

A PLAN OF TREATING NEUTROCLUSION WITH LABIO-VERSION OF MAXILLARY INCISORS*

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IN presenting this treatment for Class I, Type 2, cases of malocclusion, I do so because of the difficulties I have experienced in my own practice with these cases, and through the observance of a few of this type, which have been referred to me for continued treatment, by other orthodontists, by reason of the patient's change of residence.

The accompanying illustrations will show the result of treatment through the use of intermaxillary anchorage, and also the result of treatment by the employment of intramaxillary anchorage.

CASE 1 (Figs. 1 and 2).—The case, which is here shown, was treated with the clamp bands upon both the upper and lower first molars and labial alignment

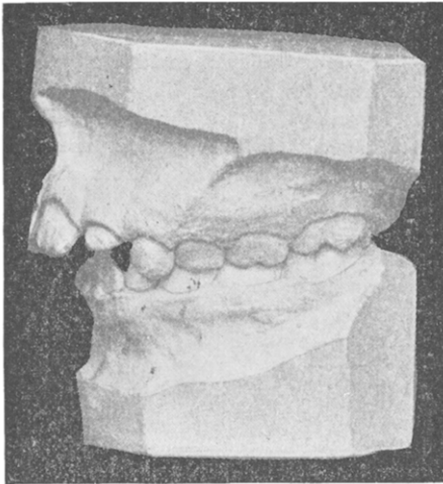


Fig. 1.

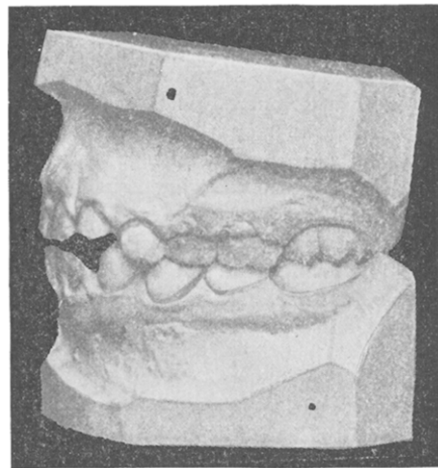


Fig. 2.

wires. You will note the open-bite condition in the region of the incisors in the finished case. This case was taken from one of our best text books on orthodontic treatment, and the open-bite condition may be the result of one, or a combination of three things: The interlastic pull between the upper and lower arches has caused a superocclusion of the anchored teeth, or a shortening of the anterior teeth, or is possibly due to a photographic error.

*Read before the Alumni Society of the Dewey School of Orthodontia, Chicago, April 1-2-3, 1920.

CASE 2 (Figs. 3 and 4).—This case is one, which had been treated for more than a year, through the employment of the same form of anchorage as was used

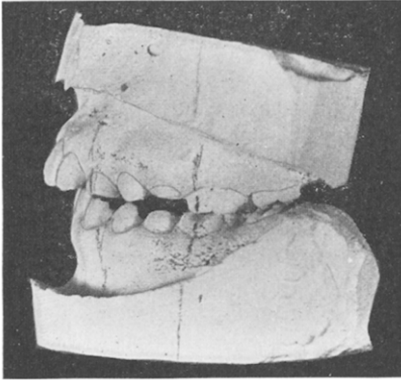


Fig. 3.

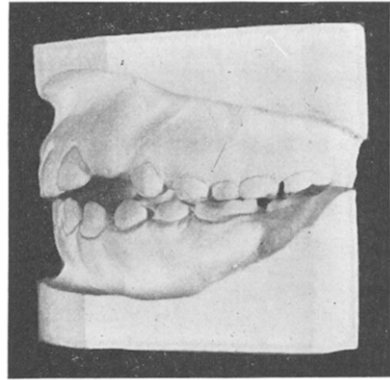


Fig. 4.

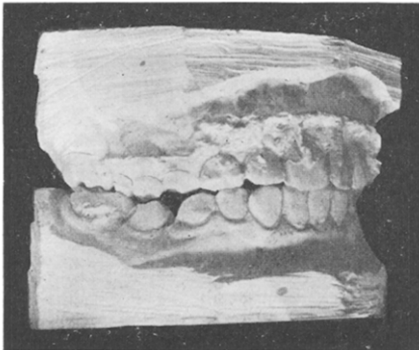


Fig. 5.

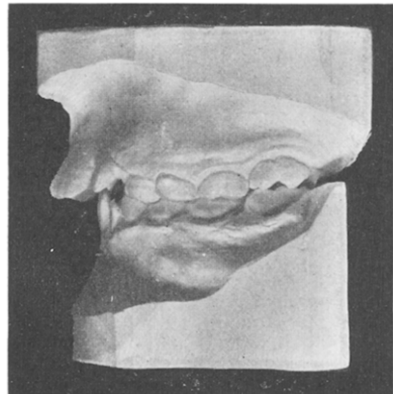


Fig. 6.

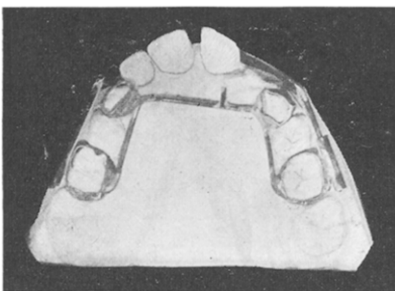


Fig. 7.

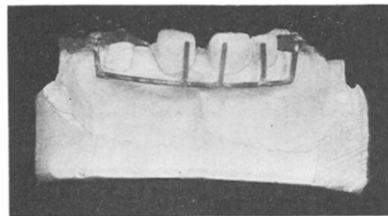


Fig. 8.

in the first case. You will note in this case also the open-bite condition in the region of the incisors.

CASE 3 (Figs. 5 and 6).—In this case, the Lourie appliance, which Dr. Dewey has so thoroughly and carefully described both in the journals and in his

instructions to students, was used, and was treated in the following manner: Through the use of a form of intramaxillary anchorage, which the appliances upon the teeth will illustrate, plain bands, with a soldered lingual alignment arch, were placed upon the lower teeth to give lateral development if necessary.

Plain bands (Fig. 7) with a soldered lingual arch, were placed upon the upper deciduous second molars and canines to give stability to the anchorage, and through buccal tubes on the molar bands, the labial arch, as is shown, was ligated to a small hook near the canine, and back of the tube on the molar bands. The traction produced by the grass ligature reduced the labial version of the upper

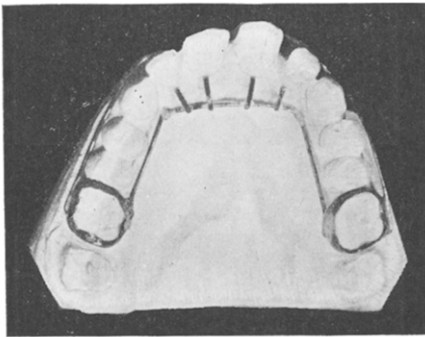


Fig. 9.

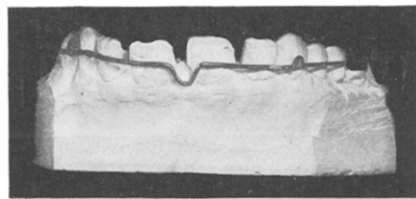


Fig. 10.

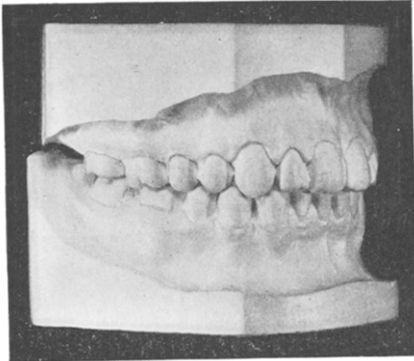


Fig. 11.

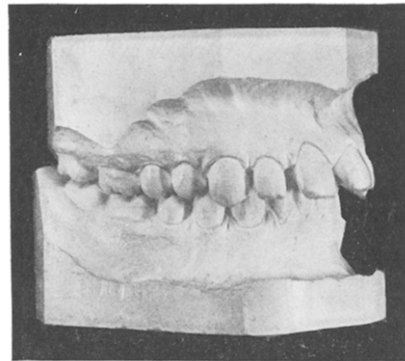


Fig. 12.

incisors (Fig. 8). Note that the open-bite condition does not here exist to an appreciable degree.

CASE 4.—In this case of an older patient practically the same form of intramaxillary anchorage was used as the last case illustrated. Instead no bands were placed upon the upper canines. Plain bands were made for the first upper molars, with a soldered lingual arch, with short extensions resting just beneath the gingival marginal ridges of the incisors, and upon the labial surfaces of the teeth was also soldered a labial (Fig. 9) arch with a loop (Fig. 10) about the median line. By slowly closing the loop, the upper incisors were caused to assume their normal positions.

In conclusion (Figs. 11 and 12) I would like to state that in the treatment of these cases, we usually find the lower arch about normally developed. Therefore, in a few instances, I have placed no appliance at all on the lower arch.

DISCUSSION

The President.—Dr. Busby has described a condition that to me is the hardest case of malocclusion to correct. He has brought it out in a very fine way, and I think his paper is worthy of a lot of discussion. The two men that are on the program to open the discussion are absent at this time.

Dr. C. M. McCauley, Dallas, Texas.—As the president has said, this is a difficult class of cases to handle, and I have handled them in a different way from what the essayist has, but I believe his method is better than the method I have been using.

The plan I have followed in the treatment of such cases consists of first molar anchorage with lingual bar as stabilizer. Buccal tubes to carry 20 to 22 guage labial arch, which is so adjusted as to lie on the occlusal side of spurs soldered to bicuspid bands and on the gingival side of spurs on anterior teeth it is desired to lengthen. This labial bar is so bent and shaped as to exert force in the manner of a lever of the first class, where the molars represent power; bicuspid spurs, the fulcrum; and the anterior teeth, the weight.

By the essayist's plan many bands are dispensed with and that speaks volumes in the favor of his appliance, on account of their irritating effect on soft tissues. All orthodontists are trying to eliminate them wherever possible.

When Dr. Lourie first advocated the use of the high arch with soldered finger attachment I used it successfully in many cases with the exception of displacing anchor teeth badly. The lingual stabilizing bar which I now employ will remove that difficulty to a great extent.

The essayist's plan of treating these cases will be of service to me because I have now a case under treatment in which I expect to use it.

I am very much obliged to the doctor for presenting this appliance. It was my pleasure to see the same presented by him to our own state society about a month ago, and I want to congratulate this society upon having had it presented here.

Dr. W. E. Flesher, Oklahoma City, Okla., was called upon to continue the discussion. He said: Dr. Busby has given us an excellent paper and I appreciate it very much and thank him for preparing it and presenting it before this alumni. He has covered the subject very thoroughly. I do not believe I can add anything to what he has given. I use practically this same plan of treatment in this class of cases.

The President.—The open-bite cases are important and I want to get all the information I can on this subject.

Dr. E. E. Richardson, San Francisco, Cal.—In treating open-bite cases I use plain labial expansion wires, banding the first permanent molars, soldering partial lingual wires to the bands, extending to the first bicuspid, and buccal tubes, for the expansion arch, wiring through the interproximal space engaging the lingual wire and the expansion arch (having removed the nuts). By expanding the arch relieves the close contact of the teeth and the pressure of the arch against the anterior teeth under the stress of mastication corrects the open-bite.

Dr. H. C. Hopkins, Washington, D. C.—I do not know that I can add anything of importance to the discussion of the use of these appliances in the treatment of this particular form of cases, but I am very glad to have had the opportunity of hearing these appliances brought to the attention of the society again, because I think the appliance is one of extreme usefulness, and one with which I personally have had a wonderful amount of success.

The caution given as to the danger of misplacing the molar teeth and the necessity for reenforcing anchorage with a soldered lingual arch I think is very essential, because

there is no question but that the action of the high labial arch wire is such as to readily disturb the molar anchorage if that is not efficiently reenforced.

Dr. Busby has shown you a very simple and useful method of correcting this particular character of case, and I have found the same appliance, the high labial arch wire, with the extended finger springs, very useful in the variety of cases which will successfully rotate the anterior teeth except the cuspids, and reduce the angle of inclination better than anything I have ever used; I think it ought to come into more general use, and I am very glad to see it mentioned again before the society because I think with the caution of being exceedingly careful to reenforce the molar anchorage, we will find it will be an exceedingly useful appliance.

Dr. Busby (closing the discussion.)—There is very little I can add to what I have already said, as I have told you all I know about it, and I thank you very much for this opportunity to close the discussion.

THE MEANING OF THE NORMAL

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IN medical and dental literature of the present day there is evident a confusion of ideas as to the meaning of the word normal. In fact the variety of ways in which the word has been employed has resulted in so obscuring its real sense that the idea now conveyed by it, especially in the biologic sciences, is not at all clear. One writer uses it as meaning an ideal, a goal to be sought after but never to be found; another interprets it as being synonymous with typical or average; while yet another refers to normal as signifying the natural. Such free and indefinite use of a word is of course wholly unscientific and cannot fail to take away much of its significance. Moreover, the custom of giving the word normal such an indefinite, free, unscientific interpretation reflects a very superficial attitude toward medical and dental problems in general. You will remember that words symbolize ideas. A clear mind will express itself clearly. The form may not be pleasing but the idea will be distinct.

The nature of the structures with which the dentist is concerned, *i. e.*, the teeth and their supporting and surrounding tissues, forces him to a careful analysis of the meaning of the normal. It is even more necessary that he should have a clear conception of the significance of the word than it is in some of the other branches of medicine. This suggests a distinction, a knowledge of which is fundamental in dental science.

Although we know that literally an organism is constituted of parts mutually dependent and essential, it is a matter of common knowledge that in the human organism some parts are more essential to the life of the organism than are others. The small intestine is more essential than the appendix; the muscles of the back are more necessary to survival than are the muscles of the fingers or feet; a man can live longer without teeth than he can without a stomach.

However, to say that one organ or part is more essential to the life of an organism than is another organ or part does not necessarily mean that they are more important in a consideration of the health and development of the organism as a whole. In fact I think it is quite the reverse. The covering of hair,