

The Angle Orthodontist

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

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Wanted: Workers in Clinical Research

The paragraph quoted below may not strike you as having any bearing upon our present approach to clinical problems. It may be that my frame of mind at the moment I read it was responsible for the significance I attach to it. The hours throughout years spent in observation summarized so simply. It appears on page 207 of the April 1945 issue of *The American Journal of Diseases of Children*, the first paragraph of summary in a four page article dealing with blood pressures in children.

"Twenty-five thousand determinations of the blood pressure were made on 3,580 children from 5 to 16 years of age inclusive. The readings were made by one physician, who followed the children's progress for fifteen years. Successive readings were recorded under the same circumstances and by the use of the same technic."¹

When I read it I thought of the need for similar long range observation of structural and functional relationships that have a vital bearing upon the practice of orthodontics. There passed in reflective review changes in

¹ Blood Pressures in Children Between the Ages of Five and Sixteen Years. Graham, A. W., Hines, E. A., Gage, R. P., *Am. J. Dis. Child.* 69:207 Apr. '45.

the significance which I attach to identical conditions. The face has not changed in its structure nor have the processes of growth or have the proportional relations of development altered in fifteen years. The same faces, the same mechanism of growth, the same biologic laws and physical principles in appliance therapy, yet how different their meaning in the light of repeated observation of many children and the same children over many years.

I thought of how eager we are to submit case reports at the end of treatment telling only the story of tooth movement when it is the observation of the face and function in the years that follow that determine judgment upon the merits of therapy. Mental images of treatment methods and technic, arrogant in their youth and apologetic in their senility, pass in review. Our disappointment with one procedure as time passes leads us to accept another but our resilient enthusiastic response to failure presses us to practice, to publish and to teach the new without the interval for judgment which caused us to discredit the old. Our literature is replete with examples of technics which have been discarded by their authors almost before the type was dry.

There is no merit in clinging to falacious concepts and mistaken therapy and there is great need to build new upon the foundation of the old sound clinical experience. So progress is made. Yet this gradual advance in the field of orthodontics is aided little and immensely hindered by persistent side trips divergent from the inevitable direction by premature publicity and publication.

We need workers in clinical research. Their laboratories may in a large part be the offices of private practitioners and in lesser degree the organization clinics of educational and service institutions where the associated facilities may be demanded by the nature of the problem. The investigators may well be clinicians in private practice but their attitude, method and analysis must be subject to the rigid criteria and discipline of science.

While it is certainly true that there are many scientific investigations that are not practical in the private office there are no practices in the private office that are truly practical if they are not scientific.

H. J. N.