

The Angle Orthodontist

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



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The Swing of the Pendulum

There are certain orthodontists, particularly those not entirely pleased with things as they are today, who say that the pendulum swings — they have seen these things before, and have seen them pass. The implication is that if you wait around long enough things will be pretty much as they once were. This point of view is about to come in for some discussion, and just for convenience let's call it the Pendulum Theory.

The theory is applied more often to the done-to-death subject of extraction than it is to any other situation in orthodontia, but how many orthodontists believe that it applies with the literalness which the analogy applies? The end-results of extraction cases today as shown by its competent advocates are far better than the horrors created before Angle scourged extraction from the scene. If it must be admitted that in forty years some skills have been developed in orthodontic treatment of extraction cases, then to that extent the pendulum theory is weakened. Furthermore, few believe that we shall ever return to the day when a full complement of teeth superseded almost every other orthodontic objective, although it is likely that in the future extraction will play a smaller part in orthodontic practice. All things considered, the pendulum theory has obvious weaknesses when applied to mere techniques, such as extraction or some other very specific aspect of treatment, for while there is a resurgence and a recession, too often the new-yet-old has been profoundly modified by its encounter with the other extreme. Can we find a situation in orthodontia where the Pendulum Theory really works?

Beyond the techniques in use at any one time, and probably more important, is the current attitude, or to risk a pretentious term, the intellectual climate. Within the recollection of one generation of orthodontists there is to be seen the full cycle of an attitude concerning beliefs in our capabilities.

In the nineteen-twenties practitioners had strong convictions concerning the potentialities of orthodontic treatment which seem just as bizarre today as they seemed convincing when they were adopted. Belief in these views came partly from squeezing the works of Oppenheim and Wolff a little harder than was warranted, but mostly from the fact that many orthodontists were all too willing to accept them. The spirit of optimism was running so high that the occasional man who had problems kept quiet about them, thinking that since things were going so well elsewhere, his faults were exclusively his own. Why heap embarrassment upon ignominy?

By the mid-thirties there were stirrings among men with an entirely clinical point of view, a crystallization of the belief that orthodontists could not do all the things they wished and once thought they could. An important part of this picture was furnished by clinicians who were also collecting cephalometric data; Brodie and co-workers demonstrated from serial studies of treated cases that the effects of orthodontic treatment were limited to the teeth and the bone immediately supporting them. A few years later the senior author of that group showed that the principal anthropometric landmarks of the craniofacial skeleton maintain the same spatial relationships from the third month through the eighth year of life. These cephalometric studies, taken with the clinical observations which were more nearly representative of practical results than were the uniformly successful case reports of earlier days, brought about a different point of view among orthodontists — an attitude which you can call realism if you like it, and pessimism if you don't. Whatever it is called, it brought forth some of the best prophets of doom encountered outside the bearded Russian novelists, and it provided striking contrast for the claims which had once decorated the pages of orthodontic journals. Orthodontists showed relapses with the same pride they once took in showing nice-looking models fresh from treatment, and an air of self-depreciation was the mark of the forward-looking orthodontist. We think that when that attitude hit rock-bottom, the pendulum went the full distance from one extreme to the other, and with a little less assurance, we think it is on its way back.

Why say orthodontists are once again becoming optimists? One sign is the re-evaluation of some of the reasons for taking the dim view, which is undoubtedly under way. If one takes the trouble to re-read the two papers cited above, one will surely realize that some of the interpretations put upon them (granted, not by the authors themselves) were extreme; while they did much to show the fallacies commonly held in the years prior to their publication, they were not in themselves counsels of despair.

Others are re-reading the work of Nance, to discover that he never said that intercanine width could not be increased, nor that mandibular arch length could never under any circumstances be increased, nor that one should never, never treat in the mixed dentition. And then there are others, perhaps too busy to read, who are finding that the above-mentioned things can be done and therefore conclude that they have proven Nance wrong. No matter, it all adds up to optimism.

Take the case of occipital anchorage, a real in-and-outer in the history of orthodontia. It enjoyed wide use a few years ago, and then was dropped.

It had been revived after a long period of disuse to combat dental and alveolar prognathism, was found wanting on this score, and when cast aside its real potentialities for treatment of Class II, division 1 cases were ignored in the majority of the offices where it had shortly before been used for another purpose. Recent reports by Fischer and by Kloehn may be cited, to show, not only continued confidence in occipital anchorage, but in mixed dentition treatment as well.

If there has truly been a reversal in thinking, does it provide occasion for throwing hats in the air? Certainly those who have looked with disapproval on developments of recent years would say so. On the other hand, sober evaluation of periods of optimism and gloom show that each has its good and bad points. It seems probable that the most good is done just when the pendulum begins to swing in its new direction, and that before it reverses itself some harm is done. Actually we can see beneficial things arising from each of the periods of orthodontic development so far considered; this is not natural, however, and usually we choose one aspect for attack or commendation.

The pleasant days of optimism brought forth energetic developments in appliances, spurred on in part by the belief that since we could do so many worth while things, we might as well do them with the most efficient mechanisms possible. It was also in this period that there developed the avid pursuit of scientific workers in the fields of anthropology, anatomy and other basic fields for information which might find direct or indirect clinical application, and the widening of horizons is always to be commended. There can be no doubt, on the other hand, that in recent years the cultivation of interests beyond the immediate clinical field (beyond selective sampling of certain researches to support a clinical contention) has fallen badly from fashion.

Orthodontia's Blue Period, which we contend is about running out, brought desirable changes. There came about some very beneficial soul-searching, and a facility for self-criticism is surely a sign of maturity, just as extreme manifestations of it are symptoms of neurosis. One or two cases shown to document a clinical point are now given little weight, and while there is no general agreement as to how long we should expect a result to remain stable, we recognize that the whole story has not been told when active treatment ceases. To the extent that the scientific attitude turns about a demand for evidence, clinical orthodontia has become more scientific.

Since the writer of this editorial has at least himself convinced that a new day of optimism is at hand, in that mood he may venture to suggest a different analogy as a substitute for the pendulum theory. He proposes that in any organized line of activity such as orthodontia, the participants do not aimlessly swing back and forth as does the pendulum. Instead their course is given three-dimensional form by a spiral, like the threads on some giant screw. At least this analogy permits the demonstration of differences in points of view, and we may see three different ways of looking at progress: one man, an active innovator but one who sees no need for the historical perspective, is greatly impressed by the speed at which he travels. The next one, more jaundiced in viewpoint, observes the linear acceleration of the other fellow, but asserts he is moving only in circles. The true optimist gets a little farther back and observes that while the pace is swift and the course is circular, each time around we get a little nearer the objective.

W. L. W.