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the editor's corner

Equal Time

When the PM Magazine television program aired a segment on lingual orthodontics some time ago and alerted the world to "invisible braces", it was only a matter of time before someone would be granted equal time on that program for his version of a "new" and better invisible appliance. Thus, a segment of the July 18 program was devoted to orthodontic treatment with a removable acrylic appliance with numerous clasps and a jack-screw in the middle. This was offered as a "new" removable appliance that could do everything that conventional metal braces could do, and in one-third less time for those who cooperated. A number of happy patients and two happy dentists were heard extolling the virtues of this appliance, which was not visible, which could be worn at the convenience of the patient, and which was suitable for adults and children. A before and after set of models was shown, which, in the short time they were flashed on the screen, appeared to leave a good deal to be desired as an orthodontic result.

One is reminded of a similar occurrence 40 years ago when a dentist discovered the wonders of the bite plate and shared the powers of this "new" appliance with hundreds of dentists at dozens of courses. It was presented as a simple removable appliance that could do everything that an orthodontist could do with fixed appliances, but do it easier and faster. It was suggested that orthodontists really didn't know how to use this appliance due to their preoccupation with complicated fixed appliances, or that they were not interested in it, since they could command high fees for the complicated appliances and treatment. The fact was that the open-ended fee for the bite plate therapy frequently exceeded the fees for full fixed orthodontic treatment.

Other simple removable appliances have also been represented as new and better. It does not

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require a questioning of the motives of those who advocate these "innovations" to suppose that the public is on the receiving end of a certain amount of misinformation as a result of it.

What is scary about seeing such things on network television is to think of the number of people who may have seen the program and accepted what was shown as state-of-the-art orthodontics, new, capable of doing what fixed appliances can do, and in one-third less time. Whatever condemnation has been made of the lingual orthodontics program on the basis of its prematurity, it was a new development and an extension of conventional orthodontics.

The appliance on PM Magazine resembled the expansion plate of Dr. A.M. Schwarz, which he introduced in 1938. Since expansion screws were used in orthodontics at least 25 years before that, it seems likely that the "new" appliance has waited a long time to be discovered by PM Magazine. The generation of expansion plates, including the Schwarz plate, arose in Europe as a method of treating large numbers of children by non-specialists, because there were very few qualified orthodontists. With the large number of orthodontists in the United States and the extension of their services through multiple satellite offices, there is no comparable justification in this country for a return to removable appliances.

Whatever the virtues that Schwarz found in his "active plates", he was well aware of their limitations. He said, "The man who would embark on the use of removable appliances, thinking that they are easier to use, will find himself sadly deluded and his patients will suffer accordingly. . . Thus the operator must know the limitations as well as the possibilities of treatment". It is misleading to suggest otherwise.

It is actually more than just misleading. If people are influenced to be treated with the appliance shown because they are led to believe that it is the latest thing in orthodontics, that it will do everything that fixed appliances could do, and in one-third less time, or to avoid being

a "metal mouth", or because it is supposed to be easier, or because the patient can remove the appliance when he wants to, or for whatever reason, they are likely to have treatment that is not equal to the state of the art in orthodontics, but may spend the same amount of time and money, or more. They may be diverted from receiving the true benefits of modern orthodontics.

One thing that the program does call to our attention is the opportunity to present the orthodontic story to a vast audience on television. It can be a dynamic story and an interesting one, if it is produced in a proper manner. There are numerous daytime, noontime, and nighttime talk shows and public service television stations that seem to have an open-ended need for material. Perhaps some fairness doctrine might impel PM Magazine to give equal time to modern orthodontics.

Presenting a positive account of the diagnosis and treatment of orthodontic and orthopedic problems would be far superior to quarreling with a PM Magazine about what they do put on. Nevertheless, one would imagine that it would be in the best interest of PM Magazine and its listeners if the program were to enlist the services of independent experts to screen technical material and spare the producers of the program the embarrassment of misleading its audience. □