Doctor, *Tic* comes to you through the courtesy of your Ticonium Laboratory. The dental journal devoted to the dental team—doctor, hygienist, assistant, laboratory.
PRE-PROSTHETIC PREPARATION

References


(Copyright, Journal of the Missouri Dental Association, reprinted by permission.)
had my fife with me and my sword at my side, and
was greatly caressed by the taverns where I stopped on
my journey. As the people were mustering and
preparing to march towards Boston, I would take
out my fife and play them a tune or two, by means
of which, I traveled free of expense, during the
whole journey, which took me four days and a half
to accomplish to Charlestown, opposite Boston,
where I was detained by the sentry on duty and
compelled to go to Cambridge to obtain a pass
from General Ward to enable me to cross the ferry,
neal which, on the Boston side, was my father's
residence."

Greenwood arrived at Boston at the greatest
moment of American history—Bunker Hill.

"Before the daylight I was up, and . . . proceeded
on my journey to Cambridge. I had not proceeded
far when I heard the firing of cannon, and quick-
enly I pished over a hill in sight of Boston, where
the battle was raging. On the way there, I met on the road many wagons and
and chairs filled with the dead and the dying, and
others not so badly wounded, who were enabled
to walk by the assistance of others. This sight was
so entirely new to me, I must acknowledge, alarmed
me considerably; and at that moment, I thought I
would have given anything in the world if I had
not enlisted for a soldier, but my fears were quickly
dispelled by witnessing the fortitude of a poor
enlisted man, carrying a dove in his hand, from
which he bled profusely. Observing that he appeared to be quite indifferent to his wound, as if free from pain, I
asked him if he hurt him much?—he said no! and
that as soon as it was dressed, he would return to battle. His courage seemed to have an electric
effect on me, for in an instant I felt as brave as
himself and never again suffered myself to be in-
fluenced by a sense of fear during the continuance
of the war. At length I found the company to
himself and never again suffered myself to be in-

After a rest of two or three months, his
riving disposition congers him, and we find
him leaving Boston as a midshipman on the
privateer Cumberland, commanded by Com-
modore Manly, bound for a cruise to the West
Indies, with a crew of one hundred and thirty
age. His career was the soul and wit of his company, and
evered a tone in his company, and
never left his post. His courage seemed to have an electric
effect on me, for in an instant I felt as brave as
himself and never again suffered myself to be in-
fluenced by a sense of fear during the continuance
of the war. At length I found the company to
himself and never again suffered myself to be in-

At the expiration of the time of his enlist-
ment he continued to follow the fortunes of the
Army, but was not on the payroll until he
re-enlisted, February 13, 1778, in Captain
John Hinkley's company of the command of
Major-General Heath, of Boston.

At Bunker Hill, Charlestown Mills, with
General Isaac Putnam; with General Benedict
Arnold in his invasion of Canada, fighting the
Indians and British, enduring hardships, ex-
posure and dangers without number; with
General George Washington, the next morning he surprised the Hessians at Trenton,
Greenwood was at all times in the thick of the
fight doing his duty for the cause he loved.

The next day following the battle of Trenton
he received three months pay, and, worn with
fatigue and sickness caused from exposure, he
concluded to quit the service, although he
was promised promotion from fife major to
ensign, and assured by his fellow officers that
he was the soul and wit of his company, and
that he enjoyed their respect and confidence.

After a rest of two or three months, his
riving disposition congers him, and we find
him leaving Boston as a midshipman on the
privateer Cumberland, commanded by Com-
modore Manly, bound for a cruise to the West
Indies, with a crew of one hundred and thirty
age. His career was the soul and wit of his company, and
never left his post. His courage seemed to have an electric
effect on me, for in an instant I felt as brave as
himself and never again suffered myself to be in-
fluenced by a sense of fear during the continuance
of the war. At length I found the company to
himself and never again suffered myself to be in-

been set up at the University of Florida College
of Dentistry. The clinic is programmed to treat a
patient's fear before any dental work is attempted.
Malpractice suits against physicians and dentists are
increasing at alarming rates. What's more, some of
the suits are the kind that appear only in night-
mares. A Detroit housewife sued a dentist because
she couldn't feel her husband's kisses. It seems her
lip became permanently numb when a broken bar
bared a nerve in her jaw. She was awarded a
$275,000 settlement by a circuit court jury. Ever
think your kisses were worth that much? A letter
in the Archives of Dermatology reports that some
skin eruptions around the corners of the mouth and
chin may be caused by an allergic reaction to fluo-
ride. The skin of a patient that was resistant to
treatment cleared up when the patient stopped using
a fluoride toothpaste. Breakfast cereals with the
least amount of suacer are: Shredded Wheat,
Cheerios, and Puffed Rice.

Glandular causes one out of every seven cases of
blindness. When diagnosed early, this can be
prevented. Had your eyes examined lately? Since
aerosol sprays are potentially hazardous, dentists
are advised not to use air freshener sprays in the
office. . . . The Journal of Dentistry for Children
reports that defective stainless steel crowns can
generate fibroin because "defects in stainless steel
can stimulate plaque accumulation."

Conversation Piece: Elephant seals do not eat
during their 90-day mating season. Since they
average about three tons in weight, they probably don't
miss the food—and besides, eating may be too
disturbing. . . . Studies at George Washington Uni-
versity have found that aspirin and acetaminophen
are more effective pain relievers after dental surgery
than codeine . . . With all the benefits heaped
on the use of Vitamin C it may soon become the
"miracle drug" of our time. Now, a professor at
Fairleigh Dickinson School of Dentistry "has impli-
cated ascorbic acid in the genesis of periodontal
disease."

HOW DO DENTISTS FEEL ABOUT AUXILIARIES' DUTIES

A survey of almost 400 dentists showed that the
majority agreed that auxiliary help can increase
productivity and free the dentist for more skilled
operations. A minority felt that there would be an
increase of paper work with added auxiliary help,
quality care would be less, patients would be
alienated, and that productivity would be slowed
down. Over ninety percent felt that some of the
duties should include: (1) teaching preventive
dentistry and oral hygiene (2) application of
fluoride treatment (3) polishing of amalgam fillings
and (4) general prophylaxis. A minority were in
favor of the assistants doing such things as: (1)
applying rubber dam (2) taking impressions for
study models (3) polishing resin and silicate
restorations (4) placing temporary fillings and (5)
placing the matrix and wedges. Some of the den-
tists voiced the opinion that the auxiliary help
should also be allowed to insert resin and silicate
restorations and condense and carve amalgams.

"PSYCHIODETICS"

We have been offered so many herbs, drugs,
poisons, pills, gadgets, and secret formulas as
"miracle cure-alls" in our lifetime, that it's no
wonder we are on guard when reading books like
ARE YOU HAPPY AS A DENTIST?

It would seem that any dentist could answer that question easily enough. However, it's rather surprising how many men would hesitate and ponder about how happy they really were as dentists. How does one measure happiness? And, happy as compared to what? Well, here is a little test you can take to gain some idea as to whether or not you are happy in the dental profession.

There is a choice of four answers to each question. Answer only one.

1. Do you look forward to going into the office on Monday?
   (a) yes (b) usually (c) sometimes (d) never

2. How often have you attended dental society meetings in the last five years?
   (a) attended regularly (b) attended most (c) attended a few (d) didn't attend any

3. How satisfied are you with your income from dentistry?
   (a) very satisfied (b) satisfied (c) fairly satisfied (d) not satisfied

4. Would you become a dentist if you had to do it over?
   (a) definitely yes (b) probably (c) don't think so (d) no

5. How many dental textbooks have you read in the last three years?
   (a) over 6 (b) 3 to 6 (c) 1 to 3 (d) none

6. How do you consider your relationship with your dental laboratory?
   (a) very good (b) good (c) fair (d) poor

7. How satisfied are you with the work you do for patients?
   (a) very satisfied (b) satisfied (c) fairly satisfied (d) not satisfied

8. How do you feel when you have to stay in the office after hours for an emergency patient?
   (a) glad to do it (b) don't mind (c) annoyed (d) dislike it

9. If you had enough money to retire from dentistry would you, even though you were young enough to continue?
   (a) no (b) don't think so (c) probably would (d) yes

10. How much of your work do you enjoy?
    (a) all of it (b) most of it (c) some of it (d) none

11. How well do you get along with your staff?
    (a) very well (b) well (c) fairly well (d) don't get along

12. Are you pleased with your office setup and location?
    (a) very pleased (b) pleased (c) fairly pleased (d) not pleased

For every (a) answer give yourself 5 points. For every (b) 3 points and for every (c) answer give yourself 1 point. Judge your score against a maximum of 60 points and you can determine how happy you are as a dentist.

THISA AND DATA

Ever hear of Molar City? Well, the Mexican town of Algodones, a community of 2,500 inhabitants, not far from Tijuana, has been dubbed Molar City. There are some six dental offices just a few hundred feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the mecca for edentulous patients who are only a few feet from the border that are open seven days a week. Some of the dentists employ as many as 20 assistants, for they are doing a booming business. Molar City is the meca

While on this cruise, off Barbados, the Cumberland was pursued and attacked by the British frigate, Penelope, which, after an exciting chase, captured the Cumberland, put Greenwood and the balance of the crew in irons, and three days later arrived at Barbados, where all were imprisoned for five months. Upon release, Greenwood procured passage on a brig bound for Piscataway, where he landed, and was given "a hogshead of molasses to pay my expenses from thence to Boston" by the kindly disposed captain. Hoarding the monopoly, he journeyed sixty miles to Boston, the home of his parents, where, after recovering from a long and dangerous sickness, he became restless for adventure and again entered the seamen's service, November, 1779, as master at arms of a ship that carried one hundred and fifty men of war, eighteen guns, and was mastered by one DePorter, bound for the West Indies.

Off the island of Jamaica three vessels were captured and carried as prizes to Port-au-Prince, as was also a Spanish pirate schooner, which DePorter manned with part of his crew and placed Greenwood second in command. This vessel captured, as prizes, eleven brigs and sloops, besides one ship of eighteen guns, but soon after, when pursued by British ships, ran on the rocks in Petit Guare harbor, sank and was lost, with everything on board, save the crew which escaped.

After numerous trying adventures, destitute and worn with hardship, Greenwood worked his way to New York, where he applied to his brother, Clark, then practicing as a dentist in that city. Mr. street for aid was in vain. Being refused by his brother, and possessed with a natural mechanical skill, he began business in a small way with mathematical instruments. To this business he later added and applied his skill as an ivory turner.

Any man with such great natural proficiency who was able to survive these sea and land battles of the Revolution before he was 21 was likely to achieve success in almost any field he chose. By heritage, he had an affinity for dentistry from his father; but it was more by accident that he was propelled into a career which was to win him an enviable position. George Washington to be his personal dentist.

The accident of entrance into the dental profession came from an invitation by a New York physician to extract a patient's tooth. The operation was successful and he was launched in the career that was to win him his greatest eminence.

Ability in a profession that knew none such as his was quick to bring public acclaim to such a degree that he became one of the most sought after dental practitioners of that time.

An insight to his character is found in his unwillingness to be vindictive toward his brother, Clark, who had refused help at the time of his greatest need. John's burgeoning success made necessary the employment of helping hands and John obtained assistance from his brothers, Clark and William Pitt. John Greenwood was not a follower, willingly accepting things others had done or developed. This propensity to innovate, to invent, to introduce was his hallmark and among his pioneering accomplishments was said to be the first treatment of a diseased maxillary sinus by perforating its cavity from the socket of an upper molar tooth and effect its cure. In cases of abscessed antrum caused by alveolar abscesses, to remove the muco-purulent secretion he used "suds made from tepid soft water and old castle soup."

In 1791 he used a foot engine made from a spinning wheel to power a dental drill. Of all his claims to fame, John Greenwood is best remembered as "George Washington's dentist." The Metodic History of Dentistry describes his care of Washington this way: "In 1786, Greenwood judiciously moved his dental practice across the street from General Washington's office. At least seven dentists had treated President Washington professionally, but he apparently considered John Greenwood the most highly skilled. In 1789 Greenwood made the first of a number of dentures for the President. The base of this denture was constructed of ivory to which eight natural anterior teeth were originally fastened. A block of ivory on each side served as molars for grinding. As one of Washington's own teeth remained, a hole was left in the ivory for it. Gold rivets were screwed through the ivory base into the artificial ivory, which later he made an upper denture for Washington which was probably the first swaged gold denture ever made in America, if not the world."
WITH experiences:

Revolutionary War. As a fifer boy witnessing the carnage end of their guns, but were at last obliged to retreat, leaving quarters; but to make up in some measure for these disadvantages, they were mostly good marksmen and also took tomahawks instead of swords, for fighting with at close men were armed with fowling pieces instead of muskets, their travelling. The manner in which they dispatched war. ... So much cruelty, however, did the Indians manifest toward their prisoners, that if it had not been for the British troops, who remonstrated them, they would have burnt or otherwise have murdered every one of them.

We shortly passed a bridge, which we set on fire to prevent being followed; and presently after, we saw along the shore, a number of our boats... and among them, those which contained the poor fellows who were sick with the small pox; and what a shocking sight now met our eyes! we beheld the dead bodies of these, our last, unfortunate comrades, strewn about the shore some had struggled, perhaps, with just sufficient strength to reach the land, there to perish with fatigue and exhaustion, probably over­whemed by theirearnest, exposure and disease. Had either been captured or fallen into the water, and washed before, while others, who had safely landed by the assistance of those able to help them, were left during the night to shift for themselves, exposed to heavy rain, without any shelter.

WITH WASHINGTON AT TRENTON

The town was nearly down when we crossed the river Delaware, and amidst a tremendous storm of rain, hail and snow. The weather being stormy and-hurt; we could not see far ahead; we marched on, where suddenly, within two hundred yards of us, we discovered a body of between three and four hundred Hessians. General Washington came up on horse-back and alonc, to our major, and said, "March on, my brave fellows, after me!"

AT SEA, OFF BARBADOS AND JAMAICA

"Here I will relate an instance of the presentiment of approaching death, which occurred in the case of the captain of the main-top, during our running fight with the frigate. He came down from the main-top, and went into the cock-pit for a drink, which he precipitated would be his last, as he said, he was certain he should never come down again alive; and as it happened. He had not returned to his post in the main-top but a few moments, before a double-headed shot went through his body in two, which fell, a frightful spectacle, on the deck, and which made considerable impression on those who just before laughed at what they considered his foolish prediction.

Emphasize THE POSITIVE

Understanding the positive in dentistry could very well be the key to successful dental practice. As a concept, positive thinking may generate power, but it is positive action that brings results. Do you realize that almost everything we choose to do is motivated by what psychologists call the "pain-pleasure principle"? We seek out the pleasurable experiences in life and try to avoid those things that promise to be hurting or painful. It is quite natural then for people to avoid dental treatment, when it is so often associated with pain and discomfort. However, when a patient is having dentistry performed, the pain usually temporary and soon forgotten—the pleasure of having a pleasant smile and a healthy mouth free of pain. We can get more patients to accept treatment if we learn to direct the patient's attention to the pleasures that dentistry has to offer.

Dentistry's Many Benefits

Why do women choose to undergo plastic surgery when they know full well that there will be pain and discomfort? Or do women who shun the dental office gladly make their weekly visits to the beauty parlor where they are subjected to mild forms of torture—"torture"? Often, these women are looking beyond the pain and discomfort to the results that are pleasant and satisfying. Plastic surgeons and beauty parlor operators "sell" beauty and romance to these women. They accentuate the positive. And this should be our approach, for we can offer not only better appearance, but better health as well.

Beauty, romance, and good health—how many professionals can present a better parlay? Psychologists have found that people are also motivated by certain unconscious desires. For example, they want to feel more adequate, they desire romance, and they want to live a long life—forever, if possible. In dentistry, we are in an enviable position to help people fulfill those unconscious desires. A healthy mouth enables an individual to feel better, work better, and therefore feel more adequate. Good teeth and a beautiful smile improves one's appearance and may therefore enhance chances for romance. Finally, a healthy mouth helps maintain a healthy body which can add years to life expectancy.

Discomfort Can Be Accepted

Patients can be made to overlook the discomforts of dentistry if we play up the benefits they can derive. This can be done by the way we speak to them. It is as simple as the right choice of words. Have you ever talked to a patient who needed an extraction, "I'd have that tooth out if I were you, Mrs. Harris?" If so, can't you imagine Mrs. Harris thinking, "What do I care what he would do! It's my tooth he wants to remove!"? If, under the same circumstances, you say, "The tooth should be removed to save you any further pain," you are projecting a pleasurable result, no more pain, and the patient is apt to be more receptive to your suggestion. Again, it is a matter of accenting the positive.

Did you ever tell a patient, "It won't hurt," when in truth it might possibly hurt? And if what you do causes pain, doesn't the patient become more difficult to handle? Of course, because he is losing confidence in you. Suppose you are candid, totally honest, and say, "This will hurt," what then? The chances are that you will have a tense, nervous patient on your hands. Since the anticipation of pain is often worse than the pain itself, the first twinge may find the patient stiffening up as if he expected the roof to fall in the next second. To emphasize the positive, it is far better to say, "It may hurt a bit, but not as much as you think it will, and when I'm finished the tooth shouldn't give you any more trouble." You have relaxed the patient, you have been reassuring, and, above all, dangled the sought-after pleasure in front of one patient, the other, a positive, calm, professional, yet friendly manner helps to gain acceptance of your proposed treatment plan.
THE FAMOUS JOIN OR DIE FLAG  
"Although a little out of place, it may not be uninteresting to describe the flag of a now recently surrendered vessel, the Cumberland. It consisted of the figure of a large snake, coiled into thirteen coils, embattled of the thirteen states, each coil represented, as it eer apart from the others, and (from "Memoirs of the Life of the Late Mr. John Greenwood," American Journal of Dental Science).

The Greenswoods—A Dental Dynasty  

John was the most eminent of five generations of Greenswoods, perhaps the first great family of American dentistry. Few in the Founding years of the nation contributed more.

The first Greenwood, John's great-grandfather, came to Boston from England when that city was in its beginning stage. He arrived in Boston from Norwich, England, in 1659, twenty-two years after the first settlement was made there by its Puritan founders.

John was the third generation of Greenswoods, each of whom made an indelible mark on the first pages of American history, but none as prominent as John's.

At least three of the first five generations of Greenswoods made substantial contributions to establishing dentistry as a respected profession in the new nation.

The honor for having created and used the first tooth-doll in American dentistry was claimed for him by a son, who followed him as a practicing dentist.

But of all the many honors that John Greenwood earned, it is retrospect he is most likely to be proudest of his selection by General George Washington as his personal dentist. From the arrival of his great-grandfather, Nathaniel Greenwood in Boston, the family was destined to be one of great service to the American colonies and the new democracy they were to create.

Nathaniel was a shipbuilder, a trade that contributed substantially to the growth of the Massachusetts Bay Colony. John's grandfather, Nathaniel, was the first professor of mathematics and natural philosophy in Harvard College and also later pastor of the famous old North Church of Boston.

An indication of the abundant talents that would be John's is found in the diversity of abilities of his father, underneath these words, John or Dick, alluding to the power, which a snake is said to possess, of preserving its life, when cut in pieces, by lying together its dismembered parts. Over the snake, was the figure of a pine tree, painted green. The flag itself was white, as was also the motto under it."

*The Greenswoods—A Dental Dynasty*  
Isaac Greenwood, Sr., Nathaniel's other son, who is credited with being the first practical dentist in Boston.

Dental pioneering was but one of a host of accomplishments of Isaac Greenwood, Sr. He was a mathematical instrument maker, ivory and wood turner, umbrella maker, and part-time dentist. Four of his five sons who became dentists learned the profession from him: John, Clark, William Pitt, and Isaac, Jr.

The chart indicates not only the genealogy of the Greenswoods but the diversity and quality of their contributions to the new nation.

**References**


Dental Register of West, January 1861. Massachusetts Soldiers and Revolutionary War, Boston 1898.


**Family Tree of the Greenwood Family**

*From An Introduction to the History of Dentistry in America, Bernhard Wolf Weinberger, St. Louis, 1948, The C. V. Mosby Co.*
PRE-PROSTHETIC PREPARATION

by GILBERT ZOELLER, B.S., D.D.S.*
and VIRGIL A. PINKLEY, D.D.S.**

Introduction

Often the success or failure of prosthetic care of patients depends as much upon what was done prior to care as it does upon the treatment itself. To that end we believe that a specific pattern of three pre-prosthetic measures should be followed prior to rendering care.

General Considerations

The first category, or Phase I, is general medical, oral and psychological evaluation. This phase must include a thorough medical history with special emphasis on prior medical care, including names and addresses of attending physicians, medications prescribed, periods of hospitalization and abnormal responses to medical care.

A review of the physical systems is always beneficial. The history review of the cardiovascular system, the gastrointestinal, renal, pulmonary, musculo skeletal, reproductive and central nervous systems may present clues to an abnormal general health status of the patient which enables the dentist to modify the treatment plan for the patient's benefit. A specific psychological profile must be established in as much as the adaptive psychological profile usually indicates a better prognosis for prosthetic success.

More obvious attention is the oral and dental examination. Since prosthetic care may vary from complete denture prosthetics to cleft palate obturators and removable partial prosthodontics, a meticulous assessment of all soft and hard tissues must be made before any conclusions about the oral and dental status may be made.

Fig. 1A

Of notable interest to the dentist is the intimate interrelationship between the medical history, the systems review and the psychological profile. This intimate total patient must be the dentist's perspective or the prostheses may not succeed.1

Dental Considerations

The second category, or Phase II, considerations center about the specifics of an oral/dental focus. In this regard, a variety of diagnostic complete or partial prosthodontics may not succeed.

**Assistant Professor and Head, B.S., D.D.S.

**Assistant Professor, Head, Section Complete Parodontics, Southern Illinois University, School of Dental Medicine.

For the Bicentennial: a journalistic record

by Clifton O. Dummett, D.D.S.*

Two hundred years of Americanism—a revolutionary concept that melded a multiplicity of origins, talents, and aspirations—have produced a dentist who as a man and as a professional is the best of all these beginnings.

The American dentist is many men made one by their collective contributions over the two centuries now being remembered in the bicentennial anniversary of the American Revolution.

Through these years of growth, dental literature—the profession's face to the public and voice to its members—was the complement to technical advances, for its pages met the need to focus on the entire spectrum of dental concerns and brought about discussion and consideration of every point of view.

It was in the arena of the written word that there was redeemed a vigorous leader's pledge that quality would be the means used to earn eminence.

The most recent 22 of the bicentennial years have witnessed a significant contribution to the dental profession in the enrichment of its literature and of its practice by a wide range of writings appearing in The Quarterly NDA—the journal of the National Dental Association, the professional organization of ethical black dentists—setting forth the involvement and contributions of black dentists.

The Commitment

The pledge of performance of the highest standards was given in 1953 by the late Dr. C. L. Thomas of Louisville, Kentucky, as he assumed the presidency of the Association. He pledged to foster harmony and constructive cooperation within the Association; to implement the sound policies and programs of previous administrations; to foster racial integration through professional preparation at the undergraduate, post-graduate, and graduate levels; to encourage the Association's young men by appointing them to responsible positions from which they would gain valuable experience, and to foster full membership of black dentists in the Association.

In all of the five major points of the program Dr. Thomas gave in 1953 convention, which marked the 40th anniversary of the Association, there was a consistent theme: dedication, quality, service, achievement.

Translating a Theme

The Quarterly NDA articles published since that time reflect that theme, revealing the black dentist as a skilled practitioner seeking improvement, as a professional partner anxious to contribute to and advance causes, and as a serving person in the community.

Two hundred and sixty-five articles chronicle the journalistic contributions of the Association during the 22 years of unprecedented social change and upheaval. An analysis of the subject matter indicates a predominant concern of the black dentist with the dispensation of high quality health services to all Americans.

Additionally, many contributions evidence inter-racial cooperation down through the years. Some portray the national unrest which occurred during the Sixties. Others exemplify the philosophical changes undergone by health professional personnel since that time. A few document cooperative relationships among the various racial and ethnic health professional groups.

Moreover, during the same 22-year period, the pages of this publication present a panoramic view of the black dentist as a person in his community as well as his profession.

In the section unpretentiously entitled "personals," is recorded the personal accomplishments of individual black dentists and other dental health personnel.

Through the factual reality of deeds is told this story of achievement!

A Record of Success . . .

Academic honors, promotions, and achievements attesting to scholarly acquisitions; participation, advancements, and honors in the national and specialty dental organizations revealing the presence of the black dentist in the mainstream of organized dentistry; a position for which he waged a steady crusade; and a view of deep involvement in the political process as social activist, political office seeker, and working member of a plethora of community and civic organizations.

... and Recognition

The largest number of articles dealt with administration, professional organizations, and social issues. Some of the more outstanding material in this area include "Desegregation and the Professions" by Constance Baker Motley, who gained national prominence as an NAACP attorney in the civil rights struggles and is now a federal judge; "The Kellogg Foundation Grant for Dental Scholar-
It was just a casual, snippy remark in the elevator which hailed Dr. Albertson (not his real name) into court on a slander charge, and, in terms of assessment of damages and notoriety from public exposure, caused him substantial loss of money and patients.

A young woman in the dental chair, well known in the community to be a free swinger, had casually asked the dentist during a routine oral prophylaxis whether gonorrhea could make her teeth ache. Dr. Albertson (not his real name) thought for a moment and explained that it could, and that she should consult her general practitioner, who recently treated her for the disease.

The dentist then suggested that she return to the laboratory, where an employee, who was familiar with the case, could confirm the diagnosis and explain how the infection could become a concern for her general health. The employee confirmed the diagnosis and explained the potential consequences of untreated gonorrhea, and reassured the patient that she had nothing to fear.

Unfortunately, a new dental aide had heard the patient's question and the potential of this tidbit of information tripped her tongue as she was taking a threat culture to a laboratory on an upper floor. Meeting a girlfriend in the elevator, she gossiped, “People are certainly stupid when they thinkVD can affect their teeth.”

Then the full story was told in less than 60 seconds. It backfired when the friend told everyone in the laboratory. An employee there, who was related to the patient, reached her by telephone just as she returned from the dental office, and gave her a blown-up distortion of what had been said in the elevator.

Dr. Albertson wound up in court, in serious trouble. Although he had discharged his aide, the judge held him as the liable person, stressing that he had been guilty of neglect in failing to instruct his assistant in the proper manner. She had stated on the witness stand that she had been hired without any instruction on holding personal conversations and revelations as privileged discourse.

Another incident in San Francisco concerned a young dentist who had the bad habit of becoming too verbose when he had a few drinks. At a cocktail party one day he had really opened up, discussing the sexual passions he contended some of his pretty young patients had made.

The remark brought quite a few laughs, encouraging the dentist to detail the aggressiveness of a particular girl and letting her name slip. Instantly he regretted it, for he caught the expressions of disbelief and dismay on the faces of the others.

Less than a week later, the reaction came in the form of a letter from an attorney, saying he was representing the parents of the patient who were planning to take action against the dentist, and would be happy to discuss the case further.

Dr. Albertson continued to glibly explain that a general practitioner had recently treated her for the disease, and had warned her that it could possibly lead to arthritis, affecting bones and joints anywhere in her body.

As part of your office ethics, give your staff some rules concerning gossip:

1. Don't encourage gossip from a patient.
2. If intimate conversation is overheard which can be a problem to the office, notify the dentist immediately.
3. You are hired for your skill and overall efficiency, which should include your ability to divert or avoid a discussion of patients and their problems.
4. If a particular patient has selected you to bear her burden of sensitive matters which can be embarrassing or defamatory, have another staff member handle the patient, or alter the dentist.
5. Keep your conversations with patients casual. Avoid awkward, sensitive, and potentially dangerous subjects.

In summary, the following outline will help as a guide in the pre-prosthetic preparation of the patient.

PRE-PROSTHETIC PREPARATION

A. General Medical, Oral and Psychologic Evaluation
   A. Medical History
   B. Systems Review
   C. Psychologic Profile
   D. Oral and Dental Status

Emphasis on inter-relations of A, B, C, D

B. Oral and Dental Focus
   A. Diagnostic Procedures, Complete or Partial
      1. Treatment Prostheses
      2. Interim Prostheses
      3. Special Considerations
         a. Tori
         b. Tonsillectomy
         c. Epulis

   B. Surgical Preparation for Quality Prosthetic Care
      1. Complete Prosthetics
         a. Dentures
         b. Tonsillectomy
         c. Epulis

(Continued on Page 16)
**EDITOR'S NOTE:** Dr. Freese reports only on books that he has read and believes will interest, entertain, or prove useful to T&TC's readers. Consequently he omits reporting on books that do not meet such criteria.

If you disagree with this policy—perhaps because you believe readers should be warned against inadequate books they are likely to buy—let Dr. Freese know. His address is 137 East 36 Street, New York, N.Y. 10016.

**Medical Care of the Adolescent, 3rd ed., by Gallagher, Heald, and Garell, 672 pp., $35.00, New York, Appleton-Century-Crofts, 1976.**

With the growing importance of the adolescent and his special needs and problems, this new edition of the classic textbook in this field is especially welcome. The section on adolescent dentistry is written by Dr. Paul K. Losch, professor emeritus of dental pediatrics at Harvard, and offers some needed insights into the special dental problems that this age group presents to the general dental practitioner. Dr. Losch makes a needed plea for close cooperation on these patients' behavioral and psychological care.

**The Realms of Gold, by Kay Vicker, 250 pp., $8.95, New York, Charles Scribner's, Sons, 1975.**

Gold has been a part of dentistry virtually since our profession began, so that this book by the chief of the European bureau of The Wall Street Journal has a very special interest for us. A fascinating book in which the author even follows smuggling routes of gold to India, and was offered a partnership in a smuggling venture (which he refused). Taking us from ancient Egypt to today's gold mining and refining, we get a glimpse of both the economic and social history of gold—and a bit of an insight into why gold is selling for what it is. Here, too, is the lore and mystique of gold, some of its adventure and crime, and its problems. Enjoyable and worth reading.


Here again is a volume, paperback in style and price, but top in quality. With textbook prices what they are, more of these are needed. The illustrations are well done and some are even in color. Written by an Oxford University professor of medicine, this authoritative volume is well written—also unusual in medical texts—and provides a succinct account of the causes, symptoms, treatment, and prevention of hypertension. This may be one of the best books available. The research is up to date, the explanations clear and concise and the illustrations are excellent. A good book to have on hand for patients, to teach them about this disease. Excellent reading, and a book that will be of great help to the dental profession.

**Stressful Life Events, by Barbara S. Dohrenwend and Bruce P. Dohrenwend, 350 pp., $19.95, New York, John Wiley & Sons, 1974.**

The growing interest in stress and its role in your life and health warrant reviewing another book on this subject, which so intimately concerns you and your health. Here is an excellent historical review of the research on stressful life events, bringing the work of Walter Cannon, Johns Hopkins professor of psychiatry, Adolf Meyer, and Hans Selye into focus and perspective. Researchers from the disciplines of medicine, psychiatry, psychology, and sociology are assembled here to offer their work and thoughts on major advances in the connections between stress and heart disease, psychiatric illnesses as well as the physical ones, attempted suicide. International authorities speak on life events before and after onset of a premature myocardial infarction, child behavior and life events, personal catastrophe and depression, medically ill adolescents. The role of culture change, time change, and inter-personal relationship changes in health is important to all of us in our mobile and rapidly changing society. It is much to be learned from this volume—both for yourself and your patients.

**Living or Dying: Adaptation to Hemodialysis, by Norman B. Levy, 164 pp., 34 tables, $10.75, New York, John Wiley & Sons, 1974.**

This is a small book to review for a dental publication, but it is an important one. And since up to 1 million Americans are affected by kidney problems, and tens of thousands are likely to be on dialysis—the artificial kidney—before long, this book becomes of interest and use to everyone who is in the health profession. This is the first book devoted to the psychology of patients who are involved in this mode of treatment or who have members of their family undergoing it. This is the story of the stresses such patients are subjected to, how they adapt to it, and why some fail to adapt. An intriguing book for anyone in the health profession today.

**Monsieur Lecoq (Dover Publications, $5.95) has some of the original illustrations along with an excellent introduction by E.F. Bleiler, who puts this book in its proper place in the history of the detective novel—and Lecoq certainly ranks high in every respect, even with today's whodunits. Exciting for mystery buffs!**

If you like Goths, if you like mystery thrillers, if you're interested in our west coast in 1886—R. H. Shrimner's The Cricket Cage (Harpur & Row, $8.95) is for you. What's more, this is good writing—a novel first and a Gothic and who-dun-it second. A young newspaperswoman is called by her sister to Seattle with an urgent idea—to walk into a house with a coffin, a Seattle unsettled by racial hatred, refugees and minority problems—and a horror buildup. Exciting thriller!

**Who-dun-its can have a dash of humor, be set in Victorian England, get involved in the occult—and still have plenty of suspense, mystery, and murder. If It's A Case of Spirits (Dodd, Mead, $5.95) and that wild pair from Scotland Yard—Sergeant Cribb and Constable Thackery—you can expect good detecting, honest logic, and fair play for the reader in solving the strange murder during a "spiritual session." Well worthwhile!**

Here's another of the old masters—G. K. Chesterton, one of the great literary figures of our century as journalist, critic, poet, and whatever. And when he turned his mind and pen to crime he gave us the great Father Brown series of short stories, now brought together in a single volume. For another classic, The Continental Op by Dashiell Hammett (Vintage Books, $1.95) is now available. A whole different ballgame here from the Father Brown stories, but with The Tenth Clew, The Who-dun-its, and five other short stories, this, too, is the tops!

**TO TOUR**

**Topical Use of Drugs, edited by John C. Williams (Lea & Febiger, $7.50), and The Science of Drug Administration (W. B. Saunders, $9.95).**

These are two of the books that are reviewed in this issue. They are not for the layman, but they are for those who write and sell drugs and are interested in their use in various fields. The first is devoted to the many uses of drugs, including their use in surgery, anesthesia, and in the treatment of various diseases. The second is a comprehensive review of the sciences of drug administration, including the history of drugs, their chemical properties, and their effects on the human body. Both are valuable resources for pharmacists and other health professionals.

**The Best of the New Yorker, Vol. 2, by Peter Arno (Dover Publications, $3.50).**

This collection contains some of the finest cartoons and drawings published in The New Yorker, including works by such famous artists as Charles Addams, William Steig, and Saul Steinberg. The cartoons are arranged in chronological order, making it easy to see the evolution of the magazine's style over time. The collection is well worth buying for anyone interested in cartoon history or the New Yorker. If you're a fan of the magazine, you'll love these classic works of art!