



"We, the peoples of the United Nations determined to save succeeding generations from the scourge of war; which twice in our lifetime has brought untold sorrow to mankind . . ."

UNITED NATIONS

These historic words open the Charter of the United Nations. We symbolize the hopes of a free world this Christmas by showing the grouped flags of the member nations of the United Nations.

Throughout 1954 we have saluted many of these great countries through our "International Dentistry" series — may they all always strive for greater dental knowledge.

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T I C
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M E R R Y C H R I S T M A S



D E N T I S T R Y I N

(See Back Cover)

THE UNITED NATIONS

DENTAL DROOP

by **Connie Doyle, Dental Assistant**

It's a sad disease, this dental droop! Its victims have a common symptom: loss of professional enthusiasm. They have similar habits, too, like tossing professional journals into the wastebasket before reading, refusing to buy new and revised books on improved modern dentistry, and avoiding any and all dental conventions.

These dentist-victims still believe, like the jilted heroines in ancient movies, that they hide their pain well. However, they don't. Dental Droop is easily spotted. How? Its victims blame their troubles on their unusual patients!

Doctor A, for example, during the first stages of the disease—a known practice-killer—joined the old grads who linger outside in the halls at conventions. He buddied with the also-rans, who somehow always manage to miss being admitted to hear that enthusiastic clinician. Of course, his assistant had asked him to be sure to hear this clinician, who had spent so much time in research for new ideas to increase such fading practices as Doctor A's.

First on his no-hit parade is Doctor A's complaint: "My correspondence school-trained accountant who does my taxes is making money hand over fist! And after all the time and money I spent going to school too."

Patient Troubles

Take your conversation choice next: ulcers, indigestion, bad feet, and "that tired feeling." These subjects, once exhausted, fade into patient troubles.

"You should have patients like mine," whines Doctor A. "My children patients are all monsters! Just yesterday a woman griped about her lowers because her neighbor wasn't having a bit of trouble wearing her new ones. Why bother to explain about the difference in lower ridges? Takes too long! This gal huffed out swearing loudly to the waiting room audience, 'I'm going straight to Doctor B!' And you expect me to be enthusiastic about my practice?"

Losing Patients

For years three famous monkeys, via a blotter, sat on Doctor A's desk. Like them, he has refused to see, to hear or to speak.

He refused, for instance, to take time to make his child-patient "monsters" feel important. If Bobby is scared of the dentist, then Bobby's parents are at fault—not Doctor A, who refused the

P. T. A.'s invitation to speak to the children on Dental Health Day! He is too tired to answer Bobby's question, "Why do you have to use that drill?" He is too busy to let it purr like a kitten against Bobby's finger for a few seconds. He lacks the enthusiasm to explain how the drill cleans out decay in a sick tooth.

What happens? Later, despaired and frazzled, Bobby's mother, indignant at Doctor A's failure, parades Bobby to Doctor B. Is Doctor A blind to the fact that such loss of patients, coupled with parents' often repeated tales of his failure, does irreparable harm to his practice?

A Cure

Doctor, would you call in an old-fashioned physician who treats infection with Gay Nineties epsom salts? Then why cheat your patient by refusing to offer the best, the latest in dentistry? If you have Dental Droop, get rid of it. Fast! Here's how:

Dental conventions—dental supply companies make many of them possible—are planned to keep you informed. Attend these dental meetings and hear how dentistry is marching ahead all over the Nation.

Look in your professional periodical and see what able dental leaders write about their field. This helpful, profitable habit will save you hours of research. Take one good lecture to heart as often as you can—at least one a week. Digest this information. Speak up with these data to your patients. Your new approach will bring you new patients, a new practice.

Remembering that dentist's eating habits too often discourage a natural vitamin supply, take a vitamin capsule daily. You might even enjoy a chair-side stool to conserve your energy!

Doctor, you can't buy enthusiasm with money, but without enthusiasm your source of money, your dental practice, will diminish. Don't let Dental Droop rob you of the drive that is behind every successful practice and every happy life—enthusiasm.

"REMEMBER PEARL HARBOR"

by **Jo Stephens**

When ex-Premier Hideki Tojo was a prisoner at Sugamo Prison near Tokyo in 1948 his teeth required attention. The American (Los Angeles) dentist who did the work had not forgotten Pearl Harbor and got revenge in his own way by inscribing on a large inlay before cementing it in: Remember Pearl Harbor. Tojo was never aware of this inscription and wore this unusual reminder to his hanging in Tokyo on December 23, 1948.

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EDITOR, Joseph Strack

CONTRIBUTING EDITORS
Arthur H. Levine, D.D.S.
Joseph Murray, D.D.S.

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A MAGAZINE FOR DENTISTS, DENTAL ASSISTANTS, AND DENTAL HYGIENISTS

A New Series:

Exclusive!

Operative Dentistry

by **Arthur H. Levine, D.D.S.**

Introduction:

Every conscientious dental practitioner asks himself, "Am I keeping up to date? Am I using the best methods?" In the field of Operative Dentistry particularly it is easy to continue with techniques learned years ago. Not all phases change. There are some, however, that have changed radically. The successful dentist keeps himself well informed.

Although this series will not review the entire field of Operative Dentistry, it will present all recent advances and will point out areas of controversy and how the authorities and specialists feel about them. Even so simple a procedure as squeezing out the excess mercury in the preparation of an amalgam filling finds no meeting of the minds. The mere mention of acrylic fillings will produce endless arguments. It is helpful to learn what the authorities have found out from careful testing.

Much in this series will not be new. But it should be a source of comfort to a practitioner to read of methods which he is already employing. It is a good feeling to be able to say, "Why, that's the way I do it." It tells him that he is keeping abreast of progress.

Operative Dentistry consumes the bulk of general practice. In some cases it constitutes as much as 90 per cent. Any aid to that practice, therefore, can be a source of profit multiplied many times.

PART I — EXAMINATION

One of the most neglected phases of Operative Dentistry is the examination. The general practitioners themselves, who are responsible for the bulk of dental treatment across the country, are the first to admit that a compromise exists between the ideal dental examination as they picture it and the one that sometimes takes place.

Although it is not always possible to render ideal dental service to the ideal patient under ideal conditions, it is vital for the dentist to have a thorough knowledge of the examination and

all that it implies. Since it is the basis for the diagnosis and all subsequent treatment, truly the cornerstone of dental practice, its importance cannot be over-emphasized.

Doctor Paul E. Boyle and Doctor Kurt H. Thoma¹ have stated it as follows: Examination includes an estimation of the emotional and physical condition of the patient as well as the detailed collection of data on the condition of the teeth, periodontal structures, and other oral tissues. The patient as an individual, his emotional pattern, fears, hopes, likes and dislikes, must all be considered. Detailed examination, accurate diagnosis, and consummate technical skill are of no avail if the patient refuses treatment. The dental student would be well advised to study the principles of psychosomatic medicine and to consider their applications to dental practice.

So much for the broad, general concept. More specifically, what happens when this concept is not vigorously pursued? Many failures begin to appear. Some of the more common ones, in the opinion of Doctor W. Clyde Davis² (former Dean and Professor of Operative Dentistry, College of Dentistry, University of Nebraska) are as follows:

Pit and fissure cavities are allowed to remain. Proximal cavities are not detected, nor are faulty gingival margins of fillings. No attention is given to occlusal trauma, gingivitis, subdental pathological conditions. Imperfect canal fillings are allowed to remain. Too little attention is given to diet and correction of irregularities.

How can this be avoided? All this can be avoided by a complete and thorough examination of the patient.

The Total Examination

All authorities agree on the mechanics of a thorough examination. The dentist should keep complete charts on every patient. He should take a full history. He should possess equipment in top working order for the taking and processing of radiographs. This means a full series as well as the bite-wing type. They should be used not only as a diagnostic aid as well as a help in the removal of teeth and in root canal treatment, but also as a check of all restorative work.

The importance of study models needs no explanation. Explorers should be sharp, really sharp, and more than one type should be used. Mouth mirrors should be free of any blemish on the reflecting surface. Each tooth should be dried when examined and the dentist should keep in mind that each tooth has five surfaces. A conscious

effort should be made to examine each surface separately. Some men intentionally call out each surface to an assistant, such as, "Occlusal surface, normal; lingual surface, normal; buccal surface, cavity." Some prefer to do their own recording, sounding out each surface to themselves.

It is advisable to start the examination in one corner of the mouth and continue systematically, covering all the teeth. It is well to establish the habit of the same routine for each patient. Immediately before or after charting the cavities, a thorough examination of all soft structures is essential. Here, too, the scrutiny should be almost halting, with stress on each area, not just a quick run around the mouth.

Lack of Uniformity in Tooth Designation

The charting of cavities requires a few special words. It is unfortunate that we do not have a uniform tooth designation. It would make matters much simpler if dentists throughout the world used the same tooth designation and the same charting procedure.

Doctor Charles F. Bodecker³ in a plea for uniformity for the benefit of dental caries study had this to say:

The first prerequisite is a uniform tooth designation. The commonly used method of dividing the mouth into four quadrants and numbering the teeth from 1 - 8 in each quadrant is unduly cumbersome and leads to mistakes. This method requires that three items be noted, viz.; upper or lower; right or left; and the respective tooth number. In setting up statistical data, this method moreover, is wasteful in labor and in space on record cards.

A better method (the oldest method of tooth designation) is numbering teeth from 1-32. This is the method used by the Army. This method numbers the right upper third molar No. 1. Then, passing along the upper teeth, the left upper third molar is numbered 16 while the right lower third molar is numbered 32. Thus each tooth has a number and for purposes of statistical record these numbered notations are much simpler and accurate. For instance, No. 3 is much more preferable than "right, upper first molar".

If uniformity is ever achieved (it seems to be a "must" if we are to maintain scientific standards) the system of choice will probably be the 1 - 32 designation. At the same time a method applying to the deciduous teeth will also have to be estab-



International Dentistry:

Dentistry in Belgium

Belgium, the sugar-daddy of the Benelux nations, is one of the few European countries on sound financial footing despite the fact that it served as a battleground during two world wars. Brussels, often referred to as a miniature edition of Paris, has the flavor of the French capital but none of its warmth and personal gaiety. Instead, the Belgian capital, outside of its picturesque medieval square and town hall, is a city of impressive, formal-looking stone buildings. And it was in one of these buildings that modern dentistry in Belgium had its beginning in 1918, soon after the end of the first world war.

When I asked Doctor Rene Boisson, Professor of the Faculty of Medicine of the University of Brussels and General Secretary of the Union of Dentists and Stomatology, who his country considered to be the father of Belgian dentistry, the popular doctor said, "It is difficult to respond to that question." Apparently, like Topsy, dentistry in Belgium just grew.

In thirty years the number of physicians almost tripled, increasing from 3,000 to 8,000, while the number of dentists increased from a handful to about 2,000 at the present time. Actually, the title of "dentist" was not granted until 1929, when it replaced the academic title of "licensed in dental science."

There are four dental schools in the country, each a part of the universities at Brussels, Liege, Louvain, and Gand. At present there are about 136 students studying dentistry and practicing in well-equipped, modern dental clinics.

Dentists Are Physicians Also

A dentist in Belgium is also a physician, for dentistry is considered as a specialty branch of medicine. Consequently, to become a dentist one must complete an additional two years of training beyond that required of a physician. After five years of university work there follows three years of a specialized curriculum, the completion of which grants the candidate a degree in natural science and medicine. Then, in order to obtain a dental license, two more years of study in dental science is required. Thus one can be a physician without being a dentist in Belgium, but one cannot practice dentistry without first obtaining a medical degree.



Dental (Stomatological) Institute of The University of Gandin, Belgium.

Dental work in Belgium is done on a high level and prosthetic work is similar to ours in the United States with the use of acrylic material for full dentures and with gold and cast chrome alloys used in the construction of partial dentures.

Dentistry for indigent children is performed at the Eastman Dental Clinic in Brussels, an impressive, three-storied, white buildings about which the native population is very proud. In fact, even sight-seeing bus barkers point out the clinic in their tours of the city. The clinic was started in 1932, when the city of Brussels received a grant of one million dollars from the American industrialist and philanthropist, George Eastman of the Eastman Kodak Company in Rochester, New York.

The leading dental societies are: The Belgian Society of Dentists and Stomatology, which is a bi-lingual group (Flemish and French) and its journal is the *Archives Belges de Stomatologie*. The society meets in Brussels. The Scientific Society of Stomatology of Belgium also meets in the capital and publishes the *Journal Dentaire Belge*. A third society is the General Association of Belgian Dentists, which is in Louvain and which publishes the *Revue Belge de Stomatologie*.

Perhaps dentistry in Belgium, because of the war and because of the limited number of men engaged in the profession, has not reached the peak that it has in the United States. However, the Belgian dentist, because of his medical background and intensive training, is certainly a shining example of what we refer to as a "professional man." Dentistry in Belgium is no craft in the hands of an artisan; it is an art in the hands of a doctor.

M. J. T.



by Rolland B. Moore, D. D. S.

In the smaller cities and towns the tendency now is to have downstairs dental offices. Of course, in the large cities and metropolitan areas where huge office buildings have elevator service, aged or handicapped patients can reach upstairs offices without trouble.

I have a downstairs office and find it a real asset. I have two patients who have little or no control of their legs and must be led and supported by others. Obviously it would be impossible for them to climb stairs to reach a dental office.

I do a good deal of denture work and a substantial number of my patients are well up in years. Climbing stairs is a problem to many of them. I remember a gentleman of eighty-six who came to me for dentures when I had an upstairs office that could be reached only by using a long, steep stairway. This patient was a heart case and when he entered my office one day, I was really alarmed at his condition. I insisted that he take a half hour's rest before I worked on him. The day his dentures were ready his daughter came for them. I asked about her father and she said he had hardly been out of his chair since the day he had climbed the stairs to my office. A month later he was dead. I have often wondered whether or not the climb up the steep stairway had hastened his death.

Other Advantages

I have found a downstairs location is an asset in other ways, too. Many patients have told me that they had seen my sign and it had reminded them to have their teeth examined. Since my office was so conveniently located, they just came in.

One cold day last winter, I treated a patient who was badly afflicted with rheumatism, so bad he could scarcely walk. He had six remaining upper teeth, all of them abscessed. I extracted them and made a full upper denture for him. When he

came in for his finished denture, almost a month later, his rheumatism had left him, he was convinced that the abscessed teeth were the cause of his illness, and he said, "Doctor, if you did not have a street-level office I would not have come to you, for I could not have climbed stairs."

I have talked to several dentists in small cities and towns who formerly had upstairs offices and asked them if they would move upstairs again if they could get better rooms at less rent than they were paying, and none of them would even consider such a proposition. All of them said they had found that downstairs offices got them patients that they otherwise would not have gotten. But all of them admitted, as I do myself, that a downstairs location is dustier. I fight dust all the time, but I don't mind that disadvantage when I think of all the advantages of a downstairs office.

Residence-Office

Another type of dental office in small cities and towns worthy of consideration is the combination residence-office. This allows a dentist to have his living quarters and his office under the same roof, which should cut down his office expense. Such a location, however, should be close to the business section.

One disadvantage is that many people do not consider a dentist has "office hours" and are liable to come at any time of the day or night — especially at night, as I have found out. I have had them come as late (or is it early) as half past two in the morning. A dentist in a residence-office location is sometimes just too convenient.

I remember when I had office and living quarters under the same roof, I had a separate entrance to the office. On Sunday afternoon my wife and I went upstairs to take a nap. We came down about four o'clock to find a bleary eyed, drunk sitting in our living room, chewing tobacco and blithely spitting on our precious rug. The locked office-entrance door had barred him, but then he found the back door to our living quarters unlocked, and made himself at home. He mumbled he wanted to talk to me about "gittin some teeth." I hustled him out. Such cases are rare, of course. Most people respect your home and your office. But, all things considered, I prefer the downstairs dental office.

CONTROLLING FACTOR

Curb yourselves, men, as you know you should
When you're asked, "First off, Doc, is my credit good!"

Alvin A. Shure, D.D.S.

ested in model railroads. In a matter of months we assembled a substantial collection of locomotives, cars, tracks, and other equipment. We began to read the history of railroading. We got so much enjoyment out of the fabulous romance of it, the adventures involved in spanning continents, in moving civilization into heretofore inaccessible parts of the world, that our model trains became lifelike symbols of the vehicles through which modern civilization spread itself and its industrial economy in nation after nation all over the world."

Toys? Sure!

A big, handsome, goodnatured chap, Dick Street grins as he adds: "To look at the lighter side, the play side — and don't think that wasn't the side that attracted me first — these trains are toys, toys of adventure and fun and romance, gadgets that intrigue all mechanically minded Americans, a delightful means of escaping into a wonderful world in which there isn't a single tension, a single pressure, a single worry. As a matter of fact, in mere minutes an adult train-watcher is figuratively transported out of this world. He becomes, not childish, but childlike. There is no other state, no



Sharon Kathleen, Mary Lou, and five recently arrived friends.

other approach to life, in which one can more fully enjoy the world."

Richard Street has an interesting background. At one time he wrote sports stories for the *Omaha Bee-News*. Subsequently he became a press representative for Earl Carroll, the theatrical producer. A veteran hunter, he devotes much time in the fall to hunting in Iowa and Nebraska. His appreciation of dogs stems from such outdoor interests. He uses beagles in hunting rabbits and Chesapeake retrievers for geese and pheasants he brings down along the banks of the Missouri River. He obtained all his degrees, A.B., A.M., and D.D.S., from The University of Kansas City. He served an internship in the Army of the United States and came out of the Army Dental Corps a captain.

Much of his background he has in common with his brother John. They practice dentistry together at 34061 Street of the Violet Lantern, Dana Point. They went through World War II together. They attended dental school together. Both were in the same graduating class at the School of Dentistry, The University of Kansas City. Both were members of Psi Omega.

What Mrs. Richard Street thinks of all the goings on — toy trains whistling and puffing and chugging, puppies running and jumping about gaily, merry children shouting and laughing and squealing — is no secret. "I admit that I prefer to see a new train come in here, rather than a new puppy," she laughs. "But frankly, whether it's a train, a puppy, or an unexpected troupe of visiting children, I really don't mind. In fact, I love it. It has taught me the greatest secret I know — how to stay young, at least in heart. This is how: get a lot of toys, puppies, and children together in your home and every day will be Christmas! You will have to stay young!"

THE RELATIVE RATER

You know this lady: She's the dear
Who's come to you to have you "pull"
An affected tooth. But while she's here
She's going to speak her mind in full!

She harps most strongly on her kin;
She reads their pedigree.
She drags her husband's mother in,
Recites her faults from A to Z.

It takes your very best persuasion,
Your utmost skill and tact,
To show her its teeth, not information,
That you're striving to extract!



Dr. Richard T. Street—Model Railroader

by Joseph George Strack

Undoubtedly the most popular brothers in all the United States this Christmas season will be two dentists, Doctors Richard T. and John B. Street of Dana Point, California. They own one of the largest collections of toy trains in the world. In addition, they are founding a community museum to make their unique collection of 10,000 locomotives, cars, and other equipment available to model railroad enthusiasts of all ages. Furthermore, admission to the museum will be free so that all the small fry can visit and enjoy

the American, Swiss, German, and English miniature railroad systems as often as they wish.

The Street brothers will be popular for another reason: puppies. Doctor Richard, who edits *Beagles Afield* magazine and *Chesapeake Retriever Afield* magazine, and who raises those breeds as well as English pointers, always has registered members of one or more of the breeds about the Street home.

Thus toy trains and happy puppies will constitute the unbeatable combination of attractions that will draw an unending line of visiting youngsters to the Street home this holiday season, as always. And the four children of the Richard Streets—May Lou, seven; Sharon Kathleen, five; John Patrick, three; and Margaret Helen, one—will play hostess and host.

The model railroad museum project at Dana Point is being sponsored by a group of neighbors organized as the Dana Point and Capistrano Model Railroad Society. The current president is Doctor John. At this writing the society is constructing an S gauge model railroad, which will be one of the exhibits at the museum. Along with their trains and other railroad stock from all over the world—including some of the oldest items in existence, and steam, diesel, and electric trains—will be an extensive library on railroading, replete with rare and current material—books, magazines, pamphlets, maps, timetables, and other items.

"All of this started in 1950 when I bought an electric train for the children," Doctor Richard says. "Then I obeyed that impulse—to add a bridge, a railway station, a tunnel, and, eventually, the whole works! John and I, who have always done things together, soon became inter-

How To Chart:

Good Times and Bad

Most dentists consider their profession as a seasonal one. It really isn't. Look at it this way: In every profession and business there are "slow" periods—"good and bad times." When your practice declines, look over your daily newspaper and note the sales merchants are putting on to try to keep their merchandise moving. When their business is bad, yours is too. It is a barometer that tells you that you are not the only one whose practice or business has taken a slump. It is not an indication of a depression—more likely it means that those who are in need of dentistry are too busy to have it done at that time. For instance, in the planting, growing, and harvesting seasons, farmers are too occupied with special chores to go to a dentist, except in an emergency. Right at that time is a good period for dentists to take their vacations. Think about it, doctor.

But if you go to the farm-implement dealers at harvest time you will find it is the best season of the year for them. However, go to them after harvest time and it will be far different. Their busiest season will be over. We all have our best and poorest seasons. So don't be discouraged when your practice slows down. It will improve in due time. When things are "slow" you can have your office redecorated, have your assistant take her vacation, you take your holiday, or carry out many other projects that need doing.

Some fields of dentistry are "quiet" when other aspects are bristling. For instance, I was in the office of a small town dentist one day last summer, a man I have known for years. I asked him how his practice was. "Terrible, just terrible," he said. "I could lock up my office at this time of year, take a vacation and not lose a dime." I suggested that he do just that and he said he believed he would. It was the time of year when farmers were the busiest, they were putting in man-killing hours to catch up with their work. In the fall, after crops were harvested, they would be in to my friend's office for dental work.

A Children's Dentist

In search of material for this article I next visited a woman dentist who specialized in children's dentistry. I found her in her office, just finishing up work for a little girl. I introduced myself, then asked if the seasons made any difference in the number of patients she had.

"Of course" she said. "During the summer vacation, children are sent to me so they won't

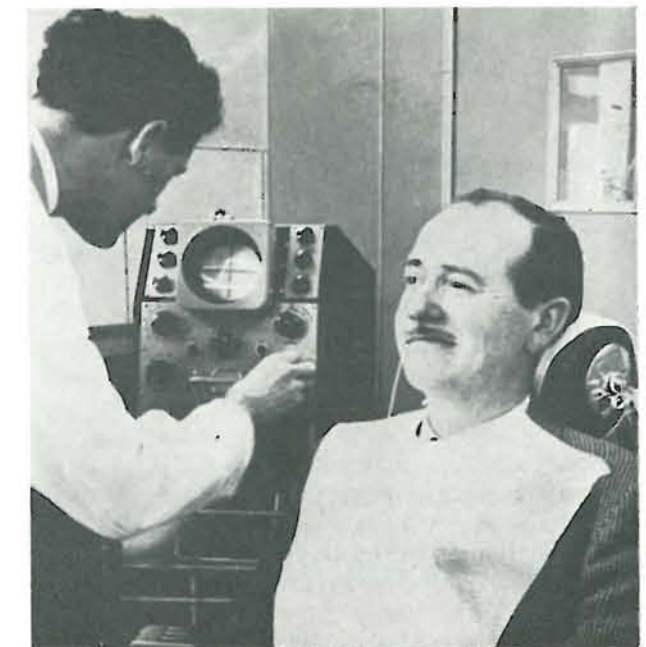
miss any school time. That is why the summer is the busiest time of the year for me. In the winter I go south for my vacation." That was the sharp difference between two dental offices that were only ten miles apart. One dentist was doing little or nothing. The other had all she could handle. On the other hand, during the school year the latter's practice was "slow." But she expects it that way. At the same time, my friend in the other town will experience his busiest period.

A Denture Specialist

I next called on a dentist in the city who specializes in denture work—no extractions, fillings, or bridges. He told me he had been in practice for fifty years.

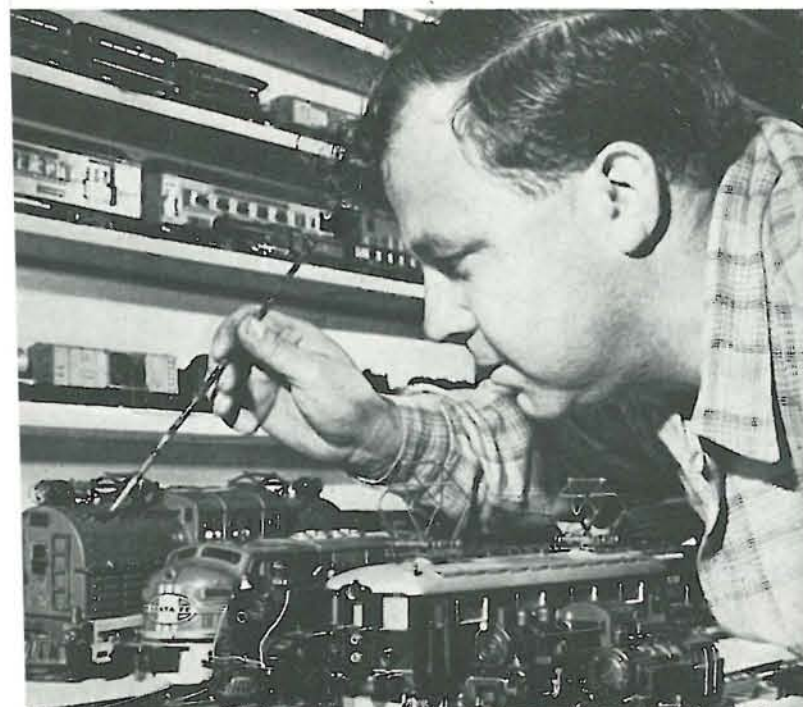
I asked him, "Do you find one season of the year better than another?" "It runs about the same winter and summer," he replied. "But I have noticed this and I am unable to account for it: there is always one week in every month when business is poor. It may be the first week or it may be the last week or one of the intervening weeks, but it is sure to come." When I asked if his practice slowed up in hot weather, he said, "No, when people need dentures they come no matter how hot it is. They know they will be in my dental chair but a few minutes at a time."

Dentistry in the News



The Edinburgh Dental Hospital and School, Scotland, is carrying on research by cathode ray oscillograph into the detection of strain in dentures. When the patient bites down, any signs of strain on the denture show up on a screen. A camera can be attached to the oscillograph for detailed study.

World Wide Photos



It all started when he bought an electric train for the children.

Seasonal Delusion

I have outgrown the socks that once
I hung to bait good old Kris Kringle.
I do not wait up (I'm no dunce!)
To listen for his sleighbells' jingle!

I put no stock in legendary
Reindeer pushing through cold night.
I think they all stay home like me
And pull their balsam boughs up tight!

No longer lured by Christmas tree
To leave my bed at crack of dawn,
I find I can wait patiently
For ties and hose till later on!

Oh, yes! Flame up my chimney flies—
Who cares that Santa won't be able
To get through it? I am wise
And not deceived by pretty fable!

And yet, my simple faith is strong
In ways no precedent fulfills:
I trust my patients all year long
To be prompt to pay their bills!

I never doubt them when they vow
They brush their teeth three times a day,
Take calcium pills that yet, somehow,
Seem to last them for alway'!

And the appointment that I make
With someone, he will not forego—
Or, if it's one he has to break,
I'm sure he'll call and let me know.

These protestations that I buy
All year long without a pause
Fit me for Christmas! Who sez I
Don't believe in Santa Claus?

Helen Harrington

A City Practitioner

But a general practitioner in the same city told me that the hot weather slowed up his practice, especially with the women. He said that when they are in the comfort of their homes they do not like to brave the heat in going to a dental office. But with men who are working downtown, they come just the same and the heat made no difference to them.

An Exodontist

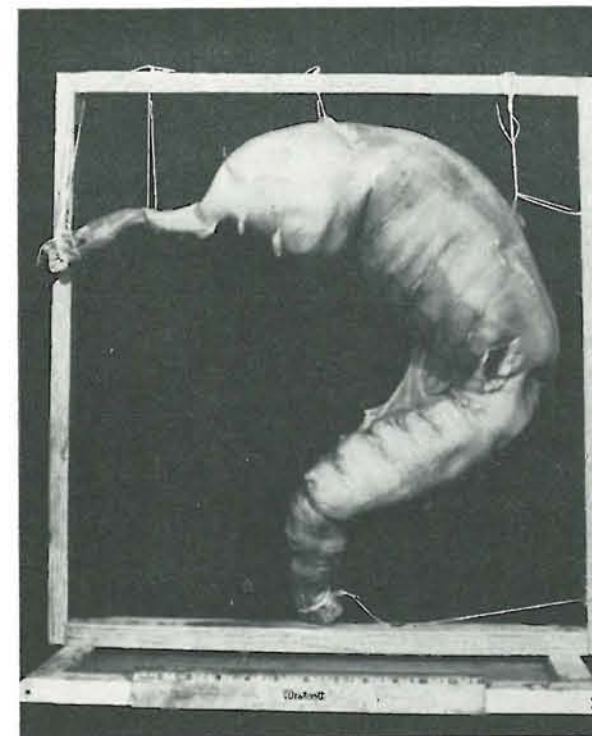
An exodontist in the city told me his practice ran about the same all through the year. On being asked what time of the year he advised extensive extractions he said he preferred the colder months. During the winter there usually is snow on the ground or the ground at least is damp and there is no dust flying which might be infected and breathed in by the patient to cause an infection in a socket, he explained. Then too, in the summer when it is hot people are more irritable when convalescing from extensive extractions and more liable to become over-heated, which lengthens the time of healing of the sockets, he added.

I have practiced in small towns and in a large city and I believe that practice holds steadier throughout the year in small cities of from five to fifteen thousand than in a large city or a small town. A dentist will get a certain amount of city business and a certain amount of farmer practice. It is not just one or the other, as it is in a small town or a large city.

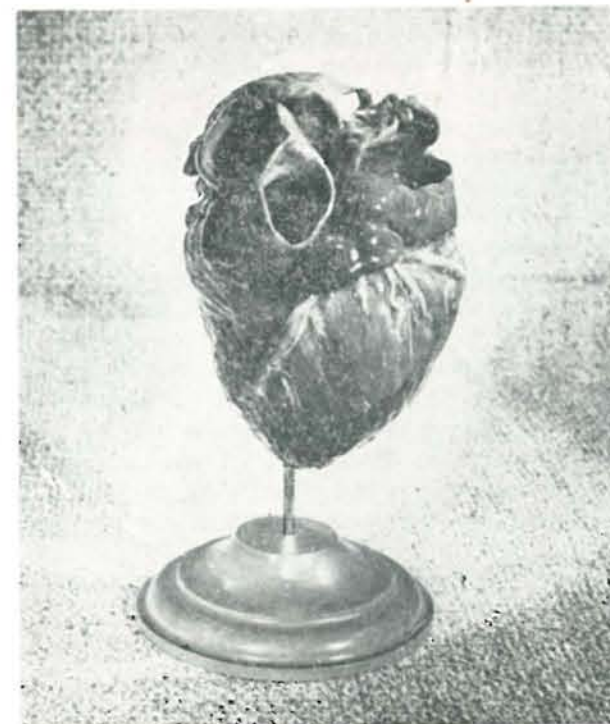
Doctor, chart the good and bad times in your dental practice and you will manage your practice more efficiently and more profitably. —R. M.



"I WAS JUST CALCULATING—THAT WAITER PUTS IN LESS TIME ON HIS FEET THAN I DO AND HE PROBABLY MAKES MORE!"



Intestine preserved by the new method of dry preservation, developed by the Museum laboratory. The tissue is saturated with carbowax.



A heart that has also been preserved by the dry preservation method.



The role of the Army Medical Museum in the Civil War.

A DENTAL ASSISTANT'S LAMENT

I dash up the stairs and take off my coat,
The patients in the waiting room look so remote.

I set up the trays, and pull out the cards,
The telephone rings and so the day starts.

Nine o'clock patient, won't you come in?
He consents to the request with a reluctant grin.

Towel-cup-nice day, eh what? (say so whether it is or not).

Prepare some base, mix some amalgam,
All out of phenol, please go and get some.

Develop the X-rays, clean out the lab,
Set up some porcelain, please, on a slab.
Next patient—good heavens look at that scowl!

I'm about ready to throw in the towel.

The tots in the play room are raising a row,
I go out to quiet them, best I know how.
Hold little junior?—a pleasure, you bet.
(Nobody tells me his diaper is wet!)

And so on and on,
Until the last patient's gone.
The cash has been counted,
All obstacles surmounted.

Goodnight, Doctor—
Goodnight, all—
If you get a toothache—do give us a call!

Nina Baskell, D.A.

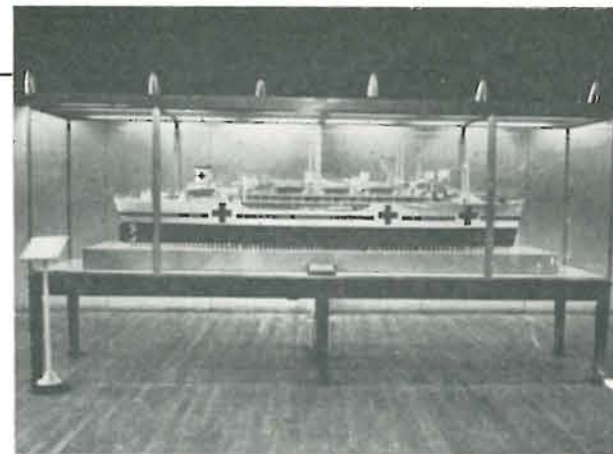
The Army Medical Museum

Washington, D. C.: The Army Medical Museum, located in Washington, D. C., is an amazing collection of historical exhibits graphically tracing the Nation's contributions to medical science. The Museum was founded in 1862 to collect and study war wounds and diseases, and to find ways of reducing the mortality and suffering of war and to train medical officers.

Text and Photos by Authenticated News



A manikin used for the teaching of anatomy in Japan about 1800 A.D.



A model of the Navy Hospital Ship, U.S.S. Haven.



Diorama of Surgeon J. J. Woodward of the Army Medical Museum from 1862 to 1882, in his laboratory. Doctor Woodward is well-known for his development of photomicrography and many other outstanding contributions to science.



Schistosomiasis, a tropical disease exhibit. Other exhibits illustrate the war on malaria, amebiasis, filariasis, and yellow fever.



by Kay Lipke

It was the day before Christmas, and the house looked cold and empty without one tinsel decoration. An egg and an orange and a withered lamb chop reposed in chilly solitude in the big refrigerator in the kitchen.

"Merry Christmas to me," Jane said gloomily, pouring herself a cup of coffee.

She certainly did not have the feeling for Christmas this year. Mac, her jovial dental husband, was in the hospital recovering from an operation.

But then the telephone rang sharply and the picture changed. Mac's nurse at the hospital announced excitedly that the dentist could come home today, and the ambulance was ordered for eleven-thirty! Then she added casually, "Your husband says he wants a cheese souffle for lunch."

Jane knew she should be wild with joy, but instead she was frantic. It was nine-thirty! In two hours she had to get the house in readiness to receive a convalescent husband, to lay in supplies for Christmas, and, in addition, to make a souffle for lunch. Hysterically, she rushed for her car and the crowded super market, taking her place among the jostling crowd buying turkeys and holiday supplies. On the way home she bought a rather lopsided little Christmas tree.

She had just time to put her supplies away, clean the bedroom, and shove the souffle into the oven when the ambulance arrived. The naked little tree stood on a table in the living room, as the two attendants carried the stretcher through the door. They were laughing and so was Mac's nurse. The dentist was in a merry mood, although his face was thin and he seemed almost weightless beneath the blanket. He spied the tree and gave a shout. "Merry Christmas, Honey. I'm home!"

"Merry Christmas yourself," Jane said warmly. "Your husband's quite a guy," one of the attendants said. "He kept us laughing all the way out. He's old Santa Claus himself."

The nurse handed Jane a pile of Christmas packages which had come for the dentist at the hospital, and then went on into the bedroom to make her patient comfortable. Jane flew to the kitchen and her souffle. Her heart sang an insistent refrain: "He is home — he is home — he is home!"

Taken altogether, it was quite a day. The minute Mac had finished his souffle and milk, he sank into exhausted sleep. The nurse tiptoed into the living room to give Jane instructions for his future care. As she left, she refused to be paid for that day's service. "It's my Christmas gift to you both. Call me if you get into trouble."

The door chimes started ringing shortly before three and thereupon kept up an almost steady refrain. A good many of Mac's dental friends felt the urge to see him before going home to their own Christmas festivities. Between the hours of three and six-thirty, a score of dentists and many other friends came into the bedroom bearing potted plants and a variety of gifts, some elaborate, some humorous, some gurgling.

Mac leaned back against the pillows, weary but happy, and announced, "We've had enough friendship these last few weeks to last a lifetime, and I hope we never forget it. Friendship is one thing in this world you can't pay for, and its pure gold."

He paused and grinned at Jane. "I haven't a darn thing for you this Christmas, and all our plans have taken quite a setback, but by and large I think it's going to be a petty good Christmas after all, don't you?"

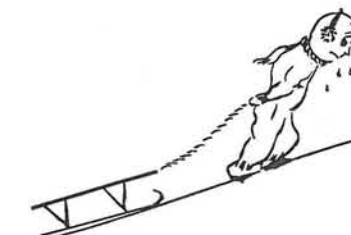
"A wonderful Christmas," she agreed mistily. "I wouldn't worry about my present, if I were you. I had my Christmas when they trundled you through the front door this morning."

Much later, as she washed the dishes, Jane felt a curious lightness of spirit. Her mood was a complete transformation from the morning.

The refrigerator was empty then, and now it was crowded with food for the Christmas dinner tomorrow. The house was warm and welcoming, with the lighted decorated tree glowing in the living room. In the bedroom, snoring slightly, Jane's Christmas present lay asleep.

She thought of the Christmas Eves she had spent in the past, crowded with expensive gifts, festivities, and high-pitched excitement, and she knew this was the best one of them all. Outside in the night the stars were shining brightly and, although she did not go out to look, she was sure that one star shone more brightly than the rest. She experienced a moment of pure exaltation.

With hands deep in dishwater, she announced joyfully, "Christmas is a feeling — and I have it!"



MERRY MOODS

ADVICE TO A SON

Men specialize in making things;
Dancing shoes and wedding rings.
But you take heed and listen, sonny,
Just specialize in making . . . money.

Alvin A. Shure, D.D.S.



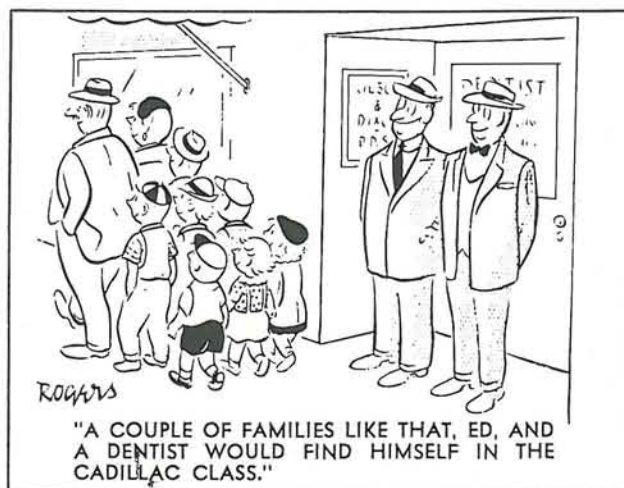
"Mrs. Collis, impacted third molar, I'd like you to meet Mrs. Alterman, Alveolectomy."

ART NOTE

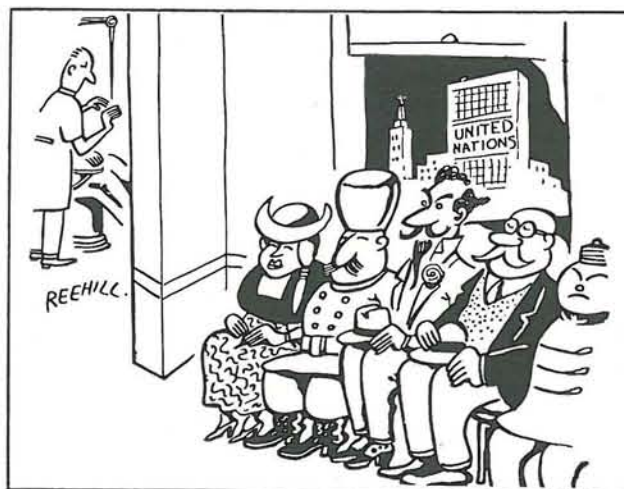
The Metropolitan and Louvre
Some day, I venture, will discover
What consummate artistic skill
Directs the hand that steers the drill.

No jeweler for a Shah's seraglio
Is more proficient at intaglio
Than we, who constantly rehearse
Making cameos in reverse.

Frank M. Arouet



"A COUPLE OF FAMILIES LIKE THAT, ED, AND A DENTIST WOULD FIND HIMSELF IN THE CADILLAC CLASS."



SMEAR NOT

The worst of nightmares plaguing me
(It makes me, screaming, wake up)
Is this — the dame who sternly warns,
"Now, Doc, don't smear my makeup!"

Sydnie Van Koersel

DENTAL COMMENTARY

Dentists know the vital need —
Especially in their profession,
That they leave no stone unturned,
To make a good impression.

Ethel Willis Hewitt

PUNCTUAL PATIENT

One patient's his pet,
The reason and rhyme?
She's female and yet
She's always on time.

Nancy Talbert



Sure and Steady

Along with making a good impression,
The dentist will find it best for instilling
Patients with confidence in the profession:
To do no backing once he starts filling!

Barbara Becker



So-O-O BIG!

Each dental cavity,
No matter how small,
When felt with the tongue
Seems as big as a hall.

It feels so large
And you wonder why,
When measuring size,
Tongues often lie.

After thinking it over,
I'm ready to state
It's just natural for tongues
To exaggerate.

by Roger W. Dana

NO RESPITE FOR THE DESPOT

When the regally great, the fat potentate
The sovereign and monarch held sway
By reason of birth, as the rulers of earth
Put here as Divine protege.

They had viands galore, dancing girls by
the score,
While ermines and gems filled their castles.
Yet when their molars ached, their
Highnesses quaked
And writhed like the lowliest vassals.

Yet all their lucre, ducats, shillings
Could not buy painless plastic fillings!

Irene Sekula