Building Mouth Personality*

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IN our constant pursuit of scientific knowledge concerning the perfection of the masticatory apparatus with relation to the development of articulators reproducing every movement involved in normal gnathodynamics, the average dentist has a tendency to think only in terms of articulation, and function with a little thought of esthetics thrown in for good measure.

We do not wish to lessen our zeal in obtaining the all-important balanced articulation, but we should always keep in mind that we are dealing with organs which can change an individual's entire visual personality.

A captivating smile showing an even row of natural, gleaming white teeth is a major factor in achieving that elusive dominant characteristic known as personality. This entails a lack of the inferiority complex due to crooked, unsightly teeth, which during speech causes a hand to be raised to cover the mouth or manipulation of the lips in an unnatural manner to make up for the defect. It is this lack of confidence in the dental equipment which often spells the difference between success and failure on the part of many people.

The mouth is the mirror through which we get the reflections of the soul. In no field is this more fully illustrated than in the cinematic. Let us, for instance, take an actress on the screen. She has beauty, charm, figure, poise, and dramatic ability to the nth degree. An artist in make-up has created the perfect woman, and yet the uttering of the beautiful words and phrases, making up a perfect diction, emanating from the mouth disfigured by ugly, crooked, spaced or protruding teeth, spoils all the illusion so painstakingly created, and, instead of admiring the beautiful performance being given, attention is subconsciously drawn to the dental disfigurement.

The camera is cruel in its relentless exposure of the smallest flaw in the mouth. A tooth turned even slightly out of line casts a shadow before it. Motion picture executives realized at an early date the importance of mouth perfection in selling their stars' personalities to the public, with the result that today every prospective star has his mouth personality built up to equal proportions with that of his dramatic ability. We are called upon many times to view screen tests of a new, coming star and to advise the necessary corrections to be made before that individual is allowed to be exploited before the public.

In this tremendous field the art of dental porcelain restorations flowers. "Hi-liting" and contouring the delicate surfaces of porcelain necessary for a natural tooth effect takes on a new significance. With each case the demands for mouth personality become more and more exacting, each individual presenting a new problem, some requiring entirely new interpretations of techniques to achieve the results necessary. Today, Hollywood is acknowledged the dental porcelain center of the world due to the high percentage of porcelain work per capita.

Of course, perfection in mouth appearance is a necessity for motion picture work, but many of the pointers picked up in achieving results may be applied for the benefit of those self-conscious individuals to whom it would be a blessing to be able to smile, relax, and just be themselves.

Many men in general practice have no faith in procelain jackets on account of frailty and breakage of porcelain. The reason for this is that most men only do porcelain work when a tooth is badly broken down. They fail to build the tooth up properly with a casting so that they will have a normal preparation supporting the porcelain against stress. In other words, porcelain is only as strong as the support beneath it. Quite a bit of strength may be had in short-bite cases, with short teeth, by extending the shoulder farther under the tissue. This may be accomplished by packing the celluloid tooth form with pressure against the tissue.

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The shoulder extension should be as high as the free gum margin will allow. Short teeth serving as bridge abutments may have the retentive features of the preparation doubled through this extension. The most important thing to remember in building mouth personality, including all types of dental restorations, **Is Attention to Detail.** The importance of these last three words is often overlooked. It is not one factor that makes an excellent dentist stand out over his confreres, but it is the summation of all little details he takes care of in technical procedure. That is the reason why so many times we see a clinician turn out some beautiful work and yet, in other hands, the technique does not produce the same results. Although we think we are following through each step, we are passing up some small detail that makes the difference. Many men have had trouble with pulp failure in jacket preparations. The reason for this, in most instances, is lack of a sane program of tooth reduction, causing irritation and trauma through excessive heat and vibration in grinding.

Building mouth personality entails various operations which may be divided as follows: (1) Porcelain Veneers; (2) Permanent Jackets and Bridge Restorations; (3) Improving Arch Appearance; (4) Orthodontia; (5) Full and Partial Denture Restorations.

1. *Porcelain Veneers.* — These are thin porcelain facings which correct spaced, short, rotated, protruded, or retruded teeth, and are used only for motion picture work. They are placed on the teeth with an adhesive powder when making up and removed after each day before the camera. They have very little strength and are therefore always removed before eating. These have acted as a blessing for those people who do not want their teeth cut down, and those whose teeth are perfectly satisfactory for everyday life, and yet the camera brings out flaws not visible to the naked eye. Through the use of these we often increase tooth length, and many times through the use of what we call "Plumpers," fill out narrow, sunken cheeks.

These plumpers are made out of baked porcelain or condensite, depending on the thickness necessary. With one actress who had worn down the teeth so that no tooth structure showed in smiling and who also had a closed bite, causing a folding appearance of the lip during closure, we made a removable casting, raising the bite to normal. We put porcelain veneers around the upper teeth as far as the molar area, showing a normal appearing arch in speech and smile. Another patient had the teeth shorter and the arch narrower on one side than the other, giving the appearance of a crooked smile. The case was further complicated by a cross bite with the buccal cusps of the mandibular teeth being buccal to the upper teeth. A removable casting was made, building out the maxillary cusps buccally and taking the stress of the bite off the porcelain veneers, which were then constructed and included a gum section which built out that side, especially over the canine eminence.

Many times, due to the closeness of the bite, results are very difficult to obtain. But when that mouth is flashed on the screen you may be sure perfection is there. To bear this out, I quote from an article written by the motion picture editor of the Los Angeles *Times:* "There is the undeniable fact that beauty of face and form is a basic tenet of the romantic theatre and so of the romantic screen. Just who has kept glamour alive is a moot question. A producer creates a lovely star, thereby instantly establishing a standard which must be maintained at any cost. To alter it radically would be, in the public mind, a betrayal of faith—and actress and producer would cease to profit. The lengths to which studios will go to preserve the glamour myth is shown by the furore they kicked up recently over photographs of certain favorites as they were ten, twenty years ago, printed in illustrated magazines. You would have thought from the fuss they made that a Garbo or a Joan Crawford sprang, like Minerva, full born from the brow of Zeus and never did have any family album at all."

Deviating a bit from mouth personality, motion pictures require character restorations to lend authority. Take, for instance, a picture just completed by Twentieth Century-Fox entitled, "This Is My Affair," starring Robert Taylor and Barbara Stanwyck—concerning Theodore Roosevelt and his period. Naturally, the first thought about Teddy is his teeth. These had to be constructed over Sydney Blackmer's perfect arch of teeth, lengthening them and widen-

ing the arch form without causing too grotesque or stagey a character, and most important, not interfere with speech. I think when you see the picture you will be astonished at the character's authenticity.

Another character was built for Henry Hull for Universal Studios' "Great Expectation," made from the Charles Dickens story, in which we created a protrusive Bulldog effect of the lower jaw. Another case recently completed for Paramount Studios for the picture, "The Years Are So Long," starring Beula Bondi and Victor Moore, created a typical mouth-breather type of tooth protrusion for a brother and sister in the picture, who were supposed to have the same family characteristics. Several years ago Warner Bros. were in difficulty concerning Eddie Robinson. In the picture, "Man of Two Faces," Eddie had to be disguised as a Frenchman and not be recognized or coupled with the other character. The rub was that Eddie's face was typically Robinson's — short, square, thick lips, no teeth showing in speech or smile, and did not lend itself to disguise. An occlusal casting was made, lengthening the teeth and raising the bite, taking away the squared-jaw effect. Porcelain veneers took care of the tooth forms, both upper and lower showing during speech and smile.

Metro-Goldwyn-Mayer was in much the same difficulty with Lionel Barrymore in the "Devil Doll." He was to be disguised as a woman in a portion of the picture and not to be recognized. The trouble was, the Barrymore family characteristics are so strong that when they tested him as a woman, you would swear it was his sister, Ethel Barrymore. A rush call was received and we had to take impressions on the set at the studio as they were in the midst of production. A denture was constructed that altered the appearance of the lower third of the face and the makeup artist proceeded from there.

2. *Porcelain Jacket and Bridge Restorations.*—These are restorations which permanently restore all malconditions to normal.

3. *Improving Arch Appearance.*—This is accomplished through judicious rounding of cusp angles, shortening tooth length, etc.

4. *Orthodontia.* — Orthodontia is applicable to the child and the adolescent when the alveolar bone tissue is quick to regenerate, but for adults, as a rule, the length of treatment is an adverse factor. Also we have a faulty bone regeneration leaving a predisposition to pyorrhea. I would like to see all dentists coöperate more with orthodontists and refer children the moment they notice a crowded condition of the teeth. An orthodontist will prevent the teeth from ruining the child's visual personality in after years. With the proper education of the public as to the possibilities of the care of the teeth in their formative periods (child and adolescent) a large portion of the future mouth personality cases may be eliminated in their incipiency.

5. *Full Denture and Partial Denture Restorations.*—For these, of course, we are given thorough scientific detailed techniques which, if properly followed, will give excellent results.

We are concerned mostly with types 2 and 3.

Under the second heading, Permanent Porcelain Restorations, just as the truism, "No tooth is of any use unless it contributes to the benefit of the entire arch," neither does a restoration fulfill its purpose unless it contributes its share to the building up of mouth personality.

People with unsightly spaces between teeth, turned and twisted, protruded, or retruded teeth, may have mouth personality restored or built up through a proper understanding of the principles involved. An impression and bite are taken, casts poured and mounted, of both upper and lower jaws. Preparations are made on the teeth involved and then correctly built up in wax to study the results which might be obtained and to determine the preparation necessary. In this way unnecessary cuts, cuts that might form undercuts and excessive destruction of tooth structure are eliminated. Full mouth x-rays are always taken and retaken at intervals in cases where extreme correction is necessary to note the proximity to the pulp and approximate amount of tooth structure which might safely be removed to obtain that correction. Another point is that one wouldn't try to obtain a much shorter tooth in making a correction if the pulp extended to an abnormal incisal height. It is sometimes possible to reduce teeth 2 to 3 mm. or more in cases of extreme overbite

with a short lip where there is a recessive pulp. In reducing the tooth, a steady, constant flow of water by the assistant, will prevent overheating. It is always best to finish the preparation the second sitting, because the temporary celluloid toothform will have compressed the gingival tissues, and permit making the shoulder preparation at least a millimeter or more under the free gingiva. The advantage of this is obvious—we may have that much additional shrinkage of tissue without exposing the porcelain margin.

Phenol is applied after each sitting to relieve sensitiveness, sterilize and start the process which Nature has been so kind to provide for us, namely, pulp recession with the subsequent building of secondary dentine. No porcelain jacket or bridge should be thought of as complete until the end of about six months when the pulp will have receded so that it will have almost as much protective tissue over it as before preparation was instituted. During this period the patient should be cautioned that the teeth might be sensitive and are convalescing while building up additional tooth structure. He should avoid shock due to extremes of temperature, heavy chewing, or anything that might tend to irritate the pulp. It is explained that these cause an inflammation of the pulp, which, if not relieved, may cause its death and subsequent abscess. The temporary celluloid tooth forms are filled with a zinc oxide-resin pack, which has a soothing effect on the pulp.

It usually happens that by the time the restoration is to be set, it can be done, if necessary, with very little discomfort, without anesthesia, even though much tooth structure has been removed. With proper care and attention to detail an unbelievable amount of tooth structure may be removed without deleterious effect on the pulp.

Many men use silicate cement in the tooth forms and match shades exactly, but I explain to the patient that although we could match the teeth, I place a treatment cement which is a little different in shade, but what is most important, is always working to reduce sensitiveness. I always insist on this, as I think anyone going through these corrections should put aside most social obligations until completion of the case. If some of the biggest stars of the motion picture industry are willing to do this with all their obligations, an average individual should be no problem, and your average end results will improve. It will more than make up for the slight inconvenience.

Many times one tooth is very protrusive, causing a fanglike appearance, in addition to a pyorrhetic condition of its gingiva due to trauma caused by packing of food. In a condition such as this, the tooth should be extracted after an immediate porcelain bridge restoration has been made, thus restoring the arch, which is so essential to a pleasing smile.

In correcting spaces with porcelain jackets the common mistake is to try the correction with one jacket, which results in a wide, abnormal-appearing tooth, which many times is more unsightly than the original condition. In building mouth personality, we must remember that our restorations should approach so closely to perfection as to defy detection. To do this, the spaces being corrected should be divided between the teeth on either side or, where we want to correct protrusion, it is best on the average to bring one tooth in lingually a little and the retruded tooth out labially. In multiple tooth correction of spaces, always study the case in advance. One tooth may require more cutting on the distal surfaces to allow a more normal sized tooth next to it and also bring the tooth closer to the median line. Many times the central incisor on one side is almost in normal position as far as the median line is concerned, while the other produces most of the space. With study and a little common sense these can be easily corrected.

When the abutment teeth in porcelain bridgework are not in alignment, removable attachments may be used. The best attachments we have found are Stern No. 10 Irridio Platinum with wing. These have a little wing which is placed after everything is complete and may be spread. In case the wing wears out a new wing is all that is necessary in replacement, instead of the entire attachment. It is also much easier to adjust. The bridge may also be constructed with attachments and then locked in, and transformed into a stationary bridge by tightening a screw-lock attachment which has been threaded into the abutment inlay, with female attachment, through the use of a watchmaker's screw plate. In this type

we use an ordinary male, and cast the female attachment to fit the abutment. After the impression of the tooth preparation is obtained, a metal coping is cast to fit the preparation, with wings extending to act as undercuts. This is carefully fitted to the tooth in the mouth so that it will stay in place, and yet pull off with a very slight pressure. All tissue pressure must be relieved in order to allow it to stay in place when properly fitted. This fitting is very important, for the dentocoll impression must remove all copings with it. In this way they are solidly imbedded due to the wings, and full accuracy is obtained.

With this type of impression there is a perfect imprint of all teeth with their individual tooth forms, arch form and characteristics not obtainable in other types. Attachment cases requiring precision in accuracy, have been found to check perfectly in the mouth, as well as tissue pressure, ridge fit, etc. The important thing to remember is, that if the copings do not come off in the impression, do not place them in, even if they seem to fit perfectly—relieve the coping a little and retake the impression. This type of impression requires a little more detail in taking, but it will more than repay you when you start to build your porcelain.

In discussing our third classification we have tremendous possibilities not only in improving our patients' mouth personality, but also as practice builders. Few things will cause a patient to enthuse as much as the results which may be obtained by a little simple rounding off of very long, sharp cusps, creating a "softer," more rounded effect instead of the harsh, angular appearance. Long, narrow teeth may be made into proportionate centrals and laterals through shortening, which should be done over a period of time, allowing the pulp to recede and build up new secondary dentine. Oftentimes when cuspids are rotated with the mesial angle protruded, the labio-mesial angle may be rounded in creating the illusion of the tooth being in line from the labial. This area should be highly polished and its luster returned through the use of fine sandpaper and crocus discs. No fear need be had of future decay, as these areas are self-cleansing, and practically immune to decay in the normal mouth. One should note, however, that where the teeth have mesial and distal cavities or silicate fillings close to the incisal angle, the teeth should not be shortened, as that would weaken the angle, causing fracture at that point. Cases such as this, if the teeth are disproportionately long, make good corrections through porcelain jackets, which we know to be a necessity sooner or later. Many centrals and cuspids which are disproportionately long compared to the laterals should be evened up. While doing this it is a good idea to relieve the bite on the anterior teeth, which often causes protrusion, loosening and twisting.

When a certain actor first started out in pictures, some teeth were longer than others. He had sharp, angular cusps, which created the effect of spaces between the teeth. Shortening, evening, and recontouring was all that was necessary to create the pleasing smile which today is the delight of female moviegoers all over the world.

In conclusion, several points may be stressed, namely, in grinding, use small true-running stones and make certain your handpiece has no vibration, otherwise the tooth gets so much jarring in preparation that the pulp gets tired of it and complains. Another point, always treat the gingiva and have a normal condition present when you make a jacket preparation with its finished gingival shoulder. So many times preparations are made when the gingivae are spongy and swollen, due to either subgingival deposits or mild infections, and after the jackets are cemented the subsequent shrinkage of tissue exposes the porcelain margin or the bluish appearance of the gingiva detracts from the attractiveness of the result.

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BOARD OF DENTAL EXAMINERS

The next examination to be held by the Board of Dental Examiners of California for license to practice dentistry and for license to practice dental hygiene in California, will be in San Francisco commencing on December 5, 1938, at 9:00 a. m., at the Physicians & Surgeons College of Dentistry.

Credentials *must be filed* in the office of the Secretary, Room 203, 515 Van Ness Avenue, San Francisco, not later than twenty days prior to the date of examination.

KENNETH I. NESBITT, *Secretary.*