A SALUTE to the U.S. COAST GUARD from TIC

tic is sent to you with the compliments of your Titanium Laboratory

the U.S. COAST GUARD
search. Furthermore, less than one-tenth of 1 percent of the amount we are expending for dental care is being plowed back into research to help resolve our problems through preventive rather than treatment methods. Expansion of our future research potential through fellowship programs and increased funds for research and research facilities is a great unmet need. Therefore, I predict or express the fervent hope that all of us (in the public health field) will be spending far more than we have in the past to bring about a change in this status . . . . I can think of nothing that has greater potentials of improving our effectiveness as health program administrators than has a full investigation of this intriguing area of unknown so that we may begin to operate on the basis of established principles rather than round-word combinations or glib catch phrases such as "forward planning," "group dynamics," "shared thinking," and "on-going activities."

The impact of such investigations has been expanding the horizons of dentistry here and abroad, and dentists the world over look to the National Institute of Dental Research as a crucible from which much of the dentistry of the future will emerge.

**ORAL CANCER**

(Continued from Page Eleven)

A rasula. It is removed by surgical excision.

Frequently, yellow patches or nodules appear on the mucosa of the cheek, sometimes on the gums and in the floor of the mouth. It often resembles a fibroma. In persons suffering from diabetes mellitus or obstructive jaundice, this lesion, known as xanthoma, may appear yellowish, darkish and diffusely.

A chronic, benign, and common condition, characterized by the presence of discrete, yellowish, seed-like lesions on the lips and gums is called Fordyce's disease.

Hypertrophy of the foliate papillae is mistaken for a cancerous lesion, especially by cancerophbic patients. These are found on the lateral edge of the tongue, near its junction with the anterior vermilion pillar.

**NEXT MONTH—BIOLOGY**

1358 46th Street
Brooklyn 19, N. Y.

**BIBLIOGRAPHY**


For the most startling and convincing presentation of the type of work you do so that the patient may understand what he is to expect, there is nothing to match the Kodachrome slide seen on a table viewer. The 4" x 6" magnified color picture of a 35 mm slide makes for a perfect illustration of your before-and-after cases. The broken-down, brown-stained teeth surrounded by fiery red swollen gingival tissue immediately followed by a picture of beautifully formed veneer crowns or jackets in healthy pink tissue, after treatment, can do more to impress a patient with your dental prescription for him than hours of descriptive oratory. Photography is an important adjunct to your dental work, particularly in patient education and as a means of illustrating your proposed treatment. The small investment in a camera and viewer will more than pay for itself. And you need not be an expert photographer to take good, clear, and well-exposed pictures. Taking good pictures of your case has been simplified to a mere push button procedure with the use of the many types of dental set-up lights sold in most camera shops. Generally speaking, one picture may be worth a thousand words but in demonstrating dentistry it may well be worth ten thousand words.

The table viewer can also be utilized in showing X-ray films to the patient more advantageously. Individual films can easily be placed in a cardboard mount and shown on the viewer, rendering an enlarged picture of the inner structures of the teeth. In this manner, the penetration of interproximal caries, alveolar abscesses, among other findings, can be pointed to easily and show up very dramatically.

The easiest way to demonstrate tooth movement, the spread of caries, root canal therapy, or a multitude of other conditions, is by a simple drawing. All that is necessary is a pad of white paper and a pencil. Even a hurried, sketchy drawing will be more clearly understood by the patient than eloquently delivered phrases. In fact, many practitioners find it very helpful to have a pad of paper handy in the operating room so that, when possible, a patient's question can be satisfactorily answered with a diagrammatic drawing.

There are enough charts and booklets put out by the American Dental Association Bureau of Education and various dental companies to satisfy almost every need in demonstrating dentistry to a patient. These should be utilized when other methods are not available or as supplementary material.

Perhaps the best method of demonstration, outside of pictures of your own work, is by prepared models. Some dental companies have been marketing prepared models for every conceivable type of dental condition and they are excellent as an effective means of three-dimensional illustrations. Typodonts of ivorine teeth may also be prepared by you to illustrate any individual problem. However, you will probably find that duplicates of your patient's study models can be utilized to an even greater advantage for an individual case. In this manner the plaster teeth may be cut and formed, removed, or teeth added with white wax, to give the patient a good idea of what the finished case will look like.

No matter what material you use--color slides, drawings, charts or models--you will find that a visual demonstration of the dental treatment planned will be of immeasurable aid in clarifying the case for your patient, in saving you time in rectifying misunderstandings, and in "selling" your case.

446 Clinton Place
Newark, N. J.

Shm'ing

American Dental Association

The laboratory of the National Institute of Dental Research and a glass microneedle for persons who have a doctoral degree or equivalent and who, in addition, have demonstrated unusual competence in research or require special training for a specific problem; and dental student part-time fellowship grants. The latter are given to approved dental schools to provide for part-time research during the school term or full-line research for two months during a period when work is not scheduled for the student. Through this program, sixty-five students in dental schools received part-time fellowships and eighteen graduate students received full-time research fellowships during the past fiscal year.

Scientists assisted by Institute grants have made many contributions to the knowledge of underlying factors in dental health and disease. For example, one grantee has shown that fever artificially induced in pregnant rats causes dental malformations in the offspring, and that the developing teeth in young animals can be deformed through virus infections. "Thus," Doctor Arnold observes, "scientific credence is given to the prevalent belief that systemic disease can adversely affect dental development." Stating that numerous attempts have been made to transplant developing teeth from the jaws to other tissues, and to continue their growth in suitable culture media outside the body, Doctor Arnold observes, "There is the problem of the graft to be placed on the great advantage for an individual case. In this manner the plaster teeth may be cut and formed, removed, or teeth added with white wax, to give the patient a good idea of what the finished case will look like.

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Part of the Clinical Center of the National Institutes of Health, for it gave the National Institute of Dental Research the long-sought opportunity to extend research to patients. Now, each month the Clinical Center accepts a limited number of patients for study and therapy. "Patients are admitted only when they meet the requirements of a particular study," Doctor Francis A. Arnold, Jr., director of the Dental Institute, emphasizes. "They must be referred to the Center by a dentist or physician familiar with their medical history and current condition. Patients are studied on an outpatient basis in the majority of medical institutions, and special follow-up is maintained on general anesthesia used in oral surgery. These data may aid in the evaluation of new, rapidly acting drugs.

In the field of oral surgery, a clinical study of cysts and granulomas has been undertaken to discover etiological factors. Various cutting and grinding procedures currently used in operative dentistry are being weighed in terms of their effect on human dental pulp. Also in progress are diagnostic and etiological studies of chronic stomatitis and investigations of hereditary disturbances of enamel and dentin.

Research Grants and Fellowships

The activities of the NIDR extend beyond the research conducted by its own scientists. Forty-seven research projects in universities, dental schools, and clinics were sponsored in a recent fiscal year through NIDR grants-in-aid. "To promote the highest quality of research, every effort is made to ensure the scientific freedom of the grantees," Doctor Arnold says. "They work on problems of their own choosing. They are free to change plans as promising new research leads develop. Grantees are free to publish their findings as they desire, without clearance with the Institute."

The Institute also supports a program of fellowships to assist in training the most promising students and encourage them to pursue careers of research and teaching in dentistry. Four types of awards are available: predental research fellowships for persons having a bachelor's degree or equivalent training; postdoctoral research fellowships for persons who have a doctoral degree or equivalent and wish to pursue careers in teaching or research; special fellowships for dental patients and students, and fellowships for the study of specific problems such as periodontal disease and dental caries.

Legal Relationships:

Between Doctor and Patient

by J. R. Kalisch

In the eyes of the law, the relationship between dentist and patient is a contractual one. There being generally no express or written agreement between the parties, the law supplies one for them. It is on the basis of this so-called "implied-in-law" contract that the dentist may enforce collection of his fee. A failure on the part of the patient to pay the dentist's bill constitutes a breach of his promise (implied-in-law) to pay a reasonable charge for the dentist's services, and consequently the dentist may sue him for breach of contract.

In this context the rights of the dentist are easily ascertained. One need merely determine what promises or agreements the patient (impliedly) makes. They are simply (1) a promise to cooperate, (2) a promise to submit to treatment, and (3) a promise to pay a reasonable charge therefor. Any failure by the patient to carry out these promises gives rise to rights on the part of the dentist.

The rights of the patient, however, are not so easily ascertained. They depend, of course, on the promises or agreements of the dentist. But, just what promises does the law consider the dentist to have (impliedly) made?

What the Dentist Does Not Agree to Do

In attempting to fix liability on dentists, lawyers for the patient have contended that dentists, by undertaking the treatment of a patient, impliedly agree: (1) to diagnose correctly, (2) to treat painlessly, and (3) to effect a cure—permanently. And they have argued that failure on the dentist's part to perform any of these promises is a breach of contract and renders him liable to a suit for damages.

No courts in the United States have ever upheld this theory of liability. To the contrary, our courts have stated clearly, forcefully, and frequently that dentists are not insurers or guarantors of results. He does not warrant a cure, and is not responsible for the consequences of an honest mistake in judgment.

Of course, this holding is not to be taken as giving dentists carte blanche to make mistakes, for it has been held also that "if an error of judgment is so gross as to be inconsistent with that degree of care and skill a dentist should exercise and possess, liability may result from injuries produced thereby." However, this is a question of negligence or malpractice. For the purpose of the present discussion the above holding means that a dentist is not liable for breach of contract just because he made a mistake in judgment, or to guarantee a cure.

So much then, for what the dentist, by undertaking treatment, does not implicitly promise, agree, or guarantee to do. The question remains, what does he agree to do?

What the Dentist Does Agree to Do

The courts say that a dentist's implied contract with his patient contains the following promises and representations on the dentist's part:

1. That he will treat the patient, and continue to treat him until treatment is no longer needed, or no longer effective.

"To think it was a dentist that brought us together!"
2. That he will employ such reasonable skill and diligence as is ordinarily exercised by dentists.
3. That he possesses about the same degree of skill and knowledge as do other dentists in the same locality.
4. That he will use reasonable care in applying his skill and knowledge to accomplish the purpose for which he was employed.

Of course, a dentist may, like anyone else, agree to do more than the law requires of him. The wisdom of such conduct is questionable, but legally it is possible (in some states), and a few dentists do make such special agreements. That is to say, they agree absolutely and unconditionally to effect a cure, or guarantee perfect results. Where a dentist expressly promises, agrees, or guarantees to cure, he binds himself and is liable of the above-listed promises and representations. He binds himself and is liable to the patient for the breach of contract and may be sued for damages.

However, such contracts do not arise by operation of law, but by special, express agreement. In the absence of such an agreement, the dentist is liable only if he fails in one or more of the above-listed promises and representations.

QUESTIONS AND ANSWERS

1. A patient refused to pay for a set of dentures, contending that the dentist had broken his agreement to make the dentures, in that he had had the work done by someone else, whereas he had agreed (impliedly) to do the work himself. Did the dentist break his agreement?
   No. The implied agreements of a dentist are by special, express agreement. In the absence of such an agreement, the dentist is liable only if he fails in one or more of the above-listed promises and representations.

2. That he will employ such reasonable skill and diligence as is ordinarily exercised by dentists.
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OF TO PART PAYMENTS

The dentist is a man of parts,
With bowing acquaintance in other arts;
Spelunking is a stock in trade,
And the oral cavern of man, or maid,
Yawns wide while he makes explorations,
Uncouth faults and mal-formations!

Of course, his method may seem queerer—
It's always done with aid of mirror—
And spelaeologists may jest:
"A prop—from some magician's gift!"
But patients merely sit and ponder
Before him opened-mouthed, and wonder;
"Shall I inform him at the start,
On his bill, today, I can just pay party!"

Remmii
This verse we'll admit covers quite a span,
But now, we're right back where we began!

Barbara Becker
U. S. COAST GUARD DENTAL SERVICE

The Coast Guard has new, modern, complete "dental offices on wheels." In vans, each such facility is completely equipped with dental chair, cabinet, X-rays, laboratory equipment, instruments and supplies. In addition, there are ample built-in cabinets for supplies, clothing, and linen, an X-ray developing room, an office desk, and a small refrigerator. There is even a closed-off waiting room for the comfort of waiting patients.

The van weighs approximately 13,000 pounds. The interior is nineteen feet long and seven feet wide. A steel body insulated with Fiberglass helps to maintain a desirable temperature within the van. This modern dental office on wheels has proved to be an effective method of making available complete dental services to Coast Guard personnel and their dependents in areas not otherwise readily accessible.

A Coast Guard mobile dental unit.

A Clinic Run by Dentists' Wives

by Carol Spicer

Doctor William Bender pumped the beat-up old dentist's chair forward, unclipped the napkin from under the little girl's chin, and said kindly: "There, that does it, Rose. Didn't hurt much, did it? Now, you can tell your mother your teeth are all taken care of. And ask my assistant, Mrs. Barrow, how much you owe."

The pretty woman in the white coat who had been stirring amalgam and sterilizing instruments while the doctor was working looked up now from the table in the corner of the room where she had been adding up some figures. She said, "That will be two dollars; fifty cents for your last appointment and one dollar and fifty cents for the big filling today."

Rose dug down into the wallet she held clenched in her hands and extracted two wrinkled dollar bills, which Mrs. Barrow took in the same businesslike manner that her husband's office secretary uses in his spacious, beautifully appointed office uptown.

Doctor Bender saw his patient the short step to the door as gallantly as if she had been one of his own patients in his five-room suite in one of the fine residential neighborhoods of Ann Arbor.

This scene—but with a different cast of characters—was repeated 800 times last year (three half-days a week) in the cubby hole of a room in Ann Arbor's Perry Grade School, which was the headquarters for the Washtenaw County Child Dental Health Clinic.

This year the clinic has a larger room in the same school; there is a newer dentist's chair, a brand-new X-ray machine, and the assistant is a paid worker instead of the volunteer from the auxiliary of the county dental society. The county's ninety dentists, however, still donate their two half-days a year, and the dentists' wives go on spending countless unpaid hours in furthering this organization, believed to be the only dental clinic for needy children in the United States founded and operated by a dental auxiliary.

The clinic, too, has gone beyond its original purpose of caring for the county's Negro children, and now provides a first-rate doctor (for only the cost of the materials used) for all those children, white or Negro, who cannot afford dentists' prevailing fees.

Incidentally, the auxiliary feels that the fee, slight as it is, is most important: without it the patient would lose his self-respect.

The spark behind this typically American good work was Mrs. F. D. Ostrander, wife of a local dentist. She is blessed with great organizational skill as well as abundant compassion. It was a fortunate coincidence that at the time Mrs. Ostrander was appointed project chairman of the dental auxiliary, her husband was working with the County Board of Supervisors, trying to promote a county-run clinic for underprivileged Negro children who were unable to get needed dental care. When the clinic was voted down by the supervisors and even discouraged by the...
WIDE OPEN SPACES PREFERRED

A trip through the caverns, will not appeal
To dentists: I offer this reason as proof;
I'm sure they won't like being shut in a place
Where toothlike formations hug from
the roof.

--Ethel Willis Hewitt

 county health officer, Mrs. Ostrander told her hus-
band: "There is the project we've been looking for."
The clinic was on its way.

Getting Started

But first the groundwork--always the toughest
part of any trail-blazing venture--had to be laid. Spott-
ing the children who were honestly in need of help
in the transportation of the children they dropped that in
favor of a central office somewhere. This idea was
presented first to the school board, who approved
of it, and then to the school nurse, Dorothy Harding, who
was so enthusiastic that she volunteered to talk
to the auxiliary at the meeting at which the plan was
to be unveiled. It was her vivid picture of the condi-
tion of some of the indigent children in her province
which decided the members to
get rummage sales, bake sales, and bridge parties,
and, on top of that, the seventy members each raise
$5 a year individually by hiring out as baby-sitters
or selling handmade creations such as pot holders or
baby sweaters. With the money thus raised they pay
for the assistant ($10 for each working day); they
bought the X-ray machine (a demonstration model,
which cost them $400), and--with the help of the
Lions Club who donated $350--they paid for
the unit. The latter a brand new $1,000 machine, they
acquired it, thanks to the kindness of a local supply
house, almost at cost. They will always have repairs
to pay for; there will always be new equipment as
the old wears out, but with everyone concerned feel-
ing a great sense of accomplishment in this her
Cause, it looks as if Washtenaw County's Child Den-
tal Health Clinic was here to stay.

Finding an Office

The first step was for the auxiliary members to
transport the children to the dentists' offices, where
they would be given free care. But when they ran
up against the matter of accident insurance (in the
transportation of the children) they dropped that in
favor of a central office somewhere. This idea was
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of it, and then to the school nurse, Dorothy Harding, who
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Washintenaw County's telephone lines were soon
humming like GHQ during a battle, and before a
dentist could say "burr!" the School Board had come
across with the room in Perry Grade School, the
doctors were signed up for their inviolate half-days,
the wives were assigned their working hours, the
equipment, such as it was, was assembled, and the
school nurse had handed over her C (for critical)
shaf of cases--the county children whose teeth
were in a really bad way.

Screening the Patients

The screening process is done by the public school
nurses, whose cooperation, members of the auxiliary
repeat again and again, is responsible for the success
of the project. Permission must then be granted by
the parents, and here again the auxiliary wives come
into the picture, for, if permission is not given--be-
cause of ignorance or fear--it is they who try to
overcome the parents' reactions. They have been in
this respect almost entirely successful, and they love
to tell about the fifteen-year-old girl who wouldn't
go to school because of the looks of her mouth and
whose parents were too busy to do anything about it.
The clinic--actually the best "bridge" man in the
county did the work--provided her with a new and
beautiful smile, for the cost of the materials, and she
is now back in school, proud as punch of her new
teeth.

Fund-raising

With the organization functioning as smooth as
oil, the auxiliary's prime concern right now is
money. The women, in fact, are money-mad. They
give rummage sales, bake sales, and bridge parties,
and, on top of that, the seventy members each raise
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A common one is lingual fibroma. It is a firm,
smooth, somewhat pedunculated, non-ulcerated nod-
tle, usually occurring near the tip of the tongue and
on the gums.

Another is the granuloma, a soft, granular swell-
ing in the mouth, gums, and lips, often associated
with traumatic or operative wounds, and called ex-
erubent granulation tissue. Pregnant women seem
to have an affinity for the lesion, therefore the term
"pregnancy tumor." After delivery, the growth re-
cedes or becomes organized to form a fibrous epulis
or a fibroma.

Nutritional deficiency glossitis, like avitaminosis
B, causes inflammation of the oral mucous mem-
brane, particularly of the dorsum of the tongue and
final atrophy of the papillae, resulting in a "bald"
tongue. In the earlier stages a fissured or scrotal
ulcer may develop, while in the later phases the
membranes of the tongue, gums, lips, and checks be-
come beetly red, furred, and ulcerated. It is signifi-
cant that chronic glossitis is often associated with
the cancer of the mouth. Giant cell epulis is another benign tumor which
cannot be differentiated from cancer of the gum or
the alveolus. Blood chemistry studies (calcium and
phosphorus determinations) are advisable to ex-
clude the presence of hyperparathyroidism.

Giant-cell tumor (benign)**

Giant-cell tumor (gross specimen).**

(Courtesy, Seldin, Selphin, and Rakower)

Giant-cell tumor (benign)***

(Courtesy, Seldin, Selphin, and Rakower)

Giant-cell tumor (benign)**

Giant-cell tumor (gross specimen).**

(Courtesy, Seldin, Selphin, and Rakower)

Giant-cell tumor (benign)***

(Courtesy, Seldin, Selphin, and Rakower)
A series of twelve:

ORAL CANCER

by Joseph Murray, D.D.S.

Part 6

Differential Diagnosis

To differentiate between cancer and other lesions of the mouth is often a formidable task. Especially with the diagnosis of a syphilitic gumma, a biopsy must be made to rule out a malignant growth, because 80 percent of the patients with cancer of the tongue, before the introduction of penicillin, showed a positive Wassermann test. Moreover, it is significant that oral malignancy is about 300 times as frequent as cancer. Often the unsuspecting physician or dentist institutes antibiotic treatment when the lesion is syphilitic. The indolent nature of the disease usually spreads when such treatment is instituted. However, the syphilitic lesion, leukoplakia, too, is associated with cancer. As a matter of fact, the tongue is a prevalent site for the existence of all three conditions. Should widespread leukoplakia be evident in a syphilitic tongue, it often becomes necessary to take multiple biopsies to rule out cancerous transformation.

The temptation to incise and drain a fluctuating abscess or to extract a portion of a tooth socket for histological examination of a tissue fragment from the wall of the abscess cavity or from the edge of the tooth socket, is quite common with dentists. Marked bone destruction may be a sign of periodontoclasia, abscess, and cyst formation. Cancer, too, particularly if it involves the walls of the maxillary sinus or alveolar process, will on many occasions stimulate such a picture radiographically.

Doctor Martin cautions that although most radiolucent or root cysts are benign and unilocular (with one cavity) and frequently removed by piecemeal curettage, such incomplete treatment will not suffice for the multilocular growth, which is probably adamantinoma, or, less often, giant-cell bone tumor, a loose sign of hyperparathyroidism, or at least a tumor not amenable to simple curettage. As a result, recurrence of the lesion is inevitable, with ultimate invasion of the soft tissues. Because the curetted cavity tends to become infected and often fails to heal, osteomyelitis frequently sets in. This is usually a tooth socket radical surgery. Sometimes, no cure is available.

It should be remembered that adamantinoma is slow growing and rarely metastasizes. Nonetheless, it is a steadily expanding and destructive growth. It does not regress with radiation therapy. Curettage is not only ineffective, but also allows extension of the lesion and more bone destruction. Wide surgical excision is the only remedy.

Therefore, should the dentist practitioner suspect adamantinoma, or any multilocular lesion for that matter, he should be prudent to refer the patient to an oral surgeon or tumor clinic for proper treatment.

Other Benign Tumors, Lesions

Infrequently, there are other benign tumors and lesions, minuscule in character, which often confuse the dentist and cause him to suspect malignancy. A series of twelve:

Dental Wives: The Day Has Come at Last!

by Kay Lipke

A whole new group of dentists will graduate this month from the various dental schools throughout the country, pass their state board examinations, and emerge with the coveted D.D.S. After their names and the heady thrill of being addressed as “Doctor.”

A great deal of the relief and the thrill which they feel will be felt by their wives, who have stood staunchly beside them while they went through school. As one of dental senior told me, “When my husband graduates I’ll feel that I am standing up there beside him graduating also.”

And no wonder! A great percentage of the men going through dental schools these days are married, and many of them have children, as many as three, four, or five. Often the wives have given up their own college studies to take jobs to help their husbands through dental school, some of them working until just before their babies were born and going back to their jobs shortly afterward.

When their husbands graduate, in addition to a teeterville pride in the men they married, they cannot help but feel that they are graduating also. Certainly they are graduating from the pressure, mental, physical and financial—which surrounds the dental student’s household during those crucial years of dental study.

Would you like to meet one of these 1956 newly graduated dental families? Very well, let’s call on Ralph and Nancy Sturdevant, as attractive a pair of young people as you would meet anywhere, anywhere.

Ralph Sturdevant was the president of the student body at the University of Southern California School of Dentistry during the past scholastic year. All through his four years of study he has been active in leadership, both as a student and as a student and is keeping scholastically up in the top portion of his class. He graduates with the coveted Blue Key, a high honor awarded to outstanding students in the nation as a whole. He also has been elected to Alpha Tau Epsilon, a local dental honor society. During his senior year he has done research work for the public health department in periodontics.

As president of the student body, he has served as chairman of the Student Body Council of the dental school, on the Student Loan Committee, and held a voting seat in the Student Senate of the University. He has helped to formulate a constitution for the dental school and to initiate an honor system. Ralph is a natural born leader.

And Nancy? What honors has she amassed and what have her duties been? Well, the principal honor, and (also one that all dental wives) has been a small and attractively healthy son, Ross, who is a dynamo of energy. At the time of my visit in the early spring, a new house was due to arrive in May between Ralph’s national board examinations, and graduation and state board examinations. Nancy is a charming girl, very proud of her husband and also proud that she has had a chance to help during the past four years. For the first two and a half years of Ralph’s dental studies, Nancy worked to help with the expenses. She has not held any outside position since, as well as in addition to looking after her husband and son and the housework, she is the keeper of the finances and the guardian of the budget. Quite a job.

Nancy is overwhelmingly glad that she and Ralph married young, and that she has had an opportunity to assume responsibility during his years of study. She feels that the wives of dental students are far more mature than many of the other young women who meets dental students in themselves born of the responsibilities they have shared.

Nancy thinks dental wives respect their husbands more than other wives,” is the way Nancy puts it. She feels deeply that being a dentist is the finest profession a man can enter. She feels that the wives have a great deal of the relief and the thrill which they have experienced. Nancy has thus come at last! Nancy has learned not to expect a lot of attention from her husband. He has a job, and he is a big one. She has a job also, and it, too, is a big one. And the future? That is decided for the next two years. In August Ralph Sturdevant joins the Army for a period of service. Both he and his wife are happy about it. It will give him a chance to make some useful decisions regarding his future plans, and it will give Nancy a bit of freedom from intensive budget watching.

In the meantime, they have a month in which to relax and have fun, and rejoice that THE DAY has come at last! P. O. Box 350

Albany, L. N. Y.

The Game’s the Same!

Though dentistry is strictly work, and golf is just for fun, they both have quite an interest in a hole-in-one!

Wildred Mason

Page Seven
A 75th Anniversary Campaign for $5,500,000 is now under way at Marquette.

Marquette University School of Dentistry
Alma Mater of 75 Percent of Wisconsin Dentists

All the people in the State of Wisconsin owe something to the Marquette University School of Dentistry. This school has graduated three-fourths of all the dentists now practicing in the state, it serves 12,000 patients each year, and it has what is believed to be the largest single-room clinic of its kind in the world—a clinic that contains 152 chairs, with the necessary apparatus. The school graduates eighty or more dentists in an average year.

The school is especially known for being the first to add a clinical diagnosis laboratory, thus emphasizing the medical aspects of dentistry. It also has a library of 8,000 volumes containing most of what has been published on dentistry in the past three decades.

Marquette serves the Milwaukee community with low-cost dental treatment, with about 40,000 appointments kept in a year. Restorative dentistry has reached a high level as a specialty. Doctor O. M. Dresen, the prominent dean of the dental school, sees a new era in children's dentistry when a projected $700,000 addition to the school is realized. Prevention of child tooth ills and postgraduate courses in that field will be stressed in the proposed new structure. Marquette now serves about 2,800 children annually, but expects to double that number with the new facilities.

Marquette University is conducted by the Fathers of the Society of Jesus. The professional faculty of the dental school numbers 115, of whom thirty are full-time members.