there are secondary disturbances in the other glands. There is, however, a characteristic stamp upon the disease syndrome produced by the gland primarily and principally involved and this permits of a proper diagnosis and aids greatly in instituting proper therapy. There are many instances in which the ductless glands are certainly involved, in which cases however the disease syndrome is not characteristic of a primary affection of a single gland and to which the term pluriglandular disease is applied. Finally, instances of partial infantilism are described in which individual organs, tissues or systems are more directly affected and the organism as a whole being relatively little retarded in its development.

IDEALISM AND ORTHODONTIA*

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LIFE at times appears somewhat paradoxical. This is realized when in the drifting currents of events we are suddenly confronted by an unexpected turn in their course. In shaping the destinies for ourselves, our goal is set and we are usually so impressed by our convictions that little room is left for doubt as to a probability of any other interpretation. Experience, however, teaches us differently. It is the opinion about us that determines the attitude we assume. That is, we are only what others think we are, and not what we aim to be. When Dr. Eby approached me with the request of addressing you this evening on the topic of Idealism, I was somewhat surprised. And for the moment I was really at a loss. Of all things on earth I never thought that I was an idealist. But on reflection it occurred to me that had he not thought me one he surely would not have made the choice. I thereupon consented. I did that with one reservation in mind, and that was, since this must come to a decision, I shall first have to state my views. Your unbiased opinion may then enable you to render a just verdict.

Idealism and orthodontia have been so closely and so continuously associated that it has become a tradition. At one time it was difficult to distinguish them. We did not know whether idealism in dentistry meant orthodontia or orthodontia, idealism. One fact must be acknowledged and that is that orthodontia owes much to idealism, and that the greatest idealist, in the estimation of all Angle graduates, is Edward H. Angle. None will refute the fact that due to his influence orthodontia stands today as a separate and distinct specialty. He *was* an idealist. And like all other idealists he had a *vision*. And in that vision he foresaw the possibilities of orthodontia. But to realize them, they had to be converted into facts. For instance, a school for the education of a specialist was necessary. He bent all efforts to realize it. When this was an accomplished fact, the necessity for a society was evi-

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dent. This was organized and as a monument to his efforts the American Society of Orthodontists stands today as the largest organization of orthodontists in the world. The next necessity was a journal. And as a result the first journal of orthodontia, "The American Orthodontist," was issued. As you are gathered here this evening for the purpose of organization it is proper for me to mention these facts and give credit to him who by his *idealism* made such progress a reality. It must, therefore, be admitted that orthodontia owes a debt of gratitude to the idealism of Edward H. Angle for its origin and culmination as a specialty.

Most, if not all, of his students mention with gratitude the high ideals that Angle instilled into them. These ideals, they maintain, are the background of orthodontic progress and constitute the stimulus for the ambition of uplifting and upholding the exalted position and the dignity of their specialty. While it is evident and must be admitted that the idealism of Angle was a necessary and an important factor in the realization of his "vision" it is rather ambiguous to conceive its application in the present status of orthodontia. Upon careful reflection it would appear that the word *idealism* has lost its original meaning and has reached the stage of a *catch-word*. Let us, for instance, examine what is really meant by it. *Ideal*, used as an adjective is a statement consisting of, pertaining to, or characterized by, or existing in ideas. It is therefore conceptional or mental. It describes something that is conceived as perfect, supremely excellent, or very desirable; as, ideal conduct; an ideal home. It is, therefore, visionary, fanciful and imaginary, and is apparently opposed to the real. For instance, we speak of an ideal commonwealth, ideal happiness. In art it is used to express something that exceeds ordinary reality, freed from commonplaceness or grossness, refined and imaginative; as, an ideal portrait; an ideal form. Can we in this sense also say ideal orthodontia? If we can, what does it imply?

As a noun *ideal* represents a product of thought and imagination, to which any corresponding real existence is not necessarily attributed, but which appears in consciousness as an object worthy of contemplation or aspiration. For example to the American, Washington is the ideal of a patriot; to me, Theodore Roosevelt is the ideal of an American; to the artist, Venus de Milo is an ideal of grace. It thus appears as a conception which exists only in imagination, fancy or idea,—a conception beyond realization; as the perfect circle is an ideal only. Therefore, it may be assumed that *ideal orthodontia* cannot exist.

Idealism (in philosophy) is that system of reflective thinking which would interpret and explain the entire universe, things and minds and their relations, as the realization of a system of ideas, or as the progressive evolution of an ideal. It takes various forms as determined by the view of what the idea or ideal is, and how we become sure of it.

Idealism is customarily regarded as, and in particulars often is, the antithesis of *realism*; but the extremes of each are obliged, while denying many, to admit not a few of the claims of the other. Thus, agnosticism, for example, admits the possibility of reality as independent consciousness, it nevertheless

denies of knowing such reality. Idealism, therefore, differs from agnosticism by refusing even to admit the possibility of a nonideal reality.

Idealism may also be said to consist in the quest of the ideal; the habit of forming ideals and of striving after their realization; i.e., the attainment of an ideal. This is the only sense in which it may be applied in orthodontia. But, if thus applied, in what frequency has it been found to be realizable? At this stage we inadvertently are confronted with the fact of *realism*. Because, the ultimate end of orthodontia consists in what it actually accomplishes. It matters little as to what we think of its possibilities we must eventually substantiate our contention by results,—the realizations of our hopes and endeavors. Thus, for instance *realism*, in art and literature, strives to portray things with scientific accuracy and detail, allowing comparatively restricted play for the imaginative faculty. Idealism, on the contrary creates from the imagination a type of beauty in conformity with a preconceived ideal. Idealism will thus be seen to cover a wide range in the field of art, from the work of pure imagination, in which no attempt is made to conform to facts to the representation of reality with only a slight tinge of modifying color, introduced to emphasize certain features or aspects of the work.

From this it will be evident that the very inception of an art is closely related to idealism. Healing was originally an art and in its early history teems with idealisms. Thus, the early healers were obsessed with the idea of the attainment of such complete control of the knowledge pertaining to life as to be able to create it. The recent production upon the screen of the "Golem" portrays this attitude. The idea conveyed therein is not a purely fanciful modern conception, it is based on many traditional and recorded anecdotes, fables and tales. Orthodontia, the most recent branch of the healing art, is as yet still striving for the attainment of the ideal. The very foundation upon which orthodontia is built is still conceived as an ideal. Thus, it is said that normal occlusion is the basis of orthodontia. Normal occlusion is the ideal which every orthodontist is striving to attain. The *means*, or mechanism, with which this may be realized consists in an ideal appliance, the perfection of which though progressing with varied success has as yet not been accomplished. The stoicism of the conscientious and thorough orthodontist in his trials and tribulations, his persistency and perseverance in the treatment of malocclusion is the characterization of an ideal determination. It would seem, therefore, that idealism in orthodontia was essential in starting things agoing. Is it essential now? Must it ever remain unchanged? Can it be realized in its original conception?

Orthodontia in recent years has made its way from the speculative, imaginative and subjective realm into that of scientific reality. That is it has come down from the pedestal of idealism and invaded the realm of fact. From the sphere of imagination it has descended or rather *risen* to the domain of understanding. We are beginning now to understand. For example, normal occlusion was hitherto pictured as an ideal. No one could approach it. About a year ago I had the privilege of proving it to be a demonstrable fact subject to scientific investigation and realizable by all. This fact which may be tested

and verified, while still remaining the ideal of the orthodontist is, nevertheless, changed in its aspect. Namely, instead of appearing as a personification of unimpeachable perfection, it looms up as a biologic phenomenon and is variable in its manifestation. Thereby, the attainment of this ideal in orthodontia is made more hopeful, because it is realizable.

The conditions underlying the possibility of attaining it also changed. At one time, it was deemed that the possession of the ideal mechanism will yield the normal in occlusion, and that in every instance. The ideal in mechanics is a visionary illusion. The nearer we seem to get to it the further it recedes. Experience has taught that the normal in occlusion is obtainable. But, it is obtainable not in exactly the same measure, and not in the same manner. Besides a perfect mechanism, knowledge, ability and skill are paramount. It is the man behind that counts more than the appliance.

The classic ideas about the causes of malocclusion have recently also experienced a jolt. We are in this respect also beginning to realize that most of the formerly propounded causes were really imaginative. They fail to stand the test. As shown in a paper read by me at the last meeting of the American Society of Orthodontists, most of the accepted causes prove negative when examined by the more scientific methods of today.

It is therefore necessary at present to have a clear understanding of this shift in the meaning of some words, words which originally meant something different than they do now. *Ideals* and *visions* as we understand them now were an essential at the stage of inception of orthodontia. Orthodontia however, has not only evolved, it has also developed and grown. Today high professional principles, keen observation, collection of data, classification of facts and interpretation of their significance are more conducive to the elevation and progress of this specialty than *ideals* and *visions*. High principles will help considerably in maintaining the dignity of a profession. These can be cultivated by association. This body, I am in hope will be organized for such a purpose, exclusively. Observation helps to see facts as they are. But for them to be of value it is necessary that they should be recorded. Then, by study of an adequate accumulation of facts, their meaning may be interpreted. From them certain truths are learned. And when an adequate range of truths have been thoroughly assimilated, we are in a better position to think more judiciously and cultivate a better appreciation of the various phases of orthodontia as we are confronting them in our daily experiences. This is the scientific method of procedure. For science is nothing more than tested and verified truth. Moreover, this is my belief and to this standard I aim to live up. If you would call this idealism, then I am an idealist of the highest order. I call it *devotion* to exalted principles. And *discipline* to execute them. The only way I could reconcile *idealism* with the *realism* in modern orthodontia is by substituting the meaning of certain words with that of others.

Thus, Let *idealism* mean *high principles*, because these are essential for the dignity of orthodontia.

Let *vision* mean *observation*, because this is the eye of intellect.

Let *imagination* mean *actual facts*, because we must face them at all times.

Let *belief* mean *ignorance*, because when we don't know we are easily led to believe.

Let *fancy* mean *error*, because it is necessary to admit it when we are wrong.

By a foundation of orthodontia on the basis of high principles backed by discipline, observation of actual facts, admitting ignorance and eliminating error, distinctions will be cultivated that must tend to a higher knowledge and better understanding. In this manner the profession will be vested with power and influence that none can rival. This power in turn being for the good of all will surely earn the admiration, esteem and respect of humanity. Let us then organize if this be the way to the goal, and by a united effort realize the *idealism* of the founders of this specialty and by our conduct aim to *idealize* our own *realizations*.