

The Angle Orthodontist

*A magazine established by the co-workers
of Edward H. Angle, in his memory. . . .*



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Our Good Neighbor Policy

IRRESPECTIVE of any political and economic reason for a "Good Neighbor" policy, Americans of North, Central and South America find that they are compatible. Notwithstanding differences in language, custom and tradition, there seems to be some common denominator which serves to open the avenues to mutual respect and admiration that form the basis of friendship. The particular exigencies of the situation that are responsible for the breaking of the barriers that kept them apart are of lesser consequence. A greater understanding will permit the advancement of Orthodontics in company with Dentistry and Medicine.

It is well to remember that in our own country the development of Orthodontics came only after opposition. In the slang of the country, it came the hard way. Only after the dental schools refused to give adequate attention to orthodontics did the short term courses develop. Only after the short term courses failed in training Orthodontists did the schools re-enter the field. Only after their own short term and post-graduate efforts gave way to failure did the schools reluctantly concede a place to Orthodontics in the Graduate curriculum. Only after Orthodontics began to mature upon a fundamental basis did the schools realize the opportunity for contribution to broader aspects of dental science. There is nothing good neighborly nor in keeping with a genuine attitude of friendship to the profession in Central and South American countries in passing on our mistakes. We have an opportunity of assisting them to avoid these errors and in their advancement follow with them to greater achievement.

While the sponsoring of international meetings and subsidizing visiting members of the Central and South American nations may serve to break the

ice, it forms a very insecure basis for the development of real understanding and scientific advancement. It takes more than apple sauce to make a pie, and it will take more than a few lectures with an icing of clinical observation to make orthodontists and orthodontic teachers. Professional societies in Medicine, Dentistry and Orthodontics, governmental agencies of the United States, and foundations interested in health services have cooperated in bringing physicians and dentists of Central and South America to this country and to a lesser degree in sending representatives from this country to Latin America. Our countrymen returning from these visits have been impressed with the facilities in some areas and the opportunities in others. Our guests have observed the status and obtained a cross-sectional view of medicine and dentistry in the United States. This interchange can be considered as education only in the sense of widening the horizon. It is no more than a preface to the development of educational advancement.

Our own experience with the repercussions emanating from superficial and ill-trained practitioners should be warning enough to prevent our perpetrating this catastrophe upon any country. If we are in earnest in our desire to open the facilities of research and the opportunities for education to Latin American countries, we must seriously consider our responsibilities: responsibility of the agencies who select the visitors, this for the same reason that responsibility rests upon those who choose scholarship candidates within our country not alone to avoid the dissipation of University facilities but to insure the greatest benefit of the expenditure; responsibility with the educational institution demanding a knowledge of the task to be performed, the personnel and equipment to perform it; finally, responsibility with respect to the nature and content of the courses offered to make as certain as possible that it is more than pedagogic claptrap we offer.

Before the great medical centers in Europe were devitalized by war they served as a rich source of nourishment for our own medical sciences. We made more expeditious progress by bringing leaders in the fields of anatomy, pathology, medicine and surgery to develop medical centers in this country and by sending our countrymen abroad for study. We all recall the prestige which the laity and profession alike gave to European training and we remember, as well, the confusion of both laity and profession between a year or more of intensive study under a great scientist and a week end in Vienna. The latter we should avoid as it becomes our privilege to extend this knowledge to new fields.

We cannot blame uncounseled lay and governmental agencies fostering this friendly policy if they fail to distinguish between superficial and basic training, between men endowed with sincerity of purpose and desire to learn and those seeking personal prestige and a joy ride to and through the United States. It lies with the medical and dental profession throughout the Americas to safeguard their governments and their people against abuse of this movement and to insure a maximum of benefit from the interchange of students, teachers and knowledge. We can do this, first, by intelligent selection of individuals; second, by careful preparation of the material and facilities for study; and third, by maintenance of uniformly high level of education eliminating those who fail to meet these standards. The selection of individuals must lie essentially with the profession, educational institu-

tions and government of foreign countries. The preparation of material and opportunities for study and likewise the maintenance of standards is a responsibility which the professions and the educational institutions of this country must assume and convincingly explain to governmental and other agencies.

We have a great opportunity. World-wide political and social events have created the situation; our Government with the endorsement of the peoples they represent opened the way. It is squarely before the professions and the institutions of learning whether we choose a superficial gesture or a genuine Good Neighbor Policy.

H. J. N.