The Angle Orthodontist

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

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HAROLD J. NOYES

ANNA HOPKINS ANGLE — WENDELL L. WYLIE — FREDERICK B. NOYES

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IRVING ZUELKE BLDG., APPLETON, WISCONSIN

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Postwar Orthodontic Problems

ORTHODONTICS is a part of the Science and Practice of Dentistry. The mutual advantages of this integrant relationship have been demonstrated in the past two decades, and it is unlikely that the contemporary or succeeding generation will experience any disturbance in this rational relationship. Both ontogenetically in the education of the practitioner and phylogenetically in the growth of the special field within the fabric of dental science, orthodontics follows the demand and administration of restorative and surgical phases of dental practice. Recognition of this relationship in no way depreciates the value of orthodontics while placing it in proper perspective as a health service.

It is reasonable to assume that after the war, as before, the demand for orthodontic service will follow the demand for dental service. More than a minimum standard of living must be attained before the benefits to the patient of orthodontic management become significant factors in his general welfare. It is better that a man should see than be blind, yet having vision it is of additional importance that optimal function and acuity be attained and prolonged as far as possible throughout his life span. Be it an individual family or a nation, the basic health services must lay the

foundation for extension and refinement of these services, however valuable the added advantages may be.

We have sound evidence, too extensive to mention, for conviction that the postwar standards of dental service will be maintained and equally good reason to believe that they will be extended to a greater proportion of the entire population. The amount of dental service will depend largely upon the following basic factors:

1. The per capita income or more precisely the relative margin of income above fixed expense;
2. The extent and method of providing services from tax collected funds;
3. The dental manpower and nature of the mechanism for rendering dental services, and;
4. The education of the public in the relative value of dental services.

In other words, the funds available to pay for the services, the efficiency of the methods through which they are rendered, the extent of the personnel available for providing them, and the desire of the public to obtain dental services will largely govern the amount and extent of practice. No mention is made of the requirement or need for dental care as there is no evidence at this time that any preventive measures, however effective, have at this time met with sufficient acceptance to be a major factor in the practice of dentistry. The magnitude of unattended dental ills that will exist at the end of the war preclude the possibility of any prophylactic measures offering immediate effect upon the over all demand.

If we add to the foregoing recitation of professional economic principles a forecast of general social and economic conditions which anticipate a temporary continuation of war prosperity, while the depleted stores of civilian and peace time goods are restored and war time savings are expended, as well as the extension of health services in response to an awakening social, consciousness and universal desire for security, we may look for unprecedented demand for dental services. How far this demand will extend into the subsequent leveling period of economic adjustment, perhaps depression, will be determined by:

a. The extent to which dentistry as a health service has become entrenched in the mind of the American public as an essential part of a basic subsistence level;
b. The extent to which plans for rendering dental services to lower income levels have been perfected and tssimilated, and;
c. The extremities to which the limitation of income eliminates the refinements of all phases of the American standard of living.

The integral position of orthodontics in the whole cloth of American dentistry should not be hard to determine if these economic principles and assumptions are tenable. As long and as far as the margin of income over fixed expense permits, self-supporting Americans will add orthodontic service to their basic dental service and do so in proportion to the real or their imagined value of treatment. Gradually and in proportion to the extent to which social service agencies are able to care for the immediate dental

needs of lower income groups and the indigent, they will seek to add orthodontic treatment to an expanding concept of dental services. As immediate and emergency service for adults is satisfied in both groups, attention will be directed toward the care of children both as an added service and in the interest of prevention of dental ills. With a growing interest in dental service for children, prevention and correction of malocclusion will grow in significance. With curtailment of income the magnitude of available public and private resources will restrict the demand for orthodontic treatment. The appreciation of the need and the advantages of the service will persist unless the period of depression is extended beyond the experience of the generation to whom the benefits were extended.

If one dares to look beyond the period of emergency service and repair of damage through loss and partial destruction of individual teeth, toward the era when preventive measures become effective, we must anticipate the diversion of funds and facilities previously required in the restorative fields of dentistry to orthodontics. The elimination of dental caries and periodental disturbance disposes of but a small fraction of the cases of malocclusion. While this optimistic view of the future seems too far removed to have great significance from the standpoint of our present practice, it should not be excluded in our planning.

Building further upon the insecure foundation of premises, the problems of postwar orthodontics are concerned with the development and organization of orthodontic knowledge and the training of orthodontic practitioners as rapidly and in proportion to the marginal demand for an extension of dental service. It is important for orthodontists individually and collectively in their professional organizations to guard against a limited point of view imposed by their limited practice. The creation of a demand for orthodontic service which supercedes the desirability of dental service is detrimental public policy and unsound professional economics. Likewise the creation of a public demand which exceeds the volume of service which can be rendered effectively by qualified practitioners must inevitably lead to a reduction in the standards of capable orthodontists and tempt, if not coerce, dentists with neither training nor skill in the special field to undertake treatment.

Interpreting the orthodontic problem from the standpoint of orthodontic education, it would seem that for the immediate future at least provision should be made to increase the training of capable practitioners of orthodontics by one, the superimposition of graduate courses of instruction of sufficient duration and content to furnish academic and clinical experience demanded by the specialty or two, the California University Dental School plan which permits specialization (orthodontics and children's dentistry) for the last two years in the four year dental curriculum.

It may be stated with assurance based upon the performance of the past twenty years that the inclusion of orthodontics in the ordinary undergraduate curriculum, however elaborated the courses may have been at the expense of other dental subjects, has not been successful in training capable orthodontists in sufficient number to be practical and without graduating too great a number of persons who are a menace to both general dentistry and orthodontics. Until pedagogic methods show more promise than any

developed at present, this concept is untenable, for general dentistry is the basic requirement of the health service. Borrowing of material from the foundation to adorn the superstructure is bad construction and an inadequate superstructure is no adornment of the foundation.

From the standpoint of practice a postwar problem of the first magnitude is created by the immediate demand both in private and institutional practice. The necessity for gradual extension of orthodontic treatment to lower income levels, particularly to assist patients with cleft palate and gross facial deformities, is even now apparent. To supply this need together with the demand arising in families that are self-sustaining without acceding to the temptation of ineffective compromise, short cuts in accepted therapy or saturation beyond the point which can be maintained in normal times will deserve our earnest consideration.

Expansion must be conservative, resting upon sound foundation of education, clinical experience, and recognition of social responsibilities. There should, if we can avoid it, be no "boom" time in orthodontics.

H. J. N.