teeth by the use of two bands soldered together, the band for each tooth is absolutely separate. The band on the right incisor has a small ring into which fits a small stem which is soldered to the band on the left incisor. The appliance exerts a little spring so that any tendency on the part of the teeth to return to their former position, is opposed. (Fig. 4.)

This retaining appliance was left in position for a year without any change being produced.

The last model (Fig. 5) was made one year after the removal of the retaining appliance; according to recent information—for the patient has left Lyons—no change has taken place. A slight difference will be noticed at the gingival border of the tooth which was drawn down.

**TRANSPALATINE ARCH**

**By Dr. James T. Quintero, Lyons, France**

(Translated by Margaret Gortikor, D.D.S., New York)

The appliance that I am showing is distinctly derived from Mershon's lingual arch. It sometimes happens, when we are confronted with certain types of malocclusion in which there is a close bite, that a lingual wire can-
dontic treatment. It little matters whether we correct the torsiversions and linguoversions unless the dental arch is the proper size. It is not until the size of the arch has been remedied that we can consider secondary corrections; that is, the various malpositions which a small number of teeth assume. In order to obtain expansion, what must be done? A slow and gradual pressure must be exerted upon the lingual surface of the teeth. We obtain this pressure by constructing an appliance anchored on the molars and having a socket with a lock. The appliance, instead of being weak because of the long irregular curve it makes in passing around the entire dental arch, acquires strength by the passing directly across the palate from the anchor tooth on one side to the one on the opposite side, thus making a short appliance. If you wish to obtain expansion, not only of the anchor teeth but also of the other teeth on either side, two methods are available, we can use spurs soldered directly to the bands or we can use, as in the model of the cut, auxiliary springs passing from the anchorage socket and directed horizontally forward to the last tooth we wish to expand.

This method permits of an expansion indiscriminately whether it be of the anterior teeth or of the posterior, all depending upon the type of irregularity with which we have to deal. This is done simply by modifying the strength and action of the springs on the main appliance.

**TREATMENT OF A CASE OF A MALERUPTED CANINE BY A LINGUAL APPLIANCE**

*By Dr. B. de Nevrèze, Paris, France
(Translated by Margaret Gortikor, D.D.S., New York)*

THE case which I will present to you is characterized by two malpositions:

(1) In a transversal or frontal sense by a maldeveloped maxillae.

(2) In an anteroposterior or sagittal sense by linguoversion of the two maxillary right centrals.

This double lesion has caused the space necessary for the maxillary right canine to partially close up and cause the canine to erupt in infralabioversion. (Figs. 1, 2 and 3.)

The only difficulty in treating this case was that the patient objected to any visible appliance, despite the fact that she was only 15 years of age and so had no social obligations of importance.

The lingual appliance was particularly indicated and the cuts show that I employed it in two forms in an absolutely individual manner.

The first form of lingual appliance (A) was constructed with two auxil-