Pedodontia: that special branch of dentistry limiting its services to children. This comparatively new branch of dentistry has become increasingly important because it helps pave the way to future dental health.

Parents have symbolized the value of a tooth to their children with the wonderful fairy story told on our cover. Today, more children know more about dental health and about the importance of good dentistry because of the Pedodontist.

Modern offices, special waiting rooms that appeal to the little tots, and intelligent handling have endeared the dentist to the youth of America.

This issue is sent to you with the compliments of your Ticonium Laboratory.
ridges as well as natural teeth must be utilized. Ridges are employed for this purpose by the base of the denture which consists of saddles and connecting bars. The saddles should have maximum coverage of all available bearing areas. The connecting bars transmit stress to and connect saddles.

To effectively perform these functions, the bars must: (1) have maximum rigidity; (2) avoid contact with resistant non-bearing areas; and (3) have minimum bulk commensurate with function.

Dr. Blatterlein feels that the upper jaw presents greater problems in base design than the lower jaw. Limitation of the palatal flange of the saddle must be considered in saddle outline, and the presence of resistant nonbearing areas must be considered in connecting the bar outline.

He advocates the following five-step procedure in the design of any upper partial denture base:

1. **Outline of Primary Bearing Areas (saddles):** Here, saddles are extended buccally to the limit of the mucobuccal fold in function, and palatally, to the angle of intersection of the horizontal plane of the roof of the mouth and the inclined plane of the alveolar process, where there are resilient pads of adhesive and glandular tissue.

2. **Outline of Nonbearing Areas:** Lingual gingival tissues, tori and palatal tissues posterior to the vestibular line of the soft palate, must be avoided.

3. **Outline of Bar Areas:** These are any mouth areas not included in the outline of the primary bearing or nonbearing sites.

4. **Selection of Bar Type:** An analysis of the following controlling factors, governs the selection of the bar type: mouth consistence; rigidity; saddle location; and indirect retention.

5. **Unification:** This process consists of joining the primary bearing areas (saddles) with the selected bar type, confining the connection to the available bar areas.

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**Trouble in Paradise**

News note from Life: “A doll...with a plastic human jaw complete, with rotten teeth is under consideration by toy manufacturers...The child fills the cavities with plastic. Home once was home and home was sweet, A place to which I could retreat And rest secure. And it was jolly To watch my child take “tea” with dolly. My office tasks no one would mention--But now this treacherous invention! Oh, no! Don’t meet me, darling too, With dolls whose little toothies rot!”

Don’t ask my help with plastic mix, I like to rest some after six! How about a doll that talks Or belches, bites your fingers, walks, Or one whose pinky nose will run? For Daddy won’t have any fun If home’s a place where he will still Find patients with more teeth to fill!”

Helen Harrington

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**Bibliography**


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**Contents**

What is My Financial Future In Dentistry?

by M. A. Patrick

You are a dentist. That means you are in a professional calling which distinguishes you from the business man and the wage-earner, yet, like the butcher, the baker, and the electric-bulb maker, you, too, must enjoy an incoming flow of dollars with which to feed, clothe, and otherwise provide for yourself and your family. Thus, at least one of your problems is comparable to that faced by most other men who are not independently wealthy.

This fact—particularly the regularity of the monetary return from your efforts—logically brings up the question, "What are my chances of maintaining an adequate income in the immediate and distant future?" If you are around thirty-five and your practice has developed satisfactorily, you may not attach any question mark to the regularity of the dollar return from your profession. Except for some physical misfortune it may seem unlikely that there would be anything but an upward turn in your financial position. This type of optimism may be commendable but it is one of the handicaps of the specialization necessary in building a professional background. As a dentist you are not required to study economic trends carefully and regularly.

Actually, the income from the practice of dentistry is linked with many things not directly related to oral health. It hinges, for instance, on the number of marriage licenses issued, the volume of cars produced in Detroit, the temperatures of the hot and cold wars. And the financial stability of the dental profession also depends on you.

*"Luxuries" and Dentistry*

That last factor, you, deserves first consideration in any study of the dependability of dentistry’s dividends. During the last dozen years more people have regularly visited more dentists than during any previous period. It would be encouraging to think that these men and women made appointments for chair time because individual practitioners had convinced them of the vital need for periodic dental care. But unfortunately this is not true. Dentists have been busier because their patients have...
had more dollars to spend on luxuries. Yes, “lux-
uries” is the correct word. Dentists who operated
during the depression spent less time in dental obtur-
tions than before. Now they spend more time.
They had not been educated to understand
and had not been educated to understand
the importance of good oral health to the general
health. A person who has a toothache is likely to
direct them wisely.
Should the children of these men and women ever
be _able to understand that dental appointment_ ,
only good dental education
will agree as they recall that the
reason you as a dentist have been mentioned among
the factors on which the prosperity of dentistry
is dependent.
It is the correct word. Dentists who operated
in the Thirties will agree as they recall that
there is a need for dental restorations for
many folks with limited funds were then inclined
to replace the chipped gear teeth in their cars be-
fore cutting expenditures on dental restorations for themselves.
They had not been educated to understand
the danger of neglecting teeth in their car's gear box.
Should the children of these men and women ever
be _able to understand that dental appointment_ ,
only good dental education
will agree as they recall that the
reason you as a dentist have been mentioned among
the factors on which the prosperity of dentistry
is dependent.
It is the correct word. Dentists who operated
in the Thirties will agree as they recall that
there is a need for dental restorations for
many folks with limited funds were then inclined
to replace the chipped gear teeth in their cars be-
fore cutting expenditures on dental restorations for themselves.
They had not been educated to understand
The spreading of this type of knowledge is the
reason you as a dentist have been mentioned among
the factors on which the prosperity of dentistry
depend.
A palatal bar must be rigid to distribute stresses from one saddle to the other, or to the teeth on the opposite arch in the case of unilateral partial dentures. Where the remaining maxillary teeth are unable to carry a substantial share of the load, a wide palatal bar may be used to place more of the pressure on the mucosa. The lingual bar must be rigid, so as to distribute lateral stresses properly between abutment teeth and saddles. The greater the area covered by the saddle, the less may the occlusal stress per unit area. The saddle should end about 3mm. away from the free gingival tissue when adjacent to an abutment tooth.

The lingual bar should be rigid so that when lateral forces bear on the appliance, they will be opposed by both mucosa and abutment.

To obtain esthetics and retention without limiting movement of the denture base, he recommends construction of a modified clasp which uses two parts: (1) a square key which fits into the distal surface of the crown or the three-quarter retainer, and (2) a modified Roach clasp placed on the lingual surface and fitting into a horizontal groove cut into the crown or three-quarter casting.

This is called "a stabilizing square seat attachment," which permits the denture to move both vertically and horizontally and still give the necessary amount of retention.

Saddle Design

Like Doctor Schuyler, Doctor A. H. Schmidt stresses the importance of good occlusion. He says that well-designed dentures may fail, while those with poor clasp and saddle construction and design may serve surprisingly well, depending upon poor or excellent occlusion, respectively. Nevertheless, the importance of saddle design cannot be minimized. Saddles, because they are supporting devices, resist vertical masticatory pressure against the alveolar ridges.

Saddle flanges, resting against the lingual buccal or labial sides of alveolar ridges, should provide both support against horizontal displacements laterally, anteriorly or posteriorly.

The rugae area, too, except toward the crest of the anterior ridge, is frequently a useful bracing surface for forward thrusts because of its firmness and relative immobility to change.

Doctor Schmidt feels that a lingual plate resting against this surface may function as the lingual or buccal flanges of saddles on defined ridges to prevent lateral displacements.

A long-range program for the mother and the educational drive so that the mother is well-prepared for the problem of thumb-sucking: 1. The preparation of material for the mother and an educational drive so that the mother is well-prepared for the problem of thumb-sucking.
given a background to enable her to understand thumb-sucking in its various stages and thus be comprehensible. 8

2. The dentist as the center of any program when it becomes necessary to take measures to handle a thumb-sucker. If this is to be interpreted as meaning the dentist is to handle a given child as a case history and study, then the program must be carried out to this logical conclusion.

3. The dentist as the person who makes the final determination of what is to be done with a thumb-sucker. Since he is often consulted first, he should get a complete case history. This should include the age when the thumb-sucking was first noticed; the length of time it actually first took place; any associated movements; and X-rays and models of the child's mouth. In other words, get all the facts first before reaching any conclusions.

In conclusion, we submit the following for consideration as facts, and they should be given an approach as eight, nine, and ten, a definite determination of what is to be done.

4. When chemical and mechanical methods are used to break the habit, be certain that the child will cooperate to a certain extent. After a trial period, if the method is causing a psychological reaction in the child, it may be wise to discontinue treatment.

5. Harsh and violent approaches or any display of a temper is out of consideration in handling a child. No matter how "obstinate" the child may seem to be, sympathy, love and understanding are needed as well as a continued search for the specific cause or causes in the individual child.

GENERAL REFERENCES


SPECIFIC REFERENCES


4. D. S. Harsh and violent approaches or any display of a temper is out of consideration in handling a child. No matter how "obstinate" the child may seem to be, sympathy, love and understanding are needed as well as a continued search for the specific cause or causes in the individual child. 

SUCCESS?

There is no use to stall around,
A dentif is like his ease.
Well-padded patients are the ones,
He should strive to please.

Other things will fall in line,
If he has quite a few:
Such as a big suburban home
With a lovely view.

A maid, a car, a handy man,
A cottage at the shore.
And though he has no time for them,
What man could ask for more?

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But, as noted in an earlier article, he differs in the method of distribution of force. In contrast to the stress-breaking school of Doctor A. Loos and the force-reaching discipline of Doctor O. C. Applegate, Doctor Schuyler favors the broad stress distribution. Accordingly, he advocates:

1. Covering the greatest possible tissue-bearing area.

2. Physiological adaptation of saddles to the tissues.

3. The use of occlusal lugs or rests, dividing occlusal forces between the abutment teeth and the subdental-bearing areas and the remaining natural teeth.

4. The use of favorable types of clasps in sufficient numbers to distribute lateral stresses between the abutment teeth and the subdental-bearing areas.

5. The maximum distribution of occlusal stress in centric and all eccentric jaw relations.

ESTABLISHING OCCLUSAL HARMONY

The establishment of occlusal harmony is another important principle to be observed in order that the remaining natural teeth be preserved and utilized constructively for as long as possible.

Doctor S. C. Miller and other noted periodontists have admonished that an abnormal burden carried by a limited number of teeth endangers their supporting structures.

Likewise, full denture prosthodontists have proved beyond doubt the value of balanced occlusion in minimizing the resorption of the osseous structures supporting these appliances.

Occlusal stresses should be directed parallel to the long axes of the supporting teeth; therefore, tooth inclines should be reduced. Both natural and artificial teeth with steep and interlocking cusps are contraindicated because of excessive lateral or anteroposterior stress on abutment teeth and ridges.

Adequate surface coverage is of marked significance in partial denture construction as well as in full prosthesis. Doctor A. Bartelle states that the importance of the retromolar pad of tissue with its underlying structures has often been overlooked.

The soft character of the mucosa and the resilience of fibrous attachments in the submucosa make this area of tissue, ideal for posterior, of vital importance in mandibular full denture and extension saddle retention. The dense bone beneath these structures affords support for the denture and resists the forces of mastication.

Doctors O. C. Applegate and R. O. Nisler suggest that any restoration may be strengthened by splitting multiple teeth (soldering adjacent restorations at the contact point).

These authors also claim that a metallic base is more conducive to a healthy mucosa covering the ridge than a base constructed of resin. Although this fact has not been definitely established, the advantage in using the resin base lies in the fact that it can be more readily rebased if resorption does occur.

AXIS OF ROTATION

In order to produce stability, another important principle to be observed is the consideration of proper rotating axes or fulcrum lines.

Normally, the forces that tend to place a denture out of function, are slight. Here, a short arm or indirect retainer may be adequate. However, under the stress of mastication, abnormal forces are produced, resulting in excessive leverage, which may unseat the denture or cause injury to the supporting structures.

Accordingly, Doctor Schuyler suggests that when anterior and posterior abutments are used in a bilateral case, rests are placed to the greatest advantage when the anteroposterior axis passes through the center of the ridge or nearer the buccal cusps of the restored teeth. Should the axis be

LINGUAL TO THE REPLACED TEETH, INSTABILITY OF THE DENTURE MAY BE THE RESULT.

Another classic example cited by Doctor Schuyler is the placing of two central incisors on a prosthesis, with clasps and rests on the first bicuspids. In this case less injury would result by using rests on the lingual side of the labial incisors also, small inlays having previously been inserted to give a definite seat for the rests.

Although the lateral incisors would take the greater portion of the incisive force, the latter would be in line with the long axis of the bicuspids and cusps, thereby resisting force in an anterior or forward direction.
Part IV: The Removable Partial Denture

FUNDAMENTAL PRINCIPLES IN PARTIAL DENTURE DESIGN

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by Joseph Murray, D.D.S.

Because constructing the removable partial denture is both a mechanical and biologic art, certain fundamental principles must be scrupulously observed to insure satisfactory results.

In the past, failure was frequently due to errors of omission. Thorough and proper preparation of the mouth before impression taking was often neglected. Occasionally there was lack of careful diagnosis because study models were inaccurate and roentgenograms were ill defined. Sometimes the case was sent directly to the technician without even the above preliminaries, and without any attempt to survey or design the denture.

Often there was failure to utilize the fundamental principles of favorable leverage in design. At times destructive forces were not distributed and reduced for physiologic stimulation. Frequently there existed an indifference to correct centric relation and the importance of a balanced occlusion. Moreover, serviceable teeth were not always restored to normal function; and denture movement in function was ignored time and again.

Finally, patients were never advised how to care properly for and use their appliances. The writer knows of a case where the patient did not even to clean it.

Preparation of Mouth

Doctor V. L. Steffel feels that adequate preparation of the teeth and underlying structures before impressions are taken, should include:

1. Restoring cavities posterior abutment teeth with cast crowns
2. Correcting malposed or overcontoured teeth by grinding, or with restorations
3. Balancing the natural occlusion
4. Surgical intervention where tuberosities or tori interfere with design
5. Copping incisal enamel corners for reception of an incisal embrasure hook or rest for indirect retention

6. Preparing rest areas with positive seats in tooth structure or in metallic restorations
7. Surgically removing hyperplastic tissue about teeth requiring clasps
8. Providing occlusal embrasure space or gold inlay where clasp must be used in a tight occlusion
9. Preparing crowns or inlays for abutment teeth with excessive long axis inclination
10. Giving prophylaxis

Stimulation of Supporting Areas

Another important principle to be observed is mild function or stimulation of the restoration to the supporting tissues.

Slight denture motion during function produces a stimulating and favorable response of the tissues supporting a denture. Excessive motion or force applied to this tissue results in resorption of bony support with creation of further untold sequelae, says Doctor S. G. Standard.

Changes in age, health, and physical resistance of the patient are the determining factors regarding the ability of the tissues to tolerate the burden of added function.

Like other prominent denture prosthodontists, Doctor C. H. Schuyler advocates reducing the application of force to areas of support by:

1. Reducing the size of cutting surfaces of artificial teeth
2. Maintaining or increasing the sharpness of these surfaces
3. Reducing the number of artificial teeth in the restoration
4. Eliminating torque, leverages, and wedging of abutment teeth
5. Diminishing horizontal forces by reducing lateral tooth inclines

Dental Thesia and Data:

Preliminary impressions from an American dentist in England: Large signs in London advertise, "All Dental Repairs Completed in 5 Hours!" . . . Five minute interviews with five Londoners (taxi driver, hotel clerk, sales clerk, blousc manufacturer, customer in department store) revealed the following attitude toward the $6.00 question, "What do you think about the British Dental Health Plan?": Indifferent, 1; favorable, 4. All agreed that it is the one program instituted by the Labor Government that the Conservative Party would not eliminate. However, revisions have been plentiful. Most recent change in the plan requires payment by the patient for any work done for which the fee is less than $5. This has been done to cut down on the "get-something-for-nothing, one-visit-complainers." . . . In the U. S. : Since the widespread use of fluorine in water, there have been numerous advocates of fluoridated table salt, chewing gum, mouthwashes, and now even milk. However, Doctor S. Pearlman, a spokesman for the Council of Dental Therapeutics of the A.D.A., has strongly advised against any such proposal. Said Doctor Pearlman: "Until an accumulation of scientific data indicates the uselessness of other procedures, the current method of fluoridation of domestic water supplies offers the only established means of reducing the incidence of dental caries on a popular basis. Untested alternatives... should not be advocated, since the true issue tends to become clouded in the resulting confusion."

Inc-dentals

Chlorophyll dentifrices have gone over big in the European countries. Stories of its popularity in Ireland have recently come to our attention. One assumes that it's the "wearin' o' the green" that gets them... . In Eastbourne, England, a pickpocket whose technique was a bit unusual was being sought by the police. His chief weapon was a tube of toothpaste. He would squirt toothpaste on his victim's clothing and then, with a pretense of helping them brush off their clothing, would pick their pockets.

Tic Tips

Here are some good suggestions from the U. S. Naval Dental School for the patient about to wear a set of artificial dentures for the first time.

Bring your teeth together often and swallow frequently. When endeavoring to bite into such foods as apples or carrots, push the food inward and upward against the teeth. Don't try to bite into the food.

Try to chew with an up and down motion rather than side movements. Try to keep the tongue low and forward in the mouth.

These suggestions will help immeasurably to keep both the upper and lower dentures more stabilized and firmly seated.

Tic Teaser

Can you fill in the definitions of the numbered phrases in the lines along side? There's a part of "dentist" in each one, so it shouldn't be too hard for you.

1. Artificial teeth
2. Individuality
3. Notched
4. Abrasive dental units
5. Chance happening

See page sixteen for answers

Page Twelve
DENTAL ANXIETY
by Edward Podolsky, M.D.

One of the most widely spread fears is fear of going to the dentist. So common is this that jokes, quips, cartoons and other forms of humor have presented many situations in which fear of going to the dentist is played up and emphasized. Even serious writers of fiction have, at one time or another, utilized this situation. It is a popular form of "humor" and literary expression because dental fear or anxiety is universally experienced. Dental anxiety may be slight, moderate or it may even take the form of excessive fear or dread.

Why is dental anxiety so widespread? In its most elementary expression, dental fear or anxiety is a true form of dreadful or fearful anticipation of something very unpleasant; namely, pain. This is the kind of anxiety that is motivated by pain or the anticipation of pain, which may occur even when nerve blocking is used. The pain may be real or emotional, but it is pain nevertheless. Anxiety is the reaction to a specific danger situation. Dental anxiety is a true form of dreadful or fearful anticipation of a real or emotional cause, dental fear or anxiety is universally experienced. Dental anxiety may be slight, moderate or it may even take the form of excessive fear or dread.

Psychanalysts have advocated an interesting theory of dental anxiety, and it has, of course, for them, sexual connotations. It is their contention that tooth-losing dreams are universal, occurring among primitive tribes as well as in civilized people. In dreams the unconscious symbolic ideas of tooth, child and genital are associated and a dream of losing a tooth (which is a phallic symbol) is related to the fear of castration. Therefore, the unconscious, treatment of extraction of a tooth is a castration symbol; hence the anticipatory dread or anxiety. Somewhere, unconsciously this thought occurs in their minds: Going to a dentist means the danger of being castrated (losing a tooth equals castration); therefore a person fears going to a dentist.

Fear has many faces, but quite often one soil in which it is planted and nurtured. Fear is found most often in individuals who have unconscious and unresolved personal conflicts. It is in these persons that dental anxiety takes its severest form. Such individuals are already so sensitized that any idea of dental manipulation is switched from seal, walrus, whale, caribou, and even reindeer to white flour, cookies, syrups, jams, sugar, candy, and bubble gum—by the case! Some Eskimos families now have two radios, and keeping up with the Joneses is, believe it or not, a set of tensions that is being introduced for the first time into what once was a simple, satisfying way of life for a happy, child-like people.

Next month—Part Two

Death of a human being. The Eskimo is no longer satisfied to hunt caribou with an old-caliber gun; he must now have the latest 257 Roberts or 270 Winchester, even though ammunition for the modern rifles is difficult to get and much more costly.

"The women now frequently order their shoes and clothes from mail-order catalogues, even though such footwear and clothing are quite impractical in Alaska, where, in some areas, temperature differences of 90 degrees above in summer and 60 degrees below in winter occur."

Two Radios in Every Home

Changes in living habits that are even more drastic, have occurred at Barrow, Alaska. When the United States Navy began to build a base at Point Barrow, Eskimos were employed—almost the entire Eskimo population of Barrow except children and women. The Eskimos were paid wages ranging from $500 to $600 monthly. The dollars of civilization made a tremendous impact upon the elemental Eskimo economy. The average Eskimo no longer hunts for his living; only the youngsters and some unemployed mature Eskimos hunt. Eating habits, too, have changed. The dollar-earning Eskimo has switched from seal, walrus, whale, caribou, and reindeer to white flour, cookies, syrups, jams, sugar, candy, and bubble gum—by the case! Some Eskimo families now have two radios, and keeping up with the Joneses is, believe it or not, a set of tensions that is being introduced for the first time into what once was a simple, satisfying way of life for a happy, child-like people.
Dental Wives:

Wives Need Hobbies Too

by Kay Lipke

What happens when a girl with years of training in a skill or profession marries her dentist and settles down at home?

She keeps house, of course, and very often brings up a family. If she is socially minded, she joins organizations and meets with her friends in her spare time. She enjoys her life with her husband.

But what of the skill into which she put so much concentrated effort before her marriage? Is it to be wasted just because she no longer goes to an office each morning?

One dental wife solved this problem beautifully. She was a trained dental technician before her marriage, but her husband did not want her to continue to work.

When her children were small and needed her, she devoted her time to them, but when they were in school she joined an adult education class in jewelry-making. Having been a skilled technician in an orthodontist's office, she had the necessary "know-how" for this type of work, furthermore, she was artistic by nature.

That was many years ago. Today her jewelry is as professionally made as any purchased in a good jewelry store, and often far more original in design. It has been exhibited many times. Occasionally she sells some of her work, and now and then she creates jewelry to order. But for the most part it has remained a hobby which has absorbed her spare time and excess energy, and given happiness to her family and to her many friends.

"It is an expensive hobby," she told this writer. "However, it pays for itself. I usually sell enough to pay for my materials, and I make all the wedding gifts, as well as Christmas, birthday and graduation gifts, we give our friends and family. I love creating unusual pieces, and I like to keep busy. I couldn't live without a hobby."

We were sitting in her living room, surrounded by evidences of her work. Along with jewelry, she has taken up flower arrangement, ceramics, and all the kindred skills.

A beautiful silver punch ladle reposed on the coffee table. A spectacular arrangement of driftwood, wood roses and polished leaves occupied a low bowl on a carved chest. On a shelf over the fireplace, were a pair of fragile ceramic vases. Everywhere I looked, I saw her work.

"Now there's no need to worry about junior, Mrs. Sawyer. The doctor has a wonderful way with children."

"Darle"

We laughed as we recalled the period several years ago when she and this writer's dental husband used to meet one afternoon a week to work in his small hobby shop in our garden. She taught him jewelry-making and he taught her some of the finer points of metal work, including silver plating.

Watching the two of them at work, one could appreciate how worthwhile a constructive hobby can be. The work itself breeds contentment, and the artistic result is tremendously satisfying.

One young wife has been going to an evening class in writing one night each week, while her husband baby sits with the children. She is writing short articles on subjects related to her daily problems with her home and children. She is selling, too.

In modern day living, with its tremendous challenges, there is no need ever for a dental wife to feel that her life and interests are narrowing down. Within us all are unexpressed talents which, if brought into the foreground, could add interest to our lives without detracting in the least from the main business of homemaking for our dentist husbands.
To witness the impact of modern civilization upon a simple people, to see a primitive society’s culture change under the influence of industrial factors, to observe the deterioration of oral health stemming from the adoption of new eating habits, and to observe the dissatisfaction and unhappiness that modern ways of living can bring to an un-tutored people—all this has been the experience of Doctor Carl J. Henkelmann, prominent explorer-dentist of Lincoln, Nebraska.

For five years Doctor Henkelmann has been making trips to Alaska. Back in 1948 he made his first trip since then-five in all—has been motivated by a number of interests,” he explains. “Alaska is not far from Nebraska. I can step into my plane and, in a very real sense, step into a new world, in a matter of hours. This new world has a magic of its own: time seems to stand still. Life and all of its pressures are reduced to the elemental needs of human existence only. One cannot worry about anything except food, shelter, and clothing. Since we explorers are assured of those necessities, we find in Alaska nothing to worry about. We are utterly without tensions of any kind, a situation that would be unique in a so-called civilized society like our own.

He comments further in this connection: “We in civilized society are all too busy. We live too fast. We rush into middle age. Some of us even yearn for old age, so that we may retire and enjoy at least a few days of peace and relaxation. Too many of us, however, are beginning to learn that we cannot afford to retire. Why? Because we have found the soft spots in life, too many soft spots, and we don’t wish to give them up! We would have to re-linquish some of them on the reduced income of a retired dentist. So we realize that we must keep on going at full pace to pay for all the trivia and trinkets and toys of modern living that, we now know, we cannot do without. That kind of readi-mill-living is one reason why I go to the magnificent silences, the natural beauties, and the refreshing simplicities of Alaska—and go for at least a few months of every year.”

The Eskimo World

Doctor Henkelmann describes the Eskimo society at Anaktuvuk Pass, Alaska, in its severe prim-itiveness: a tribe of twenty-two Eskimos whose full time is occupied with getting food, maintaining shelter, and making clothes. He explains:

“A few years ago these tasks of obtaining the essentials of life constituted their whole existence. The men were hunting most of the time, bringing in caribou meat and hides and setting nets to catch fish. The women were cooking, repairing clothing, and making parkas and mukluks—surely a twelve-hour job where there were children in the family. The youngsters, by the way, would play games, or, in wood, pick berries or help their parents.

“In 1947 a scientific group of white men visited this tribe for the first time—the natives’ first contact with civilization. Today the life of that Eskimo society has been changed. The men spend less time hunting, and the women spend less time sewing and cooking. More time is spent losing—and more dependence is placed upon the white man’s plane for clothing and food. The death of the battery of a portable radio becomes such a social catastrophe that it is equivalent, in the pall it spreads, to the