

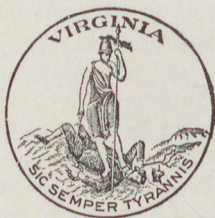
THE BULLETIN

of the

VIRGINIA STATE DENTAL ASSOCIATION

VOLUME VII.

Number 1



NOVEMBER, 1930

Virginia State Dental Association

Organized 1870

President's Address

J. E. JOHN, D.D.S., Roanoke, Va.

MR. CHAIRMAN, Fellow Members of the Virginia State Dental Association and Friends: Rather than detain you with a long address touching upon the many phases of dentistry which interest us generally, I wish to submit a report covering the year's work, give expression to my sincere appreciation of your support and offer a recommendation for your consideration.

During the early part of this administration the several existing organizations were visited for a dual purpose; first to receive an impression of your desires; second, to create an interest in the formation of programs for these organizations, using for the purpose of development our own talent. Perhaps many of you were disappointed in the officers, because of our failure to carry out the original plan, but as the year progressed conditions made it imperative that we turn our attention to the solution of problems, the importance of which you will learn before this meeting adjourns. In this presentation I wish to discuss them generally that you may know my reasons for the recommendation which will follow.

In studying the requests for assistance from the various parts of the state it became apparent that one of our real problems was the influx of advertising corporations into Virginia. After several conferences a special committee was appointed, composed of Drs. Blackwell, Lewis and Simmons, Dr. Simmons acting as chairman. This committee was instructed to make a careful study of the advertising situation throughout the country, the report of their findings to be presented to the Legislative committee. The work of this committee was most satisfactory. The report in a few words was, "The present dental law is not sufficient to protect the public's interest, nor is it sufficient to maintain the standards of dentistry. We recommend that a dental bill be presented to the next General Assembly, which, if it becomes a law, will more adequately supply our needs."

The recommendation was adopted, and the special committee became a part of the Legislative Committee by appointment. Assisted by the Board of Examiners along with others who were interested, a comparative study of the several state laws, along with those of Canada, was made. A bill was written incorporating what seemed

*Read before the Virginia State Dental Association, May 12, 1930.

to be the best in these laws. The Hon. M. A. Garrett, of Henry County, to whom we owe a debt of gratitude, introduced the bill in the Senate, where it became known as Senate Bill No. 70. Decided opposition arose, a part of which I mention because of its importance to organized dentistry; though I may be infringing upon the report of the Legislative Committee. It was interesting to learn that the dental mechanics opposed the new law even to the point of requesting the Governor to veto it, because the bill stated specifically that no one except a licensed practitioner of dentistry should take impressions or place dentures. In this connection and for the benefit of those who may not have been informed, I wish to report that a Civil Court in this state passed a decision in the case against a mechanic, in which he stated, "the measuring of the mouth for plates is no more than measuring the foot for a shoe, therefore, it is not a violation of the State Dental Law, nor is it a violation of the Revenue Act because he is not practicing dentistry." Another interesting problem presented itself when a Hygienist opened an office in one of the principal buildings of Roanoke, using as her authority a letter from the Attorney General's office, which was interpreted to mean that the cleaning of teeth, as is practiced by that profession, was not a violation of the Virginia State Dental Law. It is of further interest to know that one member of this organization, through his representative, had Senate Bill No. 70 locked in the House of Delegates, because it did not contain provisions for the Hygienist. This was done without the knowledge or consent of either your officers or your Legislative Committee. I mention these things to emphasize the importance of the task our Legislative Committee has just completed, also to give you warning of forces in existence, which if allowed to develop, will destroy the foundation upon which dentistry is built.

The question immediately arises, "what course shall we pursue?" This will be partially answered June 19th, when the new dental law becomes effective, and in my opinion, *organization* completes the answer. Do not understand me to mean that the law is complete for all time. It is not. Changes must be made to meet conditions which will arise during years to come, and from what was learned by those of us who appeared before the last Legislature, organized efforts will be absolutely essential, if the now respected profession of dentistry continues in its unselfish effort to render the greatest service in its field of medical science.

During the past few months every effort has been made to impress upon this membership the importance of creating component societies, to include every ethical dentist in the state for the purpose

of unity of effort. Selected men from every section of Virginia have been asked to meet with our President-elect to work out the details of this creation and submit a report to this body during the last business session.

It has been a genuine pleasure to have served you in capacity of President. No one could have experienced greater cooperation from officers and committeemen. I wish to mention particularly the work done by Drs. Blackwell and Lewis during the time Senate Bill No. 70 was before the State Legislature. The Virginia State Dental Association owes them a debt of gratitude which will be difficult to repay.

There are others who stood by me constantly through some of the more difficult problems which arose and I wish to express my appreciation for their valuable and unselfish cooperation and assistance. Our Secretary-Treasurer prevented many mistakes, which would have been made, had he not constantly been at work with knowledge which comes only through experience.

There is one recommendation I wish to present. It is that the state be divided into at least ten districts, the geographical lines to be drawn in such a manner that it will be possible to reach a central point within two hours; that district societies be forced within these territorial lines, to become official component parts of the state organization. As stated before, men have been selected to work out the details of this re-organization, their report to you will furnish full information.

We have tried to get for you an adequate law. The above recommendation is presented that there may be an organized body in the state, which will be sufficient to uphold or change it, if further requirements demand. It is also made, that channels may be created through which the entire dental profession may be reached, for the purpose of carrying out educational programs, which will the better enable us to perform our duty to society.

Again I wish to thank you for the honors you have conferred upon me and for the support given during the past year.

Officers and Committees

Virginia State Dental Association

1930-1931

Dr. R. F. Simmons, <i>President</i>	Norfolk
Dr. R. B. Snapp, <i>President-Elect</i>	Winchester
Dr. A. M. Wash, <i>Sec-y-Treas</i>	Richmond
504 Medical Arts Building	

Executive Committee

Dr. S. D. Kent, <i>Chairman</i>	Danville
Dr. Carter Crafford.....	Norfolk
Dr. W. H. Street.....	Richmond

STANDING COMMITTEES FOR 1930-31

Legislative Committee

W. H. STREET, <i>Chairman</i>	Richmond
P. B. WALTON.....	Richmond
F. A. GILL.....	Petersburg
R. H. PHIPPS.....	Marion
S. D. KENT.....	Danville
W. M. STURGIS.....	Marshall
J. P. STIFF.....	Fredericksburg
H. W. CAMPBELL.....	Suffolk

Program, Publicity and Exhibit Committee

A. M. WASH, <i>Chairman</i>	Richmond
H. L. SMITH.....	Charlottesville
G. R. HARRISON.....	Richmond
J. L. WALKER, JR.....	Norfolk
J. M. HUGHES.....	Richmond
R. L. SIMPSON.....	Richmond

Clinic Committee

J. C. OVERBEY, <i>Chairman</i>	Norfolk
T. W. CAMPBELL.....	Suffolk
J. P. BRADSHAW.....	Norfolk
A. L. SEAY.....	Petersburg
T. W. WOOD.....	Richmond
F. W. McCLUER.....	Lexington

Membership Committee

R. N. HARPER, <i>Chairman</i>	Danville
R. W. WILLIAMS.....	Lynchburg
W. P. LEWIS.....	Parksley
B. A. LESTER.....	Norfolk
R. I. PUSEY.....	Richmond
R. T. CREASY.....	Front Royal
W. H. WUNDER.....	Woodstock
V. M. PENCE.....	Pennington Gap

Gun Club Committee

H. E. BONNEY, <i>Chairman</i>	Norfolk
J. J. STIGALL.....	Richmond
J. F. ROBINSON.....	Roanoke
I. C. WAGNER.....	Covington
H. C. IRBY.....	Blackstone
PAUL BURBANK	Hampton

Golf Committee

S. C. WARDEN, <i>Chairman</i>	Norfolk
C. M. QUILLEN.....	Bristol
M. S. JENKINS.....	Roanoke
B. J. PRESSEY.....	Newport News
R. W. SPRINKLE.....	Staunton
W. G. GOBBELL.....	Suffolk

Study Club Committee

F. R. TALLEY, <i>Chairman</i>	Petersburg
C. C. BOWMAN.....	Waynesboro
C. B. HARLOE.....	Winchester
H. B. SOWERS.....	Hopewell
P. W. BECKHAM.....	Farmville

Military Committee

BEAMAN STORY, <i>Chairman</i>	Franklin
T. F. EPES.....	Roanoke
W. W. MANNING.....	Norfolk
G. C. HONEYCUTT.....	Big Stone Gap
D. O. VIA.....	Charlottesville

Entertainment Committee

CARTER CRAFTFORD, <i>Chairman</i>	Norfolk
E. J. APPLEWHITE.....	Newport News
H. E. BONNEY.....	Norfolk
C. T. MERCER.....	Portsmouth
W. M. CHANDLER.....	Norfolk
N. F. MUIR.....	Roanoke
J. G. JACKSON.....	Norfolk
S. C. WARDEN.....	Norfolk

Mouth Hygiene Committee

N. T. BALLOU, <i>Chairman</i> (1933).....	Richmond
J. E. JOHN (1933).....	Roanoke
R. G. NORFLEET (1933).....	Norfolk
D. O. VIA (1931).....	Charlottesville
H. C. SHOTWELL (1931).....	Lynchburg
F. P. SMOOT (1931).....	Leesburg
W. G. GOBELL (1932).....	Suffolk
W. A. DANIELS (1932).....	Berryville
W. G. DELP (1932).....	Rural Retreat

The Bulletin Editorial Staff

G. W. DUNCAN, <i>Editor</i>	Richmond
HARRY BEAR, <i>Associate Editor</i>	Richmond
J. M. HUGHES, <i>Associate Editor</i>	Richmond

Dental Representative on State Board of Health

GUY R. HARRISON.....	Richmond
----------------------	----------

Virginia State Board of Dental Examiners

H. W. CAMPBELL, <i>President</i> (1931).....	Suffolk
J. M. HUGHES, <i>Secretary</i> (1932).....	Richmond
E. F. HODGES (1931).....	Petersburg
L. J. WALTON (1932).....	Roanoke
H. L. SMITH (1933).....	Charlottesville
W. N. HODGKIN (1933).....	Warrenton

ESSAY CONTEST ANNOUNCEMENT

PURSUING the policy inaugurated last year the Association announces the title for the Essay Contest of this year. The essays last year were written on the subject: "The duty of the dentist to the child and the best method of interesting the profession in their obligation to their child patients," and the prize winning essay is to be found in this issue of the BULLETIN.

The title of the essay this year is to be: "The Responsibility of the Dentist with Reference to the Deciduous Teeth."

The essay should be limited to one thousand (1,000) words. All papers submitted will be placed in the hands of a committee of three competent judges and the winning paper will be a part of the regular program at the annual meeting, May 11, 12, 13, 1931, to be held at Old Point Comfort. All papers should be sent to the Secretary of the Association not later than April 1, 1931. It is hoped that a great number of the profession will take enough interest in this vital question to prepare and submit papers.

NOTICE

In corresponding to the BULLETIN of the Virginia State Dental Association, address all matters pertaining to business to Dr. A. M. Wash, Medical Arts Building, Richmond, Virginia. News items, or any matter for publication should be addressed to Dr. Geo. W. Duncan, Professional Building, Richmond, Virginia.

SHOTWELL—PHIPPS

Mr. and Mrs. James Alexander Phipps of Galax, Virginia, announce the engagement and approaching marriage of their daughter Miss Pauline Phipps, to Dr. Henry Clark Shotwell of Lynchburg. The wedding will take place at Galax, October 15.

Every ethical dentist in your community is eligible for membership in the Virginia State Dental Association.



DR. RICHARD C. WALDEN
April 5, 1874—October 11, 1930

In Memoriam

Our dear friend and fellow practitioner, Dr. R. C. Walden, has been taken from us by The Grim Reaper, Death. He was truly a genial, lovable fellow, and one of his greatest characteristics was his ability to make and hold friends, not only among his professional brethren, but among his general acquaintance. He gave of himself freely in his service to others in his professional career, and his many friends found him ever ready and willing to give unsparingly of his time in assisting in solving their difficulties. It is a matter of common knowledge that a host of his professional friends went to him for advice and council, especially among the younger men in the profession. Those of us who had the privilege of being intimately associated with Dr. Walden over a period of years can vouch for his sterling qualities and especially his wonderful disposition.

"To live that men may call you friend; so to smile that you are always welcome; to work that each day may bring its own reward; to give of time and energy that others may benefit from your labor and your city made brighter, happier and more progressive because of you, is to write 'Success' across the few score years which are at once your obligation and your opportunity." This was Richard C. Walden.

Our friend is gone, but he will not be forgotten.

A copy of these resolutions will be spread upon the minutes of this organization and a copy sent to the members of his family.

(Signed) W. H. STREET, *Chairman*;

R. L. SIMPSON,

B. T. BLACKWELL,

Committee.

*A SKETCH OF DR. RICHARD C. WALDEN

By HARRY BEAR, D.D.S., F.A.C.D.

Mr. President, Dr. Walden and Members of the Faculty:

We are gathered here this evening to pay tribute and honor to Dr. Richard C. Walden, a member of the dental faculty of the Medical College of Virginia.

This dinner and meeting was suggested in appreciation of the long and faithful services of Dr. Walden as a member of the faculty and for his numerous contributions in behalf of the dental profession. Dr. Walden is the senior dental member in point of service on this faculty. He was a member of the first faculty of the School of Dentistry of the Medical College of Virginia, which was instituted in 1897. He has taught in various capacities and in several departments of the school. He was instructor in crown and bridge work on the first faculty and has held professorships in principles of dentistry, in operative dentistry, in oral surgery, and lately in periodontia.

In 1910 Dr. Walden left the Medical College of Virginia to accept the professorship of oral surgery in the School of Dentistry of the University College of Medicine. He served in this capacity through the period of amalgamation of the two schools in 1913 and until the year 1915. Dr. Walden was then made professor of periodontia and continued in that capacity until 1918, when he retired in order to permit the late Dr. G. A. Sprinkel, Jr., to hold the position for one session. Because of illness Dr. Walden was absent for the session 1923-24. With the exception of the two sessions mentioned, Dr. Walden has been in continuous service with this institution for the past thirty-three years.

This is indeed a most unusual record. In all of this time Dr. Walden has served diligently and faithfully, and gave liberally of his time and efforts without thought of remuneration.

It may be fitting to record here this testimonial to our friend and co-worker that he may understand that the institution and his confreres are grateful for his splendid services and active interest in the college for these many years.

Richard C. Walden was born in Richmond on April 5, 1874. He attended the public schools of this city and found his first interest in dentistry by serving as an apprentice to the late Dr. Henry C. Jones. He graduated from the University of Maryland, School

*Read at banquet given by the dental faculty of the Medical College of Virginia in honor of Dr. Walden at the Lakeside Country Club, Richmond, Va., June 5, 1930.

of Dentistry, in 1894. The course at that time consisted of two sessions of four and one-half months each. He began the practice of his profession in this city and ever since has been one of the outstanding leaders of the dental profession. He has been honored in many ways and has served as president of the Richmond Dental Society, president of the Virginia State Dental Association and as vice-president of the American Academy of Periodontology. More recently he was made a member of the Omicron Kappa Upsilon, honorary dental fraternity.

It is needless for me to recount here the charm and personal attributes of our guest of honor. His associates love and admire him, and all who know him are responsive to his genial character. Such a career of usefulness and accomplishment is, I am sure, an inspiration to all of us.

FINANCIAL STATEMENT VIRGINIA STATE DENTAL ASSOCIATION

ASSETS AND LIABILITIES

April 15, 1929, to May 5, 1930

ASSETS

Cash: On deposit with American Bank and
and Trust Company, Grace Street Of-
fice, Richmond, Virginia.....\$2,246.88

First Mortgage and Real Estate Bonds:

Five \$100.00 Bonds..... 500.00

\$2,746.88

LIABILITIES

None.

Net Worth, May 5, 1930.....\$2,746.88

\$2,746.88

Balance from Previous Year.....\$1,661.15

Receipts for Year..... 4,963.00

Total Balance and Receipts.....\$6,624.15

Expenditures for Year.....\$4,175.47

Invested During Year..... 201.80

4,377.27

Balance\$2,246.88

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending May 5, 1930

RECEIPTS

Balance April 15, 1929.....\$1,661.15

Dues\$3,936.00

Income from Investments..... 27.00

Advertising in Program..... 175.00

Exhibit Space 523.00

From Banquet, 1929 Meeting..... 302.00

\$4,963.00

Total Balance and Receipts.....\$6,624.15

DISBURSEMENTS

American Dental Association Dues.....	\$1,576.00	
Stamps, Badges, Stationery and Printing.....	915.16	
Help, Telephone Calls, Telegrams, Tips, etc.	66.41	
Salary, Secretary-Treasurer	500.00	
Returned Checks	32.00	
Entertainment	531.50	
Essayists' Expenses	207.50	
Petty Expenses, Secretary-Treasurer.....	27.85	
Scholarship, William and Mary College.....	100.00	
Legislative Committee	174.90	
Corporation Tax	5.00	
Arrangements Committee	18.90	
Petty Expenses, President.....	18.00	
Invested	201.80	
Miscellaneous	2.25	
		<u>\$4,377.27</u>
Balance, May 5, 1930.....		\$2,246.88

RECONCILEMENT OF ACCOUNT

WITH

AMERICAN BANK AND TRUST COMPANY

May 5, 1930

Balance Per Bank Statement.....	\$2,299.63	
Deposited Since Statement.....	195.50	
		<u>\$2,495.13</u>
Less: Checks Outstanding—		
No. 80. A. A. Marsteller.....	10.00	
No. 240. American Dental Association.....	152.00	
No. 244. Commonwealth Club.....	18.90	
No. 245. Hunter and Company.....	2.60	
No. 246. Dr. Guy R. Harrison.....	4.50	
No. 247. Phipps and Bird.....	2.25	
No. 248. Lewis Printing Company.....	40.00	
No. 249. Dr. J. E. John.....	18.00	
		<u>248.25</u>
		<u>\$2,246.88</u>

You will note that this statement is not in sufficient detail to show every item expended. It is therefore accompanied by the

Association's ledger, check book, bank book, statements, and all invoices paid during the period covered by the report.

One item in this report should be further explained. You will note that \$531.50 was expended for entertainment at the 1929 meeting. Included in this item is the cost of the banquet from the sale of tickets to which the Association received \$302.00, leaving an actual cost to the Association of only \$229.50.

The Association has lost during the past year by death, two life members, Dr. J. O. Hodgkin and Dr. A. L. Stratford. Resolution in regard to the deaths of these members should be drawn up and passed during this meeting.

Fourteen new members were elected at the 1929 meeting, and three former members were reinstated.

There have been three resignations from membership this year.

At the 1929 meeting, eight members were dropped for non-payment of dues.

The membership of the Association now consists of 14 life members and 455 active members, a total of 469, and 11 honorary members.

A. M. WASH, *Secretary-Treasurer.*

Sixty-Second Annual Meeting

Virginia State Dental Association

OLD POINT COMFORT

May 11, 12 and 13, 1931

Headquarters

Chamberlin-Vanderbilt Hotel

THE BULLETIN

OF THE

Virginia State Dental Association

VOL. VII

NOVEMBER, 1930

No. 1

*Editorial Staff*GEORGE W. DUNCAN, D. D. S., *Editor*

410 Professional Building, Richmond, Virginia

HARRY BEAR, D. D. S., F. A. C. D.

JOHN M. HUGHES, D. D. S.

A. M. WASH, *Business Manager*

504 Medical Arts Building, Richmond, Virginia

THOSE who were present at the annual meeting of the Virginia State Dental Association last May will perhaps recall that our presiding officer recommended that a special committee be appointed by the incoming president, and to have as its special purpose the study of methods for districting the state. This committee has been appointed and is now giving serious consideration to this important move on behalf of the profession of this state.

Contrary to what has been thought by many who perhaps have not been in perfect accord, this does not mean a division of the state society, neither does it lessen the activities of the various local societies. On the contrary it means unity of purpose and action. It brings into district societies practitioners who restricted by their location, were unable to receive such benefits. By this, capable men can more easily be developed who perhaps would never have been reached otherwise.

Can we not visualize a greater and stronger society, with a welcoming hand extended not only to the men in larger communities, but to those in the far corners of the various counties of the state.

There is a mission for these men to fulfill, so let us think constructively on this and be prepared to support the report of the committee.

R. F. SIMMONS.

It will be a great comfort at Old Point to have at least fifty applications for membership.—MEMBERSHIP COMMITTEE.

TO THE DENTISTS OF VIRGINIA

On or about December 1st, a pink card will be mailed you by the Secretary of the Examining Board, reminding you that your annual registration fee will be due at that time and payable on or before December 31st. On receipt of the returned pink card and your fee of \$1.00 you will be furnished a postal card stamped with the seal of the Board, containing a certificate to the Commissioner of the Revenue that you have paid your registration fee for the year stated thereon.

In order for this card to reach you in time for you to procure your State license before January 1st, it will be necessary for you to return your fee promptly. Any one practicing dentistry in Virginia without having obtained his license by January 1st is doing so illegally and is subject to a fine.

It seems that some have become negligent in this matter, and postpone the payment of this fee for months, hence, are taken by the Board to be practicing without a license. Since it is the duty of the Board to see that all dentists pay this fee alike, it is the duty of the Board to see that there are no delinquents. Therefore, if the Board is compelled to take any drastic action against the delinquent dentist or the negligent Commissioner of the Revenue of his county or city, please realize that it is not a personal act but an official duty on the part of the Board.

Christmas is a heavy mailing season, so, in order to avoid the rush, return your self-addressed pink card in a window envelope with your check or money order for \$1.00 so that you may receive your certificate in ample time to get your State license by January 1st.

Below is published a list of dentists in Virginia who are delinquent to date. If your name is on this list by error, kindly advise us in order that the same may be investigated and corrected. There may be some who will not read this list. You will do them a favor in reminding them to pay their registration fee.

List of Dentists Delinquent in Payment of Registration Fee to December 31, 1930

Adair, J. M.	.....	Lexington, Va.
Anderson, J. H.	.....	South Boston, Va.
Ballard, C. R.	.....912 Liberty St.,	Berkley, Norfolk, Va.
Barker, B. K.	.....	Gate City, Va.
Barton, B. H.	.....211 Taylor Bldg.,	Norfolk, Va.
Beasley, A. E.	.....903 E. Liberty St.,	Berkley, Va.

Botts, J. G.	Appalachia, Va.
Brown, C. D.	Strasburg, Va.
Caudill, T. E.	3 Campbell Ave., Roanoke, Va.
Clarke, J. C.	509 Taylor Bldg., Norfolk, Va.
Creasy, W. T.	Masonic Temple, Newport News, Va.
Evans, Foraker	817 Queen St., Alexandria, Va.
Fisher, J. D.	43 E. Queen St., Hampton, Va.
Gambill, J. R.	Harrisonburg, Va.
Guy, L. E.	Trust Co. of Norfolk Bldg., Norfolk, Va.
Haller, J. A.	Pulaski, Va.
Harlow, T. L.	Clifton Forge, Va.
Henderson, L. V.	Smithfield, Va.
James, A. O.	Medical College of Va., Richmond, Va.
Kennedy, C. P.	Fredericksburg, Va.
King, J. G.	Fredericksburg, Va.
Koontz, G. E.	122 E. Main St., Salem, Va.
Land, A. N.	703 Wood St., Norfolk, Va.
Lovelace, W. S.	Halifax, Va.
Milhollen, W. K.	Round Hill, Va.
Moore, F. H.	Abingdon, Va.
Pumphrey, T. W.	State Board of Health, Richmond, Va.
Ruth, Archie	Pocahontas, Va.
Saunders, W. J.	412 Medical Arts Bldg., Norfolk, Va.
Smythe, C. A.	Bristol, Va.
Stembridge, M. C.	Chase City, Va.
Stone, D. E.	Rocky Mount, Va.
Stover, J. McN.	South Boston, Va.
Taylor, G. G.	LaCrosse, Va.
Vint, Russell T.	212-13 Prof. Bldg., Harrisonburg, Va.
Wagoner, W. G.	Bluefield, Va.
Warden, S. C.	808 Medical Arts Bldg., Norfolk, Va.
Warren, B. L.	7 Insurance Bldg., Portsmouth, Va.
Lacy, W. P. (2 years)	South Boston, Va.
Bradley, F. F. (3 years)	903 Liberty St., Norfolk, Va.
Gould, J. B. (3 years)	East Falls Church, Va.
Coleman, John M. (2 years)	South Boston, Va.
Hunter, W. P. (2 years)	Fredericksburg, Va.
Koontz, G. E. (2 years)	122 E. Main St., Salem, Va.
Oliver, H. R. (3 years)	Box 188, Chase City, Va.
Quaintance, W. S. (3 years)	Slate Mills, Va.
Rangely, F. F. (3 years)	Covington, Va.
Robbins, C. J., Jr. (2 years)	44 S. King St., Hampton, Va.
Wayman, J. T. (3 years)	Kilmarnock, Va.

Dentists Who Passed the State Board Examination in Richmond, Va., June 10-13, 1930

(Note. Please forward to the secretary of the board your correct address.)

Bolling, Jr., Andrew Jackson	Fredericksburg, Va.
Bounds, James Albert	Sharptown, Md.
Brann, Bernard Andrew	State Board of Health, Richmond, Va.
Broadbuss, James Pelham	715 Medical Arts Bldg., Richmond, Va.
Cross, James Parker	Suffolk, Va.
Dixon, Stanley Livingstone	Richmond, Va.
Durrett, Joseph Russell	Ansted, W. Va.
Goe, Arthur Howard	Clarksburg, W. Va.
Houck, Elmer Lee	Lewisburg, W. Va.
Hurt, Cecil Porter	State Board of Health, Richmond, Va.
Hutchings, Roland Joseph	Whitestone, Va.
Kent, Edmund Budge	Danville, Va.
Nash, Edwin Mann	Charlottesville, Va.
O'Keefe, John Joseph, Jr.	Ocean View, Va.
Parker, Jack Burden	Portsmouth, Va.
Parrott, William Davis	Stanardsville, Va.
Reynolds, Randall Oscar	Chatham, Va.
Richardson, William Nathaniel	Leaksville, N. C.
Stone, Clarence Newton	Greensboro, N. C.
Tolley, John Alexander, Jr.	Portsmouth, Va.
Towler, Samuel Byron	Nassawadox, Va.
Townsend, James Langdon, Jr.	Ronceverte, W. Va.
Watts, Edward George	Norton, Va.
Wechsler, Morris	Marion, Va.
Williamson, Howard Lee	Whiteville, N. C.

COLORED

Archambeau, John Nicholas	Jetersville, Va.
---------------------------	------------------

JOHN M. HUGHES, *Sec.-Treas.*,
715 Medical Arts Bldg., Richmond, Va.

VIRGINIA DENTISTS MEET WITH WEST VIRGINIANS

DOCTORS Hodgkin, Harrison, Snapp, and Wash, of the Virginia State Dental Association, attended a meeting of the Tuscarora Dental Society in Martinsburg, West Virginia, October 6, 1930. Dr. Guy R. Harrison, of Richmond, Virginia, was one of the essayists of the meeting. His subject was "The Importance of Early Recognition of Pathological Lesions About the Mouth."

The Tuscarora Dental Society is one of the component societies of the West Virginia State Dental Society. The meeting was well attended and the scientific sessions very interesting.

Born to Dr. and Mrs. Robert Saffelle, September 27, 1930,
a son.

THE NORTHERN VIRGINIA DENTAL STUDY CLUB

THE October meeting, which begins the fall and winter session of the Northern Virginia Dental Study Club, was held on Tuesday, October 7th, at the George Washington Hotel, Winchester, Va., Dr. Charles B. Harloe, being the host.

A five-course dinner was served at 7:30 p. m. and Dr. Harloe acquitted himself in regal fashion as a host, for which he is noted and the meeting will remain in the memory of the members of the Club as an outstanding event of the year.

After the feasting of a delicious dinner, Dr. E. M. Steele, Stephens City, the retiring President, called the meeting to order for the regular business session and the annual election of officers. The following officers were chosen for the ensuing year: President, Dr. C. B. Harloe, Winchester, Va.; President-Elect, Dr. W. H. Wunder, Woodstock, Va.; Secretary and Treasurer, Dr. E. C. Yost, Winchester, Va., and the present incumbent was elected to succeed himself as Corresponding Secretary. Our attendance was practically 100%, which is indeed gratifying and speaks well for the coming year.

Following the business session, Dr. Harloe presented the speakers of the evening, Drs. Lewis M. Allen and Geo. B. Snarr, prominent physicians of Winchester, who were guests of the Club.

Dr. Allen spoke briefly on the cooperation of the medical and dental professions and emphasized the importance of this cooperation in the daily practice between the physician and the dentist if diseases of the body arising from foci of infection (of the gums) from Pyorrhea and the apices of the teeth is to be successfully combatted. He cited several cases which had been successfully treated and cured by first establishing oral asepsis in the mouth of these patients.

Dr. Snarr followed with an excellent paper entitled "Maxillary Sinusitis of Oral origin." In the course of his remarks he stressed the part infected teeth played in diseases of the Anthrum and the Sinuses and that the X-Ray was invaluable to the dentist in the diagnosing of such conditions.

The papers were ably discussed by Drs. Snapp, Yost and Sartelle, Winchester, Va., and by Fahrney of Timberville. The Study Club feels that it was indeed fortunate in hearing these able members of the medical profession and trust that this is just a beginning and that a closer cooperation and friendship between the physician and the dentist will result from this meeting. We hope that they will return again soon.

Our old friend, Dr. N. Talley Ballou, honored us with his presence and as usual had something interesting to say, something that we can carry home with us. You can always count on Dr. Ballou for an instructive talk on Mouth Hygiene and he is always welcome.

Members of the Study Club, on invitation of the Tuscarora Dental Society of Martinsburg, W. Va., journeyed to Martinsburg to attend a meeting of that society, held in the Hotel Shenandoah and spent a most entertaining and profitable evening. The program was one of the best and most instructive the writer has had the pleasure of hearing, the essayists being outstanding in the respective professions. The program was as follows: Importance of Early Recognition of Pathological Conditions of the Mouth (a stereoptican lecture) by Guy R. Harrison, D. D. S., Richmond, Va. Cooperation of Physician and Dentist (the physician's viewpoint) by E. Osmun Barr, M. D., Washington, D. C. Cooperation of Physician and Dentist (the dentist's viewpoint) by Sterling V. Mead, D. D. S., Washington, D. C.

It was indeed a wonderful evening that we spent with our friends in West Virginia and the Tuscarora Dental Society deserves the highest praise for securing such an array of important essayists

for their meeting. We hope to be able to reciprocate in the near future.

The Northern Virginia Dental Study Club is now two years old and it goes without saying that although an infant, so to speak, we are doing a wonderful work and we feel that we are better dentists because of the good fellowship that prevails among us. May the good work go on.

DR. R. R. SARTELLE, *Corresponding Secretary.*

Membership in the State Association makes a Good dentist Better.

*DENTAL ROENTGENOGRAPHY

DR. L. M. ENNIS
Philadelphia, Pa.

ONE wonders about the terrific suffering and mortality rate that prevailed prior to the discovery and the diagnosis of appendicitis. It is given as a fact that cholera morbus, cramps, peritonitis and many other ailments were ascribed as contributing to deaths that really should have been diagnosed, would be today, as simple appendicitis. And the cures that were prescribed caused as much suffering as the ailment. It was, as today it seems to us as we look back, brutal, but a condition that is explained and excused as a result of allowable ignorance at the time.

One need not be bold to assert that the dentist caused as much suffering, probably more, and from an ignorance even more excusable, prior to the discovery of the Roentgen ray. When we contemplate the varied conditions related to us by patients, the few superficial indications from which we must chance a diagnosis, the justifiable hesitancy of any but the experienced oral surgeons to risk radical or comprehensive explorations, and the fact that we were limited so completely by mere clinical determination in the treatment of assumed or presumed pathological conditions, it is remarkable that our guilt, or our responsibility, for myriads of progressing and chronic diseases of the teeth and jaw were not twenty times as great; and it is a tribute to the profession, to the care and caution and consideration and training of the average

*Read before the Virginia State Dental Association, May 12, 1930.

practitioner, that in the wake of our ministrations were not found more suffering than actually resulted.

The scientific dentist must concede that it is absolutely impossible to practice properly, thoroughly, without the assistance of Roentgenology as an aid to diagnosis. There can be no discussion on that point. It is final. No factor in the practice of dentistry plays a more important part. And when we contemplate the few short years within which the science has been developed to the very high point of precision already attained, it is an outstanding compliment to the pioneers in the field and to those who have continued the research work with the beneficent good attending; for the development and enlarging of the science of dental diagnosis and prognosis were accompanied by romance and drama that hold spellbound the student delving deeply into the heroic history of it all.

Theories born of bare experiences and meagre knowledge led to discoveries demanding and exacting martyrdom, even death, before truth unfolded itself for us and future generations. No part of the progress toward wider information about our physical and nervous system has been more important than the modern concepts of dental hygiene and therapeutics; for, while unknown and untold the real value must ever remain, modern dentistry has become the indispensable handmaiden of modern medicine.

Chance theories, lucky discoveries did not come from dreams; they flowed from minds immersed with myriads of ideas accumulated from the suffering of fellow humans, ideas that were born of kindness and an ardent endeavor to relieve such suffering, giving rise to speculation, and in turn, through trials of flesh and spirit, through despair and many defeats, came the rays of light in the darkness as the setting sun often pierces the heaviest fogs besetting the bewildered mariner.

Some day, perhaps soon, as it should be, an inspired writer will seek out and narrate the tales of heroism lived by those seekers after science who have helped liberate mankind from the tortures of the days that knew merely bleeding for most ailments of the flesh, extraction for every toothache. And when such a book is written, those greater souls, those larger figures, whose researches allow us to know, and to see, and to do what our predecessors in the profession dared not even guess, will have a high place.

We must give full credit to Plucker for his continuous study of the green fluorescence of a discharge tube; the experiments, carried on for twenty years by Hittorf, Goldstein, Crookes, until, 1879, it was definitely determined that this fluorescence was caused by "something" coming from the cathode. This "something" could

neither be found nor isolated sufficiently to be understood; but it could be labelled, even though the first discovery was mainly that a sharp shadow was cast upon the walls of the tube if certain substances, or articles, or objects, were placed within the tube. Successively it was observed that the unknown "something," by then labelled "Cathode Rays," could be bent by a magnet, and that the rays travelled in straight lines, starting at right angles to the surface of the cathode, and finally, when a concaved cathode were used, that the rays concentrated near the center of curvature and displayed heating properties and characteristics to excite phosphorescence in many substances.

Hertz and Lenard passed the rays through gold and aluminum foil, a particularly constructed vacuum tube having been devised for the experiment, and they declared the cathode rays similar to light rays. But other learned physicists opposed their conclusion because the deflectibility of the cathode rays led to a belief that the rays consisted of particles of matter charged with negative electricity and projected from the cathode with great speed. Perrin, by catching the rays in a Faraday cylinder, did demonstrate that they carried a charge of negative electricity, following the conclusion of Thompson that the velocity of the cathode rays were less than the velocity of light.

The learned scientists of the world were engaged in experimenting with this yet unknown principle, each concluding and propounding theories of immense benefit though they differed widely in so many instances. But to Professor Wilhelm Konrad Roentgen, of Wurzburg, Bavaria, humanity owes honor and gratitude for discovering the most striking and outstanding property of the cathode ray in 1895, while experimenting and searching for the invisible light rays, he turned on a low pressure discharge tube completely enclosed in heavy black paper. Immediately, and to his surprise, because unlooked for and not even in his contemplation, a fluorescent screen standing on a table some distance away was glowing brightly; and by interposing objects between the tube and the screen, shadows were cast on the screen. Tracing back the rays to their source, which was the region of the impact of the rays on the glass walls of the tube, he revealed that the rays were produced whenever and wherever the cathode rays encountered matter. Immediately he announced the significant information of the rays penetrating substances opaque to light, the degree of penetration depending upon the density of the substance, and the discovery that these rays could not be refracted or reflected, and could not be bent by magnetic or electric fields as could the cathode rays.

Peculiarly, it was an answer to the worry of many physicists who had been searching for an explanation of why unopened packets of photographic plates had become fogged while merely held for use in laboratories; for then it became known that nearness to an active Crookes tube had been causing the trouble.

Within fourteen days of the announcement of these rays that would penetrate solid substances impervious to light, Dr. Otto Walkhoff, of Braunschweig, Germany, had completed the first dental roentgenogram ever made. This he accomplished by placing in his own mouth an ordinary glass photographic plate, wrapped in black paper and covered with rubber-dam, and submitting it to an exposure of twenty-five minutes—a dangerous experiment that indicates the recklessness of ignorance on the part of the pioneers in the field; and while the result of his attempt was crude and of no diagnostic value, there followed twenty years of tests and experiments that has brought our modern equipment, our better understanding of dental science, our beneficent assistance in reducing disease and suffering, and not the least important, a realization of the dangers to both practitioner and patient of the unskilful handling of these powerful unknown rays. They are still an unknown quantity, just as they were when Roentgen labelled them “X-rays.”

To those able, fearless, painstaking dentists, to Van Woert and Kells, who devoted their lives and forfeited much, to develop for dentistry the discovery of Roentgen; to Raper, Simpson, Ivy, to Cieszynski who formulated many of the important basic principles of technic we now follow, and to others who blazed the trail that mankind might reap the benefit of their own travail and persevering devotion, the world is indebted beyond any calculation. They labored mightily and unselfishly, and the ramifications of their efforts insinuate themselves as memorials into every part of our present equipment, our study, our technic for the treatment of teeth. But the name and memory of the discoverer of these unknown or “X-rays” will be perpetuated as long as X-rays shall be used or mentioned; for they have borne, as they will always bear, his name, and be known and designated as the Roentgen rays.

It was only shortly prior to the war that roentgenology was entered into the curricula of our dental schools; and the great strides from the cumbersome equipment then used to the latest apparatus now available may be ascribed largely to the necessity of portable equipment required by the emergencies of that conflict. It is now possible for every dentist to include a complete X-ray apparatus in his office equipment.

Some have questioned the results of this availability, for there have been doubtful as well as positive results arising therefrom. The trouble is that many dentists consider themselves roentgenologists merely because they have the apparatus. With equal justification every dentist who owns the necessary instruments might declare himself an oral surgeon; and we know the study and experience that are required before we consider anyone entitled to that eminent distinction.

Putting it straightforwardly, no dentist can qualify as a roentgenologist merely from sporadic experiments after a desultory course of reading and a superficial line of instruction at the hands of the equipment salesman; and yet there are many dentists who presume to do so. There lies a danger that needs no lengthy explanation. There must be a touch, a feeling, an incisive and decisive technic, an assurance that can come only with continued practice, an intensive experience, that the average practitioner cannot possibly attain.

To make a thorough study of the theory of the roentgen ray, the apparatus, the technic of using it, and the interpretation of the completed roentgenogram is no definitely small and circumscribed field. Rather is it a very large, an almost unlimited field if properly explored; and to attempt anything less than a full study of the field is doing things improperly. Impending danger lurks in the path of the unqualified or unprepared roentgenologist.

Notwithstanding the glib representations of salesmen that the absolute safety of their apparatus requires hardly any training upon the part of the operator, bear in mind that all types of apparatus are dangerous unless used with the most meticulous care. It should be evident to the least scientific that, when rays are generated in a tube, there must be some point of escapement for the rays to produce an effect upon the photographic emulsion; and if an effect upon this emulsion is produced, there must necessarily be some effect upon any living tissues exposed to the rays, the greater the exposure either in time or number creating the greater effect; and the effect may be quite dangerous. Another superficial observation is pertinent: the operator must realize that dental units are not constructed to have the penetrating qualities of the apparatus used by general roentgenologists; they are particularly designed for the special field of operation. And most general roentgenologists, it may be said advisedly, are not as well qualified in the special field governing conditions affecting the teeth as are those who devote their entire practice to that field. This conclusion has been forced upon those who have seen roentgenograms and read interpreta-

tions, great numbers of them, coming from both the general and the dental roentgenologist. The making of roentgenograms demands more than the average unthinking dentist will comprehend unless he is thoroughly versed in the requirements of both the technic of making them and the ability to interpret them. Either one of these two realms of roentgenology can be mastered only after a deep study of the fundamentals that demand time and patience; and the casual operator in the field cannot break into the regular practice to allow sufficient time, or patience for that matter, to become a master.

There can be no half-way methods. A roentgenogram cannot be partly wrong or partly inaccurate. The slightest inaccuracy nullifies its possible assistance in diagnosis, and this applies to whether it has been poorly made or even poorly developed, for an interpretation of such negatives is not merely impossible but they are always the source of danger in the hands of those who cannot recognize their defect immediately. Unfortunately there are many who cannot, who still essay interpretations. There is no guessing about what a negative shows, for the value of a roentgenogram is entirely gone where guesses and doubts interpose. The slightest misstep in roentgenographic technic may so mislead an interpreter as to cause dire suffering and misery.

The interpretation of roentgenograms should never be attempted without the firmest foundation of knowledge of the histologic, anatomic, and pathologic conditions normally present in any area under observation. The most delicate part of the tissues and structures must be intimately and thoroughly understood; for otherwise there would be no ability to differentiate between the normal and abnormal conditions possibly appearing, and sometimes the fine hair-line differences are almost microscopic but must be recognized.

The mere suggestion of this necessary qualification should indicate the more than superficial knowledge demanded of the operator. Of course these suggestions could be detailed into many points, each point enough to justify a short treatise, but temporarily the suggestion will suffice for the general thesis of this paper.

It is told of Thomas Edison that some years ago he was asked why he did not ride in an aeroplane. Succinctly he advised his inquirer that the science of aviation was at a point where one-tenth part of the piloting depended upon the machine, while nine-tenths depended upon the personal factor of the ability of the pilot. When those conditions were reversed, he said, he would take the chance.

Like the aeroplanes of today, which we know are well con-

structed and answer well their purpose, so do the X-ray machines meet most of the demands of dental requirements. But for their successful operation and results, they depend almost entirely upon the operator. Roentgenology is not so exact a science that basic rules may be formulated and followed to insure perfect results by the merest tyro; but it is a science that cannot achieve success for even the most experienced without the following of certain basic rules that have been found essential. They form basic principles from which no deviation can be made.

The cardinal factor in intra-oral technic is the position of the tube in relation to the head of the patient. In all roentgenographic apparatus, the tubes are so placed as to be able to project the central rays at varying angles to the plane of the floor of the room, that being considered a known plane and all tubes are calibrated to angles based upon a certain and known plane. So properly to angulate the tube for use upon a patient, the operator must establish some plane of the head that corresponds to the plane of the floor; and for this we necessarily choose the plane of occlusion. This having been determined, it becomes necessary to place the head in such a position that the plane of occlusion is at all times parallel with the plane of the floor, and this achieved, it follows that the saggital plane of the head will be perpendicular to the plane of the floor. Thus we have definitely established two planes in the head with a positive relationship to the plane of the floor, and the movement and adjustment of the tube is the next step, and a very important step it is.

The successful production of a roentgenogram is a matter of turning out a negative free of the least bit of distortion. The slightest distortion renders it useless, and every precaution must be taken to see that the possibilities of distortion are completely eliminated.

There are two types of distortion that beset the beginner regularly, and they beset even the more experienced ever so often: anterior-posterior distortion and longitudinal distortion. Both of these possibilities may be eliminated when the tube is in the perfectly precise relationship to the planes of the head.

The tube moves in only two planes, the vertical and the horizontal. The horizontal plane is in direct relationship with and to move around the sagittal plane of the head, and when these are in proper relationship to each other, anterior-posterior distortion may be eliminated. The vertical plane in which the tube moves is in direct relationship with and set to move away from the occlusal plane of the teeth, and when properly set in relationship to each other will prevent longitudinal distortion.

But the rules governing distortion, or rather the rules to be followed in order to prevent distortion, are easier to give than to follow. But it is positive that to eliminate an anterior-posterior distortion, the central rays must be so directed in the horizontal plane as to be perpendicular to the mean anterior-posterior tangents of the teeth under examination. And for the elimination of longitudinal distortion, the central rays must be directed in the vertical plane so as to be perpendicular to an imaginary plane which bisects the angle formed by the mean plane of the film and the mean plane of the teeth, this being the rule enunciated by Cieszynski as the "Rule of Isometry."

Your community is better off if every dentist in it is a member of the State Association.

***THE DUTY OF THE DENTIST TO THE CHILD PATIENT AND THE BEST METHOD OF INTERESTING THE PROFESSION IN THEIR OBLIGATION TO THEIR CHILD PATIENTS**

GEO. W. DUNCAN, D.D.S., Richmond, Va.

OF ALL the duties and obligations to which a dentist falls heir there are none more binding and important than those relating to the care of his child patients. With them his final goal should always be, the conservation of teeth and health.

The child should receive the same careful attention as is given to the adult. In fact, more foresight is needed, as the handling of the child necessitates a more penetrating vision into the future. In the care of the child the word "preventive" reaches its fullest meaning and has a broader field for its application.

When the child is placed under our care, ours is the responsibility of seeing that it reaches adult life with a dentition as nearly perfect as the science of dentistry will permit. If we possess neither the time nor the inclination to render such a service we should see that the child gets it elsewhere, or if that is impossible, then we should either readjust our schedule and our inclinations or no longer call ourselves dentists.

As every dentist is aware of the value of good teeth, the rela-

*Read before the Virginia State Dental Association, May 12, 1930.

tion of good teeth to good health, and what good health means to the growing child, further argument concerning our duty to the child should not be necessary. However, it seems that man has always found the straightest ways rather irksome and has been prone to stray from the narrow path of duty. The child is not neglected because the dentist is unaware of his duty but because of the previously mentioned human frailty. For this reason then our greatest problem seems to be, how may we increase our interest in the child?

There are strong appeals to moral obligations that can be made to increase interest in the child patient. These are all that should be necessary. However, today is the age of materialism. The spiritual incentive brings about little action unless bolstered up by a few tangible arguments.

Suppose we consider financial remuneration as a tangible means of increasing the dentist's interest in his child patients. Undoubtedly it is frequently the cause of a lack of interest. Relieving suffering and disease in the child is a service just as valuable as doing the same for an adult. Many dentists will treat a child, then spend much time in lecturing on the care of the mouth and the necessity of regular visits, and at the end of the month send a bill which is much smaller than would be sent had the same time and skill been used in treating an adult. When this happens the parents are led to discredit the importance that has been placed on the care of the child's mouth; for certainly if it had been as important as the dentist said, he would have charged proportionately. A proper remuneration would certainly increase the dentist's interest in his child patients.

The child patient is without parallel in building a practice. Treat them right and they will swear by you, neglect them and they swear at you. The child values you in proportion to the services you render. His youthful enthusiasm is contagious, and, as he does not have to pay the bill when the work is completed, there is nothing to subdue his praises.

As a practice maintainer the child is again without a parallel. As long as people have teeth the dentist need not despair. The longer they keep their teeth the longer they will be potential patients. If their teeth are neglected in childhood their life as potential patients is shortened proportionately. Of course when the natural teeth are lost the opportunity for making artificial dentures means something but when this happens you are either through with the

patient or he is through with you. Care for the child's teeth and he will care for you when you are old and gray.

More literature on the subject of children's dentistry is needed in the profession today. The presentation of elaborate articulator techniques that crowd our journals are of benefit, however much of what they say, though good, is neither used nor understood by many readers. More space and time given to children's dentistry and the application of preventive measures would prove more beneficial to all concerned, and incidentally, result in fewer denture failures, as there would be fewer dentures to make. In considering the use of dental literature as a means of increasing interest one might add that to write on this subject can also do much to stimulate the individual's interest.

A study of the subject of the esthetic and the beautiful in dentistry will invariably lead to an increased interest in the care of children's teeth. The beauty of color, line, and form as seen in the natural teeth can not be restored or replaced by artificial means. The way to preserve this natural beauty is to give the child the proper care and consideration. Through long association and study all dentists have approximately the same ideas as to what constitutes beauty in the human dentition, and all feel the same regret at the absence of this beauty or the same shock and resentment at any mutilation or desecration that has been acquired through carelessness or neglect. Let us then be always alert to the needs of the child for the tree grows as the twig is bent.

A continued study of human behavior and psychology will do much to stimulate our interest in the child if for no other reason than that of simplifying the problems of his management.

As a summary; proper remuneration, the importance of the child as a practice builder and maintainer, the value of dental literature, a realization that youth must be served or the beauty of the mouth can not reach its most perfect form, and the value of child psychology can all be studied as methods of interesting the profession in their child patients.