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ORIGINAL ARTICLES

ETHICAL RELATIONS IN CONDUCTING AN ORTHODONTIC PRACTICE*

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ACCORDING to custom it becomes my privilege to address you as president of this society. As we have a full and important program, I wish to make my remarks as brief as possible so there may be ample time for full discussion of all papers.

I wish to express my appreciation for being honored with the presidency of this society and to thank the board of censors and the secretary-treasurer for their splendid work in preparing the program for the meeting. I wish also to thank the society as a whole for its cooperation in arranging the program, for without this splendid assistance the board of censors would have been unable to present such a program as you have before you.

It is not my purpose to review the orthodontic literature of the past year, but rather to discuss with you some ideas on conducting a practice of orthodontia.

I am taking up this question with the hope that there will be a full discussion of the question and I hope there will be no hesitancy in expressing differences of opinion. It is not to be considered a personal matter if any or all of you differ with the views expressed here and it should always be the privilege of each member of the society to frankly express his views with no thought of it being in the nature of a personal attack.

As a specialist in dentistry, the orthodontist naturally expects patients to be referred to him from various sources such as the dentist, the physician, the satisfied patient, and other orthodontists. It is, therefore, desirable to discuss the question under three heads.

Our duty to the dentist
Our duty to the orthodontist
Our duty to the patient

*President's address before the Twentieth Annual Meeting of the American Society of Orthodontists, Atlantic City, N. J., April 27-30, 1921.

OUR DUTY TO THE DENTIST

The conscientious dentist, conducting a family practice, who desires to refer a patient to an untried orthodontist may naturally wish to determine to his own satisfaction, whether the orthodontist in his efforts meets his expectations. It has therefore been thought advisable never to assume, when such a reference is made, that the whole family, if there should be more than one child, is included in the reference. The orthodontist may logically think "Why doesn't Dr. A. ask me to look at the second child, who is six years of age?" Now it is quite possible that Dr. A. is well aware that the child of six requires orthodontic treatment, but that it is best to wait for a year or two until the older child has been treated, and then if the work is found to be satisfactory, there is still time left to take care of the younger child. In such cases I have considered it good practice to confer with the dentist who refers the case and find out what his views are on the subject, never assuming that where one child is referred the entire family is included.

OUR DUTY TO THE ORTHODONTIST

It is not to be supposed that the orthodontist can please all patients referred to him or all patients under treatment. The question therefore comes up occasionally as to what is the proper policy to follow when a patient under treatment by another orthodontist or dentist comes in desiring an opinion.

Before discussing this question in detail permit me to say that it is not advisable that the word of the patient, no matter how reliable he may be, should be taken against that of the practitioner, for it is not infrequent, when misunderstandings arise between the patient and the professional man, that the patient gets the wrong impression or wrong point of view.

It has been my belief that the orthodontist so consulted should not express an opinion of the work done by another man when appliances are in the mouth, in the absence of the man who has the case under treatment. There are many things which enter into this question which make it a delicate one, but I believe the outline given below in connection with such cases, is the best for all concerned.

The patient, when found to be wearing an appliance, is dismissed from the room, and the parent informed that owing to the fact that the child is under treatment by some one else, it is not advisable to discuss the case in the absence of the man who is doing the work. The parent may reply "I have finished with this other man." Now, I am supposing that the other man's name is a secret. In fact, I do not believe it advisable to inquire who the other man is.

My answer has always been "It is only fair for you to return to the man who has been treating the case and frankly tell him that you have decided not to have further treatment by him and ask that he remove his appliances and if he does not wish to do so, ask him to write a statement to that effect and that he has discontinued the case and is willing that you should have some one else continue the case with his appliances." If the parent refuses to

do this, I proceed as follows: "If you will be kind enough to give me the name of the person who has been treating the case I will confer with him and see if satisfactory arrangements can be made." If this request is refused, I decline to have anything to do with the case.

It has always been my custom in such cases to try to get the original models of the case but this as a rule is a very difficult thing to do. It is my custom, whenever patients wish to discontinue treatment, to supply the parents with the casts and radiograms so that the child may derive the most benefit when placed in the hands of another orthodontist.

As the treatment of cases in orthodontia extends over a period of years, it is often necessary to refer patients to orthodontists in various sections of the country for attention during temporary absence and here it seems to me is where many of us are remiss in the conducting of our cases.

It has been my custom when patients remove to another city temporarily, to write the orthodontist to whom the case is referred, explaining at some length what we are hoping to accomplish and the cooperation which we expect from him, while the patient is under his care.

Some of you may take issue with this view, feeling that the orthodontist to whom the patient is referred should be equally capable of caring for the case, but right here comes in the question of responsibility which is a very large factor in the treatment of cases of malocclusion. I do not feel it is advisable to shirk responsibility of the final outcome of a case which has been absent for a few months, neither do I wish to assume the responsibility for the teeth of a patient who has absented himself from my care, so I therefore think it advisable, in all such cases, to refer the patient to the orthodontist in the city where the patient is sojourning, and in such cases the orthodontist who is looking after the patient should have practically little or no responsibility in the case other than to follow the instructions given him.

Where patients remove permanently to another city it has been my custom to refer them to the orthodontist I feel is best qualified to look after the case, giving the patient or parent all the data I have on the case and writing the orthodontist to whom the case is referred, stating that the patient has permanently left my hands and telling him he is perfectly free to go on with the case, using my appliances if he so desires, or if he thinks it best to change the appliances, he is at perfect liberty to do so. Then I consider my responsibility in the case at an end.

I have heard of orthodontists starting cases that they knew were to remove in a few months to another city and then refer them to another for treatment and thus be relieved of all responsibility of the case. To this I am absolutely opposed. It is my custom to explain to the parent before beginning treatment how long it is liable to take to finish the case.

OUR DUTY TO THE PATIENT

In all professional work the welfare of the patient should be uppermost in our minds and this applies more to the specialist in orthodontia than possibly to any other branch of the dental profession at the present time.

Orthodontia, as a specialty, is but a couple of decades old, and it behooves

each and every one of us to be most conscientious in serving our clients, so as not to degrade the high standard that was set for us in the beginning by the founders of this society. We all know that it is a very exacting practice to engage in and it is only by paying attention to the minutest details and conscientiously striving to establish, as nearly as possible, the normal arrangement of teeth that we, as specialists, can hope to maintain this standard.

Specialists are consulted because they have had special training along certain lines which should enable them to render services not obtainable from the general practitioner. Parents who have put their children in the hands of the specialist have a right to expect that they receive expert, honest and conscientious treatment, and that nothing will be left undone for the welfare of their children.

If you find these thoughts worthy of your consideration, I hope there will be a full and free discussion.

Before I close may I impress upon all members the necessity for promptness, that there may be sufficient time for all discussions.

DISCUSSION

Dr. John V. Merston, Philadelphia, was asked to open the discussion. He said: This is somewhat of a surprise to me. I was unfortunately out of the room and did not hear the former part of the president's address. I can only say that inasmuch as the latter part of his address dealt with the handling of children, in which they are referred from one city to another, I most heartily concur with his views. We have all probably gone through the experience of having patients sent to us from other cities with appliances just made, and placing us in a very embarrassing position. There is possibly no way of handling that case without making an uncomfortable situation. I must say, I think we take too lightly the question of the responsibility of these children when they come to us from other orthodontists.

I also agree with Dr. Young that when a patient is under treatment and is spending a few months usually at school in another city, the man to whom that patient is referred should only follow the directions of the orthodontist who has the case in charge.

I am sorry that I did not arrive earlier to hear the whole of Dr. Young's address. I know it was very good.

Dr. Oliver Wilson White, Detroit, Michigan.—One of the most important subjects that Dr. Young touched upon in his address, is the responsibility involved in those cases where the orthodontist finds it necessary to temporarily or permanently refer his patients for treatment to some other member of the profession.

A very frank understanding between yourself and patient as well as a definite division of responsibility should be arranged, in order to avoid any unpleasant discussions later.

Accurate data in relation to when the patient leaves or returns should be noted with proper study models for records.

I heartily agree with Dr. Young in everything he has said on this subject. The subject is a very interesting one, and should be discussed freely.

Dr. C. A. Hawley, Washington, D. C.—I think this is a very important subject and one that should be well understood. There are a good many points involved in the handling of transferred patients that may inadvertently give trouble. I remember in my early practice this question became very annoying. I recall very well that when I had to treat patients that had been referred to me and I was expected to finish out the contract made by the other man, the situation was often unsatisfactory. In later years, whenever a patient is going to leave and I know it, I finish up completely my transaction with him, so that all financial obligations with me are ended. I tell him that he must make new arrangements with the man to whom he is going and, it seems to me, the easiest way for the new man is to intimate to the patient that possibly he may wish to change the appliance; that very often appliances are changed,

and every man has his little individual ways with which he can succeed best with a patient. That makes it easy to do so without discrediting you or leading the patient to think that the change is made unnecessarily. All of us have little different ways of doing things, and for the benefit of the patient, let a man have his own way in caring for the case. From that time on the patient is his with full responsibility. I find patients appreciate the fact when each man is treated with courtesy and with kindness.

I think the outline laid down by the president in the matter of consultation is excellent and is one we should all follow. I could not improve upon the suggestions he has made. We are led into difficult situations sometimes from consultation with patients. They become dissatisfied in some way and walk into one's office and immediately want to criticize some other man's work. That leads us into a dangerous situation very often, and the outline laid down by Dr. Young is a safe one.

Dr. B. E. Lischer, St. Louis.—The president's address takes up a very timely topic and, it seems to me, has expressed it very tersely. It is a discussion of certain ethical relations which have been too long neglected. I have had the experience that when a patient suddenly changed residence and had to be referred to an orthodontist in some other city she was told that the appliances I had used were "out of date." Now the question of the efficiency of any appliance is, after all, a relative one. It is a matter of what one is able to use. I, for one, am willing to admit that many men accomplish good results with methods I would not employ, because I am not accustomed to the appliances they prefer. And this only proves that our methods are not standardized; and until they are it is idle to criticize the other man's method. When a patient is referred from one man to another and a change of appliances is imperative, a more courteous excuse can readily be found than to say that "his appliance is out of date." As long as an appliance measures up to certain fundamental requirements which are based upon the pathology and diagnosis in each case, it is beyond censor. There is no *one, best* method of treatment for any malocclusion.

I never knowingly start treatment of a case that will have to be transferred shortly thereafter. It is always better to advise postponement in such instances until the change of address has occurred.

I have often been amused at the attitude laymen usually assume when ethical principles are discussed in their presence. They are very prone to laugh at professional codes; but this is always due to ignorance. It is certainly very commendable to the professions that they are constantly striving to raise the ethical status of professional relationships. And it is the more commendable because it is voluntary. Sooner or later we will have to deal with this subject in a comprehensive and practical manner, because in the last analysis every relation in life has its ethical aspect. Ignoring this fact does not solve the abuses of life.

"The law of the wild things of the world is that their life thrives at the expense of other life. The spiritual law is that life develops its highest potency in the act of kindling truest life in others. The baser, cruel law still prevails in human society. Like all others we are subject to it. The tragedy of existence is that unwittingly we do harm to our fellows. Yet from the grasp of this law we must unceasingly seek to extricate ourselves, guided by the vision of better and best relations, which itself gradually becomes more distinct as we emerge from the evil relations." (Adler.)

Dr. Guy G. Hume, Toronto, Canada.—I do not wish to repeat what has just been said, as I agree with the different points embodied in the president's address, but there is one part I would like to discuss and that is the rights of the patient.

What I am about to say does not come from any personal experience but I have heard of cases in which the patients have requested the advice of some other orthodontist and they have been practically denied that privilege. I think that is a phase from the standpoint of ethics we should consider. We should consider a patient's standpoint as to his or her rights in regard to consulting some one else. We all make mistakes in judgment, and our patients should not suffer on account of them.

The subject of ethics brings up the question as to what standards we have in our society or by what code of ethics do we abide. The only written form I know of is that there shall not be any fee paid in connection with a case that is referred to one of our members. It is a big question we have to discuss in connection with ethics, and I do not

feel capable of expressing it, just as I would wish, but I think some action should be taken in the society, for instance, in formulating and in having some standard to which we should look as members of this society.

Dr. Lloyd S. Lourie, Chicago.—I remarked to some of my friends this morning that if ever I wished I might have the power of expressing myself clearly and forcibly, it was this morning, in regard to the questions brought up by Dr. Young in his address.

With all due respect to the men who are to appear upon the rest of the program, I want to say that I feel that the matters which ought to be discussed in connection with Dr. Young's address are more important than the rest of the program put together.

In the greater part of the remarks that have been made on this address, the importance of having right relations between the operator, the other orthodontist, and the dentist has been emphasized. I am glad our President made the statement that it is very important that we consider the rights of the patient, but unfortunately, Dr. Young, possibly with the intention of making a climax to the point of importance, considered first our relation to the dentist, next our relation to the orthodontist, and finally our relation to the patient. Now, it is my opinion that our specialty, as well as the professions of medicine and dentistry, has no ground for existence unless it is the good that is to be done the patient. It is not a money making scheme. Dental laws are passed with the idea ostensibly of protecting the public and patients and furthering their interests, and I think the sooner we come to a clear understanding and appreciate the fact that the interests of a patient are of more importance than those of any orthodontist or dentist connected with the case, the better it will be for our specialty.

As Dr. Hume has pointed out, it would be a very valuable thing if we could bring it before the Society, and we ought to consider it. If we can in some way arrive at what would be considered the best practice, ethically speaking, under various trying conditions that may arise, some of which have been referred to by Dr. Young, it would help us very materially. Some of these situations are extremely delicate and are modified greatly by conditions in the individual case, so that I think it would be very hard to lay down a rule that whenever a case comes to you from somebody else you are to follow a certain line of procedure. It makes a great difference, for instance, whether there is a quarrel between the patient and the orthodontist. It is quite conceivable, and you will all admit it, that there may be incompatibility of temperament between the operator and the individual, and, as Dr. Young has pointed out, no man can please everybody, nor can he be expected to, and he ought not to be criticised if he fails to get results in every case. If a patient has had a serious disagreement with an orthodontist, for instance, I think it is hardly fair to insist the patient shall go back and have further dealings with that man. The patient feels very strongly that he has been grossly mistreated, though Dr. Young says that not infrequently the patient has a misconception of the situation. I want to say, that frequently the patient has a very accurate knowledge of the situation, and very often the orthodontist has grossly abused the patient. Are we, on account of some mistaken idea of a code of ethics, to deny that patient the right of such information as we might be able to give him or her to help straighten out the situation? I have been considering this subject quite seriously for a long time.

A year ago Dr. Young mentioned it to me, and at that time I cited certain cases which had occurred in my practice, the nature of which was very different from the ones mentioned by him.

Dr. Young has mentioned the matter of a patient going from one orthodontist to another, and he has mentioned the matter of a patient moving to another city temporarily or moving there permanently, and it would be a good idea if we could formulate some rules or suggestions to govern us in such cases. If there has not been any dispute between the patient and operator, it would be much easier to formulate rules that could be followed. When there has been a dispute between the patient and operator it is a much more delicate proposition to handle. I do not believe that any particular plan of action can govern all cases. Dr. Young may decide from his experience that the plan he suggested seems advisable. On the other hand, from the cases I have had in my practice I might think it would be best to adopt a different procedure.

I try to put myself in the patient's position as well as in the position of the orthodontist, keeping in mind the fact that the patient's interests are of paramount importance,

or of greater importance than those of the orthodontist. I cannot help but feel that if a patient has the suspicion that treatment is not progressing satisfactorily, he ought to have some chance of finding out whether or not he is justified.

If we should think it advisable to appoint a committee to attempt to formulate rules of procedure for these cases, it certainly would be helpful, and particularly if some of the older members would give their experience.

I have had patients come to me for consultation, and not knowing anything about them, I would start an examination before knowing there were any appliances in the mouth at all, and they would want to know if the treatment was satisfactory. It has happened in two of these cases that just by a glance at the mouth I was able to say with perfect honesty that I felt that the case was progressing satisfactorily. One mother said, "Is it possible to get the result this man is trying to get with that appliance?" I might have dismissed that case at the time and have said, "I will not consult with you about this unless the other orthodontist is present." If I had insisted upon a conference with him it might have created some friction, and it would have created an atmosphere of distrust between him and the patient. So I am inclined to decide things sometimes upon my own responsibility if I feel sure of the facts. Ethics is to my mind the application of the Golden Rule. I did not see any objection to my having seen this case and passing comment, so long as I was able with perfect honesty to commend, not to criticize the treatment. I told this mother that it was possible to get a satisfactory result with that appliance. "It is not an appliance I am using at the present time, but I have used it and have obtained satisfactory results with it. Your orthodontist is following a line of procedure that probably will be successful. I do not know who he is; I don't want to know who he is. There is nothing about the plan of treatment or appliance which would prevent obtaining a satisfactory result." That patient went away with her mind at ease. She would go on with treatment, so no friction developed. That is much better than to have raised any question. This is one phase of the subject. If you will put yourself in the patient's position and consider your child under treatment, you would feel there ought to be some provision for getting information to enable you to know whether or not the right thing is being done for the child. I am not saying that there can be a rule formulated for this, but I certainly think it ought to be considered.

The first patient that came to me from another orthodontist came with this story: The boy had been under treatment for a long time, and the patient felt that not only was the case not as good as when it was started but in a worse condition. The child had been subjected to continued and severe pain and discomfort, so that school work had to be given up; he could not sleep at night, and all that sort of thing, and the mother of this patient wanted an opinion as to whether the appliances could safely be removed or not. Final payment had been demanded, though she contended that the case not only was not finished, but was in a worse condition than when it was started, and she said it was an imposition to ask for a final payment on the case. In addition to that, the orthodontist had told the patient that she could not expect any assistance from any other orthodontists; they would not give any consideration to her case whatever as long as the appliances were on, and if the appliances were taken off the teeth would be loosened and permanently injured. She dared not take off the appliances, for she was afraid if they were taken off the patient would be injured.

I would be censured if I interfered with the case and gave advice regarding it, and so I told her, as Dr. Young has suggested, that I could not consider the case at all or give advice regarding it till she had the appliances removed. She said, "I will not go back to that man to have the appliances taken off. He has insulted me. He has refused to give me any satisfaction as to when the case is to be finished, and I know it is worse than when it was started." I said, "Maybe you can get the dentist who sent you to this orthodontist to remove the appliances." She went to him and he said to me, "I don't see why you should not take off the appliances." This patient contends that she is absolutely through with the other man; that she would not go back to him under any circumstances. He said, "If she is willing to put that in writing, you are perfectly justified to give such a patient advice."

Upon that basis I agreed to advise regarding removal of appliances, with the understanding that if further treatment was necessary, somebody else must do it. I would not be in a position to criticize this case.

I had the patient come in, and in looking the case over the mother asked what would happen if the appliances were removed. I learned the history of the case, and said that when the appliances are taken off during treatment the tendency is for the teeth to turn toward their old position. She said, "I would be delighted if they would do that." (Laughter.) Having told her that, she said, "I prefer to have the appliances taken off if you feel that there will be no injurious effect, that the teeth will not loosen and fall out?" I replied, "I think not, and I do not think there will be any injury to the teeth; yet nobody can say the teeth will certainly return to their old positions." I gave my advice upon the supposition that her representations were true, which is contrary to the contention of Dr. Young. I consider that there are circumstances which enable one to decide as to whether a patient or an operator is to blame. I take issue with Dr. Young in that respect, though I would not assume such responsibility unless I was absolutely certain beyond any doubt. I may be mistaken, but in any decision you make you have to assume some responsibility, and I am willing to take that responsibility after I have made a decision.

Now, I removed the appliances for that patient. In the first place, I took impressions of the case with the appliances on, so that it would show the condition before any interference with it. I took that for the purpose of protection, for all parties, not knowing definitely the merits of the controversy. It would protect either party who was in the right. It would record the actual condition, and I would not have to report my opinion of the case. I figured that I would avoid controversy with the other man; I felt it was the fair thing to do.

Shortly after that the other orthodontist heard that this patient had consulted me. He said he would like to show me the original models, which he did. These were what I had been wanting to see. I could not see why he did this because the original models showed that the mother of the patient was absolutely right beyond any controversy. There was a beautiful arrangement of the molar and bicuspid teeth on both sides. The upper arch was narrow enough to crowd one of the cuspids labially; the lower incisors were misplaced, but there was no extreme malocclusion. There was a serviceable arrangement of these teeth and, as a result of the treatment, that was all broken up, and possibly permanent injury done. I felt that if for any reason whatever such a condition had developed in my practice, even where there were circumstances over which I had no control, I would feel like doing my best to correct it and if unable to do so, to make some financial adjustment with the patient just in a spirit of fair play, rather than insist upon the last penny of the contract. That man was simply taking advantage of a supposed adherence to the code of ethics for mutual protection. I did not propose to be a party to it. If I am wrong, I will accept the censure. However, I feel I was right.

Are we going to condone such actions as that by making no protest? I cannot feel that it is right. I believe it is a reflection upon orthodontia to let such things as that go on unnoticed.

As Dr. Hume has pointed out, there is no provision in our Constitution for taking notice of things of that sort, but I believe there should be. We have this one rule he has mentioned (regarding commissions), and I think you will all agree with me that it has been a very good rule, and it has been effective in deterring men from doing that very thing. If there are other things that can be put in a code of rules in the same way, I think they will do just as much good. There are lots of things happening, I know from personal observation, that are to the discredit of our specialty, simply because the operators do not have the proper sense of their responsibility to patients. They seem to have the idea that here is a profession that is going to enable them to make money easily, and that is the main consideration. Very little attention is given to the responsibility toward the patient. We hear men bragging about the big fees they get, and not of the fine results obtained for their patients.

There is another thing which bears upon the responsibility of the orthodontist to the patient. Dr. Young has mentioned a patient going to another city either temporarily or permanently, but what is to be the arrangement when the orthodontist goes to another city? What will be considered a fair settlement with the patients that are under treatment? Dr. Hawley has made a statement which bears on that somewhat, and I think his suggestion is a good one, that divided responsibility for the work or financial obligation is a bad thing, and that if a definite settlement can be made, it is much better.

I think there might be arranged a set of suggestions, if not rules, covering that point. It is going to come up from time to time when orthodontists move from one place to another, and it is a much more serious thing when the orthodontist moves, for many patients are left with incomplete treatment. The orthodontist had a grasp of the whole situation of each case from the start, and (ability being equal) nobody else can take that case up as satisfactorily and complete it as the one who started it could have completed it. Is there any adjustment due the patient? It is possible that the man taking over a practice is as competent as the man who had the practice, and the patient might be willing to continue with the same financial arrangement. On the other hand, a patient might feel that the first man was selected for some special reason, because he possessed great skill or had a very fine reputation. Has that man a right to turn these patients over to the man whom he selects to take care of his practice without asking these patients if it is satisfactory to them? Has he a property right in these patients that he can tell them to go to somebody else without regard to their interests? If I should move to San Francisco, to Boston, or to New Orleans, would it be ethical for me, would it be considered fair to the patient, for me to simply send my patients a notice that I was going to leave the city, and I had arranged with somebody else to take care of my practice, and that the financial arrangement would go on the same as it had been, and then leave within a few days before the patients had a chance to come in and adjust this matter with me? Would that meet with your sense of fair play? Now, what arrangements should be made if a man has decided to move from one city to another? Has he a right to turn these patients over to another and expect compensation from the man he turns them over to? Would it not be fair for him to pay the man who takes over his practice? We all have a number of patients whose treatments are not going as we expected them to go, and we should be willing to pay somebody else for finishing them.

There is a considerable responsibility in finishing cases. Patients come to me from here and there and say "Dr. So and So corrected this case and it needs a little attention to finish it." He has collected perhaps a big fee and has practically finished the case according to the patient's view, but I think some of you realize how unfinished some of these cases are when they come to you in that manner. It is unfair to the patient and unfair to the second orthodontist to let a patient go away with that understanding.

I have probably said enough to emphasize the point that there are situations which cannot be settled entirely on the lines Dr. Young has pointed out. Nevertheless we ought to do something about it. There ought to be a committee appointed to see what can be done to formulate rules of ethics for the Society governing such cases.

Dr. J. Lowe Young.—In closing I wish to express my appreciation of the free discussion given the subject brought before you today. We are discussing a rather delicate matter and I should like to ask Dr. Lischer if he had written the man to whom he referred the case of which he spoke.

Dr. Lischer.—Yes.

Dr. Young.—Then the man to whom you referred this patient was entirely in the wrong. You did what I should say is the correct thing in referring the case. The young man referred to by Dr. Lourie was placed in a very delicate position but if he had followed the course advised by Dr. Lourie, which I most heartily recommend, and taken a set of impressions showing the conditions of the teeth with the appliances in place and then found, when he consulted the orthodontist who had been treating the case, that the statements made by the parents were correct, then I think he had a perfect right to state wherein he considered the treatment was wrong even though it made bad professional feeling.

Probably I would not have had the same views when I began the practice of orthodontia as I do at the present time, but I feel that the duty of the orthodontist toward the welfare of the patient is so paramount that the truth should be told regardless of who suffers.