

Foreword

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IT IS WITH great enthusiasm that I accept the invitation to write this foreword for the papers prepared by Dr. Charles H. Tweed entitled "The Application of the Principles of the Edgewise Arch in the Treatment of Malocclusions."

The edgewise arch mechanism was introduced by Dr. Angle in 1928 and although many capable orthodontists have been working with this device ever since that time, it remained for Dr. Tweed to so master its potentialities that he was able to produce extraordinary results and one does not hesitate to proclaim him the finest clinical orthodontist in the world today. Such a tribute is based upon the fact that no individual has ever presented such a mass of material in the form of consecutively treated cases, all exhibiting perfection in occlusion and rare stability of individual dental units, as has this operator. Many orthodontists can select quite a number of cases from their practices that show extremely creditable results but here is a man who *routinely* brings forth stable end products, the majority of which are even better than these carefully chosen cases of his associates!

Quite naturally one is tempted to ask the following questions. Is Dr. Tweed an orthodontic genius with inherent ability far beyond the average? Is he somewhat of a wizard with his fingers? Is he a magician, whose tricks it is hopeless to try to master and duplicate? To these queries I would answer both yes and no. Dr. Tweed is an orthodontic genius at the present time but only because he has developed latent powers by concentration of thought and by a tremendous expenditure of energy and time; he *is* a wizard with his fingers because he has trained those digits by purposeful practice; but he *is not* a magician dealing in feats of magic which, when exposed and analyzed, are simply tricks that are not available for general use. I know the latter statement is true because, by personal instruction, he has already demonstrated that average operators, after following his directions with reasonable care and thought, can create results that are also so outstanding as to justly share the commendation given to the products of their teacher. It is for this reason that I so ardently endorse the technical procedures that Dr. Tweed now presents. The dissemination and assimilation of this material is bound to inaugurate marked progress in our special field and revolutionize orthodontic therapy.

Orthodontics has become so biologically minded in the last few years that the clinical side of the specialty has bogged down. Far be it from me to detract one iota from the glorious work that our research men have accomplished. The knowledge that we have gained through their tireless efforts, is priceless. Now we really are building our specialty on a scientific foundation. It is with deepest gratitude and most sincere admiration that I commend these individuals for the vast amount of data that they have placed at our disposal. They alone can solve the greatest of all our prob-

lems, the prevention of malocclusion. And not until that is accomplished will orthodontics fulfill its real mission.

But, at the present stage of development, our greatest task is to successfully and permanently correct these oral deformities. Dr. Tweed has given a tremendous boost to this bogged down machine and it is beginning to roll again with new impetus and life.

In studying Dr. Tweed's procedures, it appears to me that his treatment is based upon the following philosophy:

First: That practically all malocclusions are characterized by a forward drift of the teeth in relation to their basal bones.

Second: That teeth, like inanimate objects, best resist the force of displacement when tipped to the angulation that offers the most advantageous mechanical resistance against the pull of dislodging forces.

Third: That teeth are most readily moved when their power of mechanical resistance has been primarily reduced.

Fourth: That the establishment and maintenance of a stable anchorage is a fundamental factor in successful orthodontic treatment and should be the initial concern of the operator.

Fifth: That all forces emanating from an orthodontic appliance must be synchronized if they are to be most effective in the mass movement of teeth.

Sixth: That nature, being an expert mechanic, offers biological compensations and adjustments when teeth are placed in positions of mechanical advantage for force resistance, which more than counterbalance the loss of bone stability that results from the initial tooth movements made for the purpose of establishing these adjustments of mechanical advantage.

Dr. Tweed's results offer substantial proof that his philosophy is sound.

This foreword is a most appropriate place to insert a few words of advice and warning. The technic that Dr. Tweed presents was not evolved in a few weeks' time. It has taken years of careful experimentation to bring this material to the present stage of development. Consequently, it is but fair to Dr. Tweed and very sensible also, that those who desire to follow his suggestions shall proceed to do so with great care in order that the least possible variations from the written text shall be made. I am sure that anyone who, in attempting to make application of these principles for the first time, incorporates any modifications into this technic, either by error or design, will jeopardize the perfection of the finished product in direct proportion to the extent of the technical variation.

Therefore, I would strongly urge that these articles be studied very thoroughly and that each of the suggested appliance applications and subsequent modifications be practised upon maxillary and mandibular dentofoms before attempting to make clinical use of them. The delay caused by such preparation will be more than compensated for by avoiding costly errors and loss of time that are bound to result from misinterpretation and ignorance.

I would, indeed, be a most ungrateful friend if I did not take this opportunity to publicly express my sincere thanks to Dr. Tweed for the help and inspiration that I have received from him both in personal contact and from careful analysis of his essays. I view this paper as the greatest contribution to clinical orthodontics since the classic writings of Dr. Angle.

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