Tic

Dentistry in New York State

474 Registered Dental Hygienists

13,118 Dentists in State

1,873 Dental Laboratories

115 Supply Houses

2 Accredited Colleges { College of Dentistry—New York University
School of Dentistry—University of Buffalo

Symbol of the Empire State . . . The Rose

March 1951 25c

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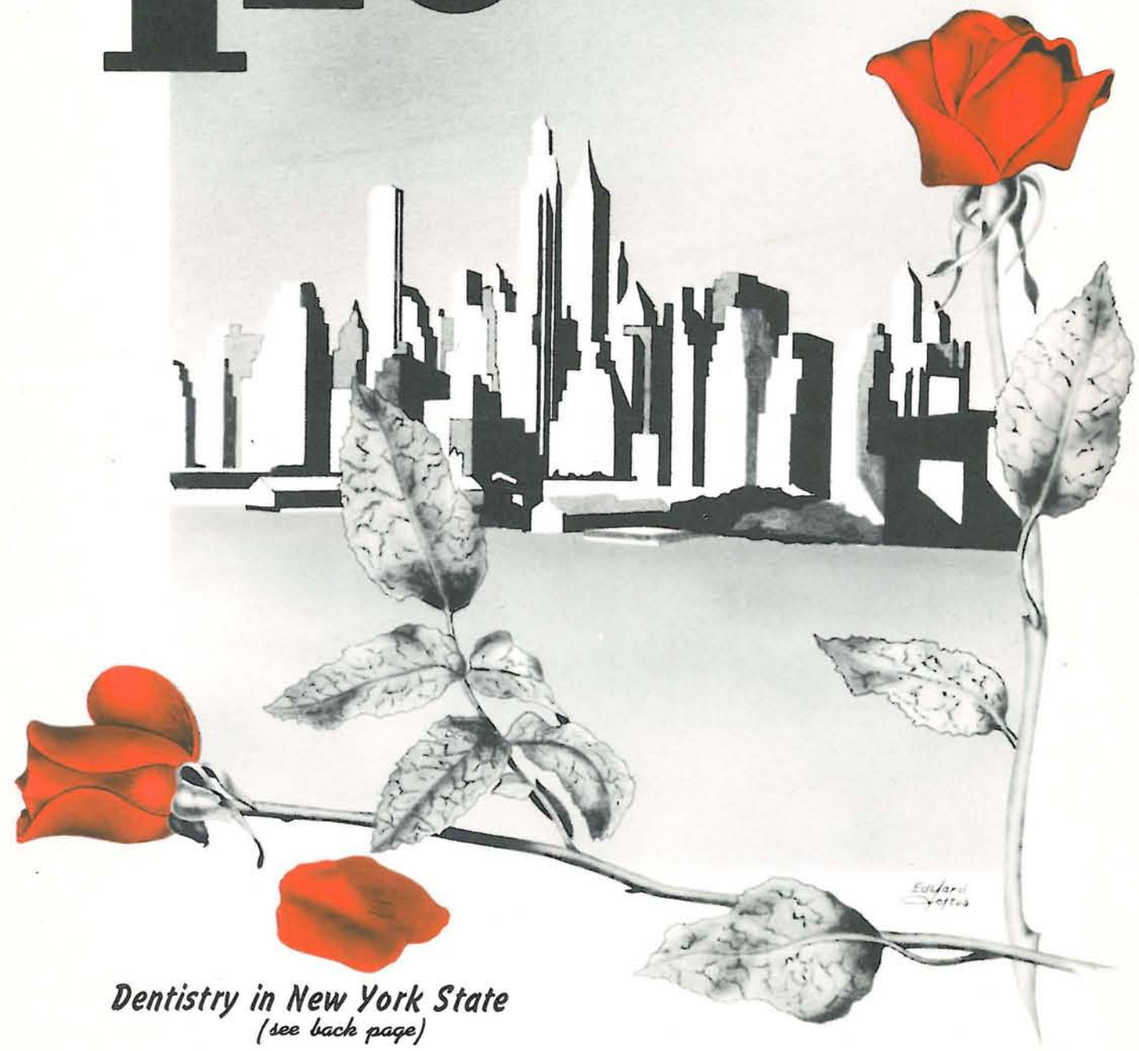


Dentistry in New York State
(see back page)

Vol. X No. 3

tioner is happy. He has eliminated a few possible headaches. But he has also shirked a professional obligation.

Orthodontia

Now let's turn to orthodontia. Just as there are some men who take care of their own surgical work, so are there some who take care of their own orthodontic cases. But they are in a minority. Not only the patients, but most dentists, frown on those members of the dental profession who undertake orthodontic treatment without having passed the board. As a result, most cases needing regulation are referred to a qualified orthodontist. This is sound practice since it results in a high standard of treatment. But again it means a blanket referring of all cases — even a space maintainer.

Periodontia

The situation regarding periodontia is the same. In some respects it is even worse. The number of cases being referred to periodontists has increased enormously. Even after the treatment has ended (it is usually long and expensive) the patient is instructed to return for periodic prophylactic treatment. In other words, the general practitioner is not even trusted to scale teeth — the very teeth of the patient he referred to the specialist in the first place! In fact, the general practitioner may, from time to time, receive little notes from the periodontist indicating the teeth that need restorations.

General Practice

One lesson every general practitioner has learned, sometimes to his sorrow, is the one that teaches him to keep within the limits of his ability. No general practitioner has the right to tackle any job for which he is not qualified. The dentist who recognizes his limitations and uses the skill of the specialist is wise and honorable.

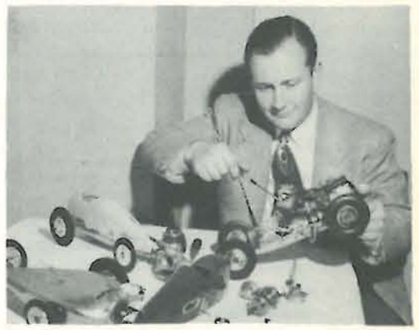
The other extreme, however, is also undesirable. The general practitioner who refers every case to the specialist is actually shirking his duty. Not only is he avoiding a responsibility for which he has been trained, but he is also loading up the specialist with cases that really do not require special treatment.

It is the purpose of this article to warn the general practitioner to keep in step with a fast-marching profession. It calls for constant study and application. The learning process today is continuous but it is rewarding. In fact it is the only way to avoid a practice which will be fifty per cent referrals and fifty per cent simple amalgam fillings and cleanings.

Let the general practitioner equip himself to handle everything but the special cases. It will relieve the specialist and it will result in better services rendered to the patient less expensively.

Dentistry in the News

Seaman Carlos Smith of Graceville, Fla. is hauled aboard a Navy helicopter as it hovers over his ship off the Korean coast. Smith was troubled with a severe toothache which could not be treated aboard his destroyer and was transferred by 'copter to a nearby cruiser for dental treatment. (Associated Press)



Dr. John H. Swanson of Silver Spring, Md., builds tiny model racing cars that travel at speeds up to 130 miles per hour.

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Dentistry Is Insurable

By BISSELL B. PALMER, D.D.S., F.A.C.D.

Administrative Secretary, Group Health Dental Insurance, Inc.

THE FIRST voluntary dental insurance plan in the United States was established in New York City by Group Health Dental Insurance, Inc., a nonprofit organization created in February, 1948, after approval by the Department of Insurance and the Board of Social Welfare of New York State.

The First District Dental Society of New York, the largest component of the American Dental Association, has approved the Plan. The proposal, studied by various committees of the Society for more than two and a half years, received the unanimous endorsement of the Board of Directors, and, by a mail ballot in June, 1950, the membership approved the Plan by a ratio of better than five to one.

By this action, the New York dental society becomes the first in the United States to respond to the resolution adopted in the fall of 1949 by the American Dental Association which "urged" all its component societies to experiment with voluntary dental insurance plans.

Two Basic Principles Underlie Plan

In an approach to a solution of the problem of providing dental care for large masses of the public now receiving little or no dental attention, two primary principles must prevail. First, the position of dentistry as an attractive professional career must be assured so that persons possessing the necessary coefficients of ability, character, intelligence, and ambition may continue to enter into and remain in this health service field; second, the fundamental American doctrine of providing rewards in professional satisfaction, compensation, and prestige to dentists, in proportion to their ability, industriousness, and conscientiousness must be retained. To forsake these principles for regimentation would put a premium on indolence, indifference, and inefficiency in professional service. The voluntary dental insurance plan of G. H. D. I. has been developed in conformity with these concepts, and is in keeping with the established policy of the American Dental Association.

Major Provisions of Plan Outlined

The basic fundamentals of the Plan have long been considered essential by both the American Dental Association and the American Medical Association. Among the primary provisions are the following:

1. The services are rendered in the offices of the dentists.
2. The patients have a free choice of any participating dentists, and a dentist may refuse to accept any patient.
3. A participating dentist may limit the number of insured patients he will accept.
4. Remuneration is on the basis of a fee paid for each service.
5. The scope of dental services is broad, covering practically all the services rendered in private practice, and includes many specialist services.
6. Dentists are at liberty to charge their usual fees for subscribers whose family income is above a fixed maximum.
7. Patients who prefer types of restorations not provided by the Plan will receive, as a cash credit toward the cost, an amount equal to the fee for the restoration provided by the Plan.

Probably the principal deterrent to voluntary dental insurance has been the tremendous cost anticipated to result from the treatment of accumulated dental disorders. This, coupled with the fact that almost everyone requires dental care, has caused a general shying away from the problem.

As early as 1939, the writer presented an outline for a voluntary dental insurance plan to the dental profession. The war years interfered with its active advancement, but, in 1947, the Plan was rewritten, incorporating the group enrollment principle. The present plan is the result of several years of intensive study of all the available data on the incidence of dental disease and the costs of correcting it.

The problem of accumulated dental defects (cavities, infected or missing teeth, etc.) was met with the thesis that one cannot insure a house that has already burned down. On this basis, the Plan provides that each patient-subscriber undertake to pay for the dentistry necessary for the correction of existing defects. It will be possible to finance the costs of such services on favorable terms.

By eliminating accumulated disorders for a given group, dental care would then become insurable on a maintenance basis. Of this group of subscriber patients, some would go a long time without requiring further corrective treatment; and, although a few would require services fairly soon again, the great majority would require care only with a frequency and to an extent sufficiently limited to make dental insurance feasible.

The annual premium is estimated at $19.80 for a single individual, $39.60 for a man and wife, and $72 for a family of two or more. It is expected that employers will participate in the payment of the premium, as is the current trend with most hospital and medical care plans.

Operation of the Plan

Participation in the Plan will be open to all dentists practicing in New York City and vicinity. A dentist will be free to accept or reject any subscriber patient and may limit the number he will accept. Subscribers may select any dentists in the Directory of Participating Dentists.

All services are rendered in the private practice offices of dentists, and, after the correction of existing defects, are paid for by the Plan on a unit fee basis. The fee scale approved by the First District Dental Society is somewhat lower than that prevalent in average neighborhood dental practices. In general terms, with the exception of a few categories, it approximates the dental fee scale of the Veterans Administration. Subscribers having a family income of over $5,000 are not eligible to receive services for these fees at any time. Such subscribers will pay the usual fees of their dentists, but will be indemnified to the extent listed in the G. H. D. I. fee scale.

The benefits of the Plan will be available to subscribers and their dependents (wives or husbands and unmarried children from two to 18 years of age) only if the subscriber is a member of an employed group of 60 or more persons of whom at least 75 percent enroll.

The care rendered is comprehensive. Prophylaxis and examinations are provided twice a year and are paid for by the Plan. Among the services provided are silver amalgam and synthetic porcelain fillings; extractions and related operations; porcelain jacket crowns, bridgework with gold inlay abutments and acrylic dentures of various types. Gold inlays and three-quarter or full-cast gold crowns are not provided by the Plan, but an indemnity will be paid toward the expense of such restorations.

Orthodontia for children will be provided by the Plan. Today this service is available only to families of sizeable income, because the necessary appliances and the prolonged treatment required make this an expensive service. It is true

. . . USED TO HAVE A GOOD PRACTICE. THEN THEY INVENTED ONE MIRACLE TOOTHPASTE AFTER ANOTHER . . ."

Let's Specialize – in General Practice

By ARTHUR H. LEVINE, D.D.S.

THE AGE of specialization is causing drastic changes in general practice today. So gradually have these changes taken place, that most general practitioners are unaware of some of the dangers involved. An examination of the forces at work will, if nothing else, give the general practitioner a picture of the present situation and may imply the direction in which his professional duty lies.

Here is an extreme example of what might happen if the present trend should continue. A general practitioner whom we shall call Dr. Mason receives a new patient, Mr. Carey, a prominent business man in his early fifties. Dr. Mason decides to take a full set of X-rays and impressions for study models.

During the second visit, Dr. Mason indicates an abscessed tooth that should be removed. Also, the lower anteriors need periodontal treatment. The tooth to be removed is an abutment for a partial denture which the patient is wearing. Its removal, therefore, will require either a new denture or an alteration in the old one. All this is pointed out.

Then Mr. Carey says, "Let me have the name of your exodontist, your periodontist, and your prosthodontist." (Mind you, this is in the future.)

Dr. Mason has printed forms with all the information. It is too bad Dr. Mason has his own X-ray machine, for then the situation could have been made more ludicrous had he been obliged to send Mr. Carey elsewhere for X-rays. Actually, Dr. Mason spends much of his time directing his patients to specialists. So much for the hypothetical future.

The Specialists

Today we have many specialists. We have the endodontist, exodontist, periodontist, pedadontist, prosthodontist, orthodontist, radiodontist, and goodness knows how many more new ones before this article is published. Although the total number of dentists in practice has increased very gradually during the past few years, the number of specialists has doubled between 1937 and 1948. For a long time we had only one specialty board. But this year you can take your boards in orthodontia, oral surgery, pedadontia, periodontia, and prosthodontia. Why this sudden surge in specialization?

The reasons are many. Here are a few. The income as a rule is greater. It provides a man with a concentration in a field that he likes best and enables him to acquire a high degree of skill. It usually means better working hours as well as more stature in the profession.

Make no mistake – the specialist is filling a need and doing an excellent job. But the wave of his growth has carried him along so rapidly and so far that, if it continues, he may find himself in competition with the very person so largely responsible for his success, the general practitioner. And the fault will lie entirely with the general practitioner.

Oral Surgery

Take the oral surgeon. Originally he was a specialist who handled special cases. His practice depended entirely on recommendations from the general practitioner who recognized his special skill. In other words, when the general practitioner met a difficult problem requiring more than the skill he possessed, he called in the oral surgeon. The patient always appreciated this and showed a willingness to pay for the specialist's skill.

That situation does not always prevail. There is nothing special or unusual or difficult about many of the cases the oral surgeon treats today. Many general practitioners are shirking a responsibility by referring everything but the simplest cases to the specialist. In the larger cities, particularly, there are literally thousands of dentists who wouldn't dream of removing the simplest tooth. The patient is referred "downtown" or "upstairs." Like Mr. Carey in the early part of this article, many patients know that some general practitioners just don't take out teeth anymore. It is sometimes mentioned in a way that implies a backwardness or inability to keep up with modern dentistry on the part of a general practitioner should he indulge in such a practice.

The general practitioner, not the specialist, is responsible for this type of thinking. Just as he referred the difficult case to a specialist, it became increasingly easy to refer all cases. After all, the removal of a tooth, even a simple one, can be a hazardous experience. Why foul up a tight schedule? Why not let the patient have the advantage of the surgeon's skill? Fine! The general practi-

large enough to tighten the bolts on a diesel locomotive, that too was all for laughs. Again, from the recent movie "Time of Your Life," by William Saroyan, there is a line that expresses vividly the thoughts that are nurtured in the minds of the audience. The heroine, in a fit of anger and endeavoring to strike back at her tormentor, gropes for the most dastardly word in the English language to hurl at him and comes up with this gem: "You . . . you . . . you *dentist* you!" The audience howled as the humane at once became synonymous with the profane. Suppose the heroine had called her antagonist a carpenter or a mason or even a physician? It is doubtful if even the playwright's relatives would have so much as smiled. Then why did "dentist" bring on such waves of laughter? Perhaps it is because in all the gags, cartoons, and comedy situations that have come before, the dentist has always appeared as the bogey man and the public has been conditioned to think of his office as the "torture chamber." The pain endured by the patients of a century ago has seared the minds of the uninformed "humor prostitutes" of today. The role of the dentist with knee on chest and three-foot pliers is almost as familiar to the public as the traveling salesman with the farmer's daughter.

Psychology of Humor

Yet, one may ask, why are these "fearful" things so funny? Why do people laugh at the things that are supposed to frighten them? The psychology of laughter is strange indeed. We are happy and laugh when our egos are inflated, when we are made to feel superior to others. Some humor requires thought and reason for a response but this type causes a spontaneous emotional reaction. We may not be conscious of the "superior attitude" but it exists in all of us in varying degrees. A man gets a pie thrown in his face or he sits on a tack and the audience is at once his superior. The trembling patient has been substituted for the man with the custard pie running down his face.

However, humor need not be harmful. The dental office has been the subject for a great many good-natured comedy situations. For example, a *Collier's* cartoon shows a dentist on the telephone saying, "Someone bet you ten dollars you couldn't remove a bottle cap *how?*" Or, in one of the "They-Do-It-Every-Time" cartoons a dentist is shown at a party as quiet as a lamb, but while working on a patient his mouth is going as fast as the bur. And then there's one in a recent issue of *Esquire* in which the dentist says, "Rinse please" as he hands the patient a bottle of Scotch. The noted humorist S. J. Perlman once did a piece called "The Tooth and Nothing But the Tooth." He poked fun at the way dentists kept their waiting room with *National Geographics* that were old enough to display maps that still showed the world was flat.

Laughter is a wonderful human experience. We need more laughter in this world of ours, and the dentist can take a joke as well as the next fellow. But when the joke can lead to irreparable harm in increasing the fears of the public toward dental care, and thereby make them negligent in seeking the services of a dentist, the curtain has descended upon the comedy and a tragedy starts to unfold.

Good Public Relations Needed

The New York Times in an editorial last June said: "The physician . . . is regarded more sympathetically by his patients than the man behind the whirring drill. This is not so because physicians are more pleasing to the eye or are more congenial than dentists—for, in a group, it is difficult to distinguish between them but it may be in part because the physician has enjoyed the benefits of better public relations." What the dental profession needs, the editorial continued, is a few good best sellers entitled *The Country Dentist*. It seems that a number of physicians have exchanged their scalpel for the pen and have done their profession no harm at all. Perhaps some dentists will do the same, but whether or not we can write best sellers we can offer our individual protests when movies, television shows, or radio programs injure the progress of the profession. Our societies do their part and it is this concerted and unrelenting effort that, we hope, will some day eliminate the spectre of the "torture chamber."

that orthodontia is available in some of the dental school clinics, but, for many economic groups, even this is an impossible financial commitment.

The importance of orthodontic care is emphasized by the fact that many dental diseases are traceable directly to malocclusion (irregularity of the teeth). Also it must be kept in mind that appearance is a vital factor in the psychological make-up of most individuals. It is expected that the G. H. D. I. Plan will show the way to a much broader availability of orthodontic care. Services of other specialists will be provided when necessary, and will include extractions, oral surgery, and periodontia (treatment of gum diseases).

Patients who prefer types of restorations not provided by the Plan will receive, as a cash credit toward the cost, an amount equal to the fee for the somewhat similar restoration provided by the Plan. Regardless of the family income, the Plan will pay the costs of all services necessary to correct existing dental defects that exceed $150. The computation of these costs will be based on the G. H. D. I. fee scale.

Groups will be enrolled at their places of employment and select dentists from the Directory of Participating Dentists. The subscriber will make an appointment with the dentist of his selection, and, on the first visit, will be given a cleaning and polishing of the teeth, a complete X-ray examination, and a charting of all the dental defects. A copy of the X-rays and one copy of the defects chart will be sent to the G. H. D. I., and another copy of the chart will be given to the subscriber patient. These will constitute a permanent record of the initial condition of the teeth. The same procedure is followed in relation to the family of the subscriber.

Plan Established on Experimental Basis

Data related to the various problems associated with such an insurance project are extremely limited. For this reason, the undertaking has been set up as a pilot plan, limited in its present form to 25,000 subscribers and to a two-year period. At the end of this term, the entire plan will be restudied in the light of the two-year experience, and any indicated adjustments will be made.

The administration of G. H. D. I. will be vested in a Board of 24 Directors, half of whom will be dentists. Dental societies endorsing the Plan will be invited to make nominations for directors. The present temporary Board consists of four dentists and four laymen. All matters of corporation policy will be determined by the Board.

A Dental Advisory Board of 25 leading dentists in New York City has been established. This Board will advise on the purely professional aspects of the Plan. Although general practitioners and specialists of national reputation are members of the Board, neighborhood dentists also have been included to insure representation for all types of dental practice.

It should be pointed out that twelve members of the Board have been or are members of the professorial staffs of university dental schools, and fourteen have or have had hospital appointments. One is a former president of the American Dental Association; two are former presidents of the Dental Society of the State of New York; two are former presidents of the American College of Dentists; five are former presidents of the First District Dental Society of New York; and seven are former presidents of the New York Academy of Dentistry. The caliber of the membership of the Dental Advisory Board indicates the earnest desire of the leadership of the dental profession to cope with this problem.

The office routines of G. H. D. I., including sales, installation of contracts, handling of claims, and all routine business, will be conducted by Group Health Insurance, Inc., under a management contract. Group Health Insurance, Inc., also

"PLEASE DON'T UPSET ME WITH ANYTHING SERIOUS — I CAN'T EVEN PAY FOR MY CHRISTMAS PRESENTS YET."

a nonprofit corporation, was the first such organization in New York City to offer the public a medical care plan. It has grown steadily, and among its enrolled groups are the employees of many of the best-known corporations in New York. More than 3,000 physicians participate in the G. H. I. Plan.

The management contract carries many advantages to G. H. D. I. If it were necessary for a dental insurance carrier to set up an office organization at the start of its operation, it would be saddled with a large fixed overhead at a time of limited enrollments, and, consequently, very high cost ratios would pertain in relation to enrollment and the payment of claims. Also a separate sales force would be costly. Under the management contract, G. H. D. I. would incur claims costs, for instance, only when such costs occurred. The costs of processing each procedure will be at the favorable level established by G. H. I. through years of experience with many thousands of contracts.

It is expected that public offering of the plan will be made early in 1951, and indications are that the public response will be very encouraging. Since the first public announcement, there has been a constant stream of inquiries from many employed groups who desire the coverage and from scores of dentists who wish to participate.

The officers and directors of G. H. D. I. have no false conceptions about the perfection of the Plan. Although all available data have been studied and it is believed that the relationship between the fee scale, the claims rate, and the premium income is substantially correct, it is realized that only a field operation will provide the definite experience and data necessary to establish the Plan on a sound actuarial basis.

Voluntary insurance, as an agency for providing health care, has come a long way. However, it is standing on two legs of a tripod—hospital care and medical and surgical care. Dentistry is the third leg of the tripod, and the soundness of the voluntary insurance approach, in relation to the public health, will be greatly strengthened by a successful demonstration of the possibility of providing comprehensive dental care by this method. With the cooperation of the dental profession, already indicated by the constructive action of the First District Dental Society of New York, Group Health Dental Insurance is completely confident that its undertaking will be successful.

TIC is grateful to the editors of AMERICAN ECONOMIC SECURITY, *the Business Journal of Social Security, published by the Chamber of Commerce of the United States, for permission to reproduce Dr. Palmer's article.*

The Child Who Put the World Together

By MAURICE J. TEITELBAUM, D.D.S.

Editor's Note: If you haven't read, or heard, this story—which is fast becoming famous—we recommend that you read Dr. Teitelbaum's version of it here.

A dentist came home from the office one evening, tired and irritable. After a satisfying dinner he sat down in his favorite easy chair, lit his pipe and spread the evening paper out before him. No patients waiting, no fillings to insert—just time to relax. But his young daughter had other ideas. Daddy had been gone all day and now he had come home—to play with her.

Before the dentist had time to even cross his knees, he suddenly found one of his feet weighed down by the forty-pound heiress who insisted upon a "horsey ride." Daddy consented. A few moments later, just as a press photograph of Esther Williams in her latest and scantiest swim suit was spread out before him, the little girl started to bombard him with questions.

The enterprising father hit upon an idea. He ripped a map of the world out of the newspaper and, after tearing the map into several pieces, gave it to his daughter and told her to put the map together. Then he relit his pipe and sat back for what he hoped would be a respite of at least a half-hour. To his amazement, however, within a few minutes his little girl called to him, announcing that she had finished the "game." And she was right, for there on the floor lay the map of the world neatly pieced together.

"How on earth did you ever do it so fast?" the proud father asked.

"It was easy," the child answered. "On the other side there was a picture of a man, so I just put the man together. You see, once the man was set right, Daddy, the world was all right too."

And Daddy understood.

The Laugh's on You!

By MAURICE J. TEITELBAUM, D.D.S

THE movie was one of those Class B flops but when the comedian, in the role of a dentist, placed his knee on the patient's chest to gain leverage in removing a tooth the audience roared with laughter. Perhaps even you chuckled—but the laugh was on you. For every time a dental operation is twisted or distorted to produce laughs, just remember—the laugh's on you!

Members of the dental profession have worked hard for many years to eliminate the pain of the bur and the forceps and to assuage the fears of the public. Countless drugs and mechanical devices, in conjunction with new operative techniques, have so greatly reduced the patient's discomfort that we have truly ushered in the age of painless dentistry. Yet, while the fight against pain is being won, the battle against fear is being sabotaged.

The saboteurs are the gag writers of the entertainment world. Their words and drawings continue to depict the dentist as some sort of an ogre and to liken his task to some heinous medieval torture to which the pitiful patient is subjected. Although these "humorous" attacks upon the profession are not as prevalent as they were ten or twenty years ago, they are with us nonetheless.

No Harm Intended, But—

What constitutes these "attacks"? Invariably they are caricatures or gross exaggerations of dental techniques that are utterly without foundation or, with the greatest stretch of the imagination, simply archaic. Some of the scenes so commonly revealed are lacking in authenticity even in a description of the crude techniques of the "barbers" of the nineteenth century. The intent, of course, is harmless. Let there be no mistake about that. Only a sadist would deliberately instil fear where trust and confidence are needed. Any gag writer or person responsible for the "humorous" attacks will tell you that "it's all for laughs."

The Movies Offend

About two years ago, a motion picture called "The Bride Goes Wild" presented a scene that burlesqued the fear of a child as he entered the dentist's office. So harmful was this scene in its reflection upon the role of the family dentist and his treatment of children that the Bureau of Public Information of the American Dental Association was compelled to inform the producers at Metro-Goldwyn-Mayer of their dissatisfaction with the treatment of that scene. Mr. Louis B. Mayer, MGM executive, replied in part: "It is our desire, at all times, to depict only highest standards of all professions, and constantly strive to do so in our screen presentations. . . . If any inadvertent license was taken, it was only done so for the purpose of showing a comedy reaction appropriate to the boy's characterization. At no time was there any thought that this might be construed in any other way, and certainly no possible reflection upon the dental profession was remotely conceived." So you see it was all for laughs. But the child who refused to go to the dentist after seeing the exaggerated fear displayed by the young actor will not be laughing but crying when an acute abscess causes his face to throb and swell.

When Bob Hope in a recent comedy approached a patient with a pair of pliers that were

There's One In Every Office

Reception rooms could spare this Babbitt
Who has a most annoying habit:
The air for near and far he mars
With blue exhaust from cheap cigars!

GRAHAM HUNTER

The lady was right: nobody gave a darn — about anything.

After he went away, I continued to work on the books and on the consciences of the patients who owed us money. I soon discovered that they had no consciences and that the word integrity had no meaning anymore.

In the Army

Doctor kept in touch with me as much as he could. Said he thought the Army might not be so bad at that; that he was still going to school, and that something called a bivouac was coming up soon. If I didn't hear from him for a while, I would know that he was camping out on some hillside while learning battle maneuvers.

So I didn't hear and, while the silence was on, a rain of flood-like proportions hit Los Angeles County and didn't stop for ten days. I kept asking my friends, "They *surely* don't make them camp out in weather like *this* when it's just a battle of pretense, do they?"

Doctor almost got pneumonia and was allowed to come home for one day. I saw him for a while but he wasn't at all interested in accounts out or anything else for that matter — only that he was being sent away, he didn't know where. I had the strange feeling that it must be overseas, only to find out later that it was much worse.

Some God-forsaken spot in the middle of the Arizona desert was where he was when I next heard from him. One hundred twenty degree heat, wind that whipped at an eighty-mile-per-hour speed, bugs as big as birds crawling all over everything, sand in his bed, loneliness as vast as the desert itself, food that gave him indigestion, and nothing ahead but days and days of plugging alloy fillings. It lasted for twenty-nine months.

I did everything I could to help, or so I thought. I went to work for another dentist, wrote letters every night telling Doctor of how fees were sky-rocketing and of how well we were taking care of his old patients. I baked cookies and other goodies every Saturday, which I sent on to him until he wrote and said he had so many cookies on hand that he would have to move out of his barracks if he received any more, and I kept assuring him that I prayed every night for the war to end and that I would be the first guy sitting on his doorstep when he came back to stay.

He got to come home once, when the Southern California State Dental Convention was in session and attended the meeting. He looked very dignified, though tired, in his captain's uniform, and everyone stared at the wings above his dental insignia — wings which meant he was also an aircraft gunner. My new boss met him for the first time and said, "For the first three months I didn't know *who* the hell I was working for — you, myself, or her!" We all laughed, but I was awfully glad that he knew where my first loyalty lay.

Back in Civilian Practice

Then it was over. Three weeks after V-J Day he had a medical discharge. I was sitting on his doorstep when he came home, but it didn't do any good. We couldn't find space for an office. For three solid months we haunted every office building in town, and a poor guy had to die before we found it.

It didn't take long until we were "back in business," but it took Doctor an awfully long time to become accustomed to civilian practice again. He wanted to do alloy fillings all the time, and I didn't know until a long time afterwards that it was because he was afraid to try a gold inlay again. I had to do all the "selling" for the first month or so, and, whenever I quoted a fee for a large case to a patient, Doctor just slumped down upon his operating stool and held his breath while he watched the patient accept. Then, when the patient offered to pay for the whole case before it was even started, Doctor just went into a state of shock. Within a few months he became adjusted, however, and pretty soon it seemed as though he had never been away. To me, that is.

As for him, he never says anything, but I think if it happens again I won't be walking up to the top of this twelve-story building alone.

Of course, if this were a fairy tale, I probably would end it by saying that he is beating on his procurement officer's door; but, let's be honest. Who's kidding whom!

If the young, about-to-be inducted dentist whose conversation I chanced to hear at the dental society meeting the other night is still feeling embarrassed because I overheard about the mix-up he made when he delivered two sets of dentures in one day — I want him to know he needn't be. I understood. Completely.

Anyway, good luck, and if anyone needs advice on how to pack instruments, how to close an office, and so forth, just get in touch with us. We know *all* the answers!

Don't Hoard!

By ROLLAND B. MOORE, D.D.S.

LAST week I had an argument with a dentist who had advised me to stock up on dental supplies. It looked as though we were in for a shortage of supplies because of the war in Korea and the defense program, he said. I told him flatly I would not do so, and I let him know what I thought of a man who hoarded.

He said heatedly that he had been buying right along and putting supplies away, that he would not "be caught flatfooted this time," as he was before. I insisted that what he was doing was unfair not only to other dentists but to their patients as well.

He retorted that I was unfair to my own people who depended on me and unfair to myself if I did not "stock up" now.

There is no need whatever for any dentist to hoard supplies. For one thing, it will cause shortages. For another, it will force increase in prices because of such panic-created shortages. Supply and demand always sets the price of any commodity, as you know. When there is a shortage of anything, the price of the commodity in short supply rises. And it remains higher than normal so long as the scarcity exists.

The Vicious Cycle

To buy more than one needs starts a long, vicious cycle of events that threatens everybody's welfare. The manufacturer depletes his stock pile of raw material in trying to keep up with the abnormal demands for his manufactured goods. He must go out into a tightening market to replenish his raw materials and pay increased prices. This, in turn, forces him to raise his own prices in order to insure his margin of profit so he can stay in business.

If all dentists hoarded supplies, we would see the cost of manufactured goods skyrocket, the quality decline, and supplies we must have to continue in practice become more and more scarce, if not disappear altogether. We, too, would face the problem of increasing our dental fees because of higher costs of supplies.

But the cycle would not stop here. After the emergency ended, dentists would use up what they had hoarded. This would seriously upset the sales of manufacturers and supply houses, many of which might not be able to survive such a situation. I tried to explain all this to the hoarding dentist but he was either too selfish or too stupid to understand.

If one occasionally buys a dozen or so burs beyond his immediate needs and lays them away, no harm can come of it. But to buy several gross each and every time a salesman calls is to invite trouble. It will lead to a shortage later on, and not much later. It means that many dentists will lack sharp burs, and dull burs mean pain for the patient. Thus it is the patient who will really suffer and this is not a mere figure of speech.

Save, Don't Hoard

My advice about a possible bur situation is this: don't throw away a dull bur of good quality. If you must hoard, hoard your dull burs! You may be glad some day to have them resharpened, rather than pay a high price for inferior quality burs, as we did during World War II, when burs would scarcely cut cheese.

Remember — the scarcity of any critical material, whether it is for dental use or not, must affect its price. If you have amalgam left over after inserting a filling, don't discard it, as you may have been doing. Drop those unused pellets into a container and save them. Refiners will be glad to pay you for them.

Natural rubber such as we find in rubber dam is already in short supply. To save on rubber dam, cut it so you will have a three-cornered piece. A yard of rubber dam will go twice as far. There are many ways to effect savings in our supplies if we would but watch for them.

To hoard is not only unpatriotic but downright greedy, and unprofessional. It forces prices up, including dental fees. Our patients pay the increase, not in pain this time but in dollars — and this hurts, too. It should be clear, therefore, that we are not protecting ourselves or our patients by buying beyond your present needs. We are only making someone else suffer for our misguided selfishness. There will be no lack of dental supplies if all of us do the right thing.

The Folly of "Stocking Up"

You may remember that only a few months ago some persons thought sugar would be scarce

because of the Korean situation. They laid in large supplies of sugar. They paid an increasingly higher price for what they bought, yet this country had so much sugar on hand that it was exporting it! When this fact became known, hoarding stopped, prices dropped, and the hoarders were left holding the sack, as it were. This could happen to us if we started hoarding. We might be left with a lot of money invested in supplies when the emergency ends. For example, I know a dentist who has already hoarded enough alloy and mercury to last him ten years. Now he finds that he has his money tied up in such a way he can get it out only as he uses up what he so foolishly bought.

During World War I, platinum was an especially critical war material. It happened that I had a large supply of porcelain bridge facings and vulcanite teeth with platinum pins. I sent them to a manufacturer and traded them for facings and teeth with base metal pins. I felt it was the least I could do, for America needed platinum urgently. Like millions of others, I was an American first. I put my patriotism before my profession. There are times when all men must do so. This is one of those times — with this exception: Our country's interests and our professional interests are best served by not hoarding.

Tempus Doesn't Fugit

What a beauty of a day! I couldn't ask for more,
As I stroll through sunshine to my clinic door.

I find it locked. "She's late!" I wheeze,
And bubble fire and search my keys.

And pray for strength to be resistant
To this my present-time assistant.

When I have opened everything, she pants,
"Good morning, Doc!"
I have no words to answer,
just a cold eye for the clock.

She dashes from my office,
puts a patient in the chair,
And stands beside her looking void,
until I demand "AIR!"

She looks surprised and mutters "umpn"
about the compressor.
"Go turn it on!" I try to smile,
a smile that will depress her.

When she returns, she's all blown-up
and has become so nervous,
Drenching the patient's hair with water
is her only service.

My slabs, my spatulas — my everything
is all fouled up,
I check my stock and find no trace
of a needed Lilly cup.

It's at this point I lose control
and start to act like mad;
She queries me astonished,
"Doc, do you feel bad?"

Twelve o'clock drags slowly 'round;
it couldn't come too soon,
I leave my office dreaming
of a better afternoon.

One o'clock, and I again confront her,
a big scarf on her head.
"I had my hair fixed during lunch —
the dryer turned me red."

I use great care and self-restraint
in every word I pick,
And try to tell her uniforms
and scarf-swathed heads don't click.

But she explains she can't remove
her flowered turban yet,
Because she had to hurry
and her curls are still half-wet.

The afternoon scarce moves at all,
instead it gets quite static,
And every time I look I see
that canopy-covered attic.

I hear a scramble and a dash
and know it must be five;
I try to keep the hallway clear
for her to make her dive.

"I've cheated Time today," I think,
as I watch her run;
"I feel as if today were
three days wrapped in one."

— JAMES O. GOLDMANN, D.D.S.

"What am I supposed to do, wear a sign on my back?" he used to ask in despair.

Six months later, in desperation, he reapplied, but it was the same old story. He could serve his country best by remaining home and attending to the civilian population, a letter stated. He still wasn't happy. Even though he brooded much about it, he remained healthy looking and people still stared.

Then, what is now referred to as the "gravy train" in dentistry rolled in. Our hither-to never jammed appointment book became jammed overnight and we found ourselves in the midst of what looked like sure prosperity.

We worked hard, we worked late, we stocked up heavily on supplies. Our clientele grew, our bank account grew, and, just when we began to wonder when we would ever get out from under the staggering amount of cases, we had accepted, *the* telephone call came.

Greetings by Telephone

I was alone at the time and a strange voice asked for First Lieutenant Dwight F. Bowers. I gave a hearty laugh and said there must be some mistake, Doctor was not in the Army.

"Oh yes he is!" the strange voice retorted. "*This* is the Signal Corps of the United States Army calling!"

"BOY, DOES THIS WRECK MY JOB! YOU'VE BEEN DRAFTED!"

After about five minutes of my parrying around to see *which* "pal" of Doctor's was trying to pull this great gag on me, the voice on the other end became brusk, and I finally became convinced that *this* was no joke at all. I started to cry.

The voice asked if I was capable of taking a message. I wasn't capable but I managed to get, "Proceed to Officers Training School, Santa Ana Army Airbase, Santa Ana, California on December twelfth." My tear-blurred eyes focused on the calendar on the desk. This was December second! Ten days to close the office!

"It's impossible!" I moaned into the telephone.

The voice had no sympathy. "Ten days!" it snapped.

I placed the receiver on the hook and staggered out to the lab. Gazing helplessly about me I saw models, impressions yet to be poured, teeth to be set up — a month's work right before me. My tongue sought out two teeth in my own mouth which needed dental attention. I sat down on the floor and sobbed hysterically.

Doctor walked in and found me there. "What in the world is the matter — has your whole family been cremated or something?" he asked in astonishment.

I gazed up into that innocent, unknowing face and placed both hands over my eyes. "It's worse!" I cried, "I can't tell you!"

"You haven't boiled my cutting instruments again, have you?" he chided.

I couldn't look at him. "No," I answered. "It's you — " He broke in with a laugh, until he heard me finish — "First Lieutenant!"

His face paled and his mouth dropped open as he sat down on the floor beside me.

Closing Up an Office

The next five days were a nightmare. I can't remember too much about them except that we worked day and night and that Doctor just wasn't himself anymore. But nobody was. The world was going to pieces around us. Everyone was going away.

We had everything worked out in regard to his unfinished cases. Our equipment was going into storage, and one of his classmates — whose office was on the floor above ours — was going to take over the patients — and me. Two days before we closed the office the classmate came down and, with doom written upon his face, quietly announced: "Well, Dwight, they got me too." And that was that.

I'll Never Forget!

By MARGARET ANDERSON, D.A.

IT's funny how things happen sometimes. I mean the way world-shaking events can reach out and touch individuals who think they are far removed from the happenings and throw their smooth-running lives into total chaos. Take life in our office these days, for instance — the way it's become since the threat of World War III has appeared.

First of all, and worst of all, we find we have become unintentional hoarders, simply because well-meaning dental salesmen have repeatedly warned us that, due to the emergency, certain necessary items are on the hard-to-get list. We buy more than we need perhaps, because we don't want to get caught shorthanded.

Then the telephone making a perfect nuisance of itself by ringing every few moments because anxious patients have read in the newspapers that doctors and dentists are being asked to register for possible military service, and they wonder just *when* Doctor will be going away.

Young men in uniform, whom we remember as kids, have been coming in to say goodbye; and, as usual, the patients who have long been putting off necessary dental work are suddenly demanding immediate appointments because "I don't want to get stuck without a dentist" — when there isn't room in the appointment book for another name.

It Happened Eight Years Ago

I guess patients are remembering what happened to us eight years ago. Now, as far as we know, Doctor is completely safe this time. I keep telling everyone that, but I told them the same thing last time. They haven't forgotten — and neither have I!

Just like the other day. A woman who has known for an awfully long time that her two badly broken down upper centrals were in dire need of jackets came rushing into the office.

"How does Doctor stand as far as the war is concerned?" she asked.

"He doesn't appear to be too worried," I replied.

"Well, he ought to be!" she exclaimed. "I heard over the radio that just about everyone will be drafted which *must* mean that *something* is up. I decided I'd better get in here and make an appointment to get these two front teeth fixed up before Doctor goes away too."

"Oh, he isn't going along on *this* trip!" I tried to humor her along.

"*How* do you know?" Her voice held a tinge of belligerence.

"Well, we aren't anticipating anything," I retorted.

"No, you aren't, are you? Nobody anticipates anything — and *see* what happens? We have a war on our hands! Next thing you know, Doctor will be called and then *what* happens to me and to everyone else who needs attention?" She hesitated a second, then: "How much notice did he have last time?"

"Ten days," I answered with a shudder.

"See what I mean!" she almost shouted. "He won't give a darn about his office or anything else!" She snapped her fingers. "Just like that he'll close up, and then where will *I* be with my two front teeth?"

I wanted to say if things got *that* bad her two front teeth wouldn't matter much anyway, for, you see, Doctor has a medical discharge and if he was called back it would mean things really were tough. But I didn't argue; I made the appointment.

As the days pass by I'm not too sure about anything myself anymore. I know only that if it happens to us again I am going to walk up to the top of our twelve-story building and jump over the side. Closing up an office twice in one lifetime would be too much for me. But if it's the first time for you, you might like to hear how it happened to us . . .

It was shortly after the attack on Pearl Harbor that Dr. Bowers applied for a commission in the United States Army and was rejected because of a hearing impairment. He wasn't too happy about the 4-F classification. Not that he was one of those chest-beating patriots (IF there were any) who wanted to die for their country, but he *is* a healthy-looking specimen and didn't like the stares of people who appeared to be saying "Well, why aren't *you* in uniform?"

℞ *for Living*

DR. HELMUT A. ZANDER — DENTAL RESEARCHER

By JOSEPH GEORGE STRACK

SEVERAL years ago a little boy in Germany was hurt by a dentist. His experiences in the dental chair made a profound impression upon him. So profound, in fact, that he decided "to do something about it." He did. He became a dentist.

And he did more. His interest in dentistry continued to grow. He wanted to know all that could be learned about the why's of dentistry. So he entered a graduate school.

His work there was so successful, and his scientific curiosity became so keen, he went on into research. Stimulated by the challenges of the unknown in the sciences, he is today making major contributions to the development of dentistry. The little boy who was determined "to do something about it," has done a lot about it.

He is Helmut A. Zander of Tufts College Dental School in Boston. He is one of the relatively small number of men who are working painstakingly in the obscurity of research laboratories to raise the levels of dentistry and lead the way to a better dental science. In these laboratories today is being fashioned the dental practice of tomorrow.

Dr. Zander's most recent achievement is the results he obtained from his promising work on penicillin and dental caries, in which a penicillin dentifrice he developed produced an overall 55 per cent reduction in the number of caries surfaces in the teeth of children using the new dentifrice.

Dr. Zander is the man whose basic research on pulp healing provided the background for most pulp therapy being used today, one of the major contributions to modern dental practice.

At present, he and his associates at Tufts are engaged in research which, they hope, may lead to methods of preventing certain groups of malocclusion.

Although his two-year clinical study showing that 500 units of penicillin per gram of tooth powder substantially inhibits caries development in children received much publicity, much more significant than the study itself was the background work of Dr. Zander and his associates which demonstrated the mechanism by which penicillin "interferes" with caries activity. Dr. Zander emphasizes, for example, that the dental plaque will absorb minute amounts of penicillin which "will alter bacterial metabolism in the plaque to such an extent that it is not capable of initiating carious lesion." Penicillin remains in the plaque for several hours, and any excess of the antibiotic is removed during the rinsing of the mouth after tooth brushing. Any penicillin swallowed will be destroyed in the stomach; it is not absorbed by the blood stream.

Preparation for Research

Dr. Zander has an ideal background for dental research. He received his doctor of medical dentistry degree from the University of Wurzburg in his native Germany in 1934. He left Hitler's Reich for America almost immediately

Dr. Zander brushing teeth of a Hamster with a cut-down mascara brush. *(Wide World Photo)*

Dr. Zander and Miss Jane Merrow charting Hamster caries under a dissecting microscope.

thereafter. He studied for his D.D.S. at Northwestern University Dental School. Obtaining this degree in 1938, he received his M.S. from the university two years later. He started his career as assistant in children's dentistry, and subsequently as associate in research, at Northwestern. He went to Tufts in 1942, where for five years he held the post of assistant professor in clinical dentistry, in charge of oral diagnosis. In 1947 and 1948 he served as associate professor at Tufts, and the following year he accepted his present post, professor of oral pediatrics and head of post graduate education for children's dentistry.

In addition, Dr. Zander has been councilor of the Boston section for the International Association for Dental Research; a member of the executive committee of the American Association of Endodontists; special consultant to the U. S. Public Health Service; vice president of the Xi Xi Chapter, Omicron Kappa Upsilon; and in charge of various major research projects, in the field of material and drugs used in dentistry, sponsored by the Council of Dental Therapeutics of the American Dental Association, the National Institute of Health, the U. S. Army Air Force, and numerous industries.

A distinguished essayist, Dr. Zander has written more than a score of papers on his original research activities for numerous scientific publications, and has collaborated on books, including *Dental Caries, Oral Histology and Embryology, and Year Book of Dentistry, 1949.*

Besides being an educator, researcher, writer, and specialist, Dr. Zander is also a—dental practitioner. "I make it a point to practice dentistry for a few hours each week in order not to lose touch with it," he says. "This also helps me to overcome the often-heard criticism that what the professor preaches cannot be practiced.

"It is important, very important, for the researcher not to depend upon himself only but to work in close contact with a group. I always have. I have been extremely fortunate to have had, in my formative professional years, contact with such men as Drs. B. Orban, B. Bibby, J. Volker, R. Manley, and many others too numerous to mention. I have been fortunate, also, to have had assistants whose untiring efforts have gone far to make my projects successful—Dr. R. Glass, Dr. V. F. Lisanti, Irene Pejko, and Jane Merrow."

The Zanders, who include Elizabeth, eight, and John, 7, live in Lincoln, Massachusetts, a small country town fifteen miles from Boston. The Zander house rests upon an acre of land "to comply with town restrictions." This keeps the character of the town and allows for plenty of elbow room for children and adults to roam in. Helmut Zander likes gardening and fishing, which helps to stimulate his best ideas for dental research.

The Penicillin Test

Discussing his carefully controlled study of penicillin and caries, he explained that 400 Walpole, Massachusetts, school children, ranging in age from six to fourteen years, were used for the two-year test. The children were selected from similar racial and economic environments, and all had similar pre-study caries histories.

"They were students in two Walpole elementary schools," he said. "One school was designated the 'control school', the second was the 'penicillin school'. The children were supplied with a dentifrice and instructed in correct brushing technique. Without the knowledge of the 'penicillin school' children, the powder supplied to them contained 500 units of penicillin per gram of dentifrice.

"At the start of the study and at the end of each year, each participating child received a thorough dental examination with X-rays and bite-wing films. These examinations were conducted blindly by a competent dentist. A statistical analysis of the final examinations showed

that the children using the penicillin dentifrice had an overall 55 percent reduction in the number of caries surfaces when compared with the children in the 'control school'."

At the end of the first year, the X-ray examinations revealed that the children who used the penicillin dentifrice had developed an average of only 1.34 new cavities compared with an average of 3.00 for the control group, a reduction of 55.3 per cent. At the end of the second year, the X-ray examinations disclosed that the penicillin group had 53.8 per cent less new cavities than the control group.

Dr. Zander says that he had found very few irritating reactions among the school children who used the penicillin dentifrice.

Similar results were reported for a three-months' study of 4,480 adults, including 3,416 prison inmates. In this latter group, he said, allergic reactions were found to be less than one per cent of the total.

In commenting upon these tests, the A. D. A. Council on Dental Therapeutics, which evaluates dental products, urged that additional tests of the safety of the penicillin dentifrice* be made before the product is offered for over-the-counter sale to the public.

The Journal of the American Dental Association editorially described Dr. Zander's report as holding "promise of providing the profession with a new weapon in its fight to control dental caries."

Dr. Zander disclosed that he and his associates investigated the possibility of creating penicillin fast bacteria strain but the "penicillin dentifrice did not alter the nature of the bacteria to penicillin fastness."

The Philosophy of a Researcher

This research project is typical of dental research, which, in Dr. Zander's words, "provides a great deal of satisfaction to the researcher because its results are easily recognized by the dental profession and the public." Dental researchers don't get rich. It is not a money-making profession. Nor is scientific research as glamorous or dramatic as the movies would have us believe. Most scientific investigation is plain hard work—routine, methodical, and, more often than not, uninteresting. It often exerts gruelling strains on the disciplined patience of the investigator.

Contrary to popular concept, the researcher is no wishful thinker, romanticist, or day-dreamer. He is a rather hard-boiled intellectual and the most practical of men. He worships, not ideas, but facts. He must be able to think clearly, ever so clearly, and to distinguish, at all times, the essential from the inessential. The true researcher should have the moral stamina to devote years of his life to a study at the risk of it eventually proving itself to be fruitless. Few men can do that. Men like Zander possess the happy combination of talents that enables man to develop new knowledge: creative imagination, a positive curiosity, a highly developed intellect, a flair for fact-finding, and the zeal to add to man's knowledge.

The Practitioner and Research

The need to develop and to extend our dental knowledge is recognized by every dental leader in America. As Dr. Zander says frankly, "Dentistry is practiced empirically today. It needs a great deal of research to keep up with the developments in other health sciences. Any honest, independent dentist can be of substantial help in building up dentistry. Such men can evaluate the results of the work of professional research men in dentistry. They can contribute valuable suggestions on the clinical application of research. They can make suggestions that will open up whole new areas of research. It is the moral and professional responsibility of the practitioner to encourage dental research. Such research is not impractical, as some practitioners still seem to believe; it is the most practical job that dentistry as a whole has to do. A health science cannot be said to have come of age until its techniques of prevention are as significant as its techniques of treatment. Dentistry by this measure has a long way to go. The relatively few men doing dental research today cannot by themselves raise the levels of dental science or extend its services so that it can cope with the tremendous problems of dental ill health. This is essentially a task that must be shared by every practitioner in the nation."

*At the time this article was in preparation, the only penicillin dentifrice on the market was Dentocillin, a product of the Andrew Jergens Company, obtainable only by the prescription of dentists.