Dispensary, U.S.N. Training Center
Gulfport, Mississippi
November 20, 1944

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Captain C.W. Shilling, MC U.S.Navy
Medical Research Department
U.S. Submarine Base
New London, Connecticut

Dear Captain Shilling:

Enclosed is the first draft of an article that Commander O'Gwynn and I are preparing for the Naval Medical Bulletin. We are sending the second portion that deals with eustachian tube failure, knowing your interest in this subject.

We would appreciate any comments that you might care to make, before the article undergoes final revision.

Sincerely yours,

William J. Kelly

William J. Kelly
Lieut. DC USNR

Comments on Paper by Kelly

1. We already have more than an intimation that individuals whose Eustachian tube is occluded in one way or another, actually do have lower acuity than our random samples.

2. It is easily observable that individuals with changed dentition actually do suffer sometimes a marked change in the muscles of chewing and swallowing.

3. If it can be shown that a change for the better in dentition actually facilitates the neuro-muscular reflex by which the Eustachian tube is opened, this would certainly be important.

4. The use of the Hanau Articulator looks to be a good approach to the problem of determining the motion-characteristics of the temporomandibular junction. Its possibilities should certainly be explored thoroughly. However, the present paper appears to demonstrate the typically inadequate clinical approach. The three cases presented give hardly more than a hint at the value of the Hanau technique.

5. Case 1: — How was patency of eustachian tubes determined & what was condition of nasopharynx

a. Patient had stuffy feeling in ear.

b. On basis of Hanau technique dentist took out front teeth.

c. On second visit dentist took out side teeth.

d. On third visit patient claimed he was all better.

e. Wouldn't you?

Case 2:

a. Patient, with full set of false teeth, complains of stuffiness in ear.

b. As a result of Hanau technique, dentures were filed flat. On second visit patient claimed he was better.

c. Wouldn't you?

Case 3:

a. Some dramatic claims are made about improvement of acuity, inflation of the Eutachian tube, loss of stuffiness and pain and a reduction of pus, from the introduction of a splint on the lower jaw. These results would be important if substantiated, but I can not evaluate this case because I can not figure out the mechanical details of the splint.

6. Conclusions Nos. 3, 4, & 5 if worded in a much more guarded fashion may possibly follow from these results.

7. One, of course, reserves comment on the miserable sentence structure, and in general his tendency to shift his conclusions to his introduction.

8. Is the paper based on these 3 cases? — These cases are from normal ground conditions & should be interesting under pressure conditions

Harris + Haines.

U. S. [redacted] TRAINING CENTER
Gulfport, Miss.

30 October 1944

Captai[redacted].W. Shilling
Medical Research Department
U.S.Submarine Base
New London,Connecticut

Dear Captain Shilling:

Your letter dated Oct. 14th. and postmarked the 17th. received to-day.It must have been lost for a time somewhere along the line.

To say that I was delighted to hear from you,mildly expresses my feelings.I have said nothing about the situation except to Captain Seal and Commander Ulen and they both knew anyway.

Nothing official has come through as yet,but of course these things take some time.I hav'nt packed my bag,following your advise but I have installed a pair of 'starting blocks' pointed in the direction of the main gate,not that I will really need them,but they seem like a good idea.

Sincerely yours,

William J. Kelly

William J. Kelly
Lt. DC USNR