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## Class Talk

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## CLASS TALK

### THE SENIOR'S OUTLOOK

By L. H. Nofles, '36

THE senior, having sought before to distinguish the gleam of success in the distant future, is now more conscious of his efforts. Anxiously, he steps up to a small vantage point built of his brief and limited experiences, and hopefully scans that mystic panorama for a way leading to success. He knows that travel along any path toward that goal will bring him to barriers he must surmount, and, being ever mindful of his training, he will be guided over them. The term "barriers" is not meant to describe some obstinate forces existing solely to retard him, but rather those things that must be done, those things he can not get around if success is to be obtained.

Anticipating the completion of his school work, he considers those barriers most obvious and common which can, at the outset, he distinguished. Perhaps the first and chief of these is the state board examinations, for failure there banishes all hopes in his chosen field. He next meets that initial financial responsibility necessary for his start in practice. (The extent of his financial resources will influence the degree of this responsibility).

Next, he faces the building of a practice. He knows that to prosper in any locality, it will be necessary to fit into the life of the community, into its educational and constructive social programs; and this, in a broad sense, implies, that he deal honestly with his associates as well as the people whom he expects to serve. The building of a good practice is his greatest anticipation. To do this, he must render efficient, effective service, conforming with good theory and up to date techniques. By this means, will he gain the respect, confidence and esteem of those whom he is to serve.

The senior realizes, also, that the rendering of service should include some plan of dental education on his part to aid the profession in arousing a more generalized public appreciation of the services which he can render. This lack of appreciation is a barrier to success.

Success has no standard evaluation but varies according to individual requirements and appraisals. In every instance, however, these requirements should include the rendering of the greatest amount and the best quality of service of which each individual practitioner, by his preparation and native skill, is capable. To this end, the members of the class of 1936 commit their efforts that they may find success and the larger purposes of life through service.

**MORE THAN JUST FILLING CAVITIES****By Irving L. McCaine, S.B., '37**

**O**F ALL the researches typifying the spirit of progress in dental science, none has been so ramifying and extensive in its consequences as the problem of the systemic influences of infection originating in specific oral foci. For decades the subject of earnest scientific investigation, the concept of focal infection has gradually won for itself universal recognition as an etiological factor of primary importance in numerous ailments of the human body.

Elbert Hubbard once said, "Men are valuable just in proportion as they are able and willing to work in harmony with others." So it is necessary for the medical and dental practitioners to maintain an intimate interrelationship, and, to cease to look upon their respective fields of activity as separate entities.

The identification of an infected tooth often presents great difficulties. A tooth may not be sore, may be mechanically satisfactory and still be the source of disease. The use of the X-ray and bacteriological procedures will assist in diagnosing the perplexing condition. Assuming that such a tooth is the seat of the infected focus, the determination of the cause from which it arises becomes the most difficult and puzzling part of the diagnosis. Nevertheless, the infected focus may be caused by infectious processes entering the dental pulp through caries, bringing about a degeneration of its vital tissues and ultimately producing diseases of the periapical region. Further, there may be infections starting at the gingival margin and extending along the peridental membrane. This type of infection may embrace all conditions ranging from the mildest gingivitis to the most severe form of periodontoclasia.

It is a common occurrence, unfortunately, to find in so many clinical cases infections resulting from the retention of septic substances in the alveolar process or gums, e.g., spicules of infected bone and retained roots. Inflammation of the oral adnexa, namely, glossitis, and stomatitis, may be the cause of more serious systemic diseases. The dissemination of microorganisms and the liberation of bacterial toxins from these primary portals occurs through definite channels which correspond to the location and vascular connection of the particular chronic area. Thus, it is easy to understand, for example, how metastatic abscesses of the digestive tract may be due directly to a primary etiological factor in the form of an alveolar fistula, which pours a constant stream of streptococci and staphylococci into the oesophagus.

Infected dental conditions may cause serious conditions of the various systems of the human body. Diseases of the peridental membrane have been known to cause such trouble as endocarditis, rheumatic heart, and general malaise. With periodontal treatment such cases have improved remarkably. Periodontoclasia and gingivitis cause the vast majority of disturbances in the digestive tract. On or about September 25, 1935, a woman was presented to the clinic at Howard University College of Dentistry. At that time, her gums were very much inflamed and very painful. The patient was cachectic and complained of the inability to sleep. She was assigned to the surgery clinic and treated for Vincent's infection for approximately three weeks. At the end of the treatment she gained weight, lost the characteristic pallor of insufficient rest and digestive disturbances, and had begun to assume a more cheerful outlook upon life. In this case, it appeared that infectious dental foci constituted the main cause for the disturbed metabolic processes. Such impaired metabolic disturbance may cause acute indigestion, chronic constipation, duodenal and peptic ulcers, etc.

So much for the diseases that may arise from infected dental conditions. In making cavity preparations during my daily routine, the question comes to my mind, "Why is it necessary to have cavities?" Perhaps if some ingenious individual discovered the causes of cavities, there would be many dentists out of a job! However, there is a considerable amount of research being done on this particular problem. Nevertheless, the research in dentistry has suffered greatly at the hands of badly qualified "experts" who had aims other than pure science. It is for the present day dental student to go into the field of pure scientific dental research and make some rational steps toward solving so many of the questions asked by the laity. For example, what causes periodontoclasia and how can cervical erosion be prevented?

It can readily be seen from the beginning of this article that there has been a considerable amount of research done in the field of focal infection. Yet the dental profession gets very little credit for the research done. The fault with the profession in the past has been the martyrs to the cause are perfectly contented just to fill cavities, while our sister profession has gone into the research laboratory and discovered some of the factors that should have been discovered by us. It was all right for the medical profession to succor us when dental science was just getting a foot hold, but now dentists and students must carry their own burdens.

When research laboratories can have their personnel perpetuated

through the interest of young graduates who are trained for purposes of research, the practicing dentist will have at his disposal a constant flow of scientific information which will give him the foundation for an intelligent attack upon his daily problems. Then, and not until then, the practice of dentistry will involve considerably more than just filling cavities.

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### THE SOPHOMORE DAZE

By Morgan W. F. Dickerson, Jr, '38

WHEN in the course of human events, it becomes necessary for an individual to choose his life's work, and, when said individual selects dentistry as that life's work, he has selected a field rich in opportunities for attaining outstanding qualities as a general practitioner, or as a specialist in some particular phase of dentistry. Be that as it may, it is questionable as to how many students realize at the beginning just what the hurdles are that must be made before they can accomplish this aim.

In September, 1934, fourteen enthusiastic and ambitious young men enrolled as freshmen, in Howard University College of Dentistry, ignorant of the many problems which were to confront them during the year. When the final examinations brought the year to a close, there had been some failures of course; however, a reasonable number remained as eligibles for the sophomore class. The original enthusiasm and ambition had not passed but the year's toil had perhaps made a dent in both. The members of the class retired in peace to their several summer haunts to seek relaxation and financial rehabilitation.

After a summer of convalescence, we returned, with all of our various strengths renewed boldly to demand our rights as sophomores, and eagerly to demonstrate our several abilities to maintain this classification. Very soon, however, we were made more cautious by the new high-sounding terms in the new pre-clinical work coupled with the embarrassment of failing to recall many valuable facts we thought we had learned during the freshman year. Despite the barriers which at times seem to threaten further progress, the sophomore class still has a fascination for dental work and its members are now learning cutting instruments, preparing cavities in manikins, studying the technique of positions at the chair and the several instrument grasps. Further, we are being introduced to the practical side of prosthetic technique, and incidentally are being told how to handle patients when they come in and say, "Doc-

tor, this plate just doesn't fit right, I can't use it." In other words, contrary to our early, perhaps unwarranted ideas, we are now being made to realize that in attempting dental service one is not always so sure of success in satisfying the patient.

A study of the history of dentistry easily convinces one that as an art and science today, it is far different from that practiced many years ago. However, like other fields of scientific endeavor, it could not have reached its present stage of development without having passed through many crude stages. We are taught that medicine had its origin as a religious rite in which certain priests, by lending their prayers, were able to conquer ills both in medicine and in dentistry. Pain was an indication that the gods were executing their wrath upon the individual for some wrong deed. Relief came when sufficient prayer had been offered in favor of the patient's forgiveness. Fatalities occurred only when the gods refused to forgive. Following this beginning there came the era of barbers and medicine men who employed various crude means of treatment which in many instances were of little or no value. Not until the sixteenth century was it realized that definite treatment was essential, and only in recent years has dentistry become a separate field of investigation. Previously it was a sideline of medicine.

However, with the advance of dentistry from an early religious rite to our present scientific practice, we have a transition from the crude use of instruments in most instances designed by the men who used them, to the present variety of cutting instruments, electrical and other modern equipment. How often do we reflect that Hippocrates recognized the formation of teeth before birth; that Galen thought teeth were bone; that Galen discovered seven cranial nerves of which he believed the trigeminal to be the third; that Scribonius Largus thought worms in teeth were responsible for decay, and that inhaled fumes of henbane seeds burned on charcoal acted as a remedy for toothache. Do we forget that the Odontogon of lead found in the temple of Apollo at Delphi was one of the first dental instruments? Is it impossible for us to remember that Fauchard promoted the practice of cleaning, shortening, straightening and removing the teeth; that among other things he described the pulp canals, condemned practice by magical imposters, and devised an easy chair for patients in addition to many other things which have been elaborated upon today? Why not remember that improved silicate fillings, X-rays, oral prophylaxis, and improved prosthetic techniques are a progression of the last forty or fifty years. Suppose we do remember these things, then what? Briefly, they should arouse in us a keener

realization and admiration for the worth and dignity of our profession. They likewise should stimulate us to attempt bigger and better things in dentistry. So they do, and through the temporary haze, precipitated from time to time by quizzes and examinations, we try to visualize our dental aspirations as both possible and probable.

Our activities after completion of professional training are of course uncertain. However, one of our group has expressed the desire to do special work in prosthetics, and another in operative dentistry. We feel that the demands made of us in our pre-clinical work are designed to prepare us for the problems we shall have to solve in clinical study and practice. With this in mind, and undaunted by a low mark or even an occasional failure in an examination, we are fighting on to measure up to all that's required and expected of us. So, the sophomores view the haze through which they now pass, as neither the wrath of the gods, nor the wrath of the instructors, but as just another hurdle to be made, if the major objective is to be realized.

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### EARLY IMPRESSIONS OF DENTISTRY

By Clarence O. Lewis, Jr., '39

**D**ENTISTRY, as a profession, compares favorably with any profession on earth. It is as intricate as law; mechanically it is as exact as architecture and engineering; it demands of the practitioner all of the skill and judgment required of the medical practitioner; and its field of research are as profound as those of the archeologist. Indeed, the dental practitioner of today must be as well informed and as versatile as any man can be, and the dental student of today must apply himself wholeheartedly to his studies.

There are some courses which we take in our preclinical years which seem practically worthless to us. There seems to be absolutely no connection between them and what we, as freshmen, consider to be the subjects requisite for a dentist. Certain of us have not only wondered about this and discussed it among ourselves, but have sought enlightenment from professors and practitioners alike. They say that someone higher up has seen the need of including in the curriculum the courses in question. They say, and rightly, that it would be impossible to permit a freshman, or even an upperclassman, to design the curriculum. We realize this, of course, without being told, so we have to leave without any satisfaction except for a very vague idea, if any, as to what use we will or can

make of the subjects we have been asking about. So there's nothing to do but trust that whoever put the course in the curriculum knew what he was doing and that our part as students demands that we master as much of the subject matter as possible and store it away for future reference.

Though we knew that there would be a difference between our work here and our undergraduate work, we did not, for the most part, anticipate the long hours of arduous study to be demanded of us. Indeed, a willingness to learn and a desire to master this profession has been the driving force behind us during this, our hardest period. I have called this our hardest period with what I consider good reason. It is often said that the first two years are the hardest. But the necessary self-readjustment to a new environment such as we find here must, of necessity, call upon the freshman for greater application of self than is required of a sophomore, who has become accustomed to the environment. However, we feel repaid for the time spent in study. Every day opens our eyes more and more to the benefits to be derived from our work, for it has been said that a man must learn much in order to appreciate how little he knows.

Nevertheless, we feel quite pleased with our choice of profession and feel that we have made no mistake in making this choice. This may seem like too much for a freshman to realize at this time, even before the close of the first semester, but more than one of us were rather well acquainted with the profession before we entered into its study. There are ten of us now, and it is my sincere hope that each of the ten will receive the degree of Doctor of Dental Surgery in June, 1939.

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### THE PROFESSIONAL SERVICES OF THE DENTAL HYGIENIST

By Dorothy D. Kader, '36

THE dental hygienist as we know her today, did not come into the office as such, but only as a maid, servant or office girl. She needed neither special requirements nor education, but only initiative and ability to follow such instructions as her dentist-employer had time to give her. She was trained in the school of experience, and was efficient only, in the office in which she received her training.

Today, the dental profession has advanced to the point where the dentist needs to devote all of his time to the ever increasing duties of



his profession. He cannot do this unless he has in his office a young woman who is versatile in many directions. She must be well educated, a possessor of business acumen, a pleasant personality, dignity and poise, and a tactful sympathetic manner.

In the fullness of her services, the dental hygienist today becomes the exponent of a combination of callings. She is a teacher. As an executive she becomes the office manager and confidential secretary. She is also hostess, nurse, and technician. Her duties in each of these services are legion and the exercising of her ability and talents is limitless. The financial profits to be gained in an office in which a dental hygienist is employed are increased immeasurably.

The dental hygienist knows the full meaning of "team work," for she works *with* the dentist and not *for* him.

As a teacher, the dental hygienist impresses children and adults with the importance of proper tooth brushing and care of the mouth; the value of consistent dental service, and of regular prophylactic treatments, which she is qualified to give. She acquaints the patient with terms used by the dentist and gives advice on pre-natal diet and nutrition. Patients are more at ease when talking to the dental hygienist, and will discuss with her many things that they would not mention to the dentist.

As a business executive, she relieves the dentist of many details of office management and arranges his appointments so that he reaches a maximum of productivity in a minimum period of time. If needs be, she can take full charge of the secretarial and bookkeeping work; she can be the purchasing agent and can control the telephone.

As a hostess, she knows how to greet patients, and, by her judgment of human nature, she is able to smooth out many trying situations that may arise. Patients are human and crave the sympathetic attention that she gives them.

As a nurse, the dental hygienist's field of service is without limit. As she appears in her white gown, she instills confidence in her patients. She knows them by name and her smile and kindly touch calms the nervous and hysterical. By her intuition she anticipates the needs of both the patient and dentist, thus saving much valuable time and discomfort. She knows the vital importance of sterilization and insures the cleanliness of the office, asepsis of the instruments, dressings and equipments at all times. She is qualified to administer first aid in cases of emergency.

As an x-ray technician, the dental hygienist can assume all of the

duties incidental to this phase of the professional service. As an anesthetist, she is qualified to administer a general anesthetic, usually nitrous-oxide-oxygen, thereby permitting the dentist to give his full attention to the work immediately before him.

Today, education for the dental hygienist is steadily advancing. In the few years that women have been in the dental profession, wonderful progress has been made. Dental Colleges throughout this and foreign countries are now offering courses in dental hygiene. The vision that was foreseen so many years ago by Dr. Fones, and others who opened the door to women, is being materialized. The training of dental hygienists is being put on a firm foundation of education and usefulness.

\* "Education is only a means to an end, and that end is the—removal of mouth infection," says Dr. W. R. Davis. The dental hygienist is being trained toward this end, and she is adding splendid accomplishments to humanitarian service in the field of dentistry.

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## ASSETS AND LIABILITIES IN DENTAL HYGIENISTS

By Marie C. Tignor, '36

**D**ENTAL Hygiene, as a profession, has taken its rank in the past few years with other professions whose work is the preservation of human health. The attitudes of the entrants and members of this profession are the standards by which the service rendered by the profession rises or falls. For this reason the attitudes of the entrant to the field of dental hygiene should be regarded as being of major importance to the profession itself.

Among the questions which determine whether an entrant will be an asset or a liability to the dental hygiene profession are, "What is my conception of a dental hygienist?" "What is my attitude to the course in general?" "What goal do I expect to reach from this study?"

The answers to all of these questions are determined by the entrants' conception of a dental hygienist. Is the idea of a woman who has completed a short training course enabling her to earn a salary equalling that of persons having longer training in other professions; of a woman whose hardest work is cleaning teeth; a person who only looks on, and occasionally helps in dental work? Or is the conception formed of a woman who has chosen a particular field in order to be

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\* *Journal of American Dental Association*—July, 1927.

of service to her community? These ideas determine the attitude of the member of the profession toward it, and the attitude of the community toward dental hygienists. Having either attitude, the entrant should question herself as to whether she is taking the straightest line to her goal.

The individual who enters dental hygiene as a financial investment owes it to herself to determine whether she will receive satisfactory returns from her investment of time and money. As a part of her investigation she must know what training is necessary for her to reap greatest benefit from her chosen profession and how to concentrate upon it. She will perceive that the more she puts into the course the more she will receive from it, and seeing this, will not be content with investing in a limited education that will yield only limited returns. She will then seek the best training in her chosen field, and, as her reward will receive the returns which she desires from her investment. This type of person, while adding to the number of well trained hygienists is distinctly a liability to her profession since she has no real interest, other than a selfish one, in dental hygiene. Her attitude can be a bad influence upon other aspirants to the profession.

Satisfaction of a different type awaits the woman, who becomes a dental hygienist from a desire to be a member of an honored profession whose scientific care is beneficial to humanity. She, through a desire to be a co-worker in the field of human welfare, will seek for herself the best training possible in order to fulfill that desire. She will determine the phase of dental hygiene in which she can render capable service best to prove herself an asset to her profession.

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