

Question and Answer Department

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Question: Is it possible to obtain gnathostatic impressions with any other material than impression compound?

Answer: Yes. Good impressions can be made with plaster, providing certain trays are used that have sides high enough to carry the plaster well up around the roots and that can be slightly bent and adjusted. The old Britannia Metal trays made by S. S. White are the best for this purpose. If the handle is removed and a rigid handle of the correct dimensions is riveted and soft soldered to the bottom of the tray, there will be no danger of distorting it and the pieces for the impression will go into place just as well as in a rigid tray. This change in the handle can also be made on special trays made for the new rubber-like flexible materials that are being used by many of the Orthodontists.

Question: I recently heard a children's dentist advocate the early treatment of "lower protrusion" cases as he called them, even as early as eighteen months. The appliance used in all cases was an exaggerated bite plane cemented to the maxillary anterior teeth so that the lower teeth were prevented from biting anterior to the uppers. Should these cases be treated at an early age?

Answer: Yes, early treatment of mandibular protraction cases is advocated but careful consideration should be given to the conditions which might exist in those cases that might show an anterior relation of the lower jaw to the upper. In some cases this is only a convenience bite and the mandible is deliberately thrown forward into an abnormal position, in others the condition may be one in which the upper arch is very narrow and the upper anteriors are lingual to their correct position in the skull but the lower arch is in correct relationship. There is another type which may have heredity as an etiological factor. This type of case is not one that can be corrected with bite planes or any other simple procedure and the person undertaking the treatment of such a case should have full knowledge of all the factors responsible for the production of such a malocclusion. The better plan of procedure seems to be to decide which part of the denture is in malrelation and then to design the appliance so that it will correct the area which is malformed. The bite plane may be indicated in some cases, but bands and arches, the chin plate with occipital anchorage and intermaxillary rubbers attached to upper and lower appliances are also indicated in these cases.

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