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**AMERICAN DENTAL ASSOCIATION
117th ANNUAL SESSION**

NOV. 14th - 18th



MEETING TOMORROW'S CHALLENGE

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treating 8,000 more in nursing homes and in his 26-foot van that serves as a mobile dental office. With his staff of assistants and part-time dental help he takes care of migrant workers, retarded and handicapped children, nursing home residents, prisoners, and others in underserved communities.

FULL DENTURES: THE PSYCHOLOGICAL PROBLEMS

Proper diagnosis, good impressions, bite registration, a compatible set-up, and the correct finishing of dentures all contribute to a successful set of full dentures. But the psychological preparation of patients for this "drastic" change should not be overlooked. The loss of one's teeth may seriously affect an individual's psyche in many ways. Some patients have the feeling of sudden aging with the loss of virility. The changes in facial expression, difficulty in speaking, and readjustment to so simple a function as chewing and swallowing can make the introduction of dentures very difficult. Preparing the patient for these changes with emphasis on the fact that in due time and with cooperation a feeling of well-being with dentures will come about, will help the patient to accept the changes more readily. Extravagant promises, however, about dentures feeling just "like your own teeth" should not be made.

Although the number of denture wearers seems to be increasing yearly, literature is replete with descriptions that ridicule the denture wearer. The Journal of the American Society of Psychosomatic Dental Medicine cites some examples:

Lawrence Durrell in *Alexandria Quartet*: "When he speaks his denture behaves like a moving staircase, traveling upwards and round inside his skull in a jerky spiral."

Thomas Mann in *Death in Venice*: "... his upper denture fell down on his lower lip."

In the Journal Dr. Arne Mellgren of Stockholm says: "The cult of the young and beautiful has assumed too much importance; if only the beautiful people are supposed to make love, those who wear prostheses acquire inhibitions and feelings of inferiority. When I encounter a patient in my psychiatric practice who has psychosocial and sexual problems related to denture wearing, I recommend a short story, *Love With a Denture*, by Ivor Lo-Johansson. It describes an effort to accept life and love despite a prosthesis, and, because of the understanding it conveys, the story has proved helpful to many patients who have come to me with problems in this area."

CRACKED TEETH

To the inexperienced practitioner, and at times even to the experienced one, a most difficult diagnosis to make is that of the incomplete tooth fracture. The patient complains of pain while masticating and of sensitivity to cold. A clinical examination reveals no caries or erosion areas and radiographs are also negative. Furthermore, the bite is satisfactory, and there is no trauma present. These symptoms, with seemingly negative findings, should alert us to the possibility of a cracked tooth. Drying the tooth carefully and reexamining it under strong light will often reveal a slight crack in the enamel usually round the buccal or lingual grooves.

Cusps weakened by restorations should be suspect. Often slight pressure on the cusp will cause it to break off if the crack is large. Once the piece of enamel breaks off the patient is usually relieved of the pain and a restoration can be made to restore the missing tooth structure. When the tooth remains firm and a slight crack is detected it should be corrected by inserting a restoration that will encompass the faulty area and prevent it from continuing.



"WELL, DON'T JUST STAND THERE, HENRY—GIVE MR. SCHWARTZ OUR SAVINGS BONDS!"

TIC

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TIC, NOVEMBER, 1976

Mrs. Jones is afraid of you:

Dental Fear Clinic

By James R. Mullens



The scene is your dental office on an especially cheerful Friday afternoon. It has been an exceptional day and you are looking forward to an even better weekend.

Your one o'clock patient has just arrived. You check your schedule. It's an examination . . . a new patient . . . Mrs. Jones . . . some mild discomfort.

Entering your private office, you glance over a routine patient history form; nothing unusual, no allergies . . . date of last visit—blank! You hear, "Mrs. Jones is seated, doctor." Smiling, you enter the operatory.

You are confronted with a pale and trembling Mrs. Jones. She last visited a dentist more than five years ago.

Almost an hour later, you see Mrs. Jones to the door; she is in tears. No dental work has been completed. The examination is only half completed. You are 30 minutes behind schedule and thoroughly exhausted.

Facing an afternoon of frustrated patients, you are angry with yourself for not being prepared. Why were you so unsuccessful? Will Mrs. Jones seek treatment at all now? What could you have done differently?

Unfortunately, most dentists and dental auxiliary personnel agree that the above situation is an all-too-often recurring event. And, for many, efforts to deal with this problem have proven fruitless.

The phenomenon of dental fear creates numerous problems for the dental health professional. Patients delay visits resulting in the need for more elaborate and often less satisfactory treatment. The number of emergencies increase and, with them, the probability that treatment will, in fact, be uncomfortable, thereby increasing existing fears.

As illustrated in the case of Mrs. Jones, patients are less cooperative during visits, resulting in wasted time for the dentist. Here again, the probability that treatment will be uncomfortable is greatly increased.

Efforts are, however, under way to provide the practicing dentist with information that may be helpful in managing patients with dental fear.

The Dental Behavioral Science Laboratory of the University of Florida in Gainesville has embarked on a new program designed to help individuals overcome their fear of the dental situation.

The program is directed by Dr. Eric Jackson, who is both a dentist and an experimental psychologist. Dr. Jackson is an immediate past-chairman of the Section on Behavioral Sciences of the American Association of Dental Schools. Staff members include Dr. Harry Krop and Dr. Wallace Mealiea, both clinical psychologists. Dr.

Krop is president of the Southern Association of Behavior Therapy.

Funded by grants from the National Institute for Dental Research and the Veterans Administration, the dental "fear clinic" opened in October, 1975, as one of the only two such programs in the nation devoted to diagnosing and counseling adult patients with odontophobia.

Approximately 100 patients have been screened since the program began, ranging from persons with some anxiety to those categorized as extreme dental phobics who, in some cases, have avoided treatment for many years.

Some 75 patients with extreme fear have been accepted for treatment.

By simplifying some methods of clinical psychology, fear clinic staff members are teaching patients to relax in the dental situation. Counseling includes the use of slide presentations.

Through this program, the laboratory staff is currently evaluating these and other treatment approaches in an effort to find effective methods for minimizing patient's fears of the dental situation.

An instructive manual will be published as a result of these evaluations. It will contain practical and efficient procedures which practicing dentists and auxiliary personnel can employ in the management of dental fear.

In a recent interview, Dr. Jackson said most patients are unaware of the reasons for their fears. Only a minority report a bad event. Some refer to specific procedures, such as a fear of injections. Interestingly, a number of patients have cited being intimidated by the dentist as a reason for their fear. These persons are afraid of being put down by the dentist.

Even though fear of the dentist sometimes exists even in the absence of any history of dental treatment, Dr. Jackson and his associates approach the problem as an acquired or learned behavior. It is, therefore, believed that, except in the most extreme cases, patients can be treated successfully.

In an article entitled "Managing Dental Fears: A Tentative Code of Practice," published in the Journal of Oral Medicine, Dr. Jackson offers 12 rules which may be helpful in managing patients with dental fear.

These are outlined below:

Rule 1: Except under exceptional circumstances, the word "pain" should not be used. (It is a strong, conditioned fear excitor. The word "discomfort" may be a desirable euphemism.)

Rule 2: Do not inflict pain if it can be avoided. (This rule is obvious, but can be more closely adhered to by such methods as more liberal use of topical anesthetics and selection of sharper, more narrow gauged needles, etc.)

Rule 3: If there is any possibility of pain, *WARN* the patient. (As an exception to Rule 1, the word

"pain" may be necessary here for complete honesty, thereby reducing the chance of unpredictable painful events that might serve to support existing fears.)

Rule 4: If you say, "This should not be uncomfortable," be absolutely sure you are correct. (Such expressions, if followed by painful events, may themselves become conditioned fear exciters.)

Rule 5: Find out what the patient does not like and avoid it if possible. (This can be accomplished with a questionnaire designed exclusively for this purpose.)

Rule 6: If possible, promote the patient's interaction with a feared stimulus. (Use caution as this rule applies to a stimulus that cannot be eliminated from the procedure. A patient may be able to extinguish existing fears if he holds a syringe that he is slightly afraid of. Others, who are so afraid that they show reluctance at such a request, may be hindered, rather than helped, if encouraged to do so.)

Rule 7: Clearly indicate how a patient may ask you to stop work and strictly adhere to such requests. (If a patient abuses this privilege, then the dentist may explain that this applies only to genuine requests. Individual assessments will then have to be made.)

Rule 8: Introduce new procedures slowly and gently. (For the patient suspected of being afraid, take off the white coat and talk in the private office for a while. This may be all for the first visit.)

Rule 9: Make the dental operatory a cheerful place. (A friendly congenial atmosphere is desirable. Training of auxiliary personnel is crucial here.)

Rule 10: Accidental pain should cease immediately. (If a dentist or hygienist hurts a patient, he or she should stop at once, refer to the concepts in Rule 3 and proceed appropriately.)

Rule 11: Selectively reward desirable behaviors, but never use "punishment." ("Punishment," in this context, refers to demonstrations of annoyance by voice or action.)

Rule 12: Move slowly, talk slowly, and keep the entire environment as quiet and relaxed as possible. (Since dental fears are highest in the operatory, the demeanor of the dentist himself is of prime importance.)

These tentative rules may be used to lay the solid groundwork for a successful program of dental fear management. These can apply especially with regard to prevention, probably the most important consideration in dealing with dental fear.

It's true that the folklore developed about the dentist of the past is diminishing as dentistry enters an age of modern equipment, better anesthesia, and improved methodology.

But, Mrs. Jones is only one of an estimated six to 10 million Americans who avoid visiting the dentist because of fear, even when they are experiencing dental trouble.

(Continued on Page 14)

ANGLES & IMPRESSIONS



by Maurice J. Teitelbaum, D.D.S.

THISA AND DATA

At this writing, a draft of the National Health Promotion and Disease Prevention Act deletes dental aid to children. By cutting out children's dentistry it seems that some Senators and Congressmen believe that children should be seen and not served. . . . Oral surgeons can receive an M.D. degree in two years at the Hahnemann Medical School in Philadelphia. . . . Dentistry got some "beautiful" publicity at the TV airing of the Miss Universe Contest in Hong Kong when one of the finalists, Miss Colombia, when interviewed about her future plans said she wanted to be a dentist. . . . High blood pressure, known as the "Silent Killer," affects 23 million American adults. Had your blood pressure checked lately? . . . Denturist organizations are forming in several states, including Oklahoma, Maine, Nebraska, Kansas, Colorado, Georgia, Idaho, and Utah. . . . In an article titled "A Radical Approach to Tooth Problems," Dr. L. Krook expresses the belief that periodontosis is traceable to "a bone disease caused by a lack of calcium." . . . The number of female dentists in England is rising with each new class of dental students. . . . The population of the US on its 200th birthday is around 209 million, fourth in the world. China with 800 million is the most populated country, followed by India and the USSR. Most inhabited city is Shanghai with 10.8 million, followed by Tokyo and then New York with 7.9 million.

"The Good Old Days": Does the pollution caused by automobiles ever make you yearn for the "good old days"? Well, perhaps these facts will change your mind. A hundred years ago, 1,000 tons of horse manure had to be removed from the streets of London daily. And in New York City a 130-ton hill of manure was piled up each day. Add to this pollution and attack upon the olfactory system, millions of manure-bred, disease-carrying flies and thousands of dead horses and we can be thankful for Ford's tin lizzie.

Despite it's high standard of living, 95 percent of the Swiss people suffer from dental caries and periodontal disease and very few are made aware of the need for preventive dentistry. . . . Are you one of the growing number of dentists who have stopped using

the "long needle" for mandibular injections and now use the disposable gauge short needle for all local injections? . . . If Jimmy Carter is elected President he will have the toothiest grin of any American president since Teddy Roosevelt. . . . Had your "Pap" test lately? No, kidding, the pap test has been found to be as effective for detecting cancer in men as well as women. At the New York Hospital-Cornell Medical Center it is used routinely in the laboratory to examine specimens from men to detect cancer in the respiratory, gastrointestinal, and genitourinary tracts. . . . A new type of dental tape called Hytrel has been made to combine the functions of dental floss with the polishing and cleansing actions of a toothbrush and dentifrice. . . . Before you take that next carbonated drink think of the sugar entering your system. A can of soda can be swallowed in a minute or two and contains 38 grams of sugar. To get the same amount from food one would have to consume four medium-sized apples or pears.

Notes on Las Vegas: If you're going to Las Vegas for the first time as one of the thousands attending the ADA convention, you'll probably spend a little money at the gaming tables. There are all sorts of systems on winning but with the odds set against you the best attitude is to consider the money spent as entertainment. However, most gambling authorities believe that there are three rules to follow to insure you don't get "hurt" but, possibly, walk away a winner. They are:

(1) Set yourself a daily limit as to how much you can afford to lose.

(2) Set yourself a daily amount you want to walk away winning.

(3) Stick to rules 1 and 2.

The Journal of the AMA has brought to light some cases of enlargement of the parotid glands due to trauma of the Stensen duct during insertion of orthodontic wires and bands or the blowing of compressed air into the duct during preparation for cementation.

Dental Profile: Dr. George E. Burbach, a dentist from Woodstock, Ill., is a busy practitioner who treats between 1,500 and 2,000 patients a year in his office but that doesn't stop him from being responsible for

the identification. The body had been thrown against the plane's dashboard on impact, and the teeth were scattered.

Dr. Luntz was able to gather enough for a dentition, though, and the detective work began. He contacted the dentist of the man he believed the body belonged to. The dentist, who turned out to be a relative of the dead man, said the records would not be understandable to anyone else because they were in his "own hieroglyphics."

But, he added, he had removed an upper third molar.

"I found third molars," Dr. Luntz explains, "and I assumed that this wasn't the man. But I didn't know where to go from there. How would I be able to make a positive identification?"

His dentist had not taken any x-rays and none had been found of the other occupant of the plane.

"It presented a real quandary for me," Dr. Luntz says.

"Then one of the troopers working with me came up with an idea: Why not check criminal records?"

"But this man was a commercial pilot, I said. Why would he have a record?" The trooper thought there might be an outside chance, so we checked."

The man had been a felon, it turned out, and had served time in the state penitentiary. Prison dental records contained a good x-ray of the jaw and showed that his dentist had taken out a second molar instead of a third.

After more than 14 hours of searching for the records, a positive identification was made.

Dr. Luntz uses sophisticated photographic equipment in his identification work. In Portland, Ct., for example, he was asked to identify a female skeleton thought to be a missing 20-year-old.

The family had no dental record, but there were several photographs. Dr. Luntz examined her protrusive front teeth and concluded that the skeleton wasn't that of the missing girl.

Sometimes sophisticated equipment isn't needed. Take the scientist who replaced the teeth in a skull recovered at an archaeological site. They just didn't look right. Dr. Luntz discovered that they had been glued into the wrong sockets. He broke them loose and reglued them, not an easy task in these days of super adhesives.

Though forensic dentistry textbooks have been written in other countries, Dr. Luntz wrote the first one in the United States. It is *Handbook for Dental Identification*, published by J. B. Lippincott Co., of Philadelphia.

He has been an assistant professor at the University of Pennsylvania for a number of years. He is a consultant and member of the faculty for the forensic dentistry course at the Armed Forces Institute of Path-

ology at the Walter Reed Army Medical Center in Washington, D.C.

The material he uses in that course formed the basis for his book.

Forensic dentistry is growing in the United States. There are more than 40 dentists in the American Academy of Forensic Sciences, Dr. Luntz said. He considers the Scandinavian countries tops in the field, however, because their laws are so strict.

"In Scandinavia if you can't make a positive identification of a body, you can't settle an estate nor can you collect on the life insurance for 10 years," he explains.

"You can imagine what a disaster that is to a family when the breadwinner is lost. That's why they were the ones who did the early work in forensic dentistry back in the 1950s and 1960s."

Dr. Luntz spent some time in the Scandinavian countries studying, and he has worked with Japanese, Hong Kong, British, Scottish, Belgian, Swiss, and Puerto Rican police.

Forensics takes a lot of time.

"You go through a tremendous amount of work in a bitemark murder case," he said, "but it is interesting and useful. Besides, I learn a lot in forensic dentistry that can be applied to my general practice."

It doesn't pay the bills, but it's stimulating and worthwhile, he says.

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Dental Fear Clinic

(Continued from Page 2)

The dental profession is faced today with the very real problem of patient overload; a situation that promises only to worsen.

The profession, along with the dental trade and the Federal Government, has spent much time, effort, and money in the development of preventive programs, sit-down four-handed techniques, improved equipment, expanded duties and more, in an effort to meet this challenge.

Group practice is spreading.

Health Maintenance Organizations are providing some solutions and posing some threats.

Dental schools are adding to their curriculum, methods of managing the patient with dental fear.

However, there is no information so fruitful as that of the experienced dentist.

At least 80 percent of all patients are believed to experience some apprehension about the dental situation. Management of dental fear by practicing dentists today may have a dramatic effect on the future of modern dentistry.

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Gainesville, Florida 32603

Putting the bite on the dentist

The 'malpractice crisis' has kept physicians and hospitals in the spotlight of late ... but other professionals have been finding that that they have similar problems

By Elizabeth Whitney
St. Petersburg Times Medical Writer

It was the typical malpractice suit against a dentist—the kind the lawyers call a "butter-finger" case.

But this one took a different twist.

As a dentist was extracting a woman's tooth, a filling from the tooth fell into her throat—causing, she alleged, discomfort, inconvenience and medical problems.

HER LAWYER did not sue on the usual negligence grounds. He sued her dentist for "breach of contract."

The dentist, the woman's lawyer argued, had "contracted to remove the tooth, the whole tooth and nothing but the tooth." The jury agreed and the woman won.

In residence now at Stetson University College of Law is a visiting professor from the West Virginia College of Law who has written the only authoritative text on dental malpractice. So unique is William O. Morris' knowledge of this little corner of law that he's in demand all over the world as a lecturer—even at \$500 to \$1,000 a day. He also serves as a visiting professor at universities from California to Germany.

It's the right legal specialty at the right time.

The "malpractice crisis"—created by the frequency of \$1-million awards against doctors and the resultant skyrocketing cost of malpractice insurance—has been in the headlines for months. While the spotlight has been on physicians and hospitals, dentists (and other professionals) have experienced a less dramatic but similar problem.

AS THE TOTAL number of suits filed against dentists rises, Morris says awards of \$100,000 to \$250,000 are not uncommon. The largest ever awarded against a dentist, he says, was for \$750,000, though it was finally settled for about \$600,000.

Morris works both sides of the street. In his fre-



quent out-of-town appearances, he's apt to spend one day telling law students and lawyers how to win malpractice suits against dentists. The next day he will lecture dental students and dentists on how to avoid suits and win them when they can't. He also is a consultant to lawyers on dental malpractice cases.

Many of those cases are fascinating. For instance:

A dentist prescribed birth control pills for a patient. When she suffered ill effects from the pills, she sued him. The dentist's defense was that if the woman had become pregnant, the calcium for her teeth would have been depleted.

The dentist was found to be prescribing outside the area of his competence and his insurance company had to pay.

(Patients with symptoms later diagnosed as oral cancer have sued dentists either for failure to use all available diagnostic tests or for failure to refer such patients to physicians, especially as early as they should.)

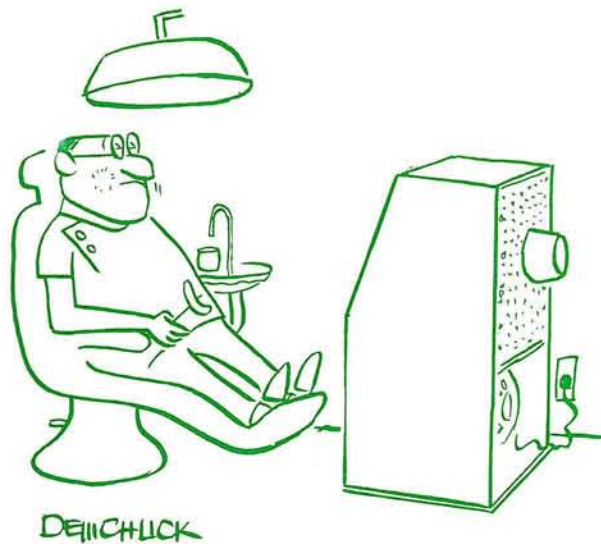
THEN THERE WAS THE case of the dentist who got into a political argument with a patient and threw him out of his office right in the middle of a dental procedure.

"Obviously, this was battery," comments Morris, "but was it also abandonment?"

Patients, he notes, can abandon doctors and dentists—by simply taking their business elsewhere. But physicians and dentists cannot sever a relationship with a patient without warning the patient in time to get a replacement or arranging for a replacement himself.

Even where such overt battery is not involved, battery is being used as the grounds in a growing number of dental malpractice suits, Morris says.

To prove actual malpractice, a lawyer must bring in expert witnesses to evaluate a dentist's competence and alleged negligence, he explains. Because of the "conspiracy of silence" that Morris says usually exists among dentists in a defendant's locale, expert witnesses generally have to be imported—at high fees and travel costs.



THE BATTERY CHARGE, on the other hand, hinges on a nebulous concept of "informed consent" that figures strongly in cases involving physicians. It means that if a dentist does not explain to a patient what a procedure is intended to accomplish, as well as its dangers, he can be charged with technical battery—and the case tried without experts.

One "assault and battery" suit—though it happened to an emergency-room physician—has wide application in dental malpractice litigation.

An emergency room doctor inserted his finger in a child's mouth, and the child bit down on it. After unsuccessfully trying several methods of getting the child to open his mouth, the doctor slapped him. The child's mother sued. The doctor pleaded self-defense and won.

Morris says dentists successfully defend 75 to 85 per cent of all malpractice suits filed against them.

Last year was the 600th anniversary of the first reported malpractice suit in English history; the first U.S. case was filed in 1974. Suits against dentists, Morris says, were relative latecomers. Before World War II, most cases involved infections that later were virtually eliminated by sulfa and penicillin.

After the development of high-speed drills and other cutting instruments, there was a period, he says, when "cut cases" predominated.

"BAD RESULTS are not evidence of negligence," says Morris. "The courts generally have refused to infer negligence on the part of a dentist simply because the patient suffered a cut." Even when there is no injury, Morris says, "the law does not presume negligence simply because the results anticipated did not occur from the treatment."

Malpractice cases involving anesthetics, X-rays,

broken needles and wrongful death generally require expert witnesses, Morris says.

But experts are not needed in the presence of the doctrine of *res ipsa loquitur* — literally, "the thing speaks for itself."

For example, if in the ordinary course of dentistry a tooth can be extracted without breaking a patient's jaw, then a lay jury is considered capable of determining that a dentist who has broken the jaw is at fault.

Still other interesting questions arise:

WHAT IF A PATIENT arises from a dentist's chair and drops dead? Can the dentist be held responsible? He can, Morris says, if he has administered a type of Novocain containing a constrictant (to prevent bleeding) to a person with a cardiovascular ailment.

(As a precaution, Morris says, dentists should take health care statements.)

If a baby is born with a birth defect and his mother's teeth were X-rayed during pregnancy, can the dentist be held accountable?

No legal precedent yet, says Morris, but he thinks such a case could be made and he advises dentists to cover all visibly pregnant patients with lead aprons before X-raying.

One answer to the malpractice dilemma, says Morris, is no-fault professional liability (malpractice) insurance. "Physicians and dentists are in a position to spread the loss and patients aren't," he says.

LAWYERS SPECIALIZING in malpractice cases won't lose income if the present contingency fee system (in which the lawyer gets a third to half of whatever the jury awards his client) is outlawed, says Morris.

"Percentagewise, lawyers will get about the same (total income), but they'll just get paid for all the clients they represent instead of just the 15 per cent of the cases they win," he says.

He resents hints that some liability lawyers—cut off from auto accident cases by no-fault auto insurance—have promoted malpractice suits.

"Lawyers," he says, "don't cause malpractice cases any more than they cause divorces."

For this law professor specializing in malpractice cases, the prospects are unlimited.

He just mailed his publisher his new book on veterinary malpractice:

It seems there was this man who bought an expensive pedigreed female dog in Europe for use as a breeder. Upon his arrival in the U.S., he took the female dog to a veterinarian to be sprayed.

The veterinarian, however, misread the order and

...

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Dental Detective

by Ted Blankenship

When Lester Luntz isn't filling cavities, he is usually getting his teeth into a baffling criminal case.

Outside his Hartford, Ct., dentist's office, Dr. Luntz is a pioneer in forensic dentistry. Working with dental records, he has made more than 475 positive identifications of some 500 bodies.

In 1973 in Du Page County, Ill., for example Dr. Luntz testified that the models of the teeth of a murder suspect matched a bite mark on the victim's leg, and the suspect was convicted.

That case is now under appeal.

In 1970, four members of a Connecticut family were found slain in their home. There were no fingerprints on the weapons and no sign of forced entry.

But Dr. Luntz identified a bite mark on a girl's left breast as belonging to her brother. The youth was found not guilty by reason of insanity. It is now considered a pioneer criminal case involving toothprints.

The Federal Bureau of Investigation reports another in which a burglar was undone by his appetite. The burglar confessed when he was confronted with a model of his front teeth a dentist took from a piece of cheese.

Dentistry is increasingly being accepted as an important tool in identification. Teeth, jaws, and fillings can produce more than 2.5 billion different combinations, Dr. Luntz says.

More important, he explains, though they can be attacked by disease in life, human teeth last longer than any other part of the body after death and, like fingerprints, no two mouths are alike.

Using teeth in identifying bodies can be unpleasant, but it sometimes is necessary, and often the only means by which it can be done. This was demonstrated in 1971 when an Allegheny Airlines plane crashed near Tweed-New Haven, Ct., Airport, killing 28 of the 31 persons aboard. Twenty-seven bodies were burned beyond recognition and fingerprint identification was impossible. The Connecticut Dental Disaster Squad, a group of 18 volunteer dentists organized by Dr. Luntz in 1969, was called in.

In two days, using the airline passenger list and dental records, the dentists were able to identify all 28 bodies. It is this kind of activity that makes Dr. Luntz a familiar sight at state police headquarters.

He is qualified as a police surgeon with the Con-



Dr. Luntz photographs dental x-rays of a victim, transferring them to 35mm film to become part of the case jacket. (Connecticut State Police photo)

necticut State Police and holds the rank of captain. He has worked with the force the past 16 years.

"I don't get a salary as a state policeman," he says, "but I have the uniforms and credentials."

He carefully points out that his forensic work is not a hobby.

"That's what they said in the Illinois case: 'My God, this man has this as a hobby, and he's trying to send a man to prison for the rest of his life.'

"My daytime practice is what is important to me, but my evenings I devote to forensic dentistry. I don't know how much time I devote to it, but nearly every day something comes into the office that involves forensic dentistry. I think a person should have something more than his office to keep him occupied.

"The variety keeps me interested. I never know what is coming up next."

A particularly baffling case involved a pilot and his passenger who crashed in Long Island Sound. After six months of searching, the plane was found and Navy divers went down to investigate. Two bodies were in the plane as had been expected, but there was a storm brewing and water currents were too strong for continued diving. When divers returned after the storm only one body remained in the wreckage. The other had washed away.

On the surface, Dr. Luntz was called in to make

dency of the American Association for the Advancement of Science. His book is particularly important to today's dental practitioner with the increasing use of drugs in pain control and practice. As Leake points out: "There has ever been an aura of mystery about drug action and use . . . tribal folklore on drugs probably slowly accumulated . . ." So Leake starts back with preliterate man, and it's all here from the herbs and roots of primitive man, the plants with medicinal properties that Bronze Age man and the ancient Egyptians used. Here, too, he explores the discovery, study, improvement of drugs, their progress to today, and their promise—even a look at current Chinese herbal pharmacology. Interesting and useful.

A Cultural History of the American Revolution by Kenneth Silverman, 700 pp., 53 ill., \$17.50, New York, T. Y. Crowell, 1976.

It is pleasant to welcome a truly unique and never-before-done volume to the Bicentennial flood of books—and here it is. Professor Silverman is one of a bare handful who can be called "cultural historians" and his book will surely be a classic seminal work. It can be summed up in his own words: ". . . between 1763 and 1789 . . . its [America's] independence from the British Crown . . . At the same time it acquired the elements of a modern metropolitan cultural life." The amazing productivity and creativity of this unbelievably artistic period is described here beautifully: America's first novel; first epic poems and composer; first professionally acted play, actor and dancer; its first important painters, sculptors, magazines, museums. It's impossible to detail all that's in this monumental work with its character cast running virtually into the thousands. If it's your bag . . . Outstanding.

Murder for Your Pleasure: The Whodunits . . . in our last column we mentioned the new series, *Fifty Classics of Crime Fiction 1900-1950*. It's now with us in a steady stream, and an exciting one. Second in the stream comes Thomas Kyd's *Blood on the Bosom Devine* (Garland Publishing, \$12.00), some 30 years old but just as fresh, intriguing, and delightful as ever. Kyd was the pseudonym for Alfred Bennett Harbage, a noted Shakespearean scholar and English professor who wrote only four whodunits and just recently died at the age of 75. Regarded by mystery writers themselves as one of their lasting colleagues, this book is a worthy example. It is set in a fleabag of an old theatre in a small community where striptease becomes murder. Sam Phelan—detective and one of a small cast of carefully done characters—solves a real puzzler in a warm and delightful story. All of which proves one doesn't need four-letter words to a mystery make! Get It!

Next in this series of *Fifty Classics* has been resur-

rected—with many thanks from those who love this genre—H. C. Bailey's popular *Mr. Fortune: Eight of His Adventures* (Garland Publishing, \$12.00), a collection of stories which appeared from 1923 to 1936. Starting out in suburban medical practice, Reggie Fortune gradually became scientific adviser to Scotland Yard, and turned to solving crime by the sort of intuitive processes one finds in *Father Brown* but there is more science here in Reggie, who is devoted to justice and may even take the law into his own hands, although he is quite human and an attractive human being. Delightful!

Peter Lovesey (who has done a half dozen Victorian whodunits) offers his latest, *Swing, Swing Together* (Dodd Mead, \$6.95). Delightful, with the simple, lovable Sergeant Cribb and Constable Thackeray of Scotland Yard, Lovesey produces another amusing and chilling (yes, both!) story of Harriet Shaw. She sneaks away from a girl's school to take a midnight skinnydip in the Thames and finds herself up to her neck in murder as well. The closeby murder of a tramp leads through Oxford to one of England's worst prisons, with Harriet dragged along by the police. Some delightful (and different) sex scenes and excellent characterizations as well as plot. Sheer fun as well as mystery.

The Paperbacks: increasingly important, here are a few outstanding ones.

The top Edgar Award of the Mystery Writers of America this year went to Brian Garfield's *Hop-Scotch* (Fawcett, \$1.75) and this spinetangling, suspense-adventure story deserves the award. Miles Kendig had been a spy for the C.I.A., but they didn't want him any more and set him on the shelf. Only he wouldn't stay there, he needed the kicks and so devised a bizarre, daring manhunt game—with himself as the game and target of us, the Russians, and anyone else he could entice in. Pressure and terror build to a startling end. Terrific suspense-adventure stuff.

The John Franklin Bardin Omnibus (Penguin, \$2.95) is something we should be grateful for. Bardin—former ticket-taker and bouncer, self-educated by reading and clerking in a bookstore, working at night, then editor of a magazine for the American Bar Association—wrote three novels in 1946-48 which are only now appreciated. For these three—*The Deadly Percheron*, *The Last of Philip Banter*, *Devil Take the Blue-Tail Fly*—are in this volume and are magnificent crime fiction with their strange hallucinatory intensity, their morbid psychology and their haunting exotic writing. They are surely unique, the products of an amazing and original creative talent. They are too complex to discuss here, but don't miss this one!

Clarity is malpractice preventive medicine

"When talking to your patients," West Virginia University law professor William O. Morris tells students in the dental school there, "don't say 'extraction' say 'pulling.'"

Having the patient understand what a dentist proposes to do to his teeth is important in avoiding malpractice suits, says Morris, one of the world's foremost authorities on dental malpractice, now wintering here as a visiting professor at Stetson.

One reason is that performing a procedure on a patient without his "informed consent" is one ground for a suit.

The other reason is that Morris concurs with the consensus that one answer to the soaring number of malpractice suits hitting many professions is establishing better rapport with the patient.

For dentists, Morris says, this is particularly important because people associate dentists with pain. "People look at physicians with some reverence," he says, "but they tend to look at dentists with hostility," despite the fact that real pain has been virtually eliminated from dentistry for decades.

Dentists and their various assistants will, no doubt, view it as a step backwards, but Morris also believes the "greatest protection (against suits) is in the one-chair office.

"So now they give one patient a shot and go to the other chair while the first patient waits and worries and fumes," Morris says.

The growing use of auxiliary help — hygienists, dental assistants — is part of the problem,

too, Morris believes. Partly this is because the dentist is liable for the acts of this auxiliary help — and even acts of another dentist in the same office. In addition Morris says "dentists sometimes delegate duties beyond the competence of the assistant."

Another reason: "I don't want to sound like a male chauvinist, but the little girl may not instill the same confidence as the dentist."

Dentists sometimes cause malpractice suits, Morris says, by criticizing the work of other dentists. Doctors are less inclined to do so because in many instances all they know about another doctor's treatment is what the patient, a layman, tells him. But dentists SEE the work, observes Morris, and sometimes they just can't resist commenting.

Whenever a patient refuses an X-ray or other diagnostic aid, Morris urges dentists to "either get rid of the patient or get a written, witnessed statement (of his refusal)."

Another protection favored by some physicians — agreements patients sign before treatment saying they won't sue — may be a psychological deterrent, Morris says, but "legally they aren't worth the paper they're written on."

Morris even has some advice for families of deceased dentists and physicians: Don't destroy any medical or dental records for at least 10 years after the death, he warns. "These records may be the only available evidence with which to defend a malpractice claim."

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"HERE'S MY ASSISTANT, RECEPTIONIST, HYGIENIST, LAWYER, BOOKKEEPER, TECHNICIAN, COLLECTION AGENT, AND COURT JESTER."

A Vignette of America

by George W. Burke, Jr., D.D.S.*



In 1620 Oliver Cromwell came of age. Charles Stewart, whose death warrant Cromwell would sign a generation later, was twenty, Descartes was twenty-four, Izaak Walton twenty-seven, Robert Herrick twenty-nine. Among the children, La Rochefoucauld was seven, Samuel Hudibras Butler eight, Turenne nine, Milton twelve. Corneille was fourteen. Richelieu was thirty-five, John Donne approaching fifty, Francis Bacon nearly sixty. Galileo was fifty-six. Shakespeare had been dead four years, Raleigh two. In the following year La Fontaine and Andrew Marvell would be born; within eight years Moliere, Wren, George Fox, John Bunyan. King James I, that somewhat distressing monarch who dribbled and spat over his food, wrote a book about witchcraft and a blast against tobacco, was fifty-four in the year that saw the births of such ill-assorted characters as John Evelyn, Ninon de l'Enclos, and Cyarno de Bergerac. It was also, of course, the year the *Mayflower* sailed on her most celebrated voyage.

It was on 6 September 1620 that the small vessel carrying its courageous group, who became known as the Pilgrims, set forth on its journey to the New World. The ship, under the able command of Captain Christopher Jones, was a small vessel. It has been estimated that she was 90 feet in length from stempost to sternpost; the keel was 58 feet long, breadth of 25 feet, and depth of 12½, 181 tons. By comparison, the modern *Queen Mary* with her 81,000 tons dwarfs the small *Mayflower*.

Quarters were cramped. Most of the sleeping and living space for the passengers was in the low-ceilinged great cabin, 25 feet by 15 feet at its largest, and on the maindeck, 75 by 20 at most. Below decks anybody five feet tall could never stand fully upright. What this measurement really means is that the maximum possible space for each person would have been slightly less than the size of a standard single bed. In an area that size, depressingly similar to a grave space, each person had to sleep, eat, store his personal belongings, change such clothes as he could or did, keep as clean as possible, brush hair, trim beards and nails, mind children, and prepare food.

The crossing of the Atlantic was difficult. It actually took nine and one-half weeks, 67 days in all, and two-thirds of this through storms and squalls. They

*Dr. Burke is the distinguished editor of the *Virginia Dental Journal* in which this Vignette was published originally.

chose the northern route, the fisher's route in the direction of Greenland, which was shorter but also rougher. Since they were late in starting the weather in the Atlantic was at its most severe period of the year. From the beginning many persons were seasick. The ship was wet and cold, cramped, badly ventilated, and unlit below deck. In one of the numerous storms young John Howland had a lucky escape. He had come up on deck above the gratings when the *Mayflower* pitched particularly violently and he was swept overboard. By great good luck he caught hold of the topsail halyards, which hung over the side, and managed to cling on, although he went down a long way. He was seen, and several men rushed to the side and began to haul the rope. As the *Mayflower* righted herself, they pulled him up; one of them reached over with a boat hook, and he was tugged aboard, dripping and spewing up water, breathless on the deck. He was "something ill with it" but recovered, as Bradford was happy to record, and lived to eighty (he was twenty-seven at this time).

So, the *Mayflower* rolled and pitched and wallowed along, day after day, always in the center of the surrounding circle of sea. The wind screamed malignantly, tossing the vessel with terrifying persistence. It never let up. Most of the people aboard had never imagined such weather possible. But, on Friday 10 November, as the sun's light moved up the sky inch by inch, the lookout suddenly shouted the words so long awaited—"Land ho!"

And, there it was—a low outline on the dim horizon, dark and silent in the chill thin air of a November dawn. What they were looking at, straining their eyes through the steel-grey dawn light, was, Captain Jones calculated, Cape Cod.

Thus writes Kate Caffrey as she skillfully arranges the story in her new book, "The *Mayflower*" (published by Stein and Day, New York, 1974, \$10.00). She informs us that nothing in this book has been invented. All incidents, opinions, comments, conditions of weather, and states of mind, public or private, have documentary support. It is a delightfully written account as well as authentic. Its 384 pages completely hold one's interest from the first to the last page covering the voyage, the exigencies and other extraordinary privations faced by the Pilgrims during the first year, and finally the established successful Colony. It is well worth your time to read the book.



BOOKS

Useful
Interesting
and Entertaining

By Arthur S. Freese, D.D.S.
TIC Book Review Editor



Encyclopedia of American History, Bicentennial Edition by Richard B. Morris, 1,260 pp., ill., \$25.00, New York, Harper & Row, 1976.

Despite our inundation with historical books this year, there are only a few significant ones which have appeared—and this is one. Actually this encyclopedia is already a classic but this—its fifth edition—is a major contribution to our Bicentennial. Carrying our history from pre-Columbian times to January 1, 1974, it has been updated during its writing to include current developments plus a section on the Watergate affair. In the words of its foreword it aims to fill what should really be our Bicentenary—"a fitting occasion to reexamine the American past and reassess our changing values and institutions." This is really three books in one: the basic chronology, presenting our chief military and political events; the topical chronology, presenting the nonpolitical aspects and events; (cultural, scientific, legal, medical, whatever); and finally the 500 notable Americans with biographical sketches of a broad cross-section. A must for your library.

Magnificent Microbes by Bernard Dixon, 251 pp., \$8.95, New York, Atheneum, 1976.

Dr. Bernard Dixon brings a unique combination—microbiologist by training and science writer by profession—of abilities to make this book of both interest and value to the professional man, as well as the lay public. As he points out in his preface: "We are already utterly dependent on micro-organisms for our health, wellbeing and even our very existence . . . Microbes were the earliest forms of life on earth and they are crucial in sustaining our existence today." Here is the correction of the problem that "The microbes have always had a bad press." Here then is the tale of the positive side of bacteria—as chemists and scavengers, as "servants of science," as food and feed for the future. Fascinating—not to be missed.

The Life of the Self by Robert Jay Lifton, 190 pp., \$7.95, New York, Simon and Schuster, 1976.

Dr. Lifton, a psychiatric professor at Yale, has a string of books to his credit on vital problems from Hiroshima survivors to Vietnam veterans. Here he offers what he admits "could be said to be heretical"—from the classical psychoanalytic viewpoint—but this is an attempt to present psychological concepts he has developed himself, "an evolving paradigm" as he puts it. Moving beyond the concepts of the classic founders such as Freud, Jung, Adler, and the rest, Lifton moves closer to the thinking of Becker on that most fundamental problem which all men must face and deal with—the issue of death. He is interested in the need for a new psychology—for a resymbolization and for the psychologist's and psychiatrist's involvement with social issues. A thinker's book.

Hammett by Joe Gores, 251 pp., \$7.95, New York, Putnam, 1975.

This is termed a novel but it's much more than that for it catches the spirit of Dashiell Hammett in a combination thriller, biography, and suspense work that explains that enigmatic genius of the who-dun-its who, almost a half century since his greatest work, still stands supreme. A private detective turned writer, Hammett is personally fascinating, and this in a sense is the story of Joe Gores too, for he did the same and now ranks close to the top trio of Hammett, Chandler, and Ross Macdonald. Careful research, top-flight writing, sensitivity to this subject all combine to make this a pageturner which you won't be able to put down. Whether you're interested in a suspense novel; a fictionalized biography of Hammett; 1928 San Francisco history; or just plain Hammett-style writing, it's all here. Fascinating—don't miss it.

An Historical Account of Pharmacology to the Twentieth Century by Chauncey D. Leake, 224 pp., ill., \$12.50, Springfield, C. C. Thomas, 1975.

Dr. Leake is a pharmacologist with a long academic career and many honors, such as the presi-

Exeter.

It happened that their accommodation had been booked in Exeter for the following night, so they had to leave the next day. But, instead of leaving mid-morning and having the afternoon touring around Exeter they elected to delay their departure and stay on in St. Ives.

You should have seen the expressions of pride and satisfaction on their faces when they left St. Ives. Some of them had spent a great deal of money on arts and crafts to take back home to the States with them, but nothing was as precious as the pots they had thrown (which had been specially fired for them); the paintings they had done; the brass rubbings they had completed in local churches; and the bits of crocheting and needlework which they had executed.

At the end of their stay in St. Ives they contacted the lady in the local information bureau to tell her what a wonderful time they had had, and reported that they appreciated all the efforts I had arranged on their behalf.

Which is where the story should have ended, with me back in my classroom, teaching groups of British teenage students.

But it didn't!

Apparently, many of the dentists on that trip took their handmade trophies back to their friends, some even put them in pride of place in their surgeries. They became conversation pieces.

Some of them contacted me later to say they would be returning another year. This time, not on a conducted tour, but just to stay in the St. Ives area, learning how to do something new in the way of an art or a craft.

Being professional people they attended many conferences and conventions and, I suppose, when it got round to talking about vacations they said where they had been and what they had done.

I kept getting letters from friends of theirs asking whether I could make introductions and book accommodations for them.

Of course, all this is fine in the off-season, when the town isn't so full of people that holidays can be uncomfortable. If they contact me to see how I can help them in the High Season of July and August I write back "I'm sorry but . . ."

Instead, I suggest that they make enquiries about enrollment at the activity and workshop holidays in the rest of the British Isles. There, the classes will be larger, but there will be more variety of activity; there, the accommodation will be more Spartan. There, they don't have the same opportunities for meeting interesting people who are well-known writers, actors, poets, painters.

There, the prices will probably be cheaper in the long run, because they are package-run with far more people enjoying the facilities.



Another portrait painter who teaches people on holiday how to draw and paint is Julie Ciccone.

Now I have a network of people who are willing to help professional people who want more to a trip to the British Isles than looking around museums.

Recently, I helped organize an art exhibition of the work of several professional people from America, who had spent four weeks doing their own artistic thing in St. Ives. All of them agreed that spending time on the arts was something that they hadn't been able to afford when they had been training to be the professional people they are today. Said one of them:

"It's really nice to be able to come away on a holiday and start making up lost time and produce something beautiful like an oil painting, and forget that one spends time looking down people's mouths to see what fillings they need. But it's those fillings and braces which have financed what must, in fact, be the holiday of a lifetime."

(All photos by Roger Clive Kemp)



"AND WE SHOULD BE ESPECIALLY THANKFUL THAT THE MIDDLEMEN AREN'T HERE YET."

From **ROGER CLIVE KEMP,**
Bellair Cottage, St. Ives,
Cornwall, England.

In Britain, Here's What Dentists Do On Holiday



Activity and workshop holidays throughout Britain are increasing in popularity every year, and it is the professional person who seems to want to take advantage of these holidays more than any other section of the working population.

Activity holidays are offered in music-making, pottery, painting, art appreciation, needlecraft, writing for profit, acting, dress-making and design, jewelry, horse-riding, rambling and map-reading, and photography.

Physicians, dentists and lawyers seem to be the largest groups who attend these activity and workshop holidays and they are always those who send their applications and deposits in first of all.

These professionals travel hundreds of miles to spend two or three weeks in often austere conditions—compared to hotels where most people would assume they would spend their holidays—and they travel from not only within the British Isles, and all over the Continent of Europe, but with an increasing number of dentists especially coming over from America and Canada.

Dentists tend to come for a minimum of four weeks, more often for six weeks, and they tend to bring their wives and families with them so that they can all benefit from the skills and activities which they experience.

I am a teacher and I live in a resort called St. Ives, which is 300 miles southwest of London. St. Ives is a famous art colony, and has attracted notable writers and artists for the past hundred years. Dylan Thomas, Donovan, Whistler, Virginia Woolf, John le Carré, Barbara Hapwort, and Bernard Leach have all done much of their best work in the town.

Seven years ago I received an urgent call from the lady who runs the local information bureau. She had just received a frantic call from Plymouth, about 80 miles away, from the tour-conductor of a group planning to visit St. Ives the following morning for a long weekend.

They were wanting a tour-guide to show them around the local beauty spots, and as there was no one registered, she wondered whether I would like to take on the job.

Extra money in my pocket was the inducement for me to reply in the affirmative, and, next morning, I went up to their magnificent Four Star Hotel to meet them.

It was then I found that they were a party of den-

tists and their wives from the Chicago area. A Swiss company was arranging their tour for them, and they were paying what seemed a fantastic amount of money for a four-week guide to Europe. One week was to be spent in the Westcountry of England, and they had already been travelling three days and visiting a number of recognized tourist sights.

It happened that all these dentists were people who had been to Europe before, and they already knew the major tourist sights in the major European capitals. That's why this trip had appealed to them because the tour company promised them a chance to see places and make visits off the usual tourist trail.

Luckily, around me there are beautiful villages with a lot of cottage industrialists—people who make things at home and sell them from their front door to passers-by. Then there is the castle in the sea which is called St. Michael's Mount; and a surfer's paradise called Sennen Cove, and Land's End, which is the furthest place in the British Isles and where most visitors like to be photographed to show they've made it; and an open-air theater called The Minack Theater right on the cliffs. Then there is Penzance, where the Brontë Sisters lived for a while; and the fishing ports of Mousehole, Newlyn and Porthleven.

We spent the whole day visiting all these places in the luxuriously appointed coach laid on by the travel company, and as the dentists and their wives scrambled around, they exuded happiness.

"Gee, this is great," they said almost in unison. "Everywhere we've been so far we've been taken to see stately homes and the interiors of churches and cathedrals; and, frankly, we haven't come all this way to see any of those things. We've done stately homes and churches on previous trips."

They impressed upon me that they had all been to Europe many times before, and they were anxious to find out more about the people themselves; rather than the antiquities which had been left as exhibits for visiting tourists like themselves.

There were 45 of them in the party and they informed their tour-conductor how much they had enjoyed their day with me. In fact, they invited me to join them for dinner at their hotel that night, which I graciously accepted.

The following day was Sunday and I had to think how I could interest them in St. Ives, which is what they wanted most of all. They wanted a rest from



Many professional people enjoy music-making or learning to sing, while on holiday in Britain. Here, a group of U.S. visitors sing together under the aegis of noted singer Meg Jose.

coach travel as they had already had three days touring through Britain before getting to St. Ives, and the schedule sketched out for them in the future was going to involve a great deal of travelling.

So I devised a walking tour for the morning. Luckily, the weather was gorgeous so there was plenty of sunlight to take pictures. The streets of St. Ives are quaint, as is the architecture; and the harbour front is picturesque.

Midmorning, I decided that I'd take them round to friends of mine who had recently renovated one of the oldest houses in St. Ives, and they were now taking



Kristen Roth is a freelance potter, and her coffee sets are popular as gifts from Cornwall. Here, an American visitor explains how he would like to make pots like these and enquires about lessons which she gives privately.

in paying guests. They agreed to put on a special morning coffee party, with coffee and scones with Cornish clotted cream and strawberry jam.

Although my friend's place is now a guest house it still retains the character of a private house with its exposed beams, granite fireplaces and plastered walls. Luckily, the whole group could fit into the place because there were two dining rooms, and a patio with tables on it.

The wives in the group were tremendously impressed by the imaginative decor in the house, and they were given a tour of all the rooms, while the husbands just sat outside and gazed at the sparkling view of the harbour.

After about three quarters of an hour at my friend's house, we went for a cliffside walk towards Zennor, where D. H. Laurence lived for about two years, and where he wrote *Women In Love*.

The men were thrilled with the colors of everything they saw, so different from anything back in Chicago. The wives loved the wild flowers and plants they saw in every hedge. Some of them even picked blackberries, and, forgetting all about hygiene, they just ate them after brushing off the dust from them.

Lunch was being served at their hotel, so the coach met us at Porthmeor Beach and took them back there. I joined them for lunch, but spent several minutes afterwards calling friends of mine who were artists.

Most of them were planning to be busy that afternoon with their painting, or making pots, or etching, or making collages. Others were planning to make some brass-rubbings, while the churches were closed that afternoon. Some were going to be doing needle-work crafts.

I realized that it was a calculated risk I was taking, but I decided that I would take these very worldly-wise Chicago dentists to see some artists and craftsmen at work. Most artists and craftsmen are flattered when people come to see them working,



Joan Gadson is a portrait painter of international repute who gives private lessons to students from all over the world. Her recent portrait of Sarah Churchill was the reason why so many U.S. photographers came to photograph her in her St. Ives studio.

so I didn't have any difficulty from them about bringing people along.

"Just think, if your stuff is as good as you think it is, you might very well sell something." Then I realized I sounded like a tourist tout and this didn't please me at all. Sure, I was going to be paid for my guiding around the St. Ives area and the West Penwith part of Cornwall for two days, but I wasn't yet into arranging for commissions on sales made.

From the start of that walking tour that afternoon everything went as smooth as butter. We went from one studio and workshop to another, and we seemed to spend about half an hour in each. Everywhere we went, the dentists were fascinated by what they saw, and their questions were exhilarating. In several of the studios they bought small paintings, a lot of pottery, some jewelry, and some brass rubbings.

Tea-time came, and I took them to some more friends who had recently opened a restaurant. They usually closed on Sundays, but I had persuaded them to open up for my party of 45.

It was during the tea-time that the conversation became most animated, and the discussion reverted back to the visits to the studios and workshops.

Most of the people they had seen were professional artists and craftsmen, and they existed on their art. To make certain some money came in, all of them taught privately. It was possible then to learn to paint, etch, throw pots, and make collages with them.

"Do you think they'd teach us later on today?" one of the dentists enquired.

"You mean tonight?" I was amazed.

"Yes." In fact, it appeared from the chorus which followed that many of them would like to do something creative.

"Naturally we'll pay for the privilege," was the next chorus.

Well, I didn't know, but I'd call them and find out.

One wouldn't. Two couldn't because they had previous engagements.



Donald Swann is a famous maritime painter who teaches privately foreign visitors of all ages.

The rest would.

So, the group was asked which particular hobby they would most like to learn, and it was amazing how they equalled out into groups of about the same size.

Dinner was going to be at seven, and then the coach was going to take them back to the studios and workshops of St. Ives where these visitors were going to learn how to do something new as far as they were concerned.

At eleven o'clock that night, their learning sessions were still going on, and several of them approached the tour-conductor and asked whether it would be possible to stay another day in St. Ives and carry on with what they were doing, rather than to go on to



Don Routledge is a master craftsman in decorative wood arts and here he shows an American visitor how to start a plaque.