILIP BALDRIDGE, Aurora, Ill.

PROPHYLACTIC ORTHODONTICS. FAUSTIN NEFF WEBER, D.D.S., M.S. Am. J. Orthodont. 35: 611, Aug. 1949.

The author recognizes that the incidence of oral and dentofacial anomalies is greater than can be treated by the orthodontists, and recommends that preventive orthodontic procedures should be done by the general practitioner of dentistry.

He recommends that the dentist give the child a careful examination as to the occlusion, count the teeth in both arches, take bitewing x-rays, and make casts of the teeth whenever there is question of the manner in which the occlusion is developing.

In the administration of the prophylactic orthodontic program, he recommends: care in restoring the occlusal and proximal surfaces of the primary and permanent teeth, extracting primary teeth at the correct time, using tongue-depressors for correcting incisor crossbites, brass ligature wire for releasing posterior teeth from impacted positions, extracting supernumerary teeth, surgically exposing crowns of teeth that are retarded in their eruption, break oral habits early, and the use of space maintainers following premature loss of the primary teeth when there is a tendency for the space to close.

J. PHILIP BALDRIDGE, Aurora, Ill.

THE PASSAGE OF A PATIENT THROUGH AN ORTHODONTIST'S OFFICE WITH ATTENTION TO THE LABIOLINGUAL TECHNIQUE, EMPHASIZING THE OLIVER GUIDE PLANE. E. C. LUNSFORD, D.D.S. Am. J. Orthodont. 35:636, Aug. 1949.

The author recommended that a definite plan of treatment be established for each case before treatment is instituted.

He then showed the models of two cases, one of which was treated with lingual appliances combined with plain labial appliances for aligning the anterior teeth; the other case was treated by using an Oliver guide plane.

J. PHILIP BALDRIDGE, Aurora, Ill.

THE REMOVAL OF SECOND PREMOLARS IN ORTHODONTIC TREATMENT. HAYS N. NANCE, D.D.S., Am. J. of Orthodont. 35:685, Sept. 1949.

The author presents a well illustrated paper showing some of the indications for the removal of the second premolars, the advantages of this procedure and the results of treatment a few years after all retention has been removed.

J. PHILIP BALDRIDGE, Aurora, Ill.

FACE VALUE. WILLIAM R. ROOT, D.D.S., Am. J. Orthodont. 35:697, Sept. 1949

In this article the value of the face is stressed, as it relates to personality and psychological factors. Examples are cited of the changes in personality, etc., which occurred following orthodontic treatment.

J. PHILIP BALDRIDGE, Aurora, Ill.

NEW APPROACH TO PULPAL DISTRESS. M. M. GILLMAN, D.D.S., LL.B. Am. J. Orthodont. 35:704, Sept. 1949.

The author has an entirely different approach to the problem of relieving pulpal distress. He removes the enamel and dentine overlying the pulp, so that the pulpal tissues can expand to combat the inflammation. He gives a detailed account of the technic and lists the drugs and filling materials used. In this technic the pulp is not removed. When the inflammation subsides filling is placed.

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