

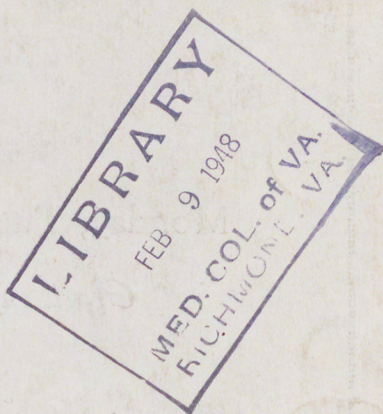
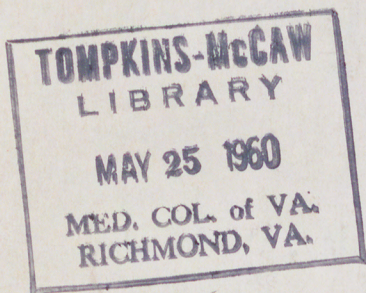
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THE *Bulletin* OF THE

VIRGINIA STATE
DENTAL
ASSOCIATION

VOLUME XXV

No. 1



February, 1948

Next Meeting

Virginia
State Dental Association

John Marshall Hotel
Richmond, Virginia



Monday, Tuesday, Wednesday

April 12, 13, 14, 1948

THE
BULLETIN

OF THE

VIRGINIA STATE
DENTAL
ASSOCIATION

Next Meeting

THE

BULLETIN

OF THE

OF THE

Dr. J. H. H. H.

VIRGINIA STATE

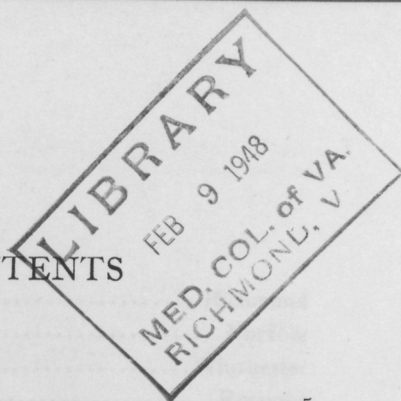
DENTAL

ASSOCIATION

Monday, Tuesday, Wednesday

Ch. H. H. H.

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RICHMOND, VA
JUN 3 1948

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PRESIDENT'S MESSAGE

I

In this issue of THE BULLETIN, preliminary announcement is made of the program for the Annual Meeting of the Association to be held in Richmond, April 12, 13 and 14. The scientific sessions give promise of being among the best ever presented. A fine Clinic and Exhibit Session is scheduled for participation by the membership. Entertainment features for the members and their ladies are being planned with the keen anticipation that a large attendance will be on hand to enjoy them. The commercial exhibits will be arranged in a new fashion and indications are that an unusually large number of firms will exhibit at this meeting. No effort will be spared to make the 1948 Annual Meeting a memorable one.

II

Preliminary announcement of the program of the Conference on Dental Health for Virginia also appears in this issue of THE BULLETIN. This Conference is sponsored jointly by this Association and The Virginia State Department of Health. It is scheduled for April 9, 10, and 11, 1948, and will be held at the John Marshall Hotel in Richmond.

The objectives of this Conference were stated in a previous issue of THE BULLETIN. The Conference is planned along the lines developed by the Council on Dental Health of The American Dental Association. Successful projects of this type have already been held in six states and many others are scheduled for this year. The participants in this Conference will include delegates from our eight Component Societies, The Association's Officers and Executive Council and members of the State Council on Dental Health. All members of the Association are invited and urged to attend.

III

The Constitution and By-Laws of the Virginia State Dental Association, as revised and adopted at the 1946 Annual Meeting of the Association, define the duties of the Executive Council, in part, as follows:

" They shall have charge of the general business of the Association The Executive Council shall convene prior to the Annual Meeting of the Association, the time to be designated by the President, to receive reports of the

officers and committees and for the transaction of any and all business connected with the Association which may be brought before it The session of the Council shall be open to all members of the Association and any member of the Association may be heard on matters under consideration, by consent of the Council " (Article XI, Section 3)

In order to expedite the conduct of the Association's business by the Executive Council, your cooperation is solicited in the implementation of a new plan.

In past years, the Council has met during the day before the Annual Meeting to receive reports and to consider the numerous items of business presented to it. The volume of business and the pressure of time have often handicapped the Council in its work. To alleviate this, all committees have been requested to submit their reports, in written form, a month in advance of the Annual Meeting so that copies may be prepared and placed in the hands of the members of the Council at least two weeks before the meeting. This will afford the Council and your Officers an opportunity to study the reports and recommendations in advance of the meeting. They should then be better prepared to act upon them with dispatch. Should the chairman of any committee wish to make a supplemental report at the Council meeting or appear in person in support of a report he would, of course, be privileged to do so.

Individual members of the Association having items of business or proposals to present are also asked to submit them in writing well in advance of the Annual Meeting so that they may be handled in a similar manner. If this is not practical or convenient, members of the Association are, of course, privileged and welcomed to appear in person and to present their proposals to the Council at its pre-convention meeting.

These requests are made of committees and members in the interest of more efficiency in the conduct of the Association's business affairs. Your cooperation in support of this plan is earnestly solicited.

HARRY LYONS

THE BULLETIN

OF THE

Virginia State Dental Association

VOLUME XXV

FEBRUARY, 1948

NUMBER I

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EDITORIAL

The House subcommittee on Publicity and Propaganda in the Executive Departments headed by Forest A. Harness has made some startling revelations. Every dentist in the State of Virginia and the United States should read this report and be able to quote its information. Every thinking citizen should be informed of the contents of this report.

This Committee reports that Government employees are back of the campaign to force Congress into passing a national compulsory health insurance law. There is a law which prohibits federal employees to use federal funds for influencing legislation, but, this campaign was planned and supported by Government employees on Government time with the use of taxpayers money. Headquarters for this machine is in the Federal Security Agency in Washington.

To further this scheme of socialized health services there exists two organizations—The Physicians Forum and the Committee for the Nations Health. The Physicians Forum led by Dr. Ernst P. Boas "has been identified by the Committee on Un-American Activities as a member of eight Communist-front organizations."

The Committee for the Nations Health maintain paid lobbyists. It is headed by Michael M. Davis, Ph.D., formerly of the Social Security Administration.

To support socialized health services, the most influential backers, many of which are government employees, devised "The Health Workshop." This was a plan to organize lay groups in the various states to disseminate propaganda to bring pressure to bear on Congress for the passage of a compulsory health insurance program. The House Committee found that this work of organization was paid for out of government funds, publicized by material printed by the government and representatives of six federal agencies, traveling on the Government went from Washington and elsewhere to direct a conference in North Dakota. The health problems of North Dakota were discussed and not a single M.D. from North Dakota or elsewhere was present. All information and literature was sent in advance and consisted of pamphlets published by the CIO, the AFL and the Physicians Forum advocating compulsory health insurance. No adverse information was offered or invited. No one spoke or hinted that the plan might be costly or burdensome on the taxpayer. All the pamphlets sent out were printed at Government expense and mailed from the Federal Security Administration.

It is our duty to see that our government is never burdened with the impossible load that would be inevitable should compulsory health insurance be adopted.

TENTATIVE PROGRAM
VIRGINIA STATE DENTAL ASSOCIATION

HOTEL JOHN MARSHALL
RICHMOND, VA.
April 12-14, 1948

SUNDAY, APRIL 11, 1948

2:30 P.M.—Meeting of Executive Council

In order to expedite the business of the Association, all committees have been requested to present their reports in writing well in advance of this meeting. Copies of all reports will be made available to the members of the Council several days before this meeting.

Members of the Association having business to present for consideration by the Association are requested to present same to the Executive Council at this time. All business so presented will be reported by the Council at the Business Session, Tuesday evening.

MONDAY, APRIL 12, 1948

8:30 A.M.—Registration and Opening of Exhibits

9:30 A.M.—Opening Session

Invocation

Report of Executive Council

President's Address

10:30 A.M.—“The Management of Conditions Arising from Accidents Sustained by the Anterior Teeth of Child Patients.”

Dr. Kenneth A. Easlick

2:00 P.M.—Movie: “The Treatment of Fractures of the Jaws.”

2:30 P.M.—“What's New in Dental Research.”

Dr. O. W. Clough

3:00 P.M.—“The A. D. A. Council on Dental Health in Action.”

Dr. Allen O. Gruebbel

3:30 P.M.—“Crown and Bridge Prosthesis.”

Dr. E. B. Nuttall

7:30 P.M.—Banquet and Entertainment (Virginia Room)

TUESDAY, APRIL 13, 1948

9:00 A.M.—Movie

9:15 A.M.—“Prosthesis and Prosthetic Dental Service”

Dr. LeRoy E. Kurth

10:15 A.M.—“Cast Restorations”

Dr. Raymond E. Myers

11:15 A.M.—“Periodontia”

Dr. D. E. Ziskin

2:30 P.M.—Clinics and Scientific Exhibits

6:00 P.M.—Dinner Meeting of Component Society Officers and
Executive Council

7:30 P.M.—Movie

8:00 P.M.—An Address by the President of the American Dental
Association

Dr. H. B. Washburn

9:00 P.M.—Business Session

Supplemental Report of Executive Council

Report on President's Address

Election of Officers

Selection of Next Convention City

WEDNESDAY, APRIL 14, 1948

9:30 A.M.—Registered Clinics:

I Prosthesis—Dr. L. E. Kurth

II Cast Restorations—Dr. R. E. Myers

III Periodontia—Dr. D. E. Ziskin

These three registered clinics will be conducted twice:
9:30 A.M. to 10:30 A.M., and 10:45 A.M. to 11:45 A.M.
When you register, you may select cards of admission
to two of the three clinics. These will be issued on a
“first come first served basis” as long as admission
cards are available.

12:30 P.M.—Meeting of Executive Council

CONFERENCE ON DENTAL HEALTH FOR VIRGINIA

SPONSORED BY VIRGINIA STATE DENTAL ASSOCIATION
AND VIRGINIA STATE DEPARTMENT OF HEALTH

PROGRAM

Presiding—Dr. Guy R. Harrison, Member, Virginia State Board of Health
Dr. Harry Lyons, President, Virginia State Dental Association

FRIDAY, APRIL 9, 1948

MORNING SESSION

Greetings

Dr. L. J. Roper
Virginia State Commissioner of Health

The Objectives of the Conference

Allen O. Gruebbel, D.D.S., M.P.H.
Executive Secretary, A. D. A. Council on Dental Health

The Public's and the Profession's Stake in the Future of Dentistry

Kenneth A. Easlick, D.D.S.
University of Michigan
Ann Arbor, Mich.

Present Status of Preventive Procedures

John W. Knutson, D.D.S., D.P.H.
Senior Dental Surgeon, U. S. P. H. S.
Washington, D. C.

AFTERNOON SESSION

The Distribution of the Virginia Population and Dental Personnel

G. A. Nevitt, D.D.S., M.P.H.

Director, Mouth Hygiene Division

Virginia State Health Department

Ability of Virginia People to Pay for Dental Care

Leland B. Tate, Ph.D.

Professor of Rural Sociology

Virginia Polytechnic Institute

A Plan for Medical Care in Rural Areas in Virginia

W. T. Sanger, Ph.D.

President, Medical College of Virginia

A Discussion of Health and Medical Care in Virginia

Col. Charles R. Fenwick

EVENING SESSION

Proposed Solutions

Dr. Allen O. Gruebbel

SATURDAY, APRIL 10, 1948

MORNING SESSION

Group Discussions

Group I—Utilization and Expansion of Dental Personnel

Group II—Community Dental Health Program

Group III—Responsibilities of Groups and Agencies in the
Promotion of Dental Health

Group IV—Experimental and Demonstration Projects

Luncheon

(Informal Progress Reports by Group Leaders)

AFTERNOON SESSION

Continuation of Group Discussions

Preparation of Group Reports and Recommendations

SUNDAY, APRIL 11, 1948

MORNING SESSION

Report and Recommendations of Group I

Report and Recommendations of Group II

Report and Recommendations of Group III

Report and Recommendations of Group IV

Discussion—Evaluation of Recommendations

Dr. Allen O. Gruebbel

Adjournment

OUTLINE LIST OF FILMS ON DENTAL SUBJECTS

ARMY, NAVY, U. S. PUBLIC HEALTH SERVICE

VETERANS ADMINISTRATION

Courtesy of George A. Nevitt, Director of Mouth Hygiene

BACTERIOLOGY

AVAILABLE

The Process of Human Dental Caries	7 min.	Sound	Color
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DENTAL

AVAILABLE

1945 Anterior Acrylic Bridgework		Sound	Color
1945 Dental Health	24 min.	Sound	B. & W.
1942 Extra-oral Traction Appliances			
Wooden Tongue Depressor			
Traction Appliances, Metal Coat			
Hanger Traction Appliance			
1942 Clearing of Air Passage—Face and			
Jaw Wounds			
1942 Intra and Extra Oral Splints			
1942 Control of Hemorrhage—Face and			
Jaw Wounds			
1942 Care and Treatment of Face and			
Jaw Wounds			
1942 Immobilization of Fractures—			
Intramaxillary Wiring, Intra-			
maxillary Wiring, and Elastic			
Traction			
1945 Diseases of the Mouth			
Oral Hygiene	10 min.	Silent	Color
Our Teeth	10 min.	Silent	B. & W.
Treatment of Jaw Fractures	25 min.	Silent	Color
The U. S. Naval Dental Corps Prosthesis			
Series—Construction of a Partial			
Maxillary & Mandibular Denture	25 min.	Silent	Color
The U. S. Dental Corps Operative Series—			
A Technic for Amalgam Restoration	28 min.	Silent	Color
Radiodontics	20 min.	Record	B. & W.
The U. S. Naval Dental Corps Prosthesis			
Series—Construction of a Maxillary			
Anterior Fixed Bridge	25 min.	Silent	Color

Factors Concerned in the Construction of

Full Mandibular & Maxillary Dentures	40 min.	Silent	Color
Duties of a Dental Clinician	24 min.	Silent	B. & W.
The Process of Human Dental Caries	7 min.	Silent	Color
Clasp Partial Denture Design	35 min.	Record	B. & W.
Oral Prophylaxis by Dental Technologists	17 min.	Silent	Color
Dentistry—Anterior Acrylic Bridgework (Three Parts)	45 min.	Silent	Color
1942 About Faces	10 min.	Sound	Color
1945 Winky the Watchman	10 min.	Sound	Color

IN PROCESS

Restoration of Maxilla and Palate

with Acrylic Prosthesis		Sound	Color
Oral Surgery, Part I		Sound	Color
Oral Surgery, Part II		Sound	Color
Oral Surgery, Part III		Sound	Color
Oral Surgery, Part IV		Sound	Color
Route Canal Technic	22 min.	Sound	Color
Periodontia	22 min.	Sound	Color
Jacket Crown Construction	22 min.	Sound	Color
Operative Dentistry (Four Parts) each	25 min.	Sound	Color

Series Title: PROSTHETICS

1. Boxing of Upper & Lower Impression
2. Trimming of Models of Edentulous Mouths
3. Base Plate Adaptations
4. Bite Rims
5. Methods of Mounting Casts
6. Adjustable and Non-adjustable Articulars
7. Wax-up of Full Dentures
8. Flasking
9. Packing and Processing
10. Finishing and Polishing
11. Repair of Dentures
12. Rebasing of Dentures
13. Articulation of Full Dentures

REVISION OF

Oral Hygiene

Indirect Technic for the Precision

Construction of Crowns, Bridges, and
Inlays—Prosthetic Series

IN PLANNING

Processing Prosthetic Dental Appliances	Sound	Color
Dental Anatomy	Sound	Color
Dental Hygiene	Sound	Color
Chair Assisting	Sound	B. & W.
Crown and Bridge	Sound	Color
Full Denture	Sound	Color
Studies to be determined—Part I	Sound	Color
Studies to be determined—Parts I - III	Sound	Color

INTERNAL MEDICINE

AVAILABLE

Our Teeth	10 min.	Sound	B. & W.
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LABORATORY TECHNIQUE

AVAILABLE

Duties of a Dental Clinician	18 min.	Sound	Color
Dental Prosthetics Laboratory Series (See Dentistry)			

IN PLANNING

Techniques	Sound	Color
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NURSING

AVAILABLE

Duties of a Dental Technician	18 min.	Sound	Color
Oral Prophylaxis by Dental Technologists	19 min.	Sound	Color

SURGERY

AVAILABLE

1942 Clearing of Air Passage—Face and Jaw Wounds			
1942 Control of Hemorrhage—Face and Jaw Wounds			
1942 Care and Treatment of Face and Jaw Wounds			
1942 Immobilization of Fractures— Intramaxillary Wiring, Intramaxillary Wiring, and Elastic Traction			
Treatment of Jaw Fractures	25 min.	Silent	Color
Skeletal Fixation for Fractures of the Mandible	10 min.	Sound	Color
Wounds of the Face and Jaw	20 min.	Sound	Color

These Films may be obtained by contacting the Director of Mouth Hygiene, Dr. Geo. A. Nevitt, State Department of Health, Richmond 19, Va.

ANNOUNCEMENTS

VETERANS ADMINISTRATION

The Veterans Administration announced this month that a time limit of 60 days has been placed on authorizations for treatment of veterans by dentists participating in the VA's out-patient dental care program.

However, Dr. W. D. Lanier, dental chief of the VA's Richmond Branch Office, said that this limitation does not prevent a participating dentist from requesting an extension of time in cases involving extensive treatment. The request must be received before the 60-day period expires. Requests for extension of the authorized period should be the exception rather than the rule, Dr. Lanier pointed out.

The 30-day limit for dental examinations remains unchanged.

Dr. Lanier explained that the 60-day limit is for the purpose of "utilizing to the fullest the funds allocated for out-patient dental treatment and to furnish necessary dental service to the greatest possible number of veterans."

Funds tied up by authorizations which are not used in a reasonable length of time restrict the number of veterans receiving dental treatment, he added.

Veterans will be requested by VA Regional Offices to get in touch promptly with the dentists authorized to treat them, Dr. Lanier said. They also will be notified that the authority is for 60 days and that treatment must be completed within that period or an extension obtained.

COUNCIL TO INVESTIGATE OCCUPATIONAL DERMATITIS

As part of its program of therapeutic investigation, the Council on Dental Therapeutics is compiling a list of dentists who are sensitive to procaine (Noyocain), Monocaine, Butyn and other drugs used in their practices.

The Council is beginning a study of possible means for the prevention and treatment of occupational dermatitis. The active cooperation of a large number of members of the dental profession will be necessary if the project is to succeed.

The Council asks that all dentists who are subject to occupational dermatitis write to the American Dental Association, 222 East Superior St., Chicago 11, Ill., stating the general nature of their ailments. Names will be held in confidence if the writer so requests.

TO THE CHAIRMEN OF COMMITTEES

In order to expedite the conduct of the Association's business, your cooperation is solicited in the implementation of a new plan.

As you probably know, most of the Association's business affairs are conducted by the Executive Council. In past years, the Council has met during the day before the Annual Meeting to receive reports and to consider the various and numerous items of business presented to it. The volume of business and the pressure of time have often handicapped the Council in its work. To alleviate this, I am requesting that all reports from committees be submitted to me a month in advance of the Annual Meeting so that copies may be prepared and placed in the hands of the members of the Council at least two weeks before the meeting. This will afford the Council and your officers an opportunity to study the reports and recommendations in advance of the meeting. They should then be better prepared to act with dispatch upon them. Should the chairman of any of the committees wish to make a supplemental report at the Council Meeting or appear in person in support of a report he would, of course, be privileged to do so.

Individual members of the Association having items of business or proposals to present will also be asked, through the medium of our BULLETIN, to submit them in writing well in advance of the Annual Meeting so that they may be handled in a similar manner. If this is not practical or convenient, it is hoped that such matters will be presented verbally to the pre-convention meeting of the Council for its consideration rather than being presented from the floor at the general business session, at which time little opportunity may be available for a thorough consideration of such items.

These proposals are made in the interest of more efficiency in handling the business affairs of the Association. There is no intent to stifle the interest or participation of the membership at large. Your cooperation is earnestly solicited.

Sincerely,

HARRY LYONS, *President*

REQUEST FOR INCREASE IN DUES

The House of Delegates of the American Dental Association approved a recommendation of the Reference Committee on Constitution and By-laws that the annual membership dues be raised to \$12.00 a year, an increase of \$6.00 annually.

This amendment to the Constitution will be acted upon at the annual session of the House of Delegates in Chicago, 1948. If approved the increase in dues will become effective on January 1, 1949.

The House of Delegates took this action after considering the fact that the annual budget of the Association showed a potential deficit of more than \$300,000 for the fiscal year 1947-48. This deficit has been caused by the expansion of the program of the American Dental Association and the increase in operating cost.

At the annual meeting in Boston, the House of Delegates approved the 1947-48 budget as submitted by the Board of Trustees but instructed the Board of Trustees to reduce the budgets of all agencies of the Association "to the minimum for basic functional need."

In accordance with this direction, the Board of Trustees held a special meeting of three days in Chicago on October 11-13, 1947. More than one hundred thousand dollars of projected expense was removed from the operating budget with the result that the potential deficit is decreased by that amount. The following figures provide an over all view of the present status of the budget:

BUDGET APPROVED AT BOSTON

Total Income Anticipated for 1947-48.....	\$ 764,000.00
Total Expenditures Authorized, 1947-48.....	1,076,577.00
Total Deficit Anticipated for 1947-48.....	\$ 312,577.00

BUDGET REVISED AT SPECIAL MEETING

Total Income Anticipated for 1947-48.....	\$ 754,000.00
Total Expenditures Authorized, 1947-48.....	969,763.00
Total Deficit Anticipated for 1947-48.....	\$ 215,763.00

This reduction in the operating budget was made after exhaustive study of the objectives, needs and activities of all agencies of the Association. Every effort was made by the Board of Trustees to continue essential activities of the Association.

The assets of the Association, in cash and securities, amount to approximately \$800,000, which shows that the present financial position of the Association is sound, but in order not to exhaust the general reserve within the next two years, an increase in income or a drastic cut in the activities of the Association must be made.

The Board of Trustees, in February, 1948, will again consider the budget with a view to making possible further savings.

A CONSIDERATION OF DENTAL ETHICS

SOUTHWEST VIRGINIA DENTAL SOCIETY

October 30, 1947

WILLIAM N. HODGKIN

Doubtless a paper on ethics should begin with a delving into the etymology of the word and with some attempt to define it. While such attempts are always interesting, at least to the essayist, I here studiously refrain with the persuasion that the understanding of the term as applied to professional life may be more inclusive and far-reaching with each of you than could be expressed in any definition, however apt the definition be. And in our consideration of the subject I would have that understanding as broad and as inclusive as our mental concept can make it.

As the fundamental spirit of any true profession is built on ethics let us realize at the outset the part that ethical standards have played in making possible whatever professional status we today enjoy. To convince of the utter dependence upon this spirit of any calling which aspires to the rank of a profession, regard for a moment the history of dentistry itself. After a noble birth in the early races there came during the Middle Ages of Europe—that transitional stage between ancient and modern civilization—a time when dentistry was the consort of the charlatan and necromancer, the habitue of the street corner and the market place, when every self-proclaimed superior method of treatment was jealously guarded from other practitioners and a gullible and credulous public was preyed upon with outright fakery.

What was the status of dentistry of that day? It could be measured by its practice of ethics—and as its ethics were nil, so was its status as a true profession. Making due allowance for the lack of scientific and cultural development of the day, still its greatest lack was a spirit of ethics. Medicine of the period was also crude from the present day viewpoint and though her skirts were not ethically immaculate, her prestige was maintained by a fair average of practitioners who at least showed ethical ideals commensurate with the standards of the more intelligent classes of the time.

In our own Colonial times the ethical standards of the dental profession has been appreciably advanced but leadership was scanty, organization was non-existent, and there apparently yet remained among our early practitioners an attempt to impress a prospective clientele with solely superior methods of treatment and a tendency

to withhold from others whatever technic seemed to give advantage to its lone possessor.

The phases of professional progress here referred to briefly—for we are not concerned with history save as it reveals its lessons—cover a period of at least three hundred years during which there was a little advance in the science of dentistry and a like little in the prestige of its practitioners. It can scarcely escape observation that so long as those who practiced the profession sought solely to build up their individual reputation, with no thought of building for the profession at large, just so long was the profession denied the prestige which probably each member sought, but for the most part sought it in loneliness and futility.

Of the founding of the first dental society—the New York Society of Dental Surgeons, about 1837—let it be said in all candor that the organization, though long urged by Dr. Horace Hayden, was made possible to some extent because of the realization of the need of associated and common effort against charlatans who had usurped such a place in the public eye as to endanger the very existence of the profession from a scientific view and an economic view as well.

But while the efforts of those who had long sought organization were thus crystallized by partially defensive and selfish motives, the common interest soon showed itself in definite ethical advances. Efforts then began to be directed toward building a profession rather than to build up the individual alone.

What of dentistry since this birth as a real profession, which is practically coincident with the birth of a true ethical spirit and code within her ranks? In scarcely a hundred years such advance has been made as to be the subject of world-wide comment and universal recognition. Indeed in recent years, one prominent Soviet official, while belittling what he claimed were the pretended political and social achievements of the United States during her life as a republic, gave her sober and serious credit for one outstanding contribution to the welfare of mankind—the development of the science and art of dentistry. Naturally one is not overly impressed with the general summation of our national achievement from such a source, but there is a definite significance to his choice of a single exception credited America as a contribution.

It would be blinding ourselves to those qualities and attainments which make for prestige to regard this rise in universal public esteem as due solely to scientific achievement, no matter how great such achievement be. Dentistry has had to serve her, and still has, many men of high ethical standards and firm honesty, and there are few among us so unfortunate as not to have been influenced by some of

the later noble characters and to have had the privilege of observing their professional and ethical make-up. In any reflective appraisal one cannot but see in the integrity, culture and high ideals of such individuals just those elements which so advanced the profession.

Scientific advance and heightened prestige through organization on a basis of ethics? Surely. Those would be the natural concomitants of a group brought together and actuated by such ideals. If the inseparable factors could be isolated and weighed, it is probable that ethical standards which could not escape the observation of a cultured and discriminating public have been greater factors in the enhancement of professional prestige than the scientific accomplishments which could not well be estimated by the same public. This enhancement was not a sudden thing of making but was won by a goodly number and succession of those who lived and practiced such real ethics as to compel a cumulative recognition. Nor was this professional structure of prestige built by catering to the appeals of the ignorant and uninformed; rather by adherence to the standards which prompted the appreciation of the more cultured and intelligent.

And so, it seems, must we continue the structure which has become a most precious heritage—for as legatees accorded rights, privileges and esteem, we cannot escape the responsibilities which the heritage entails. Whether we realize it or not, we are each the custodian of the honor and prestige of dentistry among those whom we serve and among whom we live. Consciously or unconsciously, we are either guarding the gift of our forerunners by integrity and devotion to service in keeping with the spirit of ethics or we are depleting that which has been entrusted to us.

It is but logical that our ethical progress should find expression in some generalized and elastic code—and such we have. If one, in scanning the Code of Ethics of the American Dental Association, believes that here is a fairly recent set of rules drawn up by a committee, adopted and then published, to control to the letter our professional conduct, let him promptly wipe such thoughts from his mind. The spirit and fundamentals of the Code of Ethics are as old as the healing art itself; the wording of our present code is naturally not the same as found in the stately phrasing of the Oath of Hippocrates and other such ancient instruments, but the intent and spirit is identical. Indeed the spirit of any code, regardless of the language in which it is couched, is transcendent.

While such a code is our guide, can any expressed code—however comprehensive—insure by its wording that those who entrust themselves to our hands will receive that care on which they have a right to rely? I fear not. Rather do I imagine that one could adhere

rigidly to the letter of the code and yet perpetrate the most unethical practices with immunity insofar as being subject to disciplinary measures of a dental society.

There are in dentistry today probably some cases of reversion to that type of the Middle Ages in which men, though accepting every honor which attaches to a profession and pretending to be devotees of its highest aims, still seek to place themselves above their fellows by attempts to impress patients with sole knowledge of superior methods of treatment, even though these methods be but usual practice, and still seek by every artifice to gain supposed individual advantage regardless of fairness to others. Fortunately such cases are few, and happily they are growing fewer.

Without wishing to detail unethical procedures—which is not the purpose of this paper—it is not difficult to see that one could play upon the credulity and fear of his patient for his own advantage and be more guilty of unethical procedure than by infraction of many things expressly forbidden by the code.

It would seem that one might even be unconsciously guilty of unethical practice, at least insofar as meeting his full responsibility is concerned. That dentist who from the day he is admitted to practice, isolates himself and through mental indolence and indifference makes no effort to keep abreast by reading, hearing or seeing improved technical procedure, can scarcely fulfill his responsibility to the patient. If he does not familiarize himself with newer technic and preventive measures, try the advanced methods, naturally he cannot properly weigh and appraise the advantages, or disadvantages, they offer his patients. This is a matter scarcely within the scope of a code, save in its spirit, but it is an ethical consideration nonetheless. There just are incumbencies in a professional life which cannot be escaped.

Again, an office may be equipped with rather elaborate and expensive apparatus designed as aids to diagnosis and treatment. The owner of such an office deserves the confidence of his patients in thus equipping himself to add to his capacity for service and he should advise the liberal use of anything which is for their benefit. But what if advised with the sole idea of a fee? Who can question the honesty of his motive? None save he who is in honor bound to act fairly with his patients. There must be the spirit of mental honesty and integrity or else the ethical transgression is apparent.

Thus might many angles of the relationship of dentist to patient be discussed, but it is both tiresome and of questionable value. The fact remains that in the code of a profession there must be the guide of a functioning and responsive conscience so soon as a patient places his welfare in our hands. The familiar "caveat emptor" can

have no place in the mind or practice of a professional man. The customer in commercial lines who can examine goods, feel them, weigh them—to some extent, test them—may feel himself competent to take his risk on his own judgment. In dental services this competence of judgment on the part of the patient is not possible. The patient does not know—lacking technical knowledge, cannot know—what is for his best interests. He must take his risk on the integrity, honor, skill and gentlemanly instincts of the dentist. It is this necessity or implicit trust on the one part and inviolate responsibility on the other which is the essence of a true professional relationship.

In the recent years of unusual prosperity there has been little to test the ethical staunchness and faithfulness of the dental practitioner. Such has been the demand for dental services that any practitioner of reasonable personality and skill could scarcely keep pace with the calls on his time. Yet, if we believe in the theory of action and reaction, and if we are impressed with the repeated demonstrations throughout history in our national economy that peaks of prosperity are inevitably followed by troughs of depression, then we might anticipate coming changes to which we must adjust ourselves. Particularly young practitioners, who have built lucrative practices more rapidly than any men before their time, and who have never experienced the rougher going in hard times, must reckon with such a probability.

One does not join the rather general anticipation of some sort of depression save with reluctance and by force of objective reasoning. But it is known that the economic psychology of a nation can change in a very brief period, and there are indications even now that we have already passed the peak. If a generally predicted depression does come, in whatever degree of severity, then will come also those days when the ethical fibre of a profession is tested. Then there will be a greater temptation to seek individual advantages, even at the expense of others, that we may maintain, or repossess, a scale of prosperity to which we had so easily become accustomed.

Any who expect to get untouched and unscathed in a world-wide breakdown in financial adjustments are heedless of the first laws of economics. Any, in such a trying period, who see their fellow-practitioners as competitors, threatening their individual prosperity, are likewise heedless of the first laws of economics. The real competitor and true threat in all such periods are the highly advertised products, both semi-necessities and luxuries, which drain off all income funds of a large segment of the population beyond the bare living necessities. This truth was confirmed most definitely in tables compiled during the depression of the early 1930's, where it was disclosed that public expenditures for such luxuries as chewing gum

and candy were far beyond those for dental services—to say nothing of automobiles, radios and the many commodities which a public had become to regard as more essential to their comfort and happiness.

Thus, if such times do come about, more than ever will it be imperative that we keep without impairment the sound values of ethics and the reserves of integrity, that we be not hampered—individually or collectively—by ill-advised policies and practices which might result in the drag of lessened reputation and prestige when financial mal-adjustments are corrected to bring about normal times again.

The collective angle is mentioned, since in fact some dental societies during the last depression engaged in programs of publicity which proved futile for the most part in the face of the economic factors then existing, and moreover scarcely lent to the prestige of the profession in those areas where the experiment was attempted. Indeed many in the organized profession were concerned as to the wisdom and true ethics of a program which was proposed for the endorsement of the American Dental Association, and for which much was promised in whipping up the interest of the population in dental care. Naturally everyone favored a sustained program of education in dental health, and there is hinted here no question of the sincerity of those who believed a stepped-up campaign in the lay press would be fruitful as well as of benefit to the uninformed. Yet this might fairly be said: the ostensible purpose of the program as presented was for the welfare of the public, but the avowed purpose on which support of the proposed campaign was sought before the American Dental Association was that it would bring more patients into idle dental offices. While this dual aim is perfectly possible of fulfilment to the benefit of all, the masquerade before the public with the representation that their benefit was the single aim caused many to question the ethics of the undertaking.

The comments at the time of one elderly practitioner, familiar with the slow process of building prestige and mindful of the unselfish sacrifices of many of our forerunners in that building, were such as are not easily forgotten. He had exclaimed, "I entered the practice of dentistry when it was a trade with the ideals of a profession; I have lived to see it become a profession with the ideals of a trade." This was not a true indictment, of course, but that such a charge could be levelled at some of our modern tendencies should cause us serious thought.

It would be erroneous to assume from any of the foregoing that true dental economics and dental ethics are incompatible or antipathetic. There is nothing in living dental ethics which is in oppo-

sition to sound economics and there is everything in support, particularly in collective economics. "The laborer is worthy of his hire," and the theory that contented men are in a better mental frame to render maximum service are recognized in all ethics, for ethics is fairness. But all economic policies and practices must comport with the dignity of a profession. It is when we become imbued with our own advantages solely—heedless of economic stress of others all about us, and heedless of professional attitudes—that we transgress and become blindly culpable.

And in thinking of "others," let us not lose sight of those fore-runners who have built so solidly and surely for us. Consider our capacity for valuable services were it not for the trial and error, the successes and failures, of many men now gone and some still among us. Consider how mechanical apparatus, efficiently designed instruments and precise technics are freely available to us; other technics, on which men have zealously and worthily labored, discarded that we may not suffer the same set-backs and failures. Who of us could command any such recognition as is accorded us or be in position to render the present services to our patients, without these gifts from our profession? Individual accomplishment is so feeble that none could contribute but a mite in comparison with that which he receives. Do we not owe all loyalty to the very spirit which has made our present positions possible?

The competitive spirit in any group associated in the same field of service is not denied nor disregarded. So long as that competitive spirit is controlled, particularly controlled from within, and is a stimulus to the best service of which one is capable, it is a valuable element to be encouraged for the development of the various associated parties. Yet when the competitive spirit becomes unbridled and unheeding of the other associated parties, it can but lead to such abuses as to wreck the structure and preclude the highest service which makes for prestige.

Let us assume, for instance, that the practitioners in a given community agree that in order to render the best in a specific service it is reasonable and fair to set a minimum fee. Shall we seek to take a supposed advantage by rendering the same service at a less fee? We thus either admit that we are rendering less than others in the specific service, are suggesting that our conferees are charging more than a fair fee or are proclaiming to all of intelligence that we hold both ourselves and our profession cheaply. Any of these positions appear ethically untenable. An individual may claim his right to such a course but the end result of the practice is obvious futility and ruin. Moreover it is certain that an ethical attitude will evidence

itself in adaptability and conformance with generally accepted ideas and policies.

But this is merely one manifestation of an unethical spirit and a disregard of the ideas of our fellows in service. Other manifestations, including resorts to planned publicity, are more numerous than could be imagined and there is no desire to list literally such infractions in a tiresome and distasteful recital. It may be an apparently casual remark to a patient stating our regret at learning that another practitioner suffers some physical impairment, suggesting to the mind of the patient that this practitioner is not capable of rendering his best service. It may be a similar statement of regret at the possible domestic stress of another, hinting his preoccupation under the conditions. Or it may be in any other remark that carries the implication of our individual superiority in capacity for service to the disparagement of others.

In fact we could scarcely have an idea to further our individual advantage which has been untried by men gone before us. Where these ideas have been consonant with true ethics and founded on fairness and a gentlemanly spirit toward the patient and the fellow-practitioner, men have built honor among their confreres and an enduring loyalty and appreciation in large clienteles. Where these ideas have been dominated by acquisitive obsessions which heeded neither the patient, confrere nor profession, men have flourished and dazzled for awhile but have ever reached the same end of disillusionment, disaster and dishonor.

At the risk of too little consideration of specific unethical practices I willingly take the risk if you will allow me to stress the point that none can tear down the professional structure in which he dwells without actually lessening his own advantages and comforts as a lodger therein, and without being soiled by the dust and debris of his own making.

Especially would this hold true among those of us who practice and live in the small cities and towns. In large cities there may be an almost inexhaustible number of gullibles to supply a blatant pretender but the fair intimacy which exists in smaller communities precludes any permanent success save that built on solid ethics and a consciousness of an overall professional prestige.

So, as professional ethics has been evolved through the years for my honor, my own welfare, my happiness in service and my right to link myself with the best men of the dental profession and other learned professions, I would prize it and nurture it in letter and in spirit. I would further declare that to do otherwise is to pursue those oft-trodden futile paths which lead only to frustration and dissatis-

faction. If I claim professional status, I gain it only by maintaining a professional attitude.

I am convinced that as an American I have no honor save as America is honored; as a Virginian I have no prestige save as Virginia, through the lives and characters of many worthy sons, has built prestige; likewise as a dentist I have neither honor nor prestige save as the dental profession, thanks to the noble and unselfish figures who have served and do serve her, have won honor and prestige. It ill-behooves me, and it ill-pays me, to relinquish any of that which has been won for me.

WHAT ARE YOU DOING FOR THE DENTAL HEALTH OF YOUR COMMUNITY?

YOU are rendering a fine dental health service to *your* patients. BUT are you satisfied that for every person you render this fine service there are four, five or more persons in your community who may be denied the benefits or even the proper knowledge of the benefits to be derived from such health service?

The answer perhaps is, "No, not satisfied, but what can I do about it?" If you teach your own patients the proper care of their mouths and of their children's mouths in addition to rendering your best prophylactic and restorative service, you are contributing in a large measure to the dental health of your community. You are not, however, contributing *enough* unless you make your influence reach out beyond the confines of your office, beyond your own clientele.

You *may* say that you do not have time to do more—your practice which is most important to your livelihood consumes all of your time. Or you may say "Let George do it" since you pay dues to your dental society, small though they be, for the protection and benefits derived. This is not a valid answer. "George" cannot do it without *your* help. *You* meet people day in and day out with whom *you* have the most influence in dental matters. Right at your dental chair you can help those other members of your community who never reach a dental chair.

Your practice consists of a cross-section of American life—many leaders of your community—civic leaders—clergymen, teachers, politicians, members of parent teachers organizations and service

clubs, physicians, labor leaders, big and small business men, and parents. *You* are their dentist and they look to you for dental information. Few if any of them know or realize the enormity of the dental health problem. It is your responsibility to your community and to your profession to inform them.

If you do not have all the correct facts, they are available through your state and A.D.A. councils on dental health. Much *mis*-information as to the causes and effects of dental diseases has been disseminated in the past. Little has been told the rank and file of the public of the carefully planned long-term practical program being developed by your state and A.D.A. councils on dental health to improve the dental health of the nation. *You* can bring this authoritative information directly to the people of your community.

You can familiarize yourself with the latest developments in this program by taking an active part in your state and local council on dental health. Read the literature, magazines and pamphlets that are available which describe the program—the caries control program, our goals and principles, the progress of fluorine therapy and other preventive measures. You can participate in the dental health workshops when they are held in your state. Learn the latest accepted terms to explain dentistry's program to your patients. This is your duty to yourself, your profession and to the public as a doctor—a teacher.

By such a united effort and interest of its individual members, the dental profession can develop and carry out a program for the American people which will be practical and in the best interest of both the dental profession and the public health, and dentists can avoid the foisting of programs sponsored by impractical planners and opportunists.

You can guide the destiny of dental health service in America! It is your professional duty to impart the latest authentic dental information to the people of your community and help to counteract mis-statements and plans that are inimical to public health and the practice of good dentistry!

THE PROFESSIONAL RELATIONS COMMITTEE
COUNCIL ON DENTAL HEALTH
AMERICAN DENTAL ASSOCIATION

THE TRUTH REGARDING DENTAL CARIES

Reduction in the consumption of sugar and the application of a solution of sodium fluoride to the teeth of children are among the most effective known means of reducing dental decay which afflicts nine out of each ten persons, a group of scientists reported in the current issue of *The JOURNAL* of the American Dental Association today.

A total of 114 dentists, physicians, biochemists and nutritionists joined in a review of existing scientific knowledge regarding dental decay at a conference sponsored jointly by the University of Michigan and the Kellogg Foundation.

In their report in the *A.D.A. JOURNAL*, they said that it is now definitely known that dental caries (decay) is caused by acid resulting from the action of micro-organisms on carbohydrates, principally sugar, in the mouth.

Experiments are now under way with a large number of possible preventives and new control technics but none of these has been tested sufficiently to warrant general use, the report pointed out.

The scientists challenged a number of popular misconceptions regarding the cause of dental decay, pointing out that sickness, general health or nutritional status has no significant bearing on the process of dental decay.

"In fact," they wrote, "several scientific reports reveal that malnourished persons have a decreased incidence of dental caries."

They attacked the ancient belief that pregnancy and lactation is a cause of dental decay, and questioned the theory that emotional upsets may influence decay of the teeth.

The scientists also swept aside the theory that brushing the teeth alone will prevent dental decay. They said that brushing the teeth must be done immediately after eating to have any effect in inhibiting decay.

Also, they refuted the theory that increased consumption of vitamins and minerals would insure healthy teeth, declaring:

"The ingestion of vitamins and minerals, in amounts in excess of those required for a normal diet, has not been demonstrated to have any relation to dental caries."

They also said that they were unable to find any substantial evidence that uncooked fruits or vegetables and other so-called detergent (cleansing) foods reduced the caries attack rate.

The group reported that topical (local) application of a solution of sodium fluoride to the teeth of child patients had reduced dental decay by an average of 40 per cent. However, they described the use of foods and other preparations for home use containing fluoride salts as inadvisable and pointed out that evidence is still incomplete on the fluorination of domestic water supplies as a means of reducing dental decay.

In regard to sugar, the scientists reported:

"Studies by a number of investigators indicate that the restriction of sugar, either refined or natural, is effective in the control of dental caries. Moreover, the restriction of sugar, either refined or natural, will improve the dietary, provided the caloric intake remains adequate. The harmful effects of sugar, refined or natural, are not reduced by the addition of either vitamins or minerals."

A. D. A. NEWS RELEASE

REPORTS FROM COMPONENT SOCIETIES

COMPONENT No. 1—VIRGINIA TIDEWATER
DENTAL SOCIETY

Meeting monthly—(except Summer months)

TOM NICHOLLS, Norfolk.....President

AMAND C. VIPOND, Norfolk.....Secretary-Treasurer

M. P. DOYLE, Norfolk.....Counselor

AMAND C. VIPOND, *Secretary*

COMPONENT No. 2—PENINSULA DENTAL SOCIETY

Meeting monthly—(except Summer months)

W. H. TRAYNHAM, JR., Hampton.....President

R. E. WILLIAMS, Newport News.....President-Elect

A. G. ORPHANIDYS, Newport News..Secretary-Treasurer

JOHN B. TODD, Newport News.....Counselor

The monthly meetings have been interesting and instructive. Since the last publication of the BULLETIN we have a program for January and February of 1948 as follows:

January—"Silicate Cements"—Dr. R. E. Williams, Newport News.

February—"Crown and Bridge"—Dr. Victor Jaffee, Washington, D. C.

A. G. ORPHANIDYS, *Secretary*COMPONENT No. 3—SOUTHSIDE VIRGINIA
DENTAL SOCIETY

Meeting annually—September

DARDEN W. JONES, Wakefield.....President

R. B. TYNES, Lawrenceville.....President-Elect

BARNEY STARR, Petersburg.....Secretary-Treasurer

J. H. COCKS, Farmville.....Counselor

The annual meeting will be held in Franklin, Va., next September. Plans for the program are not yet complete. J. P. Irby of Blackstone, and J. P. Broadus of Franklin, have been appointed to attend the "Dental Health" conference in April. T. C. Bradshaw will also attend by virtue of his state chairmanship.

BARNEY STARR, *Secretary*

COMPONENT No. 4—RICHMOND DENTAL SOCIETY

Meeting monthly—(except Summer months)

HERBERT CONE President
 F. A. TYLER.....President-Elect
 W. C. HENDERSON.....Secretary-Treasurer
 G. A. C. JENNINGS.....Counselor

The Annual banquet and installation of officers was held at the John Marshall Hotel, Thursday evening, December 18, 1947. The following were elected to the Executive Committee. W. W. Wright, R. T. Miles, J. V. Turner, W. A. Bagby, and J. R. Fleet.

WILLIAM C. FLAKE (1880-1947)

The members of the Richmond Dental Society deeply regret the loss of one of their members, Dr. William C. Flake on Sunday, November 16, 1947.

He was born in Gainesville, Fla., 67 years ago, and was a graduate of the Medical College of Virginia. He had been in the practice of dentistry here in Richmond for a number of years, having maintained an office in the down town business section of the city.

He is survived by his wife, Mrs. Mary Moore Flake, and two sons, Dr. Carlyle Flake, a physician of Boston, Mass., and William C. Flake, Jr., of Richmond; and a daughter, Mrs. Joseph Maust of Richmond.

W. C. HENDERSON, *Secretary*

COMPONENT No. 5—PIEDMONT DENTAL SOCIETY

Meeting annually—October

FRED G. REPASS, Roanoke.....President
 C. H. WILSON, Danville.....President-Elect
 JOHN P. GROVE, Roanoke.....Secretary-Treasurer
 C. K. GARRARD, Lynchburg.....Counselor

The Annual meeting was held at the Natural Bridge Hotel on October 13 and 14, 1947, with 105 members and guests present.

The following program was presented on Monday:

In the A.M. the annual golf tournament at the Lexington Country Club.

2:30 P.M.—Dr. Harvey B. Haag, Dean of the Medical School, Medical College of Virginia, delivered an address on "Recent Advances in Drug Therapy."

3:30 P.M.—A panel discussion on "Office and Practice Management." Various phases of the subject were discussed by individual members of the Society.

A Social Hour at 5:30 P.M. was followed by the Annual Banquet at 6:30 P.M. Ninety-five members and guests attended this function and were highly entertained by Rev. E. K. Emuerian.

The Scientific sessions of Tuesday, October 14th, consisted of:

(1) A discussion of the subject "Oral Lesions" by Dr. Thomas W. Roberts, of Lynchburg, Va.

(2) A clinic on "Operative Dentistry" by Dr. O. W. Clough, of the Medical College of Virginia.

(3) An address "Topical Application of Fluoride to Reduce Dental Caries" by Dr. Geo. A. Nevitt, of the State Health Department, Richmond, Va.

(4) A motion picture, "Porcelain Jacket Preparation" by Dr. Woodson T. Boatwight, of Washington, D. C.

Four new members were received—making 125 active members, four life members and five service members.

The following were elected to the Executive Committee: Dr. S. A. Lipford, Bassett; Dr. K. Mc. Crawford, Covington; and Dr. M. H. Bowman, Roanoke.

G. GUY OVERHOLT, *Secretary*

COMPONENT No. 6—SOUTHWEST VIRGINIA DENTAL SOCIETY

Meeting annually—October

C. K. POLLY, Appalachia.....	President
P. D. MILLER, Norton.....	President-Elect
C. M. QUILLEN, Bristol.....	Secretary-Treasurer
G. M. GOAD, Hillsville.....	Counselor

The Southwest Virginia Dental Society met in joint session with the First District Dental Society of Tennessee in Bristol, at the General Shelby Hotel, on October 30, 1947. This was the regular fall

meeting for the Southwest and the 24th annual one for these two components. Our attendance this time probably broke all records for these yearly gatherings.

Dr. A. E. Miller, Elizabethton, president of First District of Tennessee opened the meeting and had charge of the morning session. Dr. C. K. Polly, Appalachia, president-elect of the Southwest presided over the afternoon for Dr. R. D. Courtney, Marion, president, absent through illness.

The clinicians and essayists for the day were: Dr. C. L. Chandler, Atlanta, Ga., "Porcelain Restorations;" Dr. W. N. Hodgkin, Warrenton, Va., "A Consideration of Ethics;" Dr. G. A. Nevitt, Dept. of Health, Richmond, Va., "Topical Application of Fluorine to Reduce Dental Caries;" and Dr. Harry Lyons, Richmond, Va., "Periodontal Problems of General Interest." These were very good and of worthwhile interest.

Our business session was held at 5 P.M. Our component expressed deep regret at the passing of Dr. R. L. Simpson, Richmond. He was the first secretary of the old Southwest Dental Society of years ago, and an honorary member of our present one. He was a loyal and fine friend of our members here in the Southwest and we enjoyed the privilege of hearing and seeing his clinics on a good many occasions. Five new members were accepted for membership and on the request of Dr. Lyons, State President, delegates and alternates were elected to attend the "Workshop." Officers were elected and installed for 1948. Dr. C. K. Polly, Appalachia, president-elect was installed as president. Elected were Dr. P. D. Miller, Norton, president-elect and the incumbent secretary-treasurer re-elected for another year.

The social hour was at 6:00 P.M., and the meeting closed with the banquet at seven o'clock.

C. M. QUILLEN, *Secretary*

COMPONENT No. 7—SHENANDOAH VALLEY DENTAL SOCIETY

Meeting annually—Fall of the year

H. M. HANNA, Staunton.....	President
F. L. LEONARD, Bridgewater.....	President-Elect
W. H. WUNDER, Woodstock.....	Secretary-Treasurer
R. B. SNAPP, Winchester.....	Counselor

There has been no activity here since our meeting in October, which was published in the last issue of the BULLETIN.

W. H. WUNDER, *Secretary*

COMPONENT No. 8—NORTHERN VIRGINIA DENTAL SOCIETY

Meeting semi-annually—Spring and Fall

A. J. BOLLING, Fredericksburg.....President

G. W. BOGIKES, Alexandria.....President-Elect

J. W. KLINE, Arlington.....Secretary-Treasurer

B. M. HALEY, Warrenton.....Counselor

The Fall meeting program was published in the October issue of the BULLETIN.

J. W. KLINE, *Secretary*

POTOMAC DENTAL STUDY CLUB

The Potomac Dental Study Club held its monthly meeting on Monday, December 15, 1947, at the George Mason Hotel, Alexandria, Va. This was a business meeting and election of officers for the coming year. The following were elected:

President—Dr. Harry Roush, Arlington Medical Center, Arlington, Va.; Vice-President—Dr. Sidney Abramson, 101 N. Alfred St., Alexandria, Va.; Treasurer—Dr. Joseph M. Kline, Arlington Medical Center, Arlington, Va.; Secretary—Dr. Harold W. Bonifer, 1228 N. Irving St., Arlington, Va.

The Study Club had a most successful year, both academically and with increased membership. Nearly every practitioner in Arlington, Alexandria, and Fairfax is a member. The scientific programs for the past year included operative dentistry, prosthodontia, orthodontia, pedodontia, oral surgery, maxillofacial surgery, economics, and materia medica. The membership attendance is quite high as well as guest membership, which speaks for itself in so far as interest in the programs is concerned. Possibly the greatest function of the organization has been to enhance the feeling of cooperation and good fellowship among the local dental practitioners.

A. D. ALEXANDER

KINDERGARTEN DENTAL PROJECT IN LYNCHBURG

The Junior Chamber of Commerce of Lynchburg has recently sponsored what they call "The Kindergarten Dental Project." They asked the Dental Society to examine the mouths of all children in the Kindergarten System. This was recently completed, 15 dentists having participated in the examination. The results of the examination show that a majority of the kindergarten children are in need of dental care. For the city as a whole, in 12 schools, 63% of the 311 children examined were found defective. 13% of the total number examined were, in fact, marked as urgent or immediate cases, and this latter percentage cannot be taken as complete because not all of the examining dentists made a distinction between routine and advanced defects.

With the report group, the analysis is as follows:

GROUP	NUMBER EXAMINED	NUMBER DEFECTIVE	NUMBER URGENT
White (10 schools)	259	151 (58%)	32 (12%)
Colored (2 schools)	52	44 (84%)	8 (15%)
City Total (12 schools)	311	195 (63%)	40 (13%)

In making the examination the participating dentists examined the children in the kindergarten rather than in their offices and used a mouth mirror and explorer but did not attempt to chart cavities. The individual patient's chart was marked either (1) "OK," if no work was indicated, or (2) "Routine," if only a moderate amount was found to be done, and (3) "Urgent," if the mouth was in very poor condition and needed immediate treatment.

T. T. UPSHUR, *Secretary*

ROANOKE DENTAL SOCIETY

Meeting monthly—(except Summer months)

P. T. GOAD, Roanoke.....President
L. E. WITHEROW, Roanoke.....President-Elect
HUGH LEE, Salem.....Secretary-Treasurer

The Roanoke Dental Society held its first meeting of the year on Friday, January 9, 1948, at the Patrick Henry Hotel. Dr. C. K. Garrard of Lynchburg, gave a paper and lecture from colored slides on Operative Dentistry.

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KINDERGARTEN DENTAL PROJECT IN LYNCHBURG

The Junior Chamber of Commerce at Lynchburg has recently sponsored what they call "The Kindergarten Dental Project." They asked the Dental Society to examine the mouths of all children in the Kindergarten System. This was readily accepted, 10 dentists having participated in 655 examinations. The results of the examination show that a majority of the kindergarten children are in need of dental care. For the entire school year 12 schools, 614 of the 655 children examined were found defective, 33% of the total number examined were in fact marked as urgent or immediate cases. This latter percentage cannot be taken as complete because many of the examining dentists made a distinction between routine and advanced defects.

With the report group the analysis is as follows:

SCHOOL	NUMBER EXAMINED	NUMBER DEFECTIVE	PERCENT DEFECTIVE
White (10 schools)	240	121 (50%)	50 (12%)
Colored (2 schools)	32	14 (44%)	4 (12%)
City Total (12 schools)	311	145 (46%)	54 (17%)

In making the examination the participating dentists directed the children to the kindergarten rather than in their offices and used a mouth mirror and explorer but did not attempt to chart cavity. The individual patient's chart was marked either (1) "OK," if no work was indicated, or (2) "Urgent," if only a moderate amount of work is to be done, and (3) "Urgent," if the mouth was in very poor condition and needed immediate treatment.

T. T. George, Secretary

ROANOKE DENTAL SOCIETY

Meeting monthly—except summer months

D. T. GOULD, Roanoke, President

L. E. WITHENOW, Roanoke, Secretary

WILSON LEE, Salem, Treasurer

The Roanoke Dental Society held its 5th meeting at the Roanoke Hotel, Roanoke, on the 1st of March. A report of the Dental Society of the T. R. Chamber of Commerce was a paper and lecture given by Dr. J. H. Carter.

