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Readers

Digest

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by

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EDITORIAL

With the passage of years, each of us progresses further from the days of our formal orthodontic training. The lessons of school, as were imparted to us by our instructors, have been subjected to the stern test of incorporation or rejection in our practices. We have used, replaced, improved or varied these procedures and now conduct the practice of orthodontics with those methods that will best satisfy our treatment objectives. The value of these lessons can never be minimized, and the thought and "trial and error" procedures by which they were evolved is taken very much for granted by most of us.

To this point, each of us can attribute our skill in this specialty to what we have learned from the experiences of others during school and to what we have learned by our own experiences in practice. These learning procedures are prerequisites, and if they are to be supplemented by a practicing alumnus, then it must be by elective procedures. What are these elective procedures? Basically, they may be reduced to the exchange of ideas or experiences with our peers.

This exchange of ideas may be through contributions in the literature, presentation; of table clinics, prepared lectures, or active study club participation. We each receive orthodontic periodicals and have at our disposal the ideas as presented by others. Their digestion requires some leisure time of which we may or may not choose to devote. The presentation of a speech or table clinic would certainly require considerably more initiative and endeavor for each of us. Perhaps the most rewarding and valuable contribution to our practices might come from the final elective mentioned, active participation in a study club.

The "Word" is contemplating devoting a considerable portion of a future issue to the thought, organization, objectives, and management of study clubs. The hope is that each will make the endeavor to participate, if we are not already doing so, in this type of professional organization.

The thoughts, as they will be presented, are to be derived from two sources. Experience, as in other endeavors, will lend its voice through contributions by some of our former, and in a sense, still present instructors. The practical methods serving presently operating study clubs would also be of prime interest to any new clubs about to be organized. Certainly the clubs, as they now exist, might be even strengthened or at least improved by the incorporation of new ideas.

This appeal is now formally presented: would the secretary of any study club which lists Washington alumni as members please contribute to this paper in the near future, ideas which would be pertinent to the organization and operation of new or existing study clubs?

WHAT'S NEW AT THE UNIVERSITY

I started my remarks in the last issue of the WORD with "Greetings from the 'Land of the Sun'." I told you that if you didn't believe me to check with the weather bureau concerning the summer of 1961. I can again report that we have had lots of sun this winter and a record for lack of rainfall. We have been following the paper with interest noting the snowfall in Southern California and now their torrential rains. The reports of cold and heavy snows in other parts of the South and East make us all happy that we live in the Sunny Land of Washington.

Century 21 is gradually becoming a reality and the Space Needle is visible from almost any part of the city. I am sure that all of you will be very impressed with the show that Seattle is going to put on this year.

At the present time we are in the midst of theses and ten men are preparing to launch their careers in orthodontics. At this writing it seems seven of the fellows will be staying in the State of Washington, two going to California, and one to his native land of Denmark. As you can well imagine, things are real hectic on the thesis front at the moment with four of the fellows having completed their examinations to date.

We are in the process of revising our cephalometric setup and by the time you come in the summer, will have more modern and versatile equipment installed for you to see.

This quarter we introduced preformed bands with prewelded attachments (Lewis brackets) to the clinical teaching program. The fellows are therefore being taught pinch-band technic, indirect band technic, and preformed band technic, during various clinical periods. I am hoping next year to add spot welders for each unit so the students will have one available at their own work space.

At this point I should say a word about the faculty. First: I would like to report we all can take pride in the fact that Bert Kraus has won the Chicago Essay Prize for this year and will be given his award at the Mid Winter Meeting next week in Chicago. Doctor McCulloch has decided to move back to Yakima and re-establish his practice there, after his brief sojourn with us here in Seattle. He will continue on the teaching staff, however will not be able to devote as much time as he has been giving during the past two years. In another issue of the WORD I will bring you up to date on the staff situation as we are running out of space this issue.

Several weeks ago you all received a letter from me relative to a Memorial Fund that was being set up in memory of William P. McGovern. The plans are to refurbish the seminar room adjacent to the clinic, which many of you remember as my former office, by covering the pipes with a suspended ceiling and installing book shelves along both walls. We also hope to place comfortable chairs, lamps and tables in the room to make it a pleasant place for study and relaxation. The amount I suggested for the fund would just about take care of the physical requirements. I hope in the future to add the improved library facilities, which I mentioned in the letter, through University funds and any funds in addition that may be subscribed to what is necessary to complete the physical facilities of the room. Several individuals have suggested the room be named "The Founders' Room" rather than after any individual so that it would serve the purpose of recognizing the contributions of others to the organization of the department. This recommendation will be given serious consideration when we formulate our final plans.

You might be interested in knowing the present status of the number of contributions that have been made to date. First, I might say that approximately 185 letters were mailed, 105 to alumni, and 80 to other orthodontists who knew or had worked with Bill over the years. To date we have received contributions totaling \$1,970. I want to thank all of you who have contributed to this fund and to remind those who haven't and who intend to do so, to make your checks payable to the University of Washington so that they will qualify as a tax-deductible contribution. We are still a long way from our goal of \$5,000. I hope to develop a master plan which will be broken down into stages and costs so that we can commence this program as soon as possible and add to it as monies become available.

Myrna and I are planning an afternoon reception at our home during the Alumni meeting. Because of the size of the group we will be sending out invitations to you by classes listing definite times. By this means we will have an opportunity to visit with each one of you which we couldn't do if everyone was there at the same time. You will be hearing more about this when the time of the meeting approaches. We will be looking forward to seeing you all in August.

Alton W. Moore

THE SCOOP

We finally received some foreign news, or rather some correspondence. Well, what it really turned out to be was some Christmas cards, in the middle of January, from THOR ARNESEN ('59) indicating that all's well in Sao Paulo, Brazil. WAYNE PEAY ('56) has gone into raising horses and presently has a stable of fourteen. JIM MULICK ('61) recently completed the Lancaster cleft palate study course in Pennsylvania. We asked a '61 alumnus in Jacksonville, Florida, how they're treating freedom riders in his area, and he replied with a hitherto unpublished treatment plan:

From the desk of ARTHUR S. BURNS, D.D.S., N.A.A.C.P., C.O.R.E.

TREATMENT PLAN

	Max.		Mand.
Ext.	<u>765432/234567</u>	Ext.	<u>765432/234567</u>
B	<u>8/8</u> DT KHG	B	<u>81/18</u> 9's (if present)
B	<u>1/1</u>		019 x 026 closing loops
	0215 x 027 closing loops		

co-ord arches

H.F. when FMIA = 65 (or better). Use skin lighteners, hair straighteners, lip thinning exercises, refer to speech pathologist for specialized vocabulary deletions and additions. If they wind up looking too Jewish, suggest wearing St. Christopher medal on retainers.

PETE BOKSTROM ('61) and ALAN HIGH ('61) recently took a specialty board examination in British Columbia. Apparently this Canadian province is planning to clamp down to make certain in the future that only those with postgraduate training may call themselves specialists.

JOE LAVIN ('58), JOE MORAN ('55), and GIL MILLER (grad of University of California) have opened a new clinic in Spokane. It is interesting to note that several of our alumni are presently on the staff at USC as part-time instructors. These include AL BAUM ('50), BOB LANDE ('50), TED WENDORFF ('55), BOB WASHBON ('56), BILL O'REILLY ('57), and MORLEY DAVIS ('56).

PAUL LEWIS was awarded a life membership in the Seattle District Dental Society, and he's still putting his whole heart into teaching at the University. DICK RIEDEL has recently invested in a new 34 foot cruiser, which is a beauty. It came equipped with 480 h.p., 3 credit cards, and an extra 5 gallon gas can. The latest thing on skis is AL MOORE, who is learning to ski so that he can be with his family on Sundays. GEORGE McCULLOCH, after practicing in Seattle for two years (and teaching at the University,) is planning to return to Yakima to practice. The recent Angle Society meeting, by the way, was in Yakima and many local alumni headed that way. Most of them took skis but GENE SUPERNOW ('55), RUSS ESPOSITA ('56) and LES ERICKSON ('58) had several cases under their arms. (Model boxes, of course.) While at the Angle meeting, there was an afternoon of golfing planned for Tuesday, but after watching the snow come down from 9:30 in the morning, JERRY DOHNER ('50) and JOHN RAYNES ('56) spent the afternoon pacing back and forth in front of the hotel (no doubt wishing that they, too, had skis.) In between amusing stories and jokes, GENE BUTORI ('53) gave a talk on the utilization of auxiliary personnel in a group practice. He is associated with Guy Woods and Denny Reis in a group practice in Portland.

One of our reporters for "The Word", JOHN ROGERS ('61), just presented a full afternoon discussing preventive, interceptive, and corrective orthodontic procedures before the Northwest Pedodontic group in Seattle. The material was received with enthusiasm by the pedodontists.

DICK PHILBRICK, in his sailboat Sea Fever, took part in the Trans-Pac race from San Francisco to Hawaii this past summer. They left Seattle in June and sailed to San Francisco, they began the race on July 4th, finishing in 7th place in their class of boat. After spending a few days in Hawaii, they sailed back to Seattle. At the Angle meeting in Yakima, he showed color slides of the trip which were excellent and showed lots of action. His experiences were many and his talk captured everyone present (especially AL MOORE who had a chance to be their cook for the trip but turned it down.)

Miss Norma Sparkle (assistant to Dr. PETER BOKSTROM) sent in the following helpful hint:

You can eradicate the problem of cement removal from instruments and have them brightly polished at all times by utilizing an Ultrasonic Cleaner, such as the Cavette.

TEN-YEAR PROFILES

BEN PETRAITIS graduated in 1950 and returned to his home state of Illinois. Instead of doing orthodontics, he practiced oral surgery for four years, which was about all he could stand. The charm of the Pacific coast drew him back to Seattle, where he's been ever since. For the past four years he's been married and now has a 2-1/2 year old boy. As for orthodontics, he's at it full time, working hard, and for relaxation he works on his house in Bothell. Ben skis, and plays golf only occasionally, but like many Westerners, he'd like to try mountain climbing. Presently, he's hoping to succeed with a patented idea that has something to do with orthodontic appliances.

After DAN EMPENGER graduated in 1950, he practiced in Paul Lewis's office for 2 years, and then set up his practice in the Cobb Building. His last move, a year ago, placed him in the Medical-Dental Building, and he now enjoys one of the nicest offices in town. Dan had a boat a few years back, but right now his activities are confined to the beach. He's an avid skier and last year went through one phase of his training by breaking a bone in his leg. This year he'll pursue the sport further by spending two weeks at Sun Valley. Dan is a member of the Angle Society and for a few years was on the Orthodontic staff as a part-time instructor at the University. He and his wife have two boys.

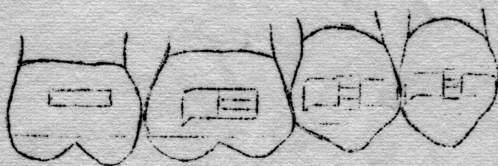
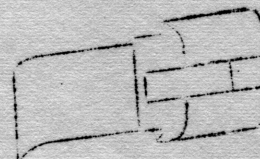
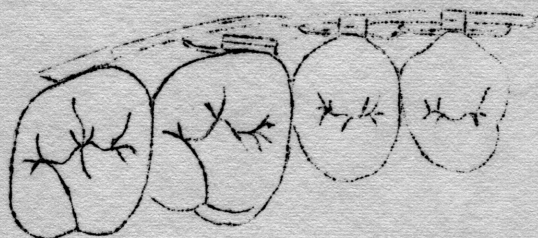
JERRY DOHNER ('50) is still in Seattle's Medical-Dental Building and his present problems deal with being President of the University of Washington Orthodontic Alumni Association and with preformed molar bands. If you want a job to be carried out, Jerry is THE man for an assignment. That's one reason the Alumni Association is moving ahead so well, and that's also why the entertainment committee for the 1961 PCSO meeting was such a great success. If you make an appointment with Jerry, be sure to be there on time, because promptness is one of his nasty habits. Since graduating, Jerry has had a go at fishing, golf, and Indian arrowhead collecting. He doesn't fish much now, but sticks to digging up the Columbia River basalt beds for arrows and the fairways for golf balls. You can see he keeps in fairly good physical condition. Recently he joined the University orthodontic staff and spends Tuesday mornings passing out the pearls. Living in Innis Arden, his family now consists of a boy and a girl. Leaving the children behind, he and his wife, Dorothy, have just boarded the plane for a three week stay in Hawaii. We hope he'll return at least in time for the meeting in August.

TECHNIC SECTION

In cases in which the maxillary 6 year molars are rotated toward the mesio-lingual two methods are suggested to aid in correcting their rotation.

1. Maxillary first molars --Dr. Paul Lewis A.O. July, 1959 Vol. 29, 182-188

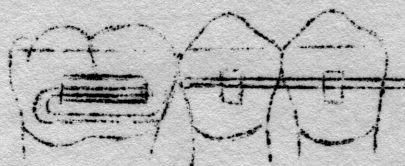
When both first and second molars are banded and the first molar is rotated mesio-lingually, use a double width molar bracket which has one rotation arm extending toward the distal. The distal rotating arm acts as a fulcrum and when the first light round resilient archwires are ligated into place, the molar is easily and quickly rotated. In this method the rotated 6 year molar is corrected by the time rectangular wires are used.



2. Mandibular first molars -- Dr. George McCulloch

Dr. McCulloch suggests the following method of rotation of molars where there is a rectangular tube placed on the band and where it is difficult to enter the tube from the mesial.

The wire is activated so it is in the correct alignment or even overcompensating for the rotation. The wire passes either to the gingival or to the occlusal of the tube, whichever is free and enters the tube from the distal. This end of the wire is placed first and then the rest of the wire put in its proper place.

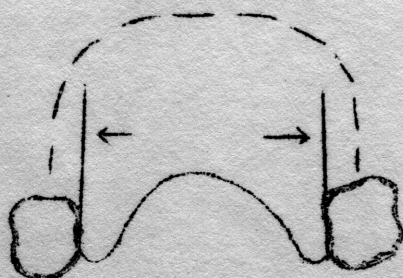


Correction of Bilateral Crossbites

Dr. John Raynes

This appliance was shown to me at a PCSO meeting in Santa Barbara. Sometimes a mixed dentition case will present a slightly constricted maxillary arch which results in a lateral mandibular shift and crossbite in occlusion. When the patient makes initial contact the buccal segments occlude in an end to end relation--on full closure the mandibular shift occurs. This appliance helps a great deal in the minor cases of this type, providing this is the only orthodontic problem.

I use gold bands on the 1st molars and .040 gold wire for the arch. The arch is adapted as in the illustration. I activate the appliance by expanding the spring, heat treating, and then cement the molar bands.



Some men use vertical tubes as in lingual arches, I merely solder the wire to the bands. This appliance is worn from 1 week to 4 weeks. (Checked weekly.) This is not a cure-all--it is printed to add to your armamentarium.

The Fabrication and Application of the Hi-Pull Headgear

Dr. Dan Empenger

About five or six years ago at an Angle meeting in Portland I offered a design of a hi-pull headgear which I had used for a short time in my office. Today and at least five years later, I am still using the same type headgear with very little modification.

In my practice I have found it expedient to have my office girls make these headgears. On a 'production-line' basis, I would estimate that it would take one girl approximately four hours to make a minimum of thirty or forty of this type of headgear. Material cost is about 40 cents per headgear. We make them in four sizes with the two middle sizes the ones in predominate use. They are made complete with the exception of one riveted seam which is left open for the final adjustment. The fitting of the headgear and the closing of this seam requires less than one minute chair time. The only remaining chair time necessary is in the shaping and attachment of the bow wires.

I have had surprisingly little complaint of this type of headgear coming off during the sleeping hours. Better shaping of the bow wires usually obviates this situation. In boys, the main complaint is the furrow it leaves in the hair for a short time after the headgear is removed, especially in those boys who have crew haircuts. The only problem I have encountered with the girls are with those who wear heavy rollers at night and they overcome this situation quite easily by attaching longer elastics to the bow wires.

Of the three types of headgears I use in my practice -- the Kloehn type, the Lewis cervical, and this hi-pull headgear, the patients seem to agree that this is the most comfortable. However, do not misunderstand me, this is no criterion for its use.

As to its application, the general theme of the hi-pull headgear is the fact that it exerts an upward as well as backward force when applied to the teeth in the upper arch. It can be effective in the control and final disposition of the occlusal plane, in the treatment of elongated upper incisors, and in the recovery of overelongated upper anteriors due to overextended bite plane wear or prolonged use of Class II elastics especially with light arches.

In my practice I use the hi-pull headgear in the three following categories:

1. Deep overbite cases under full treatment.
2. Mixed dentition cases with a deep overbite problems and where it is possible to band the upper anteriors. These are usually four bicuspid extraction cases where there is a lingual arch in the lower and the upper arch is partially banded. In this situation it is desirable to band all six upper anteriors if possible. The hi-pull headgear will work quite nicely if only the upper four incisors are banded but the duration of its application must be watched in this situation since its depressing effect on these teeth will be quite rapid. I might add that if only the four upper incisors are banded, the position of the unerupted cuspids relative to the lateral incisors should be observed in the x-rays and the use of the headgear judged accordingly.
3. The third category I would class as partial or compromise treatment cases. I would stress that these are the chosen few. These are cases in which usually

only the upper teeth are banded. In this type of case the lower arch would present good arch form, little or no rotations, and a gentle to flat Curve of Spee. The skeletal pattern would be reasonably good.

Now for some general remarks as to the use of the hi-headgear in my practice. The hooks are generally soldered to the archwire between the lateral and central incisor. I am quite a devotee of root torquing auxiliaries. These are the inverted L-sections of wire which are soldered at the lateral-central area of the archwire. I usually make the hook and root torquing auxiliary from one piece of wire. I start the patient with 8 to 10 ounces of pull on the headgear and later increase it to 12 to 16 ounces by varying the size and number of elastics attached to the bow wires. In full treatment cases I do not start the hi-headgear pull until somewhere midway in treatment. By this time I have leveled the lower arch and set up lower anchorage through the use of leveling arches and Class III elastics. At this time I use the hi-pull headgear in conjunction with Class II elastics and closing loops to retract the upper anteriors and effect lingual root torque in the upper incisors through the use of auxiliaries and torque in the archwire. I might mention that I do not use the hi-pull headgear as a stabilizing force in the upper arch while involved in Class III mechanics. Here I prefer either the Lewis cervical or the Kloehe type headgear.

Hi-Pull Headgear Fabrication

Materials

Lamcel belting (3/4")
flat plastic ribbon (3/4")
seamstress hooks (size 3)
polyurethane foam (1/4")
All-purpose cement and solvent
stapler and riveter

Source:

Dry Goods Store
Betta Ortho-N.Y., N. Y.
Dry Goods Store
Western Foam Latex Co.
7th and Virginia, Seattle
Frank Duncan Co.
1111 3rd Ave., Seattle

Dimensions

Side Piece -

Plastic strip 4-1/2"
Side strap 7-3/4"

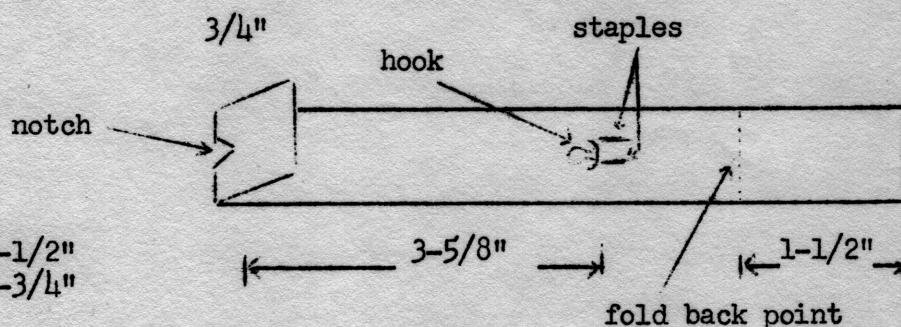


FIGURE 1

Headcap -

	Part 1 (top)	Part 2 (back)	Part 3 (front)
Size B-	5-3/4"	11-3/8"	11"
" C-	6-1/4"	11-7/8"	11-1/2"
" D-	6-3/4"	12-3/8"	12"
" E-	7-1/4"	12-7/8"	12-1/2"

Wire Bows -

.051 x 5"

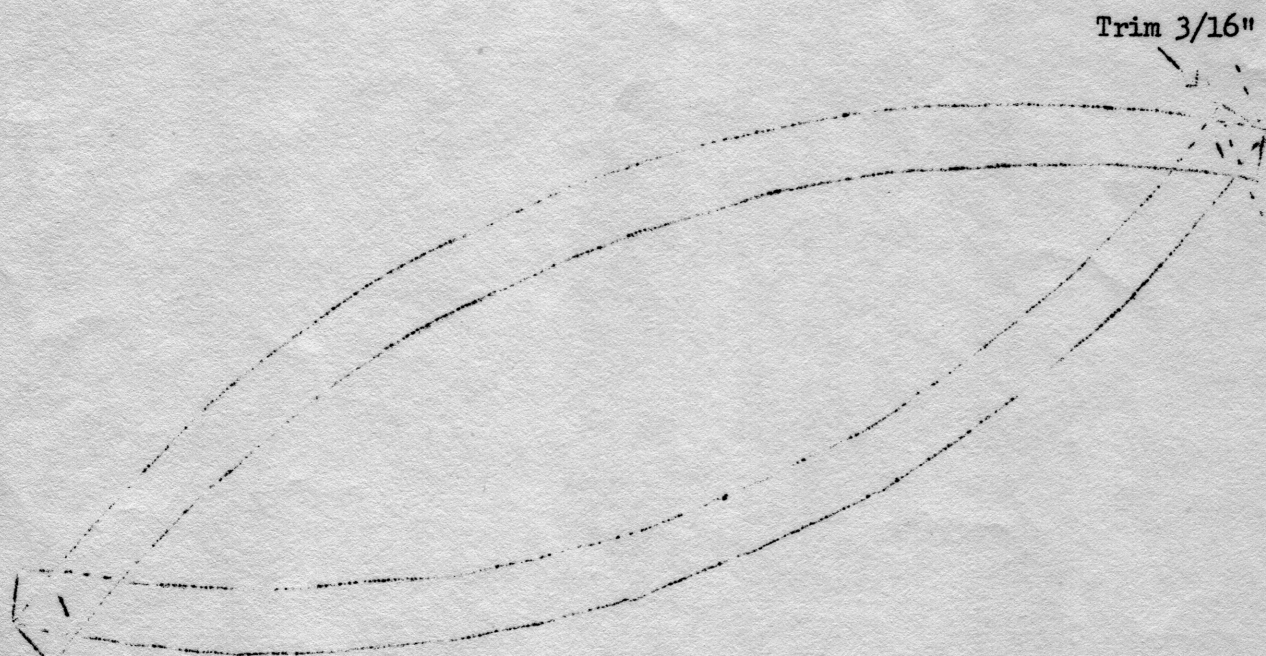
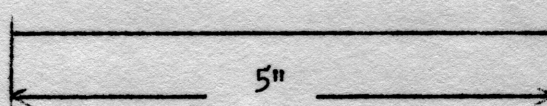


FIGURE 2

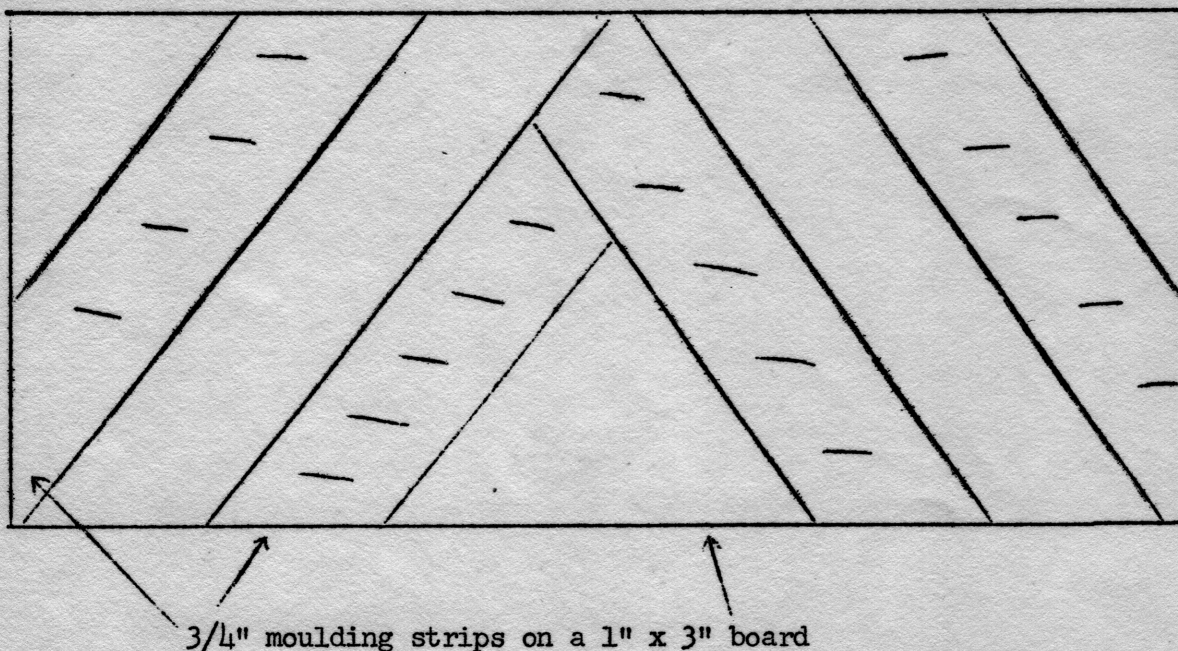
Fabrication:

1. Staple parts 1 and 2 on jig as shown in fig. 2.
2. Trim overlap and clip $3/16$ " from each end of these parts.
3. Rivet part 1 to center of part 2.
4. Fold back side strap on each end as per fig. 1.
5. Slip plastic strip under $3/4$ " fold and double staple.
6. Cut small v-notch on end of strap.
7. Staple hook as per diagram.
8. Cut hole in plastic strip and allow hook to fall through.
9. Slip free end of side strap around yoke of headcap section, overlay plastic strip, and staple. An imaginary projection of the side strap should bisect the angle of the toke.
10. Cement polyurethane strips to inner sides of side straps with All-Purpose cement.

Fitting:

1. Use largest size possible without impinging on the ears.
2. Cut part 1 to proper length and rivet to part 3.

Jig: (actual size)



Following the publication of the last issue of "The Word" (which contained Dr. Riedel's review of Dr. Neustadt's article in the Dental Survey), the Newsletter Committee mailed a copy to the editors of Dental Survey and subsequently received the following letter from Ralph B. Stevens, Executive Editor:

"We are grateful to you for the copy of "THE WORD" which came with your note of November 9 and the chance to see Dr. Riedel's review of the Neustadt situation.

Our purpose in publishing the Neustadt editorial was to encourage more interest among general practitioners in orthodontics, encouraging them to practice such preventive methods as they could without special training and to have sufficient knowledge of the subject to know when referral to a specialist was important to correct a difficult case before it became hopeless. We have been encouraged in this project by a great many leading orthodontists, and Dr. Neustadt came to us well recommended. Since publication of the editorial, we have found orthodontists generally critical of the Neustadt ideas, and have been kept busy explaining ourselves.

We were not as familiar with the background of Dr. Neustadt's book as we perhaps should have been, and are particularly glad to have, therefore, the information contained in Dr. Riedel's review."

REVIEW OF THE LITERATURE

George McCulloch

I am reviewing Dr. Louis Miller's American Board thesis, published in the American Journal of Orthodontics, October, 1961. The title is "Non-extraction Treatment in Growing Patients, With Emphasis on Distal Movement."

This paper is extremely timely and worthwhile. It warrants more than a cursory glance, the real value coming from careful evaluation of the contents, as well as a detailed examination of Dr. Miller's illustrations. With an accurate diagnosis and treatment philosophy, Dr. Miller takes a segment of border line cases in growing patients and corrects their malocclusions to normal stable dentures. In my office and probably others, this type of case has often been unsatisfactorily treated with either extraction or non-extraction therapy. The many illustrations aptly show the applications of his technique.

Much of Dr. Miller's background material is from studying Dr. Hays Nance's articles on relationship of permanent first molars in the mixed dentition stage. He also explored Nance's principles of the drift of the first molars and relative size of bicuspid over second deciduous molars. These are limitations of mixed dentition treatment as brought forth by Dr. Nance. Dr. Miller shows us where additional arch length can be gained by (1) tipping teeth (2) uprighting tipped mandibular posterior teeth (3) bodily moving teeth (4) buccal expansion (5) rotation of mandibular molars and pre-molars. (6) control (in some cases) of mesial lower first molars drift in transition from mixed dentition.

With lateral head films, Miller illustrated how arch length has been increased by the above methods. The arch increase was used to place the anteriors over apical base and reduce rotations, if present. Dr. Miller gained most of

the needed additional arch length by distal movement. "One has only to draw a silhouette of a tooth in a tipped forward position and then rotate it backwards with the center of rotations at the root apex to discover that considerable space can be acquired."

Dr. Miller advocated the use of Class III elastics in uprighting and tipping back the mandibular buccal segments. He used Class II elastics very sparingly, so that he wouldn't endanger, by forward displacement, the mandibular denture already properly placed over apical bone.

The author is cognizant of maintaining a good flat occlusal plane. He states, "When it is anticipated that Class II elastics will be used in treatment, it is very desirable to tip the occlusal plane distally first so that there will not be an anterior cant of the occlusal plane when treatment is completed."

As you can imagine, Miller uses all three types of headgears, Kloehe, high pull, and cervical. With these he obtained most of the necessary distal retraction and anterior depressing force to carry the maxillary arch into a Class I occlusion. He will occasionally use a combination cervical and high pull headgear at the same time, if he thinks this will give sufficient distal retraction of the maxillary posteriors along with adequate depression of the anteriors. The Kloehe headgear, properly adjusted, can quite easily maintain and often better the occlusal plane. Miller's success in the retention of these cases, is due, to a great extent, to his ability to maintain or improve the flatness of the occlusal plane, besides putting the maxillary first molars in an upright occlusion. (Locking the distal cusps of the maxillary first molars in the distal sulcus of the distally tipped mandibular first molars.) In other words he thoroughly positions all teeth of both dentures, thus eliminating many of the retention risks.

When there is a shortage of arch length in the anterior portion of the mandibular arch in mixed dentition, Dr. Miller warns us to be cautious in tipping back the first molars to gain that needed arch length lest we impact the second and third molars. "What we are doing is borrowing from the distal portion of the alveolar trough, which at this time is an unknown quantity. We will not know for several years how much each patient is to grow in this area." Dr. Miller didn't give the ages or sex of the patients he used as illustrations. I would assume that he starts treating his girls at an earlier age than boys. I believe that he in general starts treatment just before or after the last deciduous teeth have been shed. It would be interesting to have more information upon this facet of his treatment. He shows two cases in which the growth pattern proved to be quite different. Dr. Miller blames his treatment, in part, for poor results in his so called failure case (Figure 14). He feels that he lost the restraining influence from the upper arch, thus allowing the mandible to grow forward, also that he had too much tooth structure in both arches. With this type of skeletal pattern characterized by a low mandibular plane angle, large chin button, and a very slight ANB angle, one would expect a great deal of anterior growth in the mandible, whether the case is treated or not. This case shows average vertical growth in the maxilla and upper one third of the face; it shows practically no vertical growth in the mandible. If there was similar vertical growth in the mandible as in the rest of the face, I feel that this case, even by Dr. Miller's standards, would not be a failure. Vertical growth in the mandible is necessary along with horizontal growth to increase arch length for the erupting and developing second and third molars. When one type of growth is present without the other, arch length will rarely be sufficient for all teeth, thus the anterior teeth will be forced from apical base as posterior teeth erupt. I can't see

where his treatment causes cessation of vertical mandibular growth.

Dr. Miller has been careful and thorough in his diagnosis, and the cases treated with his philosophy fell within the limits he has set forth. All the cases illustrated in this paper have good to excellent, skeletal patterns; thus you would expect the best growth responses. The treatment and retention of these cases should be stable. If the cases had skeletal patterns showing large mandibular plane angles, steep occlusal planes, and little or no chin button, you would expect growth to be more downward and less forward, which in turn would leave less arch length available to erupting posterior teeth.

It would be hard to get as excellent results as Dr. Miller has shown unless very close attention is given to the mechanics of tooth movement and the placement of these teeth so that they will be stable in the arch, and the arches stable with each other when in occlusion. I am sure that he has excellent cooperation from his patients with wearing the headgear and elastics, as the cases show a good deal of distal movement.

By following Dr. Miller's lead, we should give better service to that segment of our patients who have borderline cases which fall within the careful imitations he has shown.

COMMITTEE REPORTS

Our Alumni meeting in August will start off with a get-acquainted cocktail party and dinner on Sunday evening, August 12. As this is to be our official dinner we would like as many as possible of those attending the meeting to plan their arrival for early Sunday afternoon so they will be in time for the evening festivities.

The response to the housing questionnaire has been good. There are, however, a few who have neither returned the questionnaire nor made their reservations for the 1962 meeting. The manager of the Edmond Meany Hotel has called Ken Kahn and said they are now filled and will be unable to accept any more reservations for the week of our alumni meeting. The Coach House (located across the street from University Village), have two bedroom units with kitchenette that will accommodate a single family up to six persons or two couples who would share the bath, living room and kitchenette. There are still some reservations that can be taken at the Coach House but they should be made immediately.

Coach House
4801 - 24th N. E.
Seattle 5, Washington

If for some reason, you are unable to make a decision at this time about coming, it would be better for you to make a reservation now, even though you might have to cancel it at a later date.

If you have any questions concerning your housing, please contact Ken Kahn, Medical-Dental Building, Seattle.

Respectfully submitted,
Your Newsletter Committee,

Andy Houg

Les Erickson

John Rogers