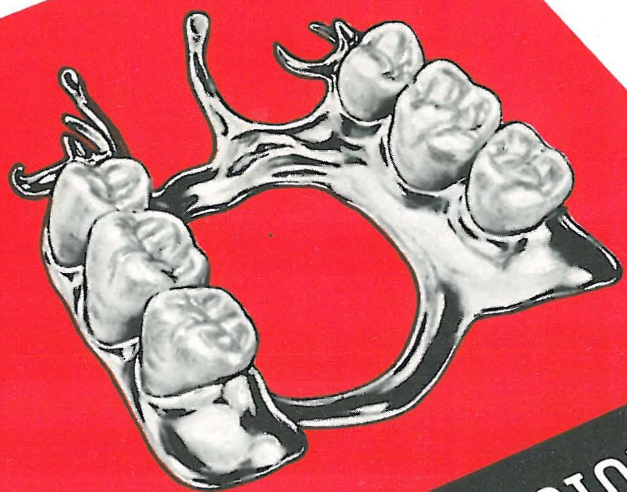

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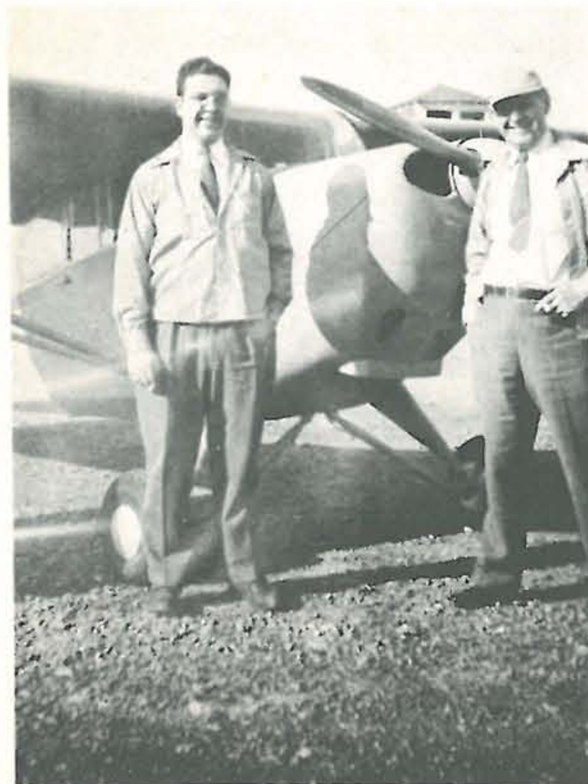

AVIATOR-DENTIST. Dr. Shafer and his son beside an Aeronca Chief.

ground — and constant supervision of the teeth prevented any deterioration that would cause pain.

"One mother told another and the dentist's practice grew rapidly. He found that he could care very well for 300 children a year. He kept records for several years, and found the cost to parents was $8.38 annually per child — certainly a reasonable price for keeping a child's teeth in good condition. He never keeps a child more than 30 minutes in the chair at one appointment and, except in an emergency, limits appointments to two per week. He has also found it advisable not to have a child keep his mouth wide open for more than ten seconds without rest.

"Here's something interesting for other dentists to think about: Dr. Shafer has figured out that there are 750 children for every practicing dentist in the United States, half of whom go without any dental care whatever. But if each dentist would serve 300 children with regular care, it would mean a health revolution in the United States — besides providing dentists — many of whom do not now make a decent living — with adequate income."

Dentistry for children remains Dr. Shafer's foremost professional and personal interest. A graduate of the University of Illinois in 1910, Dr. Shafer has given 67 lectures and table clinics on the subject in various cities before dental societies and parent-teacher groups. He broadcast over five radio stations and wrote a series of articles on dentistry for children. One essay, *Children's Dentistry, An Important Factor in Dental Economics,* required more than 300 hours of his time and effort. One year he acted as State lecturer on dentistry for children for the Illinois State Dental Society.

Always a man of action, Dr. Shafer in 1940, with an associate, had a modern brick office building constructed. It contains 23 rooms. In seven years, he had increased his practice 100 per cent.

Hobbies to Fit Your Years

In looking back over his fruitful life and looking forward with wholesome interest to the years ahead, Dr. Shafer grins and remarks: "You can get a lot of fun out of life if you plan your hobbies wisely. Many hobbies must be changed as the years go by. I've worn out — or they have worn me out — fishing, duck hunting, and golf. I may wear out aviation soon as a hobby, too. But I get a kick out of having my wife, son and daughter in the plane, and having one of them say 'Okay, Grandpa, let's go!'"

The energetic, alert and genial Harry B. Shafer will probably be "going" for a long time. whether on the ground or in the air.

TIC for AUGUST

Exclusive features next month will include:

CRIME IN YOUR MOLARS, a fascinating exposé of an unusual racket, written especially for TIC by America's Dental Sherlock, Charles A. Levinson, D.M.D.

SELLING THE SIZZLE IN DENTISTRY, an exclusive article on salesmanship in dentistry by an expert who advises the top business organizations in the nation, Elmer Wheeler.

DENTIST ABRAHAM P. PILIDES — BUILDER OF CITIZENS, the story of a foreign-born dentist who created an American institution — the famous Detroit Boys' Club.

A Case History of Democracy in Action

A navy officer disclosed to TIC the plight of naval dependents outside the continental United States who are deprived of dental care.

TIC presented the facts to U. S. Representative W. Sterling Cole of New York.

Congressman Cole checked the situation immediately, and discovered that not only naval dependents outside the United States but dependents within the United States are deprived of adequate dental care.

Three days after receiving TIC's communication, Mr. Cole introduced proposed federal legislation to correct the condition by providing dental care and services for all naval dependents.

TIC commends Mr. Cole for his speedy action to obtain justice; and Lieutenant Dale W. Cox, U. S. Navy, for bringing the problem to TIC's attention and making it possible for TIC to have played a part in this effort to promote the public welfare.

J. S.

Contents

Feature	Author	Page
DENTAL CARE OF NAVAL DEPENDENTS *A Congressman, a Navy officer and TIC cooperate to get needed dental care to naval dependents.*	Lt. Dale W. Cox, U. S. Navy	2
A D.D.S. QUIZ *The Dentist in Fact; the Dentist in Fiction; and the Dentist in the Drama.*	Marion Wefer	3
THE DENTIST "AT HOME" *California dentists "make a case" for the advantage of suburban dental offices.*	Mary Ann White	4
CONTROL OF THE GAGGING PATIENT *Some practical advice on a subject of interest to every dentist.*	O. M. Dresen, D.D.S.	6
TREATING THE "PROBLEM CHILD" *Some practical advice on managing the young patient, and some excellent theory on predental clinics.*	Joseph Murray, D.D.S.	8
A CIRCULATING LIBRARY OF DENTAL HEALTH *Every community can have its own dental health project. Dr. E. Horace Jones, able Cincinnati dental educator, shows you how.*	George W. Keith	10
UNEASY STREET *Dentistry's poet-laureate interprets the difficult life of the dentist, in easy, light verse.*	Edna Miller, D.M.D., M.P.H.	13
DENTIST H. B. SHAFER — AMATEUR AVIATOR *The story of one of Dentistry's most inveterate hobbyists.*	Joseph George Strack	14

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Editor — JOSEPH STRACK

Dental Care of Naval Dependents

By LIEUTENANT DALE W. COX, U. S. NAVY

The opinions or assertions contained herein are private ones of the writer and are not to be construed as official or as reflecting the views of the Navy Department at large.

Seventy-five percent of the children need immediate dental work. Seventy-five percent of the women need an immediate check-up, and of these at least 50 percent will need dental work. These startling figures are not taken from a village in China or some remote South African town. They are the needs of the wives and children of Navy men on duty outside the continental limits of the United States.

Because of unfortunate Congressional legislation, and shortsighted naval policy, the dependents of Navy and Marine Corps personnel living in areas where absolutely no civilian dental facilities are available can receive only emergency care from the Navy. Article 1178, Navy regulations, forbids officers of the Naval Dental Corps to help dependent women and children except "for humanitarian reasons."

Dental Needs

The Navy expects all dependents to receive adequate dental service before leaving the United States for overseas. This is entirely just, yet a normal tour of foreign duty lasts two years. In this length of time the American Dental Association recommends that an adult have at least four appointments with a dentist, and children six or eight. In one year, 70 out of every 100 adults will need dental care; 90 of every 100 children will need treatment. It is almost impossible for modern man to go two years without dental work of some kind, yet Congress and the Navy demand this of naval dependents at overseas bases.

Before the war comparatively few sailors had families, but at the present time the increasing number of married naval personnel demands the immediate consideration of the problem. The Navy Department had hoped that the 80th Congress would pass corrective legislation, but today the lack of dental care continues to plague overseas dependents. These women and children are expected to allow their teeth to deteriorate until the Naval Dental Corps is forced to give treatment "for humanitarian reasons."

Boating to the Dentist

At one of the more fortunate bases in the Atlantic, the Navy has generously made available a small boat to take dependents on a ten-hour trip to a foreign city to receive dental care. The dentists there, although mostly graduates of American universities, are considered below-standard by American dentists. In other, more remote, areas, only humanitarian treatment may be given. Whenever this clause is invoked and dental treatment given, a special report must be made to the Bureau of Medicine and Surgery in Washington.

Viewpoint of Naval Dentists

The dental officers of the Navy feel deeply about this problem. They honestly want to help the families as much as possible. However, their hands are tied by very specific regulations and an apparently disinterested Navy Department. The Navy calculates its need of dental officers in a ratio of one dentist to every 500 men. Such a ratio keeps most of the Navy dentists constantly busy with the men. Yet dentists, by Navy regulations, are "restricted to the measures which will most effectively and economically preserve the teeth of the personnel." Fortunately for the officers and the men of the naval service, the Dental Corps takes a loose interpretation of such narrow specifications and gives the best dental care possible.

Navy dentists are excellent, their professional skill is equal to that of the best civilian dentists. When they give an examination they know that they are on their own to do the best they can. With the aid of the American Dental Association, and in spite of the Bureau of Medicine and Surgery, the Dental Corps has become more and more self-sufficient and smoothly operated. The officers of the Dental Corps want to help de-

MODERN DENTAL OFFICE. Dr. Shafer's office in Anna, Illinois.

His worst experiences have been minor ones. Once he almost flew right into a thunder storm. He saw it in time and headed back for the airport, beating it by 15 minutes. On two other occasions he was lost. "But who hasn't been lost sometime in his life?" he asks.

He recently won nine dollar's worth of groceries for being the oldest man (59) to pilot his own plane to a breakfast flight. He and his son won 10 dollars last summer in a bombing contest. He has taken 50 friends in the air, including a 70-year-old farmer who got the thrill of his life when he saw his farm from the air.

Dentistry for Children

As indicated previously, Dr. Shafer's hobby within dentistry has been dentistry for children. *Coronet*, describing Dr. Shafer's work for children, said in its April 1942 issue:

"But while resourceful dentists are doing remarkable things in enlightening adults, their real genius is flowering out in bringing the new generation up to see that the glamour of shining white, even teeth can be attained pleasantly and economically. Take the eye-opening experience of Dr. Harry B. Shafer, who has made the little town of Anna, Illinois, famous in the dental world.

"Dr. Shafer decided he would do something about child treatment. After 'slumbering peacefully for 19 years, sadly neglecting my duty towards children' – as he puts it himself – he began to welcome children to his office. He joked with them, praised them, told them how he would make their teeth useful and attractive. He encouraged parents to look after their children's teeth, and urged 'preventive dentistry' upon schools and clubs.

"In three years Dr. Shafer's juvenile practice quadrupled – he has developed a technique that makes dental visits for children a delight instead of a horror. He conspires with mothers to banish all thought of pain.

"'Never say anything unpleasant about teeth to your children,' he told them. 'Stories, even jokes, about suffering in the care of the teeth distort a child's mind. Tell him the man will ride him up and down in a little chair, will make his teeth nice and white, and will show him some funny tooth brushes. Dress him up in his best clothes and tell him he's going to a nice, important place. Get an early start. Avoid rush and hurry. Your child will be ready and eager for the experience.'

"Meanwhile Dr. Shafer was ready for his part. He installed a child's size dental chair, fixed his equipment case to resemble a doll-house, and decorated his office with gay wall paper. He displayed a toy shelf from which a boy or girl could take his or her pick of presents.

"When a mother and child came, he always met them at the door, shook hands and smiled. He answered lots of juvenile questions. He praised the little boy's new suit, and complimented him on wanting his teeth cared for. Then he cleaned the baby teeth, romped with him for a moment, gave him a toy, and invited both to come again.

"Each succeeding time something different was done to build up the child's confidence in the dentist. The result was the youngster went to the dentist as naturally as he did to the play-

℞ For Relaxation

DENTIST H. B. SHAFER—AMATEUR AVIATOR

By JOSEPH GEORGE STRACK

Who hasn't, at one time or another, felt like flying away from his troubles?

Dr. H. B. Shafer of Anna, Illinois, does exactly that. However, Dr. Shafer does his flying on a planned basis, not impulsively; every Wednesday afternoon and every Sunday he forsakes his dental chair for his plane, an Aeronca Chief. But, of course, he does not really flee from his problems. In fact, Dr. Shafer has made dental history in the town of Anna, (population 4100) by meeting problems squarely, with imagination, courage and skill.

"In 1944, as has been my custom, I sought new fields for recreation," he explains. "Fishing, duck hunting and golf had worn me out. I looked around for an activity that was as different from these hobbies as it could be. And, of course, it had to be equally dissociated and remote from dentistry. I decided to try aviation. I liked it, and soloed in 27 days. Since then I have spent some 200 hours in the air."

Aviation's Advantages

What has aviation to offer dentists? Dr. Shafer puts it this way: "I have practiced dentistry for 38 years. I love it. And, like most things I like intensely, I over-do it. I over-did dentistry, especially when I realized that dentistry's obligation to children was not being adequately met. I decided to do my share, and, perhaps, was too ambitious. It was dentistry day and night for me. My world seemed to have become so narrow, confined and restricted that I had to do something to enlarge it. I sought an outlet that would give me much-needed freedom, or at least a sense of freedom. I found it in aviation. Flying was so exciting to me that all other matters were forgotten. When I left the ground I left my troubles behind. As I climbed higher and higher into the sky, those troubles, however large they appeared to me in my office or my home, dwindled until they disappeared. If I thought of them at all as I sped through space, they seemed so insignificant and so petty against the huge panorama of the limitless horizon of the great world that I couldn't maintain any sustained interest in them at all!"

A handsome, genial man, Dr. Shafer grins as he says, "I don't want to get too philosophical about this, but here is an analogy that might help to make my point clear: in flying, one learns to look off at great distances. Things that appear big and momentous to the earth-bound, assume relatively minor proportions to the aviator. This new concept of physical and material things applies to intellectual and other intangible factors as well. What I am trying to say, of course, is that flying gives one a new perspective, a new basis for evaluation, and a new slant on life and its problems. That, in substance, is what I get out of aviation."

What about the risks of flying? Dr. Shafer is quick to point out that it is safer than driving a car, and that flyers in his age group, 55-60, have a better safety record than youngsters in the 18-25 group. His favorite story about safety in flying concerns a conservative aunt who berated him for foolishly endangering his life in a plane. Soon thereafter the unfortunate woman skidded and fell in her bathtub and nearly killed

DR. H. B. SHAFER. One of dentistry's inveterate hobbyists.

80TH CONGRESS 2D SESSION **H. R. 5494**

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 23, 1948

Mr. COLE of New York introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To provide dental treatment for dependents of naval and Marine Corps personnel, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That the Act of May 10, 1943 (57 Stat. 80), is hereby
4 amended—
5 (1) By inserting the following new sentence at the
6 beginning of section 2 thereof: "Hospitalization and dental
7 care and treatment are hereby authorized at naval hospitals
8 and dispensaries for the dependents of naval and Marine
9 Corps personnel.";
10 (2) By inserting in the last sentence of section 3 there-
11 of after the word "care" the words "and dental care and
12 treatment"; and
13 (3) By striking out the last sentence of section 5
14 thereof.

W. STERLING COLE

Congress of the United States
House of Representatives
Washington, D. C.

February 24, 1948

Joseph Strack, Editor
TIC Magazine
411 N. Pearl Street
Albany, New York

Dear Mr. Strack:

I am grateful for your letter and its enclosure calling to my attention the discriminatory treatment accorded dependents of Naval personnel with respect to dental service in contrast to that given to dependents of the Army and Air Force.

I am advised that the statement you sent is incorrect insofar as it infers that dental treatment for dependents is not available to Naval service personnel on duty outside continental United States. This denial applies both within as well as without the country.

I have prepared and yesterday introduced a bill which would correct this apparent injustice and am hopeful that it may receive early and favorable action. In view of the fact that some Naval dental officers are now on duty by assignment to the Army and care for Army dependents, it seems there is no justifiable reason for withholding dental treatment from Naval dependents.

With kind regards, I am,

Sincerely yours,
Sterling Cole
M.C.

WSC:T

pendents. They want Congressional oversight remedied. They want to be able to care for their own families as well as those of their shipmates.

A Product of Indifference

This deplorable situation is the result of indifference. If any responsible parties had investigated and taken an interest in the cause, a system could have been devised to provide dental care on a yearly fee basis involving no expense to the government, only the revision of some regulations and legislation. This system could have been adopted in case an economy-minded Congress hesitated to appropriate the small sums necessary. Officers of the Dental Corps hope, however, that dependent care will be provided free to avoid any unfairness in dispensing aid and to avert great additional paper work.

The fact remains that dental care for families of men stationed overseas is unobtainable. Any system that can be devised is better than the present. Only a few thousand persons are involved, which is apparently the reason for the indifference of Washington. At bases where adequate civilian facilities are available there is no problem.

A D.D.S. QUIZ

By MARION WEFER

Doctor, here's an interesting quiz,
And all about dentists it is,
Guess half, you are bright,
And most erudite,
Guess all, you are really a whiz!

The Dentist in Fact

1. What American dentist protected an empress fleeing to exile?
2. For the capture of what dentist was wireless telegraphy first employed in tracking a criminal?

The Dentist in Fiction

3. What imperfectly educated dentist longed for a huge gilded molar to advertise his "dental parlors"?
4. What dentist, also a justice of the peace, unintentionally performed the marriage of his sister-in-law?

The Dentist in the Drama

5. In what play does a dentist declare himself "as mixed up as the twentieth century"?
6. In what play does a dentist declare that his wife has the prettiest legs in town?

(See Answers on Page Seven)

The Dentist "At Home"

By MARY ANN WHITE

"Do you actually prefer out-of-city dental offices? Do you find there are substantial advantages to this type of office in comparison with medical-dental building locations?"

These questions were put to individual dentists occupying residential-type premises in Palo Alto, California.

The replies were unanimous – "Definitely!" Some of the dentists had taken the offices because of lack of available space in medical buildings and others had taken them by preference but the opinions were the same.

The advantages of the bungalow-type locations are not nebulous but very real. And the advantage most often stressed will give many other dentists something to think about.

The Effect on the Patient

Over and over this consideration came to the top – the amazing psychological effect of the cheerful, homelike atmosphere in the patient. Part of the effect that any dental work has on a patient is influenced by his frame of mind when he gets into the chair. This is particularly true of children. As one dentist put it, picture the child on his trip to the dentist, possibly his first trip. He enters a huge, strange building, is whisked up in a strange, untrusted elevator contraption, and is let out in a hall filled with faint

PATIENT PATIENTS. A couple of youngsters calmly awaiting their appointments in Dr. H. D. Phillips' reception room.

LIKE NEIGHBORING RESIDENCES. Group-type offices of Dr. Phillips.

medical odors and lined with forbidding looking doors. By the time he is ushered into a strange waiting room he may be in a fine state. "He will cry out if you so much as touch him," the dentist said. "Just try to get him to open those tightly clamped jaws."

This same child will walk into a familiar-looking residential-type office without any preformed qualms. A flower bordered walk, one or two steps to the door, and he is in a cheerful, sunny reception room much like his own living room. In the picture of Dr. H. D. Phillips' reception room, you will see two small children awaiting their appointment. This was not a prearranged pose; the photographer arrived early and found the two patients calmly looking at books. They were perfectly at ease and not at all apprehensive about their dental dates. After a quick photograph, the young patients scrambled out of their chairs and trotted off to keep their appointments. They probably were well adjusted children, but the sunny room, the flowers on the low tables, and the home-like atmosphere undoubtedly did much to project an atmosphere of calmness and security. And, it may be pointed out, adults are no less easily influenced.

A possible consequence of the ensuing dental-consciousness might well be the acquisition of funds for a free clinic to take care of the more needy childrens' teeth.

Indeed, if you explain that epidemics of childrens' diseases may start in uncared for teeth, even parents whose children are dentally healthy and amply protected might naturally become interested in the clinic idea, if for selfish reasons alone.

From the standpoint of the dentist, there is no doubt that his number of patients will automatically increase.

If your community adopts a dental-care-conscious project, no matter how limited or extensive it might be it must be both continuous and intensive.

Above all, concentrate on those six-year molars. Catch the children while they are young, before they start school if possible. But, once they are in school, by all means – from the very first day to the very last day impress them with the importance of their permanent teeth and the significance of the tiniest cavity.

For, after all, as Dr. Jones says: "There is no excuse for a decline in dental health in your community. There is a reason for it – you have no community dental health program! But there is no reason and no excuse for not having an educational program.

"Those localities which have community programs, intensively pursued, invariably show a steady rise in dental health. Those with none show either a decline or an ominously low level which, under the circumstances, must drop further. This is doubly tragic because good general health is so dependent on good oral health."

Dr. Jones speaks with the authority of 20 years of community dental service in Cincinnati, which has had such a program for nearly 40 years. He is ready to give practical help and sound advice from his vast experience to anyone interested in starting a community dental-health project.

How about your community, Doctor?

MATERIALS FOR MAKING POSTERS

Attractive pictures cut from magazines.

Black, one-inch letters, with adhesive backs – from stationer.

Poster-board, various colors – from wholesale paper house, which will cut to size, 14 x 22 inches.

Masonite – from building supply house, which will cut to size, 14 x 22.

Carter's paper cement – from stationer.

Roger's glue – from stationer.

Permafilm, a cellulose transparency with adhesive backing. It comes in 20-yard rolls, 18-inches wide – from Transparent Protection Co., 60 Park Place, Newark, 2, N. J. Cost, $8.25 roll.

One rubber, washing-machine roller.

Frame, for centering picture and slogan beneath (optional). Can be made locally, possibly by students of manual training. Ruler can be used to center, if desired.

METHODS OF MAKING POSTERS

Center the picture at top of 14 x 22 poster-board securely with paper cement, then glue this to a 14 x 22-Masonite board, using rubber roller to insure smooth job.

Then line up slogan and fasten adhesive letters under the picture, using three or four lines, according to number of words, with object of achieving a nicely balanced whole.

Cut off 26 inches from sheet of 18-inch-wide Permafilm and place it on poster with a two-inch overlap all around. Roll the adhesive Permafilm on evenly and without wrinkles by using the rubber roller. Then turn under the overlapping two inches, and roll that evenly on the reverse side of poster. This makes a perfect seal, and gives your poster a glass-like appearance which enhances its beauty and keeps it clean.

Determine the circulation itinerary for the poster, type it on a sheet of paper, and paste it on the back of the poster.

If you intend to hang the posters, bore two holes in the Masonite board before the poster is attached to it, running a loop of cord through the holes. The poster will paste down flat over this and you will have a concealed hanger.

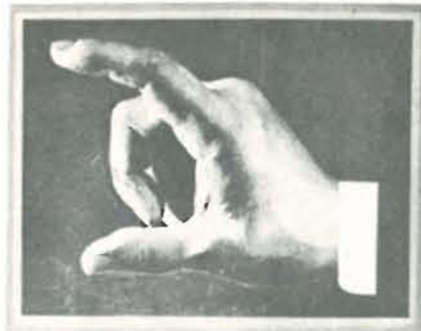
Posters should be allowed to dry for 24 hours before being put into use.

Uneasy Street

Uneasy lies the head that fits the crown,
And tries to keep his lower dentures down.
Who wants a perfect pattern of each inlay,
And no marks on acrylics where the tin lay.
Uneasy moves the hand that reams the root,
And novocain in gums is forced to shoot,
Who's many times a day a "cement mixer,"
Whose uniforms are stained by X-ray fixer.
Uneasy stand the feet with arches flat,
Who work, sans food, but still pile on the fat.
Oh many are the grievances and dolors
Of those who save the cuspids and the molars.

Edna Miller, D.M.D., M.P.H.

DID YOU BRUSH YOUR TEETH THIS MORNING?



YOU'LL FEEL THIS BIG WITH DIRTY TEETH

black-and-white pictures, cut from magazines. The pictures are chosen without regard to any dental message they might convey at first glance.

To make posters, these stacks of pictures are examined closely. Suddenly one suggests a possible dental message. It is laid aside. Before long there are dozens of pictures which can be made into beautiful posters, with pithy slogans provided by the dentist and his staff.

Each poster, with slogan beneath, is mounted on a poster-board, which in turn is glued to a masonite board, the whole being covered with a cellulose substance. (see method)

Now we come to the circulating feature of the project. In Cincinnati 100 posters are circulated continuously for 40 school-weeks. Eventually 50,000 children see each poster.

The reverse side of each poster carries its typed itinerary. It remains in a school for one week, when it is forwarded to the school next on the itinerary. A new poster succeeds it, having been sent from another school.

They are protected from breakage by the masonite backing, and kept glass-clean by the cellulose covering. They are unbelievably beautiful and professional-looking, though home-made.

To have similar posters printed would cost a small fortune. This kind you can have for practically nothing.

A remarkable feature of the idea is that all the work is done by amateurs, people with no special training in art work but with a boundless enthusiasm for making and keeping children dentally healthy.

Certainly your community has enough public-spirited persons to start such a plan going. And, once started, it will grow rapidly. Then watch dental health rise proportionately!

Benefits You Can Expect

Let us assume that you have only two or three schools in your locality. It is suggested that you place your posters in store windows, letting them circulate just as they would if you had a larger number of schools. They will attract a lot of attention, and the newspapers will be glad to co-operate.

Before long, a natural demand will arise for a more extensive program.

Your board of education will want to institute a class-room follow-up, at which time "The Poster Slogan of the Week" might well be the topic, with pupils asking questions in open forum.

You might also interest teachers in having pupils make their own posters, simulating the "circulating" kind, with pupils doing all the work, even to supplying the slogan. Small prizes may be given.

Physical Advantage

The physical advantages of the bungalow building are substantial too. Strategically chosen to be within easy walking distance of the shopping areas, they are never the less free from congested parking problems. Natural lighting is, of course, tremendously improved, and large, wide windows look out, not upon another tall bleak building but on trees, hedges and sunshine. Floor space, which is at a premium in office buildings, is much less a problem here. Most of the dentists bought their property and built, or remodeled, with an eye to later additions, as desired. A few dentists have joined living quarters to their offices but for the most part the preference is for separate dental housing.

The dentists also admitted that one of the outstanding advantages has its own drawback. You own your own office and every improvement you make belongs to you. Therefore you are constantly tempted to add this, to improve that, and, as Dr. C. W. Carey said, grinning wryly, "It can quickly become pretty expensive."

Converted Residence

The three most popular type of bungalow type offices are shown in the illustrations.

The converted residence style is represented by the office of Dr. Robert Detner. A typical California-style bungalow was converted into two separate dental offices, each a complete plant in itself. Departing from the usual stern white interiors, Dr. Detner's offices have been decorated with soft, subdued shades of green and cream. Even the operating rooms are of pale, delicate green. The reception room looks much

CONVERTED-RESIDENCE TYPE. The office of Dr. Robert Detner.

STORY-BOOK HOUSE. The office of Dr. C. W. Carey, orthodontist.

like the charming sitting room of a well appointed modern home.

"My first requisite in an office is adequate space for operations," Dr. Detner says. "Room for me and for one or two nurses to move about freely without bumping into each other or being hampered by our equipment." He has not just one but two large operating rooms, equipped with X-ray and anaesthetic apparatus, glass cabinets and instrument tables, yet without any impression of overcrowding. What a relaxing effect this must have on claustrophobic-minded patients who get a stifled, hemmed-in feeling from a six-by-eight-foot cubicle where the nurse, the doctor, the dental chair and the instrument shelves are fitted in as snugly as olives in a bottle!

Dental Group Type

The dental-group type of office is represented by Dr. H. D. Phillips' building. This charming, one-story Spanish-style house is surrounded by neat green lawns and colorful flower beds. Looking much like its neighboring residences in the block, amazingly enough it houses eight separate operating rooms, a well equipped technician's laboratory, a full-sized business office, a recovery room, nurses' rest rooms and a large reception room! The staff consists of five dentists, an orthodontist, a hygienist, six nurses, and three office girls. More rooms have been added in the last two years to take care of increasing needs. Imagine the situation that would arise should necessity demand the addition of more space for such a group if it were lodged in the average, crowded medical building.

ADEQUATE OPERATING SPACE. The operating room in Dr. Detner's office.

"We still have room for more expansion when we need it," said Dr. Phillips. "We purposely chose a location with this idea in mind, and I am sure that the advantages of our out-of-city offices in such a situation are obvious. We find our present location highly satisfactory, both for us and for our patients."

A Story Book House

The compact little building that houses Dr. C. W. Carey's offices is of trim, grey bricks with a cheery red door. Since Dr. Carey specializes in orthodontia, there is a particular appeal for children in both the size and the appointment of the office. Though not consciously quaint, the building does give an almost story-book-house impression. Actually it is not as small as it appears from the outside, but the snug effect is retained. The bright door opens into an amusing reception room gay with animal murals scampering around the walls. A monkey posturing coyly on the wall by a door has a tongue that proves to be a light-switch. The whole establishment was planned and built by Dr. Carey with the particular type and age of patient in mind, purposely intending to create an easy, relaxed attitude in his young patients.

"Those moments of waiting in the reception room seem to be the danger period as far as nervous apprehension goes, so if the children are amused and interested while they sit and wait, they seem to get into the chair free from tension and fear," reports Dr. Carey.

The bright, modern appointments of his two operating rooms is appealing. A new private office and library has just been added that is the envy of every doctor in town.

One Nurse's Opinion

And how about those necessary but often overlooked adjuncts to any dental office, the dental nurses? Do they have any feeling one way or the other about the office location? The most revealing answer came from a nurse who had recently moved from San Francisco. After 12 years as a dental assistant in a metropolitan area building, she had accepted a position in one of the Palo Alto bungalow offices.

"Well," she said, " I have always enjoyed my work anywhere but there is something about working here . . ." and her eyes swept the bright cheery rooms, the sun pouring in through the wide windows that overlooked a garden of flowering quince trees. "Oh, it is ever so much nicer. I don't even seem to get as tired as I used to. There simply isn't any comparison!"

Control of the Gagging Patient

O. M. DRESEN, D.D.S.

Patients who have a tendency to gag may be divided into two classes relative to their control and treatment during impression taking.

A.–The apprehensive or nervous patient. This type of patient can usually be controlled by education, explanation of what is to be done, care and patience in the insertion of trays and materials into the mouth. Psychology will do much to relieve the nervous strain under which this patient finds himself and in most cases impressions can be made without medication of any kind: the patient cooperating after the procedure required, and the importance of their help is explained to them. As a further aid the topical anesthetic lozenges, of which there are now several on the market, can advantageously be employed. One or two of these lozenges are given about 15 minutes before beginning the impression procedure and permitted to dissolve on the tongue. They will, through their local anesthetic action, materially lessen the tendency on

DON'T LET TOOTHACHE SPOIL YOUR FUN

A STUDY IN EARLY DENTAL CARE

condition of the teeth never given a thought. This is not the fault of the teachers, but of the dental profession. We have neglected one of our most important groups in our oral hygiene programs.

"The teacher's influence cannot be overestimated," he adds. "Let me give you an example of where energy, directed to the cause of clean teeth by a teacher, produced constructive results. Some time ago, while examining the teeth of 2,000 pupils showing a great predominance of bad mouths, we suddenly came across a group of children who represented great improvement by comparison.

"This was so marked that we made a special inquiry. We found that the teacher of this class was especially interested in mouth hygiene. Every morning she examined the teeth of the children in her class to learn if their teeth were clean. This is but one of many such instances which demonstrate the same results. Invariably, children under the influence of such a teacher show better mouth conditions than children not so influenced.

"It is easy to imagine the fine, practical fruits which could be harvested if all teachers received our most intensive mouth-health education. For the most part, they could be reached through the regular training schools for teachers, if we but had the means of furnishing suitable material for them."

The answer to the question of what to teach teachers about oral hygiene is answered by Dr. Jones as follows: "The simple rules for mouth health are sufficient, such as how to brush the teeth, the importance of caring for small cavities, proper diet, and special stress on starting early in order to preserve, if possible, the all-important six-year molars."

Incidentally, Cincinnati, with its free clinics and intensive educational program, has reduced six-year molar decay by 30 percent.

Starting Your Project

Until such time as all teachers are given intensive training in early dental care, a simple program of education by slogan-bearing posters may serve as a stop-gap. In the hope that in each locality without a community project of early dental care a public-minded dentist, educator, or P.T.A. leader will be impressed by it and adopt it, TIC is explaining in some detail the operation of Dr. Jones's "circulating library." It is inexpensive (less than 50 cents per poster) and adaptable to any large or small educational system.

If you attended the ADA meeting in Boston last year, you may have seen the posters being made by Dr. Jones's associates. If not, we'll tell you how it is done:

First, dental assistants, eighth-grade pupils, or P.T.A. members collect hundreds of colored or

tistry; in the do's and don't's on the parents' part. Parents will lend a willing ear when the psychologist says, "The impending visit should be built up as a reward, not as a punishment. A visit which should be eagerly looked forward to by the child." Thus, proper indoctrination will be instituted; and the youngster will become a willing patient.

Problem children will often come from homes of incompatible parents, or from homes broken up by divorce. A little kindness and tolerance on the part of the dentist can do a world of good in these cases.

A low or high I.Q. is not the underlying cause of the recalcitrant child. His or her emotional stability will usually be the determining factor.

In conclusion, it is well to recall the famous maxim, "An ounce of prevention is worth a pound of cure." We must remember that problem children are not born that way. They are produced as a result of their environment. Let us warn our adult patients that life with Father, or with Mother, may be quite unbearable for the child. You can tell them without fear of contradiction that we will have no problem children only when there are no problem parents.

A List of Reminders

To recapitulate:

1. Question parents about their own attitude toward dentistry; and how they influence their children.
2. Exclude parents from the operating room, after the child's first or second visit.
3. If the parent must be present, enforce a rigid silence on his or her part.
4. Advocate the establishment of predental clinics or dental forums in public schools and health and community centers.
5. Adopt positive attitudes of approach to the patient, like, "That feels fine." Not, "Does it hurt?"
6. Use painless methods of cavity preparation.
7. Remember: "problem children" are not born that way.

A Circulating Library of Dental Health

By GEORGE W. KEITH

Do you agree that every locality should have a community dental health project?

You say you do, but your community cannot afford all that this would entail—setting up free clinics, employing dentists, dental assistants, hygienists, and others?

Well, then, why not have at least an educational program of early dental care, with heavy emphasis on "early"?

It is Dr. E. Horace Jones, Supervisor of Oral Hygiene for the Cincinnati schools system, who suggests this. He points out that your community can have such a program with very little cash outlay. It can be based on a "circulating library" of attractive, slogan-bearing, home-made posters.

Dr. Jones is the father of this idea, which he employs in the schools with remarkable success. The Cincinnati program begins with pre-school examinations of children at 70 locations.

Assuming no funds are available for such examinations in your community, it can nevertheless start its educational campaign after the child is under the instruction of a teacher.

The Teacher Can Help

The "circulating library" will make both teacher and pupil dental care-conscious, beginning with the kindergarten grade and continuing while the child is in school.

"Many, many teachers need these jogs to their minds," Dr. Jones asserts. "Teachers have been trained for years in the importance of clean handkerchiefs and clean fingernails. Most of them include these inspections in their routine classroom teaching. With the teeth playing such an important part in the hygiene of the body and the sanitation of the food taken into the body, it would be amusing, if it were not tragic, that an educated group should place so much stress on clean fingernails and ears, and the

the part of the patient to gag if impression material inadvertently enters the throat area. The use of a spoon, about the size of a teaspoon, with a rounded end to remove plaster or other material from the distal border of the impression is very helpful. The anesthetic action of the lozenges is of only 15 to 20 minutes duration. However, they can be given repeatedly if necessary to complete the impressions. The completion of the impressions with as much care, speed, and dispatch as possible is desirable.

B.—Occasionally, and that is usually too often, a patient is encountered who seems to have no control over the gagging reflex. This is especially in evidence when impressions are attempted and it is usually quite "disconcerting" to the operator and patient alike. The use of the Barbitruates, or their compounds, when properly and carefully used will overcome this tendency. This compound used is Nembutal C, containing aspirin, in addition to Phenobarbitol, acting more quickly and effectively, with sedative action more pronounced than most of the other compounds, because of this combination. The dosage used varies from ½ to 2 grains, depending on the severity of the case and the persistency of the "gagger." Usually 1½ grains are used, occasionally 2 grains—more has never been required. It must be administered 30 to 45 minutes before beginning the impression procedure, with just sufficient water to swallow the tablet and preferably on an empty stomach to hasten its action and obtain its full benefit. No difficulty is experienced in making the impressions if the drug is permitted to have sufficient time to work properly, and if care is used in the handling of the patient and in placing the materials in the mouth.

After the necessary work has been completed the patient should be required to remain in the office for about an hour to permit the effects of the drug to subside. If possible they may be permitted to recline and "sleep it off." However, they should not be permitted to leave the office sooner unless accompanied by another person as the drowsiness or dizziness might result in an accidental fall, or other accident. With the use of the Nembutal, and the exercise of care in the manipulation and placing of the impression so as to keep all excess materials away from the throat area, even the most persistent gagging patient can be controlled.

In lessening tension during the registering of central occlusion and obtaining a completely relaxed patient, Nembutal C can also be used. The dosage is ½ to ¾ grains given 30 to 45 minutes before the step is attempted, larger doses are not required or desirable. It is not necessary to keep the patient in the office following the smaller dose of Nembutal—½ to ¾ grains, but it is always advisable following the larger dose necessary to make impressions for a gagging patient.

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D.D.S. QUIZ ANSWERS

(See A D.D.S. Quiz, Page Three)

1. Dr. Evans of Paris sheltered the Empress Eugénie in his home and aided her escape to England. He was Court dentist to the Empress Eugénie. He had known her since her childhood as the Comtesse of Teba. When she was fleeing from Paris she took refuge in his home, hoping to find temporary shelter when her plans for escape had gone awry. Dr. Evans, with the help of an American colleague, Dr. Crane, escorted her in the guise of an ailing patient to the sea coast, where they arranged for her safe passage to England.
2. Dr. Crippen of London, wife murderer. Infatuated by a young girl, Ethel Le Neve, he murdered his wife and buried her dismembered body in his cellar. He attempted escape with Miss Le Neve disguised as a boy. The clumsiness of the disguise and the conduct of the pair aroused the suspicion of the captain of the ship on which they had embarked for Canada. The captain communicated by wireless with Scotland Yard, and a detective was dispatched on a swift boat. The dentist and his companion were arrested before they could disembark, and were returned to London. The sympathy of the court was aroused by the doctor's steadfast refusal to incriminate Miss Le Neve, but his own guilt was unmistakable. He was hanged.
3. MCTEAGUE, a novel by Frank Norris.
4. Dr. Dwight Deacon, MISS LULU BETT by Zona Gale.
5. ROCKET TO THE MOON by Clifford Odets.
6. ONE SUNDAY AFTERNOON.

Treating the "Problem Child"

By JOSEPH MURRAY, D.D.S.

Every so often a mother will bring into the office for treatment a youngster who will challenge your ingenuity and patience. Nearly every dentist who treats children is familiar with this type. He climbs into the dental chair readily enough; he does not object to seeing movies flashed on the ceiling; and he is willing to have ear phones clamped to his head to be entertained by canned music. But when he is asked to open his mouth for dental treatment, it remains closed like a steel vise.

Of course, the easiest way out is to send him home or recommend him to a pedodontist. Ultimately, that may be necessary. However, before throwing in the sponge, some attempt should be made to find out why the child is a problem, and what possible remedial measures can be instituted.

The best way to begin is with the parent, preferably the mother.

Since modern psychologists are nearly in complete agreement that environment, rather than heredity, is the key factor in behaviorism, we must assume that the child will be greatly influenced by what transpires in his immediate household.

When the mother readily imparts the information to the doctor that her child is "nervous," it is almost a foregone conclusion that she or her husband is very irritable, tense or maladjusted. In such homes, no doubt, dentistry or medical care is placed in the most adverse light imaginable. Its worst aspects are openly discussed before youngsters whose immature minds, unfortunately, clearly grasp all the grim and terrible implications these frank, unguarded family discussions produce.

The child of preschool age especially should be treated with the utmost care and perseverence. Remember that first impressions are lasting. One unfortunate dental experience may be nurtured into a consuming fear of dentists.

Managing the Patient

If a child who has had a previous record of non-cooperation presents itself for treatment, the following procedure should be helpful:

Allow the parent into the operating room for the first visit only; on rare occasions, for a second time. At first, the mother's presence offers the child a sense of security. Later, however, her presence is detrimental, because it is used as a prop on which the child can lean.

It is mandatory to enforce a rigid silence on the mother, who usually accompanies the patient. Make it clear to her that she is to make no comments like: "The dentist won't hurt you," or "Don't be afraid of the doctor."

Make an attempt to be friendly by offering to shake the patient's hand, asking his name at the same time.

If the patient is a boy in the 8-11-year-age group, a good opening is usually: "Looks like the Brooklyn Dodgers need Joe Di Maggio on their side, eh, Tommy?"

Once the youngster has climbed into the chair, the next step is a prophylaxis.

Always adopt a positive attitude. Say: "That feels fine, Tommy. Doesn't it?" Or, "This will tickle your teeth, but don't laugh too loud."

If he still seems unconvinced, try to arrange subsequently for the appearance of a cooperative patient whom the newcomer may observe.

Always use painless methods of cavity preparation, like the warm water spray. This is also known as thermal control or cavity conditioning. When using this method, you can say: "I'm giving your teeth a bath. It will feel clean, just as you do, after taking a shower."

When treating children, it is wise to avoid the use of novacaine. The syringe needle seems to have a terrifying effect, especially on youngsters under eight years of age. And from our own experience with many adults, we can hardly blame a child for acquiring a morbid outlook from his terrified elders.

At times, analgesia is to be recommended. However, at the beginning, it is advisable to keep out of sight, any formidable looking objects like face masks, nasal inhalators or hypodermic needles.

Should an extraction be necessary for a child under eight, a general anesthetic is indicated. If you do not administer nitrous oxide, send the patient to one who does. You will retain your patient and save time and money. Besides, think of your peace of mind.

If your practice contains a good percentage of children, it would not be amiss for you to wear a gray or light green gown instead of a white one. It is amazing how infants under one year of age can become conditioned to fear The Man In White.

Every dental practitioner at one time or another has heard the cries of terror emanating from these tiny throats upon spying the white, starched uniform of the dentist or his assistant. No doubt the recent vaccination or toxin-antitoxin injection has left them with unpleasant memories. And since first impressions are lasting, it is wiser to wear a more soothing colored gown when mothers with infants are expected.

Predental Clinics Advocated

Children who have had recent illnesses, or those with severe or disabling ailments, like infantile paralysis, diabetes, tuberculosis or cardiac diseases, often become problem patients because of well-meaning, indulgent parents.

The Dental Division of the New York City Department of Health, of which the writer was formerly a member, has an excellent method for treating children. The latter whose parents are indigent or in the low-income brackets are treated in public school clinics up to the fifth grade. From then until graduation, or until they seek working papers, they are cared for in conveniently located health centers. A dental hygienist makes the initial examination, and subsequently gives the child a prophylaxis. Then follows the introduction to the dentist. I have had the privilege to observe some of these young ladies in action. Their knowledge of child psychology is remarkable. Dentists would surely face fewer problem children if the introduction to dental care were intrusted in such capable hands.

Many problem children could be rehabilitated if a predental clinic for mothers, and children of preschool age, similar to prenatal clinics for expectant mothers, were established. Mothers could be instructed in the proper preparation of the child for its first dental visit. Dentists, hygienists and school psychologists could collaborate in the presentation or dissemination of material that would make the child a cooperative patient. Mothers and fathers could be instructed in the psychobiologic aspects of den-

About the Author

Joseph Murray, D.D.S.

Probably not as famous as that Tree or those Dodgers, Dr. Joseph Murray has been practicing general dentistry in Brooklyn since 1929.

He first became interested in psychosomatic dentistry during his undergraduate days. One day a charming high school girl was assigned to him at a diagnostic clinic.

"Oh, there's nothing wrong with my teeth," she said when he attempted to examine her mouth. "I'm only looking around for someone to escort me to our Senior Prom. My friends tell me that the N. Y. U. dental students are awfully handsome."

Later, as a member of the staff of the United Israel Zion Hospital, and the French Hospital; as visiting dentist to the New York City Department of Health, and in his own private practice, Dr. Murray accumulated a wealth of experience in treating the child, the adolescent, the adult, and the aged patient.

When he realized that patients came to dentists — as to physicians — not only because of dental or medical ailments but for other reasons as well, his scientific curiosity caused him to devour books by Freud, Adler, Jung, Fromm and Horney. Some of his best friends are psychiatrists, neurologists and psychologists, and they have influenced his approach to the psychogenic aspects of dentistry.

When taking a case history, Dr. Murray admits to borrowing freely from the psychoanalyst's domain. A good listener, he has discovered that patients will talk willingly and at great length. "It is amazing how emotional disturbances, climacteric changes, phobias and inner conflicts will make them run to the dentist for a solution to their problems," he reports.

He has written extensively of his experiences and observations. Titles of his articles indicate the kind of literature he prefers to write:

THE PSYCHONEUROTIC PATIENT IS DANGEROUS! DENTISTS ARE HUMAN. SPOTTING THE NEUROTIC PATIENT. CAN YOU "TAKE IT," DOCTOR? DENTISTRY FOR THE AGED PATIENT. THE DENTIST TAKES A WIFE.