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By

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THE SCOOP:

Received word from KEN ORMAN that he is interested in finding pictures of the group who attended the Tweed meeting in Havana in April of '55. KEN says that he forgot to bring a camera and hopes that someone will forward pictures to him.

Latest word from AL BAUM and his wife is that they have three boys, the oldest being two and one-half years (at least, as of 12-13-55).

Received a note from ARCH PETERSON suggesting that the Washington Orthodontic Alumni hold an annual meeting. Suggested to ARCH that instead a meeting of the past graduates of the Orthodontic Department might be held in conjunction with the annual meeting of the Pacific Coast Society of Orthodontists, which will be held in Seattle in August of 1956.

NEW ARRIVALS: The G. N. DOHNERS had a baby boy Christmas day. The WAYNE BOLTONS had a baby girl April 30. The JOHN DESPOSATOS had a baby boy.

PAUL LEWIS and WAYNE BOLTON attended the Tweed seminar last October and returned full of respect and admiration for Dr. Tweed. Also in attendance at the October course were ROLLIE ANDERSON, JOHN DRAKE, JIM BARNES, ART PONTERIO, and ARCH PETERSON of the Washington alumni. Several of the Washington alums will be in attendance at the Tweed meeting in April of '56, including John Taylor and GENE SUPERNOW, and one of our old friends, JOHN BYRNE. Assisting in instruction at the course will be DR. EMERY FRASER AND DR. DICK RIEDEL.

NEW ADDRESSES: JERRY SCHULZE'S new address is 1815 E. 10th Street, Vancouver, Washington. GENE SUPERNOW is practicing in Everett, Washington. His new address there is 302 Medical Dental Building, Everett, Washington, where he has taken over the practice from DICK RIEDEL. Latest rumor has it that BEN PETRAITIS will occupy a space in the neighborhood of 9th and Roosevelt Way in Seattle, Washington. We do not have present address available.

The following is a list of the men who will graduate in March of 1956, and their future addresses. In case you have any referrals in these areas you might refer to this list.

DR. BLAINE S. CLEMENTS
2059 E. 9TH S.
Salt Lake City, Utah

DR. C. W. HASSTEDT
2052 Franklin St.
Denver, Colorado

DR. L. MORLEY DAVIS
505 Security Bank Building
Glendale, California

DR. WAYNE L. PEAY
5000 Copper, N. E.
Albuquerque, New Mexico

DR. RUSS DESPOSITO
776 Paulsen Building
Spokane, Washington

DR. JOHN C. RAYNE
431 Northgate Hospital Building
Seattle, Washington

DR. ROBERT E. FOSTER
312 Herald Building
Bellingham, Washington

DR. ROBERT E. WASHBON
520 Porter Street
Fullerton, California

DR. S. E. GATTI
Medical Arts Building
Dallas, Texas

DR. ROLLAND WOOFER
2640 W. Bruneau Place
Kennewick, Washington

DR. ALTON W. MOORE continues to travel. His last crusade included a two and one-half day lecture series in Tampa, Florida. Hope he had a chance to include a bit of sunlight. (Not so, says he.) Enroute home he read a report in Chicago, where he attended the Illinois reunion March 5, 6 and 7th. March 18-20th AL is in L. A. to talk to several groups.

DR. REED HOLDAWAY visited Seattle and the U. of W. to present his concepts of cephalometric analysis and treatment planning. REED programmed two and one-half days for the E. H. ANGLE SOCIETY, Pacific Northwest Component, and spent a half day at the U. REED has everybody stirred up over Class III elastics, and probably with good reason.

INTERESTING NOTES RECEIVED:

Received from DR. ROLLIE ANDERSON an interesting code system which includes using numbers at the top of the treatment card. On the left side the numbers from 1 to 6 appear. A paper clip may be placed over these numbers to indicate to the receptionist in how many weeks the next appointment should be made. On the right side, on top of the card, the numbers 15, 30, 60 and 90 are used to indicate how much time should be saved for the next appointment. Again, a paper clip may be placed over the proper number. ROLLIE also uses a code to indicate the date of expected completion of treatment, as 757, to indicate the seventh month in 1957, etc.

KAHN'S KORNER:

KEN has come up with an interesting note regarding files to serrate pluggers or pliers. These files are called checkering files; their numbers are #3 for pliers and #4 for pluggers. These files can be purchased from the Dixon Dental Manufacturing Company. They are ordered through Catalog #20, and are listed on Page 118 of Catalog #20. The #4 file can also be used on the Baker band-driver point. You will be pleasantly surprised at the increased efficiency of your instruments if you will go over them with one of the checkering files.

REVIEW OF THE CURRENT LITERATURE: An article by Diken Sassouni, which appeared in the American Journal of Orthodontics, Volume 41, Page 735 to 763, October, 1955, titled "A New Roentgenographic Cephalometric Analysis of Cephalo-Facio-Dental Relationships." Dr. Sassouni has come up with a relationship of parts which he says must be present if individuals are to have "well proportioned" faces. Sassouni includes the relationship of four basic planes. Plane 1 drawn parallel to the anterior cranial base; Plane 2 drawn through the anterior and posterior nasal spines; Plane 3 the occlusal plane; and Plane 4 the mandibular plane. He indicates that these planes should all arrive at a common point of contact which he refers to as point O, somewhere towards the base of the skull. One of our recent theses included an examination of this type of analysis and failed to reveal any of the individuals included, whether having normal or malocclusion, in whom the four planes intersected at one common point. Sassouni himself found only 16 out of 100 normal occlusions wherein the four planes intersected at Point O. Sassouni further indicates that an arc may be drawn, using as a radius the distance from Point O to anterior nasal spine, and that faces may be classified then according to the way that nasion and pogonion fall along this arc. In writing the article, Sassouni apparently made an error in the method of determining the radius of his arc, for he classifies his faces into pre- or post-arcial, depending upon whether this arc falls anterior to or posterior to the anterior nasal spine. Such a classification, using O to anterior nasal spine as a radius, would be impossible. Apparently, according to the sketches included in his article, the radius for the arc is from O to nasion but it is impossible to determine whether this is actually the case. That this article by Sassouni should win the essay prize from the American Association of Orthodontists, would indicate that the individuals who judged the contest were not familiar

with cephalometrics. The general conclusion regarding the work done by Sassouni, as far as I am concerned, is: so what! The application of the findings of Sassouni's analysis to cephalometric diagnosis or to treatment planning is obscure. This article is not a prize winner for content, but a prize winner for confusion.

NOT-SO-RECENT BUT READABLE:

1. A thesis by WILLIAM A. GILMORE in 1950;

Morphology of The Adult Mandible in Class II, Division 1 Malocclusion and in Excellent Occlusion

Bill studied a group of 31 males and 30 females with excellent occlusion and 37 males and 30 females with Class II Division 1 malocclusions. The article itself appears in the Angle Orthodontist, Volume 20, #3, July, 1950. The conclusions that Gilmore draws were as follows:

1. The mandible in the Class II, Division 1 malocclusion group was found to be significantly smaller than the mandible in the excellent occlusion group. Females exhibited a larger critical ratio than males.
2. There was no significant difference in the size of the anterior cranial base in either males or females when the excellent occlusion group was compared to the Class II, division 1 group.
3. On the basis of angular measurements it was demonstrated that the antero-posterior position of gonion is not significantly different when comparisons are made within the sex groups or between the sex groups.
4. The angle of N-S-Gn is not a valid means of measuring anteroposterior position of gnathion.
5. No significant difference was observed in gonial angle when the two occlusion groups were studied.
6. The position of the mandibular first permanent molar was not found to be constant in its relation to the mandible when Elman's method of analysis was used. Considerable variation in position was found.

* * *

- II. A thesis by William J. Schoverling:

The Morphology of the Mandible in Class II, Division 1 Malocclusion, As Compared To Excellent Occlusion In Children

The study was conducted on males and females from ages 11 1/2 to 13 1/2 years, possessing Class II division 1 malocclusions. There were 30 males and 30 females in each of the groups. These were compared to excellent occlusions, 30 males and 30 females; in all a total of 120 individuals were studied. Various angular and linear measurements were made and their means and standard deviations recorded. "t" tests and probability tests were included to check differences between the samples. It was noted first that in most dimensions males were larger than females. It was noted further that the overall (mandibular length) was found to be significantly shorter in both sexes than in the excellent occlusion groups.

Both the length of the body of the mandible and the height of the ramus was found to be significantly smaller in the Class II, division 1 females than in the females with excellent occlusions. This same difference was not noted in the male subjects. A check on the relationship of the mandibular first permanent molar to the mandible as was done by Elman in 1940, indicated that the correlation which was supposedly so high in Elman's work was not found in the patients examined here. A ratio of 3 to 2 again could not be found. These results concur with those reported by Gilmore in 1950, in a study on adult mandibles. Apparently the mandibular first permanent molar was found to be located more posteriorly in the Class II, division 1 malocclusion group than in excellent occlusions. Percentage relationships of the distance of the mandibular first permanent molar to the overall mandibular lengths were found to be relatively the same in all of the occlusion groups studied. In summarizing the study of Schoverling, it was found that: (1) the anterior cranial base was not significantly different when the occlusion groups were studied within the sexes; however, when sexes were compared, males were found to be larger; (2) excellent occlusion males possessed significantly larger mandibles than Class II, division 1 males when overall mandibular lengths were measured; (3) the excellent occlusion females were larger than the Class II, division 1 females in overall mandibular length, total face height, ramus height, and length of the body of the mandible; (4) the angular measurement S-N-Gn was found to be significantly less in Class II, division 1, than in excellent occlusion in both sexes; (5) the angle N-S-Gn was greater in Class II, division 1, than in other groups; (6) the mandibular first permanent molar, in relation to the overall length of the mandible, is located in approximately the same anteroposterior position in both Class II, division 1 malocclusion groups and excellent occlusion groups.

III. A thesis by Milton Yellen, written in 1915:

Certain Cranial Facial Differences in Children Possessing Excellent Occlusion in Class II, Division 1 Malocclusion

Yellen examined relatively the same group of individuals that was examined by Schoverling, i.e., 30 Class II, division 1 males and 30 Class II, division 1 females, 30 excellent occlusion males and females, in the age range of 11 1/2 to 13 1/2. Yellen's study consisted of a statistical analysis similar to that done by Ellis, i.e., an anteroposterior dysplasia. The statistical analysis of the data recorded revealed the following conclusions: (1) males have a larger facial pattern than do females. (2) In males the underlying factor in Class II, division 1 malocclusion appears to be an overdeveloped facial structure which effects a protrusive maxilla, possibly complicated by decreased mandibular size. (3) Although mandibular size, when measured from condyle to pogonion, in males is not significantly different in the two classes studied. The apical base length is significantly larger in males with excellent occlusions than in males with Class II, division 1 malocclusions. Depending upon how mandibular length is measured, it can be shown that Class II, division 1 males do possess shorter mandibles. (4) Females with Class II, division 1 malocclusions tend to have significantly smaller mandibles than females with excellent occlusions. The mandible is also significantly more retruded in relation to the upper face. (5) No significant difference was found in the position of the upper first permanent molar between Class II, division 1 malocclusion and excellent occlusion in either sex. (6) There is a high coefficient of correlation between the point "articular" and the head of the condyle. For all practical purposes, point "articular" may be substituted for the head of the condyle in any measurement requiring the latter. This would eliminate the necessity of taking open mouth lateral headplates upon which the condyle appears.

A Serial Cephalometric Study of the Facial Patterns
In Children Having Excellent Occlusion, and Class II,
Division 1 Malocclusion, Using Angular Measurements

The children used in the two studies by Schoverling and Desposato were recalled for examination for new records. The mean ages for the children examined were 13 years and 6 months for excellent occlusion females, 13 years 5 months for Class II, division 1 females, 13 years 8 months for excellent occlusion males and 14 years 5 months for Class II, division 1 males. In other words, a serial study was made of the children previously used having excellent occlusions and those having Class II, division 1 malocclusions. In summary, Desposato noted the following: (1) It was shown that a significant change in skeletal patterns of females of this age can occur in one year's time. The greatest changes noted were that the angle of convexity became less and the facial angle greater. In Class II, division 1 females, the mandibular plane angle, Y axis, and AB to facial plane angle, also changed significantly. (2) The importance of comparing a child to members of his or her sex and age group, when evaluating growth and development, is evident.

The discussion of the findings by Desposato was as follows: The findings substantiate Baum's notations that in this age group the male has a more convex face than the female. This is true for Class II, division 1 as well as normal occlusion. The skeletal pattern in males at this age is either changing so slowly that no significant differences are found in one year's time or it is not changing during this period. In the females, the skeletal pattern is changing rapidly, but since there is no significant difference in skeletal pattern of females between this age and adult females, it can be speculated that they must be near the end of this change. The growth observed in both the female and male groups appeared to be about equal in amount; however, the actual measurement of the amount of growth occurring in these same children is recorded by Kemp. All this seems to indicate that maturation of the female's facial pattern occurs at an earlier age than in males. From an orthodontic standpoint this may mean that the optimum age at which treatment should be started is earlier in females than in males if we are to take the greatest advantage of growth and development.

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