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THE EDITOR'S CORNER

40 Years of JCO Interviews

In last month's Editor's Corner, I highlighted the presentations of the other keynote speakers at the annual meeting of the European Orthodontic Society (EOS) in Berlin this past June. As I noted, because it was a 100th-anniversary celebration, we were directed by Professor Dr. Rainer-Reginald Miethke, President of the EOS, to consider what "can make us orthodontists a little bit more proud or modest" over what we have accomplished or failed to accomplish in the past century.

This was a somewhat intimidating charge. I decided to begin my own talk, "Reflections on the Progress in Orthodontics as Seen Through the Eyes of the JCO", with a review of the situation in 1907, the year in which the EOS was founded and when Edward Angle was nearing the peak of his influence on the nascent orthodontic specialty. I remarked that the single, wingless .022" edgewise brackets introduced by Angle were made of gold. The archwires of the time were also made of gold, as were auxiliary attachments, such as the eyelets that were soldered to the wires to correct rotational deficiencies in the brackets. Extractions for orthodontic indications were condemned by most practitioners, most notably by Angle.

Short of the proprietary courses that Angle himself offered, only limited formal orthodontic training was available. A few universities, including the University of Southern California, had orthodontic departments within their medical schools before the founding of the dental schools with which they are now affiliated. Orthodontic societies like the EOS and the AAO were just coming into being. There was a limited body of scientific information and evidence to provide theoretical support for the practice of clinical orthodontics; most treatment decisions and procedures were based on the training, experiences, and preferences of each individual doctor. Diagnosis and treatment planning were conducted without the benefit of radiography, cephalometry, or imaging. Obviously, a great many things have changed since then.

It was fortuitous that the 40th anniversary of JCO (celebrated in next month's issue) corresponded with the

100th birthday of the EOS. Over the past 40 years, JCO has interviewed a great many of the movers and shakers who have had a lasting impact on the way orthodontics is practiced today. These interviews, which have been among the most popular pieces we've published, have proven to be an effective mechanism for staying abreast of the state of the art in our specialty. Therefore, I used them to identify various themes that have permeated orthodontic thought for the last 40 years.

Several controversies stood out as ongoing sources for orthodontic debate. The most obvious of these were, in no particular order: molar distalization, cuspid expansion, serial extractions and early treatment, the roles of specialist vs. generalist, and orthodontic education—both undergraduate and graduate training. I tried to look at these topics from the viewpoint of an orthodontic journalist with a relatively open mind, and I made a conscious effort to avoid choosing sides based on personal opinions, the teachings of charismatic gurus, or the marketing pitches of profit-oriented manufacturers.

Such noteworthy JCO interviewees as Robert M. Ricketts, Thomas Graber, and Junji Sugawara have discussed the advisability, predictability, and stability of molar distalization. There is no doubt that maxillary molars can be distalized with a variety of approaches, from headgear to miniscrews, but what remains controversial is the desirability of doing so. Assuming that the technique is applied only to address a specific problem, rather than as a panacea for all Class II treatment, the argument seems to center around whether maxillary molar distalization can ever be stable, given the ever-present anterior component of force in human mastication. A definitive answer remains to be provided.

Cuspid expansion has been controversial since the first year of JCO's publication, in 1967, when the subject was addressed by both Drs.

Raymond Begg and Charles Tweed. In subsequent years, the topic has been revisited by numerous other JCO interviewees, right up to our January 2006 Roundtable on stability.

Early treatment and serial extractions are still debated every year, seemingly at every convention I attend. While the bulk of the literature appears to indicate that there is little, if any benefit, to early treatment of cases without crossbite, the practice is so common among such excellent practitioners around the world that the jury is clearly still out on the issue.

Finally, it seems safe to assume that the controversies surrounding generalist vs. specialist and orthodontic education are grounded more in professional politics and practice economics than in the scientific literature, and that no matter what the "experts" say, there will never be a resolution that will make everybody happy.

In response to Dr. Miethke's carefully worded directions to examine our failures as well as our achievements, I had to conclude that, at least as I see it, we still cannot predict facial growth with any degree of accuracy or reliability. We still provide mechanical solutions to biological problems. We still face iatrogenic concerns.

On the success side of the ledger, however, there are very few malocclusions that we cannot treat today. We have many more options than in Angle's time, and these have made treatment far more comfortable for our patients—not to mention more efficient, more effective, more enjoyable, more esthetically tolerable, and often more affordable.

As was obvious to me in Berlin, we have also forged a unique international fellowship based on the open and frank sharing of ideas, knowledge, and experience. These clinical experiences and the scientific breakthroughs they have fostered have made us the best and most enviable profession in the world. We have a lot to be proud of. RGK