EYPT AND ASSYRIA
Throughout 1955 TIC will feature
a Pictorial History of Dentistry on its
covers. Each month will depict an era of
early dentistry and will be amplified by
a picture-story in that issue.
Our first cover borrows from the Egyptians
and Assyrians. The portrait shown on this
page is of Hesi-Re, a dentist who lived in
the Third Dynasty about 3000 B.C. The
stylized rendering on the front cover is
adapted from an Assyrian statue which dates
back to the seventh century B.C.

TIC is sent to you with the
compliments of your Ticonium Laboratory
The Schools of Dentistry and Medicine at Georgetown University.

WASHINGTON, D.C.: One of the major reasons that the American people have maintained relatively good dental health has been the training dental students receive from Schools of dentistry throughout the Nation. One of these schools is Georgetown University School of Dentistry, which prepares the future dentist with a well-rounded education in his chosen field. Equipped with all modern appliances, knowledge, and know-how, Georgetown graduates have distinguished themselves in all branches of dental health.

Prosperity—1955 Model?

My colleague, for your happiness,
Your prosperous and bright success,
The coming year, I'd elect
Patients who are perfect.

I draw you one who will agree
To have work done on days you're free,
Who doesn't mince or hesitate
'Twixt hours four and one and eight.

I paint one who comes in on time,
Who promptly to the chair will climb
When you crook your finger; one who, not dumb
This likely fellow will entrance
You with his "open countenance";
His mouth has nothing to conceal;
His nerves are made of iron and steel.

His breath is like the lily, rose.
(He has a short or upturned nose).
And he can hold his jaws so wide
For hours while you work inside!

When you have finished and you say,
"That will be all now for today,"
He leaves the chair; he doesn't hold
It till all the latest gossip's told!

Ah, he's a jewel—this one I give!
He pays his bill, so you can live!
He thinks you are the best of guys!
In straight procession to your door
Except this article in TIC's special series, Operative Dentistry, which every practitioner will read with profit

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Opinions expressed by contributors to TIC magazine do not necessarily reflect the views of the publishers.

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Exclusive!

A Pictorial History of Dentistry
by Curt Proskauer, D.M.D.
Curator of the Museum of Dental and Oral Surgery, Columbus University, Medical Center

Part I—Prehistoric, Egyptian, Assyrian

Since we know from prehistoric findings of bones and teeth that diseases of the teeth and jaws are among mankind's oldest afflictions, we can assume that even in remotest antiquity people tried to cure these ailments. Their methods of treatment certainly bear no resemblance to what we call "dentistry" today; they consisted rather of simple magic or ceremonial acts combined with application of herbs and wild-growing plants to alleviate pain, and later on, tooth-pulling.

It is possible that the toothache sufferer sometimes "filled" or let somebody else "fill" a cavity tooth by stuffing some vegetable or animal substance into the cavity, since he had learned from distressing experience that cold or hot air, fluids, or foods pressed into the hollowed tooth during mastication caused intolerable pain. The tooth healers were also the priests, since he had learned from his own self that Bob is home because he needs the rest and not because I have thought up a lot of work for him to do.

In the very early culture of Egypt, even before the reign of Cheops, whose recently excavated solar ship has created such a sensation, we find not only the name but also the portrait of a dentist, Hesi-Re, bearing the court title "Chief of the Toothists and Physicians." This fact was not recorded in literature until twenty-five hundred years later, in the fifth century B.C., when the great Greek traveler and "Father of History," Herodotus, wrote: "The art of medicine is divided among the Egyptians: each physician applies himself to one disease only, and not more. All places abroad in physicians: some physicians are for the eyes, other for the head, other for the teeth, other for the parts about the belly, and other for internal disorders."

From archeological evidence we now know also what kind of dentistry these early Egyptian dentists practiced during their mastication. They were not limited to their cavities, since he had learned from distressing experience that cold or hot air, fluids, or foods pressed into the hollowed tooth during mastication caused intolerable pain. The tooth healers were also the priests, since he had learned from his own self that Bob is home because he needs the rest and not because I have thought up a lot of work for him to do.

Four dental wives spent an afternoon together recently, and the principal topic of conversation was the well-being of their husbands and the health of all dentists as well. All four were aware of the many hazards in their husbands' profession and felt that dentists who had passed their fourthtieth milestone and were approaching fifty at a rapid pace should begin to slow down slightly and take better care of their health.

Julia started the conversation, as Julia usually does. "I think dentistry is one of the most difficult and nerve-wracking of all professions, don't you?"

"I certainly do," Blanche agreed instantly. "If we women had to stand on our feet all day, and work on nervous people, we would feel terribly abused. When John comes home and says, 'My feet are killing me,' I gently steer him toward his big chair with the ottoman, and don't even hint that I would like to go to a movie that evening."

"Don't you feel that we women could help more than we do?" asked Louise. "When our husbands have a day away from the office, far too often we have a long list of household jobs for them to do. I really try to use my self-control and remind myself that Bob is home because he needs the rest and not because I have thought up a lot of work for him to do."

Anne made a wry face. "What do you do if he insists on taking on some outside project like pruning the top branches of the fruit trees, putting new shingles on the roof, or painting one of the rooms? I don't feel that it is his work entirely which wrecks a dentist's health but rather his many outside activities in addition to a difficult profession. Most dentists are skilled in so many things that they insist on doing jobs which should be left to others."

"Personally, I would much rather the roof leaked or the house fell apart at the seams if I could have a relaxed, healthy husband. I am never happier than when Pete is lying flat as a foundered on the sofa with a drink in one hand and a book in the other."

"I still think it is partly our fault," insisted Louise. "So many wives want their homes to be the last word in expensive elegance, and long to keep up with the social whirl no matter how late they get to bed at night or how early their husbands first appointments are in the morning. We all have to make adjustments as we grow a little older, and to realize that it is far better to have good health and a longer, more peaceful life together than to move at a hectic pace with often tragic results."

"But you can't hover over a man," Julia wailed. "Nor can you nag at him to take care of himself. That just doesn't work."

"Heavens, how serious we are," Anne laughed. "You would think that all our husbands were on the verge of complete collapse, instead of being four rather sturdy gentlemen."

"And good hungry animals as well," cried Julia, looking with alarm at her wristwatch. "Girls, it is nearly five o'clock, and my dentist will be home for dinner almost before I get there myself. After all my beautiful ideas for Pete's comfort, I fear his dinner tonight will have to be a hurry-up affair out of the freezer."

"Wouldn't our husbands laugh if they knew how concerned we have been about these women's courses?" Louise said, rising.

"As least they would know we were genuinely interested in their welfare," replied Blanche, finding in her bag for her car keys. "After all, isn't that what every husband wants in a wife?"
In pursuing through our notes, we've come across a story we heard in London last year that somehow escaped our attention until now. It's an old story that probably has lost some of its significance but must have brought on the guffaws when the British National Health Plan first went into operation.

A patient in need of some dental work went to a government-sponsored dispensary and upon entering found two doors marked "Male" and "Female." He walked through the door marked "Male" and found himself in another room where he was again confronted by two doors, this time marked "Over 21" and "Under 21." He walked through the appropriate door and once more found himself in a room that had two doors. These were marked "Married" and "Single." He walked through the door marked "Married" and found himself in another room, this with two doors marked "Conservative" and "Socialist." He walked through the door marked "Conservative"—and found himself in the street.

A young dentist had just opened his office when his first patient, a stranger, entered. The dentist greeted the man and then excused himself and walked over to the phone and attempted to give the impression that he was continuing an interrupted conversation: "Yes, this is Doctor White...yes, I'll expect you at three. That's right, the jackets will cost about $400." With that he hung up the telephone and, with a smile, addressed the stranger.

"Now what can I do for you?"

"Nothing," said the man, "I've just come to install the telephone."

Here's a little story we read in a booklet put out by the National Research Bureau and we'd like to end our New Year's edition of Angles and Impressions with it.

A dentist, who was new in the community, replied to a dinner invitation. His reply, in the form of a letter, was absolutely illegible to his prospective hostess.

"Why, I don't know if he accepts or refuses" said the disturbed woman.

"If I were you," suggested her husband, "I'd take it over to the druggist. He can read any doctor's writing, no matter how badly it's written."

His wife followed his advice. The druggist looked at the piece of paper carefully. Then he went into his dispensary. A few minutes later he returned with a bottle, which he handed over the counter.

"There you are, madam," he said gravely. "That will be two dollars."

Happy New Year!
Discovery of Gizeh

We also have proof that surgical jaw operations for the evacuation of pus had already been undertaken in Egypt at this early date. A mandible discovered in the famous burial ground of Gizeh, built around 3750 B.C. by the second ruler of the Fourth Dynasty, Cheops (frequently mentioned in recent archeological reports), shows two artificial drill holes made for the purpose of draining an abscess under the first molar.

An Assyrian clay tablet with "The Legend of the Tooth Worm"

(around 3600 B.C.), are of the utmost importance for the history of dentistry, especially the development of retentive prosthesis. These teeth, the second and third lower left molars, are most artfully fastened together with a gold wire around the gingival margins. The second molar shows extreme absorption of its roots, so that it had to be held in place by attachment to the third molar, with its strong roots. This appliance is the oldest extant specimen of dental prosthetic work.

Toothpicks Used in 3500 B.C.

Also from the lower Euphrates comes the oldest known gold toothpick: it belongs to the first known toilet-set, consisting of pick, tweezers, and ear-scoop, worn as a servital accessory and kept in a richly decorated conical gold case. This toilet set, discovered in a king's tomb built about 3500 B.C., proves that toothpicks were used more than fifty centuries ago and in all likelihood long before, since such a combination of instruments and their highly artistic execution give evidence that an advanced stage had been reached in the development of this implement.

February Tic—Part II

Classification of Cavities

(From Operative Dentistry)

Class I—Cavities beginning in structural defects in pits and fissures.

Class II—Cavities in the proximal surfaces of bicuspids and molars.

Class III—Cavities in the proximal surfaces of incisors and cuspids which require the removal of the incisal angle.

Class IV—Cavities in the proximal surfaces of incisors and cusplids which require the removal of the incisal angle.

Class V—Cavities in the gingival third of labial, buccal, and lingual surfaces.

Principles of Cavity Preparation

"In the preparation of any of these five classes of cavities, the steps in cavity preparation should be constantly borne in mind and should be performed in orderly sequence," Operative Dentistry states. These steps consist of (1) obtaining the outline form, (2) obtaining the resistance form, (3) obtaining the retention form, (4) removing the caries, (5) finishing the enamel walls, (6) performing the toilet of the cavity.

Frequently it will be impossible to separate each of these procedures. For instance, obtaining the resistance and retention forms is usually accomplished at the same time and with the same instruments, and in smaller cavities the removal of caries is usually automatically accomplished incidentally to the preparation of the resistance and retention forms. However, in spite of the frequent overlapping of the various steps, they should be constantly in the mind of the operator throughout the procedures incident to the completion of the operation.

Instrumentation required to accomplish these steps have always been subject to much discussion. Some men favor more use of chisels and other hand cutting instruments while others feel that a bur or stone will do it better and faster. Some rely as much as possible on diamond stones and discs. Again it becomes a matter of personal preference.

In connection with this, an interesting paper by Doctor Edmund V. Street was published in 1953 concerning the effects of various instruments on enamel walls. The following is taken from the summary of his investigation:

"The sandpaper disc produced the smoothest finished surface. The fissure burs did not nick the enamel nearly as much as the mounted carburoxide stones. The grooves left by the carburexide and diamond discs were quite prominent. Indentations, made when sharp chisels were used, did not confirm the hypothesis that a smooth surface on the enamel wall of a cavity can be produced by such instruments."

BIBLIOGRAPHY


THE CLOWN

A p ox on that patient who thinks him a wit

And regales you with boredom far into the night,

Repeating old chestnuts and stories, to wit:

"They say that you're painless"—

And then takes a bite!

A. A. Shure, D.D.S.
Extension for prevention is the basic concept of cavity preparation today. Although modified somewhat in the light of modern thinking, since it was first enunciated by Doctor G. V. Black many years ago, it still stands as the most important principle involved in the preparation of teeth to receive a restoration.

What is meant by extension for prevention? Certain areas of the tooth surface are susceptible to decay while others are relatively immune. It is important to include the susceptible areas within the cavity margins. The intentional cutting away of sound tooth structure to carry out this principle is known as extension for prevention.

In cutting a lower first molar, for instance, for a pit cavity in the central fossa, it is important to cut out all fissures leading into the cavity even though they are not decayed. These fissures or grooves are areas which are susceptible to future decay and should be included in the cavity preparation.

Another example is an interproximal cavity on a posterior tooth. In such cases it is not sufficient to reach the cavity and merely remove decay. It is important to increase the size of the cavity intentionally until it is carried out of contact with the adjacent tooth. This, again, involves purposeful cutting of sound tooth structure. This is extension for prevention.

So much for the basic principle. Now for some of the modifications. From the American Textbook of Operative Dentistry:

"The principle of extension into an immune area for prevention should be followed as a principle and not as an exact rule of procedure, since there are many modifying factors which make it desirable or impossible to carry the cavity margins into immune areas. Age of the patient, susceptibility to caries, relative position of the gingiva and proposed cavity preparation, alignment of the teeth, habits of oral cleanliness, mastication, and oral health are some of the factors that are involved in determining the cavity margins.

And this from Operative Dentistry:

"Cavity margins may be placed in immune areas by separating the teeth and building up to full contour; thus drawing labial or buccal, and lingual

What do the next ten years hold in store for the American dentist? What can we expect of dentistry by 1965? To answer these questions, let us try to imagine what the United States will be like in 1965—impossible as those basic factors that affect dentistry are concerned. Excluding any catastrophic hydrogen-bomb war, our population will continue to expand. The population of the United States reached a high of 162,000,000 in June 1954; by 1965 it will probably swell to about 180,000,000—the basis of a calculated increase of 2,700,000 per year. Obviously, for the dentist that will mean an increase of what business people refer to as the "consumer market" or the "patient potential."

Increase in Dentists

Naturally, we can expect an increase in the number of dentists in the next decade also, but proportionately the increase will be much smaller. For example, the Bureau of Economic Research and Statistics of the American Dental Association reports that while there were 76,000 active dentists in 1944, by 1954 there was an increase of 8,000 dentists, including the 1954 graduates. That increase, larger than any previous ten-year period, stemmed from an expansion of dental educational facilities through the establishment of four new dental schools since 1946.

However, if dentistry is to continue to meet the demands of a growing population it will have to increase its present number of schools, forty-three. Fully cognizant of this responsibility, definite plans are in operation for the establishment of a new school for the elderly patient but increase his ingestive pleasures, then an important contribution will have been made to this growing segment of the population.

With a tremendous growth in the number of children by 1965, plus expanded dental education, pediatric dentists will play an increasing part in general practice, and the number of men whose practices will be limited exclusively to children will be almost double the 327 that it is today.

Caries-Prevention Programs

The question of the increased number of potential patients is an interesting one. For, granted the fact that percentage-wise the dentist-patient ratio might remain constant in the future, it has been estimated that, if those who actually need dental care seek out a dentist, within the next five years alone we would need 153,000 dentists! However, it is safe to assume that the potential demand for dental care will never be met, for not all those who are in need of dental treatment will visit a dentist's office. We may also assume that the use of effective caries-prevention methods will influence the need and the demand for dental care. Nonetheless, the impact of any such program will probably
not be felt for many more years to come, and once dental caries has been effectively controlled, other dental defects will claim more of the dentist's attention: periodontic conditions, orthodontic needs, imbalance of occlusal forces, esthetic need for restoration.

In any future program of caries control, we can disregard the highly publicized dentifrices and look toward fluoridation. Today more than 22,000,000 people have access to fluoridated water. And it is expected that this program will continue to expand.

New Dental Equipment

So much for the future patient. What of the dentist's equipment? What changes can we expect in the next decade? As to appearance, the design of dental equipment will continue to be streamlined and clean-cut. The pastel colors have found favor among the majority of dentists and their light, pleasant, cheerful decor is here to stay. Perhaps the outstanding entry into the dental field during the last ten years has been the Airdental unit, even though its acceptance has not been as widespread as had been expected.

The general use of diamond stones requiring high speed engines has made new demands upon dental engineers. Last year a hydraulic-turbine dental handpiece with 61,000 r.p.m. was introduced and experimental work and research continues with water driven and ultrasonic handpieces. The Cavilon is the latest type of such a handpiece, reputed to be painless because it uses ultrasonic waves which cause vibrations that are so rapid they cannot be heard by the human ear. The drill vibrates 29,000 times per second and is used in conjunction with an abrasive cutting paste. There is no rotating, as such, in its action upon the tooth, but rather a piston-like action which the experimenters at Columbia University feel makes the new tool easier to handle and painless.

Another possibility is the operation of a dental unit with an atomic battery. It has been reported that atomic material has been converted directly into electricity experimentally; if an atomic battery may be used in 1965 to heat a home or operate appliances, why not in the operation of dental equipment?

Still another revolutionary change which we may expect in the next decade is a new method of taking radiographs. Researchers have radio-isotopes which act as a source of radiation similar to that produced by the X-ray machine. Therefore, it is

For a Dentist

For This Year 1955, I Resolve to:

1. Consider cleanliness—godliness—on my person, at my home, and in my office.
2. Keep abreast of new trends in dentistry and avail myself of all information concerning my profession, through journals, lectures, and meetings.
3. Maintain an open mind to criticism or suggestions, whether offered by patient, assistant, or other dentist.
4. Hold inviolate the confidences of my patients, regarding my work for them, their financial ability, or any other confidential matter.
5. Come to the aid of any person—patient or not—regardless of race, color, or creed—whenever an emergency arises.
6. Take good care of my feet so their neglect won't be reflected in my work or personality.
7. Otherwise keep physically fit to enable me to counteract the strain of my work.
8. See that bills and reminders are sent out regularly.
10. Try to keep regular working hours for the benefit of my family, my assistant, and myself.
11. Be a human being, like all other members of his tribe in Africa, with a human heart. It is impossible to pronounce his mother tongue.
12. Remember, at all times, that my assistant is another person, a human being, deserving of respect, consideration, instruction, sympathy, and friendliness.
13. Keep my needles and burs sharp.
15. Be explicit with lab men when sending them instructions.
16. Be neither a flirt nor a prissy with men patients.
17. Keep my voice well modulated.
18. Have proper instruments in readiness—sterile and in their proper place—always.
19. Refrain from chewing gum, biting naps, or otherwise indulging in nervous, annoying habits.
20. Avoid advising patients about anything pertaining to the practice of dentistry, without first consulting the dentist.

Happy 1955!

For a Dental Assistant

For This Year 1955, I Resolve to:

1. Be clean about my person and keep the operating room clean—"above and beyond the call of duty."
2. Keep in touch with other dental assistants, through an organization, to exchange ideas and discuss things pertinent to our work which will help me to become a better dental assistant.
3. Try diligently to carry out instructions.
4. Never, except in an emergency, use the office phone for personal calls.
5. Be above reproach in my attire.
6. Do routine office clerical work without prodding.
7. Be a good listener—not a talker.
8. Be respectful to my employer—not too aloof, nor too friendly.
9. Avoid commenting on dental work of which I don't approve.
10. Be neither a flirt nor a prissy with men patients.
11. Keep my voice well modulated.
12. Have proper instruments in readiness—sterile and in their proper place—always.
13. Refrain from chewing gum, biting nails, or otherwise indulging in nervous, annoying habits.
14. Avoid advising patients about anything pertaining to the practice of dentistry, without first consulting the dentist.

Happy 1955!
Interdependence of Nations

"I have learned from my radio experience one of the greatest lessons that we Americans must learn—the importance of other nations to our survival," he says earnestly. "The central fact of existence today is this: No nation can stand alone. All of us are interdependent. Until all nations recognize and accept that fact, we shall have wars and aggressions."

On a pleasant farm near the California coast, Charles Stuart waits patiently and confidently for the time when he will again serve as a voice of freedom for a new, democratic China. He says grimly: "Hitler was not stopped at the Rhine, Mussolini in Ethiopia, or Tojo in China. But perhaps we have learned. We may stop Mao and Malenkov in Southeast Asia before it is too late."

DENTAL RHYTHMS

No other phrase
In any tongue
Has such a lovely Beat.
It sets me right
To tapping my
Infatuated
Feet.
The meaning doesn't
Matter, for I
Simply love to
Say:
"Extension for
Prevention of
Recurrence of
Decay!"

Anita Raskin

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ranged to construction of one of the finest long-distance radio sets in existence. He acted as consultant and supervisor while the Central Chinese Government constructed its radio-broadcasting facilities in Nanking.

He was fortunate enough to have an assistant, who later became his wife, to share his enthusiasm for radio and for the welfare of the Chinese people. During the listening post days able Acalia Stuart transcribed into typewritten manuscripts the records her husband made of the Chinese news broadcasts. These manuscripts were then telegraphed to hundreds of newspapers throughout the United States by the press wire services.

Doctor Stuart graduated from the University of Southern California School of Dentistry in 1924. He is well-known in the United States as an authority on gnathology, for he has given clinics and lectures on gnathological procedures in almost every major city in the Nation. For the last quarter-century he has been engaged in gnathological research with the distinguished Doctor B. B. McCol­ lum of Los Angeles.

Experience in the military establishment, with subsequent GI educational benefits, has caused many dentists to enter fields of dental specialization. Trepidation about relocating their practice, added experience in the "new" field of dentistry, and financial support from the government have all been persuading factors. Although there are no records available as to the number of dental specialists in 1945, in 1954 there were 2,747 dentists in a specialized field, a number which will no doubt increase considerably by 1965.

Ability to Pay for Dental Care

With all statistics pointing to an expanding population and with the American public's demands for dental care certain to increase at an accelerated rate in the future as a result of an increased educational program and the emphasis being placed on health standards in the military, the very big question is. What of the economic health of the country? Will the average American be able to pay for his future dental services? In the opinion of most economists, there is no need for pessimism, but neither is there any jubilant optimism. Perhaps the one word that can best describe the next decade is "caution."

A few economists have even gone so far as to offer the following advice for the next few years, at least:

(1) Don't make too many financial commitments.
(2) Stay out of debt.
(3) Collect the money owed to you.
(4) Keep in a "cash position."

Generally speaking, the Nation's expenditures for dental care has risen (and fallen, 1929-1955) with the national income. According to the Department of Commerce, the mean net income of independent dentists was $6,669 in 1944, while an American Dental Association survey for 1952 showed it to be $10,873. If the consumer continues to be careful about his spending, the next few years may see a slight drop or tapering off of dental incomes as dentistry is postponed because money is needed for taxes, time payments for automobiles and appliances, mortgages, and the high price of food.

Probably the most important single factor to shape the economic strength of our Nation will be the international situation. At present, there is every reason to believe that the number of military personnel will remain high for a considerable period of time. The continuation of a "defense economy" will bring many pressures to bear upon the average American, especially inssofar as the uncertainty of his financial security is concerned.

Of one thing we can be certain: the future of dentistry is tied in with the future of our country. With the "shadow of the mushroom" ever present, and with all of us cognizant of the devastation that a global atomic war could bring, it seems hazardous to predict anything. We can only have hope and faith, and trust in the future of our country and the world of men—and his desire to survive. Happy decade—1955-1964!
Dr. Charles E. Stuart—Amateur Radio Operator

by Joseph George Strack

Doctor Charles E. Stuart of Ventura, California, once was recognized as the world’s greatest amateur radio operator.

For nine years he acted as the official listening post in America of the Voice of Free China.

Before World War II he had contacted by radio 135 different countries and territories, a world’s record.

He learned the Morse code, by which radio operators communicate, when he was eleven years old.

The following year he started sending signals, and at age thirteen he received his first radio operator’s license.

In the final, fatal days of the Republic of China he sat at his radio set in Ventura early every morning to receive news of China that was broadcast to him from a cave in bomb-battered Chungking.

He was awarded the collar of the Order of the Brilliant Star for his "outstanding meritorious service to the Chinese people and government throughout the years of China’s resistance to Japanese aggression."

Following the fall of Manila, Hongkong, and Shanghai, his famed W6GRL was the only contact China had with the outside world. Through his radio efforts, millions of words were transmitted to American and Canadian radio networks. He became the greatest one-man news agency in history.

He operated a "radio mail service" between the United States and China, sending, gratis, messages for persons who could not otherwise communicate with each other.

A complete book, China After Five Years of War, was transmitted over his Chunking-Ventura circuit—the first accomplishment of its kind.

Doctor Stuart and his indispensable assistant—Mrs. Stuart.

Minister (of Information) Peng congratulating Dr. Stuart receiving the Special Collar of the Order of the Brilliant Star.

As early as May 1, 1942, he said: "China is the one solid battlefront we have on our vital Far Eastern flank, and we must maintain it at all costs if we wish to avoid a long costly struggle and keep our losses at a minimum."

With Doctor Stuart at the head of its local fundraising drive, Ventura raised more funds per capita for United China Relief than any other city in the Nation.

When Charles Stuart was a boy, he used to send radio messages across his native town of Ojai, California—at that time only a few blocks wide. Since then he had such experiences as listening to drums from the Belgian Congo and the cracking sounds of colliding icebergs off Franz Josef Land; contacting Howard Hughes in far eastern Siberia, while Hughes was making his round-the-world flight, and communicating with Admiral Richard Byrd's party on the "Snow Cruiser" in the antarctic; and speaking with an American Museum of Natural History expedition in the jungles of British Guiana, with an undercover agent in Addis Ababa, with a British Royal Air Force flyer in the Anglo-Egyptian Sudan, and with Anton Hapsburg, Archduke of Austria, in Vienna.

A Reporter of History

Via his radio, Charles Stuart has "visited" almost every country in the world, but no radio experience has been more important to him, and to the world, than his nine years' service as the official listening post in the United States for the Republic of China.

"I am proud of the part I played in helping to make it possible for the free people of China to maintain contact with the outside world, especially with the United States, during the years 1946-1949," he says. "Caught in the grip of unending war, convulsed by revolution and counter-revolution, the Chinese people have been subjected to blood baths, to brain washings, and to wholesale butchery. But the Chinese are an ancient and a wise people. They will rise again, when the devastation, the depredation, and the betrayal of the Communist conspiracy, of the war with the Japanese, of the venality of some Chinese officials, have spent themselves, and the historical processes once more give these four hundred million human beings a new opportunity to rebuild a democratic format of life."

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