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Seasons Greetings

DECEMBER 1956

Vol. XV No. 12

TIC
CONSOLIDATED METAL PRODUCTS CORP.
ALBANY, NEW YORK
December 1956

A Professional Library for the Dentist

(Continued from Page Seven)

within a period of two weeks, delay no longer—
get a biopsy!
6. Remember the leukoplakia is not a static disease. Malignant degeneration can and does occur, even after microscopical proof of benignity. Patients with leukoplakia should be followed.
7. Remember to arrange for excision of all localized areas of leukoplakia when excision is feasible.
8. Remember to remove teeth in a patient suspected of having malignant disease without consultation with the therapist who will treat the patient. Also, do not remove a tooth after irradiation without consultation.
9. Remember that a positive Wasserman in a patient means one thing only—the patient has syphilis. It does not rule out cancer; that can be done only by an adequate biopsy.
10. Remember that it is not so important who does the biopsy (if correctly done). It is important that it be done with an absolute minimum of delay. Arrange for biopsy by telephone, not by letter.

Time makes all the difference between success and failure in cancer management.

1956—46th Street
Brooklyn 19, N. Y.

BIBLIOGRAPHY


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A PROFESSIONAL LIBRARY FOR THE DENTIST

The dental dean of the Dental Commission of the American Dental Association has written the following: "This final installment summarizes the outstanding texts in practical, helpful do-and-don't suggestions."

oral cancer

The impact of the VA dental program on dentistry throughout the nation has been responsible for many beneficial results.

oral surgery

The dental deans of America commend the world's greatest dental literature for your library. You will want to retain this unique, outstanding library article and refer to it from time to time. It constitutes one of the most important pieces of dental literature of the year.

Christmas—Behind the Iron Curtain

An exclusive story of an American dentist's experience in Poland.

VA DENTIST

"The impact of the VA dental program on dentistry throughout the nation has been responsible for many beneficial results."
ORAL CANCER

by Joseph Murray, D.D.S.

Mouth cancer can be cured, despite the erroneous belief prevalent even today among laymen and professional groups that fatal results are inevitable. This is due to a paucity of accurate information about malignancy and prejudices of long standing.

However, early diagnosis is essential and no individual can play a more important role—often a life-saving one—than the dental practitioner. He must be alert to the fact that a painless lump or thickening, bleeding, discharge, difficulty in swallowing, persistent hoarseness, or unexplained cough are only a few symptoms of oral cancer: that early discovery can mean early recovery.

The following statistical table compiled by the Head and Neck Clinic at the New York Memorial Hospital is ample proof of positive cure (five years) with early detection of carcinoma:

<table>
<thead>
<tr>
<th>Site of Primary Lesion</th>
<th>Percentage of Five-Year Cure Rate in All Cases (both early and advanced)</th>
<th>Percentage of Five-Year Cure Rate in Lesions Less Than Ten cm. in Diameter (early and moderately advanced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip</td>
<td>67</td>
<td>66</td>
</tr>
<tr>
<td>Tongue</td>
<td>30</td>
<td>55</td>
</tr>
<tr>
<td>Floor of mouth</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>Mucoea of cheek</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>Palate (hard and soft)</td>
<td>50</td>
<td>38</td>
</tr>
<tr>
<td>Gums</td>
<td>32</td>
<td>58</td>
</tr>
<tr>
<td>Tongue</td>
<td>20</td>
<td>60</td>
</tr>
</tbody>
</table>

At this time it might be appropriate to list a few "Do's" and "Don'ts" suggested by Doctors B. G. Sarnat and Isaac Schour:

Do's

1. Do listen attentively to all of the patient's complaints.
2. Do examine the entire oral cavity, face, and neck.

A dental examination alone is not adequate.
3. Do remove all sharp, rough areas from teeth, fillings, and plates.
4. Do rule out cancer first.
5. Do refer every patient suspected of having oral or facial cancer at once.

Don'ts

1. Don't limit your examination to the teeth.
2. Don't apply caustics or treat any suspicious lesion of the mouth or face until cancer has been ruled out.
3. Don't delay referring a patient with suspected oral or facial cancer.
4. Don't watch the cancer grow.
5. Don't extract loose teeth adjacent to a cancer without first consulting the one treating the cancer.
6. Don't extract teeth from a patient who has been irradiated for cancer of the mouth before consulting the radiotherapist.

Finally, the average dentist can follow no better advice than that offered in Doctor S. G. Castiglano's ten commandments:

1. Remember that 50 per cent of all untreated oral cancer patients are dead eighteen months after the onset of the disease.
2. Remember that the rapid course of oral cancer makes it an emergency disease. Save a life! Arrange for a biopsy as soon as cancer is suspected!
3. Remember to maintain a high index of cancer suspicion. Think of cancer first when weighing the diagnostic possibilities of a soft parts lesion in patients past forty.
4. Remember to examine both visually and digitally the entire mucous membrane, including the floor of the mouth, when confronted by a patient past forty.
5. Remember! If an ulcerated or nodular lesion fails to respond to supposed aseptic treatment

Part 12—Summary

Concluding article in the series
About this time of year When the windows appear Decked with costly and elegant toys, I put on the skids For my own toddling kids For the patron of all girls and boys.

While my lass who would pet Me, so she could get Some trisket her small heart longed for, Has transferred her love To the bearded nails of Our local department store!

Helen Harrington

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tists and physicians, VA personnel and private practi-
tions from the surrounding area are invited.

However, there is one area of training which is un-
available from outside sources and consequently the VA found it necessary to establish its own training center for this. It is the task of training VA staff den-
ficulties for potential assignment to chief of dental serv-
ices to VA hospitals and outpatient clinics, and dometician include duties and functions which are peculiar to this VA. The Chicago Dental Training Center of the VA was established solely to provide this training for men who have demonstrated administrative qualifications for advancement to chief of service.

Internship and residency programs are conducted at hospitals of the Administration. These men aug-
ment the services of the full-time staff during their training and, upon completion of training, provide a source of recruitment for staff positions.

Standards Being Maintained

Although the overall dental program of the VA is being curtailed because of the legislative changes which are reducing the outpatient service, dentistry has maintained its position within the Department of Medicine and Surgery.

The VA not only expects its dental staffs to provide a high standard of dental service but demands that dentistry provided to veteran beneficiaries by federal dentists meet acceptable standards.

The impact of the VA dental program on dentistry throughout the nation has been responsible for many beneficial results. The demonstrated value of oral treatment in training placement for the hospitalized patient has won a greater appreciation from the medical profession. Stimulator of the veteran to obtain private dental services for the large percentage of his dental needs which may not be provided by the VA, has helped promote a realization of the importance of dental care throughout the veteran population.

This greater interest in oral health on the part of the veteran has been reflected in an increased demand for oral health services. American dentistry is proud of the progress of the dental program of the Veterans Administration, programs that has been achieved with the support of the American Dental Association, the cooperation of the 60,000 participating dentists, and the dedicated serv-

VA HOSPITAL, TUSKEGEE, ALA.: (top to bottom) Staff of the Dental Service in training, chief dietitian discussing a case, dentist-dietitian relations; consultants and lecturers physicians, nurse-all members of the hospital team. (Photos by Autherized News)
Concluding Installment

To maintain and constantly improve its high standard of dental treatment, the Veterans Administration provides educational opportunities to its dental staff and insists that the staff take full advantage of these opportunities for advancement.

Each year a number of VA dental personnel are assigned to postgraduate courses conducted at dental colleges. They are selected on the basis of the needs of the VA dental service and the individual staff member’s demonstrated interests, prior training, and potential for greater advancement. Educational opportunities of this type are offered to ancillary dental personnel as well as to the staff dentists.

Inservice, or on-the-job, training also is conducted by educational conferences, by study and journal clubs, and by lecture programs. The inservice training program is supported by the use of consultants. These consultants, appointed at each VA station, are dentists who are outstanding in their fields of dentistry in the area of the VA installation. Many of them are affiliated with dental schools as faculty members and are available to the VA staffs for treatment of unusual cases and for clinical demonstrations.

Periodically, recognized leaders in dentistry are engaged to lecture at selected VA stations. At such meetings, in addition to the local VA staffs of den-

by Joseph George Strack

VA HOSPITAL, SEPULVEDA, CALIF.
Both Doctor and Mrs. Cross were amazed how well the doctors appeared whom they met on the street. They learned that often they were willing to go without food to buy good, mouth-cut clothing... Many people held various jobs in order to get enough money to live and have a few comforts. The principal diet seemed to consist of potatoes, cabbage, and pork.

In order to make this adventure to Poland complete, Doctor Cross toured into other parts of the country and visited the infamous Auschwitz concentration camp at Oswiecim. It was here that 6,000,000 prisoners from all parts of the European continent were killed by the Nazis. The Communists have left the place intact in all its horror—and visitors are allowed to go through it unattended—as a stern warning of what life was like under the Nazis. It is part of their propaganda to the Poles.

Doctor Cross was very glad to leave the grim horror of that concentration camp behind and return to Warsaw and his family, which now had been increased by the birth of the eagerly awaited grandchild.

Francis and Tess Cross will always be grateful for their Polish adventure. However, they were glad to return home.

Christmas this year will find them celebrating the birthday of their son, who will be five years old. The family will set forth for another family reunion. Then their destination will be Pakistan, where their daughter will be born next Christmas.

In order to make this adventure to Poland possible, Francis and Tess Cross took three jobs in order to save enough money for the trip.
Doctor Cross claims it was one of his strangest experiences, as he had another which meant even more to him. Being an able and enthusiastic dentist, he greatly desired to visit the Department of Preventive Dentistry of the Medical Academy of Warsaw, and learn how dentistry was taught in Poland.

"No" on every hand. He was told that representatives from the Western nations had been trying to gain admittance there for some time without success. However, Francis Cross was not a man to take "No" for an answer. He talked the matter over with the American ambassador, suggesting that perhaps the Communists might be interested in learning some of the latest American dental techniques.

To the amazement of everyone (but Doctor Cross) permission was granted to drive him to the Academy. There the dean greeted him most cordially. For the next two hours the two men toured the school, accompanied by an interpreter.

Probably the one single thing which seemed most unusual to Doctor Cross was the fact that he saw no men anywhere in the school, except the Dean. Over 70 per cent of the graduates were women and the instructors were women as well.

Very briefly, here are a few of the interesting facts which Doctor Cross learned and which he later incorporated in a report prepared for the American state department.

The Warsaw Dental School was one of eight in Poland. The length of the course was six years and the academy graduated 280 dentists annually. The building itself, of prewar construction, had been reconditioned and showed evidence of disrepair, and the clinic itself, of modern design. The clinic which impressed Doctor Cross was the availability of completely sterile instruments, and the absolutely sterile conditions under which operations in exodontia were performed.

All students attending the university were on state scholarships obtained in competitive examinations given throughout Poland. Therefore, after graduation, they were obliged to serve five years in the provinces, after which they were free to practice anywhere in Poland. The plan was not too successful, according to the dean, for the women dentists used marriage, pregnancy, illness, fallen arches, and the like as excuses to avoid serving in the provinces, where almost primitive conditions existed.

When a Polish dental graduate set up practice with government aid, he or she was compelled to work eight hours a day for the state for a salary of $25 a month, after which private practice was allowed.

The department of training there is in addition to its main function of training dentists, the academy maintained the deciduous teeth of children of kindergarten age, to which several European dental schools, he concluded that the Polish dental training methods were above average.

From Doctor Cross' professional observation of several European dental schools, he concluded that the Polish dental training methods were above average, and that he thought the teaching of Polish dental schools appeared quite good. Seldom did he see missing teeth in the mouth of the average Pole on the street. He learned that the Polish people were distinctly "tooth conscious."

The care of the people for their teeth was all the more remarkable, according to Doctor Cross, because of the high cost of living in Poland. A toothbrush cost $1.75 in American currency, and a small bar of soap $0.50. A man's ready-made suit cost $618 and a lady's suit was $525.
Christmas—Behind the Iron Curtain

by Kay Upke

Are you an adventurer at heart? Would you like to spend Christmas six thousand miles away from home and hearthside? Would it thrill you to fly over the Polar Route in two days from the warmth of Southern California to the alien, midwinter chill of ab- 
zero Warsaw, Poland, behind the Iron Curtain, where the people are forbidden all social contact with Americans and the West?

How would you like to be the first American to inspect the University of Warsaw Academy of Den- 
tistry and compare Polish and American operating techniques, and later be asked by the United States 
Department of State to write a report on the sub-
ject?

Very well, doctor, put down your shining instru-
ments for a moment, and you, Dental Wife, lay aside your long lists of things-to-be-done before Christmas, and listen to the adventure of a Los Angeles dentist, 
Doctor Francis P. Cross, and his charming wife, Tess,

The adventure began when they decided they wanted to be with their daughter when her second child was born. Doctor Cross is a six-foot-four Irish-
man, and a very persuasive person, but he discovered it was no easy matter to obtain a visa to Poland. Visi-
tors from the West were not wanted.

He explored every angle to obtain that visa. Fi-
nally an oil official friend volunteered to talk with Polish officials in Washington, and suddenly the visa was granted. It was only after they arrived in War-
saw that Francis and Tess Cross learned that they had the first visitor's visa to Poland since World War II.

They found Warsaw covered with snow, and incred-
ibly cold. As 85 per cent of the city was destroyed by the Nazis, block after block of new apartment 
houses had been erected, most of them fifteen stories 
high. It was a strange site to see hundreds upon 
hundreds of untrimmed Christmas trees hanging 
outside apartment windows in the shimmering snow. 
The trees were being preserved until time to be 
taken in and trimmed for Christmas. When trimmed and lighted, they presented a dazzling sight in the 
windows of the city. 

The Crosses were amazed at the lavish Christmas decorations everywhere. It was the first year since 1946 that the Communists had allowed Christmas 
trees in the public squares, and immense pine trees, 
covered with beautiful decorations and blazing with lights, towered against the snowy background, pre-
venting a fantastic picture to this American couple. 

Acustomed as they were to the beautiful Christ-
mas decorations in churches here at home, they con-
fessed the nativity scenes in the churches of Warsaw 
far surpassed the decorations in this country. It was as if the Polish people poured forth all their reli-
gious feeling in lavish display at Christmas time.

The Communist’s have not quite dared to interfere 
with the intensely religious feeling of the Polish peo-
ple, who are predominantly Catholic, and conse-
quently they have been allowed more religious free-
dom than the people in other satellite countries. Ac-
cording to Doctor Cross, the Poles have resisted stub-
bornly any attempt to interfere with their religious 
life, and the Communists seem to have yielded to 
this mass resistance to the extent of helping to re-
build the churches with Communist money and 
Polish labor.

Within the confines of their daughter’s apartment, 
Christmas was both normal and heartwarming, for it was the first Christmas in years that the family had 
been united for the holiday season. The food served 
was quite similar to that at home during the Christ-
mas holidays, and there was the usual round of 
parties, these festivities taking place in the various 
legations, where Doctor and Mrs. Cross met the dip-
nomatic representatives of the West stationed in 
Warsaw.

They were invited into no Polish homes during 
their stay in Warsaw, for it was dangerous for the 
people of Poland to fraternize with Americans. A 
Polish woman dentist had her home office in the 
apartment house where they were staying, but Doctor 
Cross was warned not to contact her as it might cause 
she serious trouble with the authorities if it were 
known she had talked with an American. It was then that the Iron Curtain seemed a very grim reality.

The absence of radio programs in English, except 
of a propaganda nature, was another constant re-
mind of the Iron Curtain. All through Poland there were "jamming stations" to prevent all pro-
grams from the West from being heard by the Polish 
people and especially to tune out Radio Free Europe and the Voice of America. The "jamming stations" around Warsaw covered about 100 acres, according to Doctor Cross, and he saw similar stations around other cities.

Most of the diplomatic colony had long since given 
up trying to tune in on an American program, but Doctor Cross, being a very persistent person, had an 
amazing experience not shared by any other Ameri-
can in Warsaw. After the New Year’s ball at the 
American Embassy, while the household lay asleep, 
he sat alone fiddling with the radio dials trying to 
see what was on the air.

If the truth be told, he was a bit homesick for 
Southern California, and was conscious that many 
thousands of miles away at that moment—allowing 
for the difference in time—the New Year’s Day Rose 
Bowl Game was about to begin in Pasadena.

Suddenly, over Radio Warsaw, he heard the good 
old American voice of a familiar Southern California 
newsreader announcing the start of the Rose Bowl 
Game. For the next few hours, Doctor Cross sat in 
wrapt attention, listening to a play-by-play account of the classic being played just a few miles from his 
own home. Why that particular American broadcast was allowed in Poland is still a mystery.