"THE LORD WHO MADE THY TEETH SHALL GIVE THEE BREAD."

(The Holy Prophet Zoroaster)
above $5,000 annual income. Because of this factor, according to the Participating Dentists’ Agreement, there was no restriction on my fees and those charged were my usual ones.

The services rendered consisted of prophylaxis, X-rays, gold and porcelain inlays as well as fixed bridges. Although there has been uneasiness among some members of the profession because patients, aware of the special schedule of fees for families having under $5,000 annual income, might not take kindly to the fact that I was charging my usual fees, my experience has been entirely pleasant in this respect. In no case has any mention been made by the GHDI patients about the difference between the fees charged and those appearing in the GHDI schedule. In most instances the difference was considerable. It was not necessary for me to lower my usual fees and the patients seemed pleased that part of the costs would be indemnified by GHDI. In all instances in which GHDI paid part of the fee, the difference was paid by the patient.

Discussing the paperwork involved, Doctor Traugott says: “Another early fear expressed by some dentists was that the completion of claim forms would be an arduous, time-consuming procedure. I have not found this to be so. Of course any insurance claim form must state when and what services were rendered, but the GHDI Form is so set up that the subscriber fills in all the other required information and the dentist’s part is comparatively simple.”

He underlines a fact often cited by Doctor Palmer, that the GHDI fee scale does not tend to depress the regular fees of dentists. He says: “Although my GHDI patients are fully aware of the schedule of fees of the Plan, the matter has never come up in complaints. Apparently, it is an understood and accepted fact that the fees paid to dentists by GHDI represent an insurance benefit and are not to be confused with private practice fees.” He adds: “In this group (under $5,000 income) we find the greatest neglect of dental care and consequently, in the full development of the Plan, the important increase in the percentage of the population seeking dental care will affect any difference in the fees. It seems clear, therefore, that the important factor is the effect that GHDI will have on the incomes of the dentists, and I am confident that it will be favorable.”

Doctor Traugott sums up as follows: “I have been glad to be one of the more than 3,700 participating dentists in GHDI for a number of reasons. First, I am in accord with the general philosophy underlying the Plan. I believe that dentists have a responsibility to understand the problem of providing dental care for the middle-low income groups and should participate in any sound programs activated for this purpose. It must be remembered that dentistry is a monopoly. Under the State law it can be practiced only by those who meet certain educational requirements. Consequently, dentists alone are in a position to solve this problem. In our system of government, the granting of a monopoly carries with it a demand for responsibility. It is because I recognize that this responsibility extends to the individual dentist that I am glad to have the opportunity of taking my share.

“Should the dental profession fail to meet this responsibility and should the problem of providing dental care for large groups in the population remain unsolved, the history of both medicine and dentistry demonstrates clearly that the government granting the monopoly will, if necessary, take over any responsibility which the professions fail to meet. A trend has been established in meeting such health problems by the institutions of the voluntary prepaid system. An astonishing proportion of the population is already enrolled in various hospital and medical plans. The consciousness of the need for a prepaid dental plan is apparent in many directions, and the dental profession must be ready to fulfill its role.”

BIBLIOGRAPHY


NEXT MONTH—PART 10

THE MENTAL ATTITUDE IN COLLECTING CASH

“It’s much more rewarding to apply the so-called ‘fast method’ early weeks than to be ‘in debt’ on the slow method later on.”

TRACING DOWN TOOTH DECAY

A report on the glisting studies of an Ohio State University dental research team.

SELECTING A CHRISTMAS CARD

Now is the time to give serious thought to this important chore.

A CONVENTIONAL STORY

These days convention time means fun and education for both dentist and dental wife.

MILADY IS A D.D.S.

An unusual, interesting feature about some of America’s distinguished women dentists.

GROUP DENTAL CARE PROGRAMS

Questions and answers about prepayment plans. An excerpt from a panel presentation on their experiences.

PUBLISHING MONTHLY BY TICONIUM 418 S. Pearl St., Albany, N. Y.

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fessional services are fresh in their minds, he has found that payments are made more promptly and, he believes, more willingly.

There is still another practical reason for this practice of billing promptly. By sending out the charges while the services are clearly remembered, there is less possibility of overlooking a fee or having bills pile up until the dentist or his assistant must devote hours to clearing them up. But perhaps the most practical reason for abandoning once-a-month or twice-a-month billing is the fact that it is no longer considered good business procedure. To accomplish this the dentist sets up a time limit for himself. He applies equally modest or, at the most, walk, the requests can be individually addressed envelope and the note itself is mailed out in a month, the requests can be individually typed without the time-cost becoming important, but a form may be substituted if a quantity is involved.

A less subtle reminder of delinquency is used by a dentist who practices in a residential area of a town of 100,000 population. It is his conviction that if theinquency note is mailed promptly after a patient, who has not claimed an error that had been made. In offices where only a few of the “reminder” notes need be sent out in a month, the requests can be individually typed without the time-cost becoming important, but a form may be substituted if a quantity is involved.

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Dear Mr. Patterson:

This Thursday evening I will be in my office between eight and nine, although I have no appointments for this period. If you have arranged this so you may stop by and perhaps bring along your check for the $50.00 for which you were billed on (date). Since this time has been set aside exclusively, Mr. Wilkins, I know I can depend on you coming in.

Thank you.

Very truly yours,

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November 1958

Frank M. Arouet

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Thank you.

Very truly yours,

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GROUP DENTAL CARE PROGRAMS

PART 9 OF A SERIES
BY JOSEPH GEORGE STRACK

The obligation indicated by this special interview period is intentional, yet any possibility of embarrassment is eliminated by the "exclusive" arrangement. This reminder of delinquency produces a very high percentage of response even though few appear at the office. Instead, checks are mailed in before the specified evening or the patients telephone to promise a definite payment date or explain why it will be necessary for them to delay a bit longer. In addition to the monetary return, the dentist feels the technique has mental benefits in helping him learn "where I stand.

If the timing of these collection efforts at three weeks and at forty-five days seem early for such activities, this promptness is based on the experience of credit authorities. As one man who has devoted a score of years to collecting overdue accounts states: "As a bill grows older it becomes proportionately harder—and more costly—to collect. It's much more useful to apply the 'soft' approach during the early weeks than to bring in dollars through a 'get tough' method later on." This is particularly true in a dental practice, where the good-will and the early return of the patient are important.

And, in addition to all these facts, the present condition of the economy calls for billing and collection practices geared to meet the immediate situation.

Impressions

I'm always amazed how well a surgical extraction will heal unfavourably in one patient and a simple extraction will cause days of discomfort in another. A well-made and well-fitted porcelain jacket is the most beautiful thing I find in dentistry. If someone would invent a simple suction device we could attach to our handpiece every time we grind gold, we'd do as well as the old-timers who wore gold dust in their thick rings.

Whenever a patient asks me what dentifrice I use, I always tell him that I use whatever samples I get. I visit some manufacturers of dentifrices that advertise on television would spend some time demonstrating correct toothbrushing instead of the "magic" of their products.

Unfortunately, progress to many dentists seems to be synonymous with gadgets—or why would they buy every new item on the market only to discard them the next week? Why do patients always fracture a denture tooth when eating bread—soft bread? Why is it that whenever a filling falls out a patient usually states by saying, "The filling you put in was always too short." What kind of man makes a good "family dentist"? A survey of mothers revealed the following desirable traits they looked for in a "family dentist": (1) arrangement of enough time so that the entire family can be checked at the same visit, rather than separate appointments for each child; (2) a close patient-doctor relationship wherein the dentist himself takes the time to explain the oral condition and needs of each member of the family; (3) willingness to arrange a family budget plan; and (4) a pleasant, friendly demeanor with the children.

M. J. T.

November 1958 tic

3641 Aspen Street
Philadelphia, Pennsylvania

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QUESTIONS AND ANSWERS

Many dentists are skeptical about prepaid dental plans of whatever kind. In fact this resistance is one of the major reasons why these plans have not spread at a faster pace than they have. Some interesting commentary on this situation comes from Doctor Bissel B. Palmer, originator and president of Group Health Dental Insurance, Inc. Doctor Palmer started out twenty years ago to develop a plan that would bring complete dental care to a large part of the population that otherwise would not receive that care. He also sought to develop in that plan a pilot program that would meet the needs for prepaid dental health care he believed labor, consumer, and other groups would soon be seeking.

Although the First District Dental Society of New York has given its approval to Doctor Palmer's GHDI Plan and although more than 5,000 dentists in New York City and twelve surrounding counties are participating in the program, there still are a number of non-participating dentists who are dubious about GHDI and all other prepaid systems.

Doctor Palmer, who must have the patience of Job, the wisdom of Solomon, and the diplomacy of Lord Chesterfield, after his two-decade struggle, has answered more questions than an army of contestants. Those questions have been shot at him by dental society representatives, charitable organization, insurance executives, dental laboratory owners, dentists, patients, researchers, actuaries, editors, reporters, legislators, welfare authorities, lawyers, politicians, and a host of others.

One question that is always being asked in one form or another is this: "Isn't GHDI and all other prepaid plans a step towards socialized dentistry?"

Here is how Doctor Palmer answers it:

"On the contrary. The voluntary health insurance movement in the United States has all but stopped the compulsory health insurance movement in both the medical care and surgical care fields. "But dentistry has lagged behind in the voluntary prepaid movement. This is why corporations and union-sponsored closed panel, contract forms of dentistry have been spreading. These new patterns of dental services are meeting a need, a need that, obviously, was not being met before.

"The fact that but one out of every three persons in the United States sees a dentist in the course of the year, and that even a smaller proportion of the population receives adequate dental care regularly, means that there is a problem which is begging for solution. Let us, the dentists of the United States, provide the leadership for that solution. If we don't, others will. GHDI is one way one group of dentists hopes to make needed dental care available and to keep dental practice private and free in the process."

The Committee on Dental Health Care Programs for Groups of the Dental Society of the State of New York commented on this plan and other plans last November as follows:

"This first plan, as well as the others which followed it, were originally projected as pilot studies, to determine actuarial figures in the utilization of a plan of this kind, with their very low fee schedules for providing dental care. The question that develops is: when does a pilot study become a program?"

"There can be no question of the highest professional ethics, it remains the conviction of this chairman, that dentistry, with its tremendous backlog of accumulated needs and prejudices, both physical and mental, can best be approached through the child, to let

"Dental Insurance, Plan, Inc. and Green Shield Dental Plan.
TRACKING DOWN TOOTH DECAY

Text and Photos by Authorized News

An Ohio State University dental research team has isolated a chemical substance in human saliva that inhibits or destroys bacteria commonly associated with tooth decay, Doctor Gordon E. Green, bacteriologist and member of the University's College of Dentistry faculty, reported recently. Doctor Green is chief investigator of a six-year-old study aimed at learning why some people are seemingly “immune” to tooth decay.

The anti-bacterial factor was described as a chemical entity which is found in the "globulin fraction" of saliva and is apparently peculiar to caries-immune persons.

Research findings indicate that the substance is a protein, or associated with protein, Doctor Green reported. Its further identity has not yet been established, although the university scientist and his associates are able to separate it from caries-immune saliva and test its biologic activities.

Since 1952 the dental researchers have made a series of studies to compare the bacteria in the mouths of both caries-immune and caries-susceptible persons, and to determine effects of salivary components on oral organisms. The “susceptibles” are adults with evidence of considerable tooth decay as revealed through clinical examinations.

Most striking difference in bacterial content of the mouths of the two groups of subjects was earlier found to be the significantly greater number of lactobacilli in the saliva of the caries-susceptible. These acid-producing bacteria were much lower in number and sometimes non-existent in the saliva of caries-immune subjects.

Previous culture studies and laboratory tests indicated that a “substance or mechanism” exists in the saliva of the caries-immune persons which could change the decay-producing potential of lactobacilli, and possibly other acid-producing organisms, by reducing their numbers and their ability to produce acid.

Recent studies show that the chemical substance, which the researchers have now isolated, attaches itself to lactobacilli immediately upon contact with caries-immune saliva. Growth of these cells also was inhibited when they were removed from the saliva and placed in other culture media.

Especially significant is the finding that cells treated with caries-immune saliva could be inhibited in growth or destroyed when placed in caries-susceptible saliva. Mixing of fractions of saliva from both types of subjects indicate that there is no similar anti-bacterial factor in the mouths of the susceptibles.

Next step in the research study, according to Doctor Green, is to attempt to discover the source of this chemical substance which destroys or controls bacterial growth, and the amounts that can be found in the saliva of persons with different tooth-decay rates.

Doctor Hamilton B. G. Robinson, associate dean of the College of Dentistry at Ohio State, is supervising the study. It is part of a larger research project, sponsored by Proctor & Gamble Co., dealing with causes and control of tooth decay.

THANKFUL HOST

Thanks be for egg yolk and albumen That help to keep teeth sound and human! Thanks be for apple, tangerine, And pear that help to keep them clean! Yet, since I must face sugar, starch, Inevitably I will be arch

And add my living might be poor If no one yielded to their lure! So praise the celery and the fruit And blessings on the crown and root! But should my guests pause long on pie, I shall not how my head and cry, But gracefully accept my lot— And open office on the dot!

by Helen Harrington

Doctor Gordon E. Green

of the students at the University of Zula School of Dentistry at Maracaibo are women.

Doctor Barkann feels that young women will have to be sold on dentistry as a career; that there is a need for dentists, that women are more and more seeking new careers, that women have the digital dexterity needed for the field and, being "gentle creatures," they would minister kindly to their patients.

And Here is Doctor Rizzo

Doctor Dorothy R. Rizzo, Chicago pediatrician and former secretary of the A.A.W.D., is a product of one method of enticing the field of dentistry: the graduate school. She started out as a part-time dental assistant while attending high school. Upon graduation she became a full-time assistant for several years. She then studied dental hygiene, graduated, and practiced in that field. Finally she took up dentistry, which is now her profession.

Not only is there a shortage of women dentists and women dental students, but also a shortage of literature on the subject. Doctors Dorothy Rizsak of Minneapolis and Mildred Dickerson of Washington, D. C., are ever willing to remedy this lack and the author is ever grateful to them for their assistance.

240 S. La Cienega Boulevard
East Beverly Hills, California
a liking for dentistry, and lots of hard work—both mental and physical."

This is Doctor Carter

Doctor Ruth Durley Carter has rolled up an impressive list of firsts to her credit during the past decade; in college she was the first president of Beta Kappa Chi (science honorary); in private practice she was the first woman president of the Mound City Dental Society; also, she was the first woman president of the Mid-Western States Dental Association, the first Negro admitted to membership in the St. Louis Dental Society, the first woman admitted to St. Louis University's Graduate School of Dentistry (in orthodontics), and the second woman admitted to the undergraduate school.

Doctor Carter, born in Tennessee, was reared there, in Ohio, and in West Virginia. In college she was active in her sorority, on the debating team, in the French and German clubs, the Y.W.C.A., and on the swimming team. She also visited Venezuela for three months. In orthodontics, and on the swimming team. She attended dental schools. Chapters are inactive at the Universities of Toronto and Pittsburgh, and there are no new chapters formed.

It was Doctor Barkann who, in a recent lecture tour, discovered that 80 percent of Finland's dentists are women, and are quite up-to-date in their dental training and skills. She also visited Venezuela recently on a lecture tour and found that 40 percent of her audience was comprised of women, and that most of them were attending dental schools.

**Upsilon Alpha Sorority**

Upsilon Alpha Sorority was founded in 1919 at a time when considerably more women attended dental schools. Chapters are currently active at the Universities of California, Minnesota, Illinois, Southern California, Texas, and Northwesterns and Marquette universities. The chapters at the Universities of Toronto and Pittsburgh are inactive.

Like the dental fraternities, membership is by invitation. Chapters can be formed only in schools with at least three women students. As a result, no new chapters have appeared for quite some time. However, a chapter remains active so long as the allocated members (local and non-resident) carry on, even though no women are in school. Currently, membership is at its lowest: under 200. Upsilon Alpha tries to stimulate interest in dentistry among women; to assist undergraduate women while in school and, at graduation, to promote study clubs; to keep in touch with women dentists in areas isolated from other women dentists, and to serve as a strong tie between its members generally.

The Association of American Women Dentists was founded in 1921 and is open to any woman dentist who is a member of the American Dental Association. It has no scientific program (essays, clinics) and meets in conjunction with the annual A.D.A. convention. Its purposes are similar to those of Upsilon Alpha and both have scholarship loan funds.

**SELECTING A Christmas Card**

By HAROLD J. ASHE

CHRISTMAS CARDS BY THE DRAWING BOARD

At this time—and no later—a dentist should start giving serious thought to the kind of Christmas card he's going to send to his list of patients. Perhaps his wife or office assistant may take over this responsibility.

Certainly this gesture is both inexpensive and generally welcomed by those remembered by a dentist. Probably few patients will critically note the absence of a Christmas greeting from their dentist and, therefore, a dentist may "safely" fail to send out cards. This misses the point by a wide margin. When cards are received, patients will feel a certain warmth, however momentary, that their dentist indeed has remembered them, that they are not entirely unimportant in his busy professional or personal life.

Aside from the sentimental reason for sending out Christmas cards, it represents good public relations. It is doubtless wisdom to pass on this once-in-a-year opportunity, even if a dentist cannot fully enter into the spirit of the season at the early date necessary to place a Christmas card order.

The choice of the Christmas card to be sent to patients should not be a hurried one. It may be necessary to look over several competing lines before the "just right" card is found. A few words may not be amiss about various types of cards available for a dentist's imprint. These range from religious themes to cards of a non-religious character. An almost limitless number of non-religious cards are in excellent taste, reflect credit on the senders. These include both domestic and imported cards depicting famous buildings, scenic views by various reproduction processes. Many famous painters now execute paintings especially for Christmas card reproduction.

In addition, there are humorous cards available, some in bad taste. Others are flippancy, if not disrespectful of the Christmas season and its spiritual significance. Some of these cards are harmless enough and may be sent out on a highly selective basis to a few patients or friends. It is extremely risky to blanket a patient list with such cards, considering the probable adverse reaction by many patients. Even the harmless humorous card may give unexpected offense in some quarters. Most patients, in varying degree, have religious ties and convictions.
These are strengthened as the Christmas season approaches. They may be extremely resentful of any card which flippantly assails their convictions and beliefs or seems to.

On the other hand, a dentist may hesitate to send out to his patient list a religious card. He may wisely card which flippantly assails their convictions and executed and in conservative good taste.

A church appears somewhere in the scene as an inc­compromise by using a card in which, for example, should be used in dental part of the whole, and one of uncertain de­

Finally, as a concession to certain faiths, no card should be used in which Christmas is abbreviated. This, too, can give unintentional offense to some patients.

For a dentist's personal mailing list (including those who are both patients and friends or close acquain­tances) personal choice may be exercised, with less restraint than earlier cautioned. They may be those who are both patients and friends or close ac­
tient list. A family imprint rather than a profes­

A dentist may wisely extend his Christmas card list to include certain non-patients who, nevertheless, values either professionally or personally. These may include, elevanor sources or operators, building juniors, professional colleagues, office neighbors, civic and club leaders, certain practitioners, school nurses, druggists, and others.

While not, strictly speaking, germane, at least a few persons who have served a dentist through the year may deserve small tokens of appreciation slipped inside a Christmas card. Some gift-giving is obviously getting out of hand. Nevertheless, some persons who, by their services and thoughtfulness, should be remembered, are not. This is a matter for a dentist to determine for himself.

In selecting Christmas cards, good taste has no price tag. It is not necessary to go overboard in buying Christmas cards; neither should false economy be practiced. A small fraction of 1 percent of gross receipts should detract all costs of Christmas cards, result in getting a card which favorably reflects on the sender while giving pleasure to patients. The slight postage saving considered, it is probably better to send cards first-class.

(Editors' Note: The Drawing Board, P. O. Box 505, Dallas, Texas, specialties in cards designed especially for dentists.)

P. O. Drawer 807
Beaumont, California

COMMANDER Sara G. Kneit, first woman dentist to serve in the U. S. military.

During the past five years, the U. S. Public Health Service has had three women dentists, two of them serving as dental interns (1955 and 1956), both resigning at the end of their terms. Presently, there are no women dentists on duty.

Both Major Myers (inactive, Army Reserve) and Captain Rachlin (active, Air Corps Reserve) maintain that they have asked for no special consideration because they are women, and have received none. The rules and regulations of the four services take the same position. However, there are some differences that should be kept in mind. One military bulletin puts it this way: the dentist most desired by the military is the one who is career-minded, marriage tending to divert the female officer to family pursuits. Pregnancy requires mandatory discharge from the service. If married and the husband is also in the military, joint assignment to the same base is not always possible. Finally, female applicants may not have dependents under age eighteen. In the Navy, too, women dentists are not assigned to duty on board ships or with units of the Fleet Marine Force.

Women, understandably, wear uniforms different from those of male dental officers. They are similar to those of the WACS, WAVES, and WAFS.

Introducing Doctor Poetsch

Doctor Henriette Poetsch is a graduate, class of '32, of the Faculdade de Odontologia de Pelotan da Universidade do Rio Grande do Sul (Brazil). She recently returned to her home, having finished a one-year scholarship at the University of Alabama, doing graduate work in pedodontics. These fellowships are granted to outstanding students by the Rotary International Foundation to promote education and international friendship.

In Brazil students are admitted to the four-year university course after four years of high school and three years of colegio (college), the latter being pre-university courses in basic subjects, not pre-dental as such. Many women are enrolled in dentistry, with the number increasing yearly. Most of the women graduates are in private practice. (In the United States about two-fifths are self-employed.)

Doctor Poetsch recommends dentistry as a profession for women because of its many branches and specialties and because of the flexibility of its hours, allowing for a combination of career and other activities.

A Mother-Son Combination

Doctor E. Pearle Bishop and Doctor Donald K. Bishop, dentists in Denver, Colorado, form the only mother-son combination in the nation. They share an office.

After thirty-five years of practice, Doctor Pearle feels there is no other profession, especially for women, "so gratifying." She comes from a family of dentists and physicians, although she first studied music and education. However, with two children to support, she was unable to make a living in teaching either music or school. In 1913 she went to work in the University of Denver dental laboratory and in 1917 entered dental school. Despite her duties as mother, lab assistant, instructor, and student, she graduated in 1921 highest in her class.

"Dentistry is an outstanding profession for women," concludes Doctor Bishop, "from both humanitarian and financial viewpoints. I don't think I've ever heard of a woman dentist who hasn't been a success." However, she does make this reservation: "To be a dentist takes considerable mechanical ability,
Probably the first woman in the United States to practice dentistry was Emeline Roberts Jones. She was born in 1825 in the state of Pennsylvania. Her grandfather was a German farmer. She attended medical college in Cincinnati, Ohio, and received her degree in 1874. She practiced dentistry in Columbus, Ohio, and was a member of the Ohio Dental Association. She was the first woman to be admitted to the dental schools in the United States. She was married in 1854 to Dr. Robert Jones. They had four children: three sons and a daughter. She died on November 13, 1879, in Philadelphia, Pennsylvania. She left behind a legacy of devotion to the profession of dentistry. She is remembered as one of the pioneers in the field of dentistry. She was a role model for women who wished to pursue careers in dentistry.

She moved to Iowa and was invited to membership in the dental association of that state. Finally, she was admitted to the Ohio Dental College and received her degree in 1866. By 1880, women were fairly generally accepted in the dental schools. Though most women in dentistry were Europeans, by 1892 there were enough United States women dentists to form the Women’s Dental Association, the forerunner of the Association of American Women Dentists.

During World War II, the U.S. Navy did have two women naval reserve dentists on duty: one at the Great Lakes Naval Training Center (1944 to 1946) and the other at the San Diego Naval Hospital (1942 to 1946). One of these has since resigned her commission, while the other is on inactive status in the grade of commander.

She feels her career in dentistry, in the military, and in aviation has helped to implement the credo of the International Soroptimist Association, of which she is a member: “To promote a universal spirit of friendship and service as being conducive to international peace.”

This is Doctor Rachlin

There is today but one woman dentist on active duty with the military. She is Captain Raya Rachlin, serving presently in Athens, Greece, having gone over here on active duty with the U.S. Naval Reserve in January 1954. Captain Rachlin is a general practitioner from her own Piper Crusier and Calver Cadet in the 1940’s through courtesy flights in military craft while in the service up to the present with the Lancaster Civil Air Patrol. Any day now she hopes again to own her own plane, finances permitting.

There was a time when the wives of the doctors in the family started off jauntily as N. W. Neff. A fashion show, like a dab of whipped cream, topped off the affair. When the dentist in the family started off jauntily on Monday morning for the convention headquarters to attend an eight-thirty breakfast with members of his particular dental specialty, we were not far behind him. We had a date ourselves at the Dental Health Branch which was the opening event of the dental auxiliary meeting at a prominent midtown hotel. It was a stimulating affair, with crowds of vital wives of dentists pouring through the doors of the hotel, arms filled with flowers and props with which they planned to illustrate clearly the progress they had been making in their dental health programs. It was fun to line up to register and receive our badges and have coffee served in the foyer to revive our early morning spirits until the doors of the dining room opened and we could be fed.

The food was delicious, the company at our table most stimulating. Everyone seemed to have accomplished an enormous number of things before coming to this early morning event. Everyone appeared to be filled with enthusiasm and good will. Everyone had on a new hat.

The program was excellent. Group after group put on their skits dramatizing their dental health activities. A prominent dentist, who had foregone his own convention to speak at ours, told us how important women were in the overall dental health picture, especially in preventive dentistry. He praised the large amount of money we were pouring into the program and the work we had been doing in the past. At the same time he challenged us with the reminder that the growing birth rate meant far more effort (and money) in the future.

Then came elections, and we disbanded, to meet the next day for installation of officers and a report on the National Association of Dental Auxiliaries by the president, Mrs. Cecil W. Neff. A fashion show, like a dab of whipped cream, topped off the affair.

When the dentist in the family started off jauntily the first day at the big dental convention downtown, no longer did we listen ever so the account of his stimulating day. Instead, we sat on the edge of our chair waiting. We had a conventional story of our own and could hardly wait to tell it.
Doctor C. Marcella Heller was raised in Ideal, South Dakota, and now practices in Faith, South Dakota. As a dentist and a faith were possibly the attributes that made Doctor Heller the only woman dentist currently following her profession in the entire state of South Dakota.

As such, she is one of slightly over 2,000 women dentists in the United States (1950 census), a number comprising less than 5 percent of the nation's total. By comparison, 80 percent of Finland's dentists are women and perhaps 45 percent of Venezuela's. Nor is this ratio destined for an early change, as only slightly over 100 women students were enrolled in U.S. dental colleges during the past scholastic year; less than 1 percent.

Doctor Heller's parents were homesteaders in Ideal, South Dakota. She grew up there and graduated from high school. She attended business college in Nebrask and worked in Omaha until she acquired sufficient funds for college. In three years she earned an A.B. degree in economics from the University of Redlands (California). During World War II she served in the American Red Cross club program in Hawaii and Guam. For a short period, when the war ended, she taught in an Army school in Hawaii, then rejoined the American Red Cross in Nebraska and worked in Omaha for over two years. Her nearest colleague is located seventy miles north in Lemmon, while the townfolk of Faith for over ten years. Her nearest colleague is located seventy miles north in Lemmon, while the townfolk of Faith and the neighboring ranchers keep the only woman dentist in South Dakota quite busy.

About this time she decided upon a dental career. In 1928 she was admitted to Northwestern University Dental School after completing prerequisite science courses at the University of Arkansas. She joined a small "accelerated" group that completed four years of study in three, receiving her degree of D.D.S. in 1935. After qualifying for an Illinois license, she associated with an established dentist in the Chicago Loop district. A year later she took in the South Dakota examinations, given at the State Penitentiary, and passed.

In the next few days, Doctor Heller made a quick tour of her native state and felt so completely at home, so wonderfully free in the land of the big sky, that she decided to return. She settled down in Faith, home to some 100 souls, and set up her office in the Memorial Hospital. There had been no dentist in Faith for over two years. Her nearest colleague is located seventy miles north in Lemmon, while another practices over 100 miles east. The townfolk of Faith and the neighboring ranchers keep the only woman dentist in South Dakota quite busy.

Doctor Heller is of the opinion that, with so many women in the national working force, an increasing number should consider the profession of dentistry. As a dentist, she likes to feel that she is providing a useful and necessary health service; she likes people, likes to work with her hands, and likes the independence of her own practice. She has a word of encouragement for the older student and the one with a limited bank account. She herself began dental school when she was past thirty and was probably the oldest in her class of ninety-five men. She had no financial assistance in her college work and got by with a part-time job during school and with savings from her earning years.

Meet Doctor Kinninger

There are some 8.253 schools and over 500,000 students in the Los Angeles school system. It is the second largest in the nation, surpassed only by that of New York City. The dental health education of this vast setup is under the direction of a dentist supervisor, Doctor Alice Kinninger, graduate of the University of Southern California School of Dentistry, former orthodontist, and mother of two teenage daughters.

The dentist supervisor works under the direction of health education and health services branch (a physician) and formulates and directs the school dental program; supervises school dentists and dental hygienists as to school dental examinations and dental health education; advises physicians, nurses, teachers, and others as to their participation in dental health education; coordinates the activities of the dental section with other educational sections; adopts or prepares dental health education materials; and, finally, cooperates with public and private dental individuals and organizations in the utilization of community resources for improving dental health education and health services.

In a school system as large as Los Angeles this is a big job.

One of the more interesting projects of this department is the annual "Smile of the Year" contest, adopted by many school systems since it was originated in Los Angeles some six years ago. Each year the principals of junior and senior high schools are invited to join in sponsoring this event. Currently, there are fifty-two schools cooperating in the program, in which two winners will be selected, a boy and a girl. It is perhaps incidental that attractive and healthy teeth make for a winning smile.

Doctor Kinninger graduated from dental school in 1928, practiced orthodontics for a number of years, then retired temporarily to raise a family. She is today the mother of two teenage daughters, the older of which just recently returned from a year's exchange scholarship in Denmark.