Our July TIC cover illustrates
the prevailing practice of sitting a
patient on the floor while the
extraction was made by the dentist
preciously perched on a bench
above him.

This cover symbolizes a transitional
period. Tooth extraction methods were
vastly improved and practised by
the itinerant dentists who followed
the travelling fairs.

As we move from the Renaissance to
the beginnings of the Seventeenth Century,
there are recurrent signs of an ever-
increasing interest in dental education
and health.
Altitudes and Impressions

by Maurice J. Taitelbaum, D.D.S.

TIC TIPS

Keep your patients posted: “Oh yes,” the woman was saying, “Doctor Smith’s office is furnished beautifully but the waiting room is so cold.” Could that happen in your office?

The patient wasn’t referring to the temperature in the room, but to the atmosphere. And perhaps she was right. The room might have been tastefully furnished, colorful, and filled with the strains of soft music from a small radio. Why then was the atmosphere cold? Because the patient did not feel “at home” in the office, because the waiting room was more professional than it was personal. Some dentists have a homely touch in their manner, but Doctor Smith didn’t and his office needed something to lend a warm atmosphere to your waiting room. If you are like Doctor Smith, then the bulletin board will be your partner and speak for you, and if you are Doctor Personality, you too, should keep your patients posted; they will appreciate it.

GAGGING

Summer means vacations and vacationing means driving out on the open roads. Just a friendly warning:

DRIVING

In the 80’s

Leads to Hades.

The restless patients who have no desire to thumb through a magazine, the board serves as a good bit of diversion, besides being a showcase for instructive health ideas and human interest material. And if you are not the type of person who can rattle off a joke with the mannerism and ease of a Hope of Beie, post the rib-tickers on the board.

A typical board might display pertinent news items on health as well as cartoons and fillers related to dentistry and the allied professions. Anecdotes and captioned photographs are also advisable. In fact, it might be a good place to show off some of your own exploits, such as pictures taken on vacation, news items concerning your activities, and so forth. Keep the news pieces timely, and make the entire project a personalized affair by giving it the friendly, human touch. Avoid political preachings or editorializing upon any of your own pet theories.

A pharmacist in Alabama lines the walls of his store with photographs of local doctors and finds out that the customers enjoy recognizing their physicians and dentists who have just written their prescriptions. You might consider posting pictures of your patients. It might please patients to see pictures of themselves and possibly friends of theirs, who are also your patients, on the bulletin board.

A bulletin board can be interesting, informative, and lend a warm atmosphere to your waiting room. If you are Doctor Smith, then the bulletin board will be your partner and speak for you, and if you are Doctor Personality, you too, should keep your patients posted; they will appreciate it.
coupled with an even more serious trend into a practice, which will now be discussed, may dissipate the efforts of years.

"Annie Doesn't Live Here Anymore"

Except for professional and personal ineptness which drives patients away, the biggest single factor cutting down a practice is that of patients moving away from a shopping area or community. The good will of patients is widespread, their moving may be the only significant factor tending to reduce a practice. There is nothing, of course, that a dentist can do to retain these patients. However, in bowing to the inevitable he can recognize the situation and resolve to replace these patients with new and equally valuable ones.

Lest dentists consider that moving by patients is a negligible item in the turnover of a practice, a few government figures on the subject may indicate its importance. Between April 1942 and April 1955, according to a survey made by the Bureau of Census, more than 20 per cent of the civilian population moved from one house to another. This breaks down as follows:

| Same county | 15.6% |
| Different county | 6.5% |
| Within a state | 3.0% |
| Between states | 5.3% |

Out of a population of 155,038,000, a total of 39,042,000 moved during this twelve-month period. Data for earlier years indicates this is about par.

There is a movement both westward and eastward, the ability to hold a satisfactory percentage of old patients, however successful a practice may be, becomes less and less active in the social and civil life of his community. The need for new patients as replacements may not immediately assert itself, a considerable lapse of time separating the seemingly unrelated events. A dentist, by the time he feels the full economic effects of moving patients, may not be able to associate his negative actions—his withdrawal from participation—with his declining ability and aging practice.

Yet his professional identification in his community may take on added importance when considered in the light of the constantly changing complexion of a dentist’s community and his practice. That a constantly declining population of loyal patients cling to a dentist may prove an unsatisfactory substitute for professional identification which can easily be made by the newest resident. At times, the newer patients take on increasing importance as possible patients coincident with the decline of older inhabitants and the migration of others.

Assuming that 13.8 per cent of the people in a dentist’s community move every five years, this indicates the possibility of a movement of almost two-thirds of the inhabitants in a five-year period. Even allowing for the fact that many of these migrants are repeaters within a five-year period, it is obvious that as many as 35 or 40 per cent of the people living in an area at the beginning of a five-year period will be there at the end of that time.

So, however important patient loyalty is to the success of a dentist, a very large body of this loyalty is lost through the hard realities of geography. Only patient replacements, however successful a practice, can serve as an offset.

A WARNING

The elephant, by some bad luck, has teeth that are supremely buck.

Parents who like their children’s faces should always make them wear their braces.

Frank M. Arouet

Dental Wives:

Do We Lean Too Heavily, Doctor?

by Kay Lipke

The television set had been adjusted to the tune of five tubes and twenty dollars. However, hours after the first new Mrs. Dentist discovered that it was just as bad as before.

With deep guile, the clever scoundrel had arrived early in the morning—before most of the stations were on the air—so there was no way to learn while he was there or if he had done his job satisfactorily.

Working up a fine steam of indignation and feminine helplessness, she flew to the telephone and called her husband’s office. His assistant answered and explained that the dentist was in the middle of a very difficult inspection, the reception room was filled with patients, and they were running behind on appointments. Could her husband call her back later?

In that moment sanity returned to Mrs. Dentist, she was pleased with herself for handling the situation successfully, but would have been more pleased if she hadn’t remembered the countless times in the past when she had rushed impulsively to the telephone to consult with her husband each time a small home crisis developed.

She found herself wondering just how heavily she had been leaning on him, and how much of her leaning was necessary. Instead of relieving some of the high pressure under which her dentist was working these difficult days, was she merely adding to his problems? It was a new and arresting thought.

There seems to be a lurking feeling among many of our feminine sex (present company included) that our husbands should be counted on to bind up all our little wounds, both physical and mental. Because our men are connected with the healing arts, we not only expect expert medical advice from them, but great surges of sympathy as well.

This seems just a bit unfair. Our dentists deal every day with quivering and ‘‘bursting’’ humanity. Many of their patients are serious health cases. Still others are deluded into feeling that they are in a very precarious condition and are therefore difficult to work on. The drain on dentists’ sympathy and nerves is terrific, and when they arrive home they often don’t know such dentists exist.

For a national average this means that, in the five-year period studied, half of those moving within the same county, so conclusions drawn from a national average might not necessarily be applied to any given community.

Last year’s report states the following:

Total movers .................................. 20.1%

Of a population of 155,038,000, a total of 39,042,000 moved during this twelve-month period. Data for earlier years indicate this is about par. However, allowing for the fact that many of these migrants are repeaters within a five-year period, it is obvious that as many as 35 or 40 per cent of the people living in an area at the beginning of a five-year period will be there at the end of that time.

There is a movement both westward and eastward as 13 patients out of 100 turn the page Two
deprive them of their livelihood. Frankly, I believe modern photography really is a challenge to painting. Consequently, I try to put into my landscapes an appeal to the eye which the camera cannot register.

As a so-called realistic artist, I can rearrange the scenery in a landscape for better composition, change the hues for color harmony, and accent or diminish detail as I choose—all in an effort to excite the senses, stimulate the imagination, and capitalize the interest of the observer. This, I submit, takes skill. And a painting that does not show skill must be a fruitless effort.

During his service as chief dental examiner of recruits at Great Lakes in World War II and during his service in the Korean emergency, Commander Gilbert conducted more than 5,000 recorded dental examinations. "If there is one thing I learned in the Navy," he says, "it was never to insert a dental restoration that I would not be willing to submit for the inspection of a well-trained dental examiner—and I never met one who was not well trained."

Dentists may also be interested in this observation of Doctor Gilbert: "I was amazed to discover that more than 60 per cent of the examinations could not remove food debris from all their teeth in two full minutes of brushing. I had to cut down what for them was a radically different brushing technique, including special attention to the upper half of the upper teeth and to the lower half of the lower teeth. Also I insisted upon a supplementary effort to swing the toothbrush bristles behind the back upper molars, which most toothbrushing techniques seem to neglect.

Incidentally, I became somewhat of a fanatic for the use of a soft-bristled toothbrush which I think I proved was 50 per cent more effective along the gumline."

Commander Gilbert's military services began in 1918, when he volunteered for flight training in the Navy, and in 1919 he was commissioned on the Naval Reserve. These days being what they are, he has his fingers crossed about his chances of staying in civilian life. But crossed on one hand only, for he knows the price of liberty and is always ready to pay for it.

His eductor is electric. Of the one-third of his adult life spent in the armed forces in the last three wars, he says frankly: "I'm no hero. In all my war-time service I have been no closer to enemy action than a thousand miles!" Of course, that happens to be an accident of fate. Many members of the Naval Reserve have seen action; a number of them have been wounded; others have been killed.

"What motivated my joining the Naval Reserve was recognizing the simple, central fact of existence today: all of us must do something to help preserve our way of life. It is no longer possible 'to do business as usual' in the face of modern war, to leave the work, the fighting, and dying to the professional soldier and sailor. Modern war places obligations upon all, soldier and citizen alike. And it places its heaviest responsibilities upon the experience and skills of health scientists. If atomic war comes, no group in the population will bear greater burdens than the medically trained men and women and continue my dental practice, 'to do business as usual.'"

As every dentist knows, retention has long been a problem in dentistry. In constructing full dentures, a dentist is expected to place them on a foundation which is not rigid and on tissues which are likely to resorb and completely change the base for which they were made. The dentures loosen, resulting in greater resorption and much discomfort to the wearer.

To increase the weight and stability of the lower denture, which plays the most important part in stabilizing full dentures, various devices have been employed. Extensions of the plate, weighed down bases, cast metal dentures, and other appliances have been used, but always with caution. The latest development in dentistry is a radical procedure, but one which has been proved effective with a minimum of difficulty to patient or dentist.

Actually, the degree of magnetic repulsion is so moderate a patient is rarely unduly conscious of its presence. In no way does it affect the ability to chew. Eating implements will not affect the magnetic field. In fact, the closer together the teeth come, the greater the repelling power and therefore the greater is the retention of the plate to the gums. If suction is lost, the magnetic power will place the dentures snugly back on the bony ridge.

Many dentists feel that people who have worn dentures before are most grateful for this new development. Patients sometimes find dentures difficult to become accustomed to and may gravitate from dentist office to dentist office seeking more satisfactory service. People who have worn other types are most aware of the problems and difficulties involved and can quickly recognize the difference between their old dentures and their new magnetic ones.

And, of course, the dentures remain in place. The wearer can open wide, raise his tongue to his palate, and wet his lips without displacing his whole set of teeth. The repelling action has no tiring effect on the muscles of the oral cavity. As the magnets can only be installed in the molar teeth, the wearers will not show.

One man, long noted for his sour-looking disposition, was smiling contentedly when greeted by a friend. The friend commented on his sunnier outlook. The man explained the reason was probably his new magnetic teeth.

"Dentists could never make decent plates for me," he said. "The plates were always slipping away the lower and the lower denture pushes away the upper poles are made to oppose each other. The result is a repelling action. The upper denture pushes away the lower and the lower denture pushes away the upper. The result is this repelling force which keeps dentures in place.

A Chicago dentist, proposing the new method to a considerably overweight woman was asked, "Doe, if my bottom and top teeth will not come together, how can I possibly eat?"
or clicking and impeding my speech. I suppose that got me into the habit of clenching my jaws, which gave me the sour expression. But now I'm ready to smile with never a fear of clicking my words or stopping to push my store teeth back where they belong."

The magnets themselves are small curved bars of a complex alloy which was developed with the assistance of the General Electric Company. They are permanent and seldom, if ever, need recharging. Most important is the proper placement of the magnets. For if they are improperly lined up, the magnetic force will throw the dentures out of line.

The technique for producing magnetic dentures can be mastered easily by every dentist. However, the technique is so exacting it cannot be accompanied by sacrificing the quality of existing methods. The better a denture is made, the more magnetic repulsion will aid in its satisfaction.

As Doctor Gilbert's many accomplishments in his avocational pursuits are the following:

He has prepared a chart of his family tree, six feet square, which traces his ancestry back to Charlemagne.

One of his paintings hung in the Marshall Field Art Gallery and another is reproduced in Emmett DeWitt's book Fabulous Chicago.

He has constructed for his dental office, a wall made of ninety-two varieties of wood gathered from all over the world.

His collection of rare books, which has been displayed in public libraries, includes an edition of Strabo's Geography, printed in Venice, 1488; and an original leaf of the 42-line Gutenberg Bible, the earliest of printed books.

He was a commander of his Legion post while on active duty as commander in the Navy at Great Lakes.

He mastered the unicycle at the age of fifty-six.

He paints scenery for Little Theatre productions and acts in them as well.

"I have a variety of hobbies because I find it more satisfying than concentrating on just one," he explains. "And I believe it is beneficial to have several such interests. The thing to do is to try out various avocations and choose the ones which you find fascinating or will give you opportunities to exercise your skills and abilities. For both physical and mental health, everyone should find some interest outside of his profession at which he can become 'pretty good.'"

"The advantage of having several such interests is the need for a change. An avocation, like anything else, can become tedious, but a change can become 'pretty good.'"

"A life is on Michigan Avenue," an illustration for Fabulous Chicago.

When he became interested in bookkeeping, he bought many old books at used-book shops. Gradually he became interested in rare books, and proceeded to collect them. Then he became aware of the volumes of early printers, and soon became a student of typography.

As every booklover knows, collecting books means getting bookcases as well. So Doctor Gilbert decided to build a pine bookcase. He learned that for only $1.50 one could make the bookcase of Honduras mahogany. Yes, you guessed it. He investigated woods and learned that there were more than fifty varieties of cabinet-woods and veneers in the Chicago market. He bought some of each. Then, when he made an automobile trip to the West Coast, he started collecting other kinds of wood—apple, willow, sumac, agarash, fir, pomegranate, and desert palo Verde. He has just finished paneling his office with fifteen contrasting kinds of plywood, and in his waiting room he has a mahogany, a mixture of two-by-eight panel made with alternately light and dark six-inch squares of ninety-two different woods collected from all over the world.

Space precludes discussing all of his other special interests, but his opinion on modernistic painting is painted with more than average skill—is typical of his originality and ingenuity. "I am convinced that the modernistic movement stemmed from an imagined fear of a few artists in the late nineteenth century that improvements in photography would
The Roles of Doctor Arthur A. Gilbert

by Joseph George Strack

Doctor Arthur Abbot Gilbert of Winnetka, Illinois, is a man of many roles. Here are some of them: dentist, painter, geologist, booksbinder, book collector, wood collector, inlay cabinetmaker, jewelry caster, unicyclist, ocular prosthetist, Chinese language student, humorous writer, public speaker, Little Theatre worker; Commander, Naval Dental Corps Reserve; and American Legionnaire.

He is also a man with several unique records. For example: He is probably the world's outstanding Dental examination of Naval Reserve officer who was Korean Emergency. Dentist painting iris for an acrylic page only seven days! In seven years he made more than 92,000 recorded dental examinations.

Operative Dentistry

Amalgam

Eighth installment in a series
by Arthur H. Levine, D.D.S.

In all posterior, two- or three-surfaced amalgam restorations, the key to success is the matrix. The matrix provides a firm wall against which the amalgam may be well condensed, it automatically defines the contour of the finished filling, and it assures a good contact point. The use of a matrix in such restorations is imperative.

A posterior, interproximal filling placed without the aid of a matrix is easily spotty. Instead of a rounded, raised marginal ridge, there exists a formless plane, or even a deficiency, with the filling sloping gingivally towards the adjacent tooth almost guaranteeing food impaction. Instead of a smooth, rounded interproximal surface creating the "marble" contact, the matrix-less filling is irregular along its interproximal surface and practically hugs the adjacent tooth all the way from the occlusal surface to the gingival area. The delicate interdental space is brutally encroached upon by the overhanging filling. This results in irritation, hyperemia, and, finally, destruction of the underlying tissues.

The ideal matrix should be thin, strong, smooth, and flexible. It should not react with the filling material. Today most matrix strips are made of thin steel or copper. The ideal matrix should be applied quickly and easily. It should be perfectly tensioned at the ends. A tightening action at the ends pulls the band up hard around the tooth. This may produce a filling with no contour and a poor contact point. This problem may be solved by letting up on the tension slightly as the filling progresses.

Some men prefer to start with a band that lies against the adjoining tooth even though it means starting with a matrix band that is not tight. The advantage is that a good contact point is developed. But a disadvantage is the excess at the gingiva, despite wedging. Those who recommend this technique prefer to take care of the gingival excess after the band is removed. Some do it immediately. Others feel it is dangerous and prefer to use small files after the filling has hardened.

Wedging

Wedging is an essential part of all matrix techniques. No matter how tightly a band has been drawn, condensing pressure on the filling, particularly the mechanical, will force the band away from the tooth at the gingiva if it has not been backed up with a wedge. The wedge is essential. Under ordinary conditions it is always placed on the lingual side. The space is larger there since the contact point is nearer the buccal side.

Wedges come in many forms. Some are plastic and may be purchased in different shapes and sizes. The most popular are the wood. Many men prefer to whittle their own from a tongue depressor, while others use the end of a toothpick. Great care must be exercised so that the gingival tissue is not injured. The thinner the wedge the further away from the gingiva it can be placed. But if it is carried too far it may indent the marginal contour.

In difficult cases in which the wedge does not hold well, a band can be wedged from both the lingual and buccal and then backed up with some modeling compound over each wedge. Then a U-shaped figure made from a paper clip can be heated and the two ends inserted into the compound. This will act as an excellent brace.

Copper Band

Another matrix band which has none of the disadvantages of the steel but which requires more time to prepare is the made-to-order copper strip. A rectangular section is cut from thin annealed copper. (See the illustration.) Two small cuts about one quarter of an inch from each end. These flaps are then folded back and will serve to hold the dental floss with which the copper band is tied around the tooth and will also keep the floss from sliding down to the gingiva. After folding back the flaps, the remaining piece is fastened to the gingival margin.
All corners are rounded and all sharp or rough edges smoothed.

The copper band is then placed in position with a long piece of ligature held under the flaps. The ligature is passed around the tooth twice and is then tied on the buccal side. With a steel band, the tightening device should be removed and the band drawn buccally or lingually. Under no circumstances should a matrix band be pulled toward the buccal side, it is important to snap off the lingual end of the band containing the folded back flap which held the ligature. To draw the matrix with that double thickness in place would, beyond question, mar the new filling.

The problem of the amalgam filling and the use of a matrix in the deciduous teeth is an interesting one and demands separate consideration. Doctor Ralph L. Ireland's work on deciduous teeth brings up-to-date the latest thinking in cavity preparation. In his summary he states: "The results of these tests indicated that a wide occlusal isthmus, a rounded and sloping pulpal wall and proximal retention grooves were the most effective in increasing the resistance of the silver amalgam restoration to fracture, while a rounded pulpal line angle and a gingival retention groove were less effective. The maximum resistance to fracture was produced when the side. But some preliminary work must be done first. After cutting the ligature and pulling it through, the wings of the copper band are peeled back flap which held the ligature. To smp off the hngual end of the band containing the em; then tied on the buccal with a surgeon's knot.

So you are going to quit practice and take life easy, you say? Do you think you will be satisfied out of a dental office? I doubt it! Here's why:

I had to quit dentistry a few years ago. Repeated attacks of influenza undermined my health. A physician friend advised me to go to a warmer climate. For years I had wanted to go to California to live and now I was practically ordered to go. A month later I closed my office and went west. It was wonderful for a while. I had a brother in the drug business in the town I went to, and he made things very nice for me. Some days I would just fish. Other days I would just make short auto trips. I went to picnics, swimming parties, and other events. After two of three months of this it all began to pall on me. I got fed up with just playing. I wanted to go back to dentistry, but remembered what my physician friend had told me — no more dentistry for me. So, with another chap, I started one of the first miniature golf courses in southern California. We hit the jack pot, but operating a miniature golf course was not doing what I wanted to do — practice dentistry.

I found a good friend in a dentist who had come from the Middle West. I found myself gravitating to corne. I had my fling at retirement — no more dentistry for me. I wanted to do — practice dentistry. Other days I would just make short auto trips. I went to picnics, swimming parties, and other events. After two of three months of this it all began to pall on me. I got fed up with just playing. I wanted to go back to dentistry, but remembered what my physician friend had told me — no more dentistry for me. So, with another chap, I started one of the first miniature golf courses in southern California. We hit the jack pot, but operating a miniature golf course was not doing what I wanted to do — practice dentistry.

I found a good friend in a dentist who had come from the Middle West. I found myself gravitating toward his office when I knew he was not busy. I finally decided that I might as well be dead as be out of the profession I knew and loved. So I returned to the Middle West. There, to be absolutely sure I wanted to go back to dentistry and that I would have no health problem, I went to work as an operator for another dentist. My health proved to be excellent and I enjoyed dentistry as never before.

I have been in my own office for a number of years now and hope I shall be for many more years to come. I had my filing at retirement—I did not like it.

Let me conclude with the story of a friend, John Davis, who attended the same dental school I did. I was surprised to learn that he was a minister in the town where I practice. Of course we saw each other often, and I am afraid we talked more about dentistry than religion. One day I asked him, "Would you like to go back to dentistry?"

"Indeed, I would," he replied.

"Why don't you then?" I asked. He explained that his wife did not want him to. But several months later he came into my office and announced that he was returning to the city where he had practiced dentistry before entering the ministry, and would open a dental office there. Once a dentist, always a dentist. Few men find satisfaction outside the profession.

Keeping busy keeps the undertaker away. If you have thoughts of retiring, think it over well. Give it a "trial run" first. You may wish to return to practice. Store your equipment, for you may be glad to have it again some day. Don't cut yourself off completely until you are very sure that you want to do exactly that.

"WELL, MR. DYKES, SINCE YOU ARE A PROFESSIONAL GAMBLER, I'LL BORROW ONE OF YOUR PET PHRASES: I THINK IT'S TIME YOU PUT YOUR MONEY WHERE YOUR MOUTH IS!"
decades of the eighteenth century, above all in France; but in many countries it still remained a part of surgery. Besides the usual advice on how to treat toothache, she asked for a toothache (barber) who gave her the "medicaments of the empirics." These were ineffective, so she had no choice but to consult a physician, Petrus Purmann. Though the latter condemns the woman's foolish behavior, he himself, in his sixties, dared not risk extraction of his own violently aching molar. He was afraid because he had once seen a man of his own age drop dead during an extraction by a dentist in a market place. More amusing is his story of an old man who was engaged to a very young girl. This unfortunate gentleman had lost his front teeth and could not speak properly. Since he did not want his fiancee to know his loss, he went to an Antwerp gentelman (dentist in a market place). The gentleman was the laughing stock of his friends. In 1693 the Dutch Antony van Leeuwenhoek wrote an excellent account of the dental tubules he had seen through his new microscope. In his Microscopical Observations about Animals in the Scurf of the Teeth he gives the first description of his "Lawende Dierken," tiny animalcules: "The my Teeth are kept usually very clean, nevertheless when I view them in a Magnifying Glass, I find growing between them a little white matter as thick as wadded flower; in this substance tho I could not perceive any motion, I judged there might probably be living Creatures. I therefore took some of this flower and powder together and put in some water. The powder almost instantly came into solution, the animalcules became visible. The number of these Creatures in the mouth of an old man is so many that I believe they exceed the number of Men in a kingdom. For upon the examination of small parcel of it, so thick as a Horse-hair, I found too many living Animalcules therein, that I guess there might have been 1000 in a quantity of matter to bigger then the 1/100 part of a sand." For English-speaking "Physicians, Chirurgions, and Apothecaries" and in particular for dentists, the year 1685 was—from the literary as well as the practical point of view—extremely important. In that year the first known dental work in English was published in York: Charles Allen's The Operator for the Teeth, Shewing how to preserve the Teeth and Gums from all the Diseases they are subject to. This work offered, as stated by the author in the second edition, Dublin, 1686, "to the most Honorable and Truly Learned"—who did not, however, understand Latin—an opportunity to learn more about their profession. The work is also significant because of the wording of its title, The Operator for the Teeth; the term had come into use to differentiate the trained tooth-drawer from the market-town barbers. It is difficult to tie a copper matrix with deciduous teeth. In addition, the fact that it is time-consuming precludes its use with the young patient.

For swimming, to golf ... dine tête-à-tête, to swim, to golf ... dine tête-à-tête.

Forgive me if I'm out of sorts, My son's at camp and what is more, he's married now and would retire. At prices which I can't afford.

The College With Two Campuses: CME

The College of Medical Evangelists is located on two campuses—Loma Linda and Los Angeles, Calif. For the school year, the school of Medicine, School of Dental Hygiene, School of Nursing, School of X-ray Technology, School of Laboratory Technology, School of Preventive Medicine, School of Nutrition (graduate internships for many CME graduates have gone as missionaries throughout the world or are serving in Seventh-day Adventist hospitals and sanitariums. They maintain that with deciduous teeth no great harm will result from an amalgam restoration that has been hand contoured without benefit of a matrix.

SUMMER LULL

Forgive me if I'm out of sorts, My patients took off for resorts, My wife is resting at the shore, My cat has caught what is more— My office girl just sent a wire: She's married now and would retire. So what to do but join my mate, To swim, to golf, to dive, to eat, To view the sky from sand beneath, To soak up sun and forget teeth, To commune with the rich and bored— At prices which I can't afford.

N. L. Talbert

(Continued next month)
In the second half of the sixteenth century and all during the seventeenth general surgical literature gave increasing attention to dentistry; detailed chapters discussed the use of dental instruments and the treatment of diseased teeth, the operations on teeth and other parts of the mouth were described not only in words but in illustrations. Most human beings have no fewer than fifty-two teeth; these ivories cause considerable trouble when they first appear, during their sojourn in the mouth, and, finally, during their period of withdrawal—to say nothing of the unpleasantness surrounding their reincarnation by prosthesis. Consequently they require much more treatment than any other part of the human body from the surgeons and dentarii medici (this denomination first crops up at the end of the sixteenth century) and it was to be expected that writers on general surgery should give more, and more space to dentistry.

Dentistry enjoyed a splendid revival within the field of surgery before it established itself as a specialized, more independent branch during the first

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**THE OPERATOR**

For the teeth.

Showing how to preserve the TEETH and GUMS from all the Accidents they are subject to.

By CHARLES ALLEN, Professor of the Art.

Printed by John White for the Author, and are to be sold by himself at his own Lodging, at Mr. Godfrey's Apartment in Surgeon's, Ann St., London.

First known dental work in English.

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A description of animalivorous, 1639, Antony van Leeuwenhoek.