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An award-winning magazine that covers the whole range of your interests — professional and personal.
Dental Fear

By James R. Mullens

Mrs. Jones is afraid of you:

The scene is your dental office on an especially cheerful Friday afternoon. It has been an exceptional day and you are looking forward to an even better weekend.

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You are confronted with a pale and trembling Mrs. Jones. She has visited a dentist more than five years ago. Almost an hour later, you see Mrs. Jones to the door; she is in tears. No dental work has been completed. The examination is only half completed. You are 30 minutes behind schedule and thoroughly exhausted.

Facing an afternoon of frustrated patients, you are angry with yourself for not being prepared. Why were you so unsuccessful? Will Mrs. Jones seek treatment at all now? What could you have done differently?

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In the Journal Dr. Arne Melgren of Stockholm says: "The cult of the young and beautiful has assumed too much importance; if only the beautiful people are supposed to make love, those who wear prostheses acquire inhibitions and feelings of inferiority. When I encounter a patient in my psychiatric practice who has psychosocial and sexual problems related to denture wearing, I recommend a short story, Love With a Denture, by Ivar Lo-Johansson. It describes an effort to accept life and love despite a prosthesis, and, because of the understanding it conveys, the story has proved helpful to many patients who have come to me with problems in this area."

CRACKED TEETH

To the inexperienced practitioner, and at times even to the experienced one, a most difficult diagnosis to make is that of the incomplete tooth fracture. The patient complains of pain while masticating and of sensitivity to cold. A clinical examination reveals no caries or erosion areas and radiographs are also negative. Furthermore, the bite is satisfactory, and there is no trauma present. These symptoms, with seemingly negative findings, should alert us to the possibility of a cracked tooth. Drying the tooth carefully and reexamining it under strong light will often reveal a slight crack in the enamel usually round the buccal or lingual grooves.

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Krop is president of the Southern Association of Behavior Therapy. 

Funded by grants from the National Institute for Dental Research and the Veterans Administration, the "fear clinic" opened in October, 1975, as one of the only two such programs in the nation devoted to diagnosing and counseling adult patients with odontophobia.

Approximately 100 patients have been screened since the program began, ranging from persons with some anxiety to those categorized as extreme dental phobics who, in some cases, have avoided treatment for many years.

Some 75 patients with extreme fear have been ac-
ccepted for treatment.

By simplifying some methods of clinical psychol-
ogy, fear clinic staff members are teaching patients to relax in the dental situation. Counseling includes the use of slide presentations.

Through this program, the laboratory staff is cur-
rently evaluating these and other treatment approaches in an effort to find effective methods for minimizing patient’s fears of the dental situation.

An instructive manual will be published as a result of these evaluations. It will contain practical and ef-
cient procedures which practiced dentists and auxil-
ary personnel can employ in the management of
dental fear.

In a recent interview, Dr. Jackson said most pa-
tients were unaware of the reasons for their fears. Only a minority report a bad event. Some refer to specific procedures, such as a fear of injections. Interestingly, a number of patients have cited being intimidated by the dentist as a reason for their fear. These persons are afraid of being put down by the dentist.

"Dentistry sometimes exists even in the absence of any history of dental treatment, Dr. Jackson and his associates approach the problem as an acquired or learned behavior. It is, therefore, believed that, except in the most extreme cases, pa-
tients can be treated successfully.

In an article entitled "Managing Dental Fears: A Tentative Code of Practice," published in the Journal of Oral Medicine, Dr. Jackson offers 12 rules which may aid in managing patients with dental fear. These are outlined below:

Rule 1: Except under exceptional circumstances, the word "pain" should not be used. (It is a strong, conditioned fear excitor. The word "discomfort" may be a desirable euphemism.)

Rule 2: Do not inflict pain if it can be avoided. (This rule is obvious, but can be more closely adhered to by such methods as more liberal use of topical an-
esthetics and selection of sharper, more narrow gauged needles, etc.)

Rule 3: If there is any possibility of pain, WARN the patient. (As an exception to Rule 1, the word "pain" may be necessary here for complete honesty, thereby reducing the chance of unpleasant painful events that might support existing fears.)

Rule 4: If you say, "This should not be uncomfort-
able," be absolutely sure you are correct. (Such expressions, if followed by pain, may them-
selves become conditioned fear excitors.)

Rule 5: Find out what the patient does not like and avoid it if possible. (This can be accomplished with a questionnaire designed exclusively for this purpose.)

Rule 6: If possible, promote the patient's inter-
action with a feared stimulus. (Use caution as this rule applies to a stimulus that cannot be eliminated from the procedure. A patient may be able to ex-
tinguish existing fears if he holds a syringe that he is slightly afraid of. Others, who are so afraid that they show reluctance at such a request, may be hindered, rather than helped, if encouraged to do so.)

Rule 7: Clearly indicate how a patient may ask you to stop work and strictly adhere to such requests. (If a patient abuses this privilege, then the dentist may explain that this applies only to genuine requests. Indi-
vidual assessments will then have to be made.)

Rule 8: Introduce new procedures slowly and gently. (For the patient suspected of being afraid, take off the white coat and talk in the private office for a while. This may be all for the first visit.)

Rule 9: Make the dental operatory a cheerful place. (A friendly congenial atmosphere is desirable. Train-
ing of auxiliary personnel is crucial here.)

Rule 10: Accidental pain should cease immediately. (If a dentist or hygienist hurts a patient, he or she should stop all treatment until the concepts in Rule 3 and proceed appropriately.)

Rule 11: Selectively reward desirable behaviors, but never use punishment. (In the medical context, refers to demonstrations of annoyance by voice or action.)

Rule 12: Move slowly, talk slowly, and keep the entire environment as quiet and relaxed as possible. (Since dental fears are highest in the operatory, the demeanor of the dentist himself is of prime import-
ance.)

These tentative rules may be used to lay the solid groundwork for successful dental fear management. They can apply especially with regard to prevention, probably the most important considera-
tion in dealing with dental fear.

It’s true that the folklore developed about the den-
tist of the past is diminishing as dentistry enters an age of modern equipment, better anesthesia, and im-
proved methodology.

But, Mrs. Jones is only one of an estimated six to 10 million Americans who avoid visiting the dentist be-
because of fear, even when they are experiencing den-
tal trouble.

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the identification. The body had been thrown against the plane's dashboard on impact, and the teeth were scattered. Dr. Luntz was able to gather enough for a dentition though, and the detective work began. He contacted the dentist of the man he believed the body belonged to. The dentist, who turned out to be a relative of the dead man, said the records would not be understandable to anyone else because they were in his "own hieroglyphics."

But, he added, he had removed an upper third molar.

"I found third molars," Dr. Luntz explains, "and I assumed that this wasn't the man. But I didn't know where to go from there. How would I be able to make a positive identification?"

His dentist had not taken any x-rays and none had been found of the other occupant of the plane.

"It presented a real quandary for me," Dr. Luntz says.

"Then one of the troopers working with me came up with an idea: Why not check criminal records?"

"But this man was a commercial pilot, I said. Why would he have a record?" The trooper thought there might be an outside chance, so we checked.

The man had been a felon, it turned out, and had served time in the state penitentiary. Prison dental records contained a good x-ray of the jaw and showed that his dentist had taken out a second molar instead of a third.

After more than 14 hours of searching for the records, a positive identification was made.

Dr. Luntz uses sophisticated photographic equipment in his identification work. In Portland, Ct., for example, he was asked to identify a female skeleton thought to be a missing 20-year-old.

The family had no dental record, but there were several photographs. Dr. Luntz examined her protrusive front teeth and concluded that the skeleton wasn't that of the missing girl.

Sometimes sophisticated equipment isn't needed. Take the scientist who replaced the teeth in a skull glued into the wrong sockets. He broke them loose and recovered at an archaeological site. They just didn't match.

Dental Fear Clinic

(Continued from Page 2)

The dental profession is faced today with the very real problem of patient overload; a situation that promises only to worsen.

The profession, along with the dental trade and the Federal Government, has spent much time, effort, and money in the development of preventive programs, sit-down four-handed techniques, improved equipment, expanded duties and more, in an effort to meet this challenge.

Group practice is spreading.

Health Maintenance Organizations are providing some solutions and posing some threats.

Dental schools are adding to their curriculum, methods of managing the patient with dental fear. At least 80 percent of all patients are believed to experience some apprehension about the dental situation.

Management of dental fear by practicing dentists today may have a dramatic effect on the future of modern dentistry.

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Putting the bite on the dentist

The 'malpractice crisis' has kept physicians and hospitals in the spotlight of late but other professionals have been finding that they have similar problems

By Elizabeth Whitney
St. Petersburg Times Medical Writer

It was a typical malpractice suit against a dentist the kind the lawyers call a "butter-finger" case. But this one took a different twist.

As a dentist was extracting a woman's tooth, a filling from the tooth fell into her throat — causing, she alleged, discomfort, inconvenience and medical problems.

HER LAWYER did not sue on the usual negligence grounds. He sued her dentist for "breach of contract."

The dentist, the woman's lawyer argued, had "contracted to remove the tooth, the whole tooth and nothing but the tooth." The jury agreed and the woman won.

In residence now at Stetson University College of Law is a visiting professor from the West Virginia College of Law who has written the only authoritative text on dental malpractice. So unique is William O. Morris' knowledge of this little corner of law that he's in demand all over the world as a lecturer — even at $500 to $1,000 a day. He also serves as a visiting professor at universities from California to Germany.

It's the right legal specialty at the right time.

The "malpractice crisis" — created by the frequency of $1-million awards against doctors and the resultant skyrocketing cost of malpractice insurance — has been in the headlines for months. While the spotlight has been on physicians and hospitals, dentists (and other professionals) have experienced a less dramatic but similar problem.

AT THE TOTAL number of suits filed against dentists rises, Morris says awards of $100,000 to $250,000 are not uncommon. The largest ever awarded against a dentist, he says, was for $750,000, though it was finally settled for about $600,000.

Morris works both sides of the street. In his frequent out-of-town appearances, he's apt to spend one day telling law students and lawyers how to win malpractice suits against dentists. The next day he will lecture dental students and dentists on how to avoid suits and win them when they can't. He also is a consultant to lawyers on dental malpractice cases.

Many of those cases are fascinating. For instance:

A dentist prescribed birth control pills for a patient. When she suffered ill effects from the pills, she sued him. The dentist's defense was that if the woman had become pregnant, the calcium for her teeth would have been depleted.

The dentist was found to be prescribing outside the area of his competence and his insurance company had to pay.

(Patients with symptoms later diagnosed as oral causes have sued dentists either for failure to use all available diagnostic tests or for failure to refer such patients to physicians, especially as early as they should.)

THEN THERE WAS THE case of the dentist who got into a political argument with a patient and threw him out of his office right in the middle of a dental procedure.

"Obviously, this was battery," comments Morris, "but was it also abandonment?"

Patients, he notes, can abandon doctors and dentists — simply taking their business elsewhere. But physicians and dentists cannot sever a relationship with a patient without warning the patient in time to get a replacement or arranging for a replacement himself.

Even where such exert battery is not involved, battery is being used as the grounds in a growing number of dental malpractice suits, Morris says.

To prove actual malpractice, a lawyer must bring in expert witnesses to evaluate a dentist's competence and alleged negligence, he explains. Because of the "conspiracy of silence" that Morris says usually exists among dentists in a defendant's locale, expert witnesses generally have to be imported — at high fees and travel costs.
The battery charge, on the other hand, hinges on a nebulous concept of "informed consent" that figures strongly in cases involving physicians. It means that if a dentist does not explain to a patient what a procedure is intended to accomplish, as well as its dangers, he can be charged with technical battery—and the case tried without experts.

One "assault and battery" suit—though it happened to an emergency-room physician—has wide application in dental malpractice litigation.

An emergency-room doctor inserted his finger in a child's mouth, and the child bit down on it. After unsuccessfully trying several methods of getting the child to open his mouth, the doctor slapped him. The child's mother sued. The doctor pleaded self-defense and the case tried without experts.

If a baby is born with a birth defect and his mother's teeth were X-rayed during pregnancy, can the dentist be held accountable?

No legal precedent, yet says Morris, but he thinks such a case could be made and he advises dentists to cover all visibly pregnant patients with lead aprons before X-raying.

One answer to the malpractice dilemma, says Morris, is no-fault professional liability (malpractice) insurance. "Physicians and dentists are in a position to spread the loss and patients aren't," he says.

Lawyers specializing in malpractice cases won't lose income if the present contingency fee system (in which the lawyer gets a third to half of whatever the jury awards his client) is outlawed, says Morris.

"Percentagewise, lawyers will get about the same (total income), but they'll just get paid for all the clients they represent instead of just the 15 per cent of the cases they win," he says.

He resents hints that some liability lawyers—cut off from auto accident cases by no-fault auto insurance—have promoted malpractice suits.

"Lawyers," he says, "don't cause malpractice cases any more than they cause divorces."

For this law professor specializing in malpractice cases, the prospects are unlimited.

He just mailed his publisher his new book on veterinary malpractice:

"It seems there was this man who bought an expensive pedigreed female dog in Europe for use as a breeder. Upon his arrival in the U.S., he took the female dog to a veterinarian to be sprayed.

The veterinarian, however, misunderstood the order and..."

(Reprinted by permission.)

The Dental Detective by Ted Blankenship

When Lester Luntz isn't filling cavities, he is usually getting his teeth into a baffling criminal case. Outside his Hartford, Ct., dental office, Dr. Luntz is a pioneer in forensic dentistry. Working with dental records, he has made more than 475 positive identifications of some 500 bodies.

In 1973 in Du Page County, Ill., for example, Dr. Luntz testified that the models of the teeth of a murder suspect matched a bite mark on the victim's leg, and the suspect was convicted.

That case is now under appeal.

In 1970, four members of a Connecticut family were found slain in their home. There were no fingerprints on the weapons and no sign of forced entry. But Dr. Luntz identified a bite mark on a girl's left breast as belonging to her brother. The youth was found not guilty by reason of insanity. It is now considered a pioneer criminal case involving toothprints.

The Federal Bureau of Investigation reports another in which a burglar was undone by his appetite.

"The burglar confessed when he was confronted with a model of his front teeth a dentist took from a piece of cheese."

Dentistry is increasingly being accepted as an important tool in identification. Teeth, jaws, and fillings can produce more than 2.5 billion different combinations, Dr. Luntz says.

More important, he explains, though they can be attacked by disease in life, human teeth last longer than any other part of the body after death and, like fingerprints, no two mouths are alike.

Using teeth in identifying bodies can be unpleasant, but it is sometimes necessary, and often the only means by which it can be done. This was demonstrated in 1971 when an Allegheny Airlines plane crashed near Tweed-New Haven, Ct., Airport, killing 28 of the 31 persons aboard. Twenty-seven bodies were burned beyond recognition and fingerprint identification was impossible. The Connecticut Dental Disaster Squad, a group of 18 volunteer dentists organized by Dr. Luntz in 1969, was called in.

In two days, using the airline passenger list and dental records, the dentists were able to identify all 28 bodies. It is this kind of activity that makes Dr. Luntz a familiar sight at state police headquarters.

He is qualified as a police surgeon with the Connecticut State Police and holds the rank of captain.

He has worked with the force the past 16 years.

"I don't get a salary as a state policeman," he says, "but I have the uniforms and credentials."

He carefully outlines that his forensic work is not a hobby.

"That's what they said in the Illinois case: 'My God, this man has this as a hobby, and he's trying to send a man to prison for the rest of his life.'"

"My daytime practice is what is important to me, but my evenings I devote to forensic dentistry. I don't know how much time I devote to it, but nearly every day something comes into the office that involves forensic dentistry. I think a person should have something more than his office to keep him occupied."

"The variety keeps me interested. I never know what is coming up next."

A particularly baffling case involved a pilot and his passenger who crashed in Long Island Sound. After six months of searching, the plane was found and Navy divers went down to investigate. Two bodies were in the plane as had been expected, but there was no storm brewing and water currents were too strong for continued diving. When divers returned after the storm only one body remained in the wreckage. The other had washed away.

On the surface, Dr. Luntz was called in to make..."
dency of the American Association for the Advancement of Science. His book is particularly important in the drug field; hence his book will surely be a classic seminal work.

Leake starts back with preliterate man, and it's all here from the herbs and roots of primitive man, the plants with medicinal properties that Bronze Age man and the ancient Egyptians used. Here, too, he explores the discovery, study, improvement of drugs, their progress to today, and their promise— even a look at a useful element of a modern metropolitan cultural history with its character cast running virtually unaltered into the thousands.

The Paperbacks: increasingly important, here are a few outstanding ones.

The top Edgar Award of the Mystery Writers of America this year went to Brian Garfield's 'Hop Scotch' (Fawcett, $1.75) and this spine-tickling, suspense-adventure story deserves the award. Miles Kendig had been a spy for the C.I.A., but they didn't want him anymore and set him on the shelf. Only he wouldn't stay there, he needed the kicks and so devised a bizarre, daring manhunt game—with himself as the game and target of the Russians, and anyone else he could entice in. Pressure and terror build to a startling end. Terrific suspense-adventure stuff.

The John Franklin Bardin Omnibus (Fawcett, $1.75) is something we should be grateful for. Bar din—former editor of Time and the man who made the magazine the success it is today— is a noted Shakespearean scholar and English professor who wrote only four whodunits and just recently died at the age of 75. Regarded by mystery writers themselves as one of their lasting colleagues, this book is a small cast of carefully done characters—solves a real puzzle in a warm and delightful story. All of which proves one doesn't need four-letter words to a mystery make! Get it!

Next in this series of Fifty Classics has been resurrected—with many thanks from those who love this genre—H. C. Bailey's popular Mr. Fortune: Eight of His Adventures (Garland Publishing, $12.00), a collection of stories which appeared from 1923 to 1936. Starting out in suburban medical practice, Reggie Fortune gradually became scientific adviser to Scotland Yard, and turned to solving crime by the sort of intuitive processes one finds in Father Brown but there is more science here in Reggie, who is devoted to justice and may even take the law into his own hands, although he is quite human and an attractive human being. Delightful!

Peter Lovesey (who has done a half dozen Victorian whodunits) offers his latest, Swing, Swing Together (Dodd Mead, $6.95). Delightful, with the simple, likable Sergeant Cribb and Constable Thackeray of Scotland Yard, Lovesey produces another intriguing, and different) sex scenes and exciting, with the Alice.

Another proteced or favored by some physicians— agreements patient sign before treatment saying they won't sue— may be a psychological deterrent, Morris says, but "legally they aren't worth the paper they're written on." Morris even has some advice for families of doctors, dentists and physicians: Don't destroy any medical or dental records for at least 10 years after the death, he warns. "These records may be the only evidence available with which to defend a malpractice claim."

"H ere's my assistant, receptionist, hygienist, lawyer, bookkeeper, technician, collection agent, and court jester."

"When talking to your patients," West Virginia University law professor William O. Morris tells students in the dental school there, "don't say 'extraction' say 'pulping.'"

Having the patient understand what a dentist proposes to do to his teeth is important in avoiding malpractice suits, says Morris, one of the world's foremost authorities on dental malpractice, now warning here as a visiting professor at St. Thomas.

The top Edgar Award of the Mystery Writers of America this year went to Brian Garfield’s *Hop Scotch* (Fawcett, $1.75) and this spine-tickling, suspense-adventure story deserves the award. Miles Kendig had been a spy for the C.I.A., but they didn’t want him anymore and set him on the shelf. Only he wouldn’t stay there, he needed the kicks and so devised a bizarre, daring manhunt game—with himself as the game and target of the Russians, and anyone else he could entice in. Pressure and terror build to a startling end. Terrific suspense-adventure stuff. The John Franklin Bardin Omnibus (Fawcett, $1.75) is something we should be grateful for. Bardin—former editor of Time and the man who made the magazine the success it is today—is a noted Shakespearean scholar and English professor who wrote only four whodunits and just recently died at the age of 75. Regarded by mystery writers themselves as one of their lasting colleagues, this book is a small cast of carefully done characters—solves a real puzzle in a warm and delightful story. All of which proves one doesn’t need four-letter words to a mystery make! Get it!

Next in this series of Fifty Classics has been resurrected—with many thanks from those who love this genre—H. C. Bailey’s popular Mr. Fortune: Eight of His Adventures (Garland Publishing, $12.00), a collection of stories which appeared from 1923 to 1936. Starting out in suburban medical practice, Reggie Fortune gradually became scientific adviser to Scotland Yard, and turned to solving crime by the sort of intuitive processes one finds in Father Brown but there is more science here in Reggie, who is devoted to justice and may even take the law into his own hands, although he is quite human and an attractive human being. Delightful!

Peter Lovesey (who has done a half dozen Victorian whodunits) offers his latest, Swing, Swing Together (Dodd Mead, $6.95). Delightful, with the simple, likable Sergeant Cribb and Constable Thackeray of Scotland Yard, Lovesey produces another intriguing, and different) sex scenes and exciting, with the Alice.

Another protection favored by some physicians—agreements patients sign before treatment saying they won’t sue—may be a psychological deterrent, Morris says, but “legally they aren’t worth the paper they’re written on.” Morris even has some advice for families of doctors, dentists and physicians: Don’t destroy any medical or dental records for at least 10 years after the death, he warns. “These records may be the only evidence available with which to defend a malpractice claim.”

“Here’s my assistant, receptionist, hygienist, lawyer, bookkeeper, technician, collection agent, and court jester.”

“When talking to your patients,” West Virginia University law professor William O. Morris tells students in the dental school there, “don’t say ‘extraction’ say ‘pulping.’”

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chose the northern route, the fisher's route in the direction of Greenland, which was shorter but also rougher. Since they were late in starting the weather in the Atlantic was at its most severe period of the year. From the beginning many persons were seasick. The ship was wet and cold, cramped, badly ventilated, and until below deck. In one of the numerous storms young John Howland had a lucky escape. He had come up on deck above the cabins when the Mayflower pitched particularly violently and he was swept overboard. By great luck he caught hold of the great halyard which ran over the side, and managed to cling on, although he went down a long way. He was seen, and several men rushed to the side and began to haul the rope. As the Mayflower righted herself, they pulled him up; of them seven reached over with a boat hook, and he was hauled aboard, dripping and spewing up water, breathless on the deck. He was "something ill with it" but recovered, as Bradford was happy to record, and lived to eighty (he was twenty-seven at this time).

The crossing of the Atlantic was difficult. It actually took nine and one-half weeks, 67 days in all, and two long storms and squalls. The Pilgrims had never before been in such weather, and it was as if they had been on the verge of the end. But they persevered, and on 16 November they sighted land, and it was the low outline on the dim horizon. And there it was—a low outline on the dim horizon, dark and silent in the chill thin air of a November dawn. What they were looking at, straining their eyes through the steel-grey dawn light, was, Captain Jones calculated, Cape Cod.

Thus writes Kate Caffrey as she skillfully arranges the story in her new book, "The Mayflower" (published by Stein and Day, New York, 1974, $10.00). She informs us that nothing in this book has been invented. All incidents, opinions, comments, conditions of weather, and states of mind, public or private, have documentary support. It is a delightfully written account as well as authentic. Its 364 pages completely hold one's interest from the first to the last page covering the voyage, the exigencies and other extraordinary privations faced by the Pilgrims during the first year, and finally the established successful Colony. It is well worth your time to read the book.


Despite our inundation with historical books this year, there are only a few significant ones which have appeared—and this is one. Actually this encyclopedia is already a classic but this—in its fifth edition—is a major contribution to our Bicentennial. Carrying our history from pre-Columbian times to January 1, 1776, it has been updated during its writing to include current developments plus a section on the Watergate affair. In the words of its foreword it aims to fill what should really be our Bicentenary—"a fitting occasion to reexamine the American past and reassess our changing values and institutions." This is really three books in one: the basic chronology, presenting our chief military and political events; the topical chronology, presenting the nonpolitical aspects and events; (cultural, scientific, legal, medical, whatever); and finally the 500 notable Americans with biographical sketches of a broad cross-section. A must for your library.


Dr. Bernard Dixon brings a unique combination—biologist by training and science writer by profession—of abilities to make this book of both interest and value to the general reader as well as the lay public. As he points out in his preface: "We are already utterly dependent on microorganisms for our health, wellbeing and even our very existence . . . . Microbes were the earliest forms of life on earth and they are crucial in sustaining our existence today." Here is the correction of the problem that "The microbes have always had a bad press." Here then is the tale of the positive side of bacteria—as chemists and savages, as "servants of science," as food and feed for the future. Fascinating—not to be missed.


Dr. Lifton, a psychiatrist professor at Yale, has in a string of books to his credit on vital problems from Hiroshima survivors to Vietnam veterans. Here he offers what he admits "could be said to be heretical"—from the classical psychoanalytic viewpoint—but this is an attempt to present psychological concepts he has developed himself, an evolving "paradigm" as he puts it. Moving beyond the concepts of the classic founders such as Freud, Jung, Adler, and the rest, Lifton moves closer to the thinking of Becker on that most fundamental problem which all men must face and deal with—the issue of death. He is interested in the need for a new psychology—for a redefinition and for the psychologist's and psychiatrist's involvement with social issues. A thinker's book.
Exeter.

It happened that their accommodation had been booked in Exeter for the following night, so they had to leave the next day. But, instead of leaving mid-morning and having the afternoon touring around Exeter they elected to delay their departure and stay on in St. Ives.

You should have seen the expressions of pride and satisfaction on their faces when they left St. Ives. Some of them had spent a great deal of money on arts and crafts to take back home to the States with them, but nothing was as precious as the pots they had thrown (which had been specially fired for them); the paintings they had done; the brass rubbings they had completed in local churches; and the bits of crocheting and needlework which they had executed.

At the end of their stay in St. Ives they contacted the lady in the local information bureau to tell her what a wonderful time they had had, and reported that they appreciated all the efforts I had arranged on their behalf.

Which is where the story should have ended, with me back in my classroom, teaching groups of British teenage students. But it didn't!

Apparently, many of the dentists on that trip took their handmade trophies back to their friends, some even put them in pride of place in their surgeries. They became conversation pieces.

Some of them contacted me later to say they would be returning another year. This time, not on a conducted tour, but just to stay in the St. Ives area, learning how to do something new in the way of an art or craft.

Dentists are professional people they attended many conferences and conventions and, I suppose, when it got round to talking about vacations they said where they had been and what they had done.

I kept getting letters from friends of theirs asking whether I could make introductions and book accommodations for them.

Of course, all this is fine in the off-season, when the town isn't so full of people that holidays can be uncomfortable. If they contact me to see how I can help them in the High Season of July and August I write back "I'm sorry but ...".

Instead, I suggest that they make enquiries about enrollment at the activity and workshop holidays in the rest of the British Isles. There, the classes will be larger, but there will be more variety of activity; accommodation, the accommodation will be more Spartan. There, they don't have the same opportunities for meeting interesting people who are well-known writers, actors, poets, painters.

There, the prices will probably be cheaper in the long run, because they are package-run with far more people enjoying the facilities.

Another portrait painter who teaches people on holiday how to draw and paint is Julie Ciccone.

Now I have a network of people who are willing to help professional people who want more to a trip to the British Isles than looking around museums.

Recently, I helped organize an art exhibition of the work of several professional people from America, who had spent four weeks doing their own artistic thing in St. Ives. All of them agreed that spending time on the art was something that they hadn't been able to afford when they had been training to be the professional people they are today. Said one of them: "It's really nice to be able to come away on a holiday and start making up lost time and produce something beautiful like an oil painting, and forget that one spends time looking down people's mouths to see what fillings they need. But it's those fillings and braces which have financed what must, in fact, be the holiday of a lifetime."

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in paying guests. They agreed to put on a special morning coffee party, with coffee and scones with Cornish clotted cream and strawberry jam.

Although my friend's place is now a guest house it still retains the character of a private house with its exposed beams, granite fireplaces and plastered walls. Luckily, the whole group could fit into the place because there were two dining rooms, and a patio with tables on it.

The wives in the group were tremendously impressed by the imaginative decor in the house, and they were given a tour of all the rooms, while the husbands just sat outside and gazed at the sparkling view of the harbour.

After about three quarters of an hour at my friend's house, we went for a cliffside walk towards Zennor, where D. H. Laurence lived for about two years, and where he wrote Women In Love. The men were thrilled with the colors of everything they saw, so different from anything back in Chicago. The wives loved the wild flowers and plants they saw in every hedge. Some of them even picked blackberries, and, forgetting all about hygienic, they just ate them after brushing off the dust from them.

Lunch was being served at their hotel, so the coach met us at Porthmeor Beach and took them back there. I joined them for lunch, but spent several minutes afterwards calling friends of mine who were artists.

Most of them were planning to be busy that afternoon. Some were going to make pots, or etching, or making collages. Others were planning to make some brass-rubbings, while some brass-rubbing. I realized that it was a calculated risk I was taking, but I decided that I would take these very worldly-wise Chicago dentists and craftsmen to see some artists and craftsmen at work.

Most artists and craftsmen are flattered when people come to see them working, so I didn't have any difficulty from them about bringing people along.

"Just think, if your stuff is as good as you think it is, you might very well sell something," Then I realized I sounded like a tourist tout and this didn't please me at all. Sure, I was going to be paid for my guiding around the St. Ives area and the West Penwith part of Cornwall for two days, but I wasn't yet into arranging for commissions on sales made.

From the start of that walking tour that afternoon everything went as smooth as butter. We went from one studio and workshop to another, and we seemed to spend about half an hour in each. Everywhere we went, the dentists were fascinated by what they saw, and their questions were exhilarating. In several of the studios they bought small paintings, a lot of pottery, some jewelry, and some brass rubbings.

Tea-time came, and I took them to some more studios and workshops. They agreed to put on a special evening coffee party, with coffee and scones with Cornish clotted cream and strawberry jam. It was during the tea-time that the conversation became most animated, and the discussion reverted back to the visits to the studios and workshops.

Most of the people they had seen were professional artists and craftsmen, and they existed on their art. To make certain some money came in, all of them taught privately. It was possible then to learn to paint, etch, throw pots, and make collages with them.

"Do you think they'd teach us later on today?" one of the dentists enquired.

"You mean tonight?" I was amazed.

"Yes." In fact, it appeared from the chorus which followed that many of them would like to do something creative.

"Naturally we'll pay for the privilege," was the next chorus.

Well, I didn't know, but I'd call them and find out.

One wouldn't. Two couldn't because they had previous engagements.

Many professional people enjoy music-making or learning to sing, while on holiday in Britain. Here is a group of U.S. visitors singing together under the aegis of noted singer Meg Jose.

coach travel as they had already had three days touring through Britain before getting to St. Ives, and the schedule worked out for them in the future was going to involve a great deal of travelling.

So I devised a walking tour for the morning. Luckily, the weather was gorgeous so there was plenty of time to involve a great deal of travelling.

Midmorning, I decided that I'd take them round to Midmorning, I decided that I'd take them round to

Chicago. The wives in the group were tremendously impressed by the imaginative decor in the house, and they were given a tour of all the rooms, while the husbands just sat outside and gazed at the sparkling view of the harbour.

At eleven o'clock that night, their learning sessions were still going on, and several of them approached the tour-conductor and asked whether it would be possible to stay another day in St. Ives and carry on with what they were doing, rather than to go on to

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The rest would. So, the group was asked which particular hobby they would most like to learn, and it was amazing how they equalled out into groups of about the same size.

Dinner was going to be at seven, and then the coach was going to take them back to the studios and workshops of St. Ives where these visitors were going to learn how to do something new as far as they were concerned.

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