LOOKING BACK . . . TIC is indebted to the distinguished dental historian, scholar, and writer, Doctor Curt Proskauer, for his unique, and fascinating series, A Pictorial History of Dentistry, which is concluded in this issue. Few features have equalled it as a first-rate projection of basic historical patterns out of which have developed the modern dentistry of our day.

LOOKING AHEAD . . . 1956 will bring another rich variety of the kinds of dental literature and art that keep TIC at the top all the time. One of these exclusive features will be a series of covers by Edward Kasper, brilliant American artist. These covers will deal with themes never before attempted and will be the most novel in TIC's history.
Den tal Th is a

Dentistry and Data

Geri odon tics looms as an increasingly more im-
portant field of dental care with each passing year. With
our rising standard of living, scientific ad-

vancements and the conquest of disease, more people
are living longer. During the past year these facts
have been brought to light:

During the next two decades the number of people
are expected to grow by 32,000,-

of the total population, some 52,000,-

three facts

50

% over the present count.

Americans are between 45 and 65 years of age.

the total increased population of 14.5 % during

The 65-plus group is now increasing at a rate twice

18,325,000—an in-

1980,

50

32,000,-

Ivory

65

65

65

65

65

Americans are between 45 and 65 years of age.

80%;

50

% over the present count.

65

65

50

Today, one out of every 13 Americans is 65 years

of age or older. By 1980, the ratio is expected to be
e one out of 7.

The 65-plus group is now increasing at a rate twice

as fast as the total population.

In-cidents

Based on the work of antibiotics was first reported
by Fleming in 1929 when he discovered penicillin,
抗菌 action was first discovered over fifty years
before Fleming's discovery! In 1877, the great French

In 1877, the great French

scientist Pasteur put anthrax bacilla on a cotton
thread and buried it in the soil of his garden.

When the thread was removed the bacilla were destroyed
by the antibiotics in the soil. . . . If you are thinking
of repainting or redecorating your office next year
you might be interested in the following color
reflecting powers as compiled by the National Paint,
Varnish and Lacquer Association: White

and retention from mucosal contact and any favorable tissue
alteration in his chewing habits. Although this change is

Despite the fact that the dentist may have restored facial
contour and duplicated the appearance of the natural dentition, the
denture patient-particularly if he has been edentulous for
any period of time-looks "different" to himself, his family, and
friends. In due time, however, he will become accustomed to his
appearance and the problem will cease to exist.

Likewise, the lisping and other speech difficulties characteristic
of the wearing of new dentures eventually resolve themselves as
the patient acquires new speech patterns.

The problem of regaining masticatory function is by far the
most serious problem of adjustment for the majority of denture
patients. Whereas, the natural dentition is embedded in and firmly
supported by alveolar bone, the full denture derives its support
and retention from mucosal contact and any favorable tissue
undercuts. Consequently, the denture patient must face a drastic
alteration in his chewing habits. Although this change is es-
pecially shrewd for the immediate denture patient, who loses his

"LOOK JUST WHEN I WAS BEGINNING TO THINK THERE WAS NO SANTA CLAUS!"
remaining teeth and receives his dentures at the same appointment. The problem of masticatory readjustment is universal for all prothetic patients.

**The Nutritional Factor**

During the initial period when the patient is becoming accustomed to using his dentures for mastication, his diet is temporarily restricted to liquids and soft foods. The so-called smooth or soft diet may be satisfactory for short periods, but such diets are frequently lacking, both qualitatively and quantitatively, in the elements of good nutrition. In view of the fact that the adjustment period is seldom under two weeks and frequently longer than a month, adequate nourishment for the patient may become a serious problem.

An excellent source of nutrition which I recommend to my denture patients is the baby foods. These foods are precooked and strained, so that little chewing is required. Yet, the patient can select a menu which may include fruits, vegetables, meats, and fish. When the patient has acquired some facility in masticating with his dentures, he is advised to change to the junior foods. These are similar to the baby foods except that they are finely chopped, rather than strained, and require more chewing. Thus, the dietary transition for the full denture patient is from strained foods to chopped foods, and eventually to the regular solid foods.

There is also a psychological element to be considered in the use of baby and junior foods. A steady fare of liquids and the usual soft foods can be discouraging to the patient, and it may put him in a frame of mind so that he will look upon his new dentures in an unfavorable light. On the other hand, the strained and chopped foods will make him more palatable and appetizing diet, so that the adjustment is easier and uncomplicated. All of the manufacturers of the strained and chopped foods make available special menus and planned diets utilizing these foods. I have used this material to good advantage in helping my prosthetic patients select menus and diets which will be beneficial to them.

**Vitamin Therapy**

Notwithstanding his recommendations, the dentist is not always able to supervise his patient's diet as closely as he would like, so that the soft or semi-soft diet which the patient chooses is not lacking in some of the important nutritional elements. To make certain that the patient receives at least the daily minimum requirements of the essential vitamins, I generally prescribe a multivitamin in prophylactic dose for at least one month following the insertion of dentures. The majority of multivitamin preparations on the market consist of tablets
time, in any instance, where the type of treatment is other than that which he himself chooses to render."

**Difficult Conditions**

Ability to practice his profession under the most difficult conditions is another factor that distinguishes military dentistry from civilian dentistry. "Military situations in peace and in war are too varied to attempt to specify the manner in which the dental officer will accomplish his mission in any given circumstances," General Snyder points out. "It suffices to say that the locale might be anywhere: from a secure location in the Zone of the Interior, with elaborate equipment and facilities, to one in some far off primitive location under climatic conditions which may vary from the tropical to the severe arctic, and with a minimum of equipment available. It can be far from even the sound of enemy weapons, or it may be under the direct range of enemy fire. In any of this multitude of possible conditions, the military dentist must be prepared to offer his professional services to the utmost of his ability. He must assume his place in the health and welfare team under all circumstances, and never lose sight of his basic mission of keeping personnel under his jurisdiction as free as possible from dental and oral disease, and effectively institution treatment measures for the injured."

**Improvisation**

General Snyder emphasizes that the military dentist has a responsibility to project himself into any military situation and to make his presence apparent to the troops for whom he has a professional responsibility. "This may present a problem of establishing a suitable, though not necessarily adequate, working location and equipping it with whatever may be available. This implies that conditions are often far from favorable and that much improvisation will be necessary. Serious thought and proper vision can compensate for many equipment and instrumentation deficiencies. We must keep in mind that even in the absence of equipment, we have a professional obligation to fulfill. Ingenuity and resourcefulness are necessary and frequently required."

**Available Everywhere**

Military dentistry is little different in its professional and technical aspects from civilian or non-military dentistry, General Snyder says, but the factors that govern the practice of military dentistry are different from those that fashion private practice. He lists the military-dentistry factors as: "Military dentistry must be so regulated and managed in any military situation that it will be made available wherever our forces may happen to be located. It should be of such a scope as to prevent suffering and assure a minimum loss of duty time by our troops, with regard to the strategic situation. The training of personnel, both professional and sub-professional, the proper assignment of personnel to assure the full utilization of each individual's talents, and provision for suitable working locations with the best available equipment."

With a sincerity that moves his listeners, the top military dentist of our time says quietly but convincingly: "Our objective in every instance must be to provide the best possible care for the greatest number within any given time and in any given situation. I believe the Dental Corps is doing exactly that."

The fourth and concluding installment in this series, to be published next month, will deal with Army dental officers in peace and war.

---

**Suggestions to Patients**

To help them overcome their initial difficulties in sucking, chewing, swallowing, and speech, patients are advised to follow a few common-sense measures which may vary with the situation but are usually effective.

1. **Thiamine hydrochloride**: This is a water-soluble vitamin that is essential for energy production. It is important for the proper functioning of the nervous system and the heart. Patients are advised to take a daily dose of 50 mg, three times a day, or as directed by their dentist.

2. **Riboflavin**: This vitamin is essential for the proper functioning of the eyes and skin. It is also important for the production of red blood cells. Patients are advised to take a daily dose of 30 mg, three times a day, or as directed by their dentist.

3. **Niacinamide**: This vitamin is essential for the proper functioning of the digestive system and the skin. It is also important for the production of red blood cells. Patients are advised to take a daily dose of 900 mg, three times a day, or as directed by their dentist.

4. **Vitamin B complex**: This is a group of eight vitamins that work together to support the body's metabolic processes. Patients are advised to take a daily dose of 1 mg, one tablet a day, or as directed by their dentist.

5. **Vitamin C**: This vitamin is essential for the proper functioning of the immune system and the skin. It is also important for the production of collagen, which is essential for the proper functioning of the skin and connective tissue. Patients are advised to take a daily dose of 100 mg, three times a day, or as directed by their dentist.

6. **Vitamin D**: This vitamin is essential for the proper functioning of the bones and teeth. It is also important for the proper functioning of the immune system. Patients are advised to take a daily dose of 1000 IU, three times a day, or as directed by their dentist.

---

**Conclusion**

The concept that the practice of dentistry is not necessarily restricted to the oral cavity is now generally accepted by both the practitioner and the layman. In the newer view, the dentist treats the individual, not just the tooth. This trend is evident in the field of prosthodontics. The dentist who does not see beyond the dental cavity has not fulfilled the basic need for which the patient sought denture service. By recognizing that the problem of adequate nourishment exists for the denture patient and by taking those measures necessary to meet the problem, the dentist will not only contribute to the present well-being of the patient but will also have much toward achieving ultimate patient satisfaction.
The 1954 Income Tax Code allows a dentist, as well as other individual taxpayers, an additional month of grace in which to file his income tax return. This, however, may be a dubious blessing precisely because it pushes further into the future the day of reckoning after year-end. There is grave danger that dentists will be even less disposed than in the past to think about their impending tax bill in the period immediately prior to the tax year's end.

Yet, from the standpoint of effecting possible tax reductions, the individual income tax return and the facts upon which it will be based should be given top priority before the year closes. Many of these facts during this period are in the making and may be shaped to result in tax savings. After year-end, the facts are made and, assuming all are reflected in the return, are not subject to alteration. Purely by chance, a dentist may have effected tax savings: more likely, by failing to analyze his tax problems before the facts are made and, assuming all are reflected in the tax return, are not subject to alteration.

On the other hand, an established dentist with considerable income subject to tax—possibly in higher brackets—may be less interested in collecting every last dollar because these are the dollars subject to tax. On the other hand, the potential income is allowed to go uncollected until the ensuing year, if with some of that year's mounting professional earnings, will, very likely, be subject to tax.

For example, a young dentist with limited professional earnings may be warranted in making every effort to collect for services during this period to increase his income. This is sound, tax-wise, if the dentist has exemptions and deductions exceeding his net earnings. Thus, he can have some additional income and still pay no income tax. On the other hand, if this potential income is allowed to go uncollected until the ensuing year, it, with some of that year's mounting professional earnings, will, very likely, be subject to tax.

By making a "dry run" income tax return before the end of the year, a dentist may be pleasantly surprised to discover that he has one or several alternatives which will either increase or decrease his tax bill, depending upon how he exercises these choices.

However, in equating these alternatives, it cannot be stressed too strongly that a dentist must have all of the facts before him before electing a choice. If some of the related facts are missing, or not taken into consideration, the wrong choice may be made.

Here are some of the principal choices a dentist may have:

**Professional Earnings.** Professional earnings, of course, are a starting point in making a dry run income tax return. These earnings are already largely determined for the year, with a close estimate being possible for the remaining weeks—or days. If credit is a factor, a dentist may either redouble his efforts to collect elections during this final period of the year or, more likely, be less zealous in this direction. (Parenthetically, tax angles may explain the reluctance of some patients to pay before year-end while others wipe the slate clean)

**Professional Expenses.** Allowing professional earnings, of course, are a starting point in making a dry run income tax return. These earnings are already largely determined for the year, with a close estimate being possible for the remaining weeks—or days. If credit is a factor, a dentist may either redouble his efforts to collect elections during this final period of the year or, more likely, be less zealous in this direction.

A half-century ago there was no Dental Corps: the Army had thirty contract dental surgeons who were accorded the privileges of officers and wore the Army uniform but held no rank. The Corps commissioned its first officers forty-four years ago, in 1911, when Congress authorized its establishment as a part of the Army Medical Department. During World War I the Corps was granted all the rights and privileges, as well as the commensurate rank, of the Army Medical Corps. Since then the largest number of dental officers on duty at any one time was 15,292, in November, 1944.

**Rapid Patient Turnover**

He cites as one illustration the problems of dental treatment presented by the Army's exodus of surplus personnel, the patients of the military dentist. "We cannot hazard being without dental personnel qualified to deal with all phases of treatment and sufficiently versatile to be capable of extending treatment beyond that commonly coming within the limits of their previous experience," he says. "This is in sharp contrast to the civilian situation in which the dentist practices in a fixed location and is able to refer a patient to some other established source of treatment at any moment a case may arise."

**Military Dentistry**

All of this outlines the expanding form of a relatively new dental specialty—military dentistry. Perhaps the most prominent of all military dentists is General Snyder himself, a pioneer with approximately four decades of dental service within the framework of the military economy. He speaks of his specialty with the authority, precision, and clarity of one who is master of his subject:

"The basic mission of military dentistry, the absence of certain economic factors affecting civilian dental practice, the age group of the major portion of our military patients, the varied circumstances and situations under which dental treatment must necessarily be accomplished, and other elements peculiar to the military service—all these factors dictate certain differences between military dentistry and civilian dentistry. Although the dentist in civilian clothes and the dentist in uniform share a common goal—that of providing the best possible dental service for those whose dental health is the responsibility of each—and although the same high professional standards govern the performances of each, the varied and widely changing conditions existing in the military service present problems in achieving this goal which are not encountered in a non-military dental practice."
The Army Dental Corps
by Joseph George Strack
(The third of four installments)

The previous installments in this series indicated that the Army Dental Corps has one of the largest adult dental practices in the world and constitutes the largest staff of dentists and auxiliary personnel in existence. The impact of these dental services upon millions of our young men and women is tremendous, fashioning oral-health patterns that may exist for decades to come.

The impact upon the dental profession will probably be no less substantial.

Redecorating and repainting the office. Unless the landlord is responsible for the appearance of a dentist's office, a dentist may well consider the tax wisdom of repainting the office before year-end. Painting and repair work is deductible in the year done and paid for. This, of course, is not true of capital items, such as a new addition to a dentist-owned office building, furnishings, or equipment, which must be depreciated over the useful life of the asset.

However, if new equipment is contemplated in any event, a dentist might as well make such an investment in December as to wait for the new year. He will still be able to take one month's depreciation in the 1955 income tax return, ensuring a full year's depreciation the next year.

Rental income. The foregoing observations in respect to professional earnings are equally valid in regard to rental properties or other income sources which involve expense outlays. If, from various sources of income, a dentist is in the 30 per cent tax bracket, deductible expenses incident to income from any source reduce the income by the amount of the outlays. This results in a tax saving of $300 on each $1,000 expended.

Capital gains and losses. If a dentist has taken a capital gain during the year, he may well survey the possibility of taking a capital loss after first satisfying himself the loss is inevitable in any event and that he cannot recover by holding on to the asset.

Reporting deductions versus the standard deduction. After year-end it is largely a mechanical choice to determine whether to report deductions or take the standard deduction. Before year-end, however, it may be possible to increase the sum total of these deductions so that a tax saving can be effected by reporting these deductions. As an example, a dentist has $7,500 of net professional earnings and other income. He is entitled to a standard deduction of $750, which happens to be the exact amount of his deductions if he itemizes them.

However, armed with this information, the dentist looks around to see how he can increase these deductions. He pays a physician, although previously he had planned to pay this bill in January. Next he pays some property taxes and interest on a mortgage. He also pays a prescription bill at his druggist. All these items now exceed the amount excluded from deduction, he has a daughter fitted with new and needed glasses. He pays a prescription bill at his druggist. All these items exceed the amount of the standard deduction. Finally, he honors a charity pledge before year-end.

Or, conversely, another dentist calculates that no matter how many obligations he meets before year-end that are deductible, these will be less than the standard deduction. So, he postpones payment on these until the new year in the hope these, together with other deductions during the new year, will exceed that year's standard deduction.

Deduction Qualifications. A dentist's negligence may rule out claiming a dependent because he has failed to observe the "over-one-half" rule in respect to support contributed. The dentist may contribute as much in 1955 as in earlier years and be barred from taking an exemption because the dependent's greater earnings exceed the amount contributed by the dentist. If there is only a narrow gap, a dentist can close this before year-end by increasing his contribution toward the dependent's support. An additional few dollars may qualify the dependent and be worth $120 or more in tax savings. Or, in consideration of the dentist's contribution, the dependent may reduce his own income in the remaining month, or both may be applied to remedy the situation.

If a dentist, together with others, jointly support a dependent, such as a parent, it is important that the "over-one-half" rule be observed. Those jointly supporting the dependent must collectively contribute more than one-half of the support. And, the person claiming the dependent must contribute more than 10 per cent of the support. From this it can be seen that only a few dollars of additional support can mean the difference between an exemption and none.
Part XII

A Pictorial History of The

by Curt Proskauer, D.M.D.

(Closing installment in a series)

The one dental extraction that most profoundly affected suffering mankind was performed on December 19, 1844, in Hartford, Connecticut. The dentist was Doctor John M. Riggs, whose name was later associated with pyorrhea alveolaris in connection with his special treatment. On that fateful day he extracted a molar from the mouth of his colleague, Horace Wells. The extraordinary thing about this history-making operation was that Wells felt no pain; as the story has it, after the extraction he exclaimed prophetically: "A new era in tooth-pulling!"

What happened? How had it been possible to extract a tooth without the usual exerting pain, without the patient's even being conscious that an extraction was taking place, though he happened to be a dentist himself? The miracle was the result of the so-called "Laughing Gas Frolic," since a popular amusement among youngsters, as well as of details of laborious research by scientists known neither to the dentist who extracted the tooth nor to the dentist who was his patient.

Scientific milestones leading to the momentous extraction were Joseph Priestley's discovery of nitrous oxide in 1772 and the publication, in 1800, of Humphry Davy's Researches, Chemical and Philosophical, Chiefly Concerning Nitrous Oxide. Davy was the first to recognize that "the thrilling and the pleasurable feeling continued for many minutes" and that the chemical had anesthetic qualities. He writes in his book: "The power of the immediate operation of the gas in removing intense physical pain, I had a very good opportunity of ascertaining. In cutting one of the unlucky teeth called dientes sphenitis, I experienced an excessive inflammation of the gums, accompanied with great pain, which equally destroyed the power of repose, and of consistent action. On the day when the inflammation was most troublesome, I breathed three large doses of nitrous oxide. The pain always diminished after the first four or five inspirations; the thrilling came on as usual, and unawares was for a few minutes,

swallowed up in pleasure... As nitrous oxide in its extensive operation appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place." Forty years after this vivid description, Wells attended a lecture on chemical phenomena given by an itinerant showman-chemist, Gardner Quincy Colton, who persuaded some members of the audience to come up to the platform and inhale the "laughing gas fumes" through a tube from a closed bag. Wells observed that some of the participants, staggering from side to side like drunkards, bruised their legs when they bumped into the benches on the stage but felt no pain until they returned to full consciousness. It occurred to him that this magic gas, which seemed to eliminate pain, could be used for tooth extractions since he himself was going to have an aching tooth pulled, he asked Colton to bring a bag of nitrous oxide to his office the next day and help administer the gas during the operation. Sitting in the dental chair, the bag in his lap, Wells inhaled the gas and Doctor Riggs extracted the tooth when Wells had lost consciousness. This painless extraction

Mother said, "Nick, I'm sorry. But Harry!" Harry howled and, with his jaw all swollen, said to Mother, "I certainly do thank you, Angel!"

"He's drunk," Nick said. "Why did you bring him here?"


"You keep out of this," Nick said. "Who wanted to decorate the kid's tree anyway?"

Harry huddled in, reading from a paper. "Says--'Refrain from opening mouth and talking, boy.'"

Mother made Harry sit down. "I said I'm sorry, Nick. Emergency arises--even on Christmas Eve. Didn't Hannah entertain you?"

"Nooit," Nick said and Hannah waited breathlessly for him to tell them what a swell job she'd done.

He continued, "Did you ever listen to the angels--for two hours!"

He sounded dreadfully disgruntled. Hannah gasped.

Why, he was telling what Mother's present was! So she said real loud, "It was on the radio."

Nick glared and said, "We were feasting on mashed potatoes and water when you so happily arrived with this character."

Why he thought she was a flop! She ought to kick his old shins.

Harry came up. "Then no way to talk to angles--angels--Nicky boy."

Mother pushed him toward the sofa but he wobbled back to Nick. "You too good for mashed potatoes? After all Hannah's work? I ought to taste you."

Mother went to the dining alcove and when she came back her brown eyes snapped and she said to Nick, "Get out, you, you--!"

"Viper, Henry mimicked.

"He's going," Nick yelled. "And Merry Christmas. Ha!"

Harry kicked the door shut and fell, groaning, on the sofa. A Christmas tree branch stretched over him and nearly touched his head.

Mother went away and Hannah sat there, tears slipping down her cheeks. She'd done it again and they'd have to start all over! There was only one solution. The HOME.

Mother brought the ice pack for Harry's jaw. She stayed bent over a long time and Hannah got her tears dried and fixed to explain about the HOME.

Then Mother leaned over to kiss her and Hannah saw tears in her eyes. "What's wrong with this one, Baby?"

Then Mother giggled and nodded toward Harry. "Maybe we've even got to a father--right under the Christmas tree!"

Hannah nearly fell from her chair. Bogeyed, she watched Mother tossing the refreshments.

"Why this is delicious," she praised. "Much, much better than ice cream."

"Of Checks and Balances"

"A new era in tooth-pulling!"
Ten-year-old Hannah hunged down the telephone, her reddish braids flipping and her eyes sparkling blue fire. Christmas Eve! Mother, who was a dental nurse, had said, "We're having trouble with Harry's roots and I'll be late. Do entertain Nick, and Honey—be a lady."

The nurse's voice caused Mother to start. She turned toward Mother, who looked like a lady should.

"Bob!" she yelled, "What a squiffy idiot you had there!"

It didn't cheer him either. Desperately she asked, "Bob, who was a lady?"

"Why, Helen Mitchel," her mother supplied.

"Oh, dear! She oughtn't to have said Harry's father enough. Every time they nearly settled on one, she, Hannah, somehow gummed up the works. Nick was the closest they'd come so she'd better be careful." Once she almost asked Mother to put her in a HOME. But that would be terrible. Especially at Christmas.

Mother's voice caused her to relax. At the suggestion of her teacher, the physician and chemist Charles T. Jackson, he used ether, which Jackson thought less dangerous than nitrous oxide. By the incantations breathing of ether vapor, a man was thrown into a lethargic condition, with a few interruptions, lasting for thirty hours.

Doctor William Thomas Green Morton, the Boston dentist, for a very short time partner in the dental practice of his friend Wells, undertook the practical application of this new method. Perhaps encouraged by Wells' success with nitrous oxide in operations, Morton tried his luck with anesthesia. At the suggestion of his teacher, the physician and chemist Charles T. Jackson, he used ether, which Jackson thought less dangerous than nitrous oxide. Nearly two years after Wells' extraction, Morton pulled a tooth without "the slightest pain" by means of ether anesthesia. Half a month later, on October 16, 1846, in the surgical amphitheater of the Massachusetts General Hospital in Boston, before medical students and the most famous physicians and surgeons of Boston, he most successfully demonstrated the efficacy of his "new" anesthesia. He gave it the mysterious name "Leiheo" and obtained letters patent, but in fact it was simply ether. Morton's public demonstration is regarded as the most remarkable event in the history of anesthesia.

The friends Wells and Morton became arch enemies, since each claimed credit for the discovery of anesthesia (the term was coined by Oliver Wendell Holmes). Galton, Jackson, and others also claimed priority and the $10,000 which the Congress of the United States was to give the discoverer in token of the nation's gratitude. The screams of tortured men were stifled by Wells' and Morton's achievements, but the discovery of ether was also accompanied by a new use in dental science.

Wells, discouraged by increasing difficulties, committed suicide; Morton, after suffering years of attack, and having his penis die in miserable circumstances, penniless. Thus ended the unfortunate "ether controversy."

In 1841, forty years after the discovery of general anesthesia, the Viennese physician Carl Koller introduced cocaine for local anesthesia, and a year later the Baltimore surgeon William Stewart Halsted developed the method of nerve-blocking with cocaine solution for minor surgical operations. A new era had opened.

Dentistry—Nineteenth Century—No. 2

Under anesthesia demonstrated to the world for the first time that the inhalation of nitrous oxide could eliminate physical pain.
OUR DENTAL SUPERMARKETS
Of all the patients that beset me
The ones I think are "toppers"
Are those who come, then promptly forget me—
Those ever-with-us "shoppers!"

Alvin A. Shure, D.D.S.

CLOSE UP
If some power
The guiltie give us,
To see ourselves
As patients see us;
One thing the sight
Would guarantee us,
"Would from conceit
Forever free us!"

Ethel Willis Hewitt

THOUGHTFUL DENTIST
The lady who’s "too poor" to pay
Her bill should stop to think
Before she lets the thoughtful doctor,
Assist her with her mink.

Nancy Talbert

"IF YOUR DENTURES ARE HERE, PERHAPS I CAN ARRANGE A PREVIEW."

"CALL MR. KARLOFF AND TELL HIM HIS PLATES ARE READY."

"I'LL FEEL REAL GOOD OF A MORNING UNTIL I GET TO ASKING MYSELF, 'AM I KEEPING ARREST OF ALL THE LATEST DEVELOPMENTS?""

"FRANKLY I DON'T THINK I COULD STAND THEM TWICE A YEAR."

"WELL, MR. KARLOFF, YOUR PLATES ARE READY."

"YOU WERE RIGHT TO AMUSE MYSELF, I'M KEEPING ARREST OF ALL THE LATEST DEVELOPMENTS!"

EXTRACTION SATISFACTION

Peking Radio has reported that Chinese scientists have found two more teeth of Peking Man, who lived on earth about 500,000 years ago—"Cap't's Weekly," January 4, 1955.

The doctors of science
Who place their reliance
On discoveries made inside the ground
Are often excited
As well as delighted
By the singular wonders they’ve found.

The skull of some Yorrick
Of some prehistoric
And never quite datable time
Is sought out for data
In strata on strata
Of rock in clime after clime.

Sign of scale, hair, or fur
Will create a great stir,
Likewise the construction of bone.
They get closer to truth,
Teeth after teeth—
(Their profession resembles my own!)

How fine if the shape
Is more man than ape!
The ponderous alluvium can
Yield them only more fame
If the doctors can name
The creature as more ape than man!

Now I find each day
(In a state of decay)
Teeth you could hardly call human!
Yes, I track down old bone
With a diligence known
To the (possibly extinct) ichneumon!

And though I do not rate
With the scientists great
Who also find old teeth, no doubt
We're alike in one thing:
Main Street or Peking,
We both have to dig the teeth out!

Martin Garland

"FOREHEAD."

"Call Mr. Karloff and tell him his plates are ready."

"Frankly I don't think I could stand them twice a year."

"Merry Moods" by Ethel Willis Hewitt.

"Thoughtful Dentist" by Nancy Talbert.

"Extraction Satisfaction" by Martin Garland.