

the bulletin
of the
VIRGINIA STATE
DENTAL
ASSOCIATION

VOL. 13/2

No. 2

March, 1936



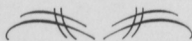
Next Meeting

Virginia State Dental
Association



Roanoke, Virginia

May 4th, 5th, 6th, 1936



A. D. A. Meeting

San Francisco, California

July 13th to 17th

President's Page



On May 4, 5, 6, 1936, will be held the next annual meeting of the Virginia State Dental Association in Roanoke. The time and place of this meeting should be kept in mind by every member, and every member should make his plans to attend.

The various committees are functioning smoothly and are doing some real work, the results of which will be culminated by the time of the meeting.

The activities of the Legislative Committee have constantly been brought to our attention, although it is difficult for one not intimately associated with this committee to realize the enormous amount of time and effort it has exerted for the benefit of all the members in the State Society as well as the profession at large. The members of the Association, however, should be complimented on the help they have given the committee by responding so readily with their assessments.

The Local Arrangements Committee has set up machinery for the comfort and entertainment of those in attendance and invites communications with anyone desiring local information.

The Program Committee has about completed its scientific schedule. Both papers and clinics have been selected chiefly for their practical values. This committee makes a report in this issue.

The report of the Membership Committee which appears in this issue of the Bulletin is commended to the careful perusal of each member. As a complete membership is absolutely essential to the success of our organization, please give this matter your serious attention.

N. F. MUIR, *President.*

Preliminary Program

for the

SIXTY-SEVENTH ANNUAL MEETING OF THE VIRGINIA STATE
DENTAL ASSOCIATION



May 4, 5, 6, 1936

HOTEL ROANOKE, ROANOKE, VIRGINIA



(At this time it is impossible to publish a complete report as to the program and clinics for the coming meeting. The Program Committee submits the following brief summary for your information.)

ESSAYISTS

Dental Economics

Dr. C. Willard Camalier, of Washington, D. C., one of the best-informed men in the American Dental Association on his topic, will discuss the "Present-Day Economic Problems in Dentistry."

Prosthodontia

Dr. A. P. Little, Richmond, Va., Professor of Prosthetic Dentistry at the Medical College of Virginia, will present the subject of "Full Denture Prosthetics."

Pediodontia

Dr. R. C. Leonard, pediodontist of Baltimore, Md., will read a paper on "Children's Dentistry."

Nutrition

Dr. Mark D. Elliott, of Boston, Mass., and an authority on the subject of nutrition, will present a paper on the "Application of Knowledge of Nutrition in General Practice."

Crown and Bridge

Dr. B. F. Sapienza, of Birmingham, Ala., will bring us some unique but practical ideas on "Crown and Bridge Construction." Dr. Sapienza's work attracted wide attention at the New Orleans meeting of the American Dental Association.

Orthodontia

The subject of Orthodontia, as applying to the general practitioner of dentistry, will be discussed by an outstanding man in this field. Negotiations for this subject have not been completed at this date.

CLINICS

The Program and Clinic committees promise an interesting array of clinics for your benefit. It is not too late to send in your clinic. Please note special message from the Clinic Committee in this issue of Bulletin.



LOCAL ARRANGEMENTS

As chairman of the Local Arrangements Committee, I hereby submit my preliminary report:

Dr. W. S. Mitchell will be in charge of the Golf Tournament; Dr. P. T. Goad will handle the Skeets Tournament. Attractive prizes will be given the winners of both tournaments.

Appropriate entertainment will be provided for the ladies and the families of the members and their guests. Details and further information will be given in the near future.

Dr. John P. Grove is chairman of the Exhibit Committee. Dr. A. M. Hitt will look after the clinicians.

G. L. SPITLER, *Chairman,*
Local Arrangements Committee.

REPORT OF CLINIC COMMITTEE

Our annual meeting is less than three months hence. We expect to list the clinicians in the program according to the component society of which they are members, hence a representative group from each district is desired. All components should assume their share of responsibility and endeavor to provide ample representation.

The clinics at our meeting are always a most attractive phase of the program. When we develop some idea or technic which is of value it becomes our duty to present it to our fellow practitioner. A clinic does not have to be elaborate to merit presentation. What may be an insignificant idea to you may prove very valuable to another.

In reviewing the program of the Virginia S. D. A. for the past fifteen years, we found that only a small percentage of our membership have contributed with clinics.

Won't you please favor your committee by filling out the blank today? Your co-operation is essential for success. Do your part. Give a clinic at Roanoke.

DR. P. L. CHEVALIER,
1100 W. Franklin Street,
Richmond, Virginia.

I will prepare a clinic for the annual meeting in Roanoke.

Title.....

Signed.....

MEMBERSHIP COMMITTEE

The Virginia State Dental Association meeting will be held on May 4, 5, 6, and the American Dental Association meeting June 29-July 3, inclusive.

As chairman of the Membership Committee, I call this to your attention for the following reasons:

1. Your committee's report to the State Association will necessarily include only those who have paid by May 4.

2. Virginia's membership, in so far as the American Association is concerned, will include the number paid on May 20.

3. The number of delegates will be determined by the paid-up membership on that date.

4. For your information, the A. D. A. allows each Component organization one delegate. For the first hundred members, a second delegate, and an additional delegate for each two hundred thereafter.

5. Last year the entire membership was four hundred eighty-nine. The Secretary of the State Association could only report 362 prior to the A. D. A. meeting.

6. If dues are not paid by March 1 the Journal is discontinued, also the relief and insurance benefits are subject to cancellation.

A goodly number of members have already paid, but a considerable number have not paid to this date. At this particular time it is imperative that each of us render to dentistry our most loyal support.

R. L. SOMMARD AHL, *Chairman.*



REPORT OF RELIEF COMMITTEE

At the recent meeting of the American Dental Association in New Orleans, an entire new set-up was voted by the House of Delegates for relief work and the Relief Commission.

Fifty per cent, or one-half, of the money received from the sale of the Christmas seals beginning with the year of 1935 will be returned to the State from which it was received for relief purposes. This means that 50 per cent of all money sent in for Christmas seals by the members of the Virginia State Dental Association will be

returned to our Relief Committee for relief purposes. It now behooves every member of our Association to send in their dollar or more for the A. D. A. Christmas seals sent them in December, if you have not already done so. This matter is of greatest importance as your committee may be called on at any time to help a distressed member of our Association, and we must have funds in our treasury for this purpose. I appeal to all members of our Association to see that the money for the seals are sent in to A. D. A. headquarters immediately so that we may be prepared to share in this humane work.

RALPH B. SNAPP, *Chairman.*



NECROLOGY COMMITTEE

Your Necrology Committee asks for your co-operation in reporting to it all deaths of dentists in Virginia who may have died since the Hot Springs meeting last year. In sending in these reports, please include as much information as possible relative to the deceased.

C. E. HARPER, *Chairman.*



HOTEL ROANOKE, PLACE OF MEETING

The next annual meeting of the Virginia State Dental Association will be held at Hotel Roanoke, Roanoke, Va., May 4, 5, 6, 1936.

The hotel offers the following tariffs:

Single rooms, with bath, \$3.00 and \$3.50 per day; European Plan.

Double rooms, with bath, containing double bed, \$4.50 and \$5.00 per day, two persons to the room; containing twin beds, \$5.50, \$6.00 and \$7.00 per day, European Plan, two persons to the room.

The rates of other hotels will appear in the Program Number of the Bulletin.

THE BULLETIN

OF THE

Virginia State Dental Association

Vol. XIII

MARCH, 1936

No. 2

Editorial Staff

GEORGE W. DUNCAN, D.D.S., *Editor*
301 Professional Building, Richmond, Virginia

J. E. JOHN, *Business Manager*
Medical Arts Building, Roanoke, Virginia

LEGISLATION

This issue of the Bulletin was purposely delayed in order to give to the membership of the Virginia State Dental Association a definite report concerning the anticipated changes in the Dental Laws of Virginia as relating to the control of advertising.

We are happy to report that the bill made splendid progress through the various Committees and Branches of the Legislature, having only five dissenting votes in the House and passing by a unanimous vote in the Senate. The bill was signed by Governor Peery on February 28th, 1936, in the very face of a final effort, by its opponents, to secure his veto.

The success of this bill before the Virginia Legislature is definite evidence of the character, intelligence, fairmindedness, and progressive nature of our Legislative bodies. Furthermore, the industry and intelligence of the Legislative Committee of the Virginia State Dental Association, and its co-workers, also deserves the highest praise.

Every dentist and every person in Virginia owes this committee a debt of gratitude. Their work will lead to an improved standard of dental service in the state. This task has taken some members of the Committee out of their offices for days and days, meaning to them a tremendous financial loss, yet never one word of complaint has ever been heard from these men. The work of Chairman W. H. Street has been particularly outstanding. His industry and devotion to dentistry in organizing and directing this legislative battle is another of his splendid contributions to dentistry.

The passage of this new dental law is a brilliant victory for organized Dentistry and the principles of right and justice. We may rightly experience, at this time, a sensation of elation and satisfaction, but this must not lapse into complete satisfaction and relaxation. The Legislative Committee still has much work to do and our

obligations did not cease when the Governor laid down his pen after signing the bill. Many legal and controversial problems are bound to follow.

In the interim a most important phase of the whole matter merits your immediate attention. And that is the Special Assessment levied by the Association to defray the expenses of the Legislative Committee. This money is needed now. Have you sent your check to the Secretary? If not, attend to it at once.

The report of the Legislative Committee at the Roanoke meeting will be awaited with the greatest of interest and should prove to be one of the most outstanding phases of the coming meeting.



COUNCIL ON DENTAL THERAPEUTICS

The Bulletin takes great pleasure in announcing that Dr. Harry Lyons, Richmond, Va., has been appointed to membership on the Council of Dental Therapeutics of the American Dental Association.

We wish to also speak a word in praise of the wonderful work of this committee of the American Dental Association. The good it has accomplished in protecting the public and the profession can never be estimated.

It sets up certain standards which must be reached and maintained if products are to receive its approval. Consequently, it is only natural that no small number of enemies are created and many law suits arise in connection with its work. Its task of fighting the unscrupulous manufacturer is a close parallel to the battle being waged against the unscrupulous practitioner, except that the Council has to oppose large manufacturers having almost unlimited financial backing.

The work of this Council merits the whole-hearted co-operation of every member of the dental profession.



A SILVER LINING FOR VIRGINIA'S DENTAL RELIEF FUND

Some time ago the Minnesota State Dental Association inaugurated a plan called "The Silver Lining Club," which was offered by Dr. Vern Irwin, of Duluth, for the purpose of adding substantially to the State's Dental Relief Fund. Dr. Irwin's plan is for each member of the Association to save all his amalgam scrap and bring it with him to the annual meeting, where it is collected and sold. The

proceeds of the sale going to the Association's Dental Relief Fund. In Minnesota the sum collected from this sale for the first year amounted to \$97.27. Since then other States have successfully adopted this plan. New Jersey collecting \$714 worth of scrap in six months' time.

Virginia has been most fortunate in having but few demands on her relief fund. However, should it be necessary in the future to utilize this money for the relief of needy dentists it will be found to be entirely inadequate.

The "Silver Lining" plan affords a simple and practical means of adding to this relief fund and a method that should win the approval of every dentist in the State. The officers and the chairman of the Dental Relief Committee of the Virginia State Dental Association have already voiced their approval. Your co-operation is all that is now needed to make it a success.

The Relief Committee will collect your amalgam scrap at the Association's meeting in Roanoke, May 4, 5, and 6. Do not forget: start now to collect every bit of amalgam to be found in your office and bring it with you to Roanoke.

Your subscription to this plan may bring added help to some friend in need, and the act of saving your scrap may also prove to be of great personal benefit to you in the form of added protection to your own health.

(See December, 1935, Journal, A. D. A., "Prevention and Cure of Occupational Diseases of the Dentist," by William Lentz, M.D.)



TWO RECOMMENDATIONS

From the Journal of American College of Dentists.

"All professional dental organizations should be requested to discontinue the practice of permitting representatives of commercial dental-laboratories and of other commercial organizations to participate in the programs of meetings devoted to professional purposes. All teaching of any nature relative to the practice of dentistry, whether by courses, lectures, clinics, demonstrations, or programs, should be in accord with professional concepts. Further, such teaching should emanate from, and be sponsored and controlled by, organized dentistry, and be made available to the members through accredited dental groups, or through related medical or other professional organizations.

"All professional dental organizations should be urged to give recurrent attention, in their programs, to papers, clinics, and post-graduate courses on the practical phases of dental prosthesis."

MESSAGE OF THE PRESIDENT OF THE A. D. A.



IT is the duty of every dentist in America to join the American Dental Association. Friendship and sociability suggest it. The honor of our beloved profession requires it. Self interest and the interest of those dear to us and dependent on us demand it. How shall we protect both ourselves and the public from the artful advertiser with his bombast and seeming bargain prices? How shall we, except by united effort, shut off quacks and the illegal practitioners? How shall we meet the threat of commercial laboratories? Finally, and most menacing of all to be faced, is the diversion of our incomes by state or corporations and by new insurance legislation.

No efforts of individuals or local groups can meet problems that are state wide, nation wide, or world wide. There is a maxim that is old and threadbare, but can never be replaced. It is as virile now as it was the day we first read and felt its cogency. It is, "In union there is strength." It is a variation of our own United States motto, "E Pluribus Unum," "Out of many, one." We must have a powerful national organization, built upon and enforced by local and state organizations. Thus only can the science and art of dentistry maintain its position, its standards, its traditions, and its ethical principles.

The officers and trustees of the American Dental Association feel their responsibilities keenly and are doing their utmost to conduct the association efficiently and economically, but they realize more day by day that they must have the dentists of America behind them individually as well as collectively. Hence, we urge every dentist in America to join our body and give us his personal support. Let our slogan be, "One for all and all for each."

Very sincerely yours,

GEORGE B. WINTER,

President, American Dental Association.

OPEN LETTER

To the Membership of the V. S. D. A.:

FELLOW MEMBERS:

At the annual meeting of the American Dental Association in New Orleans, I was elected to serve as Trustee of the Fifth District, succeeding Dr. Harry Bear of Virginia.

Not unmindful of the many responsibilities which this position of honor bears, and frankly acknowledging my limitations, I herewith beg of each and everyone of you leniency and whole-hearted co-operation. The entire Fifth District, I feel, will assist me in my efforts, and thereby much can be gained by unity of purpose.

I trust that I may live up to your expectations, and hereby pledge to earnestly and sincerely uphold the dignity of our noble profession, and bring to the Fifth District every advantage that organized dentistry has to offer.

During my tenure of office it is my intention to be present at some meeting of each of the States in the district.

Yours for the elevation of our profession.

C. J. CARABALLO, *Trustee,*
Fifth District, American Dental Association.



COMPONENT No. II

The annual meeting of Component No. II was held December 9th. This was an informal affair at which time our new officers were elected. The following men were elected for 1936:

DR. EDWIN BINDER.....	<i>President</i>
DR. WADE TRAYNHAM, of Hampton.....	<i>Vice-President</i>
ISHAM T. HARDY.....	<i>Secretary and Treasurer</i>

No further business was transacted at this meeting.

ISHAM T. HARDY, *Secretary.*

COMPONENT No. IV

RICHMOND DENTAL SOCIETY, INC.

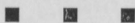
At the meeting of Component Society No. IV, held October 9, at 8 P. M., in the Academy of Medicine Building, it was decided that Component Society No. IV request the Richmond Dental Society to allow it to merge with that organization.

The Richmond Dental Society, at its meeting on December 16th, acted upon the request of Component Society No. IV and unanimously passed a resolution which finally brings about a union of these two organizations, to be known as the Richmond Dental Society, Incorporated (The Fourth Component Group of the Virginia State Dental Association).

This merger has been under consideration for some time and we are delighted that it has finally been favorably acted upon.

The present officers of the Richmond Dental Society, Inc., are:

DR. JOHN C. TYREE.....	<i>President</i>
DR. G. A. C. JENNINGS	<i>President-Elect</i>
DR. W. TYLER HAYNES.....	<i>Secretary-Treasurer</i>
DR. L. S. HOOVER.....	<i>Member of Executive Council</i>



COMPONENT No. V

The Piedmont Dental Society, Component No. V, will hold its annual meeting in Roanoke, Va., on February 24 and 25, 1936. The program will begin with a banquet on February 24, at 6:30 P. M., at the Patrick Henry Hotel. Sessions will continue through Tuesday, February 25, with Dr. S. S. Jaffe, of Washington, D. C.; Dr. J. K. Burgess, of New York City, and Dr. L. G. Coble, of Greensboro, N. C., as speakers.

All members of the Virginia State Dental Association will be welcome at the meeting.

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

COMPONENT No. VIII

Northern Virginia Dental Society

The Northern Virginia Dental Society held its annual meeting in Manassas, Va., on December 12, 1935.

The following officers were elected for the ensuing year :

F. P. SMOOT	<i>President</i>
C. P. KENNEDY	<i>President-Elect</i>
W. N. HODGKIN	<i>Councilor</i>
B. M. HALEY	<i>Secretary-Treasurer</i>

The Society enjoyed one of its most successful meetings. We are indebted to Dr. P. L. Chevalier, Professor of Crown and Bridge Prosthesis at the Medical College of Virginia, for a most interesting paper, "Porcelain Jacket Crowns for the General Practitioner," and to our fellow member, Dr. Lamar Harris, of Clarendon, for a "Review of Dentures."

Dinner was served at six o'clock, following which we received a very instructive talk by Dr. W. N. Hodgkin as a "Report on the Proposed Amendment to the State Dental Practice Act." Dr. Chevalier climaxed our very successful meeting with a practical clinic on "The Preparation of Wax Patterns, and Other Crown and Bridge Hints." Our spring clinical meeting will be held in Warrenton, and our annual fall meeting in Fredericksburg, Va.

B. M. HALEY,
Secretary-Treasurer.

EXTRACTS FROM THE LEGISLATIVE
COMMITTEE REPORT

New Orleans Meeting, 1935

The Committee on Legislation of the American Dental Association reported that it co-operated in all instances with the States where its help had been solicited, but refrained from ejecting itself into State affairs. Bills to amend existing dental practice acts were presented by accredited representatives of organized dentistry in twenty-seven States during the 1935 legislative sessions. Twenty-one States were entirely successful in their efforts. Arizona, Oklahoma and Washington achieved a measurable degree of success, but did not gain the full measure of improvement hoped for, while three States,

Michigan, Pennsylvania and West Virginia, failed entirely in their efforts. In California seventy-one bills affecting dentistry either directly or indirectly were introduced, seven of these being introduced at the request of the two California State Dental Associations.

The committee reported that certain efforts were made in various States by unidentified groups or by advertisers to emasculate existing laws by tacking on damaging amendments, and pointed out the difficulties experienced in efforts to secure improvements in dental statutes. The defeat of the West Virginia bill was attributed to the aggressiveness of the advertisers; while the Arizona and Washington bills were weakened by the same influence. They stated the most damaging and at the same time most potent opposition with which anti-advertising dental legislation has had to deal is the public press. The failure of Pennsylvania to secure its desired legislation is laid to the influence of the Pennsylvania newspaper association.

Twenty-three States now have sales tax laws and a local sales tax is in effect in the city of New York. In New Mexico and South Dakota the gross sales tax applies to the fees charged by dentists and the rate of 2 per cent on the dentists' gross income from his practice becomes a serious burden to the profession in these two States. The committee further reported that they have made a study of all the proposed or achieved State legislation affecting the economic and social status of the profession, and this study indicates that there is a greater breadth of interest in health service to the indigent and the low-income groups than is currently known. They further stated that the administration of the FERA funds in various States is a vital problem, and the manner in which dentistry has been permitted to participate in this situation has not been satisfactory to the profession.

Health insurance bills were introduced in California, Massachusetts, Nebraska and New York, while Pennsylvania considered introducing a bill bearing on the socialization of medicine and dentistry. The so-called "Epstein Bill" was introduced in Massachusetts and Nebraska, but did not pass.

This committee also recommended that all State societies attempt to secure statutory provisions requiring the appointment of a dentist to the State Board of Health. Such appointment to be made from list of dentists submitted to the Governor by the State Society. They also recommend, in order to participate in provisions of the Social Security Act, health programs must be initiated in the various States, with a view of establishing oral hygiene divisions in the State Department of Health, to carry on dental educational programs throughout the State.—*Iowa Dental Bulletin*, December, 1935.

EXTRACT FROM TREASURER'S REPORT

New Orleans Meeting, 1935

Dr. Volland, Treasurer of the Association, reported the "unpredictable increase in membership produced \$22,451.36 more than was anticipated in the budget." Revenue from Journal advertising increased \$2,000, and \$5,429.07 was realized from the sale of the book "Accepted Dental Remedies." He reported that the fixed assets of the Association increased from \$17,952.96 to \$116,151.92 from 1929 to 1935, and during the same period the net worth has grown from \$691,141.28 to \$874,819.25, and that these figures indicate the soundness of the policy under which the Association has been operating. Also, in the last six years the expenses of the Secretary and Business Manager, the Journal and the annual sessions have decreased from \$191,910.46 in 1928 to \$108,034 in 1934, representing a decrease of \$83,876.46 and a total saving effected during the six years of \$301,494.52. There is on hand a balance of \$358,959.71 in the Relief Fund reserve, \$200,000 in the Journal Fund reserve, and \$224,457.21 in the General Fund reserve.



"CALIFORNIA, HERE I COME"

San Francisco, wonder city "that knows how" by the Golden Gate, historic center of the great 1849 era, will entertain the 78th Annual Session of the American Dental Association, July 13 to 17, inclusive.

Plans are rapidly being formulated that will make this meeting the most complete, up-to-date, scientific and entertaining, ever held by the American Dental Association.

An unusual sight, and one not to be seen in such magnitude for several hundred years, will be afforded members of the Association in the construction of the San Francisco-Oakland Bay Bridge. The bridge, which will be open for traffic next fall, will be the greatest bridge in the world for its cost, length, quantities of steel and concrete, weight, depth and number of piers, the bore of its island tunnel, and the versatility of its engineering.

The colorful Mayor Angelo J. Rossi, who succeeded the late Mayor James Rolph, Jr., afterwards Governor of California, will welcome the Association to San Francisco and promises to throw the city's many resources open to it.

The evenness of San Francisco's far-famed climate will greatly contribute to the idealness of this meeting. It can truthfully be said that this is one opportunity, from all standpoints, that cannot be missed.

Richmond, Va., January 15, 1936.

*To the Members of the Virginia State
Dental Association:*

For some years the Medical College of Virginia has made an effort to increase its collection of dental objects for a museum. In the department of anatomy a number of skulls have been collected of various fishes and animals for teaching in the department of comparative dental anatomy. We are particularly anxious to collect as many specimens of heads as possible for the variety of dental conditions that may be valuable. The members of the dental profession are urged to co-operate in this matter. You are asked to send any specimens which may come to your attention and which may be of value to our department of anatomy.

We will be glad to receive the heads of any fishes or animals which show the dentition. There need be no special preparation of these specimens. You are asked to forward these to Dr. George W. Duncan, who teaches this subject. You may send them to the college express collect. Due credit will be given to all donors.

Your co-operation and assistance in this matter will be gratefully appreciated.

HARRY BEAR, *Dean,*
School of Dentistry,
Medical College of Virginia.

ENAMEL FISSURE DECAY CHART

Prepared from drawings by Dr. Charles F. Bodecker of Columbia University, this beautiful 4-color 9x16-inch Pyraglass chart will *help you explain* many troublesome conditions to your patients.

Order one today. Price 30c.

See page A-42, A. D. A. Journal, November, 1935.

Both of these educational and valuable items can be obtained from
BUREAU OF PUBLIC RELATIONS, AMERICAN DENTAL ASSOCIATION,
212 East Superior Street, Chicago, Illinois.



"YOUR TEETH AND YOUR BABY'S TEETH"

A 16-page booklet on the care of the teeth during the prenatal period. It simply and clearly explains why the expectant mother should care for her own teeth and what she may do to build better teeth for her baby.

Prepared by the Bureau of Public Relations and approved by the A. D. A. and the U. S. Public Health Service.

Single copy 5c; 25 copies \$1.00.

See pages 2147-2150, A. D. A. Journal, November, 1935.



A PROPOSED PLAN FOR COMMUNITY DENTAL SERVICE*

By ALFRED WALKER, D.D.S., and JOHN OPPIE MCCALL, D.D.S.,
New York

Most of the current confusion over and dissatisfaction with proposals for providing dental service to that portion of the population not now receiving such care arises from the failure of those advancing these proposals to present a concrete plan. Because of the vagueness of outline as to scope and method of operation of proposed socialized service in the present discussions, dentists have conjured up visions of all sorts of dire eventualities that they are convinced

*Read by Dr. Walker before the sixty-sixth annual meeting of the Virginia State Dental Association, Hot Springs, Va.

will transpire under these schemes. They see themselves suffering under the worst features of the worst of the European systems, without realizing that the ills they picture are not fundamentally inherent in the thesis of socialized service.

It has been repeatedly stated that some form of socialized dental service is coming through legislative channels, and that the dental profession must be prepared for it. Beyond compiling some obviously incomplete statistical data on dental conditions in the population, dentistry's only preparation so far is more fairly sonorous rehearsing of the theme-song "I don't want it," with variations.

There is evident need of a concrete plan, worked out in some detail, that dentistry can present to legislative bodies for incorporation into proposed laws dealing with public health. The following plan is suggested without belief that it is perfect, but with the thought that it is sufficiently concrete to serve as a basis for constructive discussion. When modified and amplified in such ways as may seem desirable, it may then be advanced before the public and before legislatures as dentistry's plan.

In this plan it is proposed that the population be divided into groups according to economic status. Dental care is to be provided for each group according to its ability (or inability) to pay.

The group designated as No. 1, now able to command dental care at normal fees, will continue to receive this care as at present. In other words, there will be no disruption of private practice as now conducted. For Group 2, that is able to pay only a part of the normal fee for dental service, a health insurance plan will be provided. As for Group 1 these people will also be given dental service by the practitioner in his own office, the insurance fund providing for the payment of the fees. For the indigent and minimum salary group, No. 3, dental service will usually be provided in a hospital or clinic, but may be given in the private office according to local conditions.

The three basic methods of providing dental care previously referred to, with their underlying principles of financing, are as follows:

For Group 1, private practice is to be continued. As now conducted, there is considerable overlapping of this group into Groups 2 and 3. With the proper segregation of these classes, fees for private practice may be based on total cost of providing service, with elimination from private practice of service rendered at fees below an equitable level.

Group 2 is made up of people on better than minimum wage scales, whose income, however, does not permit their paying normal private office fees. Financing of such service will be through a non-profit insurance fund to which the wage earner contributes a percentage of his salary (the percentage varying with the salary) and to which the employer and the State also contribute. Roughly speaking, the latter contributions make up the difference between what the employee can afford to pay for his dental care and the minimum private office fee for the service rendered.

When the principle of this method of financing dental care for people in low, but not minimum wage groups, is accepted it will not be difficult to establish the salary levels constituting eligibility in this group. Salary limits within which such eligibility would rest will vary with living costs in different communities and should also vary with the number of dependents. No fixed figures can be established except on the basis of a classification of the localities involved. The upper salary selected should be one that would not provide for payment of minimum private office fees for the average amount of dental service needed annually by the wage-earner and his dependents. The lower salary selected should be just above the amount required to provide subsistence only.

In the same way, fee scales will have to be established on a regional basis, the variation being based on conditions affecting cost, office overhead and living and other proper expenses of the dentist. There will be no occasion for concern as to whether patients in the upper Group 2 bracket should be excluded from the insurance scheme and advanced to Group 1 when dentists determine cost accurately and do not make the very common mistake of setting their fees for private office patients below the level at which they can practice without incurring loss.

Dental service to be paid for from the fund must naturally be a minimum consistent with maintenance of health and employability, but may include more work of a conservative nature than would be feasible for patients unable to contribute even a part of the cost of the service. Patients who wish to have additional dental care beyond that provided by the fund could secure this as individuals on the dentists's normal fee basis.

If the dentist operates in his own office, as in insurance schemes, he provides his own equipment and supplies and pays the rent, etc. A considerable portion of this overhead expense must be met from the contributions of the employer and the State to the central fund.

The patient's contribution toward the fund should cover cost of service only and not overhead. Under these circumstances the part of the fee paid by the patient is below the normal private office fee, hence practice so conducted is not in competition with private office practice except as the fees in the latter case may be mistakenly placed below levels which will permit a normal return to the dentist.

Group 3 will receive free service. This to be financed from taxes or, in some instances, through philanthropy. Employers of minimum wage workers will probably contribute toward this service through the medium of taxation only. It does not contemplate that those receiving the service shall make contributions to a central fund. This method of giving dental care is already in operation; it is exemplified by the free dental service in public schools and by FERA and TERA dental service in New York City.

Where the service is given in a hospital or clinic, the dentist is to be paid a salary; if the service is given in the private office payment may be on either a salary or fee basis. The service to be given will be the minimum that can be regarded as a health service. It will include X-Rays, extractions and other needed surgery and full dentures where all teeth require extraction. If sufficient teeth for mastication are present, and but few fillings are required, such fillings may be placed and prophylactic treatment given.

There would be nothing that could be designated as "State dentistry" or "Contract practice" in any part of the program herein described. Such hospital or clinic service on a salary basis, as would be called for under this plan, would engage only a small percentage of practicing dentists, and those voluntarily, and thus would not be subject to the criticisms usually aimed at those types of service. This service, being on a salary basis, would do away with voluntary unpaid hospital service now given by so many in the profession. This, together with the more exact classification of patients applying for such service, possible under a carefully drawn law, would eliminate a phase of socialized service that has been erroneously visualized by many in the profession as constituting "health insurance dentistry."

Under both health insurance service and indigent service, provision must be made for dental care for other members of the family, and especially children. Adequate dental care for children, since it offers the only feasible means of reducing incidence of dental disease in adult life, should be one of the foundation stones of any plan adopted.

One of the principal objections to health insurance and similar proposals is the possibility that control of the plan may get into the

hands of politicians. To meet this situation it is proposed that the present State Department of Social Welfare be reorganized with a set-up similar to that of the State Department of Education. In a department so organized there would be a Board of Regents composed of men of the highest standing, experts in the various phases of social relations. They would be selected and appointed in a manner similar to that followed for the Regents of the State Education Department. In addition there would be a Technical Board composed of members of the health professions. The members of this board would be recommended for appointment by the recognized societies of the various professions, as is the case with the State Examining Boards. Appointments would be made from the names so recommended.

Administrative control would be vested in the Regents while control of technical procedures and policies would be in the hands of the professional members. Fee schedules would be proposed by the professional members, subject to approval by the Regents.

Maintenance of the attractiveness of health-service professions as careers, so that prospective practitioners possessing high coefficients of ability, character, intelligence and ambition may, for the benefit of both the public and the professions, continue to enter and remain in the service.

Retention of the fundamental American doctrine providing for rewards in compensation, prestige and position to individuals in direct proportion to their ability, industriousness, conscientiousness and personal attributes. To forsake this principle for regimentation would put a premium on indolence, indifference and inefficiency in health-service.

