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Class Talk

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CLASS TALK

SOCIALIZED DENTISTRY

By Harry Schivetsky, '38

WHEN one has been in the clinic but a short time he comes in contact with a large number of patients, both young and old. Upon a mere casual examination even the inexperienced student notes that a surprising number of people have mouths which are old long before their time. Many have lost their teeth prematurely; many have decayed and broken down teeth, which are hopelessly beyond repair. Some children come in with decayed first permanent molars which must be extracted, thus crippling the child for life. Others come in with decayed deciduous teeth which have to be drawn, thus interfering with the proper eruption of the permanent teeth, and therefore shortening the life of the permanent set. In our clinic, we try especially to save the deciduous teeth and the permanent first molars, but very often these patients come to us too late, and our only alternative is to extract.

That the condition of the oral cavity influences the physical and mental health of an individual is now an accepted theory, thus when we note the mouths of those children, we see boys and girls who are entering their lives handicapped. We do not have to be geniuses or super-men to realize that these conditions are wrong. The cause is not at all obscure; it is simply that those children and adults with the diseased mouths have not received the dental treatment they should have had. What is most deplorable is that *they have been deprived of treatment which they could have had.*

Most of the dental practitioners and students realize the truth of the above statements, but because a few dental practitioners would find it to their disadvantage if socialized dentistry were generally accepted, the rest of the members of the profession and the public who would benefit by socialization sit apathetically by, fold their hands and suffer in stupid silence, with just an occasional grumble to soothe their conscience.

We all know that if we had socialized dentistry both the public and the dental profession would benefit. The public would be given ideal dentistry, and that as we all know is preventive dentistry. There would be an arrangement whereby we could get at

the youngsters in school or even before school age. And that is what we are now futilely trying to do by ingenious but ineffective methods. The patient would be given the best treatment and care regardless of his ability to pay; for inability to pay is now playing havoc with millions of lives.

The dental profession would also be benefited; instead of only a few practitioners earning large incomes, there would be adequate financial compensation to the profession as a whole. Access to expensive equipment would also be made possible to many dentists who cannot now afford it. Socialized dentistry will also make it possible for men, who show a more scientific ability, to be given time and opportunity to do research, which many cannot do because of lack of funds.

Since the health of the people should be of prime importance to the government, socialized dentistry and medicine is the proper field for state control. The private methods now employed are, and have been woefully inadequate, therefore, the state should take over control of public health and make it possible for all people to receive the benefits of the advances which the dental and medical professions have made.

Since we know that public health and the profession as a whole would benefit by socialization, it is up to us to do something. We can discuss ways and means among ourselves. We come in personal contact with many people and we can easily direct their thoughts and actions in the proper channels; and by other such similar methods we can arouse public sentiment and get our legislators to pass the necessary laws.

THE DENTIST AND HIS PROFESSION

By James M. Grant, Jr., '39

THE dentist, like the physician, is engaged primarily in the task of making people well. His profession is bound by high standards. He is interested in studying the constantly new developments in his field, and the American dentist has the pleasure of practicing in a nation which takes the best care of its teeth, and has the best dentists in the world.

One of the advantages of the dentist is the independence that he enjoys and his ability to make a good living. He may within rea-

sonable limits determine his hours of labor. He is a one-man producer and so has no superior to give him orders. He has neither business codes to set prices, nor laws to regulate hours and conditions of labor. He does not, as a rule, adjust his fees to the cost of living, except to reduce them in times of depression. While he has no superior to browbeat him, neither has he anyone in his employ with whom he can divide nor to whom he can delegate his labor. He is in fact a one-man factory in a mass production world. He is a vestige of the guild system, not geared for the economics of the day. He cannot participate in the social security programs. He must finance his own unemployment insurance and old age protection. He has obligations to the community in which he lives in addition to those that are of a professional nature. He must contribute directly to social and civic welfare of the community. Being an educated man, his obligations are perhaps greater than those of the average citizen.

"Dentistry has a bright future,"—Yet, in this confused and disordered world, one questions with some misgivings the wisdom of carrying an expectant individual on the wings of rhetoric to lofty heights, and then seeing him plunged into chaos when he enters the world of practical realities. The heroes of Horatio Alger are symbolic of a day that is past, and although we still hear stories of men who have made a niche for themselves in the so-called "room at the top," it is no easy job to sell this idea to men and women who are finding it extremely difficult to get a foothold at the "bottom."

Prognostication is hazardous. To say that every dental student enrolled in the various colleges today will succeed in practice is preposterous, but one may safely say that it is possible for every worthy dentist to enjoy a good living. According to the existing statistics, it has been shown that with the increase of the gross population of the country today, the number of practicing dentists is gradually decreasing. It has also been shown that the number of dental graduates is also decreasing. Linking these facts together, we can draw our own conclusions.

The profession of dentistry is continuing in a forward direction. Research continues, and new discoveries are constantly being brought forth.

Dentistry, as a vocation, offers unusual opportunities for usefulness to mankind in health protection and the alleviation of suffering. It offers unlimited satisfaction for man's creative and constructive urge. There is independence of a high order with a

minimum of the worry that usually attaches itself to independent business life. Remuneration is well above the average for equal drafts on skill, labor, and responsibility. There is an ever-interesting and monotony-relieving change in mental and physical effort, running through many phases of science and art; and, finally the profession offers social prestige considerably above the average.

The dentist, in his field, has vocational offerings touching almost all sides of man's nature. He is the guardian of health and has the most responsible of human occupations, for the materials of his job are flesh and blood, yea—life itself.

THE JUNIOR CLASS VISITS THE DENTAL CLINICS IN NEW YORK CITY

By William K. Collins, '39

THERE is perhaps no period in the training of a dental student in which he is presented with a sort of education that is so novel to him as occurs during his junior year. At this time he attempts to correlate his training in biological fields with that in the mechanical and artistic line, according to the concepts of his instructors in a general way. In the well articulated school the practice of dentistry is of a comparatively stereotyped sort, which does not always give the student a complete range of ideas of practices.

It was thought, therefore, that in so far as the junior dental class in our college had at least acquired a working idea of the common practices, that to learn the ideas and practices in other dental institutions would afford a wider range of ideas to us as students. It was planned that at least a representative group of the junior class should go to New York City to visit dental institutions there. We were to go with Dr. Madison of our faculty as it was his idea that the trip should be taken.

Necessary arrangements were made with the clinics we proposed to visit and the class left the afternoon of March 3rd. Our first stop was to be made the following morning at Columbia University Dental Clinic. This clinic is but a part of a large medical center, far up in the city. We were duly impressed with the size of this center, as it consisted of several large buildings rising to great heights.

The dental clinic there consists of several floors of the medical building. It is an elaborate school, designed for the accommodation of many undergraduate students as well as graduate students in the various fields of research.

We were conducted through the various classrooms and laboratories. Our first sight of a laboratory was the class in dental anatomy. A large class of freshmen was carving teeth from wax blocks. It was a very strange sight for us to see rows upon rows of students carving teeth, when we reflected upon our freshmen days in dental anatomy. Twelve of us then sat at a table around our instructor and received our training. But the results were the same. The Columbia students teeth were carved according to the specifications set forth by Dr. Diamond, who is a member of the Columbia faculty.

The prosthetics laboratory fixed our attention also. Unlike the method we follow, at Columbia the student carries his first prosthetic case through to completion. Thereafter, technicians carry the work on from the point where the teeth are set up in wax to completion of the denture.

We were taken to a research laboratory where experiments were under way in an attempt to settle the question of the relationship of hydrogen in concentration of saliva to dental lesions and peridental pathology.

In the research laboratory of Dr. Crawford we were given a very interesting discussion on dental materials. Charts, photographs, and various dental materials were used to supplement Dr. Crawford's very enlightening talk. At the conclusion of his discussion, questions were called for and when this was finished a demonstration of the Brumell crushing machine was given.

Other interesting discussions with instructors in their laboratories and clinics were more or less individual matters as we were granted the privilege to go where our curiosity drew us. When the time we had allotted ourselves was ended we regretfully left Columbia's medical center, deeply impressed with the progress being made by our profession there and the magnificent service being rendered the public at large.

Directly we went to the Guggenheim Clinic after leaving Columbia. One cannot enter this center without being carried away by the care that has been shown in its preparation. Intended as a children's clinic, it surpasses one's expectations in its appointments.

The waiting room which one enters is provided with correctly sized benches for children. There are murals to create a cultural atmosphere for the children, as well as to distract their minds from an anticipation of pain and discomfort. This clinic is designed to give dental care to needy children, and they come in several groups each day.

Operators at the clinic are graduate dental students, serving an internship, hygienists pursuing a one year course of study, and a staff of three dentists. Dr. McCall, the head of the clinic, conducted us through the departments.

Earlier impressions of the adequacy of the equipment and surroundings were not diminished as we passed through the various clinics. The appointments are excellent, as was the operation of the clinic. We all agreed that the course for the hygienists left nothing lacking.

The hygienists there come in two groups, each at the start of a semester. They have a junior and senior group, the former being the newer enrollees, the latter the older students. The internes serve one year.

One of the most impressive things in this well-ordered clinic was the control of the patients. No operator need be told of difficulties encountered in handling children. At Guggenheim, however, the patients appeared to be as well ordered as might be hoped for in a children's clinic, reflecting the efficiency that must be exercised there, not only in actual dental care, but as well as in building the proper rapport in the children.

We were told to observe where we would in the clinic and our group spent more than an hour in observation of the various methods followed in performance of routine work in pedodontia. One case in which a pulpotomy was performed drew a great deal of attention.

Finally our time was spent and we found that too quickly we must leave the Guggenheim clinic, even more impressed with its service than we had become from our readings about its work.

Our tours of the dental clinics in New York City concluded the next day with a visit to New York City Dental College. Approximately one hundred and fifty students are enrolled in this very large dental college which is independent of any other professional branch of the university. We were first conducted to the freshman class in dental anatomy where Dr. Bronner was delivering a discussion on the development of the mammalian dentition. Upon completion of this discussion we were shown the com-

plete dental anatomy laboratory. An interesting feature we were shown (among many others) was the method of articulation of the teeth carved by the dental students. A plaster representation of the maxilla, mandible and adjoining bones is issued the student. The construction of the oral cavity is then left with the students, and we were told that very excellent results have been obtained by use of this device, in that it familiarizes dental students with all structures closely associated with the mouth.

The department of operative dentistry is a large enterprise. Rows of chairs are there, rather close together, with a student at each. An air of feverish haste pervades this clinic. Obviously the number of patients handled here necessitates a high working efficiency. Some of the instruments used in this clinic are of Dr. Bronner's own design. In all cases a masterful display of insight has been shown by the faculty in the clinics there.

The prosthetic and surgery departments were impressive. The instruction seems to be of a type that places the student on his own initiative. This was noticeable especially in the surgery clinic. The latter occupied our attention for a long period of time because of its excellence.

After covering the laboratories of the pre-clinical sciences we retired to the office of Dr. Bronner. A number of interesting correlations has been made of aptitude tests, occupations, etc., and their bearing upon the prediction of success of freshmen dental students. Our discussions were so interesting that we found the time we had allotted ourselves had quickly passed and we were obliged to leave.

In retrospect we are inclined to think, as a group, that dental schools such as those we visited offer advantages and disadvantages to dental students. The larger dental school offers the student a wonderful opportunity for research and brings him in contact with men in the fields of research in their laboratories and so places every facility for study at the student's fingertips. The large number of patients which are drawn to the clinics of such large schools necessarily affords students a greater variety of subjects for study. However, there is no doubt in our minds that in large classes where close contact of student and instructor is impossible, the student must suffer more often from lack of attention in time of difficulty than he does in the smaller school. The ability to carry patients through to completion in the smaller school is an advantage to the student and yet is practically impossible in the larger school. A continuance of such discussions

seems to find that the advantages and disadvantages of one type of school do not outweigh those of the other and so we returned to our own dental clinic with no humble spirit nor yet with any proud boasts.

REFLECTIONS OF A SOPHOMORE

By George H. Jones, '40

WE AS Sophomores have wondered about the great load of work we have been carrying in regard to its usefulness in the future. But now, we no longer ask dubiously why take this or that for we are just beginning to work full time in our specialty and we, already, appreciate the basic foundation as laid down in our pre-clinical courses. We are beginning to put two and two together, so to speak, and are getting four.

There is no doubt in our minds as to the amount of work required to reach our present place in the school's roster, that is, Sophomores at the end of the second year's work. "Believe it or not," we have had our minutes of doubt; yea, fear as to the final outcome; and even during such hours of trial we could find ourselves or classmates in situations which would create laughter and humor that only we could appreciate. It was such little situations as these that took the monotony out of the daily grind and made it bearable.

We are indeed indebted to those who have led us gently and carefully across the rugged coast of these first two years. There is no doubt that our appreciation of their sincere efforts will heighten as the years go by and in time we will look back and say that our Sophomore year was the most memorable of our entire school years.

CLASS OF 1941

By Claude H. Denbow

*"If I have seen further than Descartes,
It is by standing on the shoulders of Giants."*

—Newton.

PERHAPS four years hence when the strains of the baccalaureate march are still ringing in our ears, our minds may return to the years and try to recapture, if but for one moment,

the strange co-mingling of sensations—dark apprehensions, pleasant anticipation, anxiety, hopes, fears—which we experienced as we for the first time mounted the hallowed stairs that led into the Howard University College of Dentistry.

Seventeen of us drawn not only from different parts of this country but also from foreign lands, each with his own secret hopes and fears, nevertheless all motivated by one common ambition, to become not only doctors in our profession, but also masters of the techniques and crafts of our high vocation.

A few months have rapidly rolled by since our initiation, and most of us have already become orientated sufficiently to discard some of our early illusions. All of us are by now unanimously agreeing that the only avenue to a higher learning and accomplishment is through the portals of diligent application of our talents, and so far into the night must we travel holding in one hand the half-burnt flickering candle, in the other—Gray's Anatomy—and so we have begun the march. Our guides are grim determination and unremitting industry.

The class of '41, fired with purposive ambition, organized themselves into a fraternal bulwark whose intent is to resist all buffets and hardships and to present itself at the end of four years unchanged and unmarked as when it had first exposed itself to this fierce intellectual onslaught. The history of the Freshman Dental Class of '41 follows:

Eugene D. Byrd; B.S., Morgan College, born in Thomasville, Alabama. Graduated from Douglass High School in Baltimore, Maryland. Attended Morgan College where he was President of his class in '32, '33, '34; Vice-president of Beta Kappa Chi Scientific Society; and a member of Omega Psi Phi Fraternity.

Ptolemy M. Corbiere, born in St. Thomas, Virgin Islands, attended Dunbar High School in Washington, D. C., and the College of Liberal Arts at Howard University.

Claude H. Denbow, Secretary-Treasurer of the Freshman Dental Class, born in Georgetown, British Guiana, South America, attended Queen's College of that city and later the College of Liberal Arts at Howard University.

William Cohen Hilton, born in Montego Bay, Jamaica, B. W. I., attended Monroe College, Jamaica, and the College of Liberal Arts, Howard University.

Alfred L. Hinson, B.S., Wilberforce University, was born in Hamilton, Bermuda; attended Bertsley Institute, Bermuda, and Wilberforce University, a member of Alpha Phi Alpha Fraternity.

George L. Johnson of White Plains, New York, where he attended White Plains High School and later New York University. Popularly known as "Junior."

Morris Kelman, B.S., College of City of New York, was born in Brooklyn, New York, and attended Thomas Jefferson High School of New York City.

Beatrix Fleming R. Lawson, B.S., Virginia State College, President of the Freshman Dental Class, was born in Fincastle, Virginia; attended West Philadelphia High School in Pennsylvania and Princess Anne Academy in Maryland, Vice-president of his class in '33, '34; editor of school paper; Vice-president of Literary Society; winner of Virginia Tuberculosis Essay Contest for 1936; a member of Alpha Phi Alpha Fraternity.

George W. G. Lopez, born in Spanishtown Jamaica, B. W. I., attended Cornwell College, Jamaica, and Howard University of Washington, D. C.

Huerta C. Neals, B.S.; Morehouse College, Atlanta, Georgia; was born in Jacksonville, Florida, attended Stanton High School and Edward Waters Junior College, Jacksonville, Florida; Vice-president of the Dental Class and a member of Alpha Phi Alpha Fraternity.

William Edward Frisbie Parker, B.S., Livingstone College, was born in Windsor, North Carolina, attended State Normal at Elizabeth City, N. C., a member of Phi Beta Sigma Fraternity.

Harold Hilton Phipps, Jr., B.S., St. Augustine College, born in Hot Springs, Arkansas, attended Langston High School in Hot Springs, a member of Alpha Phi Alpha Fraternity.

Gordon McDougale Williams, B.S., Wilberforce University, born in Barbados, B. W. I., attended Erasmus High School, Brooklyn, New York, a member of the Kappa Alpha Psi Fraternity.

George Robert Wright, B.S., New York University, born in Brooklyn, New York, attended Mt. Vernon High School. A member of Omega Psi Phi Fraternity.

In thinking of the gentlemen in whose care the preparation of our careers is entrusted, the words of Newton, quoted above, apply with singular aptness. Whatever techniques we develop, whatever skills we acquire whether we become future Wilsons or Blacks, we shall attain, not because of our innate genius, but because we stood firm upon the elevated heights of such broad intellectual shoulders.

THE DENTAL HYGIENIST—AN ASSET TO THE DENTAL PROFESSION

By Anne N. Quick, '38

THE dental hygienist is the creation of dentists. They conceived her potentialities and usefulness; and she is now regarded as an indispensable adjunct to the dental profession. From the private office she has gone into schools and various other institutions rendering service and accomplishing marvelous results.

As a worker in the public school system, the dental assistant has proved her worth over and over again. By her contact with school authorities, teachers, parents and children, she is able to render a service of inestimable value as lecturer and advisor, not only with reference to the care of the mouth and teeth, but in general health work. Dr. A. C. Fones gives us an interesting report on the Bridgeport experiment showing the work of the hygienist. This experiment was started in 1914 with ten dental hygienists to prove what could be done in public schools about mouth sanitation in the first five grades. Dietetics, tooth brush drills, and mouth sanitation were included in the course. The fifth grade was used as a control class since they previously had no mouth hygiene. At the end of ten years of dental hygiene the amount of caries had been reduced enormously. In 1914 thirty-five out of every one hundred children in the fifth grade had lost one or more of their permanent molars, and at the end of ten years only eighteen out of one hundred had lost permanent molars. At the start no children were found with perfectly sound teeth and at the completion of the ten-year demonstration, thirty-one per cent of the children had sound teeth. Here the dental hygienists carried out the greater part of the services. Since this time the installment of dental hygienists in public schools all over the country has been rapidly taking place.

Not only has there been a great demand for the services of the dental assistant in public schools, but there is an increasing need from hospitals, various public institutions, welfare agencies and industrial establishments. Dr. Harvey J. Buckhart, Rochester, New York, reports "Some of the finest compliments for the work of the dental hygienist that we have received come from superintendents of institutions for the insane and feeble-minded, not only because of the prophylactic service which she renders, but in the assistance and advice she gives with reference to the necessity for other dental care and treatment."

In the private dental office, the assistant is the doctor's right hand associate. Every dentist with a large practice needs someone to relieve him of the myriad miscellaneous duties. Conservation of actual operating time, and making non-productive duties productive, call for genuine ability and interest. This is where the assistant's importance is definitely gauged. She receives the patient, makes appointments, answers the telephone, keeps the records, checks on supplies, assists in operations, sterilizes instruments, gives prophylaxes and assists the dentist in many other ways, thus relieving him of almost all duties except the actual practice of dentistry. It is not always what the assistant does but how she does it that really helps. It is the gracious manner with which she greets the patients and takes care of them that makes her a vital part of the dental profession.

The influence that the dental hygienist exercises in the teaching of preventative dentistry is of the greatest benefit both to the dental profession and the public. She makes the public more conscious of dental health, thereby making it more conscious of the dentist.

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“ALLERGY” AND ITS RELATION TO DENTISTRY*

By Charles S. Sandler, '38

“**A**LLERGY may be defined as a state in which certain groups of cells of the human body react specifically when brought in contact with a foreign substance.” It manifests itself by a reaction of the living cell, during which there is produced specific antibodies resulting from the stimulus brought about by these foreign substances, generally designated as “antigens.” For practical purposes the term “allergy” has been used in discussing the clinical phases of all hypersensitive, idiosyncratic, and allergic phenomenon. Other terms synonymous with “allergy” are “anaphylaxis,” “serum sickness,” “protein sensitization,” “specific hypersensitiveness,” “atrophy,” and “idiosyncracies.” According to Duke,

* This paper represents the individual investigation, opinion and reflection of the writer.

"Individuals can apparently become hypersensitive directly or indirectly to the effect of almost any alien agent, including foods, drugs, pollen, hairs, feathers, smoke, vapors, volatile oils, sera, insects, and even to the specific effects of a physical agent such as light, heat, cold, mechanical irritation, freezing or burns, and in the case of heat sensitiveness, to the effort of mental or physical exertion."

Oral manifestations of allergy occur in a small group of people. Fortunately the percentage of the population becoming allergic is very small. There is hardly any doubt but that this group is so constituted that they become sensitized and produce allergic symptoms. These symptoms are the end result of the phenomena of allergy.

Although the purely mechanistic phases of dentistry appear to be of prime importance in the practice of dentistry, since these constitute a specialty in relation to the well being of general health, nevertheless, the dentist should also be acquainted with the recognition, diagnosis and treatment of oral lesions, as they are local expressions of disease in the body, or of specific infections or allergic manifestations in the oral cavity itself.

The majority of patients who come to the dentist are in need of purely dental service; that is restorative, and the treatment planned is usually along mechanistic principles. If one is conscientious, he will invariably go further in his examination than merely the dental arch with its teeth, but also examine the investing soft tissues, and associated parts, and thus observe abnormal conditions in the oral cavity. Any disease of the oral cavity, including the soft tissues and associated structures, are of great importance clinically. They may be of a purely local allergic reaction. Often the pathologic changes within the mouth in a general allergic disease precede symptoms and signs elsewhere in the body by a considerable period of time, and they may be characteristic, permitting a positive diagnosis in the early stages of the disease. A wide variety of pathologic conditions occur in soft tissues of the mouth. Those of an allergic nature are self limiting and tend to regress spontaneously with no serious results. The dentist should be qualified to recognize any deviation from the normal, in pathologic oral lesions. This does not necessarily mean he should be able to treat them. Referring such a patient to one qualified in this particular specialty, is a step in the right direction.

Symptoms and diagnosis are of the greatest interest to the dentist rather than the complicated tests and prescriptions used in the treatment of allergic reactions. The diagnostic procedure in a case which presents itself with a history or symptoms of allergic sensitization is one of a complete examination of the lesions in the oral cavity, the oral cavity itself, structures associated with it, and a complete general examination by a physician.

The patient's own story does not always give the dentist much of a clue in dealing with a specific allergic involvement. The symptoms presented may be both typical and atypical, depending upon severity and the exciting agent. It is always wise in interrogating the patient to find out when, how, and where the onset of the attack. Instead of removing innocent teeth, because of recurrent inflammations of the periodontal membrane, instead of re-making dentures, using first one material, then another, to correct the condition known as "sore mouth,"—instead of prescribing "shot gun prescriptions" for allergic lesions in the oral cavity, a more conscientious and intelligent examination of the case might reveal a condition of hypersensitiveness. Always interrogate the patient as to the use of some seemingly harmless dentrifice or mild laxative pill, or sleeping tablet, which he may be using. The elimination of the causative agent might relieve the unaccounted for symptoms. Patients will deny the use of medicines or drugs, but will readily admit using some *pills* which they bought at the drug store to relieve pain, headache, or constipation. It is of utmost importance that the dentist be acquainted with allergic conditions to be able to make a differential diagnosis, in order to prevent the indiscriminate extraction of teeth, to alleviate the condition. Although allergy is specific in regard to the action of a particular drug, chemical, food, or other substance, one or more attacks of allergic reaction to a particular substance, may be followed by sensitization to several irritants.

The diagnosis of drug eruptions appearing in the oral cavity should not be made solely from the clinical aspect of the eruption. Similar lesions, but not due to drugs, are seen in erythema multiforma, pemphigus, urticaria, syphilis, metal intoxications and other disturbances. The eruption produced by an individual drug is by no means characteristic of the respective drug or drug compound. The sudden appearance of the disturbance, presence of the cutaneous eruption, history of drug taking, are highly suggestive as to the cause of the disturbance. "Allergic reactions" that are produced in the mouth may be inflammatory, or edemic

in nature. Clinically the picture that is produced is variable and not characteristic. It may range from a diffuse catarrhal stomatitis, mild or severe, to erosive or ulcerative lesions. Subjective symptoms are always present, and the burning, stinging, or painful sensations may vary in intensity.

A large number of drugs and minerals are capable of producing allergic cutaneous eruptions and allergic stomatitis. Some of the most important of these drugs which are more frequently found to cause oral lesions are the barbital group, the anti-syphilitics, (bichloride of mercury, arsphenimin), the analgesics and anti-pyretics, (acetanilid, phenacetin), the salicylates (aspirin), phenolphthalein and epinephrin (used in local anaesthesia), bromides and iodides.

A brief discussion of the most popular drugs, and their effects upon the oral cavity, will help to impress the dentist with their importance in the diagnosis and prevention of allergic manifestations. Aspirin produces an attack of asthma and an agioneurotic edema. It is usually present in association with sensitiveness to other allergens. It may also produce erosive lesions on the buccal mucosa.

Pyramidon (allonal) administered by the dentist to allay pain after a surgical operation, may throw a patient who is allergic into violent attacks of asthma, or it may cause greyish white papular lesions that resemble lichen planus.

Phenolphthalein is one of the ingredients in most laxatives, and sometimes used in mouth washes and tooth pastes to give them coloring. This drug causes edema of the lips and tongue, blebs and vesicles on the oral mucosa. Patients may be sensitive to these drugs, or over a long period of time become sensitive due to accumulated effect.

It is a good rule to follow in the diagnosis of drug eruptions, that where a lesion does not conform to any definite chemical type, an inquiry should be made as to the remedy being used. If the dentist is aware or told by the patient he is allergic, it is important to question the patient with regard to his experience with aspirin and a few other drugs. Failure to do so will cause the dentist and the patient much anxiety. Although these allergic conditions do not follow the usual course, nevertheless the dentist is held responsible for any resulting symptoms in the patient.

One of the most aggravating conditions the dentist has to contend with in his practice of dentistry and one for which he is

unwillingly and unknowingly responsible in the sensitiveness of a patient, for whom dentures are being made, is vulcanite or resinous base stomatitis. "Sour mouth," as it is sometimes called, is a result of the end product of allergic sensitization. The symptoms which may present themselves in an allergic reaction of this sort will be briefly outlined here because of their prevalence and their annoying qualities, both to the patient and to the dentist. The symptoms vary from a dryness of the mouth and tongue to stomatitis with ulceration at the angles of the mouth and on the tongue.

A practical clinical test that can be employed by the dentist in making a diagnosis of allergy is the "patch test." This test in susceptible individuals imitated very closely the same condition under which the stomatitis occurred. A piece of gauze is placed over the denture, a cloth saturated with the mouth wash, or whatever the suspected irritant, and this is placed on the surface of the upper arm where the skin is fairly thin. Adhesive plaster is used to fasten the "patch" to the skin. If in forty-eight hours, the skin under the "patch" shows an area of inflammation with redness, a vesicular or papular formation, the dentist may assume the substance tested to be the irritant. Verification is made by a clinical trial in which the omission of the substance must bring about disappearance of the symptoms, followed by a recurrence of the symptoms when the substance is again used. The degree of reaction in the "patch test" is to some extent a measure of the degree of sensitiveness. Fortunately, the dentist is not as concerned with the varying degrees of sensitivity. He is mainly interested in the eradication and the removal of the causative agent.

Another phase of "allergy" which is occupying the attention of many outstanding investigators, is "bacterial allergy." This type is characterized by a localization of bacteria in one part of the body giving rise to a sensitive reaction remote from the lesion. This is true of tuberculosis and scarlet fever when patients demonstrate eruptions in the oral mucosa when affected with this condition. This is explained by a sensitization of the cells of the oral mucosa, with a subsequent eruption taking place.

It is also maintained by Kahn, that the lesions of syphilis which are remote from the spirochetel invasion may also be due to bacterial allergy.

Some authorities maintain that local infection of dental origin plays a great part in allergic disturbances as eczema, urticaria,

asthma and angioneurotic edema. Diseased teeth and poor tone of the investing tissues are sometimes responsible for the oral manifestations of the aggravating skin disease, eczema. In eczema, the lips are usually the site of involvement. They usually become red, swollen and hot. There is an exudation into the cellular tissues producing much deformity.

Another dermatosis of the mouth associated with skin disease is urticaria. In this case, the mucous membrane of the mouth, tongue and uvula become involved. There may be intense burning and itching and a good deal of swelling. The lesions are multiple, and there is variation in the size of the lesions.

The dental practitioner is often confronted with an innocent swelling of the tongue, without any apparent cause. The swelling may last from a few hours to a few days and usually disappears rapidly without treatment. Local discomfort may be present. This being an allergic manifestation, usually, angionuerotic edema, it is well for the dentist to be mindful of this fact when such cases come in to him for diagnosis or treatment. Another condition which might at times baffle the dentist, is an obscure neuralgia of the face, caused by allergic factors. This type of neuralgia, namely, "atypical neuralgia," is one in which the facial pain is not the result of a trifacial neuralgia, nor has it any relation to any dental disease, nor is it due to any apparent malignancy. The diagnosis and treatment of "atypical neuralgia" is of great importance. This pain can only be relieved by searching for the underlying cause, and then acting to remove it.

There are cases on record, where allergic reactions have occurred in the oral cavity in very obscure relationships. It has been noted that during hay fever, there may be an itching of the palate, with edema of the mucous membrane. There may also present cases of edema of the lips, in gastro-intestinal disturbances. Poor teeth with cavities, or absence of sufficient teeth may inevitably lead to faulty mastication with its possible results of gastro-intestinal allergy.

In the treatment of allergy, removal of the presence of latent bacterial foci, treatment of the carious teeth, and investing tissues, getting them into a healthy state, and the eradication of infacious teeth, is the general course to be followed. Every allergic patient should be examined for infection, because of the part it plays in allergic diseases. Let it be clearly understood that unlike the general manifestation of allergic conditions, confronting the physician, and the course of treatment followed by him, the dentist invari-

ably deals with those agents which can be eliminated and in that manner can suppress the attack. The dental treatment of allergic reactions can be said to be "specific." Although he does not have for his purpose the increasing of the individuals tolerance to the "allergen," by the administration of the latter in increasing doses. The dentist is primarily interested in the abstaining from the use of, and in the elimination of the "causative agents."

It is gratifying to know that the dentists of our day, better appreciate the importance of the oral cavity as an avenue of "disease," than those of a former age, and that they bring such information to our attention.

In conclusion, in spite of the interesting paradoxes of the subject narrated, it is obviously the duty of the dentist to do his utmost to attempt to retain the integrity of the dental tissues, unimpaired and efficient, although it would be practically hopeless to try to treat the lesion without the elimination of the causative agent. Needless to state, the recognition, diagnosis, and treatment of the lesions of the oral cavity by the dentist, establishes him as a member of the healing art in its broadest and most practical sense, and brings to him the respect of the professional world and appreciation of the patients.

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THE MOLAR CLUB

AFTER a lapse of a few years the pre-dental club has been revived at Howard University. The club is known as the Molar Club of Howard University, is composed of pre-dental students and is open to any student who is in any way interested in dentistry.

The club is sponsored by the Dental College Committee on Education and Guidance, Dr. William J. Madison, Chairman. The purpose and objectives of the organization are as follows: To encourage and promote interest in dentistry as a vocation, to advise and aid the student in solving his pre-professional problems, and to enable those who are preparing to study dentistry, to gain added first hand knowledge about the profession, its requirements and its opportunities.

The membership of the club so far consists of 27 students ranging from the freshman to the senior year inclusive, and the officers are as follows: President, Walter C. Jackson; Secretary, Harold St. Julian Brawley, and Treasurer, Beville Camps.

At our January meeting Dr. Adolphus Walton addressed us on "The Opportunities of the Negro Dentist," and in February Mr. Morgan W. Dickerson, a member of the senior class, spoke on "The Attitudes of Dentists."

We feel that through the Molar Club we, as prospective dental students, will come to know each other and will get in closer touch with the Dental College and will gain a kind of orientation to the vocation we are preparing to enter. The meetings are held monthly at the Dental College. A cordial invitation is extended to any student who is in any way interested in dentistry to come out and join with us in the activities of the organization.



The man who says he is looking for trouble is usually surprised when he finds someone who takes him seriously.

The worst swindler of all is the man who cheats himself.