

Question and Answer Department

ERNEST M. SETZER, D.D.S.

Oakland, California

Question—Is the removal of the frenum labium always indicated when the upper central incisors have separated?

Answer—No. Cases showing this condition should be classified as operative and non-operative cases. In the latter group appliances may be placed to close the space between the incisors followed by a period of retention during which the teeth are held in this relation. This treatment is generally satisfactory, but should the space reappear the surgical removal of the tissue between the teeth may be carried out as a secondary procedure.

In the group which is classified as operative, it is advantageous to first remove the tissue between the incisors before attempting to close the space with appliances. It has been demonstrated often that merely the removal of the interproximal fibrous tissue will allow the incisors to come together without mechanical aid.

Question—Is a lower cuspid-to-cuspid retainer with a wire extending from one cuspid to the other on the lingual surfaces of the incisors adequate retention for rotations in the lower incisor region?

Answer—No. If the rotations of the incisors have been axial in nature it will generally be necessary to leave bands on those teeth affected, with spurs placed to resist the tendency to return to their old positions. If the rotations have been pivotal on the lateral incisors with the distal corners originally to the labial, then spurs soldered to mesio-labial angle of the cuspids will satisfactorily retain them.

Question—There is a band material being sold known as "non-corrosive." Is this a good material for making bands, especially molar bands?

Answer—The metal is very soft and easily adapted to the teeth and its bright finish is easily restored by polishing after all soldering operations have been performed. However, the softness of the material is not very desirable. Bands have been known to stretch and become loose on the teeth, or to split and tear under the ordinary force of mastication. The ease with which a band is made and the low cost do not offset the lost time occasioned by loose and broken bands. A good molar band material should be temperable, soft before manipulation, hard after the band is formed, and have a decided edge strength that will hold up under the force of occlusion and mastication.

1624 Franklin Street