

The Angle Orthodontist

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



Editors

ANNA HOPKINS ANGLE
ROBERT H. W. STRANG
GEORGE C. CHUCK

WENDELL L. WYLIE
HAROLD J. NOYES

FREDERICK B. NOYES
ALLAN G. BRODIE
ARTHUR LEWIS

Abstractors

WENDELL L. WYLIE
MARGARET BLACK

HAROLD J. NOYES
DANIEL BURRILL

ARTHUR B. LEWIS
GLEN H. WHITSON

Business Manager

SILAS J. KLOEHN
IRVING ZUELKE BLDG., APPLETON, WISCONSIN

Illinois Reunion Issues edited by WENDELL L. WYLIE

APRIL

Editorial Department

1949

The Topical Application of Sodium Fluoride and The Practice of Orthodontics

The Orthodontists as a whole have taken a very casual attitude to the topical application of sodium fluoride as a prophylactic measure in the war on dental caries. Some, perhaps many, dental school Orthodontic clinics are using the measure before placing appliances. Relatively few orthodontists have adopted the procedure. Why?

Is it because it is not substantiated by sufficient scientific evidence? Not likely, for the reports of the United States Public Health Service and other published data represent a more substantial foundation than that which supports a good many of the procedures and technics that the orthodontist uses daily.

Is it because at best these data indicate that only a forty per cent reduction in the caries rate is attained and this decrease must be considered from the standpoint of groups of children not the individual child? Again the answer would seem to be no. For while the orthodontist has a very real interest in the caries problem and incidence of the disease in his patients its treatment is not his responsibility. Therefore if he utilizes the procedure in his office, explaining verbally, by letter or printed leaflet, the relative benefits and limitations, he can be accorded nothing but approbation from parents. If he is successful in reducing the caries incidence in the children of his practice forty, twenty-five, or even fifteen per cent he has made appreciable gain in conquering one of his important problems. At the same time he is not subject to the criticism which is

leveled at the pedodontist by uninformed parents, when cavities do occur in the teeth of children given the treatment.

Perhaps the answer lies to a greater part in that pernicious inclination of orthodontists to cut deeper and deeper the narrow chasm of their specialty. The trend has been in this direction. We have seen the walls rise and the canyon narrow as the technical skills of this specialist have increased. We have watched him turn away from the treatment of fractures, pass by in hurried preoccupation the rocky side road that leads to the treatment of cleft palate, ignore in a large measure the opportunities which abound in his field for contribution to the general health and growth of the children in his care, and now get out his spade to dig himself deeper into the crevice of his specialty by limiting his practice largely to treatment in the permanent dentition.

It seems but prudent to sound a warning to those who are intrigued by this philosophy of orthodontic practice. A peculiar paradox exists between the ever widening base of orthodontic science and the reciprocal narrowing of orthodontic service. How deep and narrow can this specialty become before its walls shut out the necessary light from other fields and their sides become so precipitous that escape is denied? Economic tides cause fluctuations in the depth of that precious stream which flows into this protected recess. New knowledge, skills, and practice concepts may dam away the waters far behind, too late to return and start anew, too great a task to climb the walls or blast their sides away.

The orthodontist is in a strategic position to give his patients the advantage of the topical application of sodium fluoride particularly in those states which license dental hygienists and allow them to apply the solution. He has an opportunity, as well, to further evaluate the procedure when it is used in private as compared to public health administration for his patients remain under his care for continuous intervals of treatment, retention, and observation. During this time full mouth dental x-rays and routine mouth examinations are made as a part of complete orthodontic service.

In the interest of his patients, maintenance of a broad base in the specialty of orthodontics, and contribution to dental scientific knowledge, the orthodontist should advocate and abet the topical application of sodium fluoride for children in his practice.

H. J. N.