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SIXTH AUSTRALIAN ORTHODONTIC CONGRESS

SYDNEY, AUGUST 5-9th, 1974

The Australian Society of Orthodontists has grown considerably in size and scope since the first Australian Orthodontic Congress was held in Sydney in 1961. After the other State branches had the privilege of conducting succeeding congresses, it is Sydney's turn again to welcome all orthodontists in Australia and New Zealand in particular, and from other countries, to join together in August 1974 for the Sixth Australian Orthodontic Congress.

The Society is fortunate in that its congress pattern evolved into meetings every three years. In between are the Australian Dental Congresses, A.S.O. State Branch annual meetings and clinical days, meetings of the Begg Study Group and Edgewise Study Groups, lecture tours by the A.S.O. Foundation for Research and Education lecturer, as well as meetings of the R.A.C.D.S. and the A.D.A. Country Conventions. All things considered we are now well served to increase our knowledge of dentistry in general and orthodontics in particular. There is not the formal requirement to attend courses and conventions to be assured of re-registration by the Dental Board as is the practice in certain countries, but it is anticipated that only exceptional personal circumstances would preclude the attendance of every member of our Society at a national triennial congress.

Thus the hard working congress committee headed by R. Y. Norton, who was incidentally President of the A.S.O. and convener of the 1st Australian Orthodontic Congress, is planning for the largest ever gathering of orthodontists in Australia in August 1974.

By reserving the entire Convention facilities of the Wentworth Hotel, Phillip Street, Sydney, the Society has ensured first rate facilities for the lecture programme, and silent clinics, and trade displays. An exclusive escalator from the reception foyer conveys members to the Convention Centre where most functions of the Congress will take place. It features a two storeyed, mirror ceiling ballroom, seating 1200 auditorium style with no pillars to obstruct the view. Sixty-five speakers set around the auditorium provide perfect acoustic conditions.

The auditorium will be divided into two areas, one of which will house the lecture programme adjacent to the trade display. The conference area can in fact be subdivided to permit five simultaneous sessions for smaller groups if desired, and there are seven other auxiliary function rooms of varying sizes.

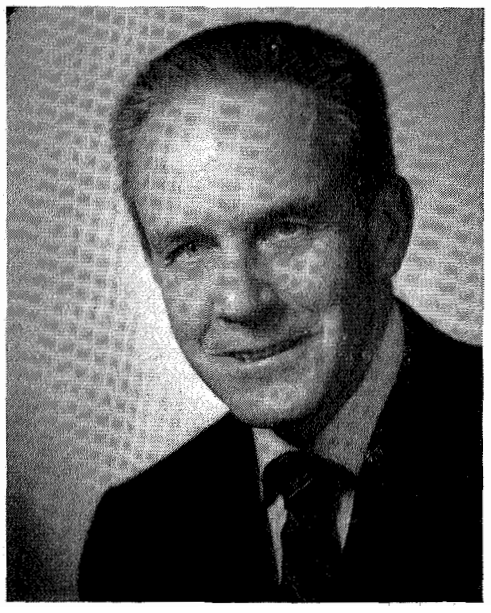
There is an individual foyer for the registration and comfort of delegates with a centrally located secretariat, ample cloaking space, press office and public telephones. The area also has its own kitchen on the same floor ensuring speedy service in catering requirements. Luncheon will be available in separate rooms in the Conference Centre.

Members of congress are thus provided with first rate facilities, attractively modern, and centrally situated with a substantial block booking of hotel accommodation above. Certain A.S.O. Congresses in the past have been especially successful where all delegates have stayed at the same location. This has permitted a better use of free time in informal discussion at breakfast or at the end of the day, which has increased the value of attendance immeasurably. It is hoped then that the majority of members will choose to stay at the congress location. However, block reservations have also been made at three other central hotels and motels.

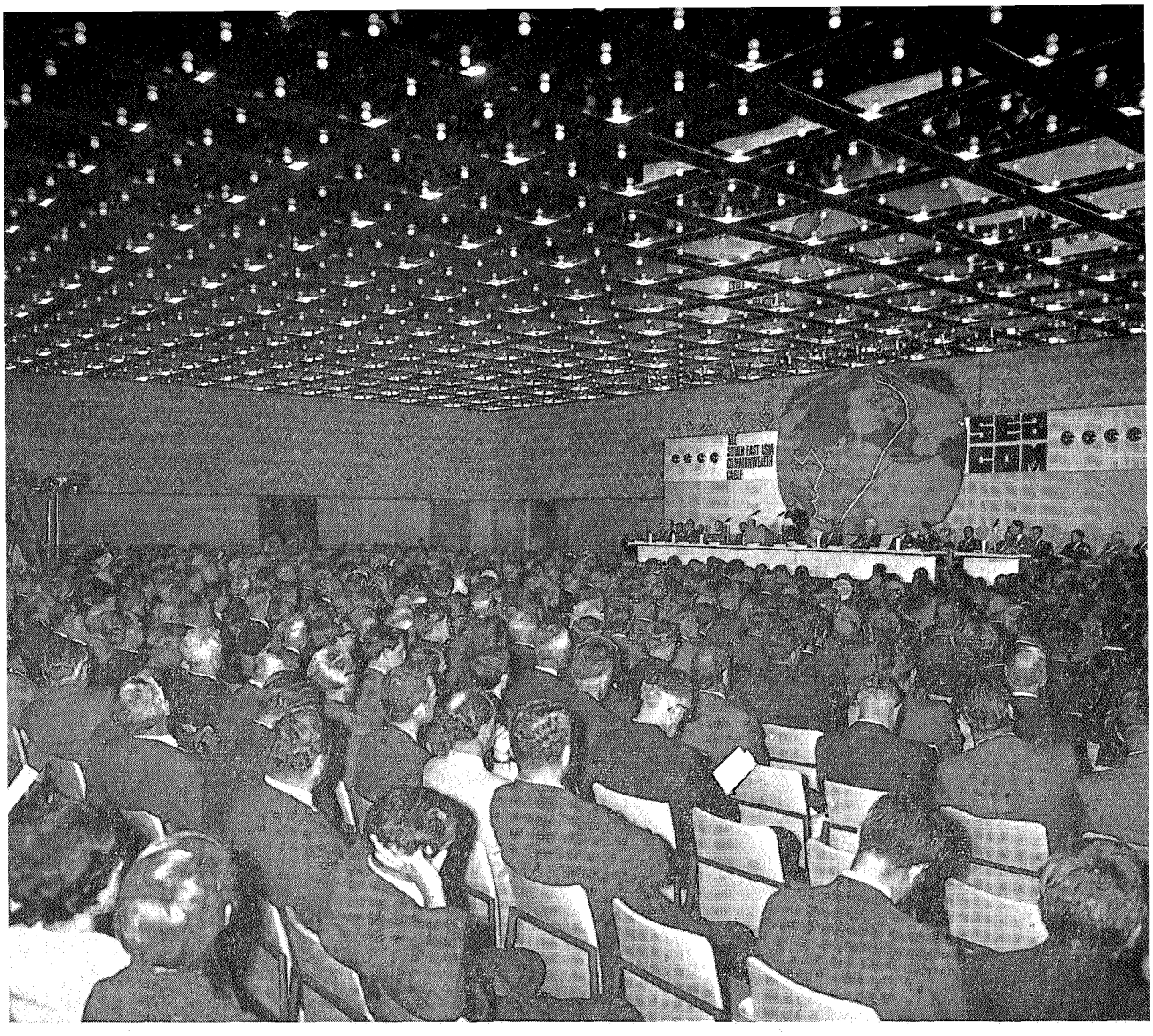
Scientific Programme

W. J. Harvey and his committee are arranging a varied and interesting programme of lectures, and silent clinics.

Dr. Brainerd F. Swain is Associate Professor at the University of Pennsylvania and Special Lecturer at the Fairleigh Dickinson University.



Dr. B. F. Swain



The self-contained, independent Convention and Banquet Centre of Sydney's Wentworth Hotel is accessible by escalators, lifts and a separate staircase. It features a two-storeyed, mirror-ceiling ballroom seating 1,200 auditorium style, with no pillars to obstruct the view. Sixty-five speakers set around the auditorium provide perfect acoustic conditions.

The area can be sub-divided to permit five simultaneous sessions for smaller study groups if desired — the walls incorporate the finest sound insulation. And there are seven other auxiliary function rooms of varying sizes.

The Centre has its own individual foyer for the registration and comfort of delegates. There's a centrally located secretariat, ample cloaking space, press office, public telephones. The area also has its own kitchen on the same floor, ensuring speedy service in catering requirements.

A unique feature of the Wentworth's convention and banquet facilities is its technical control room. Fully qualified technicians are always on duty in this centrally located "nerve centre" to supervise the operation of all the audio/visual equipment which is installed and available. As a result, organisers are freed from any anxiety regarding the smooth operation of equipment vital to the success of their functions.

The equipment available includes public address systems, slide and movie projectors, tape recorders, spotlights, all types of microphones. There are closed circuit television outlets and multi-lingual translation facilities. Organisers can arrange direct outside broadcasts, as well as direct telecasts.

Auxiliary equipment includes movable stages, bandstands, catwalks, lecterns, easels, blackboards, etc. There is also a special hoist for the movement of cars and other heavy equipment direct into the area.

He is a former director of the American Board of Orthodontics, past chairman of the New Jersey Section of the American College of Dentists, director of the Angle Society of Orthodontists, and past president of the North American Society of Orthodontists. He is also co-editor and contributing author for the revised edition of Graber's text book "Current Orthodontic Concepts and Techniques".

Thus Dr. Swain, our principal guest lecturer, brings with him many years of experience in orthodontics, with special knowledge and ability in the edgewise system and the Begg Lightwire Technique.

His contributions to the Sixth Australian Orthodontic Congress will include topics ranging from clinical photography to orthodontic judo, and include a discussion on relapse. Dr. Swain in a resume of his lecture — "Failure, relapse and re-treatment" says that "descriptions of treatment sequelae in the medical literature employ a wide variety of terms, such as remission or restoration, abatement aggravation, resolution or recurrence, morbidity or mortality, recrudescence or relapse, mitigation or palliation, regression or relapse to name a few. Description of treatment sequelae in the orthodontic literature employ fewer terms. Whether actually stated or merely implied, successful treatment seems to be the rule. Reports of adverse results are the exception — unless, of course, the presentation is on subjects such as failures and relapses. Examples of failures and relapses will be shown and described, and suggestions offered regarding the management of the eroded relationships which can develop among parent, patient and orthodontist".

It can be said that one must be an experienced orthodontist to have accumulated an extensive collection of relapses, regressions or failures. The neophyte orthodontist has to wait several years before being confronted with the reality of physiological readaptation. What does he then do? We hope that Dr. Swain will be able to guide our thoughts on this question.

Dr. Swain comes to our congress highly recommended by many American orthodontists well known to our members. His international reputation as a lecturer can be seen in the news and comment section of the American Journal of Orthodontics in the last few years. Those of us who were privileged to hear him speak at the 3rd International Orthodontic Congress in London were impressed with his controlled, unruffled presentation and his easy, relaxed lecturing style. We are fortunate that Dr. Swain was pleased to include the Sixth Australian Orthodontic Congress in his immediate commitments.

A second overseas lecturer will be Dr. Alex Roche, Head of the Physical Growth and Genetics Section and Joint Head of the Fels Longitudinal Study Section, The Fels Research Institute, Yellow Springs, Ohio.

Dr. Roche is well known to us as an honorary member of our Society. He was formerly Director of the Melbourne University Child Growth Study.

Dr. A. Roche

His lecture — "Sex differences in the cranio-facial area: what and when" — will describe serial changes in the cranial base during puberty and will relate these to corresponding changes in the facial area and in stature. The relationships between sex differences in the timing and amount of growth during puberty will be discussed in relation to the sex differences that occur in the cranio-facial area among adults. Dr. Roche's second lecture will discuss possible and desirable improvements in the rating of maturity.

Our member Terry Freer from the University of Queensland will give a topical lecture entitled — "Who says the child needs orthodontic treatment." This will deal with the traditional reasons for prescribing orthodontic treatment and the problems associated with the assessment of malocclusion severity in relation to pre-payment schemes.

Professor N. D. Martin, Dean of the Faculty of Dentistry, University of Sydney will open the

Congress with a somewhat similar theme — viz. "Levels of orthodontic prevention and their impact on delivery systems for orthodontic care".

Rex Wallman, President of the S.A. Branch of the A.S.O. will lecture on — "Edgewise orthodontics in Australia to-day". This will be a message from one who practices the edgewise philosophy and technique, and who finds it relevant in this age when other philosophies and techniques are in vogue. Some special thoughts related to a consideration of the facial profile will be offered.

The president of the N.Z Orthodontic Society, W. K. Ross, will describe — a technique using light edgewise wire — as used by the author and illustrated with records of some treated cases.

Dr. R. B. Murray of Visalia, California, will examine — some cases of unusual interest — Dr. Murray says that "In many practices the unique problems represented by those situations which deviate from established treatment systems can now be more challenging to the orthodontist". He will present a few such cases for our information.

Dr. D. M. Llewelyn, honorary surgeon at the Prince of Wales Hospital Paediatric Unit and Convener of the Cleft Palate Clinic will talk on — "Patterns of facial malformation in childhood". Some less common facial clefts and congenital anomalies will be discussed, as well as those developmental and acquired abnormalities of the midface area. Dr. Llewelyn was invited to participate in our programme because of his interest approach to the cleft palate poblem. He attended the A.S.O. Foundation's Symposium on this subject in Adelaide in March 1973 and has just returned from a 4 months overseas trip which included the 2nd International Cleft Palate Congress in Copenhagen.

Laurie Smart will also give a lecture including results of progress in the cleft palate problem following the A.S.O. Foundation's Symposium of which he was joint convener.

John Chapman, our member from Wollongong, who is an honorary orthodontist at the Royal Alexandria Hospital for Children will discuss "Orthodontic treatment for the child suffering from cleft lip and palate".

Thus the well balanced lecture programme can be summarized into the etiology of congenital defects, growth changes in the cranio-facial area, the delivery of orthodontic services and treatment techniques, with additional interesting topics such as clinical photography.

In addition to this there will be major contributions by Pat Bell from New Zealand, Peter Hiddens from Canberra, Steve Seward of Melbourne and Gordon Kirkness from Perth.

Not only is the programme representative of the varied interests of members of our Society but an Australia-wide panel of lecturers will have much to interest those in other states.

Bill Harvey, and his scientific programme committee are to be congratulated on their efforts.

Dick Hay is in charge of the silent clinic programme, and liaison officers have been selected in each state. It has already been said elsewhere that this section gives every member a chance to participate and contribute to the Congress and to his own advancement.

Neville Cox reports that a good trade display will be a feature of this congress. Very adequate facilities will be provided for the demonstration of the latest dental equipment and orthodontic supplies and materials. However, congresses are not all lectures and silent clinics.

Bob Gates, the social director, is organising a programme of entertainment for the after lecture activities. Sunday evening August 4th will be reserved for a registration session to be followed immediately by an informal get-together. On Monday the Congress will be officially opened by the President and the Stanley Wilkinson Oration will be delivered by Mr. H. D. Black, Chancellor of Sydney University, in the Great Hall. Mr. Black is well known to most Australians for his nationally broadcast news commentaries and his good humoured ability with words and his interest in the Faculty of Dentistry are assurances of an oration in the best tradition. All members of Congress are invited and encouraged to wear academic dress. In Sydney's winter the stone walled and tiled floor Great Hall will make the wearing of a gown or hood a seasonal comfort as well as adding to the colour of the occasion. The President's Reception will follow at a modern down-town location.

Tuesday evening will provide free time to explore Sydney or visit old friends.

Wednesday will commence early with the important General Meeting of the Society and its election and conclude in time for sporting or other outdoor activities.

On Thursday night members will be able to show their wives and friends the ballroom at its best. A relaxed dinner dance is planned with the emphasis on relaxation and dinner.

The social committee will be able to suggest ways of spending Friday night to those delegates who wisely plan not to rush away immediately following the closing ceremony in mid-afternoon

But why limit your visit to Sydney for a week especially if you live far away or perhaps have not seen it for a while. You are assured of many interesting activities. The ladies, in particular, will

be entertained daily in a programme that again does not fill up every waking hour. Paddington art galleries, The Rocks and the Argyle Centre, Double Bay, Hawkesbury River are places to see, and facilities will be available for this. A special tour of Sydney Opera House has been reserved during Congress week, and no doubt many interstate and overseas visitors will be pleased to see through this amazing creation now fully operational. Sydney is a convenient starting place for tours and cruises and a travel consultant will be on hand to help you.

This then is an account of what awaits you in Sydney in August 1974. Mark off your books, make up your minds and get ready for the Sixth Australian Orthodontic Congress. J. F. R.

AUSTRALIAN SOCIETY OF ORTHODONTISTS
SOUTH AUSTRALIAN BRANCH

Report of the Sub-Committee on Radiation

Thyroid Carcinoma

Discussion on this topic arose following suggestions to collect research data in the form of lateral head cephalograms every six months in the children from infancy. The thyroid gland at this age is at an active stage and is more susceptible to radiation.

Further discussion on the thyroid carcinoma was related to the total aspect of radiation for orthodontic purposes.

Research findings show that the thyroid is more susceptible to radiation in the young child than the thyroid tissue of adults. While empirical dose limits have been laid down by the NHMRC emphasis is placed on minimising radiation to children.

The orthodontic patient receives an additional dose of radiation compared with other dental patients. In view of the inherent hazards of any radiation procedures the Adrian Committee has recommended "That precautionary films should not be requested in the absence of a definite indication and that radiographic examination should be undertaken only if the findings are likely to affect management of the patient". It further states "There should be clear cut clinical indications before any x-ray examination is undertaken".

It has been estimated that patient radiation from panoramic exposure equals no more than that of a single periapical film.

The patient receives 82.18% less radiation with an OPG plus bite wings than with a full mouth survey of 16 films.

Questions

Are complete radiographic records essential for all orthodontic patients?

Is it a matter of routine or can each type of film be justified?

It is suggested that radiographic records be limited to three instances; namely, pre-treatment, post-treatment and post-retention.

The following films are suggested to minimise radiation exposure

Lateral Head
OPG

Other films to be used only where there is a clear-cut clinical indication include:

Bite Wing
Hand/Wrist (consider small film to show only the sesamoid)
Periapical

It is recommended that greater liaison be established between the GP and the orthodontist in relation to the number and type of x-rays already taken. This would avoid unnecessary radiation exposure.

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