

Editorial Department

To Whom Shall I Refer Orthodontic Cases?

Presumably this question is frequently in the minds of a great many dentists and it would be interesting to know what has influenced their answers. To register a guess, the editor would be inclined to say that friendship has been one of the most powerful factors in a vast majority of instances. This is but natural and, all things being equal, it would quite correctly be the deciding influence. Unfortunately, all things are not equal. Therefore, as the prime interest of the dentist at all times must be the welfare of his patients, it would seem most proper and decidedly good judgment for him to closely observe the quality of work that orthodontists are doing for his referred cases.

Simply because an orthodontist has a most pleasing personality, is a congenial companion, a member of the same Country Club and often found in the same foursome, or plays an excellent hand of bridge, does not signify that he is even an average practitioner in his field. Neither does the fact that he has been in the practice of orthodontia for many years give certain indication that he is an expert. The specialty of orthodontia has made rapid advancements in the past ten years and unless a practitioner has been on the alert and made an unusual effort to acquire expertness in the use of the new technical advancements, he can no longer qualify as an expert operator and most certainly he is not giving his patients the benefit of the best methods of treatment that are to be found today.

It would be a most excellent idea if every dentist would make it a point to visit the offices of all of the orthodontists in his vicinity at least every two years. He might be surprised to note that some of the younger practitioners were doing better work than those who have been specializing for years. Many of these younger men have received advanced training and, as a result, have a far more intelligent understanding of the complicated problems associated with the treatment of malocclusion than their older associates.

It would also be instructive to note the quality of the reception that would be accorded the visiting dentist. I feel confident that the majority of orthodontists would welcome him most cordially, gladly inviting him into their operating rooms, eager to show their guest everything that they were

doing. I question whether he would get into the operating rooms of all of the specialists in our field, however, and I am quite certain that he would not be asked to look into the mouths of all the patients that they were treating. Why? Because, to be brutally frank, far too many orthodontists are ashamed to demonstrate the character of work that they are performing. Now there is not an orthodontist in practice who has not some cases of which he is not proud. In some of these he has made mistakes; in others the patients, themselves, have not cooperated. They are cases that must be classified as more or less failures. However, if he is really open and honest, he will be willing to show such cases just as quickly as those that illustrate his successes. If he is a good orthodontist his successes will far overbalance his failures and his honesty cannot help but impress the observer. When, however, one visits an office and all exhibition of cases is avoided there is something radically wrong.

Dentists, make an analysis of your orthodontic field! Pick out the best men available and support them as long as they remain the best. Do not let friendship alone decide who shall do orthodontia for your patients. Your responsibility is too great to permit any but the best treatment to take place in the mouths of your referred cases. By holding to such a rule you will be powerful factors in raising the standard of orthodontic service in your community for keen competition will force the inferior operators to acquire more up-to-date methods of procedure in order that they too may obtain a profitable share of referred cases.

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