

UNIVERSITY OF WASHINGTON
SCHOOL OF DENTISTRY
POSTGRADUATE DENTAL EDUCATION
SEATTLE 5

A series of three refresher courses for Orthodontists is being planned for the week of August 20-26, 1951, at the University of Washington School of Dentistry.

The first of the three, "PRACTICAL CEPHALOMETRY," August 20-22, which is being offered for the third consecutive year, will emphasize practical application of this relatively new clinical technique. Each man will receive several hours of tracing and diagnostic experience. Lectures and laboratory work will be offered in the following subjects:

Applied cranio-facial osteology
Fundamentals of growth
Functional analysis of occlusion
Principles of the cephalometer
Methods of clinical evaluation of
headfilms

Downs' analysis
Anteroposterior dysplasia analysis
Analysis of facial esthetics
Mandibular displacement analysis
Technic of tracing and analyzing
headfilms

The correlation of the findings obtained from a study of models, photographs, intraoral X rays and headfilms in orthodontic practice

Each participant is encouraged to bring for evaluation a cephalometric film with other available records of one of his own patients so that he may work with familiar clinical material.

Dr. Wendell L. Wylie, Professor and head of the Division of Orthodontics, University of California; Dr. Alton W. Moore, Associate Professor and head of the Department of Orthodontics, University of Washington; and Dr. Richard A. Riedel, Assistant Professor, Department of Orthodontics, University of Washington will comprise the staff. Tuition: \$55.00

A two-day course, "OCCLUSAL EQUILIBRATION FOR ORTHODONTISTS," is offered August 23 and 24. Emphasis will be placed on the step-by-step procedures used in diagnosing and adjusting the occlusion of treated orthodontic patients. Each participant will be given first-hand experience in equilibrating oriented plaster casts of an actual case.

The staff will consist of Dr. A. C. Heimlich, of Santa Barbara, California; Dr. Alton W. Moore and Dr. Richard A. Riedel, of the Department of Orthodontics; and Dr. John I. Ingle and Dr. J. Wilfred Gallagher, of the Department of Periodontology, University of Washington School of Dentistry.

Tuition: \$35.00

A two-day course, "ADVANCED CEPHALOMETRY," August 25 and 26, will cover in detail the procedures and methods of evaluating orthodontic treatment by means of serial headfilms. An attempt will be made to give the participants a dynamic concept of cephalometrics, by considering our present-day knowledge of the growth of the head as related to balance and harmony of the entire oral mechanism. The possibility of predicting growth tendencies will be discussed. Methods of differentiating between growth and actual effects of orthodontic treatment will be explained. Each participant will have the opportunity to evaluate the records of a number of treated orthodontic cases using various types of appliances and auxiliaries. Prerequisite for this course is the successful completion of the course, "Practical Cephalometry," or its equivalent from another school, or actual experience.

The teaching staff for this course will be: Dr. William B. Downs, Professor of Orthodontia, University of Illinois; Dr. Wendell L. Wylie, University of California; Dr. Alton W. Moore and Dr. Richard A. Riedel, University of Washington. Tuition: \$35.00

Enrollment is limited to twenty-five participants for each course, and early registration is advised. Upon receipt of the enclosed application form, an acknowledgment and further information will be sent to each applicant.

Berton E. Anderson, D.M.D.
Director of Postgraduate
Dental Education

BEA:rc

Cecil C. Steiner, D.D.S.
Fred J. Angel, D.D.S.
ORTHODONTIA
153 SOUTH LASKY DRIVE
BEVERLY HILLS, CALIFORNIA

June 9, 1951

Dear Al:

The gang was supposed to come to my house for another session last nite, and I had waited to answer your letter until after I had had an opportunity to report your letter to them. We are going to meet again next Monday and I believe that in the light of your advice, they probably will all take both courses.

Jack Thompson has invited me to come to Texas this month and sit in on his course and I have been invited to audit the course to be given this week end at USC by Gene Zeigler. This latter invitation came as a result of my talk before the Beverly Academy of Dentistry, last week at which time I talked to the dentists and told them something of what little I knew regarding cephalometrics, gave them as my opinion that cephalometrics could and should be used in their field as well as ours. I would like to hear Jack Thompson's story, because I know that he has definite ideas and I am not sure that he can defend all of them.

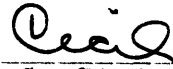
I have just spent a very interesting morning with Dr. Ricketts who is here in Los Angeles to take the board and who visited me this morning. He is a bright boy and his work on the T. M. Joint in my opinion is very timely. Sounds like he is coming up with some ideas that fit more accurately into clinical experience than some of the others that have been developed so far.

Count me in for the works and while I can't speak officially, I can practically assure you that the rest of the southern California flock will be with you for the full session.

Al Heimlich and I just got back from ten days in the Indian country. We took over eleven hundred color slides plus movies. We trailed a jeep over there and then deserted the car in favor of the jeep and went into country that it would be impossible to reach otherwise. Haven't seen the pictures yet, but if they are not good, it certainly will not be the country's fault. Southern Utah is called the Wayne Wonderland and even that name is inadequate. Brice and Zion are only a small part of some of the most unusual scenery that I have ever seen. I tried to get Al to give me the spot grinding course in an Indian tepee, but he very modestly said that you had more to do with it than he did. Personally I think it is a hold out.

Because the boys will be taking your primary course, we shall attempt to do no more than to become familiar with survey points, do a Downs Analysis, a Wylie Assessment and a Thompson and Ridell Survey so that we won't seem too dumb when we get there.

Sincerely yours,



Cecil C. Steiner, D. D. S.

CCS/a

Dr. Alton W. Moore
Dept. of Orthodontics
University of Washington
Seattle 9, Washington

If you have not already heard from Carl Bruggeman you will also have your equilibration course a bonus last mile of the Pacific coast meeting. Al did a nice job

UNIVERSITY OF CALIFORNIA

COLLEGE OF DENTISTRY
UNIVERSITY OF CALIFORNIA MEDICAL CENTER
SAN FRANCISCO 22, CALIFORNIA

June 19, 1951

Dr. Alton W. Moore
University of Washington
School of Dentistry
Seattle 5, Washington

Dear Al,

I am beginning to get ants in my pants over the lack of a definite assignment for my part in the course at the end of August. I recall that we agreed in general terms that a good bit of the material previously presented as basic should be moved up into the advanced course, but who's to take precisely what has never been settled, and I suggest that since you are on the home scene that you take up the job of straw boss and assign responsibilities to Bill Downs and the others of us and give us some direction in what we are to do. I would welcome a specific assignment.

[It seems to me that routine mechanics given more or less on faith should be the theme of the basic course and anything very complicated in the way of justification or involved explanation should be put over until the advanced course. Perhaps a lecture covering superposition should be given, trying to get across the need for 3 separate positions, with particular attention given to Broadbent's procedures and why we are not following them. Hahn and Ken Terwilliger have come back from the northwestern meeting obviously impressed with the fact that there may be a growth site in the retromolar triangle as a result of what Broadbent had to say there.

[I think, furthermore, that you and Bill Downs had better supply the bulk of the material that has to do with actual cases from orthodontic practice. I do not have any wealth of it myself since my own practice has been loaded too heavily with surgical Class III's and the similar stuff which you have seen. It would seem to me that Bill Downs would have an almost unlimited supply of this material and that your own clinic would also serve. We now have fairly good records, and clinic results are quite respectable, but without seminars and without the acceptance of the cephalometric technique by our clinic staff as a means of evaluation, we are not yet in a position to draw on this material from clinic sources.

There is another point which I think we ought to give some attention to, and that is the basis for our determining what the proper relation of the head of the condyle is to the fossa? When I was at the Angle meeting last month in Los Angeles I encountered some stubborn opposition, chiefly from Steiner, to our concept of using the rest position as a proper point of departure for ascertaining normal jaw movement. Steiner has

been influenced by the McCollum group who apparently feel that the condyle should be in the most retruded position in the fossa, and who would accordingly take our interpretation of a posterior mandibular displacement to be incorrect with the result that they would have us accept the retruded position of the condyle as the normal one instead of closing into a centric which lies on an arc whose center runs through the head of the condyle when the mandible is in a rest position. Lauritsen shares McCollum's view and has influenced Steiner, and I find that one of the local occlusal equilibrators also takes this stand. I think this matter is important, not only in diagnostic procedures based on cephalometrics, but also must be met by Ingle and anyone else who is going to give a course in occlusal equilibration. It seems to me that it is a complete waste of time for A to learn the details of B's procedure in occlusal equilibration if A cannot agree with B as to where the head of the condyle balances before equilibration is attempted.

Ricketts is in Los Angeles at the present time, and while I don't know what he is using as evidence, he has impressed Steiner with the fact that his laminographic studies apparently agree more with McCollum than they do with Thompson.

I am enclosing one or two letters which I have received from Steiner since I was down there, for your study, and you may go over them and return them when you are through with them. The frequent reference to templates deals with his attempts to get me to go further with the idea of preparing a set of transparencies for the evaluation of films, something with which you are completely familiar. His attempts to railroad me into preparing these are seemingly working in reverse since each time I get one of these letters I become more adamant in my feeling that I want to do this, if at all, in my own way and in my own sweet time.

While in Los Angeles I saw an exceedingly interesting case from Lang's practice, one in which the models presented a mild Class I which might, as I recall, have been treated with the removal of second bicuspids, with moderately fair dental relationships as presented in models but a poor facial pattern as presented in centric occlusion. The joker in the case was that the rest position was unmistakably based on a different location of the condyles than that of centric, that is it appeared to be Class I in centric but Class III in the rest position. Lang and I have both been disturbed over the possibility that a disturbance of the occlusion might kick this case out of Class I into Class III with the result that the placement of bands and archwires might lead to a facial anomaly much worse than the presenting one. Under these circumstances one is tempted to say that the risks attendant upon treatment are not worth the prospective result and therefore decline to treat. On the other hand, if we take seriously our statements concerning the traumatic results of condylar displacement, such a policy would be considered to be condemning the child to having Costen's syndrome in later life. Upon returning home I wrote to Howard and suggested that

additional rest pictures be obtained in the odd chance that the original rest position was not a true one and that the youngster was inadvertently advancing his mandible in an unnatural fashion. I have since heard from Howard and he finds that subsequent rest pictures confirm the original one. Howard has said that he will mail me tracings for further examination and it is my present intention to include this case as one of those in the advanced course, if you feel that it has a place there.

This has been a long letter, and I apologize for it, but perhaps you will be able to find enough in it to assign me some specific chores to perform.

Please thank Rose for me for carrying on the affairs of the Angle Orthodontist and for sending me her recent note. A gratifying number of orthodontists in this locality have indicated their desires to go to Seattle at the end of August, and I think we may have a very interesting time.

Please give my best regards to the family,

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Wendell L. Wylie'.

Wendell L. Wylie

WLW/kd

DR. HOWARD M. LANG
ORTHODONTIST
1033 GAYLEY AVENUE
WESTWOOD VILLAGE
LOS ANGELES 24, CALIFORNIA

June 20, 1951

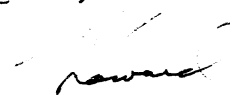
Dr. Alton W. Moore
Executive Officer
Dept. of Orthodontics
University of Washington
School of Dentistry
Seattle 5, Washington

Dear Al:

Thank you for your letter of the fifteenth. I have signed the application card, as you suggested, and have sent in a check for the deposit for the three courses and hope that I will be able to attend them. I am not surprised at the response that you had for your courses, I expected them to be oversubscribed that's why I wrote you to ask you the deadline. I wouldn't be a bit surprised to hear of several others from down here who will apply for the courses.

Our kids are still good and bad and we are up and down with colds and sore throats, but as I said, I hope to have everyone in good shape by August, so will be looking forward to seeing you then.

With best personal regards,


Howard M. Lang, D.D.S.

HML:jcw

A. F. HEIMLICH, D. D. S.
A. C. HEIMLICH, D. D. S.
1824 STATE STREET
SANTA BARBARA, CALIFORNIA
PRACTICE LIMITED TO ORTHODONTICS

June 22, 1951

Dr. Alton W. Moore
Department of Orthodontics
School of Dentistry
University of Washington
Seattle 5, Washington

Dear Al:

The outline of your course sounds fine. I feel very fortunate to have a part in it.

Please excuse the battered old copy of my paper, but it is the only one I have on hand. I hope John can make it out.

We have been following the technique outlined in the paper for most of our grinding. However, I believe your idea of using red typewriter ribbon to mark centric position is an improvement, particularly for those who are just starting.

Also, I am sure that the amount of success obtained by grinding is directly proportional to how well the case was treated orthodontically, and how much cooperation is obtained during the retention period.

It was nice of you to write Al, and I am looking forward to spending the week with you all.

Sincerely yours,



A. C. Heimlich, D.D.S.

ACH:w

FRANK S. RYAN, D. D. S.
ASSOCIATE

WILLIAM B. DOWNS, D. D. S.
GRAHAM BUILDING
AURORA, ILLINOIS

June 25, 1951

Dr. A. W. Moore
University of Washington
School of Dentistry
Seattle 5, Washington

Dear Al:

I have been looking forward for a long time to a meeting such as you are planning. A small group who are sufficiently interested, informed and trained in the technics of cephalometry should be able to pool their thinking for mutual benefit.

The theme of the advanced course might be 'Balance and Harmony of the Dento Facial Complex', this, of course, is the big theme in orthodontia. An attempt should be made to integrate the information that cephalometrics has to offer with the usual method of analysis which is pretty much judgment based on handed down information, much of it empirical and from experience.

My present thinking in orthodontic analysis starts from three points.

1. The static relationship of the component parts of the face, (this includes all of the tissues of the face). It is hoped that this will lead to a useful appraisal of balance and harmony, and more accurate information about facial types. I have new material on this subject.
2. Dynamic analysis. This deals with variations in the pattern of growth. I think we have some information to begin to discuss prognosis of growth potentials.
3. Physiology of the face. (Movements of mandibular musculature, etc.) Face and body posture, and general well being should be included in this phase.

I am sure your seminar staff will have much material that will fit into this grouping. What do you think about having

some one pick the meat out of Bjork work. His paper published this spring in Journal Ortho. is good.

[If you have the time, I would like to have two one-hour sessions. One on static analysis, which will include new material on facial types and balance and harmony, and the second on dynamic analysis, which will discuss changes occurring as a result of treatment and growth. I will also bring about one-half dozen cases for exhibit, showing the use of cephalometrics in case analysis and appraisal of results. Some material from these cases will be discussed in the lectures.

[I would suggest that a good portion of time be spent on appraisal by the students. You might have two sessions about three hours each, one on case analysis and one on appraisal of results. For the first session you might pick two or three of your seminar cases, supply each student with tracings, photos of patient and models. You probably have the negatives available to do this. If you have difficulty in getting cephalometric records of cases long enough out of retention, I will get some for you.

The suggestions for the course outline may not fit into your ideas at all, in which case, relegate them to the waste basket and I will cooperate to the best of my abilities to what ever program you chose.

Now just a few personal notes. We are building a home in the woods, and that is taking a big portion of my time out of the office. I haven't turned in my paper for the recent AAO meeting yet, trying to polish it for publication. They took my talk at the reunion meeting and want me to get that ready, what a mess it is.

Marilyn left Friday for Connecticut to be a camp counselor. Bill is going to work this summer (I hope). Has a job promised for the week after July 4th, and I will be interested to see if he can hold it. At present he can't concentrate long enough at one time to get the lawn mowed.

Have had a good year at school, still in my opinion understaffed but apparently Steve does not think so. He has had a terrific load this spring. Graduations are over and Ann gets married next Saturday, so much of the pressure is off *for him*.

I checked on the two cases you asked about, Glen Rosentrotter and right now I do not remember the other patient, but both of them relapsed some but not seriously. I will bring some of their records with me.

Let me know what I can do to help you any part of the week. With best wishes to all, I am

Yours sincerely

Bill

William B. Downs

UNIVERSITY OF CALIFORNIA

COLLEGE OF DENTISTRY
UNIVERSITY OF CALIFORNIA MEDICAL CENTER
SAN FRANCISCO 22, CALIFORNIA

June 26, 1951

Dr. Alton W. Moore
University of Washington
School of Dentistry
Seattle 5, Washington

Dear Al,

Your letter of June 18th was perhaps being written about the same time I wrote to you on the same subject, specifically the forthcoming courses in cephalometry. However, your letter raises a number of questions and gives direction to my line of thought so I shall get a few more lines off to you on the same subject.

I am glad to hear that the courses are going over so well, and I am particularly interested to learn the names of some of the specific individuals who have enrolled. You asked specifically regarding Glen Terwilliger, and it happens that just a few days before I got your letter I had lunch with Glen and he said that he was considering going to Washington, but he made it particularly clear at the time that he would be unable to say for an indefinite period whether or not he would ultimately be able to go. Glen is a difficult fellow to pin down to specific plans anyway, and he is in the process of getting settled in a new office in Oakland, so I think there is little to be gained in making further enquiry as to whether or not he definitely intends to go to Seattle in August. I believe that whether or not Glen Terwilliger attends will play a large part in Charlie Tweed's decision whether or not to take the course.

Your plans for the production of a syllabus seem excellent and I am glad to know that you are cooperating with Jim Dille in the project. At the present time Bill Fleming and some others of us are making plans for the teaching conference (similar to the one held in Portland last year) to be held here on Wednesday, Thursday and Friday following Labor Day. It is to be built around the idea of supplemental aids to teaching such as lantern slides and syllabi and the receipt of your letter and its excellent planning for the future led us to include more on that particular subject than we had originally planned. I hope, by the way, that you can be in San Francisco for this teaching conference since I think it will be a very good one, with a very profitable trip to the teaching center on Treasure Island and half a day of television in action as it might be applied to teaching in dentistry.

Before I get any further off the subject of cephalometry, I shall return to your letter and a few ideas which it has prompted in me. I think it is better for you to take ideas which Bill Downs and I may throw your way and whip them into a formal structure rather than for us to attempt to do so. You know that either one of us will be quite willing to go along with anything you plan. If you want lecture material from me I think it will be possible at that time to make some remarks about vertical dysplasia introducing that concept in much the same way as the original concept of anteroposterior dysplasia was presented. I can rely on the data which Ernest Johnson has already published, and we may well have additional material as the result of Bill Kaiser's activity by the time the course is presented.

*Summary
for syllabus*

Further lecture material which I think I might cover could be cribbed from what Thurow presented at French Lick. You of course heard the paper, but I have it before me now in galley proof and I have taken the liberty of making 2 x 2 slides from his original figures which will give them a better quality than they would possess if we waited for publication. He shows in a very clear way with diagrams and with formulae, which might be put on the blackboard, just how far one should go in accuracy and how far one should go in distinguishing between right and left sides. It is the kind of material which has no place in a basic cephalometric course, but which might well be included in an advanced one.

I have enclosed three reproductions of tracings, numbered respectively 3, 4, and 5. They are a part of a series of instructional tracing specimens which I have developed for use in the Department here. I have designed them so that I can use them in as flexible a fashion as possible, i.e., I have provided a place for the entry of Downs' figures but have supplied none of them so that when these are used in instruction I can either have the students make their own measurements and compare them with mine, or I can supply the measurements by reading them off.

I wrote last week of the importance of our taking a firm stand on what we believe to be the normal position of the mandibular condyle, and I suggest that perhaps these tracings have some place in presenting that story. Number 3 appears to be a centric tracing of a moderately severe Class II Division I malocclusion; Number 4 seems to be less severe and certainly has a better facial pattern and better Downs' figures. In the absence of the upper molar in the tracing it is difficult to say precisely what angle classification the case would fall into. Actually they are the same case as you must have suspected, with the No. 4 being simply the rest relationship. No. 5 is a kind of a fraud perpetrated to achieve a specific purpose. It was contrived by accepting the premise on which Class II treatment was explained to us in school, i.e., the mandible and

the mandibular arch are accepted as being where they must be and the maxillary arch is moved distally until a Class I tooth relationship is achieved, with sufficient bite opening to give a normal amount of overbite in the anterior region. If one will make the further assumption that opening the bite is achieved mainly by vertical development of posterior teeth rather than depression of anterior teeth, then what was done in this tracing seems to me to be entirely justifiable. Three separate tracings were made, one of the maxillary and cranial structures, another with the mandibular structures, and the third with only the upper central incisor. These were then juggled around, opening on the hinge axis of the condyle, as indicated in tracing No. 3, until the bite was opened sufficiently far to tip the upper central back on its own apex as a rotation center until a normal overbite is established.

The Downs figures in this tracing No. 5 are made simply by carrying out a routine Downs Analysis after the three separate tracings have been taped down on the drafting board in the relationship arrived at by the procedure described. As you can readily see the results are weird and would scarcely be an improvement on the original malocclusion. Yet it seems to me this is precisely the kind of facial pattern which we would arrive at if we accepted the original concept of Class II treatment and if we are obliged to accept the condylar position which Lauritsen, McCollum and apparently Steiner and Ricketts would have us take as the normal one. I think this procedure of analysis can be applied as a sort of hypothetical treatment to almost any Class II on which we have cephalometric films.

Well this is enough rambling on one subject and I shall simply explain that the other enclosure is from the Sunday Chronicle of a week ago, illustrating the house which we drove past when you were here in April. I thought you might be interested in reading about it. When you are through with it, if it is not too much trouble, you may pass it on to Rose Carleton, since she also drove past the house in February.

I am sorry to learn, by the way, that through the same policy of "promotion from within" your School of Dentistry has lost Mrs. Carleton in the same fashion that we lost Ethel Black. As you know, Ethel went to the Division of Obstetrics and Gynecology at the end of January. We floundered for 3 months or more with an inexperienced replacement and finally threw in the towel. By an odd circumstance we now have someone from the Division of Obstetrics and Gynecology who is proving satisfactory in every respect.

We appreciate all that you and the Morrisons have done in an effort to find some pleasant place for my family to stay while I am teaching at the school, but we do not want you to put yourself out. If you happen to know of some motel on the edge of town I would appreciate it if you would make a reservation which would accommodate our family, and I think Ken Terwilliger would like the same thing. Accessibility for me to the school could well be a secondary factor if it meant that the girls could be someplace where they might go swimming during the daytime. I would not mind, for example, driving in each day from even a place like Kirkland.

Ricketts will be calling on me tomorrow morning, and I shall be interested in hearing what his plans are. He is in San Jose today staying with friends and apparently they have him well impressed with the prospects of settling in San Jose. Within the last year there have been two orthodontists settle there and there is some question as to how many more the town can stand, but the area is growing all the time and perhaps that is not a serious consideration. I am assuming that Ponterio will also be interested in San Jose when he completes the course with you.

Best regards,

A handwritten signature in cursive script, appearing to read 'Wendell L. Wylie', written in dark ink.

Wendell L. Wylie

WLW/kd
Encs.

UNIVERSITY OF CALIFORNIA

COLLEGE OF DENTISTRY
UNIVERSITY OF CALIFORNIA MEDICAL CENTER
SAN FRANCISCO 22, CALIFORNIA

June 29, 1951

Dr. Alton W. Moore
School of Dentistry
University of Washington
Seattle 5, Washington

Dear Al,

You will recall that I spoke of a case in Howard Lang's practice which might be worked up into our advanced cephalometric course. On my suggestion he has had additional rest films taken which verify beyond any doubt the accuracy of the original rest position and show that when the case is in centric it is a Class I mild double protrusion with a poor skeletal pattern, but when in the rest position it has definite Class III tendencies.

I have made a tracing of the Jares tracings, and I am enclosing it in this note together with the figures which I copied from theirs regarding the Downs Analysis & A-P dysplasia.

If you think this case might be useful, let me know and I shall follow up on it. Please suggest what I should request from Lang in the way of additional records if you want them.

Best regards,



Wendell L. Wylie

WLW/kd
Encs.

*John
Wylie
1951*

Cecil C. Steiner, D.D.S.
Fred J. Angel, D.D.S.
ORTHODONTIA
153 SOUTH LASKY DRIVE
BEVERLY HILLS, CALIFORNIA

July 3, 1951

Dear Al:

I hope that you have heard from most of the boys from southern California to the effect that they are going to take the complete series of courses in August. If not, I can speak for them with at least some authority, that they will all be there for all three courses. Your letter to me prompted that recommendation to them and I think that they will all be on hand.

I am authorized also to inquire from you whether or not reservations in a convenient hotel are indicated before we arrive. Someone got the name of the Meannie Hotel (how do you spell it?), as being a useful one. Any suggestions from you will be appreciated or if you think it wise, please make reservations for all of us. Roscoe and I are bringing our wives.

We have met once a week since I first wrote you and are making fairly good progress, you will of course have to put on the polish. So far we have not called in Dr. Jares or Frank Griffith his dental technician, but will do so next time.

I hope that by these meetings we will be prepared with a lot of questions to throw at you. It seems to me that there is a lot of clarification necessary regarding the various ideas having to do with rest position and the so called centric occlusion or closure on a hinge axis. I find it very easy to get involved and embroiled in dental meetings by reciting the theories discussed in orthodontic literature, particularly Jack Thompson's. Frankly Al, I am a great admirer of Jack and his work, but am having quite a time to accept his ideas on this particular phase of the subject. We are still treating Class II malocclusions by trying to place the teeth in correct relations when the mandible is in the most retruded comfortable position, (I did not say forced). I cannot accept the idea of closure on a hinge from rest position in all cases.

Had a nice weeks visit with Ricketts when he was here taking the board. I like his ideas and as you doubtless know he has some.

Be prepared to tell our gang from southern California what to do with Class II, Division I, with short Ramii, high mandibular angles, high lower incisal mandibular angle, with an AB to facial of shy ten degrees. Cephalometrics have confused us in this particular type of case, and we hope to get straightened out in Seattle. Haven't found the solution in the literature so far.

If possible give me some information on hotels before Monday, July 9th. We are all looking forward to being with you. *(not there later)*

Sincerely yours,


Cecil C. Steiner, D. D. S.

CCS/a

Dr. A. W. Moore
School of Dentistry
University of Washington
Seattle 5, Washington

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THE EDWARD H. ANGLE SOCIETY OF ORTHODONTIA

August 7, 1951

Dear Al,

The Petraitis manuscript arrived safely and I thank you for it. I shall get it off to the printer before the end of the week, I hope. Tomorrow I am teaching in LA, but I shall hope that I can spend Thursday morning or Friday on the paper. I have read it, but not yet dissected it.

I shall likely have to beg off making any outlines, etc. for the course in Seattle, for the following reasons:

1. They are not very necessary for what I shall be covering.
2. Kay is on vacation and will not return until I have left for Seattle.
3. Bill has handed me the chairmanship of Dental Hygiene and the two divisions are keeping me busy.
4. Detailed inventories and lists of non-recurrent expenditures are being demanded for the new building -- down to paper clips.
5. I seem to be 1/3 of the local arrangements committee for the September teaching conference; one of the other thirds is taking August for his vacation, and the remaining 1/3 is recuperating from a gall-bladder operation. (Bill Fleming -- doing nicely).

I shall, of course, do whatever I can to enhance the material I am to be presenting, and I shall send you material as soon as it is ready. I do think, however, that my assignment can be about as well covered with slides, and that the syllabus need only indicate the subject matter to be covered.

Thanks a lot for the response to the riot call.

Regards,



UNIVERSITY OF CALIFORNIA

COLLEGE OF DENTISTRY
UNIVERSITY OF CALIFORNIA MEDICAL CENTER
SAN FRANCISCO 22, CALIFORNIA

August 10, 1951

Dr. Alton W. Moore
University of Washington
School of Dentistry

Dear Al,

By this time you should have received my letter begging off the preparation of outlines. Since then I have got yours, and after looking over the excellent order of presentation as arranged by you, and being suitably pleased over my assignments, I feel less guilty about not submitting material for duplication. I feel that what I have to offer can be presented about as adequately without outlines.

The experience at Washington led me to want to try more extensively than I have in the past the use of distributed material in the form~~ed~~ of outlines and charts, and I intend to give them a trial with students in the curriculum next year. I am sorry to report, however, that I do more poorly with the use of them before groups such as study clubs and orthodontic society than I do without. I have used them on a couple of occasions with poor success.

There may be some material to distribute from Kaiser's data on vertical dysplasia, but it will not be ready in time for you to run stencils. He has had notice, but he will not complete it before next week. I can run it off myself here, and punch it up there to go into syllabi, if and when such material is ready.

The evening at the Moores sounds wonderful, and I shall relay the invitation to Ken and Lena. As for the other social event, the Olympic Club, I shall be glad to have the chance to see that group again, although the Layman effort may be about all I can offer.

I am enclosing the vouchers with this letter -- hope I signed enough, but not too much.

As I said above, the outline looks fine. I am particularly pleased to know that I shall have an opportunity to hear a well qualified person hold forth on modifications of a-p dysplasia. While I continue to believe the intentions behind that contrivance of mine were good, I am sure that modifications are in order. Dick has a good head for cephalometric evaluation, and is capable of conscientious criticism in that department.

We plan to shove off a week from this morning, Friday the 17th. This should get us in Saturday evening. We'll plan to see you when you return from your fishing trip -- hope you have lots of luck.

Best to the family,



FRANK S. RYAN, D. D. S.
ASSOCIATE

WILLIAM B. DOWNS, D. D. S.
GRAHAM BUILDING
AURORA, ILLINOIS

Handwritten:
Lund
H. H.

Dr. A. W. Moore
University of Washington
School of Dentistry
Seattle 5, Washington

Dear Al:

I am not sure just what you want me to write for your manual so have written a short sales abstract for my two talks.

I would suggest that we have at least two work sessions in which the class may analyze headplates for the purpose of making a static analysis, and a discussion of facial type, balance and harmony. You might use the first tracing of several of the cases I sent or whatever tracing you have provided.

Another session could be held for serial appraisal and should be preceded by a lecture and demonstration of methods of superimpositioning.

I wonder whether all of the class should not make a tracing, most men who are interested and many who have had a course do a rather inaccurate job of tracing and locating points.

I suppose the whole staff will help in whatever work ~~points~~ *Items* you use.

Last Friday Ricketts was telling me about a projector similar to a delineoscope which will throw a 10x12 x-ray on the screen at the same time that the operator is making a tracing. I did not see it but it seemed to have such possibilities for the work you are doing that I asked him to get me literature, which I will forward to you and Wendell. I believe the machine is made in Los Angeles.

Judging from your correspondence with Wendell and your own letters, the course will be very full and may be short of time. However, you cannot hold men together too long and it may be better to have too little than too much time.

Doing O.K. here, house getting along quite well.

Sincerely

Bill
William B. Downs

FRANK S. RYAN, D. D. S.
ASSOCIATE

WILLIAM B. DOWNS, D. D. S.
GRAHAM BUILDING
AURORA, ILLINOIS

August 10, 1951

Dr. A. W. Moore
University of Washington
School of Dentistry
Seattle 5, Washington

Dear Al:

I have the program and I think it is well organized and correlated. I did not expect to make the opening remarks regarding cephalometrics but I will try to get together a few points which will be of interest and I do not think it will take much time. I probably could talk in generalities what cephalometrics have meant to us ~~and~~ our teaching and those of us who are using it in our own practices, and say a little about office technic, time, methods, etc.

Have no changes to suggest in your program. I think everything will work out beautifully, especially with an audience who are coming especially to learn what they can on this subject.

Regarding transportation, United Airlines called me last night saying that they had an order to purchase transportation and I made reservations for 1:00 A.M. Friday, August 17th, Flight #605. This gets me in Seattle shortly after breakfast. In rereading your letter, I note you say that we will leave for fishing Saturday morning. If you have not made any changes in these plans and do not have something definitely planned for Friday, I would prefer to take the day flight, arriving in Seattle about 5:50 P.M. I will hold my reservation to arrive Friday A.M. and if that suits your convenience, I will be glad to abide by it.

I will bring plenty of graphs so that we may use them, if they seem to be worthwhile. Thanks for making the hotel reservation. I think it best that I stay there rather than

B. W.
7-11
2181
Francis K. Bunt
Box 2511
Bedding
100 7th Ave. S.

Fin

- 2 -

bother you folks at home. You have not said anything about fishing equipment and I am not familiar with what is required. I have a casting pole I could bring with me if it is the thing to use. *W.D.*

You have me quite excited about fishing and your program looks very good. I expect a very interesting week in Seattle.

Sincerely

A handwritten signature in cursive script, appearing to read "W.B. Downs".

William B. Downs

July 10, 1951

Dr. Wendell L. Wyllie
Professor of Orthodontics
University of California
College of Dentistry
The Medical Center
San Francisco 22, California

Dear Wendell:

I have been knocking my head against a wall for the past several weeks trying to crystallize in my mind an outline for the program to be offered in August. Your two recent letters, plus one from Bill Downs, have helped me a great deal in my thinking. I have not worried too much about the Practical Cephalometric course in that I think we have the material to be covered in that pretty well in hand. The course that has concerned me is the Advanced Cephalometric course which, in my original thinking, I felt would be difficult to stretch into a two-day session. I have just completed a list of possible subjects that should be included in this discussion and now wonder how we can possibly cover all the necessary material and still give the men some practical experience in a two-day period.

Bill Downs has asked for two one-hour sessions, one on Static Analysis, which will include new material on facial types and balance and harmony, and the second on Dynamic Analysis, which will discuss changes occurring as a result of treatment and growth. He is also bringing a half dozen cases for exhibit showing the use of cephalometrics in case analysis and the appraisal of results.

The two subjects that you mentioned are, I think, very apropos and I am expecting you to present them. These subjects are The Assessment of Vertical Dysplasia and The Accuracy of the Roentgenographic Cephalometric Technic.

I plan to spend one hour covering the age and sex factors in cephalometric diagnosis of orthodontic patients, and either myself or Dick will cover Superpositioning Techniques in Growth and Treatment Evaluation. This will account for six hours of lecture work and after receiving your recent letter, I wonder whether or not the Symposium on the Temporomandibular Joint should not be included in our discussion.

The following is a quote from Bill Downs' letter, which I think is very good. "I would suggest that a good portion of time be spent on appraisal by the students. You might have two sessions of about three hours each, one on case analysis and one on appraisal of results. For the first session you might pick two or three of your seminar cases, supply each student with tracings, photos of patients and models. If you have difficulty in getting cephalometric records of cases long enough out of retention, I will get some for you."

The course in Advanced Cephalometrics, if we follow the above outline, is going to be a full one. I do not see, however, how it will be possible to delete any of the material that is mentioned above. I am going to ask Bill to send me tracings of cases that have been out of retention for some time for reproduction

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in the syllabus. Instead of having the men superimpose subsequent tracings that are made on paper, I think it would be better to reproduce them in their superimposed state and let them evaluate the results directly upon these drawings. Any suggestions you might have concerning any of these thoughts will be greatly appreciated.

Concerning the course in Practical Cephalometrics, you might count on the same assignments that we had in the last course. I do contemplate some changes, however, they will be minor and will not be additions but rather subtractions. I will get a program out on the proposed schedule and send it to you within the near future. The syllabus, I think, is in pretty fair shape as far as the Practical Cephalometric course is concerned. Any additional tracings that you may wish to add for your A-P Dysplasia Analysis should be sent in the near future so they can be reproduced on stencils.

For the syllabus on the Advanced Cephalometric course, I would appreciate receiving an outline of the lecture that you plan to present on the Assessment of Vertical Dysplasia along with any tables or figures which you feel will be pertinent to your discussion.

An outline of your lecture on the Accuracy of Roentgenographic Cephalometric Technic, along with any line drawings that you may wish reproduced should also be sent in the near future.

Now a few words concerning the correct position of the condyle in the temporomandibular fossa. I have your three tracings before me in which you have presented a hypothetical picture of Class II treatment. I am afraid that you have taken too literally the implications of Jack Thompson's word on the TMJ. I am sure that you agree that we cannot always rely upon the rest position of the mandible to aid us in Class II treatment where a displacement is evident from the headfilm tracing. I do not doubt that the rest position film is accurate, but I do feel that after orthodontic treatment that some of these patients are left with a dual bite. In other words, I do feel that many individuals possess considerable translation in the position of their condyle from rest position to full occlusion and that this is normal for the individual. Why variation should not be present in the temporomandibular joint relationships as occurs in all other parts of the body would be a very hard question for us to answer. When I talked to Jack in Chicago in February his thinking was along this same line. In many cases it is quite evident that mandibular displacement has been a large factor in the treatment of certain Class II malocclusions, however, in many Class II's this has not been true. I really do not feel that we can take a firm positive stand on this particular question. I realize that men like Steiner want an easy sure-fire diagnostic aid that they can rely upon one-hundred percent in the evaluation of their Class II cases. If that is what they are looking for from cephalometrics, I think they should be rudely awakened as soon as possible. I still feel there is enough value to be gained from cephalometric analysis even if we cannot give as much help as we would like to in displacement problems. I feel that the answer lies somewhere between Thompson's and McCollum's viewpoints.

At the present time two members of the new class are tackling this displacement problem for thesis subjects. One is reviewing the various cases

that have completed treatment here to evaluate how much help has been gained from the displacement that was evident before treatment was begun.

To get back to the three tracings of the Class II case, I think that they illustrate your point very well. I would like to raise several questions though in that there are several factors that you fail to account for. The first question, of course, is what effect growth would have on this particular facial pattern during treatment, and the second is that we would expect some forward migration of the lower incisors both bodily and tipping which would probably effect the pattern to some degree? If you feel that you can justify these two questions in your discussion of these tracings from the syllabus, I will include them. Please let me know right away as to your desires concerning this.

I have, incidentally, seen some finished results clinically, that is without cephalometric records, that had the appearance of the number five tracing. They would certainly be those cases that possessed considerable variation between the full occlusion and rest position picture and did not develop a dual bite as the result of treatment.

Howard Lang's case is certainly an extremely interesting one. You made the statement, "if we take seriously our statements concerning the traumatic results of condylar displacement, such a policy would be considered to be condemning the child to having costen's syndrome in later life." Again I feel that this is a little too dogmatic a conclusion. We have all seen cases exhibiting mandibular displacement in the various age ranges of patients that did not present undesirable symptoms. I feel it is a case where individuals with costen's syndrome do invariably have mandibular displacements, however, all patients having mandibular displacements do not have costen's syndrome. I am sure that there are other factors besides the actual condylar displacement which are synergistic to the production of costen's syndrome. I, too, feel that this case of Howard's would be an excellent one for the Cephalometric course. Upon studying the tracing, I am greatly impressed with the exceptional length of the body of the mandible, as well as the position of the head of the condyle in relation to porion. It certainly has the appearance of a Class III that has been compensated for by the height of the glenoid fossa and the fair development of the maxilla and the position of the maxillary denture upon its base. On the surface I definitely agree I would be hesitant to treat because of the Class III rest position. Photographs and models of the boy would certainly be an aid in evaluating this case. If we are to include this case for discussion in our Advanced course, I would very much like to see right and left condyle pictures of this boy in rest and full occlusion. It would be very desirable if these were taken at the same angle so that tracings could be made from them. I feel that if the full occlusion picture shows the head of the condyle to be jammed up in the glenoid fossa and at rest position, it appears to be a normal relationship, then I definitely would discourage treatment of this boy. With this condition I am sure that the tendency for the case to jump into Class III during treatment would be greatly enhanced. If, however, the condyle in full occlusion seems to bear what we consider a fairly normal relationship to the articular eminence, then I feel we should not worry too much about losing control of the case during treatment. We have incidentally acquired a Lindblom Joint Positioner and are having it installed at the present time. We plan to take temporomandibular joint pictures on all of our new patients and hope to be

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able to correlate them later with our cephalometric records.

This has been a long letter and I only wish we were nearer so that we could discuss these things more satisfactorily. At the present time there are twenty-two cash customers enrolled in the first course, twenty-six in the second and thirty in the third. Because of the good response and the fact that the coffers can stand it, I am planning to increase the honorariums to more fully compensate you fellows coming from distant points. The books are closed on any further applicants with the exception, of course, of Glen Terrilliger. I have just received definite word from Charlie that he will attend all three courses. I returned his check telling him that we wanted him to be our guest and that he has been so gracious to those of us in dental education as far as the seminar is concerned.

Try to encourage Howard Lang to get joint pictures of his patient and if we could have tracings of them to include with the headfilm tracing, I am sure that a good discussion could be carried out.

Things are rather hectic here now in that last week I wasted a day working with the Promotions Committee and this week it appears as if most of my day-time hours will be spent with the Curriculum Committee.

I am now back at School full time with a raise in rank to Professor and am spending Wednesday afternoons using Dick's office for private practice. With these courses coming up and working on the syllabus, my time is fully occupied.

By now you have received my letter concerning accommodations while here and I hope that they are satisfactory to you. Give our best to Betty and the family and we are looking forward to your visit.

Incidentally, I have not definitely made up my mind to attend the A.D.A. meeting in October in Washington, however, if I do will you be interested in sharing a room? That's all for now.

Sincerely yours,

AWM:c

Alton W. Moore

P.S. I am returning the two letters that you included in one of your recent letters from Cecil Steiner. The fact that Cephalometrics is still in a rather fluid state, I cannot quite see the need for rushing into the production of templates. In the development of a concept concerning facial pattern and type, I feel that the technic of tracing is an invaluable aid. As in learning anatomy I feel that drawing adds a great deal to the process of comprehension. A few of us might be ready for the use of templates in the assessment of headfilms because we do not think in terms of actual figures. For the neophytes in the game, I feel that they would be a definite handicap. Let's not try to simplify something that has already been expressed in its common denominator.

July 13, 1951

Dr. William B. Downs
Graham Building
Aurora, Illinois

Dear Bill:

For the past several weeks I have been thinking a good deal about how the material should be organized for our courses that we are offering here in August. I attempted to summarize some of this thought in a letter to Wendell a couple of days ago. There are several references in this letter to some particular cases that Wendell had sent for my opinion. I think that you might find these self explanatory. Rather than repeat a good deal of this thinking in a separate letter to you, I am sending you a carbon of the letter that went to Wendell.

Your last letter has been a great aid to me in planning an outline for the Advanced Cephalometric course. I have not as yet put this into a definite schedule but I will be doing so within the next week or so and will send both you and Wendell copies at that time. Your summary of a theme for the Advanced course is very complete and I was quite happy to receive it. I would like you to plan on the two sessions that you suggested, one, on Static Analysis and the other on Dynamic Analysis. I would appreciate it if you would send me a brief outline of each of these lectures so that it might be duplicated and placed in the syllabus that we are compiling for the course.

You were correct in your assumption that it is very difficult for me to get cephalometric records of cases long enough out of retention. The cases in the Clinic here average six to seven months as a maximum out of retention and I feel that a great deal of value could be obtained with records that are several years out of retention. If you would be good enough to send me tracings of a diversified group of treated cases several years out of retention for inclusion in the syllabus, it would be a great help. I would guess that six or so well selected cases would illustrate the points that we hope to make regarding treatment analysis by cephalometric records. These tracings need not be inked and may be on plain tracing paper as I will still have to transfer them to a stencil and can do it just as well from tracings you already have on hand.

I think it would be helpful if you would bring the before and after models of these cases that will be included in the syllabus along with you in August so they might be placed on display for the men to correlate their thinking of cephalometrics with the clinical picture.

I have asked Dick Riedel to pick the meat out of Bjork's work so that he might present a summary of this in the Advanced course.

I think this probably covers the present situation and when I have a more specific outline completed, I will send it to you which should be in a few weeks. I would appreciate receiving the above mentioned material at your earliest convenience so that we may have it put on stencils as soon as possible. It is developing into quite a large task in that the syllabus will run close to one hundred pages for the three courses. The title page of the syllabus will

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give credit to the three Universities involved in its preparation and we are planning to have two hundred and fifty copies made. A cost analysis will be made on its production and then they will be available for sale to anyone interested in securing them. I had thought you might want to use the syllabus with your graduate students at Illinois as a text and introduction of Cephalometrics. We plan to do the same and I think Wendell will use it with his group. I feel a teaching manual of this sort would be extremely helpful and we might even get Jack Thompson to adopt it.

I am enclosing three vouchers for you to sign and return. It is only necessary for you to sign your name where the arrow indicates, and please do not fill in any dates, titles, etc. It will be possible for me to increase the honorarium that we previously mentioned in that I hope to use you in several spots during the week's work. We will clear expenses without any question in that we have full enrollment in all courses and we have had to exceed the twenty-five limit in the Advanced Cephalometric course because of the difficulty in turning men down who applied for this course alone and who had taken previous courses here. I will send you a list of participants in the near future, and they come from all over the United States. Charlie Tweed has indicated he will definitely be with us.

Just a personal note to let you know that as of July 1, I dissolved my association with Emory in practice and have returned to the University full time. I am practicing one-half day a week using Dick Riedel's office. I will discuss this particular situation with you more fully when I see you.

Myrna and the family are all well and we are enjoying a beautiful summer. Myrna and I leave tomorrow morning for three days in Vancouver, and are leaving the kids here with a sitter whom we like very much.

Give our best to Lois and the family and we are getting very anxious for your visit next month. We still hope that Lois will find it possible to accompany you but realize how busy she must be.

Sincerely yours,

AWM:c
Encl.

Alton W. Moore