LABORATORY CONSCIOUS?

Then why not select a Ticonium Laboratory to insure beautiful craftsmanship supported by the finest chrome alloy in existence: Ticonium.
by Shirley Easley Webster, B.S., R.D.H.

we don't remember ever hearing women brag about their age and wisdom, but at the Columbia Alumnae Tea—which is an annual affair in December—Mabel McCarthy, our worthy ADHA president, flaunted the fact that she was "the oldest dental hygienist in the room." Mabel is not a Columbia girl but had graciously accepted the role of guest speaker. ... Immediately there was a murmur and then a protest from the back of the room. "I was a member of the first graduating class at Columbia," said a voice emanating from a decidedly vigorous and youthful woman. The polite silence of a listening audience was broken up immediately. "When was that?" "Let's see—in 1917, wasn't it?" "Yes.... But Mabel had the situation under control. "I meant," she said, "that I was at least the oldest practitioner of dental hygiene here. I graduated from Dr. Fones' first class." And just as a postscript to the above item—Mabel is far from beaten down by her years of service. She's at her best as a president to be proud of.

we thumbed through the first edition of the newly published, ADA Directory the other day to check on one of our favorite writers—Dr. Howard Riley Raper, whose book, Man Against Pain, is now in training and the group has been limited to such a small number that "he said the girls are getting a hand-embroidered education. Plenty of individual attention and supervision, which, from the standpoint of good educational practice, can't be beat. (though we can recall moments when as a student we would have gladly dispensed with the benevolent but searching eye of our dear late Dr. Anna Hughes!)."

AND IT HAS BEEN REPORTED that Columbia will soon grant the B.S. degree to dental hygiene students completing two years of prescribed academic work in addition to their training. Thus Columbia joins the small but growing number of schools which have attained this excellent standard.

IDA MAE STILLEY is that gal from Pittsburgh with the famous puppet, Happy. Happy is a doll whose wardrobe is extensive and whose ideas are intensive. Happy has been persuading the school children of Pittsburgh to brush their teeth, visit their dentists, and take a keen interest in mouth health—the whole job moving along so pleasantly and painlessly that Happy has become understandably popular and his Edgar Bergen mama very much in demand. Happy's latest excursion outside his own realm was to the Women's International Exposition, held in New York City in November, where the local association had a booth and put on quite a display.

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Changing Patterns in Dental Education—At Meharry

By M. DON CLAWSON, D.D.S., President, MEHARRY MEDICAL COLLEGE

Meharry Medical College, at Nashville, Tennessee, is making dental history. Under the progressive leadership of Dr. M. Don Clawson, Director of Dental Education and President of Meharry, this school was the first in America to inaugurate complete courses for all three of the major auxiliary forces in dentistry—dental assistants, dental hygienists and dental technicians.

Meharry is training these auxiliary-service students and its dental students to work as teams during their school days so that they will be more efficient and competent when they go out into practice.

Meharry's cost of a dental degree is $4,000, of which the College pays $1,353 and the remainder will be paid by the student. Meharry is developing a program to bring refresher courses to the dentist, rather than force the dentist to go back to his college for courses. A large moving van equipped with six operating and two laboratory units will be used for this purpose.

Meharry has also arranged for actual refresher courses for every member of its dental faculty to insure their professional growth and keep them abreast of latest developments in dentistry. In the article that follows, Dr. Clawson interprets the philosophy and program of Meharry's School of Dentistry, and explains the school's plans for creating and training dental teams. He says: "... is impossible to assume that our present 75,000 dentists with the assistance of 75,000 auxiliary teams might, with normal health plans as proposed by the ADA Council on Dental Health, meet the challenge and the responsibility of a complete dental service to all our people."

President Clawson has had worldwide experience in dentistry. He obtained his dental degree from Washington University in 1926. For four years he served as Dental Consultant at the American University of Beirut. From 1934 to 1943 he was Chief Dental Surgeon at Kirkuk Hospital, Kirkuk, Iraq. In 1943 he accepted the post of Director of Dental Education and Professor of Dentistry at Meharry, becoming President in 1945. During 1944-45, Dr. Clawson served as Director and Consultant, Dental Services, at Oak Ridge Atomic City.

Changing Patterns in Dental Education—At Meharry is an important statement by a far-sighted dental educator, on an interesting aspect of a proposed plan for helping to meet America's tremendous dental needs, and a fine example of dental leadership in action. TIC is grateful to The Bulletin of the National Dental Association for the privilege of presenting Dr. Clawson's important article.

The Training of Auxiliary Personnel

Formal training in the art and science of dentistry is just over a hundred years old. Previous to the founding of the world's first dental college in Baltimore in 1823-24, dentists were trained as apprentices in the offices of older and more experienced practitioners. The apprenticeship plan represents the earliest type of training in the field of health services, just as it was the forerunner of our whole complicated educational system. The apprenticeship system serves well in the early stages of development of any field of endeavor.

As knowledge accumulates in any field, the apprenticeship plan becomes less desirable to personnel. Our medical school had been training high-class auxiliary personnel for a number of years but the dental school had no such program.

Necessity is often the mother of invention, so it was that, at Meharry, in 1944, the auxiliary training program in dentistry was inaugurated. A two-year course in dental hygiene, a two-year course in dental technology and a one-year course in dental assisting are now in operation.

W3BW BROADCASTING

Dentist Walsh transmitting a message from the World's Fair. The call letters identify him as the operator on deck.

Dr. Walsh was President of the World's Fair Radio Club, and served asRegent of the New York City branch of the American Radio League, Inc. He is probably the most prominent dentist "ham" in the country.

How to Become a "Ham"

For readers of TIC who may be interested in radio, Dr. Walsh explains that a radio amateur is an authorised person who is non-commercially interested in radio. Amateur operator licenses are given to United States citizens who qualify by examination to operate radio apparatus, to understand the provisions of laws and regulations which control amateur radio, and to send and receive code at 13 words per minute as a minimum. Station licenses are granted only to such licensed operators. These licenses permit communication between such stations for amateur purposes only; that is, personal, non-commercial aims.

Dr. Walsh was assistant oral surgeon at Belleview Hospital for more than 10 years. He is now in general practice, leaning towards surgery and prosthesis. He is married, and Mrs. Walsh long ago resigned herself to her husband's trans- oceanic conversations at any time of the day or night. In the summer, however, she is free of both the pressures of dentistry and of radio for the Walshes go to Huntington, Long Island, where all-out peace and quiet become almost intangibly tangible.

Dr. Walsh belongs to an interesting group of organizations, ties that reflect the interests of a man leading a full life. He is a member of many dental societies, including the American Dental Association, the New York State Dental Association, the First District Dental Society, and Phi Omega Dental Society. He is also a member of the American Radio Relay League, Inc., the Institute of Radio Engineers, the New York Athletic Club, the American Legion, and the Catholic War Veterans.

On his 150-watt transmitter (the average broadcasting station has a power of 5,000 watts), A. LaFayette Walsh sends you this message:

"Get yourself a hobby and have fun."
Origin of "Hams"

Walsh has more than a scientific or engineering point of view towards his hobby. He has a philosophical approach as well. "In the early days, amateur radio enthusiasts were labeled 'hams' because land telegraph operators had always called a new operator a 'ham'—for the novice's clumsy hand sent his code with as much skill as a pig's hind foot. But the 'hams' of radio have turned that appellation of scorn into a term of respect, by establishing a high standard of public service in emergencies, which today is honored in every free country of the world. In times of stress, disaster and war, a veritable army of 'hams' swing into action as one man, clearing channels for emergency messages and policing themselves to maintain efficient emergency traffic. In times, they form a nucleus of super-skilled technicians for the armed services and carry the orders, directions and other communications that eventually produce victory, as they have done in both world wars."

Goodwill-Builder

Radio has reduced the world to the smallest possible dimension. Taking advantage of that fact, America's "hams" are today using their hobby to build international goodwill by spreading official news of the United Nations throughout the world. In fact, the International Amateur Radio Union, of which the American Radio Relay League membership is a large segment, has signed an agreement with the United Nations to broadcast the word of peace and friendship throughout the world. Participating "hams" will have the title of United Nations Amateur Radio Aide.

Interviewed by Science Illustrated recently on how he felt about the UN tie-up, Dr. Walsh said: "I thoroughly approve. I feel they've done something really worth while, and judging from comments I hear over the air, a great number of fellows are getting in the parade. There's no better way of getting to know other people than by talking to them." Discussing his experience with foreign hams, Walsh added: "There's one chap in England I've talked to for 20 years. I've never seen him, but he knows my family, and I know his. If he appeared suddenly, I'd recognize him at once. Here's a thought on world peace: it's pretty hard to get fighting mad at a fellow you've been talking to every night for years."

Radio Language

Discussing the one-world language of the "hams," Dr. Walsh says, "There is nothing but teacher and student. Since the apprentice must learn by doing, as well as by assisting the teacher, there is little time available to take into consideration the knowledge being accumulated by other workers in the same field. It is evident, therefore, that there must come a time in every field of educational activity when formal training must be inaugurated. In my opinion the time has arrived to institute formal training for young men and women who plan to enter the auxiliary service field in dentistry. Furthermore, I believe the time has come to offer this training in the dental colleges.

Dental education from 1840 until the World War I, while formal, was isolated and little effort was given toward integrating it with medicine and other related fields. Most dental schools are now integral divisions of university faculties, and dental students are given a thorough preparation in the biological sciences and, as their training progresses, their clinical work is integrated with every phase of the over-all health service to a community.

Dental assisting as a profession has developed along the lines first mentioned and the accumulated knowledge in the field has grown in volume to the point where both dentist and assistant seek formal training for those who wish to enter the auxiliary services.

Following the theory that it is profitable and commendable to supply any evident demand, isolated training schools for dental assistants were established some years ago. Some of these schools were connected with business colleges and the graduates developed into good dental secretaries without too much knowledge of their purely professional responsibilities. Other schools were of the charm variety where girls acquired the secrets of personal influence, popularity and charm. The graduates of these schools, while highly ornamental, had little practical background for business administration or the purely professional responsibilities of their chosen field.

The dental profession has been grateful for this type of formal training but has recognized the need for a sounder and more all-inclusive type of training within the field of dental education. Some years ago several dental colleges established training courses in the highly specialized field of dental hygiene. This development has proved a great contribution to the profession, but while the training was integrated, the practice was isolated and limited to one special activity, that of prophylaxis. At Meharry, we are attempting to overcome the shortcomings of our auxiliary training in dentistry by training the students in one field to work with students from other fields in teams. We now train the dental student, the dental assistant, the dental hygienist and the dental technologist to work as a team during their school days so that when they go out into practice they will be able to perform their duties immediately and efficiently.

We have established three auxiliary training programs: (1) a one-year course in dental assisting; (2) a two-year course in dental hygiene; and (3) a two-year course in dental technology.

We hope our pioneer work in the training of auxiliary dental personnel in dental colleges will form a pattern for other dental schools and we also hope that both the dental schools and
MEHARRY MEDICAL COLLEGE was organized in 1876, its dental school in 1886. It was named from the Meharry family, whose five brothers contributed substantially to its establishment and support. A grant from the Eastman Foundation in 1929 made it possible to construct a modern dental plant for the School of Dentistry. The new plant consists of four separate buildings—the main building, which houses the professional schools and the hospital; the student-nurses’ residence; the residence for graduate nurses; and the maintenance plant.

the general practitioner of dentistry will soon see the value of teamwork in dentistry and insist on the training of auxiliary dental personnel to work in teams following the pattern common to medicine for many years.

Meeting America’s Dental Problems

We believe there are only three ways to meet the acute shortage of dentists in America. To meet the demands of a program designed to bring dental health service to all our people would require 200,000 dentists working along the present plan of dental service. We, therefore, believe that to meet this acute need it would be necessary to work along three lines:

First, increase the number of dentists from 70,000 to 200,000. This would take greatly enlarged dental schools and greatly expanded dental faculties. Manpower and finances are not available for either.

Second, by intensified research on a scale similar to the Oak Ridge experiment in nuclear fusion, which would have as its objectives eliminating two-thirds of our present dental defects, making possible the handling of all dental disease with the 70,000 dentists. This plan is also only a dream and contains little of practical worth.

Third, we propose the training and use of our present 70,000 dentists, aided by skilled auxiliaries, to conduct such courses, it is well within the economic as well as the academic limits of our dental schools to do so.

We have proved that a dentist working

R FOR RELAXATION

By JOSEPH GEORGE STRACK

DENTIST A. LaFAYETTE WALSH — AMATEUR RADIO OPERATOR


All of these letter-number combinations are call letters of dentists who operate amateur radio stations in the New York City area. W2BW is the call for A. LaFayette Walsh, probably the most prominent dentist—“ham” in the country.

At the end of a day of difficult dentistry, Walsh leaves his office at 509 Madison Avenue, New York, and goes to the radio room in his apartment. There he shuts off the day’s problems and pressures. He settles down before a next, glinting radio set, contacts an interesting personality in any corner of the world, and carries on a stimulating conversation in voice, code, or both. This he does with the simple efficiency of telephoning the corner grocer.

Radio as a Hobby

“The amateur radio has a special attraction for the professional man,” he points out. “It affords him a variety of ways of shaking off the cares of his office. He utilizes hand skills in building his own equipment. He indulges in new mental operations in mastering the complicated electronic circuits in his transmitter and receiver. He acquires a novel, refreshing, inclusive language called QST English. I believe this a good hobby for dentists who have a flair for it because radio does not tax the eyes, the hands, or the feet—which dentistry strains all day. Furthermore, it is so utterly different from dentistry in its techniques, skills and operations—a requisite for any good hobby.”

President of the World’s Fair Radio Club, which exhibited at the Fair during its two years, Dr. Walsh also served for two terms as regional director of the New York City area of the American Radio Relay League, Inc. The League has a membership of 60,000 “hams” in the United States. His predecessor in that post was W2CLA—Dentist Lawrence J. Dunn.

“When radio left the laboratory in 1910—it was called wireless then—I was a student,” Walsh, who was born on December 17, 1896, recalls. “I began playing around with the short-distance spark sets of those days. It seemed to be a natural hobby for me, because I always was interested in electricity. It gave me satisfac­tion and relieved me of the monotony and bur­dens of study. I built and rebuilt innumerable sets—until my parents wondered whether I was slightly cracked. World War I came, and I served in the Navy. I returned to my dental studies after the war, graduating from Columbia in 1921. I started my practice in New York City and re­newed my radio activities simultaneously, for war-time restrictions on radio were being lifted then.”

Dentist Walsh soon began to make records for distance with his radio equipment. He was, in “ham” language, “working” other amateurs in every continent. As the wave lengths below 200 meters were being pioneered by “hams,” Walsh emerged among the top pioneers. He got down to an as low as three-quarter meter, now called ultra­high frequency. FM (frequency modulation) radio and television, as well as radar, are possible today because “hams” explored these regions and discovered their value.
Dr. Anton L. Berg, a Chicago dentist, began reading some books on hypnotism three years ago. Now he hypnotizes about five per cent of his dental patients.

Dr. Berg set up a dentist's chair in Kansas City so that some 50 members of the Kansas City Dental Clinic Club could see for themselves. The dentists first climbed up on the backs of their chairs for a better look. Then as Dr. Berg got warmed up to his job, they crowded around and looked down the patient's mouth and everyone wanted to help.

The patient was John Landon, a 21-year-old Chicago youth with streaked dark hair, a thin line of mustache, and a debonair manner. Landon went to Dr. Berg last December with seven bad teeth.

Dr. Berg is a lively, bespectacled little man just going on middle age. At first his audience thought he was a southpaw but pretty soon he was using both hands.

Said one of the spectators, a note of awe in his voice, "The fellow's completely ambidextrous. It's an interesting thing. First time I ever saw a dentist completely ambidextrous."

As Landon settled down in the chair, Dr. Berg asked his audience to please refrain from talking——even whispering. If anyone cared to time him, he said, he was confident he would have young Mr. Landon open his jaw never even quivered.

It was time to bring Landon out of his sleep. Dr. Berg counted three times and clapped his hands. Landon opened his eyes and looked around smiling. The dentists pressed in a close circle around the chair.

"Well, gentlemen," the youth asked, "did you learn anything? I enjoyed it."
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A Statement of Professional Faith

"Finally, we believe the dual teacher and undergraduate training program will develop research minds among our undergraduates and graduate students. By an intensive search for talent, we might and should find the one genius who, by an application of mathematical and mental talents, might be many a dentist with as much zeal for the work as Dr. Kalder, the supply of cooperators of a local radio station about to cut a record for a forthcoming broadcast.

"Our clinic," Dr. Kalder explained, "the interviewer was supposed to ask a question which Ebony would answer with a loud bark." Well, through his contact with a multitude of patients in his office, Ebony had developed an even-tempered disininterest in the events and people about him. He had been thoroughly schooled in the art of not barking under any circumstances.

"Naturally, when it came time for his cue," Dr. Kalder smiled, "Ebony merely stood there panting and looked up at me with his sad eyes. Without any amount of coaxing I could induce him to bark. In desperation, I did the one thing sure to force a bark out of Ebony. I struck him all right, but my ear caught just the slightest hint of a whistle. I guess his feelings were hurt, but at least he proved he was willing to cooperate."

Later on, the studio made a recording of just Ebony's bark and dubbed it in for the real broadcast. Which ought to prove you can teach an old dog too many tricks.

In the matter of handling children, Dr. Kalder strongly believes Ebony provides the solution to a problem that has existed as long as there have been dentist offices.

Four-footed ChildPsychologist

"You might be able to quiet an unruly youngster for awhile with comic books or ice cream, but the real core of the matter is his fear of being hurt. Ebony succeeds in undermining that apprehension because the patient's concerns are directly related to the very thing that frightens the kids most. He sorts shames them into it." Stopping to pet the sleeping dog, Dr. Kalder explained: "It looks as though right here in the office I've got a four-footed expert in child psychology."

Certainly through its methods, Dr. Kalder and Ebony have developed a finesse in handling explosive youngsters that will go far toward removing any inhibitions parents may have about dragging their offspring to the dentist.

The very nature of Dr. Kalder's method, however, doesn't allow for much expansion in the field of children's dentistry. For though there might be many a dentist with as much zeal for the work as Dr. Kalder, the supply of cooperative parents is definitely limited—creating some thing of a dogpower shortage. You can be sure it's a shortage that won't improve much unless Ebony should chance to father a litter of heirs to his dental prowess.

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 Ebony, Dentistry’s Career-Spaniel

BY ROY DENIAL

The staff of Dr. Max Kalder, Detroit dentist, consists of a brunette receptionist, two blonde dental aides, and Ebony—a curly-haired, five-year-old cocker spaniel. I watched the little spaniel work his wiles on a year-old cocker spaniel. Thoroughly frightened, the youngster squirmed, kicked, cried, and hollered with all the stubborn persistency of a stray calf. It didn't take long to move stains.

While waiting to have a cavity filled recently, I watched the little spaniel work his wiles on a two-year-old boy. This particular case was typical enough. An otherwise well-mannered child had rebelled violently when his mother left him alone with Dr. Kalder and a wicked-looking drill.

Instead of bolting from the chair in a frenzy of barking and yelping, as one might have expected, the little cocker spaniel sat through it all quietly, his stubby tail dusting the edge of the chair as regularly as the swinging of a tiny pendulum. After two or three minutes, Dr. Kalder stopped the drill and motioned to the little boy still standing timidly in the doorway. Obeying the dentist’s invitation, the youngster cautiously approached, fascinated by the sight of the dog in the dental chair. Yet, as he drew closer, you could tell he still had a weather eye out for that drill. Everyone kept a respectful silence while the little fellow stretched forth a timid hand to pat the dog's head. Ebony was equally lovingly. Soon boy and dog were fast friends.

In the next few moments there occurred one of those curious miracles akin to transmutation. First the dog carefully leaped down from his perch. Then, with neither coercing nor crying, the child took his place in the chair, docilely submitting to treatment. He gave no further trouble. When the nurse later turned the little boy over to his mother, I asked Dr. Kalder how he ever happened to stumble upon such a trick.

"In the final analysis, education for the search of new truths merges into religion as the only light we know that can show us that pattern. Striving to build a better profession in a better world, we find that we can say with our great teacher, 'My Father, worketh hitherunto and I work.' In our halting and uncertain efforts to make life of value, we awake to find that we have indeed become children of our Creator. We must understand our sons for what greater destiny than shall be our own. We must explore with them the ideals and values by which they can grow to greater freedom and become the intelligent, progressive and courageous sons who are so pleasing to the eyes of both man and God!"

The following is a quotation from the report of the Institute on Dental Health Economics, held at the University of Michigan in June, 1944:

"It is recommended that the training in dental schools of auxiliary dental personnel, i.e., dental hygienists, dental assistants and dental technicians be organized and the utilization of this personnel by dentists be encouraged."

This recommendation by dentists on the use of dental hygienists in dental practice was based upon the demonstrable fact that a dental hygienist in a dental office will increase the output of that office.

The primary purpose of training the dental hygienist was to provide the dental profession with an aid comparable to the medical nurse, who could relieve the dentist of comparatively simple technics and thereby permit him to devote his time to the type of dental service only a dentist is qualified to perform.

The educational trend now is to further increase the dental hygienist's usefulness by training her to provide other technical services, such as simple laboratory procedures and some of the aspects of dental hygiene to a greater extent.

The usefulness of the dental hygienist in the public dental health program is one of the most important of these. The usefulness of the dental hygienist in the public dental health program is too well known to discuss in detail. It is sufficient to recall that her contribution to public health dentistry in the States where she is licensed has been praised by those who have given serious consideration to the over-all problem of dental care of the public realises the urgent need to develop and utilize within reasonable limits all types of auxiliary dental personnel. They are alarmed by an ever increasing accumulation of dental defects in the population and a slow but steady increase in public demand for dental care. To meet this demand there is and will be for many years an inadequate supply of dentists. The most practical and simple, partial solution to the problem is the training and utilization of auxiliary personnel. The dental hygienist is one of the most important of these.

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WHY I LIKE BEING A CHILDREN'S DENTIST

By JOSEPH F. TAGGARD, D.D.S.

When I was a brand new dentist fresh out of dental school, I thought I understood just which particular branch of dentistry I would interest me most. In school I had been captivated, along with the rest of the class, by orthodontics. Dentistry for children was farthest from my mind. I enjoyed working with child patients in the dental clinic at school but I never thought I would ever confine myself exclusively to this field.

Along with most of my classmates on graduation, I was for three years in Uncle Sam's service, and during these years in the Navy the things I saw and heard made me decide to begin my private practice in the field of dentistry for children. One fact that influenced me was the appalling number of grownup people who are afraid of dentists. The years of service in the Navy impressed this fact on me with great force. All new men entering the service were required to have a dental examination and all necessary corrective work done. I was amazed at the complete lack of care and the gross dental defects caused by failure to visit the dentist.

I found through questioning my patients that a small percentage of this neglect had been due to poverty, but the greatest amount of it was traceable to fear of going to the dentist. As I worked with these boys I became more and more impressed with the fact that influenced me was the appalling number of grownup people who are afraid of dentists. As contrasted with other branches of dentistry, the amount of exacting technical skill required is less. Work is mainly confined to the placement of amalgam fillings and to extractions. The biggest problem is, of course, the correct handling of the patient in introducing him to dentistry.

This responsibility is great. By the right approach, the first dentist to handle a young child can make him an ideal patient. I have found a great deal of satisfaction in being able to do as many as 11 fillings for a three-year-old and still have him like to come back to the office. I feel that I have rendered that patient a service that will truly last a lifetime. The elimination of fear and the inspiration of confidence through familiarity with dental operations are the greatest assets any patient can have for future dental work.

(Pointers in Children's Care)

The dentist who engages in work for children should try to make his office appealing to the child. The psychological approach is important. For instance, overabundance of stark white in the operating room is best avoided. Colored walls and colored equipment are better. Colored cups, bright headrest covers, and bracket-table covers are also a great aid to the children's dentist. There are special cabinets made to resemble doll houses to hold the child's interest. Pictures on the walls also help put the child at ease. If possible, a small playroom should be incorporated in the office. If the child does not have to sit stiffly in a chair in the waiting room, he is more likely to arrive in the operating room relaxed and cheerful.

Unless the patient has a toothache, it is wise to just clean his teeth at the first visit and generally allow him to familiarize himself with his surroundings. The patient should always try to avoid talking down to a child, and above all he should never betray the child's confidence. Once a promise has been made, it must never under any circumstances be broken. This rule I have found to be one of the most important in dentistry for children. One almost equally important is that parents should be kept out of the operating room. Once the too-sympathetic parent is removed to the waiting room, little trouble is likely to be experienced with the child patient.

Opportunities in Pedodontics

Pedodontics is a relatively new branch of dentistry. Very few in this country practice it exclusively. Thus it allows one's ingenuity full play because many new techniques must be worked out by the operator, for the reason that there is as yet little literature on the subject.

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(Reprinted through the cooperation of YOUR CHILD'S DENTAL HEALTH.)

Nothing Unusual Ever Happens

By ROLLAND B. MOORE, D.D.S.

I suppose many people think nothing funny or unusual ever happens in a dental office. As I look back over many years in the profession, I think the funniest circumstance that happened to me was during my second year out of dental college.

At that time I was practising in a small town of about 700 in which the Irish predominated. Across the railroad track from the business section lived a real old lady named O'Connor. Reputedly she and her bachelor son were well off. Mrs. O'Connor probably was 80 years old, very stooped and very wrinkled, but active for her age.

One day I returned from lunch to find Mrs. O'Connor waiting for me. Immediately she began fumbling for the pocket in the voluminous black skirt she wore, eventually finding a handkerchief tied in a half-dozen hard knots. She was so nervous and trembled so much, I took the knotted handkerchief from her and untied it. In the handkerchief was an old rubber plate, broken into at least eight pieces.

"'Kin ye fit the taith fer me, Doctor?" she asked in her rich Irish brogue.

"Mrs. O'Connor, the plate is so badly broken no man living could put it together again," I told her.

Tears came into the old lady's eyes and ran down her cheeks. "What'll I do?" she cried, wringing her hands. "What'll I do?"

I tried to calm her. "Mrs. O'Connor, don't cry. I can take the old teeth off the broken plate, take a new impression, and make a plate for you that will be just like new."

Mrs. O'Connor seemed pleased. She couldn't afford a new plate with new teeth but I thought I'd relieve her mind about the cost.

"'Tis not the cost," she quavered. "But the taith don't belong to me."

"Than why are you crying, if they don't belong to you?" I asked.

"The taith belong to me an' to me she wears the taith an' she stays a-meetin' Mass an' she don't carr an' she goes to mass, she wears the taith an' she stays home."

"Ameared," I exclaimed. "Do you mean to tell me you plate fits both of ye?"

"Sure an' the taith fits us both foine, but sometimes I do get plagued with her takin' so long to ate her dinner. I goes to mass, I wears the taith an' she stays home."

Amazed, I exclaimed: "Do you mean to tell me you plate fits both of ye?"

"'Have some Caramels?"