TICONIUM DIVISION
CONSOLIDATED METAL PRODUCTS CORP.
SINCE 1897
ALBANY 1, NEW YORK

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"TEETH HADST THOU IN THY HEAD WHEN THOU WAST BORN
TO SIGNIFY THOU CAMEST TO BITE THE WORLD."

(III. HENRY VI. ACT V. SCENE 6) KING HENRY
"Owing to the many commitments the Canadian Armed Forces are now called upon to fulfill, the conditions under which you must operate vary greatly: you may work under the ideal conditions of this School, comparable to those available at a great base or general hospital, where the latest equipment is available; you may find yourselves working under the difficult conditions of a forward dressing station, where men suffering from terrible head wounds require attention, and you may have available only the facilities provided by a mobile dental lorry. I trust that this School will always remember that its students must train to work under active service conditions."

The following types of training are conducted at the School:

- Refresher courses for dental officers in the various aspects of the profession peculiar to a dental service in the Canadian Forces. Militia qualifying courses. Qualifying courses for RCDC Officer Cadets. Trade tests, assessments and refresher courses.

The minister also inspected a guard honor under command of Captain G. A. Casenave, C.D., of the School staff. Music was provided by the Royal Canadian Air Force Training Command Band. A garden party at the Royal Canadian Army Medical Corps Officers' Mess followed, with the Royal Canadian Dragoon Band in attendance. The guests were given the opportunity of hearing the new official Royal Canadian Dental Corps March with Captain J. M. Gayfer, the composer and Bandmaster of the Canadian Guards Band, Camp Petawawa, as guest conductor.


Library and reading room.
Are you getting ahead, drifting, or dropping behind financially?

Fessional earnings are luring him into a false sense of security. During this most favorable period for setting aside some earnings for additional investments, his net worth may actually decline. Because of higher professional earnings, he may feel no urgency to increase his investments.

An Example of Decline

For example, a dentist on December 31, 1953, has a net worth of $20,000. Five years later his balance sheet shows net worth of only $18,500. He's poorer by $1,500, despite five years of close attention to his practice, and he's getting no younger. This attrition, expressed only in nominal dollars, does not tell the whole sad story. With depreciation of the dollar during this five-year period, the decline in net worth is even greater. Even if his net worth at the end of five years stands at $21,000 or $22,000 he's made little or no real gain, purchasing power of the dollar considered. He certainly can't congratulate himself.

To take any real comfort from his net worth, a dentist during his best earning years should see it steadily mount. This increase should be a real increase and one sufficient to be substantial—after taking into account the value of the dollar.

A balance sheet, to be of any real comparative value, should be drawn up on the same date each year. In his 1957 year-end balance sheet he conservatively carries it at original cost which, in itself, is all right. However, in 1958 some other holdings decline in value. To make his net worth look better, he now adopts a new rule, values his business property at $35,000. Consistency is abandoned and, by earlier rules followed, net worth is distorted. His 1954 through 1957 balance sheets are useless for comparative purposes. He's kidding himself.

Depreciable Assets

Any realistic balance sheet should take a hard-boiled view of all depreciable assets, whether income-producing or not. Values, over the years, should reflect this depreciation to the extent depreciation is not offset by a rise in value, such as in the case of certain real estate. Conserving values should be the rule in drawing up a balance sheet. The only values if there is no precise way to establish values, such as market quotations, a dentist should err on the conservative side consistently. That is, he shouldn't place a low value one year, a high value the next year, or vice versa. This will only mislead him in his comparative studies.

For example, a dentist purchases in 1953 year-end a business property free-and-clear for $50,000. Despite depreciation, its resale value rises each successive year. In his 1957 year-end balance sheet he conservatively carries it at original cost which, in itself, is all right. However, in 1958 some other holdings decline in value. To make his net worth look better, he now adopts a new rule, values his business property at $35,000. Consistency is abandoned and, by earlier rules followed, net worth is distorted. His 1954 through 1957 balance sheets are useless for comparative purposes. He's kidding himself.

The Royal Canadian Dental Corps School at Camp Borden, Ontario, was officially opened by George R. Pearkes, V.C., Minister of National Defence, on June 13, in the presence of a distinguished group of service and civilian guests. Colonel B. P. Kearney, M.B.E., C.D., is Commandant of the School. Brigadier E. M. Wansbrough, Director General of Dental Services, welcomed the guests and introduced the Minister, saying in part:

"Here, under ideal conditions, we hope to develop for both officers and other ranks, the skills, techniques and knowledge which will allow us to perform our allotted task of providing the highest standard of military dental service for the Canadian Navy, Army and Air Force.

"Military dentistry is very different in its professional and technical aspects from routine civil dentistry. However, it must be so regulated and administered in any military situation that it will be made readily available wherever our Forces happen to be located. It must be of such scope as to prevent dental suffering, promote dental health, and assure a minimum loss of duty time by our troops. The training of personnel, both professional and non-professional, the proper assignment of such to assure the full utilization of each individual's talents, the provision of suitable working locations with the best military equipment, are the factors which govern the successful practice of military dentistry. We are much indebted to the authorities who have helped make our aim possible, by the erection of this building."

Minister Pearkes recalled some of his war experience in these words:

"I have special reasons to value this link with your Corps because I have vivid memories of the suffering of the men of my battalion in the First World War had to put up with owing to the shortage of Army dentists. If I remember correctly the establishment provided one dentist to each Field Ambulance, and that would work out to about one dentist for each 5,000 men or more."

He reminded the Corps of its many, far-flung commitments.
cause of their effect on the development of the embryo between the sixth and eighth weeks. This is so because it is at this time that the organizational characteristics of the various limb buds, and so forth are determined. The strength of these early organizational characteristics can most easily be seen in the results of some experiments in which a small amount of formless albumen from the egg of a Rhode Island Red chicken was injected into the egg of a White Leghorn. The innate growth tendencies of the injected albumen was so strong that the resulting chickens showed a few scattered red feathers. In the same way, if the initial organization of the head or of a leg is disturbed, some defect such as a cleft or a club foot may be expected.

Maternal infection or disease, by disrupting the mother's blood balance or subjecting the embryo to higher fever temperatures, may easily disturb organization. This has been known only since 1941 when the influence of maternal German measles was established as a factor in the etiology of a syndrome of congenital anomalies centered about the head. Since then researchers have been investigating all agents which might act on a developing embryo. Those which seem to have the most definite influence in causing clefts in humans are maternal influenza, tuberculosis, diabetes, nephritis, mastoiditis, and measles. Severe viral infections have also been implicated by the increase in the number of anomalous births during periods of war and food shortage.

Fortunately, two factors reduce the influence of maternal health on a developing embryo. First, as has been said, the crucial period of development is between the sixth and eighth weeks. After that disease and poor maternal health do not have the same direct effect on the pattern of fetal growth. Second, experiments with rats indicate that some strains are highly resistant to embryo damage and some embryologists believe that, unless there is a recessive tendency towards clefts, maternal health is unimportant.

The third basic cause, poor blood supply to the embryo, is sometimes a corollary of ill health or malnutrition. If the oxygen level in the mother's blood is low, severe damage may be done. The offspring of pregnant rats held in an oxygen-deficient atmosphere will often have an 80 percent incidence of clefts or other head anomalies. Similarly, maternal hormone imbalance may prevent adequate development of the utero during pregnancy, thereby shutting off proper blood supply. This is most apt to occur in very early or very late pregnancies.

Two factors which are independently significant are placental attachment and syphiling competition. A weak attachment of the placenta, usually in an awkward spot on the uterus, will frequently provide so inadequate a blood supply as to fail to supply enough oxygen for proper development. Multiple pregnancies sometimes show a strong healthy infant and a weaker sibling which has apparently been cheated of its needed blood supply. This may be the result of a weak attachment of the second placenta or caused by a twisting of the umbilical cord.

Although we now know enough about the causes of these congenital defects to give thousands of people the information they need to face life with less dread and shame, there is much more we need to know. One source of added information is detailed reports of all births and the listing of all deformities in addition to maternal health record. Wisconsin requires such reporting and more states should set up similar programs. It is only by gathering complete records and by continuing laboratory research that we may someday learn enough to be able to take positive steps to prevent these tragic accidents which are now visited on nearly 4,000 American families each year.

PERKINS HEADS DENTAL SURVEY

The appointment of Doctor John A. Perkins, president of the University of Delaware, as chairman of the Commission on the Survey of Dentistry in the United States has been announced by Doctor Arthur S. Adams, president of the American Council on Education. Doctor Perkins has been president of the University of Delaware since 1950 except for a one-year leave of absence in 1957-58, when he served as Undersecretary of Health, Education, and Welfare. Prior to 1959, he taught political science and public administration, served as budget director for the State of Michigan, and held a number of other administrative and advisory positions. In 1959-60, he was a member of the executive board of UNESCO.

The two-year $40,000 survey of dentistry will include an impartial study of dental education, practice, research and health, as well as a dozen special studies.

Shakon and Nuraan Adhin of Ablades, Mass., the first two to graduate from the Tufts University School of Dental Medicine in 59 years, pose with their dean, Doctor Cyril D. Marshall-Day. The two received their degrees last June.

All assets, all liabilities, regardless of their nature, whether professional, income producing or personal, should be used in drawing up a balance sheet, determining net worth. Arbitrarily excluding certain items—even if consistently done—will result in a distorted comparative picture from one year to another. For two successive years, a dentist's balance sheet may show a comfortable savings account balance of around $2,000. The third year's balance sheet shows only $200. The latter year's balance sheet will be incomparable if it fails to show the value of a new car acquisition, involving $1,800 cash and trade, just as earlier years should reflect the then value of the old car later traded in. He has exchanged a quick asset, $1,800 in cash, for a fixed asset of declining but, nevertheless, present substantial value. Certainly if the dentist had withdrawn $1,800 from his savings account and invested it in stocks he'd have reflected the latter's value in his balance sheet.

In determining net worth, a dentist should be particularly vigilant to offset all assets with all liabilities of whatever nature. It's a human tendency to count assets, forget about liabilities, particularly those which are amortized, are met out of professional earnings, often painlessly. These should include open accounts, unsecured loans as certainly as those secured against properties and other securities. The latter's value in his balance sheet.

In drawing up a balance sheet, a dentist should realistically view aging professional accounts receivable, other outstanding obligations owed him. If, in fact, they are uncollectible, he shouldn't enter them as assets. The longer a dentist is in practice, the larger these accounts aggregate. Carrying uncollectible accounts receivable as assets can also distort net worth, create a false some of financial well-being.

Professional Accounts

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The Prosthetic Patient

BY ARTHUR H. LEVINE, D.D.S.

PART 2—CONCLUSION

Of all the patients who seek dental treatment, the one who deserves the most attention and frequently gets the least is the prosthetic patient. He is deserving for two reasons. First, loss of teeth and their subsequent replacement can be an emotional shock. Second, the fee is usually large enough to take care of extra time and attention.

Prostho-donitics, although a branch of dental science, is anything but a science. True, the practice does involve the use of scientific criteria and instruments, many of which have improved through the years. Beyond that, however, there is not much of a scientific character. In treating human beings it is difficult to establish laws or rules that apply equally to all, as they would in a true science. The concept that prosthetics, like dentistry in general, is an art must be clearly established. For then it will be evident that the dentist, in this instance, is dealing more with people than with things.

The statement has often been made that a dentist does not sell a denture; he provides a professional service. The difference is so significant that it bears special mention. The shopper goes into a supermarket, selects a product from the shelf, examines it for weight, size, quality, and so forth, then takes it or leaves it. But a patient who enters a dental office in need of a denture is not, in essence, buying a product. In the first place, most patients involved in anything as costly as a denture service want to know what the fee is in advance. Public acceptance of fees is rarely as significant as in some negligible services. Then a discussion may ensue describing all the inequities of the situation. It usually ends on the note that nothing can be done to change things because the public has become used to it.

This implies that indoctrination of the public concerning denture fees and filling fees was managed early in the history of these things. In other words, the public was started on the wrong foot and it is too late to change. Nothing could be further from the truth. The wide divergence of fees between a restoration and a prosthesis is neither hit or miss. It indicates that the public senses quickly what service can be completed when it involves placing a filling, and how long it may take when a denture is involved. Public acceptance of fees is rarely as whimsical as some men believe.

Since some denture cases take a long time while others are completed quickly, it may be argued that a fair procedure would be to give the patient a fee after the service is completed, based on the time involved. Theoretically, this may be sound but it has many practical disadvantages. In the first place, most patients involved in anything as costly as a denture service want to know what the fee is in advance. And the dentist must protect himself against all contingencies. More serious, however, would be the feeling in the patient's mind that it would be to his financial advantage to have things rushed. Even after the service is completed, based on the time involved, the patient might question the need for some of the visits towards the end of the treatment.

The most satisfactory fee basis is the one which provides the dentist enough time to carry out his objective: the patient's ability to chew his food under normal conditions of health, comfort, and esthetics. The fee must be determined individually by each dentist.

A professional service implies a professional obligation. This means that once the patient has entered into a contractual relationship with the dentist, whether implied or specific, the patient becomes the full responsibility of the dentist. In thinking of this responsibility, it would be well for the dentist to

Although dentists in general practice do not have much contact with, or do much special work for, patients with cleft palates or other oral deformities, they do frequently have initial contacts with such patients before referring them to specialists such as orthodontists, speech correctionists, and others. In many small communities, however, the general practitioner must be quite self-sufficient in dealing with such cases because of a lack of referral opportunities.

In either case, when a patient with a facial or oral cleft comes in, the dentist has a delicate job in human relations. What are you to say to this person who feels that he is so unlike the rest of the world? What are you to say to the parents of a small child afflicted with a cleft? Speech correctionists can readily sympathize with dentists because they too have this problem. Both professions are sought out for advice, yet what they say may only confirm fears instead of bring hope. Both professions are therefore emotionally threatening and potentially dangerous to people involved with clefts.

It isn't enough for us merely to say that one out of every 700-900 children is born with an oral or cleft anomaly. Such assurances do nothing to relieve the feelings of horror, secrecy, guilt, and shame which are compounded in the cleft palate case's peculiar pattern of adjustment. Frequently, they answer the misguided question, "Why did it happen to OUR child?"

Speech correctionists find that cleft palate cases are among the most difficult to motivate. Frequently, even after surgery has apparently corrected all structural deformities and when muscular control seems adequate, a cleft palate patient will not improve, will not, it seems, try to improve. In many instances this may be not only because of a fear that, once the speech problem is overcome, the cleft will still be an outcast, but also because some speech cases actually want to keep their speech defect. It serves as a kind of protective camouflage behind which they can hide in the hope that, if their speech attracts enough attention, the physical defect will not be noticed.

A vital prerequisite for good motivation and the good mental health which such children of a family, there is a chance that such congenital anomalies will be very undesirable. The greatest importance of heredity, however, seems to be as a predisposing or weakening factor which makes the embryo unable to resist damage by other agents. Perhaps the greatest curiosity alone is not the cause of some clefts in the fact that identical twins will often show a considerable difference in the extent to which they develop abnormalities.

A diagnostic note of interest to dentists is that unusually small, weak, irregularly-shaped lateral incisors (especially when associated with a very high palate arc) are the chief evidence of a congenital tendency towards clefts. If some symptoms are found in other members of a family, there is a good chance that the basic etiology is hereditary. The two other basic causes are the most important be...
gone up with the same results. Now on the horizon, there promises to supplement existing medical plans and to come closer, at least, is major medical coverage which promises to supplement existing medical plans and to come closer, at least, is major medical coverage.

"Then there are the pension plans, which are very popular and very costly. Life insurance also claims a large part of the fringe benefit dollars spent and the costs of all these benefits are staggering. Now dental prepayment comes along and must take its place in the line. Even after the adequate dental education of the public has been achieved and there is heavy demand, there is the problem of where the dollars will come from. Many unions have expressed keen interest in the CDHI and other appropriate organizations within the dental society. The solution of the many problems involved will come only with accumulated knowledge. The dental profession has an obligation to the public interest to accept responsibility for acquiring the required pertinent data.

"Sure pain is localized, but it goes everywhere!"
Before I finally found my Ideal Dentist I quizzed more at the prospect of a dental appointment than a year's exile on the treadmill without matches. I still wouldn't prefer an appointment to a European tour even to a quick trip down our back alley, but no longer does it channel my dreams into white-nightmares with unending buzzing. I can trust my Ideal Dentist for this welcome change. (He really exists but would be embarrassed by this tribute, so I won't give his name.)

As I entered his waiting room I looked around for something I had often seen in other dentists' offices, something that always makes me stiffen and clutch my purse—a copper plate riveted on an expensive-looking piece of wood and etched with some high-sounding words about the pros of you-see-if-you-don't-lavish-money-on-your-teeth. To my relief, only attractive pictures adorned the walls.

The stage was set for Himself. He greeted me pleasantly but wasted no time in chit-chat aimed to soothe me with few words; just the calm, smiling presence helped my pre-chair jitters. I was too preoccupied with fear of the drill to note the assistant's humming was that he didn't realize he had put into each. At such times a patient can't help thinking: "He wastes so much time, no wonder he charges so much!" or is it that he has so few patients he can afford to give all this time to lecturing? All I want is to know what he's going to do, and then get it over.

"Quietly he explained just what he would do next."

I began to worry that he didn't have the proper equipment to finish the job. Frenziness has its place, but in a dentist's chair I prefer the illusion that he was doing it. His cigars, though, were a different matter. I know the work must be taxing, but even when he goes to the next room to smoke a cigar between drillings, it is about as welcome as garlic breath or the odor of boiling cabbage.

And now you begin to understand why I have searched a couple of decades for my Ideal Dentist: this temperamental patient is hard to please. But in a dentist's chair I prefer the illusion that everything is going perfectly.

This may sound like a frivolous question, but, really, should a dentist hum as he works? The only possible reason I could think of for my former (not Ideal) dentist's humming was that he didn't realize he was doing it. His cigars, though, were a different matter. I work the must be taxing, but even when he goes to the next room to smoke a cigar between drillings, it is about as welcome as garlic breath or the odor of boiling cabbage.

But in my case the assistant calmed me in. In this: a find a: nojilling, just quick, efficient movements, with an occasional calm word of instruction to the assistant. Did anything go wrong? I wouldn't have known if it had. And I wouldn't want to know: my previous dentist had grumbled about crossed tubes, missing lights, or such. I am a dentist; I'd select an assistant even more carefully than a wife; she'll have more to do with professional success.

The Torture Chamber came next. That first visit I was too preoccupied with fear of the drill to note much. Later I saw that everything was spotless, the instruments neatly arranged. The temperature was coolly comfortable.

The stage was set for Himself. He greeted me pleasantly but wasted no time in chit-chat aimed to distract me. I always feel a little insulted when dentists are obviously engaged in Distracting the Patient; such a device seems to imply that I haven't a reason of my own to keep me company. Quietly he explained just what he would do next.

Not technical, and in detail, of course; for he realizes that to most women such subjects are not of overwhelming interest. What a contrast he was to another dentist who used to bore me to nail-biting by bringing out first one little tooth model and then another and elaborate on just what workmanship he had put into each. At such times a patient can't help thinking: "He wastes so much time, no wonder he charges so much!" or is it that he has so few patients he can afford to give all this time to lecturing? All I want is to know what he's going to do, and then get it over.

I won't give his name.)

Ideal Dentist for this welcome change. (He really exists but would be embarrassed by this tribute, so I won't give his name.)

There is no question that a premium plan should be allowed to make a profit from these sacrifices. It is for this reason that the trend for prepayment service is so strongly toward the non-profit group. However, because such insurance organizations do not pay dividends, and have no stock or bond issues, they are limited in their quest for initial capital to the sympathetic understanding of philanthropic foundations and individuals. However, these organizations and individuals are scarce from many quarters for support and dentistry must compete with the whole field.

Another thorny problem for the dental insurance carrier is that of sales. A prepayment plan must not only create a demand in the general public for the job in itself, but must also compete for the fringe benefit dollar with a variety of competitors." Doctor Palmer points out: "Another at least as important, if not more important, of these is the hospital and medical-surgical plans. These have been in existence for over a decade, have done well, and have the habit of using intense advertising campaigns. Unfortunately for the dental prepayment plans, but understandably, insurance advisers to unions and management generally advise that groups first obtain hospital coverage.

Some economic implications of the current situation are the following:

"There is a limit to the available fringe benefit dollars. The premium for Blue Cross hospital coverage in New York City has increased from $19.20 in 1948 to $240,000 in 1956. Consequently there are a few avenues leading to the needed funds. The government on the one hand says: 'We think non-profit volunteer prepayment plans are fine,' but with the other hand it suffocates the expansion of the movement by refusing to permit tax-deductible donations to start them. It must be assumed, in all logic, that prepayment dental plans are going to spread across the country just as have the prepayment hospital and medical-surgical plans. The need is there. All these plans will require de­nated capital to launch them. Consequently a way must be found to provide this capital."
Ah me! Aren't these dental hygienists wonderful? The ones I have met always seem to have a clear complexion, beautiful teeth, the figure of a Powers model with immaculate grooming, and very feminine personally combined with an alert, business-like mind.

With an unbeatable combination like that, it is no wonder that so many of them marry dentists. After all, it should be a lucky partnership for both parties. The dentist acquires an attractive wife who not only understands his office problems but is right there helping him work them out.

In addition to serving as hygienist in the office, she can keep a weather eye on the office books and is available to pinch-hit as dental assistant in an emergency. Furthermore, she knows what she is doing, for she has had thorough training in many of the subjects which are the basis of dentistry itself.

Of course, the hygienist gains just as much when she marries a dentist. For example, she acquires an interesting husband in a profession she knows and admires, but she has the assurance of a part-time job in his office as long as she wants it. Working two days a week, she can keep up her career, (and her Social Security), as well as having children and enjoying a pleasant outside social and club life as well. This is really eating her cake and having it at the same time.

During the years, we have met many of these interesting dental hygienists-dental wives and admired them from a distance. However, the other day we tracked one down and cornered her for an hour or two around our luncheon table, learning first-hand what was behind that clear-eyed look of hers.

In addition to being a busy wife and mother, and part-time dental hygienist, she was a Scout mother as well, belonged to a woman's club, and was fairly active in her local dental auxiliary. Through the years she had also looked after an elderly member of the family who had been ill in her home. In short, she was a very solid citizen, although she looked as if she should be modeling size-ten clothes at Saks. Of course, my first question was, "How did you happen to become a dental hygienist?"

The answer was surprising: "I wanted very much to be a physician, but being one of a large family, there didn't seem to be money enough to send me through medical school, so I had to look elsewhere for a career."

The summer she graduated from high school, she went to work for the local small-town dentist and, seeing her deep interest, he began to teach her. She had a real flair for dentistry and he persuaded her to study to become a dental hygienist.

It meant that she had to work part-time to help pay for her tuition, but the intensity of her interest overcame all obstacles. While in college she had many classes with the regular dental students and that is how she met her husband. They were married before he finished his dental course. Later, while he was serving in the Army, she worked as dental hygienist in the same Army post.

Now she and her dental husband have two children, a pleasant valley home, and a new office in a large adjoining city. She thoroughly enjoys her work as dental hygienist. She especially likes the educational part of her work, teaching others, particularly children, in proper toothbrushing and mouth care. As she expressed it, "The hope of the future is with the children."

Having two children of her own, naturally she was greatly interested in their future plans. Having been frustrated herself in her great desire to become a physician, she said she would back her own daughter if she should decide to become either a physician or a dentist, but neither she nor her husband would ever try to influence either of their children in deciding upon a career. "The individual has to want to do a thing, or the result will never be worth-while," she said firmly.

A glance at her watch, and she was on her way.

One of her children had a music lesson in a half hour and she was chauffeur. The next day she would be in her husband's office in crisp white uniform being a dental hygienist, and the day after that—Well, when a girl combines the many jobs of dental wife, dental hygienist, mother to two growing children, and all-round solid citizen, there are no empty spaces in her appointment book.
Doctor I. Irwin Beechen listening to his “Reposition of the Drifted First Molar” record in the comfort of his home.

Beethoven or “Antibiotic Root Canal Therapy”? That’s the unusual choice many a dentist will make soon whenever he reaches into the record cabinet in his living room.

And if he reaches for “Antibiotic Root Canal Therapy,” he’ll be furthering his education by simulating clinical attendance while at home in comfortable surroundings.

It may make his wife decide to pack if she has to listen to a “step-by-step procedure in treating and filling root canals, employing the polyantibiotic technique of canal disinfection” for fifty minutes. On the other hand, she may be more than happy to stay, because her husband will be on his way toward greater professional skills.

A New Educational Technique

The Indiana University School of Dentistry and the University of Pennsylvania School of Dentistry, for the first time in any dental school as far as this writer knows, are making available to their students and faculty this new technique in dental education. Outstanding clinicians of the country are brought to the classroom and library, where a Clinics on Record collection is established. The same albums are available to the practicing dentist in his home through the medium of his record-player.

Clinics on Record makes distance from clinical instruction centers no longer a barrier to learning new techniques. Not intended to replace clinical participation but to supplement it, the method should prove helpful to many dentists who find it impossible to attend every clinic they should attend.

The Plan

Here’s how it works: Professional Clinic of the Month, Inc., 915 Bankers Trust Building, Indianapolis 4, Indiana, has developed a series of long-playing records featuring vital clinical instruction topics. The records have both lectures and at-the-chair operative techniques given by recognized authorities in dentistry. Patients also contribute questions and other sounds associated with dentists’ offices. This leads the listener to a very real feeling of participation in an actual clinic.

Accompanying each album are text and pictures in film-strip sequence that the dentist follows as he listens.

This unique method of audio-visual instruction for dentists was developed by two dentists during their tour of duty in the Navy Dental Corps. Among the many dentists in the service with whom they came in contact, they noted a desire and need for further postgraduate training in order to keep up with the rapidly progressing dental profession. Busy practices, family responsibilities, and distances from centers of instruction made it inconvenient to acquire up-to-date knowledge. Clinics on Record is a progressive step in dental education.

Three Albums Ready


Doctor Arthur I. Klein is president of Professional Clinic of the Month, Inc.