

OBSERVATIONS PRELIMINARY TO ORTHODONTIC OPERATIONS.

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Before we commence orthodontic operations, the field of inquiry is so very large that I cannot more than touch upon a few of the most important points that bear upon this subject in a short article like the present.

When consulted in reference to these operations, the only aim of the operator should be to do the patient the greatest amount of good with a minimum amount of harm. Should it be found that the harm of an operation would be such as to depress the general system beyond repair, the operation should not be undertaken.

The nervous system is more or less affected in all orthodontic operations, and the amount of irritation will be governed by—

1. The temperament of the patient.
2. The physical condition.
3. The extent of the operation.
4. The density of surrounding tissues.
5. The manner of manipulation.

Owing to the mixing of all nationalities in this country, we have no established types, hence there is an endless variety of temperaments, which are difficult to define.

The nervous temperament and those bordering on the nervous give us by far the most trouble, sometimes giving much cause for anxiety, especially where the patient is young, on account of the susceptibility of the great nervous centre to intense feeling or excitement. Frequently in such cases it is unwise to operate, for serious results are almost sure to follow, as the physical system has not vital force enough to stand up under the intense nervous strain put upon it.

Sufficient attention has not been given to the physical condition of the patient before commencing and during these operations, as the operation may last from a few weeks to many months. If it is hard for a well person to undertake, what must be the effect on a weak, sickly patient?

If there are lesions of nutrition present, preventing proper assimilation for the growth of the tissue to follow the moving tooth, it would be folly to commence operations without first correcting the nutrition.

If there have been periosteal lesions which show a tendency to inflammation of that tissue when injured, or by sudden changes of temperature, resulting possibly in caries or necrosis of the osseous