

Announcements of Meetings

The Edward H. Angle Society of Orthodontia

The Eleventh Biennial Meeting of the Edward H. Angle Society of Orthodontia will be held at the Waldorf-Astoria Hotel in New York, May 1 to 7. Essayists of note will contribute to that portion of the program devoted to allied sciences. Much of clinical value will be offered in the form of essays and clinics by the members of the Society. Attendance will be limited to members and invited guests.

DR. ROBERT H. W. STRANG
First National Bank Building
Bridgeport, Connecticut

The American Association of Orthodontia

The thirty-sixth annual meeting of the American Association of Orthodontists will be held at the Roosevelt Hotel, 7006 Hollywood Boulevard, Los Angeles, California, on July 11 to 14 inclusive. All ethical members of the dental profession are invited to attend. Programs will be mailed on request.

CLAUDE R. WOOD, *Secretary*
Medical Arts Building
Knoxville, Tennessee

Society Proceedings

Mid-Western Component of the Edward H. Angle Society of Orthodontia

DR. HAROLD J. NOYES, *President*

DR. WILLIAM B. DOWNS, *Secretary and Treasurer*

October 31, November 1 and 2, 1937

Chicago

Sunday, P.M., October 31, Lake Shore Athletic Club

Business session, at which the following business of the Society was transacted:

Dr. Arthur Lewis, Dayton, Ohio, was elected to regular membership. Drs. S. J. Kloehn, Appleton, Wisconsin, Howard Strange, Chicago, Frank Throm, Kansas City, and John Spence, Chicago, were elected to affiliate membership.

Dr. Strayer, General Arrangements Chairman, led a discussion of the program for the eleventh biennial meeting of the Edward H. Angle Society of Orthodontia to be held at the Waldorf, New York City, March 27, 1938. (Later changed to May 1 to 7.)

The Society voted to accept the financial responsibility for placing the murals of the Edward H. Angle memorial room. These murals are two photographs taken from the windows of the original room at Dr. Angle's home in Pasadena. They were enlarged to life size, colored, and have been placed outside of the windows of this room as it has been duplicated in the Department of Orthodontia at the University of Illinois, College of Dentistry.

Examination of candidates.

Dinner.

Illustrated talk by Dr. Allan G. Brodie.

Monday, November 1

A.M.—Dedication of Graduate Department of Orthodontia, College of Dentistry, University of Illinois.

P.M.—Technic, Discussion and Demonstrations.

Second Order Bends

(Author's Abstract)

by

MORSE NEWCOMB, Ph.B., D.D.S.

Cleveland

The following points were emphasized: (1) the development of second order bends was the logical result of the demand for improved treatment of Class II malocclusions; (2) this demand was based on the importance of function in the growth and development of the organ of mastication; (3) a clear and workable knowledge of orthodontic anchorage principles is a pre-

requisite for the correct use of second order bends; (4) "bracket control" may be gained either by tooth movements or by archwire modification; (5) the latter procedure is of definite advantage in certain cases.

1532 Keith Building

Analysis of Biochemics of Second Order Bends

(MS. not received)

by

DR. LAWRENCE FURSTMAN

Los Angeles

5225 Wilshire Boulevard

Technic of Second Order Bends.—Dr. Brodie.

Technic of the Staple.—Dr. Wright.

The Coil and Spring Loop.—Dr. Wm. B. Downs.

Plaster Technic.—Dr. Goldstein.

Tuesday, November 2, 1937

A.M.—The General Principles Governing the Time for the Institution of Treatment.

Class I Malocclusions

by

F. M. DEUSCHLE, D.D.S.

Cincinnati

Orthodontic treatment time has always been a debated question. Some cases have turned out well without interference; other cases have gotten worse with treatment. The recent trend has been towards early treatment, aiding normal development and overcoming causes to prevent deformity and causes from becoming well ingrained in the individual. Children do not grow constantly and long periods of retarded growth may happen along developmental pathway. It is questionable whether all cases of malocclusion should be treated when a deformity seems to exist. Clinical experience shows that treatment time is individualistic in character and it is difficult to establish a set time for a particular type of malocclusion. Orthodontic management should be coordinated with the time of normal growth in the jaws. Class I malocclusions may be classified on the basis of the developmental defect existing, as follows:

1. Class I malocclusions resulting from failure in lateral growth of the jaws.
2. Class I malocclusions resulting from failure in anteroposterior growth.
3. Class I malocclusions resulting from failure in vertical growth.
4. Class I malocclusions resulting from a combination of these failures.

Hellman describes three periods of growth for the jaws and dentition, *i.e.*:

1. "The first seven years of life, when the deciduous dentition is completed; the first teeth of the permanent series appear and the most intensive and greatest amount of anterior posterior growth of the face takes place.
2. "The eight years following (from 7 to 15), when the deciduous dentition is shed, all but the third molars of the permanent series erupt and the most rapid and considerable lateral and vertical growth of the face takes place.
3. "The next six years (from 15 to 21), when the third molars erupt, which period is marked by a residual transverse and vertical growth period in females and a more active growth in the males."

The classification assumes that the chronological and physiological ages correspond. The selection of treatment time becomes more complicated when there is a difference, so frequent in malocclusions, between these ages.

The use of wrist x-rays with the Brush standards is a definite advantage.

From the Hellman classification it seems that Class I malocclusion with mesial drift complications, should be treated as early as possible; with contracted arches and jaws lacking in vertical growth, may be treated last.

Union Central Life Building

Treatment Time for Class II Cases

(Author's Abstract)

by

EDWARD J. GROMME, D.D.S.

Cincinnati

"The correction of both types of cases depends upon analysis and prognosis. It depends upon tissue reaction, tissue integrity and upon patient cooperation. Age has relatively little bearing, so far as actual tooth movement is concerned. The ability of bone to alter its form in response to stress or stimulation is the only thing that permits correction of any nature." A rapid survey is made of factors involved in the development of malocclusions and deformities described.

As Class II cases both divisions manifest themselves at an early age, as they can be clearly recognized by their characteristics. As the types of cases develop continuously into increasingly bad deformities, treatment should be instituted as soon as possible, before the full mal-development asserts itself. If this is done while the child is still growing the work is finished under the influence of natural development and we have a developed face instead of an established one. "It is not impossible to restore a deformed face

to a pleasing balance at full maturity, but when we are talking of the best time to commence treatment all possible factors should be taken into consideration and the time chosen when we have most of them in our favor." The best treatment time is as early as the cases are definitely recognized, as soon as patient cooperation can be secured, and while the children are still under the influence of growth and development.

Provident Bank Building

Class III

(MS. not received)

by

ERNEST MYER, M.S., D.D.S.

Chicago

180 North Michigan Avenue

Table Discussions of Case Analysis

Class I—Topic Leader—Dr. W. A. Kemper.

Class II, Division I—Topic Leader—Dr. S. R. Steadman.

Class II, Division II—Topic Leader—Dr. J. Holub.

Class III—Topic Leader—Dr. C. F. Wright.

Chicago Association of Orthodontists

January 24, 1938

Chicago

DR. J. HEWITT WILLIAMS, *President*

DR. LELAND JOHNSON, *Secretary*

Mesial Drift

by

WILLIAM B. DOWNS, D.D.S., M.S.

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