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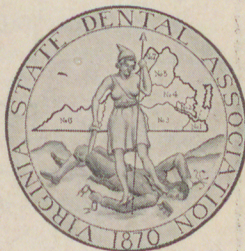
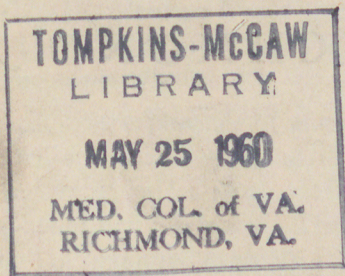
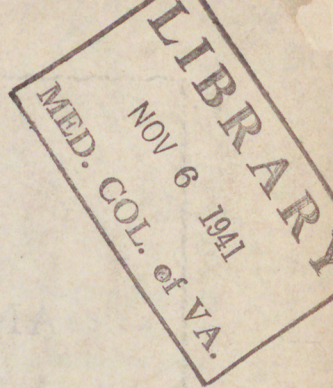
the bulletin

of the

VIRGINIA STATE DENTAL ASSOCIATION

VOL. 18

No. 1



October, 1941

Next
ANNUAL MEETING
Virginia
State Dental Association



~ RICHMOND ~



April 6 - 7 - 8

1942

From Our President

GREETINGS:

It is with a deep feeling of gratitude that I thank you for making me your President for 1941-1942. I do not think that I should merit this very great honor, but your expressed confidence is most keenly appreciated and I pledge to you my very best efforts to look after the affairs of our State Organization, insofar as the President should.

In these troubled times, with the gravity of a National crisis pressing us, and our many dental problems to face, it seems important that we try to be very practical and careful with our affairs. Our strength and wisdom in these matters is dependent on and will be measured by our solidarity of organization and unity of purpose.

The American Dental Association Meeting in Houston, Texas, promises to be an outstanding one, and I hope many Virginia dentists will be in attendance. Our A. D. A. President calls for a membership of 55,000 by the Houston Convention, October 27-31. May I urge that all of the eligible dentists in Virginia become members of their local Components at once.

I am anticipating the pleasure of attending all the Component meetings this fall or the coming spring. These group meetings are exceedingly important, and I hope that each member will avail himself of the opportunity to attend. These societies represent the highest standard of organized dentistry. Sustained interest and enthusiasm in the Components is necessary if we are to have a strong State Organization.

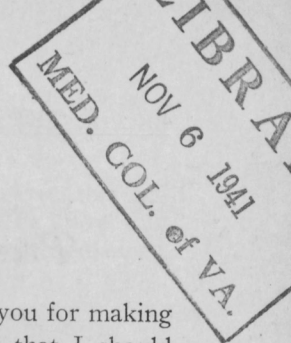
Attendance keeps you alert to dental changes, improves your practice technic and operative skill with the result that you become a better dentist and a more useful citizen in your community.

"It pays to attend dental meetings."

Sincerely yours,

DAN O. VIA, *President*

Virginia State Dental Association.



*President's Annual Message**

By

M. S. JENKINS, D.D.S.

It is with pleasure that I welcome you to the 72nd annual meeting of the Virginia State Dental Association. One of my duties, as your President, is to address the Association, giving a report of the year's activities. This will include a brief discussion of some important problems and a number of recommendations which, in my opinion, are necessary to the solution of these problems.

I wish to first express my sincere appreciation of the privilege and honor of serving as President of the Virginia State Dental Association. I deeply regret that my health during the past year has not permitted me to take a more active part in the affairs of the Association. However, my committeemen, officers, and co-workers have taken much of the burden of the activities upon their own capable shoulders and every member, as well as myself, can be justly proud of their accomplishments. I am, indeed, glad to have had an opportunity to become better acquainted with some of the problems our profession is facing, and to realize more fully the responsibility of solving them to our mutual advantage. During the past year it has been my pleasure to visit several of our Components and I would have visited all of them had my health permitted. I have also visited some societies in other states and these visits have helped me realize that one reason our profession has made such rapid strides in the past century is because the members have grown to appreciate the fact that their duty is to serve the profession throughout their career as compensation for what was handed them when they entered its professional ranks.

In the commercial fields trade secrets and patent rights confront the beginner. These he cannot use without severe penalties. In our calling, all the amassed knowledge and the latest achievements are laid at our feet to use as we will. Hence every one pursuing our vocation should realize the debt he owes the profession, and in return he should endeavor to liquidate this debt by making his own contributions.

*Read before the Virginia State Dental Association, at Old Point Comfort, Va., May 8, 1941.

It is the fact that men are willing and anxious to serve, that accounts for the outstanding progress we have made. We know this spirit will continue and carry us to greater heights of achievement in the future.

I have five definite recommendations to bring before this body.

RECOMMENDATION NO. 1

Delegates to the A. D. A.

I believe the time has come when the members of the House of Delegates should be elected by popular vote instead of being appointed by the retiring President as is being done at the present time. *Therefore*, I recommend that the President-elect, like the President, shall automatically become members of the House of Delegates and that two members shall be elected for a term of two years.

I believe that your President-elect should be a member of the House of Delegates as he is the man who is going to be your President and familiarity with the workings of the A. D. A. would naturally make him better qualified to run the affairs of this Association. The President, under our present system, is automatically a member of the House of Delegates, and I think this should remain just as it is. The other two members should be elected. At the first election, it will be necessary to elect one delegate for one year and one for two years and thereafter elect one delegate for a term of two years. This method will avoid having four new members in the House any one year. I am so thoroughly convinced that this is the proper procedure that I, as your retiring President, am going to appoint your President-elect and Secretary-Treasurer, two of the men you will elect tonight, not only to fill the offices mentioned, but to represent you in the House of Delegates. For your information, the fourth member in the House of Delegates will be Dr. W. N. Hodgkin. Those of us who have served in the House of Delegates during the past few years can fully appreciate the service Dr. Hodgkin is capable of rendering in any phase of organized dentistry. I will announce the Alternates at the close of the meeting.

RECOMMENDATION NO. 2

The Bulletin of the Virginia State Dental Association

Dr. Geo. W. Duncan has served us as Editor of the BULLETIN for many years and has done a splendid piece of work. We, as an organization, cannot ask one member to devote the time and effort

necessary to edit our BULLETIN properly without providing some assistance. Due to the fact we have not given Dr. Duncan the proper assistance heretofore, it has been impossible for him to issue the BULLETIN regularly and give us complete information from the different Component meetings and Association activities as he should; *Therefore*, I recommend that Dr. Duncan be continued as Editor of the BULLETIN and have at his disposal the necessary assistance to take care of the detail work. In order that you may see more clearly the advantage of improving our BULLETIN, I shall enumerate the inadequacies of our present system.

1. No advertisements to help defray expenses of publication.
2. No Business Manager or Secretary or assist the Editor (part-time sufficient for present).
3. Information regarding Component Societies out of date and incomplete.
4. Only three or four issues per year which are published irregularly.
5. Under the present system we are not in position to publish enough papers which are read before our Component Societies and which would be of interest to our State membership.
6. Insufficient information regarding State and National Meetings.
7. Does not carry information relative to Clinics at the A. D. A. meetings.

Therefore, I make the following recommendations :

1. A part-time Secretary or Business Manager shall be appointed to assist the Editor of the BULLETIN in order that we may have a more interesting and complete publication. The services of the part-time Secretary be at the disposal of the Editor.
2. Paid advertisements shall be solicited and published in the BULLETIN to defray its expenses. Soliciting these advertisements shall be one of the duties of the part-time Business Manager.
3. Information regarding Component Societies shall be more thorough, giving dates of meetings, programs, etc. Up to date information shall be sent in from the Components in time for publication.

4. There shall be six issues of the BULLETIN per year on the following dates:

January 1st. Resume of Association's activities during the past year. Information relative to the A. D. A. Clinics. (Only a few of our members seem to know that we may secure a place on the Clinic Program of the A. D. A. by making application through the President of the State Association).

March 1st. This issue may carry advance program information for the State meeting, activities of Components, etc.

May 1st. Program number.

July 1st. Discussion, comments, etc., regarding State meetings, papers given at meeting, etc.

September 1st. This is an important issue and should give notices and program information, dates, speakers, etc., from all Components in order that all members of the Association may visit the Component meetings which are especially interesting.

November 1st. This issue might give a review of the year's work or papers from the A. D. A.'s meeting.

RECOMMENDATION No. 3

Lifetime Membership in the Virginia State Dental Association

I recommend that Article IV, Section 4 of our Constitution shall be changed whereby any member of the Association who has been a member in good standing for twenty-five years or more and who has attained the age of 60 years, shall automatically become a Life Member of the Association. This, however, shall not be considered binding, provided those who have served for twenty-five years and have reached the age of 60 shall elect to continue their active membership.

RECOMMENDATION No. 4

The Problem of Oral Hygienists

Whether we like to admit it or not, we are facing the problem of Oral Hygienists legally entering our State. The Federal Government already employs them in their institutions in our State and 3,778 are licensed to practice in 34 States. It is my opinion that the time is coming when they can and will legally enter Virginia.

I have been advised by the State Health Commissioner, Dr. I. C. Riggins, that pressure is constantly being used not only to bring Oral Hygienists into the State, but other people who are not regularly licensed dentists, to do state health work. I, definitely, feel that Oral Hygienists are coming to Virginia whether we want them or not, and I am sure you will all agree, with me, that we will be much better off if we prepare ourselves for this situation and then when the time comes have them under our supervision instead of working independently. In short, it is much to our advantage to face this problem now and have them enter the State under our supervision only and with the proper laws to prevent difficulties which may arise, and which have arisen, in other States.

Therefore, I recommend the appointment of a Standing Committee to make a thorough investigation and study of the question of Oral Hygienists entering our State legally, and report their findings to the next annual meeting with such recommendations as they deem advisable.

RECOMMENDATION No. 5

Infringement of Dental Laboratories on the Dental Profession

At this time, it should be called to the attention of the Association that some states are having difficulties with the dental laboratories which advertise and do work which should be done in the dental office. I realize more than ever the seriousness of this situation after spending the winter in Florida and seeing the difficulty they are having with dental laboratories. I bring you first-hand knowledge of what is going on in Florida. The laboratories advertise in large print, frequently in professional buildings, that they will replace teeth on dentures, repair dentures, duplicate dentures, and they are even so bold as to advertise that they will "make your plates according to your dentist's prescription." It is an easy matter for a laboratory man to tie up with a dentist who will make the impressions and bites at a fee, letting the laboratory man do the rest. Such a condition, as you can readily see, would be very detrimental to our profession and we must prepare ourselves to cope with it by passing a law that will give us the maximum amount of protection before organized opposition develops.

I have taken this question up with our Legislative Committee and no doubt they will make suitable recommendations.

In this connection, I would like to read one paragraph from an article compiled and published by the International Information Bureau:

"Only about 60% of the practicing dentists are members of the American Dental Association. The Department of Commerce of the United States shows that the members of the Association have a much larger annual income than non-members. This information proves the value of keeping up to date with the profession and the necessity of dentists associating themselves in an organization for the purpose of advancement in dental education and to promote dental laws that will help protect the public as well as themselves."

THE ATTITUDE OF OUR PROFESSION TOWARDS OUR GOVERNMENT POLITICS

By and large, dentists, like physicians and other professional groups are altogether too diffident and complacent in their consideration of politics, political parties, and politicians. They are all too often indifferent to all civic matters except those concerning the public health, leaving to others the establishment of public policies and the choosing of public officials. They seem unmindful of the fact that our government functions by direction of the public will; that public will is given effective form by political parties and politicians; and that these political parties and politicians either effectuate the desires of the people or face defeat at the next election.

There has never been a time in the history of this country when it was more important for every citizen to exercise his privilege of individual opinion. It might be well for us to pause long enough to realize that in order to have any power in the making of civil laws, we must take a more active part in politics, thus creating influence, which will aid us in getting protective laws passed which will prohibit mechanics and tradesman from infringing upon the attained standards of our profession.

Also, if democracy, as we have known it, is to be preserved in these United States and if its principles, as we have learned them, are to be sustained here; it is of primary importance that each citizen, whether he be a dentist, physician, lawyer, preacher, teacher, farmer, laborer, or industrialist, exercise the right of suffrage and the power of individual political opinion.

Gentleman, these are my proposals and recommendations, and I am sure some of you will not agree with them, but I hope all of you will give them serious consideration.

In conclusion, permit me to again thank you for the honor of serving as your President. We should consider ourselves, indeed,

fortunate, in being able to have at the head of the Association for the coming year, Dr. Dan O. Via, a man with the capacity for hard work, outstanding ability, and zeal in the service of dentistry. Truly a man well qualified to carry out the duties of your Chief Executive. I predict for him a most successful year.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS

Your committee shares the appreciation known to exist in this body for the year of capable and successful leadership of our President, culminating in the able and thoughtful address suggested by experience and study throughout this term. Despite a physical handicap, despite the orders of his personal physician, he has pursued an untiring study of the operations of other State Societies in search of any procedures which may lend themselves to the advantage of the Virginia State Dental Association.

The recommendation as carried in the address deserves, and have had, a deliberate consideration which leads to the following conclusions:

1. The recommendation that the President-elect, in addition to the President, shall automatically become a member of the House of Delegates of the A. D. A., and that two members shall be elected for a term of two years, is concurred in. The adoption of this recommendation should give our officers valuable experience of real advantage to the Association and in those years in which the A. D. A. Meeting is held at considerable distance, the exercise of the retiring President's prerogative in choosing alternates will enable determination of those whose attendance is expected and the assurance that this Association will have full representation.

2. Your committee agrees that Dr. Duncan, as Editor of the BULLETIN, has had inadequate assistance in both funds and personnel to develop the publication into what it can become under his apt and capable leadership. The detailed suggestions for improve-

ment show a thorough study of the needs and all the suggestions appear constructive, but your committee confesses its incompetency in the field of journalism and with that admission must content itself with concurrence with the recommendation in principle and in aim, the details to be worked out in conferences of the executive council and our Editor.

3. The recommendation that Article IV, Section 4, of our Constitution be changed to provide automatic Life Membership for any member who has been a member in good standing for twenty-five years or more, and who has attained the age of 60, is a considerate and admirable recommendation to recognize faithful interest and service. However, one or two questions arise as to the effects of its practical operation at this time:

1. How many active members would become Life members on adoption of the recommendation?
2. Would the loss in dues be great enough to hamper actual needs of the Association. For instance, the desired growth and enlargement of the BULLETIN.
3. Would adoption tend to rob the Association of the dues of Senior members, whose private affairs are not likely to be appreciably disturbed over the near future, and thus throw a large burden on our younger members at a time when many must reckon with disturbances of their private practices?

Lacking answer to the above questions, your committee moves that the recommendation be referred to the Executive Council for study and for a report at the next annual meeting of the Association.

4. Realizing the sincere aim of the recommendation that a committee be appointed to "Make a thorough investigation and study of the question of Oral Hygienists entering our State legally" and with full appreciation of the genuine conviction that prompts the recommendation, your committee does not concur in the recommendation for such consideration at this time.

In reaching this conclusion the committee has dismissed all consideration of the merits of the issue and does not pretend to have made deliberate study of same. It merely feels that other and paramount issues are imminent and that these will demand a unity of purpose and effort apt to be disturbed by debatable issues which may be withheld for more normal times.

5. In directing attention to the bold encroachments of certain dental laboratories, our President has issued a timely warning in a matter that has been of general concern. Coupled with constructive remarks, he has wisely referred the problem to the Legislative Committee.

Our President's address concludes on the sound note of a call for a full consciousness of the duties and responsibilities that the dental profession of the State will respond with traditional spirit and zeal.

A reiteration is made of the admiration for a year of unselfish and thorough service to the profession, even at risk of personal health. Your committee, in common with you all, is grateful for the year of splendid achievement, climaxed by an equally splendid address.

Respectfully submitted,

G. M. GOAD,
W. H. STREET,
J. P. IRBY, JR.

◆

THE FUTURE OF DENTISTRY— IS IT SECURE?

◆

The world is aflame with revolution. We are told by some of the leading citizens in the country today that America is at the crossroads of destiny. Without the shadow of a doubt the vital economic part of our lives is undergoing radical changes.

To my mind, we are leading, step by step in the social and economic world, to a new form of social life and government. In the scramble of all these things, I am wondering just where dentistry will find itself. Can these changes affecting industry, social, and governmental affairs take place without affecting dentistry? If this question were answered affirmatively and this attitude assumed, I feel it would only be a pipe dream, but I am sure that dentistry will not only be affected in the future, but that even now it is undergoing some radical changes in the minds of the masses. Dentistry has al-

ways met every demand made upon it and cooperated with those demands to the fullest extent. But can we continue this attitude when we are serving only twenty per cent of the general public? Are we meeting the demands of the masses of the people? I will go further and say, are the officers of organized dentistry meeting the demands of the members of the State Association? Or, I might ask whether or not the members of the State Association are meeting the demands of their chosen officers. I might go a step further and ask if the officers and members of the Association are meeting the demands of the non-member in the dental profession.

In my opinion, the only common ground upon which we can meet and stand upon a firm foundation, is to bring into the Association every eligible non-member, and put to work every present member in a program which has the full cooperation of all officers and members. When I speak of cooperation I meant not only work in the Association, but work in our offices, in our communities, and with the general public.

We are confronted today with the busiest time in the history of our country. Unquestionably, we are having an era of prosperity that is bringing more patients into the dental office than ever before in the history of dentistry.

If we in dentistry solve the economic and social problems that this new prosperity presents, one task will be to afford dental services to a greater number of people, or they will rise up and demand from us the same thing they are demanding from the medical profession, from industry, and other vocations. My plea is for full cooperation from the officers and members to organize dentistry and for all of us in the profession to keep our feet on a firm foundation. We can do this only by organizing to the last member. I urge the Membership Committee of every Component Society to leave no stone unturned until every man is personally approached, and we have a one hundred per cent dental organization for the State of Virginia.

G. M. GOAD,
President-elect.

VIRGINIA STATE DENTAL ASSOCIATION

Statement of Receipts and Disbursements

For the Year Ended April 30, 1941

CASH BALANCE MAY 1, 1940..... \$ 4,012.12

RECEIPTS :

Dues	\$3,368.00	
Exhibit Space	225.00	
Advertising	345.00	
Banquet	368.00	
Refunds—American Dental Association.....	38.00	
Receivers for American Bank & Trust Co.....	35.54	
	6,379.54	
Total Receipts		6,379.54
Total Available Cash.....		\$10,391.66

DISBURSEMENTS :

Convention—1940 :

Essayists	\$ 450.00	
Ladies' Entertainment	52.00	
Orchestra	50.00	
Virginian Hotel	321.44	
Programs	234.32	
Reporter	150.00	
Registration	30.00	
Other Expenses	39.66	
	\$1,327.42	
Bulletins	330.00	
Dues—American Dental Association.....	3,104.00	
Salary	500.00	
Emblems—Past Presidents.....	255.00	
Relief Fund	136.25	
Officers' Conference Expense.....	100.00	
Stationery and Printing.....	83.14	
Postage	50.00	
Repairs to Lantern.....	34.50	
Convention Badges—1941	41.44	
Expenses to Old Point.....	23.00	
Telephone and Telegrams.....	30.14	
Auditing	15.00	
Flowers	10.00	
Bond Premium	7.50	
Registration Fee—Commonwealth of Virginia.....	5.00	
Refunds—Dues	6.00	
Other Expenses	20.65	
	6,079.04	
Total Disbursements		6,079.04

CASH BALANCE APRIL 30, 1941..... \$ 4,312.62

REPORT OF RELIEF COMMITTEE

Up to this time there has been no official statement from the A. D. A. Relief Committee, regarding the standing of the various states on contributions for the Christmas Seals and therefore no comparison can be made with our contributions over previous years, but your committee feels that we will show an increase when the figures are made public.

At the present time we are expending, from our portion of this fund, the sum of \$12.50 a month and we can count ourselves most fortunate in having only one dependent in the entire Association.

For the benefit of the membership, especially those few who were not present at our last meeting, the following is the financial report of the Relief Committee read at that meeting with the addition of the check received from the A. D. A. Relief Committee after that report was made.

Financial Report of Relief Committee

1941

Balance on hand at last report as of May 10, 1940:	
Checking Account: First National Bank, Alexandria, Va.....	\$ 165.10
Savings Account: First National Bank, Alexandria, Va.....	680.77
Total.....	<u>\$ 845.87</u>

Receipts from May 10, 1940, to May 7, 1941

Check from A. D. A. Relief Fund for 1939 Seals, May 22, 1940.....	\$ 132.75
Proceeds from sale of Amalgam Scrap: July 3, 1941.....	7.61
Interest on Savings Account: June and December, 1940.....	6.86
Check from Dr. J. E. John: 25c per capita of membership, April 22, 1941	136.25
	<u>\$ 283.47</u>
Grand Total	<u>\$1,129.34</u>

Disbursements

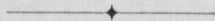
May 10, 1940, to May 7, 1941

12 Monthly Checks to Dr. J. F. Reed : @ \$12.50.....	\$ 150.00
Balance on hand : May 7, 1941.....	\$ 979.34
Distributed as follows :	
Checking Account at First National Bank, Alexandria, Va.....	\$ 283.60
Savings Account at First National Bank, Alexandria, Va.....	695.74
	\$ 979.34
Received after Report, May 7, 1941 :	
Check for A. D. A. Relief Fund for 1940 Seals : June 26, 1941.....	\$ 138.58
Deposited to Savings Account.	
Total at present time, Checking and Savings Accounts.....	\$1,117.92



Your committee can only urge at this time that each and every one of you make your returns promptly for these Seals when they are received this coming December and in as liberal a manner as is consistent with your income, at least "A Penny a Day."

JOHN T. ASHTON,
Chairman Relief Committee.



Doctor M. Bagley Walker, of Norfolk, was elected President-Elect and Doctor Hubert Gosney, of Danville, was elected Vice-President of the Southern Society of Orthodontists at its recent September meeting held in Raleigh, North Carolina.

THE BULLETIN

OF THE

Virginia State Dental Association

VOL. 18

OCTOBER, 1941

No. 1

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

301 Professional Building, Richmond, Virginia

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

IMPORTANCE OF DENTAL EDUCATION FOR THE PUBLIC

—♦—

Reports from Selective Service Headquarters and other official sources show that of the potential soldiers lost to the nation through physical defects, dental disease is by far the largest single cause of rejections. Statistics also show that ninety per cent of our children have dental defects and that only twenty per cent of the American people receive adequate dental care. The recent study made by the Economics Committee of the American Dental Association on Dental needs of Adults in the United States shows an appalling need for dental services, dental education and dental hygiene among the adults of the nation.

The study of this committee "positively demonstrates that with adequate dental care, including both daily dental hygiene and regular visits to the dentist, the dental health of the nation can be raised to a much higher level." The committee concluded its report with the following sentence: "Improvement in dental health on a national scale can and must be brought about by a vigorous and continuous program for dental care and dental education." Having the finest dentists in the world, alone, will not save the teeth of America. Owing to the necessarily individual and painstaking nature of dental services we will never win the battle through a program for dental care alone. We must open another front and attack with a weapon, Dental Education, which lends its self admirably to mass production. The dental health talk delivered in the office to an audience

of one or two is splendid but dental disease is waging a "total war" and we must place the defensive weapon of education in the hands of all the people. The greatest responsibility in the prevention of dental disease rests with the patient—if he is dentally educated. Our responsibility is to do the teaching. Recent happenings are awakening the profession and the public to the need for more effective preventive measures.

The mass dissemination of dental education can hardly come directly from the individual dentist. This is the work of the organized profession in cooperation with other health and educational agencies.

MEMBERSHIP

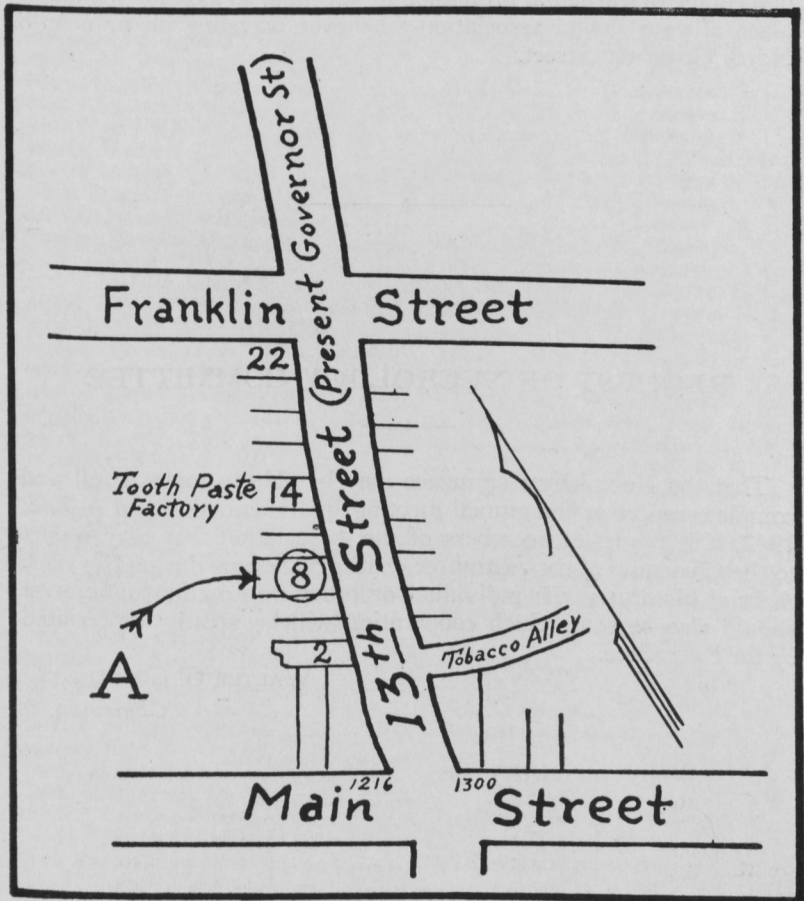
I understand the membership goal for the Houston meeting is 55,000 members. This can only be accomplished by every State organization, Component Society, and member doing what they can to contact those valuable men who should be in our organization. Your Membership Committee would very much appreciate it if each member of the State Society will contact the men in their community and send in their names so that we will not only build up the State Organization but the A. D. A. also.

J. B. HERR, *Chairman*, Charlottesville;
L. O. ALEXANDER, Portsmouth,
J. B. TODD, Newport News,
C. W. THOMPSON, Victoria,
L. A. BOWMAN, Richmond,
G. L. SPITLER, Roanoke,
P. H. KAPP, Galax,
R. E. L. MILLER, JR., Front Royal,
LAMAR HARRIS, Arlington.

THE BIRTHPLACE OF ORGANIZED DENTISTRY IN VIRGINIA



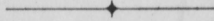
The accompanying sketch, traced from an early map of the City of Richmond, Virginia, shows the location (indicated by A and the arrow) of the building wherein was formed the first dental society of Virginia and which later (1845) became the first incorporated dental society in the world. This historic organization, the Virginia Society of Surgeon Dentists, the forerunner of our present



State Association, was organized December 12, 1842, in the office of Dr. Samuel Lethbridge at 8 N. 13th St.

Today North 13th Street occupies the same position it did one hundred years ago but is better known now as Governor Street. It is the first street to the east or back of the Governor's Mansion and runs in a north and south direction. The site shown on the map was one of the areas burned during the evacuation of Richmond.

The building now standing on this historic site of 8 North Governor Street is occupied by Epps and Snider Co., Blank Book Mfg. and Book Binders. This part of the city is well known to a large percentage of the dental profession in Virginia, so look for the birthplace of your dental association whenever traveling on or near 8 North Governor Street.



REQUEST OF NECROLOGY COMMITTEE



That the Necrology Committee may be able to make a full and complete report at the annual meeting in Richmond, April 6, 7, 8, 1942, it is requested members of the Association that they report to the Chairman of the committee deaths that occur during the year. A brief history of the individual or other information of interest should also be sent. Such cooperation will be greatly appreciated by the committee.

WALTER G. GOBBEL,
Chairman.

**LIST OF APPLICANTS
FOR
VIRGINIA STATE BOARD OF DENTAL
EXAMINERS**

June 10, 14, 1941

<i>Name in Full</i>	<i>Permanent Home Address</i>
Angelico, Arthur Alfred.....	227 Prospect Pk., W., Brooklyn, N. Y.
Batleman, Bernard Ben.....	4109 Colonial Ave., Norfolk, Va.
Bear, David Morton.....	906 Westover Road, Richmond, Va.
Boyd, John Robert.....	Honaker, Va.
Brown, Josiah Benjamin.....	R. F. D. No. 1, Colerain, N. C.
Bunn, Alexander Dean.....	325 Charles St., Henderson, N. C.
Byrd, Worth Miller.....	Bunlind, N. C.
Caverly, Herbert Tibbetts.....	29 Corliss St., Bath, Me.
Connell, Margaret LeRay.....	3801 Chamberlayne Ave., Richmond, Va.
Crowe, Edgar Theodore.....	Route No. 1, Box 395, Richmond, Va.
Daniels, Oscar Carroll, Jr.....	Oriental, N. C.
Diamond, Benjamin.....	645 Day Ave., S. W., Roanoke, Va.
Dixon, Thomas Lewis.....	907 Jackson St., Durham, N. C.
Eamich, Richard James.....	2510 Q St., N. W., Washington, D. C.
Epstein, Harold Alan.....	17 Homestead Park, Newark, N. J.
Fairbank, Leigh Cole, Brig.-Gen.....	4411 Volta Place, N. W., Washington, D. C.
Feldman, Frank.....	5019 3rd St., N. W., Washington, D. C.
Fields, Marion Spencer.....	Kilmarnock, Va.
Gillespie, James Gratton Witten.....	R. F. D. No. 2, North Tazewell, Va.
Gorski, Edwin Joseph.....	135 Stow Ave., Troy, N. Y.
Guthrie, Charles Ray, Jr.....	Guinea Mills, Va.
Hammond, William Lee.....	Pollocksville, N. C.
Herr, Robert William.....	949½ Frazier Ave., Centralia, Ill.
Hobbs Lloy LeRoy.....	Route No. 1, Edenton, N. C.
Jones, Wesley Barrett.....	Blackstone, Va.
King, Robert Lee.....	207 N. 12th St., Wilmington, N. C.
Kline, Joseph M.....	104 Terrace View Ave., New York City
Leathers, Lindell Lewis.....	10 Abingdon Rd., Westmoreland Hills, Md.
Lessem, Robert Benjamin.....	P. O. Box 949, Fayetteville, N. C.
Loving, Robert Harper.....	Hot Springs, Va.
Montgomery, Kenneth Emerson.....	230 Valencia Rd., West Palm Beach, Fla.
Moss, Carl.....	1734 E. 2nd St., Brooklyn, N. Y.
Mostek, Emil Frank.....	620 Trinity Ave., New York City
Murray, William Metcalf.....	168 Kensington Rd., Garden City, N. Y.
Pearson, Earnest Alexander, Jr.....	Clinton, N. C.
Powell, Hume Scott.....	3009 Fendall Ave., Richmond, Va.
Rawls, Leslie Herman, Jr.....	318 N. Main St., Suffolk, Va.
Richard, Charles Rodney.....	209 Locust St., Covington, Va.
Roberts, Thomas Walker.....	703 3rd St., Radford, Va.
Ross, Thurman Johnson.....	709 First Ave., Durham, N. C.
Russell, Rees Gillespie.....	Tazewell, Va.
Self, Fred Lester.....	Lincolnton, N. C.

<i>Name in Full</i>	<i>Permanent Home Address</i>
Simons, Robert Lynde.....	142 E. 12th St., Sarasota, Fla.
Starbuck, Grover Cleveland, Jr.....	R. F. D. No. 4, Staunton, Va.
Tannenbaum, B. Edward.....	1001 N. Elm St., Greensboro, N. C.
Turner, Frank Paul, Jr.....	704 Starling Ave., Martinsville, Va.
Wall, John Gibbons.....	South Hill, Va.
Weems, Julius Buel.....	Ashland, Va.
Wooten, Amos Monroe, Jr.....	Pinetops, N. C.
Zimmerman, Howard Stokes.....	615 Granville Drive, Winston-Salem, N. C.



ACKNOWLEDGEMENT OF MATERIAL SOURCE



Each issue of the BULLETIN published before our next meeting in April, 1942, will carry something pertaining to the early history of dentistry in Virginia. This seems logical and desirable especially in view of our coming Centennial Celebration. The BULLETIN is indebted to the Historical Committee of the Association for what material of such nature as appears in this and will appear in subsequent issues.

COMPONENT No. II

The Peninsula Dental Society, Component No. II, held its regular monthly meeting on Monday, September 15th. It was the first meeting after a summer recess and plans were made for the coming year, including mapping a program for each regular meeting. This Society meets on the second Monday in each month, unless a program conflicts and we are unable to secure a speaker or clinician for that date.

At the September meeting the officers for the new year were installed. They are:

President, William T. Patrick, Jr.

Vice-President, J. B. Todd.

Secretary-Treasurer, A. G. Russell.

A counselor will be elected at a later date.

J. M. BURBANK,
Secretary.

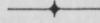
COMPONENT No. V

The Piedmont Dental Society held its twenty-sixth annual meeting at the Virginia Hotel, September 22nd and 23rd. The meeting was opened by the President's Address given by Dr. H. C. Shotwell, Lynchburg; following this Dr. Walter T. McFall, of Asheville, N. C., gave a two-hour illustrated lecture on "Obtaining and Maintaining Better Mouth Health for Children." A cocktail hour at 6 P. M. was followed by the Banquet and Dance.

The Tuesday morning session opened at 9:00 o'clock with a discussion of "Different Phases and Treatment of Periodontoclasia," by Dr. Robert L. Dement, of Atlanta, Ga. At 12:00 Dr. W. N. Hodgkin, of Warrenton, introduced Lt.-Com. C. Raymond Wells, of Washington, D. C., who discussed "Dentistry's Part in Selective Service and National Defense." The meeting closed with the business session at 2:00 o'clock.

C. K. GARRARD,
Secretary-Treasurer.

COMPONENT No. VI



The Southwest Virginia Dental Society held their summer meeting, at Marion, July 31st. Our attendance was excellent with Dr. Paul H. Kapp, President, wielding the gavel. Dr. J. Irwin Essig, of Louisville, gave a most interesting Clinic on Acrylics, constructing inlays, jackets, and bridge from start to finish, giving the highlights and pitfalls of the technique.

Dr. Dan O. Via, President of Virginia State Dental Association, was a most welcome visitor at this meeting and was our speaker at the dinner at 6:30.

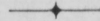
Our next meeting will be held in Bristol during late fall.

C. M. QUILLEN,
Secretary.



COMPONENT No. VII

Shenandoah Valley Dental Association



We are having a joint meeting with Component No. 8 on Thursday, November 6, in Front Royal. Dr. V. R. Trapozzano, of New York University, and a member of the Virginia State Dental Association, will discuss impression technic for full dentures, bite registration, and the advantages and disadvantages of immediate dentures. In the afternoon Dr. C. K. Garrard, of Lynchburg, will give a lecture on Oral Hygiene. The annual banquet will be held in the evening followed by a topic discussion on the phases taken up by Dr. Trapozzano.

W. H. WUNDER,
Secretary.

DENTISTS SERVING ON SELECTIVE SERVICE MEDICAL ADVISORY BOARDS

Dr. J. T. Ashton Alexandria	Dr. Guy Harrison Richmond	Dr. J. B. Sanders Richlands
Dr. J. E. Baughman Marion	Dr. J. B. Haller Wytheville	Dr. W. H. Savage Clifton Forge
Dr. H. L. Boatwright Newport News	Dr. W. N. Hodgkin Warrenton	Dr. James Shephard, Jr. Tappahannock
Dr. A. J. Bolling, Jr. Fredericksburg	Dr. W. G. Hylton Radford	Dr. R. F. Simmons Norfolk
Dr. G. W. Botts Norton	Dr. John P. Irby, Jr. Blackstone	Dr. Harry L. Smith Charlottesville
Dr. Donald Callar Staunton	Dr. J. E. Kelly Hopewell	Dr. F. P. Smoot Leesburg
Dr. T. Wood Campbell Suffolk	Dr. Warren P. Lewis Parksley	Dr. Robert P. Stickley Lynchburg
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Dr. W. H. Haller Portsmouth	Dr. W. G. Palmer Culpeper	Dr. Powell Tynes Farmville
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Dr. Marvin Harris Orange	Dr. H. V. Price Martinsville	Dr. J. M. Wiatt Gloucester C. H.
		Dr. W. H. Wunder Woodstock

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Dr. Morton P. Adkerson Fairfax	Dr. Joseph O. Belcher Norfolk	Dr. Paul Burbank Hampton
Dr. J. Jac Bangel Portsmouth	Dr. L. H. Blevins Arlington, Va.	Dr. G. W. Burton Vinton
Dr. B. K. Barker Gate City	Dr. Edwin J. Binder Newport News	Dr. Carlton E. Byers Petersburg

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| Dr. S. D. Calloway (Col.)
Richmond | Dr. G. M. Goad
Hillsville | Dr. J. T. McIntire, Jr.
Bristol |
| Dr. Shirley Chandler
Nassawadox | Dr. W. A. Green (Col.)
Richmond | Dr. Robert I. Miles
Richmond |
| Dr. C. W. Chewning
Orange | Dr. C. M. Griffith
Clifton Forge | Dr. Henry S. Moon
Lovingson |
| Dr. J. A. Chiles (Col.)
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| Dr. C. M. Clay
Arlington | Dr. W. J. Hieronymus
Alexandria | Dr. Claude Morrison
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Salem | Dr. R. C. Ninger
Roanoke |
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Norfolk | Dr. S. O. Hodgkin
Warrenton | Dr. E. D. Overby
Chatham |
| Dr. Carl E. Cox
Fries | Dr. W. N. Hodgkin
Warrenton | Dr. G. W. Parker
Bedford |
| Dr. M. G. Cox
Independence | Dr. W. D. Hoskins
Lynchburg | Dr. E. S. Parsons
South Boston |
| Dr. Robert L. Cohen
Arlington | Dr. Winfree Hughes
Warrenton | Dr. D. H. Patrick
Waynesboro |
| Dr. K. McC. Crawford
Covington | Dr. Henry C. Irby
Blackstone | Dr. Wm. T. Patrick, Jr.
Hampton, Va. |
| Dr. G. B. Davidson
Lebanon | Dr. C. B. Jennings
Hillsville | Dr. David T. Petty
Lynchburg |
| Dr. J. C. Davis
Winchester | Dr. O. R. Johnson (Col.)
Petersburg | Dr. A. L. Phillips
Alexandria |
| Dr. T. P. Davis, Jr. (Col.)
Hampton | Dr. N. C. Jones
Danville | Dr. Edwin M. Pilcher
Chester |
| Dr. A. V. K. Deekens
Amelia C. H. | Dr. H. M. Kaminester
Roanoke | Dr. Sidney Pollock
Richmond |
| Dr. Wm. H. Doub
Richmond | Dr. R. M. King
Richmond | Dr. John G. Potts
Lynchburg |
| Dr. E. D. Downing (Col.)
Roanoke | Dr. B. H. Knight
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Waynesboro |
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Parksley | Dr. Randall O. Reynolds
Chatham |
| Dr. H. V. Fitzgerald
Chatham | Dr. E. Y. Lovelace, Jr.
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| Dr. C. R. Foltz
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Dr. J. L. Spencer Portsmouth	Dr. John B. Todd Newport News	Dr. A. J. Wells (Col.) Norfolk
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Dr. W. J. Sydnor Farmville	Dr. Dayton L. Watts Amherst	Dr. R. H. Kapp Galax
Dr. C. A. Thomas Lawrenceville	Dr. E. G. Watts Gate City	Dr. C. P. Killinger Newport News

W. T. SWEENEY LEAVES BUREAU OF STANDARDS

Mr. William T. Sweeney has resigned his position of research associate for the American Dental Association at the National Bureau of Standards to accept a position as Director of Research for a Pittsburgh concern manufacturing dental metals and materials. Mr. Sweeney has been a research physicist at the Bureau of Standards for 19 years, during the past nine of which he has been an associate in the dental fellowship, where his researches have gained him recognition as an authority on dental materials.

He is a native of Virginia and through his valuable contributions to dental literature and educational programs was made an honorary member of the Virginia State Dental Association several years ago.

PROGRAM FOR REHABILITATION
of
REGISTRANTS REJECTED for DENTAL DEFECTS
Under **THE SELECTIVE ACT**

The American Dental Association recognizes that the dental rehabilitation of registrants found dentally deficient under the Selective Act, can be accomplished in a variety of ways.

The American Dental Association recognizes that a contribution to the national welfare can be made by the provision of funds for dental rehabilitation, under the initiative of states, communities and volunteer agencies.

The American Dental Association further recognizes that such a program would not produce the most effective results in making manpower available for military service.

The American Dental Association, therefore, recommends as the most effective program one in which dentally deficient registrants are provisionally inducted into the armed forces and then provided with the needed service by the dental personnel of the armed forces.

In the event that the Congress considers legislation providing funds for a program of dental rehabilitation, the American Dental Association recommends that the following plan form the basis of such legislation:

1. Selective Service form No. 200 and War Department form No. 221, AGO, would be amended so that: (a) the examining dentist could state whether or not the dental defects, in his opinion, were remediable; (b) registrants whose defects were remediable could be placed in special classifications to indicate the correctability of the defects; (c) registrants thus classified could signify their willingness to undergo corrective dental procedures, could permit the release of information pertinent to their remediable defects, would indicate whether or not they would provide adequate treatment out of their own resources.
2. Selective Service regulations would be amended to permit the necessary examination, duplication and proper use of confidential records relating to the defects of the registrant.
3. The National Director of Selective Service would be asked to issue the following regulations to all local boards: the chairman of the local board shall write to all registrants in the special classifications advising them that dental defects are the primary cause of disqualification and that these defects are considered remediable in the opinion of the examining dentist; the chairman shall further advise such registrants to have the remediable dental defects corrected by their own dentist or, if the registrant is unable

to bear this cost out of his own resources, to apply to the state or local Dental Rehabilitation Committee; the chairman shall further advise such registrants of the time that the board has allowed for the correction of dental defects, at the expiration of which time the registrant must report back to the board for re-examination and re-classification.

4. In all states and local areas, dental rehabilitation agencies should be established by the designated federal agency on the following basis:

The State Dental Rehabilitation Committee shall be under the jurisdiction of the state agency designated to administer the rehabilitation program. It shall be composed of the ranking dental official in the state government (who will be the executive officer), representatives of proper state agencies, the organized dental profession . . . and such other agencies and groups as are deemed necessary. The majority of this committee shall be dentists nominated by the organized dental profession.

The Local Dental Rehabilitation Committee will be under the jurisdiction of the State Dental Rehabilitation Committee. The ranking community dental official will be the executive head of this committee which shall be composed of representatives of the State Dental Rehabilitation Committee, the organized profession and such other local agencies and groups as are deemed necessary. The majority of this committee shall be dentists nominated by the organized dental profession.

The duties of the state and local Dental Rehabilitation Committees will be to collaborate with professional groups, with state and local governmental agencies and with volunteer agencies in the development of state and local rehabilitation facilities.

5. The federal government will be asked to appropriate sufficient sums of money to pay for an effective rehabilitation program, the funds to be administered by a designated federal agency through official state agencies, state and local Dental Rehabilitation Committees.
6. Federal funds are to be expended for dental care in a rehabilitation program under the following conditions:
 - a. Any method of rendering dental care may be employed for rehabilitation which is recognized and approved by the local Dental Rehabilitation Committee;
 - b. All standards of dental care rendered under this program must be in accordance with those recognized and approved by the local Dental Rehabilitation Committee;
 - c. The standards for dental fees and salaries under this program shall be determined by the local Dental Rehabilitation Committee based upon the standards of living in the community. A basis for determining unit-operation fees may be found in the fee schedule of the Veterans' Administration.
 - d. Any method of compensation for dental care may be employed in this program which is approved by the local Dental Rehabilitation Committee. This includes unit-operation, salary or capitation fee.

“THE STRATEGY OF HANDLING TODAY’S DENTAL PRACTICE”*

By DR. NORMAN H. DENNER
Cleveland, Ohio

Members of the Virginia State Dental Society and Honored Guests:

Before I get through you may find that I am treading on a few toes. If I do, I want you to know that I am doing it in the best light and as constructive criticism rather than its contrary. I believe it is necessary for us to consider the business side of our profession just as it is necessary for us to be the best possible dentists.

My predecessor’s paper was certainly profound. As I sat there listening, I thought that I had been through some experiences quite similar to those that he suggested and I wondered how many in the audience had ever had a tooth extracted. Before I go any further, I wonder if I could find out just how many men in this audience have had a tooth removed. I have. How many of you have? (A number of hands were raised.) This is a pretty good percentage of us who follow our own practice.

I think we are often apt to be critical and yet we don’t take into account the amount of work that is necessary for any one phase of our Society activity to come to a satisfactory conclusion. We are too anxious to *get* credit, but not anxious enough to *give* credit.

I have been sitting through all of your meeting and I suppose you will think I am quite critical; but, with all, I have reason to be. I just left one of the finest meetings that I ever attended in all my life, and it was because of excellent committee activity. It was the annual spring clinic meeting of the Cleveland Dental Society and there were exactly 1,273 registered. I tell you I know what it means to operate a clinic committee that will bring about that sort of a satisfactory end result. The whole thing is wound up in an enthusiastic cooperation that you have to have if you are going to put anything across, and it is that same kind of enthusiastic cooperation that you have to have in your individual practices if you want to make that practice as successful as it can and should be.

So many of us have so many interests outside of dentistry and we think we can get away with it, but can we? I think we ought to take cognizance of all these things.

I will tell you a true story about a patient that came to me and I gave him an estimate of the work that needed to be done. He said: “I never heard of such a fee!”

*Read before the Virginia State Dental Association, Old Point Comfort, Va., May, 1941.

I said: "I never saw a mouth, or one with more trouble in it, than yours. I think that it is high time that you take into account that these are the best teeth you are ever going to have. Good teeth are not the estate of the majority of people after they reach 40 years."

He was wide-eyed at the fact that he might have false teeth suggested to him. I said to him: "I think you can not afford *not* to have this dentistry done."

He said: "I want to be frank with you. I have been going to Dr. X ever since I was a little fellow and he has always seen me twice a year and everything has gone along all right. I did not know I had so much trouble." As a matter of fact, his little lady friend, who is a charming personality and as clean and immaculate as a pin, sent him to me. She confided in me that she wondered whether or not his dentist was doing as much for him as he could. He had a bad breath, and she wanted to do something about correcting it.

I made a lot of temporary restorations for this person because I told him that if he could not afford to have the dentistry I recommended at the time he could afford to have temporary restorations to stop the decay and save those teeth over a long span of time. So he paid me a little over \$100 to take care of all of that temporary work. He is a good man, an honest fellow, and some day we are going to get all of that work consummated.

But here is what I want to suggest to you: Dr. X is a friend of mine; I know him well. I see him at meetings and he is always "down-at-the-mouth." Things are not good. I'll tell you what is wrong. He hasn't been giving these youngsters the fullest value in dentistry of which he is capable. He hesitates to suggest "You'd better have a complete dental X-Ray"; he hesitates to say "You'd better have these X-Rays for these many reasons;" he hesitates! Why? Because he doesn't want to be recognized as a salesman. Neither do you nor I. But, after all, there is nothing sinful about selling. If I am successful in getting my talk over to you; if some of you go away and say, "I don't mind that harsh-voiced Northerner from Cleveland," maybe I will have made a friend or two and perhaps I will have sold two or three of you on me. Gracious alive! I want to do that. I certainly want to sell myself to you because I want your friendship.

Theodore Roosevelt said at one time, "Every man owes to his profession a little bit of time and a little bit of energy." So I say to all of you that you had better get behind your Association's activities and get behind your legislative committee; help that legislative committee avoid in your state the unethical things that are happening in the states surrounding you.

If I may digress for just a minute, I just had a telegram from our Cleveland chairman of legislation. For the last two years we have been working as hard as we can and we have a legislative committee second to none. I wired the chairman this morning while Dr. Jordan was speaking and asked what

had happened to House Bill No. 97. This bill is designed to do away with laboratories that are practicing dentistry in the state of Ohio without a license. They have been practicing there for two years. Here is the telegram in reply:

"House Bill 97 passed by Senate,
now goes to House for concurrence.
So-and-so making trouble again."

In other words, within the ranks of our own profession we have somebody that is not cooperating and that is causing trouble.

My recommendation to your legislative committee and to your Society is just this, and this is the best economic lecture that I could give you. If I stayed here all week I could not tell you anything that would be of any more economic importance: Get this legislation in your state before it is necessary for you to do it. Use the ounce of prevention, because you can do it if you will. It is easier to do it now when you have the cooperation of everybody and you don't have the antagonism that will be built up when it gets as far along as it is in our state.

Never a day goes by in the city of Cleveland that two of our great newspapers don't have flaunted across the advertising pages, publicity as to how cheap they make dental appliances. They use the old gag of getting the patient in there and getting a deposit, and after the deposit is made they sell something that costs a little bit more. The end result of it all is that the patient does not have anybody to whom he can go for adjustment or for satisfactory redress but is simply left high and dry without a professional man to fight his battle for him.

Therefore, I say to you that you should cooperate; you should get together; you should take care of this needed legislation and see to it that when the time comes you can very satisfactorily take care of these infringers on our code of ethics.

Somebody said, "Why does the Cleveland Dental Society need an orchestra? How long is it going to be before you have a golf club? Do you need a baseball team?" No, you don't need any of these things. You don't need a Society, I suppose; but is there anything finer than our code of ethics? Codes of ethics imply the exercising of restraint—the minimizing of bias. This is civilization which we cannot enjoy without ethics! Can we have our sort of Society if we lose our ethics? I should say not, and believe me, that code is plenty worth fighting for. So I say to you, let's roll up our sleeves, and let's stay in there and pitch, and let's see whether or not we can't do something about it.

But, gentlemen, you can't do anything about it until you learn to be true to yourself. Shakespeare put it just right in Hamlet's Soliloquy. You re-

member Polonius laid his hand on the shoulder of his son, Laertes, and, among other admonitions, said :

“This above all,—to thine ownself be true ;
And it must follow, as the night the day,
Thou canst not then be false to any man.”

As I say, that applies to you, too. Get your own house in order ; see that you are on the right side of the ledger.

It is easy to do, but you have to give it considerable thought. There are those of you who right now have more bills than you should. There are plenty that are not here today. Where are they? It is the old story : The front seats are usually empty ; “the windows in an abandoned manufacturing plant are always broken” ; the medicine cabinets are full of bottles only partially emptied ; the sinners are never in church ! So you see that those who should be listening to economics are not here, and as my predecessor on the platform suggested, it is up to the rest of us to go to them and see if we can't help lift them because if they are down they are apt to pull us down with them.

You have all heard the story of the fellow who was sitting down by the water front drinking in the balmy atmosphere and thinking how pleasant it was to live in May and June days. He saw another coming along the pier looking as glum as he possibly could. The disgruntled one informed him that he was going to jump in. The first invited, “Come and sit down ; let's talk it over.” They sat down and talked for a while and the first thing you knew they both got up and jumped in.

It is a lot easier to pull somebody down that it is to keep him up and you fellows are the ones that are up, you are the ones that are the cream. I don't say this to inflate your ego, but I will say that one of the things that you as a dentist needs most is a little bit of that very inflation ! I wish I could be successful in doing that. Maybe I will before I am through here.

If you want to read something that is really good and that will always inspire you I suggest to you that you read Emerson's *Essays*. There isn't anything in the world that will do you more good than a constant re-reading of Emerson's essay on *Self-Reliance*. He wrote :

“I am owner of the sphere,
Of the seven stars and the solar year,
Of Caesar's hand, and Plato's brain,
Of Lord Christ's heart, and Shakespeare's strain.”

What did he mean by that? Just this : If I read the *Bible* and enjoy it, why it is as much me as it is anybody else ; if I can read one of Shakespeare's *Sonnets* and get something out of it, I have the same potential capabilities in my mind as had Shakespeare. Maybe I will never write a sonnet, but Shakespeare couldn't make a three-quarter crown ! Emerson says in essence :

"You are the center of your sphere,—
The whole universe revolves about you as a center."

Further he advises :

"Go as far as you can see and when you get there you
can see farther."

So the first thing that you as a dentist need most is a good sales talk on dentistry itself! You need to be sold on dentistry. The trouble with most of you is that you don't consider the actual worth of dentistry to the general economic welfare.

What is this worth? I'd like to tell you what you are worth to your community. You don't know; you've never given it a thought. Lots of times somebody says, "Meet Dr. Blank, and they say, "Doctor or Dentist?" He will say, "Oh, *just* a dentist!" Think of that! Everyone of you have been guilty of that: *Just* a dentist!

You have recently found out the importance of dentistry to the general economic welfare when you read that 23 out of every 100 young men have been rejected in this draft because they do not have twelve teeth remaining! These are supposed to be the flower of our youth! Whose fault is it? Your fault and my fault. What is the matter with your Lay Education Committee?

I had occasion a year or so ago to address 450 youngsters in a Catholic place called Parmadale in Cleveland. I never had a better audience in all my life; never had a better time; never had grownups more attentive than were those kids. We could not find a man in a membership of nearly 900 who would say, "Yes, I'll go." But the common response was, "No, I can't make speech," or "I ain't, I ain't, I ain't got time."

Not so long ago a teacher told little Johnnie, "You should not use that word 'ain't' so much."

Johnnie said, "Well, I'll try; but I ain't had no better learnin'."

She said, "I'll get you straight on that. You say this after me: 'I am not going, he is not going, we are not going, you are not going, they are not going.' Do you get it, Johnnie?"

Johnnie said, "Yeh! They ain't none of 'em going." Next time you are called on by any committee—say "Yes" and do the job!

To get back to your community values—here is a report that I got out of the *Cleveland Press* in 1938. Things were not as good in '38 as they are now—no one will gainsay that fact—but on July 14 of that year here is what is said: "After 18 years of research, a Columbia University professor came to these conclusions . . ." Let's see what happens. What is the farmer's worth? About \$10,000. Then let's see what a nurse is worth. The nurse is worth to her society about \$22,000. That is a strangely small amount for so valuable

an adjunct to a good society in our present civilization, but that is considered a lifetime earning and that is the actual factual value that is put on these particular people. The minister and the journalist come in at about \$41,000. Where does the college teacher come in? Just a little below \$70,000. You fellows that have been thinking, Oh, you are just a dentist, keep watching and see where we come in. The physician comes in at about \$106,000. The lawyer comes in at about \$105,000, and the dentist comes in at about \$96,000. In other words, according to the records of Columbia University research people, are third in rank in worth to your community! There are only two in any occupation that rank any higher than we do in our own profession. That is an interesting thing; and it ought to help buoy you up.

I'll admit that there seems to have been a good many men who came into dentistry thinking it would be kind of nice to be called "Doctor"; but, with all, you are quite as much a Doctor as an M. D. is. You have to spend quite as much time in training for your specialty. As a matter of fact I think I can say without fear of contradiction that a man who holds a Degree in Dental Surgery has spent more time in the actual field of specialty than has any other specialist in any of the various branches of medicine. We make a concerted effort, and we make a concentrated effort for a longer period of time in our particular field than do most of the men practicing other specialties.

I think that a good many of us when we began probably thought that—well, we could have it easy and we would not have to do so much operating. We see our friends, the physicians, sit down and listen to a few confidences and hurriedly scratch off a prescription. An eminent man in the American Medical Association confided to me that 40% of their prescriptions were for pink pills for pale people and they used those to wait until they made a diagnosis or nature took care of the patient and they did not need any further treatment. But do you think that we can do that? Not on your life!

When I come in to you and say, "Doctor, I have a little sore spot at the edge of my plate," I try to put you behind the 8-ball and make you think that the plate you made a year ago does not fit now and, therefore, you ought to take care of that spot for me.

An eminent research worker had a bunch of monkeys down in Boston that he was doing some dietetic experiments on. A worker came along and threw some paper into the cage where these animals were confined. The monkeys chewed up the paper and relished it. The Doctor said: "Whatever there is in that paper seemed to be somewhat related to the deficiency and the monkeys seemed to recognize it. If you put men in that same cage and they were deficient in the same substance, one of them would pick up the paper and say, 'I can remember when my wife wrapped my lunch in paper like this.' Another might say, 'I used to read such papers but I'm too weak now.' None of them would think of eating it. They *know* it's not food. In other words, they have too much inhibitory knowledge.

So I say to you that is the trouble with you as dentists: you have too much inhibitory knowledge. You immediately assume that the patient thinks that because there is an apthous sore there, it is your fault, so you limp around on that "clumsy crutch of a self-made cripple"; and when the patient says, "How much is it, Doctor?" you say, "Oh, that's all right. It isn't all right! It isn't fair to the patient that you have taken time away from to give to the unappointed person that comes in to interrupt your practice; it isn't fair to the patient that wants to pay a bill.

So I say that you can pick up \$500.00 and improve your gross earnings by that much this next year if you will make a charge for every one of those little daily annoyances. When a patient says to you, "Doctor, how much do I owe you for this courtesy?" look her in the eye and say, "Our office call fee is \$2.00." She will say, "All right, I am grateful."

Dr. Brown, of Detroit, sent a patient in. He had created a beautiful denture case of porcelain and acrylic resin. The man dropped one of them in the bowl as he was washing it and chipped the lower cuspid. He wanted to see me right away. I was with another patient and my nurse told him to have a chair or come back in 15 minutes of the hour. He returned at the appointed time and was put in another chair; when I came in he said, "Look what I have gone and done!" It meant something to him. It didn't amount to very much, but what would be gained if I were to belittle that in his mind?

I said to him, "I don't blame you for being excited about breaking this denture. That's a beautiful job that Dr. Brown did for you,"—and it was! I took a disk and smoothed off the sharp incisal edge, went into the laboratory and polished it a bit and that was all that was necessary.

He said, "Are you sure you have that fixed up now?" I assured him that I had.

He said, "How much do I owe you?"

I used to say, "That's nothing; just a courtesy to Dr. Brown." Is it a courtesy to the patient I left in the other chair or the one that is coming next, or is it a courtesy to my family who used to say to me, "I need more money"? Now my answer was "The fee is two dollars, sir," and he paid it willingly, thanking us for letting him interrupt our day, and explaining that *Now* he could go about *his* affairs without having all his thoughts focused on what he, in his excitement, believed was a bad break in that beautiful denture.

Dr. De Van down in Philadelphia gave me a wonderful lesson in economics not long ago when he said to me: "When a man dies and leaves money that he does not know how to distribute he has been cheated by society. Any man that likes money better than anything else that society has to offer, has had a bad deal. Society hasn't been able to give him anything that is more important to him than his money."

Gentlemen, you are the custodians of the mills that annually grind up over seven billion dollars worth of grub in this nation of ours, you that are the guardians of the people's health, you are obliged to sell me literally (you can say educate me to the desire for, but after all it will be a sale), you are obliged to teach me to have the best that you can give me in dentistry. I want you to get a big enough fee so that you can go about the work happily and contentedly so that I can expect the utmost in dentistry from you. I want you as a member of society to show me that the comfort and health that you can help me to, are more valuable to me than my money!

I remember ten or more years ago I had some dentistry done and it cost me over \$300. At that time I thought, "How can I afford that?" But I said, "Yes, I need it and I am going to have it." Say it was over a period of ten years—\$30 a year!. Can you imagine anything more reasonable than that? A good, healthy mouth—and it is easy to keep it healthy after you once get it put into good shape. So tell your patients!

I told you that Shakespeare said: "This above all—to thine ownself be true." How many of you wear a removable appliance? A few. How many of you wear a precision attachment? None. That is an indictment against yourselves because in the beginning almost everybody here said that they had had a tooth extracted. Now you admit that you, the majority of you, do not wear replacements. Yet you stand up before your patient and say: "Now, Mr. Brown, you ought to have the tooth replaced for these various and sundry reasons." Yet that patient will watch you and see that your tongue will get over into a similar space in your own mouth.

"Thus conscience does make cowards of us all."

If you were to have a precision attachment bridge put in there, or any other type that's indicated, and then stand up before your patient and say, "These are the reasons why you should have this tooth replaced," your story would ring with conviction!

Tell your patients that the mouth is the fountain source of everything that does us good. All of the food that we eat, all of the water that we drink, and part of the air that we breathe have their entrance in this oral cavity that is our field of operation. It is the first organ of digestion. The gland that swells up when little Johnnie has mumps empties in just opposite the molars. Why? Because we are supposed to thoroughly chew our starchy foods. This action takes place opposite the gland which secretes ptyalin which is the first digestive enzyme and which takes care of a great deal of the starch digestion.

When I was a boy about 13 years old I hired out as a farm hand and the old farmer used to say, "When you are in a hurry, eat meat." I listened to my elders because I had been so taught. There is a real dental story there. You see, all of the carnivora—the dog and the cat—will take meat and gulp it down. They can't chew laterally; they don't have any means for taking

care of cellulose and starch digestion; they grab a piece of protein and gulp it down and it is taken care of by the pepsin and hydrochloric acid in the stomach.

If you are in a hurry and eat nothing but the protein foods you won't have so much distress. So when a patient asks, "Will I be able to eat a steak with these artificial dentures?" you may reply—"We hope so, but the thing we want to teach you is that it is necessary for you to use your grinders and to properly triturate and mix with the enzyme ptyalin all the starchy food that you consume. Teach them that they must eat slower, do less gulping, and they will enjoy life so much more and they will enjoy the precious hours spent with their feet under the table with their loved ones.

Have you had anyone come into your dental office and say, "I'd rather be anywhere but here?" None of them ever hesitate to tell you that they don't like to go to a dentist. Therefore, you have to be a psychologist, too. You have to keep yourself buoyed up all day long, and you have to keep your patients buoyed up, too. How are you going to do it if you are on the wrong side of the ledger? No wonder we get whipped down.

So, let's charge a minimum fee for these daily annoyances, for two reasons. One is that we owe it to ourselves and our family; but the primary reason is that we owe it to our patients so that we can be a little more affable, a little more congenial and a little bit more happy that they came and not feel it is an interruption and an imposition.

There isn't anyone that doesn't like to see his dentist happy and prosperous-looking. They think you are that way and that is the reason they come to you. Nothing is quite so attractive as the appearance of success. We see it in Dr. X. that I suggested to you. Here is a man that has not been true to himself so he has not felt able to say to his patient, "You ought to have this service."

How many of you take complete dental X-rays? Oh, it's a shame the way we slip up on that opportunity! In the first place, it is quite remunerative. Of course, it is difficult to take a good X-ray picture and there is a tremendous responsibility that comes with handling an X-ray machine which, as you know, handles such a high volume of voltage. Every patient knows it is a serious thing and, as one of the doctors suggested this afternoon, we have to look out for these malpractice things. So people taking X-ray pictures have to look out for that, too; therefore, you are entitled to a good fee for it. But if you handle your machine with dispatch, and if you handle it with deftness and with accuracy, it is a perfectly safe thing, although you see this caution printed on almost every tube: "Better be always safe than forever sorry." Yet men think—"An X-ray? That doesn't mean anything!" It does mean something, and it commands a good fee.

If you take X-rays, and take them regularly, you will be able to improve your gross earnings by a great amount. Let's say that during the next year you will have 100 new patients. If you do and you get \$10.00 for a complete dental examination (and it is worth at least that), then you are going to improve your earnings by \$1,000. And you should! You owe it to yourself—you owe it to your patients!

You, as the Virginia State Dental Association, are, first, organized to promote the public welfare. You older men say: "I am not going to try to get my old patients to subscribe to a complete dental X-ray; I won't do that because they will think I am trying to sell them something."

I say this to you: Don't try to sell me a complete dental X-ray if you don't believe I need it because I will recognize the insincerity that quick! You can't fool anybody. I will recognize it as insincerity and I will never come back to you. I will pay the bill perhaps, but I will be through with you. So unless you think it is needed, don't ever try to get anyone to subscribe to it—you must have positive convictions. The first thing you must have, no matter what you do, is a positive conviction!

If you survey three or five or ten complete dental X-rays, you will find enough things in there that will convince you that you were not well enough equipped and not well enough fortified to give a complete diagnosis without an X-ray. Do you need to take an X-ray picture of a crowned tooth to prove that an acute abscess is an abscess? Of course not, but you do need bite-wing pictures to find how much recession you have, how much of the calculus you have not removed, or how deep that pocket is, or where it is, if there are any incipient or insidious cavities beginning in deciduous teeth. If you were to study the case assiduously, you would realize that without a complete dental X-ray you are virtually a blind dentist. None would knowingly patronize such!

If you can convince yourself that you ought to have a complete dental X-ray, then it won't be hard for you to tell all of your patients that you have a new policy; that you have attended a convention and you have learned that the proper thing to do is to make a complete diagnosis, and you want to do that for this patient.

Just imagine if Dr. X had said to this young man I spoke to you about: "I've just been to the Virginia State Meeting and down there I heard a good many reasons why I ought to take a complete dental X-ray. I confess I haven't served you as completely as I should and I want a complete X-ray to check up on all the things I should be doing."

The patient doubtless would say: "All right, Doctor; go ahead and do it."

Shakespeare put it this way:

"The friend thou hast, and their adoption tried,
Grapple them to thy soul with hoops of steel,
But do not dull thy palm with entertainment
Of each new-hatched, unfleg'd comrade."

Your old friends are the best—your old patients most deserving.

You see, we jump into the first mouth that opens up and think, "Oh boy! I have a new patient." We make a digital examination and say that we will do this and do that if the patient will subscribe to it, and we are actually shooting the gun when it is only half-cocked. We just don't go about it judiciously and we don't have positive convictions.

If you will be successful in any endeavor you must be positive. You will find that your practice will always be more remunerative if you make thorough examinations, complete surveys, complete diagnoses; then have the patient agree to a plan of procedure; and then make good restorations and complete reconstructions that are actually higher priced than the average run-of-the-mine dentistry, provided it is agreed to before hand. You will gross more and you will net more if you carry on your practice that way than you will if you do a volume of what you sometimes call "bread-and-butter" dentistry.

People are certainly interested in having "bread-and-butter" dentistry, but there is a time and place for everything, and when the times are propitious I think you are obligated to take care of the patient in a manner that is in keeping with his willingness and ability to pay. In other words, I don't think that you ought to set yourself up as a board of censors and pass judgment on my ability to pay.

I happen to be somewhat of a Scot and I like to buy things that will last a long time. I like to give them good care when they are mine. Then when they are mine, and you have assured me that with your cooperation we can make them last a long time, I am willing to pay a better fee. So you will find in your practice lots of men that you won't recognize from external appearance that will fall into that same category, but heretofore you have never given them a chance to help you classify them. You have simply looked at them and judged the amount of money that they have in their bag by the bag that they have in the knees of their trousers, and that isn't a fair criterion.

Some of you don't like children's dentistry. Every one of you ought to become more interested in children's dentistry because there isn't one of us that is a parent that would not spend a lot of money to have our children's teeth taken care of in a little better and more judicious way. We'd like for you, too, to consider the fact that we are still human. I talked to you about the front chairs being empty, and you see it. That proves that you are just the same as anybody else.

Somebody said that when a woman's voice raises, or a mule's ears go back, or a cat's back arches, or a dog's hair bristles something is going to happen. Everybody still likes to take care of little Johnnie's and little Betsy's teeth. They want that mouth to be kept in as good order as they can, but they won't subscribe to it unless you keep right after them.

Will you keep after them? No. Not unless you get some kind of organization that keeps prodding you along with little stimuli, relating to your economics, to make you do things. Every dental assistant ought to be here. There is an old adage that says: "Prompt pay promotes prosperity, so be polite, pleasant, but persistent." If you have persistence you have everything; if you keep persistently after me you can make me do almost anything.

The man who was superintendent of the Chicago schools at the time when Mayor Thompson decided they would burn all the old history books said: "If one talked long enough you could make the population of Chicago think that four and four made three." Persistence does overcome all resistance if you can whoop it up.

Lots of you are saying, "I don't have any young people in my practice any more." I am old enough to know that I am losing some of my older patients, that have been fine patients, because they are passing on to their eternal reward. In the first place, I hate to lose them for they have been dear old friends; in the second place I am losing good patients; youngsters must take the places of these oldsters, and what I want you to consider is the fact that you, too, need to bring the little ones into your practice. You can render a wonderful service there, but you won't if you feel that you are not paid.

An old philosopher once said: "Enthusiasm wanes as does the size of the pay envelope." There is nothing new in this. We work vigorously in direct proportion to the amount of reward that we generally receive. Nations have been built on the accumulation of wealth. The cry for the yellow metal has made us shout "Westward, ho!", and Horace Greeley once said, "Go West, young man," for no other reason.

One time a young man came into Horace Greeley's office and Greeley was busy writing at his desk. This person wanted another contribution. He could not get Greeley's attention, so finally he said: "Wouldn't you give \$10 to save a poor sinner from perdition?" Greeley, without looking up, said: "Nowadays there aren't enough people going to Hell," and went on writing.

You and I haven't changed any, and if we don't get paid for our children's dentistry we are apt to think that it isn't quite as important as it really is.

Because of all these factors, we can enter into that fine thing that makes up human nature. And it is a fine thing. All these factors will make parents do what you tell them to do, provided you tell them often enough. If you call them and say, "It's time for Johnnie to come in," and you call them often enough they will see that Johnnie comes in.

Will they respond to the first call? Probably not. The second? Some. The third? A few. The fourth? "How long are you going to keep that up? you say. I've been in the office of Dr. Meyer, of Chicago. I don't think he would mind my telling you that he sends out at least four notices to his patients before he decides that they do not intend to keep their promise regarding recall. He exercises persistence, and he is one of the finest dentists in this land of ours. Not only that, but he is a great earner; and he should be, because he exercises all those things that are fine.

So get those youngsters in. You will find it will pay big dividends.

Some of you say, "I don't like to work on these little brats anyway." They aren't all brats. Somebody said, "A little boy is a lot of noise with dirt on it." Another one was "A little boy is a pain in the neck when he is around but a pain in the heart when he is not around." That's about the size of it, too.

Get some more of these youngsters coming into your practice and it will rebound to your success, because they are the real boosters and it is a lot of fun taking care of them. If you have been taking care only of oldsters, you will find that the youngster will brighten your day. They don't speak with so much positiveness as the old do. There's more cheer and laughter and enthusiasm in them and it's contagious—the contact will do you good.

Prophylactic recall! Some of you say, "Well, we don't need that prophylactic recall list now." I know that, but don't you think that when you are "illuminated the night before you are going to be dimmed the morning after"? That dark brown taste does come. We are going right on up; we have a nice program under way, and we are coming into a very healthy boom. We should enjoy it. Everybody else should enjoy it except those who have to go away for \$21.00 a month. But we have to do our part at home taking care of people. We are going to find that people who haven't been able to come are going to be able to come, and people are going to subscribe to estimates where before they took the estimate home to consider it.

We are going to go along with those plans, but I say to you, what is going to happen when this thing is all over? Did you ever think of that? I am no pessimist; I don't believe in pessimism. We'll be all right!

But let me tell you something. In 1933 when the banks were closed I had one of the best years I had ever had, and I am talking about cash receipts. In 1934 I had a better year (and I am talking about cash receipts), but the one that stymied me was '33 with the banks closed; and in 1935 I had another good year. I will tell you why.

A little nurse who needed a job came to me. I thought I would never hire a married girl again, but this one had a fine recommendation and she needed a job. She believed in this persistence. It was her recall and her constant affirmation to the patient of the importance of mouth health that kept my practice going and that kept the money coming in through '33 and '34 and '35.

So I say to you and you and you, don't let's slip now. Don't give over and say, "We don't need this recall list," because you have a lot of friends in your practice that have been relying on you and they want you to keep calling them.

I have recently lost another good nurse in my office. She was an excellent one, and she knew how to keep people coming along; this is most important because people don't want to come. I can't impress that on you enough. Here comes Mr. Jones into your office and he says: "Doctor, don't scold me because my teeth are out of order for I have been a busy man and haven't had time." So you look his mouth over and you find what he needs and you outline it for him. He says, "I'll have it done, but don't talk to me about it."

You have had businessmen that are so busy with their own affairs they can't even take care of their mouth health. All of their business is conducted on sound principles, but they are neglectful of their health. Their interest here is too low. Unless they can be made to raise the necessary interest—their health dividends will surely be cut off. This *you* must make them understand. You must *tell* them.

You go ahead and take care of this man's mouth. When you are finally through he says, "I'm glad that's the last appointment." But before he leaves, you say, "Mr. Jones, listen! It's taken a long time to put this mouth in order. Now that it is in order you've made a real investment not only in time but in money. It will be a simple matter to keep these teeth in shape, provided you come in whenever we call you."

"How often?"

"Every three or four months. Will you come?"

"All right!"

"Shall I have the nurse call you?" Be sure and say that because if you don't impress it on your patient the nurse won't have a leg to stand on when she calls. So you say, "Shall I have my nurse call you in four months?"

"That will be all right."

"I will put it down on your chart."

"All right."

The nurse calls in four months and Jones is busy, as always. The nurse says, "Mr. Jones, this is Dr. So-and-So's office; it is time for you to come in to have a prophylactic treatment."

A What?"

"A prophylactic treatment."

"What's that?"

"I'm calling from Dr. So-and-So's office and it is time for you to come back in to have your teeth and their investing tissues examined and checked.

"I don't know anything about it. I'm busy. Goodbye!"

The average nurse says, "I don't want this job; I'm through! That's too much for me!" Without telling you about it, she slips Jones' card into a closed file.

That won't do, gentlemen. It isn't fair to Jones, it isn't fair to you, and it isn't fair to your practice looking ahead seven years or ten. There will come a time when Jones will say: "Gee whiz! I have a little trouble. What's the matter? He charged me enough for that. I guess I'll go to somebody else."

He won't do that if you keep track of him and if you do as you and Jones agreed to do at the time. But you will never do it unless it is agreed to beforehand, and you won't do it if you send a notice instead of a telephone call, and you won't do it unless you have a good dental assistant. A dental assistant is a very important adjunct to any practice. If you don't have one, you are missing a good bet and you'd better get one pretty quick.

Persistence is the thing that she can handle better than you can.

It is necessary for you, I think, to talk the case over with your patient. "It is going to cost so much to have this done and the reason that I may have a little difficulty with this tooth is because you have let it go too long." Always shift the burden of responsibility to the shoulders that are supposed to bear it.

How often have you fussed around trying to save a tooth and finally found that the nerve died underneath a beautiful restoration that you made? That happens so often. And who gets the blame? The patient thinks you should have removed the tooth in the first place. If you haven't told the whole story during the process of what you are doing the first thing you know the patient comes back and says to you: "Well, you certainly aren't going to charge me for all that treating that you did, are you?"

"If you tell the whole truth, you won't have to remember what you said in the first place"; in the second place, you will be able to get paid for all of those hours of effort.

When a physician treats me or a member of my family, if the patient has succumbed does my family or the insurance company say: "The patient died; you don't expect to collect the bill, do you?" Of course not! Tell your patient the reason the cavity is so big, the reason the nerve is so near exposure, the reason you have to go through all this pulpcapping and all this extra work is because he has been so negligent and has stayed away so long a time. Then you have placed the burden of responsibility where it belongs. Then if the tooth has to come out later on you can get paid for the service you rendered.

I have had people say to me in my earlier days, "You should have taken that tooth out in the first place; you'd better change your method of practice."

Would you have a patient tell you how to practice dentistry? I should say not! What you will have to do is to stand up on your hind legs and let the patient know that you are the doctor.

There is a confession, too. You can say: "I can stand on my head and work under saliva and put in a filling in that wisdom tooth, but I don't think it will be very lasting and you really ought to have it out."

The patient looks at you wide-eyed and says: "You're the doctor." So you are, but the conversation indicates that you did not have a positive conviction; you weren't sure of your own diagnosis. People like to have you tell them what they ought to have done. They come to you with all the confidence in the world. You are 'way ahead' in the first place.

In my city we have almost 900 members of our Society, so when a patient comes into my office I say: Lucky me! This patient could have gone to 900 other dentists that are good men, but here is the patient in my office. At this moment, at least, I am way out ahead of those 900.

So are you when the patient is in your office. Your patients believe in you, they have confidence in you; but the minute you open your mouth, you kind of sell them down the river as it were because you ask them what you are going to do. They want you to tell them!

When your wife wants to go for a ride on Sunday have you ever said, "Where do you want to go?" Bless your heart! She wants *you* to take *her* somewhere. She doesn't want to say, "Take me this way or that way." She wants *you* to take *her*!

Did you ever go to lunch with a group of men and one says "Where do you want to eat?" The other says, "Well, I don't know; where do you want to eat?" If there is ever any hesitancy I say, "We are going to eat at such and such a place today," and everyone will go right along. I wish everyone of you would be the positive one. No matter if you take them to the wrong place, you get a big kick out of being positive.

I heard a good story on economics the other day. The teacher said: "Johnnie, if you have six sheep and one jumps the fence, how many have you left?"

He said, "None."

She said, "Wrong. Five would remain."

He said, "Teacher you may know something about arithmetic, but you don't know much about sheep."

So you have to be positive. You have to make up your mind what you want to do and people will go along with you. I heard a psychologist not too long ago say that 95% of the people were negative. I don't know what that is based on; I give it to you for what it is worth. He said that only 5% of the people were positive.

I believe there is something in that. When you size up the groups that you meet with, you think about that 95% and 5%. If it is true that 5% of the people are positive, you see what a tremendous advantage that gives you because you have a chance to lead all the rest of them. Certainly people that come into your office aren't positive about what they want for a dental restoration in their own mouths.

Here are some things that I'd like you to remember. I told you that the mouth was the fountain source of everything that does us good. I want to tell

you that it may be the source of some evil, too. They tell us that 27 or more different systemic disturbances can have their origin in and about our field of operation. In 1924 I heard Dr. Klein, a very eminent research scientist at Mt. Sinai Hospital in Cleveland, say that in that year there were 19 cases of brain abscess treated at Mt. Sinai Hospital and they were not able to recover other organisms in the lesion of the brain than those that were found in carious teeth. He did not say that the abscess was caused by the carious tooth or the organisms in the carious tooth, but he did say that the organisms found in carious teeth were likewise found in the abscess lesion. He said further that it was supposed that by insufflation through the mucuous in breathing when the patient was in a supine position there was a secondary lesion set up in the lung, and then by metastasis, the tertiary lesion or abscess which carried the patient away was formed.

So who knows but that the end result of the lesion in the oral cavity that we think of as, just a cavity, may be a brain abscess and may lead to a premature demise.

No one of you men will gainsay the fact that the mouth is still the barometer of the systemic condition. We see that the primary lesion of diphtheria is still in the pseudo-membrane in the back of our field of operation. We see that there is still the bead-like piping all around the free gum margin of the teeth with a profuse salivation in any of the heavy metal poisonings—an overdose of mercurials or a painter's colic. We see that in the lowly measles, little spots as though milk had been sprayed on the buccal mucosa are still in evidence and are considered a primary lesion. The reason Johnnie can't look a pickle in the face when he has mumps is because the duct of the parotid gland has been closed and the pressure of salivation makes it impossible for the patient to even look at anything that produces saliva. In dentistry we still operate in a field that is the barometer of the systemic condition. The late Dr. Mayo once said that "the dentist is missing something, who looks into a mouth and sees only teeth." Good dentistry is important and "may prolong life by ten years."

Another thing: the mouth is the organ not only of mastication and delutition, but it is the organ of speech and expression. It makes people more charming. Have you ever thought of that?

Away back in 1872 Oliver Wendell Holmes, in addressing the graduating class of the dental department of Harvard University, told the whole story of economics. Here it is:

"There is no pearl in any royal crown for which a young queen would give one of her front incisors. . . . The teeth in their relation to the beauty of the human countenance have figured in poetry from the earliest time

Their whiteness has been compared to that of snow, of Parian marble and of the images. The ancient Poets and Satirests are full of allusions to the beauty and deformity depending on the conditions of the teeth.

Men can often conceal the imperfection of their dental arrangements by letting the eaves of a heavy mustache overshadow their mouths. But to women, to hide whose smile would be to take away half the sunshine of life there is no element of her wondrous beauty which can take the place of white, even, well-shaped teeth. And as beauty is not a mere plaything, but a great force, like gravity or electricity, the art which keeps it, mends it and to some extent makes it, is of corresponding importance."

You represent the art that "keeps it and mends it and, in a measure, makes it." You say you hate platitudes—all right—forget about all this stuff! Even though you don't think you are important as a member of the profession, think about your emotional reactions: what happens to every patient; to every person in this world in response to common stimuli? What is personality anyway?

Somebody said: "God drops a little grain of difference into every human being, and that is personality." We all have a little plot of ground to till and it is up to us to do the best we can with it.

Karnosh, the eminent psychologist, says that there are two types of individuals, the pignotic on the one side and the schizoid on the other. Because we fall into the happy medium, somewhere between these two extremes, we are normal. If we go a bit to one side or the other, we are a little off balance and we land in the psychopathic ward. Therefore, we should be glad that we are what we are, and we should till the bit of soil that we have and do the best we can with it.

But what about your reactions, what about your emotions, and does the mouth, which is your field of operation, and its accompanying complement of teeth, have anything to do with these reactions? Certainly! Did you ever think that every emotional reaction has an expression in and about our field of operation? If you feel good, you uncover your teeth, they are exposed, and you smile. If you are depressed, you cover them up; if you are determined, you grit them.

Not so long ago one of my patients, who is connected with one of the ore companies, went up into the Mesaba Range up in Northern Minnesota. Some 15 years ago I had made him a case which was a fixed bridge and it had a steel facing replacing an upper left cuspid tooth. He had a flat tire up there on the Range and, of course, there wasn't any station to take care of him, so he had to get out and learn how to use a jack again. He could not get that car up but thought he would give it one more shove. He gritted his teeth and that facing snapped out like he was playing tiddly-winks. I mention that because what happened was the result of an expression of determination. Anger does the same thing. You gnash your teeth. If you have ever watched a fellow in the last lap of a 300-yard dash you have seen his lower anterior teeth and the whites of his eyes. Astonishment is similarly registered. If you have seen a little youngster exceedingly frightened, fear emanating from every pore of the little kid, you have noticed that his teeth chattered as though it was 10 degrees below zero.

So it doesn't make any difference what the emotional reaction, your field of operation and mine has some sort of an emotional display.

One of my patients not so long ago said to me: "My teeth are quite as important as my eyes, aren't they?" I did not know the girls thought their eyes were so important from the standpoint of appearance (not the visionary capacity) but you see they do recognize the fact that teeth likewise often prominently displayed. Then why not you realize their importance?

I say to you it is time for us to take stock of ourselves. Somebody once said to me: "Are you an economist? What are your qualifications?"

I am not. I do not ever claim to be an economist. I feel no security except as I am well trained professionally. I haven't found the philosopher's stone unless it is hard work. I get to my office early and I often stay there late. I haven't forsaken the art of the laboratory, and I want to admonish you that if you forsake it some day it will be taken away from you. If you would add \$2.00 to your gross income every day all you need to do is take a few spare minutes at your disposal, go into your laboratory and pour a model or two. Don't lose that finger craft. But if you don't use it you will lose a remuneration and gain an indictment against yourself as well. There will come a day when you will have to answer for it and you will rather wish you had helped to retain that in your own field.

Things won't always be rosy; but, as I suggested to you, you can keep them from being too much the contrary if you will just be persistent.

Somebody said: "If you aren't an economist, what right do you have to talk economics?"

I haven't talked much economics; I have simply suggested some methods of strategy.

Benjamin Franklin once said: "Even a man who is on the rocks can tell you where the shallows are." Shakespeare said: "I would rather teach twenty what were good to be done than to be one of the twenty to follow my own instructions." I assure you I have tried to follow my own instructions and, in conclusion, let me tell you that it is not *self* but *cooperation*.

Elbert Hubbard, of East Aurora, once said: "Mutuality and reciprocity and cooperation are the words."

Robert Ingersoll put it good: "I have a little creed all my own that has in it no contradictions. It is simply this: The time to be happy is now, the place to be happy is here, and the way to be happy is to make others so."

Can you imagine anybody in the world that does any more to make people happy than the men in the dental profession? You don't even have to stretch a point to see it. People say, "Oh, I'd rather be anywhere but here." When they say that to me I am quick to tell them that: "For and because of the few hours you spend with me you are going to have months, even years of comfort when you are away from me."

For the few hours spent with you, don't forget to tell them about the happy hours spent with their dear ones with their feet under the table. Those are the hours that are best, and they would not be the best if it were not for you. So I say that Ingersoll was right.

In conclusion, down in Medina, Ohio, we have a concern that is called the A. I. Root Company. They make a specialty of raising bees and extracting their honey and making basswood boxes for honey combs. They are using carnaba wax to see if they can't make a bee work overtime. Instead of inserting 19 hexagons for a $4\frac{1}{2}$ -inch boxwood, they have tried to make the wax stronger with carnaba to get the bees to tuck in more hexagons.

The bee says: "Office hours from so to so; we'll only do 19 combs. Put in as much carnaba as you want; make the crate as big as you will; we'll stretch it out and form a hammock but in the center you will find only 19 combs."

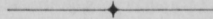
When I was down there one day I picked up a little squib that bears out what I have tried to tell you certainly, and yet it's rather easy on the tympanum:

"Said a wise old bee at the close of day,
'This colony business doesn't pay,
I put my honey in the old hive
That others may eat and thrive;
And I do more work in a day, by Gee!
Than some of the others do in three.
I work and I worry and I save and I hoard
And all that I get is my room and my board.
It's me for a hive I can run myself,
For me the sweets of my hard-earned pelf.'
So the old bee flew to a meadow lone and
Started a business all his own;
No thought gave he to the buzzing clan
But all intent on his selfish plan,
He lived the life of a hermit free,
'Ah, this is the life,' said the wise old bee,
But the summer waned and the days grew drear;
And the old bee wailed as he dropped a tear,
For the varminths gobbled up his little store,
And his wax played out and his heart was sore.
And he had to fly back to the old home band
And take his meals at the helping hand.
Alone our work is of little worth, but
Together we are lords of the earth.
So it's all for each and each for all,
United we stand; divided, we don't!"

ANNOUNCEMENT!

SECOND EDITION OF "DENTAL CARIES"

A second edition of "Dental Caries," now in press, was ready for distribution early in September. The *first edition*, issued two years ago, presented summaries of findings and conclusions on the causes and control of caries by 195 authors or groups of authors in twenty-five countries, and contained 189 pages. The *second edition* will present not only revisions of many of the summaries in the first edition—the rest remaining unchanged—but also summaries by 42 additional authors or groups of authors in twelve countries, and will contain 280 pages. These volumes present the realities in accumulated knowledge bearing on the causes and control of caries; afford opportunity for close study of the situation by every practitioner who wishes to ascertain the strength or weakness of current theories or procedures; and indicate need for further research in many relationships. This volume has been compiled by the Advisory Committee on Research in Dental Caries for the Research Commission of the American Dental Association to promote understanding, clinical observation, and research in this field. Copies, bound in cloth, may be obtained at the headquarters of the American Dental Association, 212 East Superior Street, Chicago, Illinois. First edition (1939), \$1.00. Second edition (1941), \$2.00.



ANNOUNCEMENT



The annual Five-State Post-Graduate Clinic of the District of Columbia Dental Society will convene at the Mayflower Hotel, Washington, D. C., March 8, 9, 10, 11 and 12, 1942.

