A Pediatrician's Viewpoint On Orthodontia

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No doctor dealing with children can question the benefits and virtue of orthodontia. My enthusiasm and praise for the results obtained by proficient practitioners cannot be diluted by any criticism which may be directed at the specialty.

The outstanding defect in your special profession is that the benefits are not available to all. When I see in the outpatient department a child with numerous defects including a severe malocclusion and realize that all these defects may be completely corrected and the child returned to normal mental and physical health, except for the malocclusion, it is painful indeed to throw up one's hands in helplessness. Certainly, if this procedure is of such clear-cut importance for the child in fortunate circumstances, it must be equally so for the others. In fact, if there is any choice, it would seem that the handicap of poverty would increase the necessity for complete restitution of that individual to a normal condition. In modern times the poor have been the first to reap the benefits of new medical discoveries, as they have more readily yielded themselves to the experimental work, and today, in spite of much that is said to the contrary, the best of medical attention and care is available to all who seek it, except in the field of orthodontia. Now, do not think for a minute that I do not recognize the difficulties in solving such a problem. It would be a Herculean task, because of the time element and the cost of materials, to correct all the malocclusions among the poor. Although I have no solution to offer, doubtless this vital need will be cared for in some way in the future.

A great task confronts the family medical adviser and the orthodontist himself in overcoming the false tradition that the fees for correction of mouth defects are unreasonably high. I do not feel that the average charge of which I have knowledge is excessive, and I see no evidence of great wealth among the orthodontists whom I know. However, the fact remains that there is a terrific prejudice against the orthodontist because of a few instances of excessive charges. Three years ago, I was shown a bill for ten thousand dollars rendered a wealthy father by a prominent member of your profession for a rather simple correction. The knowledge of that bill has seeped though the various social strata of that community. As a result several mouths have not received attention, and many have been corrected by the general practitioners of dentistry with questionable preparation and equipment. It is surprising

how many parents will spare no expense in giving their child the very best of medical attention and dodge the expert orthodontia. The same criticism of excessive charges may be leveled at certain members of the medical profession. As an interne I recall several surgical fees of ten thousand dollars served out to patients who had undergone a simple appendectomy. Granted that the surgeon was perhaps the most famous in the country and granted that the patient was well able to pay, the harm and ill feeling engendered by such charges has aided in bringing about the present imminence of the crisis which faces the medical profession today. The era of the past decade with its easy acquirement of wealth and the indiscriminate spending was largely responsible for the temptation to both the medical and dental practitioners to exact extravagant compensation. Now that we have returned to saner times, these abuses have been eliminated to a large extent.

The medical profession is making a great effort to insist on certain high standards before a man can be licensed to practice medicine and furthermore, the various societies limiting their memberships to those who specialize are attempting to certify those who are to practice that specialty. For instance to become a member of the American Academy of Pediatrics, a candidate must show credentials proving that he has followed a special course of study of pediatrics over a period of two years and that he is honest and of good character. Therefore, the chances are good that any member of that association is capable of caring for the sick child. I presume the time is quite far distant before such a classification can be made legal, but steps are being made in that direction. I understand a similar plan is under consideration by the dental profession and the members of your specialty. It is most important that such a classification mean something and be based on genuine training and ability. Friendship, period of years in practice or politics must not be a factor for qualification. If there were such a group, I could refer a family to a member and feel content that that child would receive proficient and capable management.

Of course, you cannot prevent the general practitioner of dentistry from trying his hand at such procedures no more than one would expect the general practitioner of medicine to refer all appendectomies to a surgeon. However, on second thought, such a comparison does not seem fitting. For when I see the intricacies of wires and bands in a child's mouth undergoing correction, I am conscious of the distance that orthodontia has traveled from general dentistry towards mechanical perfection. Therefore, it is my impression that a general practitioner of medicine is more competent to perform an appendectomy than a practitioner of dentistry to adjust a malocclusion. The

precise and accurate knowledge of mechanics and physics, familiarity with the intricate details of anatomy and a clear conception of physiology and pathology are absolutely necessary for the skillful restoration of a deformed mouth to normal. How can any man acquire a knowledge of such facts and a proficiency in the science of orthodontia without prolonged specialized training? It would seem wise for the dental schools to impart to the student only the barest outline of the science and limit the execution to those who have completed a satisfactory course in the elementary studies and a period of clinical work under expert supervision.

An orthodontist cannot hope to obtain the optimum results unless he has some knowledge of child psychology. He may be an expert workman and a genuine scientist, but if he does not understand the nature of a child and be a child himself, his results will not meet his satisfaction. This art of orthodontia embraces the intelligent comprehension of each child under his care under all conditions. The application of this art is at times most difficult. This feeling and understanding of the little patient, whose mental life is conditioned constantly by the parents, playmates and nurse, requires the greatest of tact and sympathy; I can assure you, it consists in more than handing out lollipops and toy balloons. Our great friend, the late Dr. McClain, possessed this art to a degree I have never seen before. He gained the confidence and cooperation of the child; he elevated the child's interests and desires and lowered his own outlook to meet on common ground with the patient. A child will never seek a friend where pretense and false dignity dwell. May we whose lives are so constantly given to children cultivate and possess that rare quality, an art of understanding the little child.

My ignorance of orthodontia has been so much more apparent since I started thinking of this paper. I have felt at times that it was incumbent upon me to inform myself. However, I have followed the lazy method of referring all children with any palpable degree of malocclusion to an expert in my suite, and I am almost convinced that it is the better method. There seems to be some disagreement among you men at what age a child should first receive treatment. I wish one of you would write a careful article for one of the medical journals dealing with children's diseases and discuss your ideas as to the age suitable for the application of apparatus. May I briefly present a pediatrician's ideas as to the etiology of malocclusion. Heredity plays a most important role. The linear build with narrow face is definitely responsible for a certain number of cases. Yet we should attempt to correct such an heredity defect just as we attempt to substitute a proper mental attitude in a child of parents with a psychiatric background. Marked hypertrophy of the lymphatic tissue in the nose and throat may lead to faulty

breathing habits resulting in imperfect closure of the teeth. Tonsillectomy and adenoidectomy does not always remedy the situation, and we must turn to the orthodontist.

There is a great deal of difference of opinion in regard to the etiology, significance and cure of thumb sucking. Undoubtedly, this habit does cause a deformity of the mouth of many children. Two children may apply the thumb in the same way apparently, exerting the same sucking movements and suction. Yet the mouth of one will remain essentially normal while the other will develop a sever malocclusion. There are some infants who start this habit shortly after birth, and all efforts in prevention or cure are of no avail. And the constant nagging as the child grows older is a detriment in cultivating a healthy mental life. Even though one realizes that the mouth is being deformed, it is sometimes better to allow the practice to run its course and refer the child to the orthodontist rather than to the psychiatrist. The orthodontists who stress this vicious habit blame the mother or nurse for allowing such a habit to be established. They should acquaint themselves concerning the difficulties and details of the cure of this condition before they become too emphatic. The condition has a varied etiology; insufficient feeding, excessive feeding and colic may account for a few instances. But by far, the greater number present no plausible explanation for its occurrence. It is my impression that the practice of thumb sucking is more common in those children who cultivate the custom of taking some favorite article to bed, such as a favorite blanket or woolly dog. On the other hand, the psychiatrist proposes just such a procedure as a preventive and cure of the habit. They feel that the offer of a substitute interest is of value. Freud's hypothesis sounds rather convincing. He holds that the practice is some sort of a sexual perversion, the mouth serving as an erotic zone. The same may be said of lip and tongue sucking.

I have been greatly surprised at the absence of objection on the part of the children to the apparatus used in the correction of malocclusion. Materials which would cause great annoyance to an adult do not disturb the child's equanimity to any degree. Even the rubber bands stretching from one jaw to the other are features of distinction rather than of discomfort. I have never seen a child become nervous or upset and never have I ordered the apparatus to be removed because of its effect on the nervous system or general nutrition. The little patient seems to feel the benefit just as from the wearing of glasses to correct an astigmatic condition. Furthermore, I have not witnessed the progress of dental caries while the bands were in place. Apparently there can be no valid objection, mental or physical to the correction of malocclusion.

You are vitally interested in the soundness and proper structure of the teeth and in all methods that will encourage the optimal development of both the erupted and unerupted tooth, just as the pediatrician is constantly investigating methods by which dyscrasias of bone growth may be prevented. The mineral salts, principally of phosphorus and calcium, the secretions of the endocrine glands and all the vitamines are definitely involved in the problem. At one time or another in the past, each factor has been stressed but without doubt all are important. In glancing through the dental journals, I am impressed by the fact that you are just as well informed and perhaps a little more prompt in the application of new measures than we are. My experience indicates that there is no perfect substitute for cod liver oil as an agent for increasing the utilization of calcium. Certainly viosterol, even in large doses so highly heralded and so enthusiastically advertised, does not give the results in practice that cod liver oil does, and I have the greatest distrust of the tablets and extracts. I do not believe the profession realizes the extent of the unwarranted propaganda in favor of the vitamines. Unjustified claims are made in our journals just as to the public over the radio, and I regret to say that we must be pretty gullible or the barrage would not continue. We must exercise great caution not to succumb to the cleverly presented product which has not been carefully investigated and tested. We must not depend on a new therapeutic agent without certain knowledge that it is better than the old. The important period for the use of all procedures directed toward the proper development of bone and teeth is during pregnancy and the first year of life. If the pediatrician perform his function in a perfect manner, the orthodontist will have less to concern him.

How necessary is the correction of malocclusion? Are you kidding yourselves into thinking that you are performing a great service to humanity?

There is no question, whatever, that as beauticians you are unexcelled. The severest critic cannot deny that. Compared to the face lifters, you are supreme architects. A badly formed mouth will ruin an otherwise beautiful face, and beauty in itself is a very important subject when one realizes the vast sums that are spent in its upkeep. Much that goes for facial creams and powders could be used to far greater advantage in the correction of malocclusions. However, beauty or lack of beauty is more than skin deep. Beauty or the thwarting of an ambition for beauty throws a constant barrage on the mental life producing abnormal complexes and distorting the fundamentals of the emotional life. There is no question that children with ugly mouths do feel different from other individuals; their reaction is basically one of inferiority; this in turn leads to other complexes and compensations which will alter and misdirect the course of a life.

It is my definite impression that malocclusions are more common in children with behavior problems and in the mentally deficient. Is this cause or effect?

The value of mastication of food and its effect on the physiology of digestion is unquestioned, and surely interference in that function, as in malocclusion, may lead to various complications in later life.

It will be granted by all that improper occlusion will result in caries with all its attendant evils of focal infection.

We must admit then that you men are rendering an important service. You convert an unlovely feature into one of symmetry and beauty; you help to produce a well adjusted mental life and prevent various types of neurosis; you preserve the function of mastication and reduce the incidence of dental caries.

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