Doctor, TIC comes to you through the courtesy of your Ticonium Laboratory.
The dental journal devoted to the dental team—doctor, hygienist, assistant.
"character reference program" advocated by the American Association of Dental Examiners. They felt that it was "an invasion of privacy." The new goals of the Academy are:
(1) To provide effective representation for the general practitioner in all matters of concern to the profession and the public.
(2) Maintaining the right of the general practitioner to practice all phases of dentistry.
(3) Establishing a bond between general practitioners with insurance carriers enabling the Academy to review third-party programs.
(4) Fighting discrimination against the general practitioner in third-party programs.
(5) Developing legislative contacts on state and national levels to protect the general practitioner in programs concerning health.

Pains: Dr. John D. Ingle, Dean of the University of Southern California School of Dentistry, asserts that pain which patients mistake for toothaches may be caused by far more serious maladies. According to Dr. Ingle, "Severe pain in the oral cavity may be referred during a heart attack. About 18 per cent of heart attack cases have no symptoms in the chest, but rather have pain referred to the jaws and teeth." He also points out that some common forms of migraines cause pain in the oral cavity. This type of pain can be triggered by "having a cocktail" or may arise suddenly during sleep or for no apparent reason at all. An attack of shingles may often affect the nerves in the face which may appear to be coming from the teeth. Perhaps one of the most common pains that occur around the upper molar and bicuspid region are triggered by a sinus attack.

Studies made at Stanford University have debunked the myth that women can tolerate more pain than men. Over 40,000 people were tested by putting pressure on the Achilles tendon. The average tolerance for men was 28.7 pounds of pressure per square inch as compared to 15.9 for women. The studies showed that pain tolerance decreases with age, that whites could endure more pain than blacks, and that the popular stereotype of stoicism in Orientals was untrue.

Indian Health Service: The country's only full-service, full-staff, dental program under the Indian Health Service and Mental Health Administration. The Service conducts a comprehensive health program for more than 420,000 Indians living on federal reservations. An effort is also being made to train Indians for health careers, particularly in dentistry, dentistry, and nursing. American Indians, a minority of about 800,000, suffer some of the most severe health problems of any group in the nation. Indian health care is about 20 years behind that of the general population and the average age at death is 44 years, about one-third less than the national average. Infant mortality is nearly 50 per cent higher and tuberculosis about eight times the national rate.

Oral Cancer: Primary cancers arising in the oral cavity are responsible for about 5 per cent of the beamed malignant tumors. As the second most common cause of death in the United States, more than 300,000 people succumb to the disease. That's about 16 per cent of all deaths. Each year brings approximately 20,000 new cases of oral-pharyngeal cancer diagnosed and 10,000 deaths. Oral cancer has a poor survival rate particularly because of the lack of early diagnosis. All dentists are urged to examine the soft tissues carefully and to have all suspicious areas checked immediately.

OCTOBER MEETINGS
2-4 Greater Milwaukee Dental Association
6-9 American Society of Psychosomatic Dentistry and Medicine
6-8 Deutsches Gesellschaft fur Zahn-, Mund-, und Kieferheilkunde
9-12 The American Board of Pedodontics
11-14 National Association of Certified Dental Laboratories
22-27 Federation Dentaire Internationale
25-28 American Academy of Implant Dentistry
25-28 American Academy of Periodontology
28-29 National Association of Seventh-Day Adventist Dentists
26-28 American Academy of Dental Radiology
26-27 American Academy of Maxillofacial Prosthetics
26-28 The American Prosthodontic Society
27-28 Academy of Dentistry for the Handicapped
27 American Academy of Gold Foil Operators
27 American Academy of the History of Dentistry
27-28 American Association of Dental Editors
27-29 American Society of Dentistry for Children
27-29 International College of Dentists
28-29 American Association of Hospital Dentists
28 American Association of Public Health Dentists
28-28 American Dental Hygienists' Association (cont'd, Nov.)
28 Federal Dental Service Officers Association
28 American Association of Industrial, Institutional and Insurance Dentists
29-30 American Academy of Dentists
29-30 American Dental Assistants Association (cont'd, Nov.)
29-30 American Dental Association (cont'd, Nov.)
29-30 Association of American Women Dentists
29 Christian Dental Society (cont'd, Nov.)
25-28 American Academy of Implant Dentistry
25-28 American Academy of Periodontology
25-28 American Association of Seventh-Day Adventist Dentists
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29-30 American Dental Association (cont'd, Nov.)
29-30 Association of American Women Dentists
29 Christian Dental Society (cont'd, Nov.)
(from ADA Preface and Trade Meetings 1972 Calendar)

DENTISTRY and the AGING
by Arthur H. Levine, D.D.S.

The dental needs of the older patients in this country are so numerous, and yet so far from being fulfilled, that only a large-scale attack, on a national or state level, can bring success.

Dentists today are devoting more and more time to the older patients. In view of the increase in life span, this is not unexpected. But the wholehearted approach of the dental profession to the needs of the aged is commendable. It is but a drop in the bucket. Some members of the medical profession, on the other hand, seem to have side-stepped the older patients. It is as though they were saying, "We'll keep our eye on you older folk. But, after all, you have lived your life."

It is easy to understand how a busy physician, with deeper responsibilities, might become impatient holding the hand of an older patient who frequently needs only emotional comforting. He is hard pressed to get to those patients with acute, organic problems. As it is, he is, hand-holding in all age groups consumes an enormous amount of time. Most general practitioners in medicine agree that of all the patients they see about 75 per cent have nothing wrong.

Having nothing wrong, in this instance, means nothing of an organic nature. But the patient whose problem is emotional, no matter how mild or nonsensical, is still distressed enough to want to see a physician.

The figure of 75 per cent just cited covers all groups, not just the older ones. Since the older groups require even more emotional comforting than the younger ones, it is easy to see how frustrating this can be to a busy physician.

As a result, a strong trend has developed in the practice of dentistry. Patients are turning to the dental practitioner with psychological problems. The high rate of specialization among physicians has made the medical general practitioner a disappearing species. In dentistry, on the other hand, comparatively few graduates to
practitioner is equipped to make house calls or visit nursing homes. And on the few occasions he does, his fee has to be high to justify the time away from the office.

Here, obviously, is one instance in which the state can lend a better hand. Most elderly patients live on limited incomes and can hardly afford regular office visits, not to speak of the cost of transportation.

The Maryland report points out that financial assistance is needed to organize continuing education programs which will interest and train practitioners for participation in delivering dental services for homebound patients. Money is also needed for expanding current dental school curricula to provide undergraduate students with experiences and training in this specialized area of dentistry.

**Limitations of Public Programs**

Citizens of this country who reach 65 years of age have a sigh of relief because they know that Medicare will help defray their medical expenses. But dental expenses, so far, are not included. The hardship this imposes is considerable since dental care in the aged can be costly.

In states with a Medicaid program the amount of money available is very limited. Dental coverage by private insurance companies and union plans is, at the present time, negligible.

The Maryland report stresses the need for regular visits, not to speak of the cost of transportation.

(1) Encourage increase in preventive diagnostic and treatment procedures and patient education by the dental team.

(2) Increase the number of dentists using multiple auxiliaries.

(3) Encourage leaders of organized dentistry to advocate prevention and institute preventive programs.

(4) Develop educational programs to train dental auxiliaries in preventive techniques.

(5) Encourage dental educators to develop prevention-oriented dentists.

(6) Encourage dentists, dental students, and auxiliaries to practice personal plaque control.

(7) Encourage elementary and secondary educators to add prevention to the dental health curriculum.

(8) Encourage the public to practice preventive oral hygiene procedures and to seek regular dental care.

(9) Encourage researchers to increase the percentage of effort in preventive dental research, including studies on behavior and motivation patterns as well as clinical and basic research.

(10) Encourage government health leaders to include prevention as top priority through private practice and community measures in state and local programs.

**No License Required**

In the old days, one didn’t have to have a license or be a physician to contribute to the medical scene. Artists like Leonardo DaVinci and Michelangelo dissected human bodies and described many of the anatomical features. The first great contribution to the study of microbes was made by a Dutch cloth mker, Van Leeuwenhoek. The German poet, Goethe, first described the os internallis, now called the os incisivum or premaxilla, when he studied the maxillary bones of the hand. He sent his findings to a prominent physician who promptly rejected them. And as far back as the early 16th century, an Indian cured the explorer Jacques Cartier’s band of men of scurvy when they reached Quebec. The medically untrained Indian used a concoction of boiled bark and sap from an evergreen tree.

**Continued Dental Education**

Six states now have continuing dental education as a requirement for relicensure. They are Kansas, Kentucky, Minnesota, North Dakota, Pennsylvania, and South Dakota. Four states have instituted some measure of continuing education requirements for maintaining membership. They are Arizona, Colorado, Nevada, and Washington.

Meanwhile, legislation for continuing education has been passed in California, New Hampshire, and Oklahoma. Plans to submit such legislation are under way in Alaska, Vermont, and New York. The recognition of advances in dentistry and the need for dentists to continue to apprise themselves of the newest trends in the profession to better serve the public is becoming more and more evident. At least 13 other states are studying new legislation to require continuing dental education.

**General Dentistry**

At its last meeting the Academy of General Dentistry voiced its opposition to the
Dental Thisa and Data: There will be no NACIONAL HEALTH INSURANCE program adopted by Congress this year and the prospects for next year are bleak. . . . North Carolina has instituted a massive statewide PREVENTIVE DENTISTRY PROGRAM. . . . Ontario's Health Minister has called for "NO PROFIT DENTURES." He advocates charging for services but supplying dentures at cost.

In an effort to become more involved with the community, the College of Medicine and Dentistry of New Jersey has created a BOARD OF CONCERNED CITIZENS to deal with community relations. . . . As of the beginning of 1972, over 95 million Americans were drinking FLUORIDATED WATER. . . . Although DENTURE RETENTION is helped by atmospheric pressure and surface tension, studies show that the viscosity of the saliva film is the major contribution to retention. . . . Some 3,000 hospitals now have HOSPITAL DENTAL SERVICE. . . . The importance of GERIATRIC DENTISTRY has become more evident with the census report of 1960-1970. During that period there was a growth in the 65 plus segment of the population almost twice as fast as that under 65. As of 1970 there were over 20 million people in the U.S. over 65 years of age.

And experts believe that the rate of growth will increase in the next 10 years. (See Dr. Levine's article in this issue of TIC.) . . . Nutritional content that we EAT TOO MUCH. They claim that one-third less of the average diet would provide sufficient vitamins, minerals, and proteins—and that we would live longer. . . . Dogs, because of their acute sense of smell, have been used for some time to sniff out hidden bombs. Now, someone has suggested that they be used in medicine to detect abnormal metabolites in sweat, blood, and urine—something that man can only detect by more elaborate mechanisms. Dogs continue to be MAN'S BEST FRIEND. . . . Over 5,000-000 days were lost from work last year because of dental illness. That's 40 million working hours. What a waste! . . . The Health Insurance Institute reports that an estimated 10 million Americans are now participating in DENTAL INSURANCE programs provided through employee group plans. . . . The University of Kentucky Dental School is exploring the use of COMPUTER AIDED INSTRUCTION. Students will be able to "talk" with a computer to help speed up their dental education. It is hoped that the better students will be able to complete their work in less than four years. The computer aids will be used in oral pathology, oral anatomy and endodontic techniques. . . . TODAY'S HEALTH, consumer health magazine published by the A.M.A., is now running a regular dental health column. A British dentist believes he has the answer to DENTAL CARIES in the perfection of an enzyme from a bacterial culture that will be used to inoculate children against dental decay. . . . Dentists have unusual HOBBIES ranging from carved figures made from peach pits to playwriting. And Dr. Jeffrey Bloemerg of Chatham, N.Y., is no exception. He breeds, trains, and races Alaskan huskies.

So-What-Else-Is-New? Dept: According to a newspaper report, an announcement was reported to have been used successfully in a recent tooth extraction. Thousands of dentists have been using a single needle for a mandibular injection to extract a tooth for years and years.

Committee On Preventive Dentistry: The Coordinating Committee on Preventive Dentistry of the ADA has recommended the implementation of a large-scale preventive program. Pursuant to their proposed program, they have emphasized the fact that the "natural dentition should last a lifetime, and the profession now has the scientific knowledge to recognize and control dental disease and technical ability to correct its harmful effects." To put forth this broad program of preventive dentistry the following goals have been set forth:

dental examinations for older citizens for the detection of oral cancer. Patients in the age range of 55 and over are the most susceptible to oral cancer. And since oral cancer has one of the lowest survival rates, early detection is imperative. Yet, thousands of non-ambulatory patients are deprived of dental examination.

Need for Transportation

An interesting sidelight was disclosed in Baltimore. Elderly patients who were ambulatory used the dental school clinic, indicating that they lacked the funds necessary to visit a nearby dentist. Public transportation was employed by 44 percent and the vast majority came from metropolitan Baltimore. What about the thousands in the state less fortunate, who live in rural areas?

All of this points up the necessity of attacking the problem on a national or, at least, on a state level. Attempts to satisfy the dental needs of the aged on a local level are commendable. Some communities have tried hard. But these are the exceptions. The vast majority of older patients are sitting back with resignation and a feeling that no one cares.

Obviously, only a large-scale solution is feasible.

A Dentist Should Be A Dentist

Editor's Note: An editorial by Dr. Eugene F. Eiden, editor of the Washington State Dental Association publications, from the WSDA NEWS.

Ten or more years ago one of the journals featured a monthly column by a dentist named Howard Raper. I can still remember reading his last column and I was sorry it was his last. He combined a knowledge of clinical dentistry with sincerity and a genuine desire to help practicing dentists.

His philosophy is worth considering, because he impressed me as a superior professional person. Above all he seemed to feel that a dentist should be a dentist. I can still recall one of his articles describing the difficulty he had getting one of his second molars restored. He hinted that one of the problems was that many of his colleagues were experts at oral rehabilitation, and not just dentists, that they had lost the ability to restore teeth.

Compare his articles to the literature today exhorting us to be stomatologists, physicians of the mouth, and captains of the health team.

The most popular quotation in dental literature today is the dentist is overtrained for what he does and undertrained for what he should be doing.

Is the function of a dentist in society really so different today? More dentists seem to be more sophisticated in preventive techniques. But in general, if you wanted to label the dental health of the American people you would mark it catastrophic.

Billions of Americans need a professional person who is skilled in oral diagnosis, preventive dentistry, periodontics, operative and restorative dentistry, endodontics, minor oral surgery, pain control, prosthetics and patient management. We used to call this person a dentist and these disciplines constituted dentistry. To say the dentist is overtrained has no meaning. No dental school can do more than scratch the surface in four years. Somehow the captain of the health team better learn the plays.

Dentistry is a demanding art, and the dentist who practices well is making a contribution that is hard to equal. It cannot be done without supreme effort. And yet we seem to have an inferiority complex as a profession.

Society has a desperate need for good dentists and it seems we can make our greatest contribution by concentrating on dentistry. It would be commendable if all dentists were skilled at diagnosing incipient diabetes as the news spokesman are exhorting us. Society doesn't expect it from dentists, but we would be doing a lot of good and it would enhance our image.

But what is far from commendable is that many dentists still don't cut conservative cavity preparations and some dental schools still don't teach it. Society does expect us to know how to restore teeth and we are remiss if we don't first learn how to do dentistry well.
The emblem cates an invocation to the gods for the patient's recovery, from 64 nations from 64 nations, which convenes at each annual session to promote annual sessions at which the representatives of national dental associations working together to advance the science and art of dentistry, organized by the Fédération Dentaire Internationale (FDI).

Projects Under Way

The Fédération Dentaire Internationale, in order to undertake the projects which come within its scope, has created seven Standing Commissions: Commission on Armed Forces Dental Services; Commission on Classification and Statistics for Oral Conditions; Commission on Dental Education; Commission on Dental Materials, Instruments, Equipment, and Therapeutics; Commission on Dental Practice; Commission on Dental Research; and Commission on Public Dental Health Services. In recent years the work of the Commissions has culminated in the production of books and policy statements for the guidance of the profession. Among these have been the vasty successful and popular Early Detection of Oral Cancer and the responsible review, Social Sciences and Dentistry: A Critical Bibliography. Since 1953 the FDI has been active in the preparation of specifications or standards for dental materials, and in 1966 all nine FDI specifications were adopted as International Standards Organization recommendations. In 1970, the Assembly adopted a two-digit system of designating teeth to facilitate communication, and a statement on the training of dentists for participation in civil defense.

At the present time among the projects under discussion by the Commissions are complex social and economic problems confronting the profession.

The Federation publishes quarterly both the International Dental Journal and the FDI Newsletter. Since no profession can improve its service to mankind without the continual collection and communication of data, it necessarily follows that this organization must do likewise. It undertakes to publish Fact Sheets on dental manpower and dental services throughout the world. The Journal publishes in a most responsible manner reviews of dentistry and the papers which are discussed during quinquennial congresses, while the Newsletter provides domestic information concerning international dentistry and the actions of the component bodies of the Federation.

The annual sessions of the Federation are not convening to the party is financial. He bankrolls a number of its projects including the party newspaper, The New Worker.

Irwin Metzger is not a hero, but he is a warm human being. He works hard and makes a good deal of money, but he does not use it for himself. Besides his generous support of the party, Irwin's wife is a constant drain on his resources—emotional and financial. Irwin's personal tragedy is that he can not understand his wife's needs, nor is he able to control her behavior. Eventually, she leaves him only to return when she finds they want satisfaction from her. At the end of the book, they are drawn together by the same self-sacrifice of their only son.

Irwin's strength is that he endures the personal trials of his marriage and the drain on his time and money by his political friends. The failure of his marriage, the death of his son, and the inability of the party to make any headway in its attempts to woo the working class leave Irwin stranded with nothing to keep him going but his work. And it is in his profession that is the source of his strength, for that is what teaches him about pain and how to endure it.

Only once does Irwin succumb to self-pity, and that is over the anguish of approaching middle age. On his fortieth birthday he admits to his cousin that, "It hurts too much. . . For you, forty is still a long way off. I only hope it'll hurt you less than it does me." Thus, even in his grief over his lost youth and his regret over never having done anything but "have sex with his wife" and move people's teeth around, his concern is that others should not have to suffer the same pain that is gripping him.

The research on the social changes of being and the personal tragedy results in his personal growth.

In the FDI, the research results in the continual collection and communication of data, which in turn affects the membership of the Federation.
tionally controlled; for no sensibly hygienic planet could allow rampart displays of unreason and long remain at peace. In the end Grass finally opts against this clear, orderly, painless world, and shows us that, although love and youthful indiscretion can be overcome, there "will always be pain." For even his most efficient dentist cannot overcome nature completely; under the elaborate porcelain bridge, installed with so much skill and science, an abcess has formed which has to be scraped out, thus reminding us of the limitations of human technology. As "local anaesthetic" is only temporary, so anything built by man will not last. Grass asks only that we endure our pain. 

A Sym pathetic Portrait

Thus, with both Greene and Grass, we have characterizations of dentists in less than a sympathetic light; one oddly efficient to the point of sterility, and the other a selfish drunk trying to forget his failure. One terribly advocates deadening life through the elimination of feeling; the other concerned only with relieving his own anguish existence. To find a dentist in fiction that plays a humorously sympathetic role, one must turn to Harvey Swados and his magnum opus, Standing Fast. Swados' novel is the story of a group of political radicals who belong to a small Trotskyite party. The dentist, Irwin Metzger, is a member of the party, but not so much from political conviction as from personal attraction to the members he knows. His chief contri-

Dr. Harold Hillenbrand, President, FDI

The Fédération Dentaire Internationale's president is Dr. Harold Hillenbrand of Chicago, who retired as executive director of the American Dental Association in January 1970 after serving in that position for 24 years. In recognition for his extraordinary contributions to the profession, he was named the Association's first executive director emeritus and was also elected to honorary membership in the Association.

Prior to his appointment as chief executive officer of the Association in 1945, Dr. Hillenbrand had served as assistant editor and editor of the Association from 1942-45.

He has a distinguished career as administrator, educator, and editor. He was on the staff of the Loyola University Chicago College of Dental Surgery as an associate professor of ethics and social relations from 1938 until 1951. A recipient of the dental degree in 1930 from that university, he also attended Loyola as an undergraduate from 1924-26 and graduated from Loyola Academy high school in 1924.

Dr. Hillenbrand's main interest has been in the field of dental socio-economics and he has taken an active role in the movement to advance standards of dentistry and to focus emphasis on dental health throughout the world. He was the first dentist to serve as an advisor to the official United States delega-
Cross, Order of Merit, German Federal Republic; an honorary degree from the National University of Ireland; a fellowship in dental surgery from the Royal College of Surgeons of England, and an honorary fellowship in the Faculty of Dentistry of the Royal College of Surgeons of Ireland.

He is an honorary member of the following national dental societies: Swedish, Greek, Danish, Belgian, British, Finnish, Mexican, Dutch, Indian, Irish, Norwegian, Canadian, Philippine, French, German, Chilean, Argentinean, Italian, Peruvian, Swiss and Australian.

Dr. Hillenbrand has also received many awards in the United States, including honorary degrees from Loyola University, University of Pennsylvania, University of the Pacific, and Temple University. He is the recipient of a gold medal from the Rhode Island dental society, the Pones Medal from the Connecticut dental society, Alpha Omega Achievement Medal, the Henry Spenadel award from the First District dental society in New York City, the Thomas P. Hinman Distinguished Service Medal, and the Pierre Fauchard Gold Medal.

As an author, Dr. Hillenbrand has contributed numerous articles to dental literature on such topics as socio-economic aspects of dentistry, dentistry's public image, public relations in dentistry, the importance of dental health education, international aspects of the dental profession, and health legislation pertaining to dentistry.

Under Dr. Hillenbrand's direction, American Dental Association membership grew from approximately 65,000 in 1946 to 111,000 in 1969, and programs of the Association, both for the profession and the public, expanded greatly.

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- You enjoy a title of respect in an honored profession
- You share a rich inheritance from educated men who preceded you
- You also share a special obligation: to help preserve and extend this heritage for future generations

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With the arrival of CBS's prime-time situation comedy, Me and Buttons, the public began to get its first view of a mass media presentation of the family life of one somewhat-harried dentist. While playing a straight man for a trained chimpanzee is perhaps not the best role in which to give a dignified portrayal of an honored profession, the hero of the half-hour show, Ted Bissell, managed to put across a warm and genuine image. Thus he brought a refreshing change to the stereotypes of the dentist common to television comedy routines—that of a sadistic monster with his barbered and cork-screwed drills.

Viewing the show brought to mind other dentists that had appeared as major characters in recent fiction: the philosopher-dentist in Gunter Grass's brilliant satire, Local Anaesthetic; the alcoholic dentist of Graham Greene's powerful classic, The Power and the Glory; and the philanthropist-dentist in Harvey Swados' massive, political novel, Standing Fast. Each of these authors uses the unique relationship that exists between a dentist and his patients to make a broader, more universal statement about mankind in general. Unlike the hero of Me and Buttons, there is much that is tragic in the world of these dentists. If there is any one trait that unites the three, it is the first-hand acquaintance with pain as a part of life; a condition that, although it can be temporarily or locally anesthesized, sooner or later we all have to endure our share. This, or so it seems to these three writers, is the special insight that dentists have to offer their fellow man—a maxim that is part of the daily performance of their profession.

The Problem of Pain

It is this question of pain and how and why it should be avoided that obsesses Gunter Grass. The hero of his book, Local Anaesthetic, is a schoolteacher named Scheraub who spends most of the novel in his dentist's chair undergoing a complex treatment of tooth-capping and bridge-work. During this lengthy process, he begins to tell the dentist of his problems with a student who is threatening to publicly immolate a dog as a protest against the war. To the dentist, this seemingly senseless inflicting of pain on a dumb beast is, of course, abhorrent, and inspires him to deliver a series of lectures on man's inroads against pain to his helpless patient. An historian of his profession, the dentist recounts the progress made in the steady reduction of pain associated with the performance of dental work. Tales of the clipping off of turrar in ancient Arabia are interspersed with references to the barbarities of tooth-pulling in Nero's Rome and the warding off of tooth decay in medieval Germany (by various witches' incantations).

Besides being a consistent combatant of unnecessary pain, the dentist is, as we would expect, a firm advocate of oral hygiene—which causes his patient to speculate as follows:

Just imagine: A dentist and a school-teacher rule the world. The age of prophylaxis has dawned. Preventive measures are taken against all evil... Care and prevention bring peace to nations... No more bungling and no more haltitudes.

In this dream world the schoolteacher has created, the formula of greeting becomes "Prevention's the cure!" for all people in all languages.

It is, as Scheraub finally admits, an antiseptic and really dull world where there are no problems such as his; no students who wish to burn dogs for peace. Also with tooth decay, it seems, love and most other emotions must be eliminated, or at least ra-
Situations as I have generalized them in this discourse, these ideas may not be as easy to apply in specific circumstances. Hence, dentists should recognize that there is no universally accepted motivational strategy which will be successful with every employee. However, behavioral science research has determined that human beings are fundamentally alike when it comes to certain basic motivations. Thus, dentists should understand certain basic principles of employee motivation if he expects to attain the kind of performance of which his employees are capable. If the subject of employee motivation to be one of the most fantastically complicated subjects which I discuss with managers in many companies and firms. The reason for this is because we are talking about human beings, the problems of individual people. The behavioral sciences long ago have ascertained that every human being is different. Although this statement is by no means new, it is quite profound. Thus, dentists should recognize that there is no universally accepted motivational strategy which will be successful with every employee. However, dental practices often hinges upon the motivation and performance of employees who perform many vital services in today's expanding and more complicated dental offices and clinics. The important roles of the dental assistant, hygienist, chair assistant, and other employees in the dental office cannot be minimized. Consequently, the dentist needs to understand certain basic principles of employee motivation if he expects to attain the kind of performance of which his employees are capable. If I find the subject of employee motivation to be one of the most fantastically complicated subjects which I discuss with managers in many companies and firms. The reason for this is because we are talking about human beings, the problems of individual people. The behavioral sciences long ago have ascertained that every human being is different. Although this statement is by no means new, it is quite profound. Thus, dentists should recognize that there is no universally accepted motivational strategy which will be successful with every employee. However, behavioral science research has determined that human beings are fundamentally alike when it comes to certain basic motivational forces that cause them to behave. By utilizing a motivational strategy which emphasizes the needs and drives which are similar in people, a dentist is more likely to obtain superior rather than just average or marginal employee performance.

The Motivation of Employees

In the Dental Office

by Raymond L. Hilgert, D.B.A.

Introduction

The subject of employee motivation is one of the most important aspects of management in a dental office. It is probably not an understatement to say that the success of a dental practice often hinges upon the motivation and performance of employees who perform many vital services in today's expanding and more complicated dental offices and clinics. The most important roles of the dental assistant, hygienist, chair assistant, and other employees in the dental office cannot be minimized. Consequently, the dentist needs to understand certain basic principles of employee motivation if he expects to attain the kind of performance of which his employees are capable. If the subject of employee motivation to be one of the most fantastically complicated subjects which I discuss with managers in many companies and firms. The reason for this is because we are talking about human beings, the problems of individual people. The behavioral sciences long ago have ascertained that every human being is different. Although this statement is by no means new, it is quite profound. Thus, dentists should recognize that there is no universally accepted motivational strategy which will be successful with every employee. However, behavioral science research has determined that human beings are fundamentally alike when it comes to certain basic motivational forces that cause them to behave. By utilizing a motivational strategy which emphasizes the needs and drives which are similar in people, a dentist is more likely to obtain superior rather than just average or marginal employee performance.

The Hierarchy of Human Needs

It generally is accepted among behavioral scientists that all human behavior is caused, goal-oriented, and motivated. Everything that a human being does—whether one is black or white, male or female, or wherever he or she finds himself—is caused by forces that have developed within an individual's personality. Motivation is a force that comes from within a person, not something which is done to someone externally; motivation is what people themselves want to do. Further, it is always moving toward some goal or goals, but these goals may not always be readily understood by an outside observer.

A well-known psychologist, the late Dr. A. H. Maslow, developed a model of human needs which is now generally accepted among most behavioral scientists as a basis for understanding the forces which give substance to human motivation. This model has been called a hierarchy of human needs, because it recognizes that human needs do exhibit a fairly consistent pattern of priorities.

At the base of all human experience are the physiological or biological needs, which are the needs to survive, including food, water, shelter, rest, and recreation. Obviously, the practice of dentistry serves in part to satisfy these basic needs of people. Related to employment, it also is obvious that most employees work, at least in part, in order to take care of their basic necessities. But all people have other needs which become important to them once the basic level is satisfied in part or temporarily. The next level is the safety or security need level, which are needs we have for protection against danger, threat, and deprivation. Most companies provide an ample amount of supplementary benefits to help satisfy these needs. Pension plans, medical, dental, and hospitalization insurance, unemployment compensation, and the like are usually included in a program of benefits to employees. I'm sure that all dentists also provide their employees with certain benefits which go beyond the...
immediate paycheck. But here, too, we find that there are other needs which employees want satisfied in their work experience. In the dental office, where employees generally are highly trained and skilled, the highest level of needs are extremely important and are probably the most powerful motivationally. The next level are the needs for attention or social activity, that is, to be a part of a group or organization whether one is a part owner or not. Most people like to belong or identify with organizations and groups which are important to their sense of well-being. Perhaps one of the strongest positive motivational factors in a dental office or clinic is that the employees can readily feel they are part of something that is quite important and worthwhile. Loyalty to the practice or organization is not an old-fashioned concept. It is one which dentists should recognize as being an extremely vital aspect of the proper motivational climate in an office. The next level of human needs has been identified as the esteem or self-fulfillment needs. The final level is similar; this level has been labeled the self-realization or self-actualization needs. These are the needs that people have to develop to the limit of their potentialities, to be creative in the broadest sense of that term, and to be fully occupied in what they are doing. Most people would like to grow, develop, and feel that they are utilizing their talents and doing what they need and want to be doing. To recognize these needs, too, in my opinion, offer a fertile ground for building positive employee motivation in a dental office.

Building Positive Motivation

Many dentists, like managers in various aspects of business, have tried to obtain positive employee motivation by paying higher wages, providing ample fringe benefits, and offering reasonable job security. The problem usually is that there are no simple and straightforward answers. What a dentist must do is to recognize that his or her own professional image will determine the kind of employees to employ and the kind of employees to keep. If dentists are looking for their help and want their help, they will find that they are invaluable. The following are other needs which employees want satisfied in their work experience. In the dental office, where employees are often highly-trained and educated, they need the opportunity to work and develop skills which will enable them to contribute more. One of the strongest positive motivational factors in a dental office or clinic is that the employees can readily feel they are part of something that is quite important and worthwhile. Loyalty to the practice or organization is not an old-fashioned concept. It is one which dentists should recognize as being an extremely vital aspect of the proper motivational climate in an office.

The work of Professor Frederick Herzberg, a renowned industrial psychologist, has direct relevance to what I am discussing here. Herzberg and others have determined that such items as good wages, ample fringe benefits, good working conditions, and the like are extremely important, but primarily in a preventative sense. That is to say, these items must be provided in ample quantity or employees will be quite unhappy. Thus, in a dental office, chair assistants, hygienists, and other employees must be provided a fair economic package. If they are not, they are likely to become quite dissatisfied and seek employment elsewhere. But just because they receive a good income and have the "niceties" of employment, does not necessarily mean that high employee motivation will follow. As a matter of fact, it is probably more reasonable to say that a dentist cannot "buy" positive employee motivation in an office in this manner. Motivation seems to become more related to certain internal, intrinsic factors the higher the salary levels are. What Professor Herzberg and others have found is that factors related to the higher level needs of people usually are far more influential in their behavior and performance. This is particularly true, too, in my opinion, offer a fertile ground for building positive employee motivation in a dental office.

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