

Editorial Department

Cooperation and Sacrifice is Needed

If the question, "Is Orthodontia now a Luxury?", was submitted to specialists in the science of orthodontia today, probably the great majority would answer in the affirmative. Orthodontic treatment is one of the things that the public has felt could be dispensed with when incomes were so depleted. Is this but a temporary condition or will it remain fixed, if finances stay at this low level? Perhaps the emergency will be met in several ways.

Enough good orthodontia has been practiced to demonstrate its tremendous value to the children of our communities. Parents know, of a certainty, that their girls and boys are decidedly handicapped with malformed dental arches, faulty occluding teeth, undergrown lips and chins, and distorted facial lines. Great sacrifice will be made to have these defects remedied, when the need becomes really acute and treatment cannot be longer delayed. This spirit of determination to procure treatment for children must be seriously considered by orthodontists for it may result in much harm being done unless these determined parents receive the help that the crisis demands. What are these dangers?

First, the children will be placed in the hands of incompetent operators because of attractive financial propositions. It is safe to predict that more orthodontia will be done in dental offices in the next few years than has been performed in the last decade. Although the majority of dentists have definitely settled in mind that they cannot treat malocclusion successfully, or at a profit, the former because of lack of training and experience and the latter because their compensation must be lower than that of the specialist, if they are to have the case placed in their charge, yet greater temptation, owing to unemployed time, will overrule this good judgment and cause many of them to bid for these cases.

Secondly, poorly prepared specialists will be placed in charge of these little patients and many disappointments will ultimately result from unsatisfactory treatments.

Two elements of harm, consequently, may be forecast. The greater of the two pertains to the patients. Little children, through no fault of their own, must be made to suffer and be or remain incapacitated and de-

formed. Orthodontia, as a science, will receive a setback which will not be overcome for years. One unsuccessful case overbalances many successful ones and if failures in our field predominate, no matter what is the cause, lack of faith is bound to accrue.

This danger can best be counteracted by the spirit of extreme co-operation and sacrifice on the part of all competent and high grade specialists in orthodontia. More cases must be taken for just overhead expenses; small profits must be willingly accepted. No doubt advantage will be taken by unscrupulous parents but such individuals are of a very small minority. The children and orthodontia are the factors to be primarily thought of at this time and their welfare zealously guarded. Cooperation and sacrifice is needed!