

Discussion

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Although the question, "When should a malocclusion be treated?", was not asked during the panel it was answered by each participant in the cases he showed. And these unspoken answers divided the panel into two groups on the basis of the concepts that were directing their clinical efforts.

On the one hand there were those who adhered to the theory that the size of the jaw, so far as its tooth-bearing area is concerned, is a fixed thing and that a determination of ultimate development can be made from models and photographs taken at any time during the growth span. On the basis of this concept it seems quite proper either to remove excess tooth material at once, to do it progressively, or to await the completion of the eruption process. Treatment of the case thus can be undertaken at the convenience of the operator and patient.

On the other side were those operators who apparently did not feel they could judge the possibilities of development at an early age and who instead sought to discover factors, the removal of which might result in the attainment of optimal arch development. Their efforts were devoted to the removal of such inhibiting factors and to the establishment of normal dental relations as early as possible.

Between these two points of view there is a wide gap, yet it is easy to realize the causes for it. We are today witnessing the results of a sudden change in thought in orthodontia. We have renounced our previous theories but we are clinging tenaciously to the methods of treatment that were based on those theories. We have acknowledged our inability to induce development but are loath to give up the procedures formerly devoted to that end. We still would like to feel that through the clever manipulation of our appliance cures lie within our own hands. We still would like to mold things according to our own individual judgments.

The simple procedures shown here today, although still extremely empirical, demonstrate very dramatically that some of our former cherished concepts will not hold. Knowing the difficulty of opening space for a lower canine even with the most efficient orthodontic device, who among us would have dared to imagine that development would do it under certain conditions if given the chance? Who of us would have expected to see lower and upper incisors align themselves without ever being subjected to direct forces?

No hope has been held out to us that these methods will entirely replace those now being employed but they do indicate that early treatment by very simple means may eliminate many difficulties in late treatment or in some cases even make such treatment unnecessary. In view of the growing demand for orthodontic service these are extremely important considerations.

Equally apparent seems the need for a revision of our point of view. To date we have been too concerned with the importance of our own manual dexterity. We have given lip service to biological phenomena while largely ignoring them. Admitting that "Nature has the last say,"

we have insisted on having our "say" first. In doing this we have apparently been doing a lot of unnecessary manipulating. It would seem that the time has arrived when we can no longer be strictly mechanical in our approach. We dare not, as a specialty of the healing arts, ignore the necessity of thinking about the processes of growth and studying how to enlist them as aids.

If the lessons taught here today are amplified by most of us through our individual observations and experiences we may expect to see in a short time an abrupt change in orthodontic meetings. Instead of long expositions devoted to means for closing bicuspid spaces and keeping teeth "on the ridge" we shall probably witness bragging contests between orthodontists, each claiming to have accomplished the most with the least interference. When that day arrives we can hail it as true progress.

808 South Wood Street.

Meeting

Strang Study Group No. 2

PROGRAM

HOTEL COMMODORE
New York, N.Y.

Sunday, November 27, 1949

- 10:00 A practical demonstration of making an acrylic bite plate or retainer by a new, quicker processDr. James Krygier
- 10:30 Aluminum Tube HeadgearDr. William C. Keller
- 11:00 Technique by the group (Double Vertical Loop)
.....Dr. Francis A. Haugh
- 12:30 Election of officers
- 1:00 Luncheon
- 2:00 Thesis presented last year before the American Board
.....Dr. Bernard Lloyd
- 3:00 Thesis presented before the American Board
.....Dr. Eldridge Smith