

In cases of edge-to-edge or underlying bite, in which the tongue is obviously large or the features of the parents suggest the probability of a steadily increasing deformity, much advantage may be obtained by removing certain teeth at an early date from the lower jaw, so depriving it of a very important factor in its development.

Another condition associated with an abnormal enlargement of the lower jaw is "open bite." This may be associated with a jaw which should be otherwise an edge-to-edge or an underhung bite, a varying interval existing between the opposing incisor and certain other teeth when the jaws are approximated to the utmost. This is due frequently, in the first instance, to an incorrect approximation of the molar teeth produced by a forward movement of those in the lower jaw upon the upper. When associated with mouth-breathing, as it may be primarily in many cases—and is of necessity always as a final result in severe cases—the condition is aggravated by the imperfect development of the upper jaw brought about by the absence of the habitual air pressure in the nasopharynx. For extreme conditions of this kind I have divided the lower jaw on either side, removed wedge-shaped pieces and then fired the fragments together in the best possible position.

Though the enlargement of the tongue would usually seem to be hereditary, I believe I have seen it develop in cases in which the tongue and jaws were apparently quite normal at birth.

To what extent the size of the tongue and jaw can be influenced by feeding with hard or soft foods is a matter of much interest and should be taken into consideration in the treatment of these cases. The whole subject of physiognomy is replete with interest and I fear I have been able to do little more than touch upon it in the brief time at my disposal. I trust, however, I have done so sufficiently to give some idea of how much we hold in our hands the physiognomy and health of the children who are growing up around us under our observation and care.
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