

Editorial Department

The case report has come to occupy an important position in scientific literature. It represents a link between the theoretical and the practical, between didactic principle and clinical application. We find it serving efficiently in social as well as medical and dental science, and the field of orthodontia is no exception.

Yet as we read over these case reports in orthodontic literature we can but wonder whether we are making the most of the device. The same agent in medical literature has been of immense value in gathering statistics on the incidence of relatively rare pathological entities and would be of far more importance if cases had been more uniformly and adequately reported.

In our province the mechanics of treatment has been given the most widespread attention. In many instances the report is submitted as an example of the efficiency of mechanical methods. Nevertheless, the soil has something to do with the crop as well as the cultivator and harrow. We are appreciating more and more the importance of heredity, systemic reaction, function, and cooperation. These factors, together with the period and character of the patient's development, may be worthy of consideration in the evaluation of method of appliance technique. We have seen a class two, division one case iron out miraculously in one patient and a similar appliance and procedure give us anxiety and discouragement in another which from casts x-rays, and even photographs, appeared similar.

Many of our current case reports begin with etiology and end with retention. But the purpose of orthodontic treatment is not to move or to hold teeth but to attain a satisfactory functional dentition in harmony with both efficiency and aesthetics. We are not so much concerned with the transitory condition at the end of treatment or retention as the enduring benefits to the individual. What has happened two, five, ten, and fifteen years following our efforts? Few are the men indeed, who have had the courage to present their results a decade after all appliances have been removed and the number is still smaller if we include only those who have sufficiently adequate records to permit analysis and rationalization of these results.

Not only is the desire for approbation human but the convenient faculty of enjoying success and disregarding failure is prominent among man's characteristics. The field of orthodontics is not the utopia which is suggested by the review of our case reports. It has been said that we learn more from our failures than from our successes but this source of learning has but seldom been made available in our literature. One suspects, however, that the frank presentation of a failure which carries its lesson is accorded greater appreciation by the profession than the offering of a more satisfactory result requiring imaginative effort to rationalize the end product with the procedure described.

Recognizing that our case reports may be devoted to many purposes, some to exemplify methods of diagnosis, and treatment, to describe mechanical method, or record unusual anomalies there is basis for a diversity of data presentation. Much might be gained, however, if more standardization of form were exercised. Moreover, a comparison of material as it accumulates over the years, if adequately tabulated would make this important clinical evidence available for study. Features of cases which at the time appear inconsequential and for that reason are omitted, may in later years attain a new significance. These possibilities are lost in the sketchy presentation.

Without wish to disparage conscientious effort in presentation of case reports which now contribute a very important chapter in our literature but rather with the desire to further this progress and cultivate its value, *The Angle Orthodontist* submits the accompanying outline of principles for case report construction wherever the data is available. Criticism is invited to the end that a satisfactory skeleton form may be established for the benefit of future as well as contemporary practitioners of orthodontia.

H. J. N.