Doctor, *TIC* comes to you through the courtesy of your Ticonium Laboratory. The dental journal devoted to the dental team—doctor, hygienist, assistant.

MAJOR GENERAL EDWIN H. SMITH, JR.
ASSISTANT SURGEON
GENERAL AND CHIEF, ARMY DENTAL CORPS.
then file it to an edge, and there you arrive at such a stage that the old name does not now express its full significance and scope. Who, then, dare guess what another three-quarters of a century will bring forth, as others shall take up the science as you have done, and practice it with your brains with your work, you will need rest), leave the shop behind, for if you take it with you it would be just as well to stay at home. Be honest both to yourself and to your patient. Honor your idiosyncrasies, as far as possible; you will find it the best policy. In all your work, whether at the chair or in the laboratory, bear in mind the sentiment involved in the answer of the heathen sculptor, who, when asked why he devoted so much skill and labor in finishing the back part of the statues he was preparing for a Grecian temple, as when placed in their niches nobody could see that side, replied, "The gods see them on all sides."

One word to the younger members of this Association with regard to what I have learned to be the best attitude to assume in relation to the practice of our profession. For a higher system of ethics you must look elsewhere. Be temperate in all times. You will find its advantage in steadiness of the nerves. Do not worry, for there is a higher power than you who will make all things even. Eliminate from your dental vocabulary the word "can't", for you do not know what you can do until you try. When you go upon a vacation (for, if you have had anything like a full practice and have used your brains with your work, you will need rest), leave the shop behind, for if you take it with you it would be just as well to stay at home. Be honest both to yourself and to your patient. Honor your idiosyncrasies, as far as possible; you will find it the best policy. In all your work, whether at the chair or in the laboratory, bear in mind the sentiment involved in the answer of the heathen sculptor, who, when asked why he devoted so much skill and labor in finishing the back part of the statues he was preparing for a Grecian temple, as when placed in their niches nobody could see that side, replied, "The gods see them on all sides."
space. Although the case was satisfactory in both appearance and fit, there was no appreciable mobility. The dentist just felt that it would be stronger as a single unit. He believed that the patient, the patient received the finished reconstruction. The dentist received a frantic call from the patient. He was literally going out of his mind. He hadn't slept all night and he was frantic in his behavior. As a result, he was not able to accept air from his upper cervical. In separating the centra by cutting through the spondylotic tract, the patient was opened and eventually the work had to be remade.

The importance of being able to communicate with the patient cannot be overemphasized. Yet, how many of us are trained in communicative skills? Even among the medical profession, where there is even a greater need for expert in interviewing a patient and taking a health history, there is no real program for formal training in this field. The only effort made in recent years to teach the general practitioner how to obtain an in-depth history of a patient's problems was instituted in the Postgraduate Division of the Department of Psychiatry in the University of Southern California School of Medicine. To my knowledge no dental school, as yet, has a program to teach a dentist how to conduct an interview properly; how to listen attentively; and wait for the patient to convey his thoughts adequately and help him clarify his feelings and attitudes.

The inability to communicate seems to be one of the hang-ups that plague our society. It is strange indeed, since the means of communications is so vast and sophisticated. But it is still the old word that is fundamental in relating to one another. Even the simplest words can be misunderstood. There is the story of a young lady staying in a hotel in Florida who one day was struck by a car. He lay on the pavement until the ambulance arrived and then a young intern carefully got him on the stretcher and put him into the ambulance. Just before the vehicle took off, the medical team had a discussion about the patient and the care they wished to give him. After several minutes of delay, the intern got up and asked the patient if he was all right. The patient answered, "I am fine. I have put in a set of teeth for a person of more than local repute, who, when bated by a lady, or by being so proud as to have artificial teeth, which could be of no use to eat with, said to her, "Put your finger in my mouth and see whether they are all for looks." She did not want to repeat the experiment, certainly not until her finger healed. These things seem very trivial now, but at that time it was as much of a curiosity as the telephone was on its first introduction.

Thus we plodded on, discussing various problems, in pursuit of knowledge under close observation of a patient's behavior, in more elastic spring. Hope returned and I decided to go on to Utica, where there was a dentist and half, for one of them divided his time between shaving customers and extracting their teeth, with phlegmocytology incidentally added. I found whom I intended to call on, and, fortunately for me, I was in want of my services, and they advised their friends to employ me for what dentistry they needed, so that I was simply paid for my visit there.

Practice Develops Slowly

Coming back to Wayne County as a dentist to my friends in Bentary (which still was the county seat), who knew me having been the first to establish a watch-making and silversmith-shop in the county, they received me cordially, showing no intimation that they thought I had done anything reprehensible by becoming a dentist. Thus was my itinerary established, reaching from this point north to the Mohawk Valley, more than a hundred miles in length, and taking in most of the towns within twenty miles on each side. Except at Binghampton there was not, in all that region, a resident dentist. I soon found it necessary to drive my own conveyance to economize time, for as soon as I had finished the operations required and taken such impression as offered in one town, I started for the next, whether it was in the daytime or at night. In fact, most of my traveling was at night. I would send out my cards, wait one day, if nothing offered, after supper would start for the next place. Whatever the amount of business done in a town fell to less than five dollars a day I started on my travels. By such means, those wanting anything done were sure to be on hand. Sometimes there would be a general scramble for chances. All the mechanical work was done at home, so this and the manufacturer of teeth took up all my time.

In that day there were men who had been eminent preachers, but they were stranded - silenced as much as if by decree of Conference or Synod because of their inability to pronounce many words of our language, made up as it is so largely of dental sounds. When our offices were opened, the soundings are again, to their own delight and the edification of the public, my conscientious brethren admitted that dentistry was no longer a thing to be ashamed of, that false teeth might be a help in speaking, but that was all; they were only used for that, but in no service in eating. I had put in a set of teeth.
say went for nothing. Our church in the town was but a chapel, and the people had no resident min­
ister; the preacher visiting us only once a week. But
he, being an intelligent man, soon put a stop to any
further action against me; otherwise I do not know but
they would have considered me a subject for discipline.
Yet they were good men, and I thought, "let the right­
eous sith me," etc. It stirred up, however, an oppo-
sition to me such as they little expected. I had been
somewhat active in our social meetings, and there
was a class that looked with delight upon what they
considered my fall and repudiation by the church.
They "always knew I was a scoundrel," and "were not
surprised that I should show it when it was my interest
to do so." All of which I let pass; but when they ven-
tured to charge me with crime, rather than be called to
answer before a court, they were willing to ack­
nowledge the charge malicious and false.

Traveling from Town to Town

Finding I should get nothing to do in that neighbor­
hood, with such a feeling against me, I determined—
was compelled—to find someone who knew what den­
tistry was, and I started on my travels. I went from
town to town by such conveyance as offered or could
be procured. On my arrival at a place I would send a
boy out to call for him and understand his problem.
Thus it was, day after day, in different towns and
hamlets until I became heartsick.

Some of the company said, "he is not in that business." "What business are you in?" he asked. "Dentistry," said I.
"He gave a sort of disgust, and it looked in the light of our fur­
ter contact that he thought you were a gambler, but you are nothing but a dentist."

I had started out full of hope and expectation, but here
I was with money nearly all spent, and from an
optimist I had become an invertebrate pessimist, dis­
gusted with myself and my surroundings. In this state
I arrived at a town where I had been known as a
boy, though I had never lived there, and sent out my
cards, and was debating whether I should give up the
struggle and take the next stage for home when there
came a message from a wealthy Irish family in the
neighborhood, requesting me to call at their house
with my instruments. I found they were well versed
in dentistry of the old style, but when the lady found
that the base plate was of porcelain and the teeth
soldered on it, instead of an ivory plate with the
teeth riveted to it, she immediately ordered an upper
set. The young lad of the family insisted on it as the
best for a son and his wife. Their teeth had been well
filled. The wife, I found, was the prime mover in
calling me to visit them. She insisted on her husband
having his teeth cleaned, and tried in every way to find
something for me to do so as to make a bill. Now it
has always been my desire with me whether it was not
sheer compassion which induced her to have me call
at their house; for, by some means, they had heard of
my being in other places and had been received.
At any rate, I have always since liked the Irish
and kept for them a warm place in my heart, for they
were the first to offer me any encouragement and kind­
ly advice. I had hardly taken an impression before it
was noted about town that Mrs. Penderghast was
while I was much elated, I tried to maintain my equa­

tion as though the ordering of a fifty dollar set of
teeth was an every day occurrence to tell my story in.
At this time silence is the behavior of choice. Occasion­
ally, an approving nod of the head or, "I see," will
allow him to continue and at the same time feel that
you are in control of the situation. Speci­

cally there are times when a patient, who has had
some bad experiences in the dental office, will com­
plain about the dentists who have treated him in the
past. He may say that the "dentists are no damn
good." He appears hostile and distrusting. What is
your response? You may say, "Well, I'm not the
no damn good"?; or (2) "Well, whatever trouble you
had, this is a new situation and we can start over"; or
(3) You may just nod and remain silent. According
to Drs. Wexler and Adler, if you select (1) the patient
may assume that you don't believe him, or are on
the side of the other dentists. This will set up a barrier
between you. The choice of (2) is not very comforting to the
patient for he is apt to think, "I've heard this one before."
Furthermore, he may feel that you are disputing his bad
experiences he feels he has had and begins to doubt your em­
pathy. The proper attitude would be silence and an ap­
proving nod of the head. In this way you allow the patient to
continue and to dissipate his hostility, to get out of his sys­
tem the possibility for a new beginning.

Guiding the Patient: Here, you are getting your pa­
tent to go into depth when he seems to be skirting
questions. You may have a patient who will tell you
that he wants a tooth pulled if a large filling is
left in the tooth. Why? When he doesn't give you a reason for
this attitude you must question him about it. Only by lead­ing, direct questions can you get the patient to ex­
plain the information that he has no information that
the patient doesn't volunteer either con­
sciously or unconsciously. When he tells you it's because pulling teeth is a hurt, you are able to
explain that filling teeth with the use of an anesthetic
is likewise painless. He may never have had an anes­thetic for cavity preparations. When a patient becomes
understanding of the patient's problems and to under­
score our desire to meet the needs of the patient
through a careful, studied plan of treatment. At this

time we simply repeat in a concise manner the patient's

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complaints, and our understanding and path of procedure. This final step is an endeavor to put the patient at ease and to express our desire to present good quality dental care for his specific needs. Here, we briefly state our policy of practice, our standards of dentistry, what we expect to achieve and what we ask of our patients. We want the patient to leave the interview with the knowledge that we understand, we care, and possess the skill to treat him successfully. Though the patient may have entered the office with hesitancy, doubt, or even hostility, we want him to leave feeling that he came to the right office for his dental work. If we conduct the interview properly we expect the patient to be receptive to our plan of treatment after our complete examination and to be gung ho about dentistry and about us.

Doctor, never treat a stranger!

IS YOUR WIFE INFORMED ABOUT YOUR PRACTICE?

Perhaps your wife lacks the knack for business and no one knows it better than you. Just the same, for your own welfare as well as hers, there are a number of things she should know about your practice—just in case something happens to you.

• Whom can she call on to take over for short duration if you suddenly are incapacitated and cannot handle appointments.
• Where the vital bookkeeping records are kept and how to read the basic information therein necessary to handle important problems.
• The identity of your lawyer and exactly how he is to help her during any type of emergency.
• The entire picture of your banking relations with respect to them.
• The nature of any binding contracts or agreements that you have made for the immediate future, even those unwritten, and what she is to do about them.
• What she is to do as well as what should be done, and why you so specify each such restriction.
• The market value of the practice, in case you should pass away.
• Your future programs regarding the practice to which you have been committed and what she or someone else is to do about them.
• The nature of your basic tax records, where they are kept, and from whom she is to get information concerning such matters.

about the culture, which became an important factor in the winning of the West. Though it took years of hard work and heartbreak, Bill Cody became a master of showmanship—a legend in his own lifetime. And the cunning Dr. Carver didn't do so badly himself. He had given up dentistry to become a showman and marksman—but everyone called him Doc. His abiding passion was his marksman-ship.

It seems that while Dr. Carver was in California a new career opened up for him. With a manager to guide him, he was matched against other eminent marksmen. Soon the celebrated Carver outpaced all shooters in the United States. He went to Europe where he met new challengers. He gained fame as a competitive shooter and a performer, giving exhibitions before the crown heads of Europe.

Dr. Carver billed himself as the Champion Shot of the World during 1879 to 1882 when he was touring Europe.

There were those who claimed that his shooting ability was somewhat exaggerated, that Carver claimed "feats that violated the laws of physics and ballistics." However, on July 18, 1878, at Brooklyn Driving Park, he broke 5,500 glass bottles out of over 6,200 shots fired within 500 minutes.

It seems Dr. Carver had destructive temper. Evidence of this is the time he missed his shot one day at Coney Island. He was so outraged, he smashed his rifle over his horse's ears and punched his helpers. Dr. Carver had several partners in his business of Wild West Shows: Buffalo Bill Cody, Jack Crawford, W. C. Coup, and J. J. McCafferty. He also had the Dr. W. F. Carver Wild America Show from 1889 to 1893. And, between 1887 and 1888, he was associated with Adam Forepaugh and his combined Wild West and Forepaugh Exhibition.

Aside from being an owner of these shows, Dr. Carver also performed, and was usually billed as Evil Spirit of the Plains—a title he claimed had been conferred upon him by Spotted Tail of the Brute Sioux. In Kansas City, in the mid-1890's he introduced a new act. It consisted of his mare, Black Bess, diving 40 feet from a platform into a tank of water 12 feet deep. This act was said to be the first diving horse act ever shown to the world.

Dr. Carver died in 1927—at the age of 87. In those 87 years he lived three lives, as a plainsman, as a dentist, and as an entertainer.

In six days ending January 17, 1885, at Lincoln Skating Rink, New Haven, he hit 60,216 wooden blocks out of 64,000 tossed in the air. His favorite sources of supply. It could save a lot of headaches.

• Any and all promises you have made verbally to staff personnel with respect to the future, pay raises, bonuses, etc.

—Ernest W. Fair
Box 13476
Livingston, New Jersey 07039

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of human endurance necessary to stay awake 20 hours out of 24, that the birth of a new amusement enterprise might be properly celebrated. When the show got into town and the biggest saloon announced an open house for the company, it was quite all right with Bill Cody.

Ryley went on to explain: "Striving always to be the good fellow, he would be in the thicle of the celebration, whooping it up as long as anyone else—and sometimes longer. Then, at the last possible moment, there would be a rush to the show lot, and as much attention paid to business as possible under the circumstances."

So, finally, one desolate day in October 1883, William F. Cody of Omaha, Nebraska, divided their show by tossing a silver coin and choosing in turn, horse, horse, wagon, wagon, buffalo and buffalo. The lack of the two gave Cody the Deadwood Coach. But, nonetheless, Carver had an "original" Deadwood Coach on his own show which he organized with Captain Jack Crawford.

As Don Russell, author of the book History of Wild West Shows, said: "Wild West shows were exhibitions of skill and daring and all 'uniqueness'—one of the distinctly American contributions to Western cul-

Carver and Bill Cody, 1892

mist in New York. After the heads were mounted, Carver sold them for a sizable amount of money. Carver claimed to have really killed 57,000 buffalo for their hides.

Hunting with Buffalo Bill Cody may have lead to Dr. Carver and Cody forming a partnership in the very first Wild West Show. Reportedly, Cody went to Carver’s house in New Haven, Connecticut. At that time, Dr. Carver was getting ready to bring out broke. He promised Carver that if he would take him on as a partner.

As Dr. Carver later said: "This first Wild West Show of Cody and Carver was an eternal gamble.

Cody, 1892"

Of the 16 cars which transported the show, one whole car was used to haul local circles.

"A Grand Hunt on the Plains"

So You Think It's Tough to Practice Dentistry in 1972?

by Allen A. Young, D.D.S.

Introductory Note:

Let's look back and see how it was 150 years ago. The following paper was presented before the Susquehanna Dental Association of Carbondale, Pennsylvania in 1897 and was published in the July 1897 issue of the International Dental Journal.

The author was Otis Avery, D.D.S., who was born in Bridge-town, New York, in 1808. Before becoming a dentist, he was a silversmith and watchmaker. After 64 years of dental practice, he was recognized as the oldest practicing dentist in the world.

Dr. Avery was the brother of my great-grandfather. A printed copy of the address given in 1897 by Dr. Avery is located in family papers assembled by my grandfather. —A.A.Y.

REMINISCENCES OF SIXTY-FOUR YEARS OF PRACTICE

by Otis Avery, D.D.S.

Honesdale, Pennsylvania

Mr. Chairman and Gentlemen of the Convention—I must beg the indulgence of this intelligent assemblage with regard to my remarks, inasmuch as they must, of necessity, be in a conversational manner of speaking, for the subject would not admit of anything oratorical, if I were capable of such, which I am not.

In order to fully comprehend the character of the times, when dentistry had its advent, it would seem necessary to consider somewhat the condition of society and the trend of thought which marked the masses in the earlier years of this century, for we are living in a world altogether different from what it was then. I use the word "advent" advisedly with regard to dentistry, for, until the latter part of the last century and the first of this, the art was in its cradest form. The best they could do in supplying lost dentures was to fit a base plate to them where they were procured by despoiling the dead. Even teeth could be made of porcelain, and this had been improved upon by the Americans; and what more likely than that utilizing the force which was known to exist in heated water and making it do the work of animal muscle should become the first step in the march of material progress. When Watt harnessed that power to a pump, demonstrating its utility, there was a general wish to make the power locomotive. And when the legislature of New York offered the exclusive right to navigate the Hudson River to the first person who would make a steam-driven boat that would run at the rate of three miles an hour, against the current, there was a general scramble for the prize. Fulton, having, with the aid of Chancellor Livingston, procured an engine built in France, brought it to New York, put it in a boat, and asked some of his friends to accompany him on his trial trip. Incredible as it may seem at this day, some were ashamed to be known to look with favor on such a chimera.

On another occasion, Watt had presented the machinery got out of order, making it necessary to stop the boat to rectify it, they gave strong expression of their disgust and wished themselves on shore. They little thought they had witnessed the inauguration of a giant whose voice would wake the nations; who, with one foot on the sea and the other on the land, would revolutionize the commerce of the
leading dental journal of this day than all the dental
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fication to practice dentistry from my preceptor, Dr.
equally ignorant of all obtundents to relieve the pain
excavator and keeping the cavity dry, which was some­
D. C. Ambler, of Barclay Street, New York. You
will bear in mind that at the time there was not a den­
think he had fallen into the hands of the tormentors.
(Continued on page 14)
Major General Edwin H. Smith, Jr.
Army Dental Corps

"I think I have been preparing for this day all of my life," Major General Edwin H. Smith, Jr., admitted as he accepted congratulations on his promotion to that grade, and his appointment as Assistant Surgeon General for Dental Services and Chief of the Army Dental Corps.

His father, the late Dr. Edwin H. Smith, was Professor of Prosthodontics at the University of Pennsylvania, and leadership in dentistry was a foregone conclusion in his parental home. The General's mother, Mrs. Isabel Smith, now lives in Harvey Cedars, New Jersey. She came to Washington, full of pride, to see her son sworn in to the top dental position in the U.S. Army on 1 December 1971.

The Surgeon General had awarded him the coveted "A" prefix to his Prosthodontic Specialty Designation in 1961. This award recognized his exceptional clinical ability and his stature within the civilian dental societies where he is known by his published articles and speaking engagements.

When President Nixon nominated him for two-star rank in September, he was a Colonel, serving as Chief of the Department of Dentistry at Walter Reed General Hospital in Washington, D.C. Among his additional duties, he was Chief of Prosthodontics, Director of Dental Education at Walter Reed Army Medical Center, and Consultant in Prosthodontics to the Army Surgeon General.

This was his third tour of duty at Walter Reed. He had taken his internship there in 1941 after graduation from the University of Pennsylvania where he was Senior Class President and Valedictorian.

Following several short tours during World War II, the Army offered him an opportunity to earn a master's degree in prosthodontics at Northwestern Dental School. His first duty assignment following completion of that course was as Chief of Prosthodontics at Walter Reed General Hospital. He returned again in 1952 for a four year tour in the same position, and came back again in 1967.

Other assignments included service at Valley Forge General Hospital, Phoenixville, Pa., Tripler General Hospital in Hawaii, and with the 88th Medical Detachment in Europe. He was at Fort Benning, Georgia, as Post Dental Surgeon at the Infantry Center during the Vietnam buildup from 1965-67.

General Smith is no stranger to the Surgeon General's Office, having served from July 1957 to August 1960, first as Assistant Chief and then as Chief of the Career Planning and Assignment Branch for Dental Corps officers.

He considers it somewhat amusing to tell about getting his Bachelor of Science degree from the University of Maryland, while stationed in Heidelberg, Germany, 23 years after being awarded his Doctor of Dental Science degree by the University of Pennsylvania in 1940.

The fact that he had no bachelor's degree did not deter the Pennsylvania and New York State Boards from certifying him to practice dentistry, or keep him from being voted a Fellow of the American Academy of Dentists.

He is also a member of the American Dental Association, American Equilibration Association, American College of Prosthodontists, Delta Sigma Delta and Omicron Kappa Upsilon.

The General and his wife, Marian, celebrated their wedding anniversary last fall. Aside from a few short tours early in World War II, she has always accompanied him on his assignments. They have one daughter, Marilou Louise, who is married to an Air Force officer currently stationed in the Middle East.

"Dental practice in the Army has been a stimulating and rewarding experience for me," General Smith mused. "It is a busy and sometimes hectic life, but never boring. Since World War II, the opportunities for continuing education have been expanded and any dentist who wanted to acquire a graduate degree or do extensive research while in the Army has been permitted and encouraged to do so. If I had my career to live over again, I wouldn't change a thing."
The active duty population turns over so rapidly that the population in essence is of infinitive size. Men entering the Army bring with them accumulations of dental care requirements averaging more than six hours per man, and no sooner is a dent made in their requirements than they are gone to be replaced by men having similar requirements.

2. The Army Dental Service is charged with the oral health care of all active duty personnel—not just those who seek treatment. Within the overall goal of optimum oral health for all members of the Army Community, the Dental Service has a number of sub-goals of varying priority. Highest priority is given to maintaining the combat strength of the Army. Within this second level priority are two levels of objectives. The first is to dentally prepare and support men being assigned to combat or other types of assignments critical to national security or to attaining national objectives. The second is to bring all active duty personnel to an optimum state of oral health and to maintain them there.

Since 1960, a fundamental principle of Army dental practice has been that the only rational and feasible approach to provision of oral health services to a population, or to an individual, is one based on disease prevention. Within Army dental practice the patient is a member of the therapeutic team, co-responsible with dental service personnel for his own oral health care. Treatment planning is based upon this approach.

Professional Staff
While most dental care is provided by officers engaged in general dentistry practice, the Army has a complement of fully trained officers in each of the specialties of dentistry. At present, for example, numbers of officers board qualified or certified in the major specialties are:

- Preventive Dentistry and Public Health: 14
- Periodontics: 77
- Prosthodontics: 146
- Removable Fixed: 39 (33)
- Oral Surgery: 107
- Endodontics: 21
- Orthodontics: 33
- Oral Pathology and Oral Medicine: 28

Most of these specialists have been trained in accredited Army Residency Programs. Career dental officers are virtually assured of advanced training in the field of their choice while they are on active duty with the Army.

Advanced training in general dentistry is a program the Army pioneered when it established a formal residency program in general dentistry in 1962. So far 72 officers have completed the program and 18 have been certified by the Army Board of General Dentistry.

In addition to training in general dentistry and dental specialties, the Army Dental Corps has 11 officers educated at the master’s level in Health Care Administration, and 89 officers educated at the master’s level and five at the doctoral level in health related sciences and disciplines.

Specialists serve as consultants and back up resources to the general practitioner in the Army much as they do in civilian practice. The major difference is that in the Army no patient goes directly to a specialist for treatment. They are treated by specialists only when they are referred from a general practitioner or a diagnostician.

Research
Although oral health problems in the Army are generally the same as those in the civilian community, some aspects of these problems have special military ramifications. Dental support must be provided in many and varied circumstances of location and environment. For this reason the Army conducts a dental research program composed of in-service and contractual sub-programs in the areas of preventive dentistry, combat dentistry, and dental materials and equipment. Thirty-two dental officers are engaged full time in research or research-related activities.

Pay and Allowances
Currently authorized annual salary (consisting of pay and allowances) for dental officers ranges from approximately $11,000 for a newly commissioned Dental Corps Captain to more than $35,000 per year for a Major General with 26 or more years of service.

When continuation pay is authorized for dental officers it will result in a salary range of about $20,000 for a Major with five years service to more than $40,000 for a Major General with 26 or more years of service. Under present promotion policies most dental officers can expect to reach the grade of Colonel, and when continuation pay is authorized, to attain an annual salary of more than $35,000.