

A

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CONTENTS

January, 1924

	PAGE
THE IMPORTANT POINTS TO CONSIDER IN THE DIAGNOSIS AND TREATMENT OF ROOT CANALS	<i>Benjamin L. Brooks, D.D.S.</i> 5
THE LOBBY.....	<i>Albert E. Converse, D.D.S.</i> 8
DENTAL EDUCATION.....	<i>J. A. C. Hoggan, D.D.S.</i> 11
THE RELATION BETWEEN THE DENTAL AND GENERAL ORGANS OF THE HUMAN BODY.....	<i>J. C. Rutherford, D.D.S.</i> 12
REPORT OF A CASE OF PERIODONTIA.....	<i>R. C. Walden, D.D.S.</i> 14
WHY DO WE HAVE DENTAL HYGIENISTS IN VIRGINIA?.....	<i>A. L. Seay, D.D.S.</i> 15
PROSPERITY.....	<i>H. W. Campbell, D.D.S.</i> 16
WORD ABOUT STUDY CLUBS.....	<i>M. B. Rudd, D.D.S.</i> 17
MESSAGE FROM THE PRESIDENT.....	<i>C. B. Gifford, D.D.S.</i> 18
DOCKS AND BOUQUETS.....	19
EDITORIAL DEPARTMENT	
THE OTHER 346 MEMBERS.....	20
ARE YOU PROTECTED?.....	20
DENTAL LEGISLATION.....	21
ANNUAL DUES.....	22
DENTISTS EXEMPT FROM JURY DUTY.....	22
THE NORFOLK MEETING.....	23

Some Important Points to Consider in the Diagnosis and Treatment of Root Canals

BENJAMIN L. BROOKS, D. D. S., *Lynchburg*

In answering a recent questionnaire sent out by our Secretary, Dr. Harry Bear, I agreed to contribute something of general interest for our Virginia BULLETIN. I had no idea Dr. Bear would ask me so soon to make good my promise.

I am up against it deciding what would be of general interest that I might talk about. I know I should select something that I am familiar with and know something about. I don't believe I could do other than to discuss the problem of root-canal surgery. This is a problem that is unsatisfactory to all of us as it is generally practiced. When we are face to face with the necessity of going ahead with this work and attempting to make a success of it, we feel like calling for aid to aid us in deciding what to do.

I believe we would profit more in a discussion of this subject that would lead to a standard and orderly procedure in our work. What I shall attempt to say is the outgrowth of my experience and practice around some reasonable high spots that I have assembled from literature in our journals.

No less an authority than the x-ray will soon reveal to us, if we make use of it, that we are not qualified to do root-canal surgery. In order that we may become properly trained to do this work, it is necessary that we make full use of the x-ray, so that we may become thoroughly acquainted with our bearings found through the efforts of a given technique and therapy. Knowing the true value of our more or less individual technical skill and therapy, is a necessary requirement in proper root-canal surgery. This is a slow and painstaking knowledge, gained only through checking up our individual work with the x-ray from time to time, over a period of a year or two, accounting for successes and failures. We must reach that point when we can know beforehand just about what we can reasonably expect in quantity and quality of successes.

We must know about what we can and cannot expect to do, based on the results of our past experience. Until we have this opportunity of measuring our results, we are not justified in claiming qualifications to properly treat and fill root canals. At best, failures are occasionally encountered, which probably are due to our failure to properly measure our diagnosis and technical ability before attempting treatment.

It is generally conceded that some of the pulpless teeth can be saved to remain in a biologic condition to perform their services in

the masticating organ. This opinion is growing in a conservative direction, notwithstanding the hundred per cent vital advocate Novitsky and his cult.

Disease is manifest by structural or functional changes, and these cannot be demonstrated in the periapical tissues, periapical disease does not exist.

Hopelessly diseased teeth will not yield to treatment no matter how painstaking the technique. It is very difficult to specifically define just what constitutes a hopelessly diseased tooth. The experience and judgment, and discrimination of the operator, will have to be exercised in this in each case. However, it is safe to follow this general rule: a tooth should be retained in the jaw, be its pulp vital or non-vital, if it cannot be made to function in co-operation with other natural teeth or with artificial dentures and at the same time maintain itself and the surrounding tissues in a state of health.

The first thing paramount to consider in a diagnosis of complicated root-canal surgery is the normal histological structure and the part they perform in the vital processes. Without this a diagnosis cannot be considered, because it is by contrast and deviation from the normal that a diagnosis is made, and a prognosis is determined. Since we are all familiar with the normal histological structure, it is not necessary to recall them here. The first thing to remember about pulpless teeth is the fact that all nourishment is cut off from the dentine; that a microscopical study discloses the fact that the pericementum or outer surface of this once well nourished tissue is walled off by a thin homogeneous layer which is in close relation with a lamina of structureless cementum that is difficult to tell where one begins and the other ends; thus, Nature has provided a double wall of inert, lifeless substance between the dead pulpal and dentine portion and the outer vital pericementum. This wall completely surrounds the tooth and is supposed to be nonpenetrable by bacteria and its toxins, serving as the only avenue of escape for these materials and other products of decomposition, the apical foramina and any collateral foramina that might be present.

It should also be borne in mind that the cementum itself has the power of repair. This function exists only in the cementum which lies between the fibers of the pericementum just outside the wall surrounding the cementum; so long as these cells are left vital, the repair will go on, new cementum will be formed even to the extent of replacing absorbed dentine. This is Nature's way of closing the foramina and walling off this area if given a favorable opportunity.

According to Novitsky, that great exponent of the hundred per cent vital cult, a new growth of cementum may take place on a replanted

which has been boiled for fifteen minutes and is therefore unquestionably dead.

It should also be remembered that the pericementum extends up in the orifice of the apical foramina, and there blends with the pulp tissue; keep in mind that the pulp tissue does not extend through the foramina, this is according to Carl J. Grove, of St. Paul, Minn.

In the removal of the pulp great care should be exercised not to injure or disturb this tissue, above all try to avoid its destruction. The introduction of bacteria or an injury produced by instrumentation, medication, or pulp-canal filling, would prove fatal to this tissue.

In considering the salvaging of an already pulpless tooth—one that is putrescent, the vitality of these repair cells cementoblasts must be determined from the x-ray picture. If they are vital enough to be stimulated to activity, treatment might be undertaken and a repair of the partially destroyed tissue expected, and the tooth saved.

These important points seem to furnish the key to the entire situation; they certainly seem to provide the basis for all work that is to follow. They also seem to provide the principal things to consider in a diagnosis of all pulpless teeth; putrescent and otherwise.

The general health and vital processes of the patient are the background for any consideration of these teeth. It is also well to keep in mind that in order to preserve the vital processes of the pericementum, in addition to the means I have already mentioned as a source of injury, there is another: putrefactive materials remaining in the canal, due to incomplete cleaning or to the failure to render it incapable of decomposition. Failure in root-canal therapy is often due to this condition remaining in the canals.

SUMMARY

1. Good root-canal therapy depends on correct diagnosis.
2. Careful discrimination between the favorable and unfavorable cases increases successes.
3. Knowing the true value of our more or less individual skill and therapy is a necessary requirement in good root-canal surgery, and will increase successes.
4. Root-canal surgery is a specialization of dental surgery. It means that the technique employed is characteristic of the field of operation and demands a faithful adherence in its execution. A knowledge of these principles and their conscientious application cannot fail to improve results.
5. Poor technique increases the number of failures in root-canal therapy; whereas the refinement of technique is definitely followed by an increased percentage of good results.

In the Lobby

ALBERT E. CONVERSE, D. D. S., *Springfield, Ill.*

(Reprinted from the Bulletin of the Illinois State Dental Society, November, 1923.)

THEY were sitting in the lobby of their hotel after an evening session of the State Society—the Old Timer, the Grouch, and the Youngest Member—enjoying one last before they retired to the hay, “even as you and I” have on like occasions. The Youngest Member was favoring them with an elaborately detailed account of his own original method of puttingrescent pulps.

The Grouch was about to give vocal expression to the sneer that was on his face when the Old Timer silenced him with a stentorian poke in the ribs.

“That’s fine, my boy,” said the Old Timer, thoughtfully, refraining from mentioning the fact that he had himself given a clinic at the State Society five years before on this identical method.

“Are you enjoying the meeting?” he inquired.

“Oh, fairly well,” replied the Youngest Member, patronizingly. “You ought to have more young blood in the Society, though. I know what I mean. There’s too much—”

“He’s dead right!” interrupted the Grouch, savagely, and he blew away his half-consumed cigar. There’s too much ‘old fog’ in this Society; I’m getting sick and tired of it. Year after year the same birds on for clinics, reading the papers and discussing them and crowding everybody else off the map. It’s the same way in all local societies. Something ought to be done about it.”

“Yes, something really should be done about it,” agreed the Youngest Member; “the fellows are losing interest. A chap will pick up on almost anything if you just shove it at him often enough. The Venus de Milo is a very handsome dame, but who wants to pass the rest of his life looking at her?”

“Not bad,” chuckled the Grouch, disagreeably; “and believe me, these birds that are trying to run the Dental Societies are not worth to look at as the Venus de Milo, either; I’ll tell the world that much, not!”

“Another thing that ought to be changed,” said the Youngest Member, glancing complacently over his new checked suit, and picking out imaginary specks from it, “the programs are not practical. There are too many papers on scientific subjects. The fellows like these highbrow essays—they want to get something that will cash in.”

"You've said a mouthful, my boy," the Grouch chimed in heartily. "You're fed up on this high-falutin' stuff that nobody understands, even the fellows that write it. Why can't they hand us something that will help us bring home the bacon—that's what we want. Not practicing dentistry for pastime, nor to improve my health. Trying to corral the good old hard iron dollars so that I can buy steak and shoe leather. When I go to dental society meetings just to learn something that will help me get the coin—and that's not all the rest of them want, if they'd tell the truth. There's nothing to these long, dry lectures on chemistry, and histology, and physiology, and metallurgy, and all that."

"Well," said the Old Timer, after waiting a few moments to see if there was anything more to follow, "I'm glad you boys got that all out of your systems. If you'd gone to bed with all that poison bottled up inside of you it might have been disastrous."

"I didn't think it would do any harm to let you know how I feel about it," said the Youngest Member, a bit defiantly.

"Quite right, my boy, quite right," the Old Timer hastened to reassure him. "I'm glad you're so interested. By the way, I believe you're on for a clinic tomorrow, aren't you? I suggested your name to the chairman of the Clinic Committee. I presume he wrote to you."

"Why—er—yes, he did," replied the Youngest Member, fidgeting nervously in his chair. "But—well—to tell the truth—I was so busy, I just didn't have time to get up a clinic."

"Oh, that was too bad," the Old Timer sympathized. "But perhaps it's just as well, for you can't afford to get in the 'old foggy' business, you know."

The Youngest Member vouchsafed a sickly grin.

"And I just happened to remember," continued the Old Timer, "the Chairman of the Program Committee told me that he asked you to present a paper on 'Amalgam Fillings,' Grouch."

"Yes, he did, confound him," growled the Grouch. "But I—I—"

"Don't get excited," said the Old Timer, soothingly, "I understand perfectly. You were too busy also, and no doubt you thought, too, that an essay on 'Amalgam Fillings' would necessarily be so scientific and theoretical that it would only bore the boys."

"Oh, go to the devil," snarled the Grouch.

"Don't misunderstand me, boys," continued the Old Timer, "there has been just as much theorizing and scientific research work done on 'Amalgam Fillings' as on any other subject in which the dental profession is interested. Whole reams of scientific papers have been

written on it, and literally years of careful, painstaking labor devoted to it. As a result, we now know more about amalgam and can perform better amalgam operations than ever before in the history of our profession. It's the same way with the Gold Root-Canal Operations, Extractions, and every other procedure that is called upon to perform. There must be scientific investigation and experimentation in order to arrive at practical results. That's why we have essays on scientific subjects which you boys can read about. They may be a little over the heads of some of us, but we have to have them if we want to progress, and in the end they will bring solid returns to every one of us."

"I hadn't thought of that," said the Youngest Member, while Grouch registered interest.

"Now boys, you're dead wrong if you think we old fogies—call us—you're dead wrong if you think we're trying to run the Society, and that we want to crowd everyone else off the map. At a time I have sat around with some of the older men—men who have been most active in the State Society, and in the local societies—we have tried to work up schemes to get the younger men to take a more active part.

"We realize the need of new blood, and we'll be tickled to get out from under. Nothing would suit us better than to sit on the side lines and cheer while the boys get in the game. And some of the young fellows *are* getting in the game, too—and don't you get it. And they're getting in the game the only way anyone can get in it—by working—not by grunting. When they're asked to do a job, they're—pardon me for saying it—they're not too busy; but they come through, and they do the job to a finish. And then they're rewarded by being handed a harder job. If that doesn't sound attractive to you, I'm sorry, but that's the only way to get recognition in a dental society, or in any other organization. There is plenty of work to be done in the Illinois State Dental Society, and it's got to be done by men—be they young men or old men—men of energy and enthusiasm, men who have learned the joy of service.

"Quit your kicking, boys. Get busy. When you're asked to run a clinic, or write a paper, or discuss a paper, do it, and put your heart and soul in it. When you're asked to serve on a committee, serve, and give the best service of which you are capable. It will do your Society good, and it will do your profession good, but it will do you the most good of all."

"I'm sorry," said the Youngest Member, extending his hand.

"Here too," said the Grouch.

"Let's go to bed," said the Old Timer.

Dental Education

J. A. CAMERON HOGGAN, D. D. S., *Richmond*

THE kind of Dental Education we have in the State of Virginia is best measured by the condition of the mouths of her people, and their general health. Is it better, or worse, than in other parts of the country? Is dental service available to all people in the State, and is this service of the right kind?

Minnesota has one of the recognized best dental schools in the United States. Have the people of Minnesota healthier mouths and less disease than the people of Virginia? Both States have had dental schools for a sufficient length of time to make the schools responsible. Not all dentists practicing in either State got their dental education in these States, but the large majority did.

It is an accepted fact that no tooth is better than an abscessed tooth. Stomatologic service is available to practically everyone in the State, but the difference between a broken dental arch and a normal dental machine is priceless. It measures the dental intelligence of the State and the sort of Dental School it has.

Efficient operation of a Dental School in the State of Virginia is possible without the assistance, co-operation and criticism of the dental profession. The American Association of Dental Colleges enforces standards, but individual States suggest and lead in reform. The present rating of the Dental School in Virginia, "Class B", due to the enforcement of certain standards for "Class A" rating. A report in detail has not been received yet, from the Council, by the Medical College of Virginia, School of Dentistry, although the examination was completed last spring and the result announced July 1st; but the following reforms have been made as had been promised at the time of inspection:

The most important requirement is university connection. This is not compulsory, apparently, since the Chicago College of Dental Surgery was admitted to Class A without such a connection. We have no university connection, but we are a State-supported school.

A full-time dean seems next in importance. Dr. R. D. Thornton accepted the position as superintendent of the Infirmary for this year, with the object of filling the position of dean after becoming familiar with local conditions. Dr. Thornton has had ten years' experience teaching with the Royal College of Dental Surgeons. He has proven to be even better fitted in this respect than we hoped. His conception of the use of clinical material is for teaching purposes and not revenue, and the character of reform in the clinical work is very gratifying.

The cost of education per student was \$417.00 dental, and \$417.00 medical. During 1922-23 the revenue obtained from the dental infirmary seems to cut down the dental share of the State appropriation but the teaching time of the heads of the departments of pathology, physiology, anatomy, and bio-chemistry is not charged in the budget, which offsets, to a large extent, the difference in the division.

Hospital contact with the Dental School was another improvement asked by the Council. This connection has been established with Memorial and St. Philip's Hospitals, and \$2,500.00 appropriated to the Board of Visitors for the dental equipment in the two buildings. The work for the patients will be done by the students under the supervision of instructors, and a course of lectures is being given by a member of the medical staff on the diseases for which the patients are admitted. Fifteen hundred dollars has been spent on the equipment of a new surgical room, associated with the Infirmary.

We have only one inexperienced full-time clinical instructor, who is, a man with less than one year's teaching experience; and this man is spending half of his time in the pathology laboratory, and the other half part in the clinic. Three hours of teaching in one subject is given in the old building; and a new laboratory in the new building will be provided at the beginning of the second semester for the clinical work.

Can it be said that the Dental service in Virginia in relation to other States is of "Class B" grade? I think we can say emphatically "NO", and that the Board of Visitors, of the Medical College of Virginia, and the faculty of the School of Dentistry are going to make every effort necessary to see that the Dental School is placed in the right relation to the State.

The Relation Between the Dental and General Organs of the Human Body

J. C. RUTHERFORD, D. D. S., Staunton

I THINK that in the past the tooth has been too entirely considered as a mere mechanical organ for the mastication of food and the adornment of the face. It has never really been considered as an organ of the human body. It is just as much so as the eye or the liver, or any other part of that masterpiece of art, engineering and workmanship—the most perfect and completely constructed product of Nature.

The teeth, in themselves, were there no relation between them and the rest of the body, probably would be only mechanical, and dental

would today be a trade or maybe an art, instead of one of the greatest branches of the medical profession. You may ask: Why do I make the assertion that it is one of the greatest branches? And I answer you that it is, because the nourishment upon which every other organ of the whole body is dependent for life, must enter through the mouth and begin its preparation for absorption by the action of the teeth. If, therefore, the teeth do not do their duty, the other functions of the alimentary canal do not have a chance to do theirs, regardless of how perfectly they may act.

On the other hand, if metabolism begins in the dental organ, doesn't it stand to reason that destructive agents also begin there, or will begin there if we do not eradicate all foci from the mouth and surrounding organs? In stating this I do not have reference merely to abscesses, but also to every condition that may exist which would produce disease or lowered resistance to disease in any part of the whole organism. We must bring ourselves to realize more and more that the dental organs are one unit of the whole, any one of which is of equal importance. And since the teeth are located at the very entrance, and must act first on all nutritional matter, I would go so far as to claim that the teeth are one of, if not the most, important organs of the body.

Now then, with this fact established, we will consider how best to go about putting the mouth in a hygienic condition. As we all agree that the abscess is unquestionably the most injurious of the foci commonly found in the mouth, we should first of all make our diagnosis as to whether or not there are any present, and if so, remove them either by extraction or treatment, as the dentist sees fit. And right here I should like to give a case observed by the author, if you will permit me to do so.

Case: Man of 45 years entered at the hospital, as of unsound mind. Diagnosis of physicians: Evidently troubled with some foci of infection; probably the teeth. X-ray diagnosis: Four abscesses on lower anterior teeth. History: Normal up to one month before commitment. Family history: Showed no hereditary causes. Referred to dentist for treatment. The four teeth were extracted, sockets were curetted, and frequently washed with antiseptics; 21 days later the patient was discharged as recovered mentally, and had gained $24\frac{3}{4}$ lbs. in weight. A bridge was made at this time, and patient has not returned to the hospital. This was three years ago.

Now then, the next focus of most importance is probably periodontoclasia. This is probably shown in its action, and less likely to be noticed, as there is no pain with this disease, but it is just as far-reaching in its effects as the abscess.

Then too, we have to consider every cavity in every tooth, for are no more than incubation for bacteria, and the food is thoroughly mixed with bacteria and toxins every time a decayed tooth attains mastication. Not only is a decayed tooth dangerous from the point of scattering infection, but no tooth can properly masticate that has lost part of its natural grinding surfaces. Neither can a tooth perform its duty properly that is sensitive or sore in its socket and the entire body loses by lack of the basis of digestion.

In conclusion, I would like to say that I have heard quite a number of dentists make the statement that our medical brothers will not co-operate with them in treatments. There may be such men in the medical profession, but I have yet to meet them. I have never met one single M. D. who did not thoroughly co-operate with me in every phase of dentistry.

Report of a Case of Periodontia

RICHARD C. WALDEN, D. D. S., *Richmond*

A RECENT essayist, Dr. R. D. Thornton, appearing before the Richmond City Dental Society, selected as a title for his paper "What the Patient Has a Right to Expect from the Dentist."

This paper evoked a discussion among the members present, a number of questions and, naturally, provided a great deal of food for thought. One of the questions asked: "Should a dentist, at the cost to his patient, remove all imperfect filling restorations and replace with perfect ones simply because the approximal and occlusal contacts were not good?"

A day later, Mr. B., 24 years of age, one of our students, presented himself at my Periodontia Clinic, complaining of pain and soreness in the upper left second bicuspid. Upon examination the crown of the tooth was seen to be in perfect condition, but on the mesio-occlusal surfaces of the first molar was an old slug-type of amalgam filling which there had been no attempt whatever to even approximate to normal tooth form. A radiographic examination was made, and to my astonishment a pocket was found between the two teeth which extended to the depth of two-thirds of the bicuspid root, and the alveolar septum was badly necrosed. On the opposite side of his mouth, though no pain or soreness was present, I noted a like filling and space between the teeth, a food pack. This was given the same examination, and similar condition found to exist, though the pocket was not quite as deep.

"What would have been the cost in your office to a patient in a case like this: first, radiographic examination; second, a good amalgam

old restoration; third, the services of a peridontist, not to mention pain, discomfort and effect on the general health from absorption of infection which had been going on for some time and the extent of which we cannot reckon?"

Supposing this mouth had been presented to you for examination six months after these slugs had been put in, and no appreciable damage had been done, what would it have cost to do what was right for the patient? I will wager only about a third as much as if you had waited until something happened, two or three years after.

How can you make your patients see these things?

They are all different, of different temperaments, and each one requires a different type of psychological handling, but it should be done, and it is up to the dentist to find the way and make them desire this type of treatment. I know some men who are conscientious, and are continually striving for the ideal. Where they may miss it slightly at times, in the main, they closely approximate it. They have a satisfied clientele, and the mouths of their patients are a joy to behold.

If they are able to do this, you surely can. Think about this, consult the other fellow as to ways and means, and let's arrive.

Shall We Have Dental Hygienists in Virginia?

A. L. SEAY, D. D. S., *Petersburg*

THE question of the dental hygienist will undoubtedly be seriously discussed at the next meeting of the State Association. The members should give it their earnest and careful consideration, and express their thoughts pro and con.

When we think of the appalling fact that three-fourths of a million people die of preventable diseases in this country each year, the dental profession must realize its tremendous task in the prevention of disease. There are a great number of states that license the dental hygienist, and that the dental hygienist has done and is doing great work in these states, is supported by facts and figures that are indisputable. In several of the cities that have dental hygienists there are industrial centers and public schools where the dental hygienist seems to serve a useful purpose. But in Virginia there seems to be enough graduate dentists, particularly in the cities. There is a scarcity, however, in the counties, but the Mouth Hygiene Department, of the State Board of Health, is supplying a great need to these counties, and is doing it with graduate dentists who are given preference over the dental hygienist because, with their broader field and longer training, they can perform a better service.

The dental hygienist's course is short and the entrance requirements are low, so that their practice must of necessity be limited. The dental hygienist should be able to teach and educate those they serve. Too good many of the profession think that with their short training they are incompetent for this duty. There are those who think the dental hygienist will overstep her limitations and intrude upon the province of dentistry. If they can be made an adjunct to the dental profession as a registered nurse is to the medical profession, so good. We should bear all these things in mind and think of the dental hygienists in their need for the Virginia people and dentists.

Reciprocity

H. WOOD CAMPBELL, D. D. S., *Suffolk*

A DEFINITION of this word is as follows: Reciprocal relations or rights; equal, mutual rights or benefits to be enjoyed. As relative to dentistry, its most concise definition would be as follows: An interchange of licenses by the several states of the United States upon a basis agreed upon by the several individual units. The states have the undisputed right to regulate their internal affairs in matters that relate to dental practice as in many other matters, and it is not likely, if indeed it would be constitutional, for the Federal Government to interfere to pass a nationwide statute governing the practice of dentistry. There was a time when no state had a law regulating either medicine or dentistry; they went where they wished, and were a law unto themselves. The gross wrongs were the result of lax morality and a desire for pecuniary gains, until all the states passed one kind of law or another, some good, others not so good. When these things were accomplished, a cry arose for the right to change from one state to another without the formality of an examination—Reciprocity!

It will be denied by some that this is what is meant by reciprocity, but a careful examination of the various activities of men interested in dentistry to secure agreements on this subject will disclose that this is the objective. Wholesale interchange of license is undesirable at present and probably always will be. Personally, I am favorable to a limited interchange, provided it can be accomplished on an equitable basis. This I am sure the state boards can accomplish if they so desire. The state boards are the proper ones to act on reciprocal relations, and interference from other organizations should not enter into the question except in an advisory capacity. The problem is entirely one for the executive branch of dentistry to solve and, I trust, so far as Virginia is concerned.

concerned, no organization or organizations shall be allowed to go further. Many serious and undesirable conditions could grow out of an easy reciprocal relation between the states (this is not the time or place to discuss them), they may not be apparent to the average person, but they are none the less certain.

The Virginia law (Sec. 1646) gives wide latitude in arranging for candidates who wish to practice in the state. After declaring that the "Examination may be made orally or in writing, in whole or in part, at the discretion of the board," etc., we have the following clause on reciprocity, viz: "The board may, at its discretion, arrange for reciprocity with the authorities of other states and territories having requirements equal to those established by this chapter. If the candidate who desires to procure a license from said board to practice dentistry in this state has been engaged in the actual and ethical practice of dentistry in such other state or territory for five consecutive years just prior to his application, certificates may be granted applicants to practice under such reciprocity on payment of a fee of ten dollars to the secretary of the board." Under this clause it is possible for Virginia to admit a candidate without requiring the intricacies of an examination such as is required of recent graduates. I interpret the language of this section to mean that the board has power to examine orally, to such an extent as it may see fit, a candidate who has been in practice five years in another state and is properly vouched for by his own board, and to admit him—provided the board is satisfied that he is properly equipped; or the board can arrange with any state or states with equal standing with Virginia and admit candidates on such reciprocal agreement as is provided for by the contracting boards. I am quite sure Virginia at this time would not close her doors in the face of any worthy practitioner who has demonstrated his ability by five years of honorable practice in a sister state. I am also quite sure she would never consent to open them to an easy and loose reciprocity, even though it might be advocated by all the states together.

A Word About Study Clubs

M. B. RUDD, D. D. S., *Richmond*

IF a man wanted to have a painting of himself, he would write the artist a minute description of the color of his eyes, complexion, shape of his brow and nose, style of his hair, and all of the personal description and measurements which he believed would be necessary for the artist and yet, the painting would in no way represent a likeness of the individual. Dental journals are a great aid in keep-

ing before the profession important questions, and educating it the conclusions reached by investigators. They stimulate an interest in learning. It is seldom, if ever, possible to read a description of an operation or mechanical restoration and be able to perform the operation or make the restoration without having seen them performed. Clinicians find that the majority of those who attend clinics and appear interested are in reality casual observers, but those who will make use of the practical information learn quickly by close observation.

In Study Clubs we have a means of learning how things are done and can apply this knowledge in practice, because each step in the operation is demonstrated.

At the meetings of our State Associations we gather more information that is applicable to our daily needs from those giving clinics than from those men showing actually, step by step, every detail—than we can learn by reading descriptions however well written. Therefore, if there is any truth in the statements made here that we have shown, it behooves our State Dental Association to be eternally vigilant in the encouragement of the Study Clubs, and through them to develop clinicians who will not only study but be able to teach. The best way of teaching young and old is by letting them see what you are describing.

The progressive men throughout our state should deem it a privilege and a pleasure to encourage those men at the head of the three Study Clubs. It does not take a Solomon to see what can be accomplished within a few years if we will devote our energies along this line.

A Message from the President

CONCERNING CLINICS AT OUR STATE MEETING IN APRIL

Sometime ago our Secretary, Dr. Harry Bear, sent out a questionnaire to the entire membership in which several pertinent questions were asked, two of which were most vital to the ultimate success of our meeting. They were: "What do you most desire to be featured at the meeting?" and "Would you give a Clinic?" I regret that we received very few answers to the first question while a few good fellows very cheerfully agreed to give clinics; but we had not enough of them.

In view of these facts, your Clinic Committee, with the guidance of the limited amount of information that we received from the questionnaire, has already secured some of the most able men in the

ry to appear before our meeting, to give us a correct and scientific vision of our daily tasks and our duty to our fellow men. At the same time the Clinic Committee feels, as I do, that we have a host of most excellent men in our membership who are chuck full of good ideas and can give us a variety of clinics well worth while.

The Study Clubs should start *right now* and arrange to develop group clinics.

The individual clinics are always good. Dr. A may have a most effective way of treating Vincent's infection, pyorrhea treatment, orthodontic treatment, making a certain type of crown, etc., while Drs. B., C., etc., may not be so fortunate, and would benefit greatly by your clinic. SO LET'S HAVE YOUR CLINIC.

The Clinic Committee, Harry Bear (who works all the time on State Association work) and myself, *cannot* make a meeting unless you individually contribute your time and energy. Accordingly, I ask those who have not already volunteered to give clinics, to drop a line to Dr. R. H. Walker, Norfolk, Chairman of the Committee, and let him know what your clinic will be. Don't fail me, boys, this is your meeting, and not that of the officers.

Very sincerely,

CHESTER B. GIFFORD, D. D. S.,

President.

Knocks and Bouquets

(Comments about the September BULLETIN received in the recent questionnaire.)

"Very good, but room for improvement."

"No. I know it can be made more attractive."

"Very good."

"Yes, for the first copy."

"Reasonably so."

"Yes, fine."

"Very good start."

"BULLETIN is O. K."

"O. K. for a beginning."

"Yes, very good."

"Good work; would like to see more to it."

"Too much hot air; get down to business." (Referring to meeting.)

THE BULLETIN

of the

Virginia State Dental Association

VOL. II

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Officers

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A. H. SPRINKEL, D. D. S., Staunton.....President
HARRY BEAR, D. D. S., 410 Professional Bldg., Richmond.....Sec'y

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HARRY BEAR, D. D. S., 410 Professional Bldg., Richmond, *Editor*

EDITORIAL DEPARTMENT

The Other 346 Members

The questionnaire sent out by this Association to its 410 members brought a reply of sixty-four cards. What about the other 346 members?

Pertinent questions were asked in order to aid the officers in the conduct of the Association and to make the 1924 meeting at Norfolk the best in the history of the organization. The members were asked to indicate the subjects they were most interested in. The sixty-four replies received gave only a fair estimate of what these members were interested in. It is assumed that the other 346 members are well satisfied with the conduct of the Association, and are willing to leave its management in the hands of the officers who are their representatives. The officers graciously accept this compliment and trust that your intentions have not been misapplied.

Are You Protected?

You are, no doubt, familiar with the condition of the growing dependency of malpractice suits against dentists. If you are protected by liability insurance this editorial is not intended for you.

The very nature of our practice renders any practitioner liable to be sued for malpractice. No one is immune from such an eventuality. The fact that you have practiced for a good many years and have not been threatened with a suit is no guarantee of your continued freedom from the prospect of such a contingency. You cannot take sole comfort in the fact that you are conscientious in the performance of your duties, and are skillful and careful, as this has happened to dentists of national reputation and to men whose devotion to the best interests of their patients was beyond question.

There have been numerous cases of malpractice suits, and this will continue, for there can always be found unscrupulous persons ready to take advantage of professional men. This is something that may happen when we least expect it. You must guard against such a happening to yourself; one case could be enough to ruin you financially and professionally.

The Virginia State Dental Association, as an organization, has no group policy. The principle of this form of protection is sound. Various local dental societies have a group policy of protection of which the members are a part. In other instances some of our members have individual policies. The group policy has added virtues, and this form should be encouraged even to the extent of having the State Association as a unit.

By all means, obtain a policy of protection! Be insured!

Dental Legislation

The State Legislature is in session, and the work of your Legislative Committee will begin. This is no easy task for the Committee, and all who have had an opportunity of observing will testify.

As is usual on such occasions, many bills will be introduced seeking to amend the existing dental law. Our present law regulating the practice of dentistry is the culmination of the efforts of many members of this Association who gave unselfishly of their time and energies for the accomplishment of this purpose. It is the Association's purpose to safeguard this law. In accordance with this wish the Association, several years ago, adopted a resolution which provided that "all mat-

ters pertaining to dental legislation be referred to the appropriate Legislative Committee for approval or disapproval and action thereon." The Association again endorsed this policy at the Pine Bluff meeting last year. The Legislative Committee consists of the following members: B. T. Blackwell, Chairman, Richmond; H. W. Campbell, Suffolk; J. H. Costenbader, Norfolk; C. E. Cox, Farmington; W. B. Fahrney, Timberville; A. Lee Penuel, Leesburg; A. L. Petersburg; W. E. Whitt, Abingdon; John Bell Williams, Richmond.

Annual Dues

Bills for 1924 dues have been mailed to all members. Of the members of the Association twenty-eight failed to pay their dues for 1923. These will receive bills for 1923 and 1924 dues. You will note the increase of \$1.00 for 1924. This fact was explained in a circular accompanying the statement for annual dues.

Prompt payment of dues insures continuation of your active membership in the American Dental Association, and assures you of receiving the *Journal* uninterruptedly. An early settlement eliminates the receipt of any more bills and facilitates the work of the secretarial office.

Attention is directed to those few members who owe dues for two years, to Article V., Section 4, of the Constitution, which reads: "Any member whose dues remain unpaid for two years after proper notification by the Treasurer, shall on close of the last day's session (as being announced in open meeting) be dropped from membership without any further action by the Association, unless otherwise ordered by the Association."

Dentists Exempt from Jury Duty

At the 1922 meeting of the State Legislature, an amendment to the law regulating jury duty was passed which provided that all dentists in actual practice are exempt from jury duty.

The Norfolk Meeting

Mark these dates off on your appointment book now: Monday, Tuesday and Wednesday—April 28th, 29th, and 30th.

An excellent program of scientific papers has been arranged.

Following are some of the men who will appear on the program: Dr. E. V. McCollum, of Baltimore, Maryland, on "The Relation of Diet to Preventive Dentistry"; Dr. T. P. Hinman, of Atlanta, Georgia, on "Oral Diagnosis"; Dr. Henry S. Dunning, of New York City, on "Mouth Surgery of Interest to the General Practitioner"; Dr. J. F. Hovestad, of Boston, Mass., on "Porcelain, Crown and Bridge Work", and Dr. W. B. Martin, of Norfolk, on "The Relation of Dentistry and Medicine."

In addition to the above, there will be a number of clinics covering the various phases of dentistry. A large number of manufacturers will also exhibit at this meeting. They will be assigned a definite time on the program.



MONTICELLO HOTEL, NORFOLK, VA.
CONVENTION HEADQUARTERS

