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Class Talk

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CLASS TALK

A Consideration of the Dentist and the Moral Code *

William K. Collins—'39

IN A WORLD fraught with avarice, greed and deceit, it is most proper and fitting that professional men, in a sincere effort to benefit humanity, have attempted with a fair degree of success to elevate themselves above the tactics of the average man.

Ethics may be considered as a form of morality. It embraces the proper conduct of an individual as determined by the dictates of his conscience as developed by the conventions which surround him and in whose company he has lived and learned. Acceptance of the line of direction of one's inner self naturally leaves an opening for detailed as well as gross deviations from a respected standard of activity through the malformations of one's own ethical code. The clever individual may explain rather unacceptable actions as belonging within an ethical code while the more egotistic individual may rationalize his own ethical code and rest content. Another individual may clearly recognize the true ethical code and strive to live by it. Such a group of individuals may all believe in themselves and none believe in another. The natural result of such a situation is conducive to moral chaos. Such, indeed, is the situation in most fields of activity.

This probability was taken as justification among the ancient Greeks for slavery and from one of their philosophers we read that when laws are necessary for a people, that people no longer deserves its freedom. Such a proposition becomes difficult to refute in the light of sane argument, and one becomes nearly convinced of its truth if the least pessimistic observation of the common people of any of our democratic governments is made. The unbelievably smooth functioning of an autocratic system, be it government or private industry, attests the virtue of the enslavement of the whims of the many to the coordinating desires of the few. No one can deny that, without the exceptionally rare maintenance of a highly intelligent governing body over a period of time, stifling of the ingenuity of the masses exists in such a system with concurrent retardation of the advancement of all.

Medieval Catholicism is an example of the latter.

*Submitted as a term paper in Dental Ethics.

We must find a system which has neither chaos of that type which fosters rugged individualism in anticipation of natural advancement, nor the fossilized activity of the heavily law bound system which precludes the development of native ingenuity. The professional man has done his best to find this middle ground in his code of ethics. There is in him a natural inclination to aid his fellowman as much and more than he aids himself without harming either, and thereby advancing the cause of civilization.

The ethical code of the professional man does not, perhaps cannot, hope to influence the race of mankind to follow it at the present. The members of the professional field of service as selected men, acquaint themselves with the world in a different light from that in which the average man sees it. The physician, the lawyer, the dentist, all are trained to be benefactors to humanity, not parasites, and so they represent what all mankind strives for in his slow evolution. This very difference between the professional man and his everyday companions makes his struggle to maintain his code of ethics more difficult and thus variation in dental ethical codes is modified by a written code which does not strive to embrace the entire field of professional activity, but serves to guide the general activities, leaving the finer points to the discretion of its individual members in each of whom the profession as a whole reposes confidence. The dental code is not a system of laws governing a group of men who do not deserve their freedom, but merely an enumeration of ideals toward which all dentists must strive and, having attained them, they must be set as an example for others to follow.

The code of the American Dental Association in seven sections enumerates the basic principles to be respected by the practicing dentist. In brief, they are first, to act by the Golden Rule in letter and in spirit; second, to refrain from advertisement; third, not to receive remunerations from men in other professions when their concurrent services are required; fourth, not to make light of the works of others in the same professional service; fifth, not to secure nor attempt to secure patients of other dentists during their absence or sickness; sixth, to maintain the confidence of another dentist if called into consultation; and seventh, to be clean mentally, morally, and physically.

code of ethics more difficult and thus variation in dental ethical code is but a condensation of a general code of ethics which might

govern any isolated field of activity. Let us, therefore, consider ethics in a more general manner for a fuller understanding of the dental ethical code.

Giving assistance to one's fellow man is an attitude which far antedates history and represents a feeling that is probably older than the human race itself. This sort of demonstration of affection doubtlessly reaches its pinnacle in the presence of the suffering of others. It is, therefore, natural that in the professions a spirit of altruism and good will should prevail that is unparalleled in any other earthly pursuit. This is a thing respected by the most social and antisocial individuals and doubtlessly explains the fanatical religious zeal that is worldwide in distribution. Christianity itself is built upon a rock of altruism and predicated upon the Golden Rule. The respect accorded to men who follow this trend satisfies the natural craving for recognition in all men. Since this increase in satisfaction of one's ego comes with an increase of respect, which in turn comes from an increase in service to humanity, a circle is formed which benefits all concerned. To attain the heights of ability to serve, one does not find a satisfactory attainment of proficiency. This sort of thing makes for the retardation of the race, for if this were so all men would strive for a goal, which once reached, would be felt to have been one's life's work, and the remainder of one's days would then be spent in receiving the rewards of man while all the world would suffer at the expense of an undeveloped skill for discovery. Conversely, the not so gifted individual could never attain the established grade of perfection and, disappointed, would retire never giving his fellow man the benefits of the skills that he did develop. A sort of chimerical goal must be developed that is equally applicable to all men. It must be infinite and unattainable. This it has been seen fit to call the moral ideal. It represents desire to do one's best in his sphere of activity and to attempt always to attain that ideal which must yet always remain unattainable. So a poor artisan, striving always to better his best, is as valuable as the craftsman who, likewise, strives to improve his best. Either is more desirable than the worker, skilled or unskilled, who rests with his present achievements, and does not seek to improve and increase his capacities. The desire to achieve the highest good can always lead the most skilled worker in his field, nearer to perfection.

In the world of today the professional man must learn to modify

within limits his spirit of altruism. If he devotes all of his services unselfishly to the betterment of his fellow man, quite likely his fellow man will not maintain him unless asked to do so. Self preservation must modify one's spirit of altruism. Yet one must not permit the idea of self preservation to become an obsession, for a spirit of altruism must modify one's spirit of egoism. One should, therefore, return to the world at least as much as the world gives to him, for it is only upon this doing of one's bit for the world at large that posterity may surpass the heights which we attain. In this larger sense again the moral ideal enters, for the possibilities of the development of the world are infinite. The development of the world also becomes chimerical and humanity itself has a moral ideal.

It has been said that the intelligence of man is a freak of nature. This may be true. But definitely man does represent a conglomeration of selfish instincts, glamorous altruistic tendencies, emotions of intensity and yet an ability to look at himself critically. Man is a mixture, part god, and part beast, and perhaps a bad mixture at that. How, then, can a man have an ethical code? This he may do through a sincere attempt to do quickly what Nature prefers to do slowly; through the subjecting of the baser, more beast-like tendencies brought over from man's prehistoric ancestors to favor the elevation of the newer, more god-like qualities in man. This has been done more and more down through the ages and has evolved into what is known as civilization.

Pessimists enjoy a consideration of how easily the veneer of civilization can be ripped away. But, however thin the veneer of civilization, maybe it can be superimposed upon itself, and can be more difficultly ripped away. This thickening of the veneer is done by educated and intelligent men, not by educated ignorant men. Professions are composed chiefly of the former type of men, and thus present a good field for the evolution of morals and an elevation of ethical standards. Such an evolution cannot be explained in words. It must be born of the inner feelings; feelings of the highest type known to mankind. Our difficulty to express simpler feelings would easily explain our difficulty to express feelings which must lead to a moral evolution. But truly, the situation must obtain in the individual himself. It cannot be dictated nor prescribed. This is no attempt to enshroud a thought in a religious type of mystery. A religious mystery is not to be solved. Its solu-

tion defeats its purpose, for it is the controlling factor of the devotees to the religion. The necessity for development of morality to ever increasing heights is understood by practically all men. In view of its difficulty it is fortunate that its explanation is unnecessary.

Religions of many sorts have for ages been used as means of control of the poorly educated. In spite of the criticisms which some see fit to heap upon religions, they serve a noble purpose. Religion controls the potential destructiveness of man from within and in doing so acquaints him with the elements and essentials of morality. The man, however, who is prepared to benefit and not to destroy the world even in the absence of religious zeal does so through the medium of his morality. A transcendent morality of an idealistic sort makes for greater freedom of the will. This must be the keynote to the second epoch of the life of mankind. It is the epoch at whose threshold the world now stands. Thus the professions, whose trends in the direction of higher morality, as an ethical code, lead the world in a definite pattern, must lead the world into its brighter future.

Self-control, temperance, courage, these are virtues which are a part of the individual of high morality. They represent the triumph of the intellect over the more primitive promptings which yet beset the path of man. In time, man may naturally lose his primitive desires for careless actions, intemperance, and despair, but the future of humanity may well be benefited over countless generations if by sincerity of desire man develops his virtues over his vices.

The Effect of Periapical Infections on the Blood Picture

E. B. Marrow—'40

IN RECENT years the physician is depending more and more upon laboratory findings as an aid in the diagnosis of disease and the effect or effects local and systemic, resulting therefrom.

Since dentistry is a localized branch of medicine, it is natural that it too should turn to the laboratory as an aid in its quest to discover the systemic effects of local infection. The enlightening work of Roseneau and Billings has greatly centered attention in dentistry upon the systemic effect of periapical involvements.

A complete discussion of this thought is beyond the scope of this brief paper. We shall turn our attention, however, to one phase

of this problem only, and attempt to outline briefly the effect of periapical involvements on the blood picture.

The bacteria primarily involved in periapical lesions are of two types. The first is the streptococcus, which is present in 98 per cent of periapical lesions. The length of the chains and the virulence of the organism vary with the life cycle of the organism during which it is studied.

The second organism, the staphylococcus, is found to be the sole organism present in approximately 2 per cent of the cases of periapical involvement studied.

In many instances both of these organisms were found present.

The basic problem reduces itself to the effect these bacteria may have on the general blood picture.

The most reliable method in use to determine the effect of the bacteria upon the blood is in the utilization of laboratory animals. The rabbit is the most frequently used animal.

Cultures obtained from infected teeth were injected subcutaneously, or the infected tooth was planted subcutaneously in these animals. One animal was kept in the same environment and received an identical diet as a control. Both these animals were given an examination before the experiment started and the results charted. After the injection of the culture the blood of the injected and the standard animal was withdrawn at regular intervals and a laboratory diagnosis made. The results of these diagnoses were compared with those taken before the experiment commenced. By repeated analyses one could accurately trace the changes brought about by the injected culture, or the implanted infected tooth. From such experiments it was found that cultures taken from infected teeth and implanted teeth produced a decrease in erythrocytes; occasionally a very marked decrease occurred. With this decrease in red blood cells, there was an accompanying decrease in hemoglobin averaging 5 per cent as well as an increase in the color index from 9 to 2 in twelve days.

The most striking changes in blood morphology, however, have been produced in the various types of leucopenia. Many of these cases were marked by a definitely low polymorphonuclear count and a high small lymphocyte count. After removal of the infected tooth this condition frequently returned to normal.

It must not be construed that we infer that all cases of low polymorphonuclear count have a dental infectious origin, nor that

all patients with a high lymphocyte count, or both, have thereby an evidence of dental infection. We simply wish to point out that it does occur in cases of chronic dental infections, and that it develops in experimental animals in which such states are produced.

While the data available are not sufficient for detailed deductions, they strongly indicate that there is much significance from both the pathological and the diagnostic viewpoints in the blood morphology and its changes. The evidence strongly suggests that the toxic elements involved in the infectious process have distinct and harmful effects and while the reaction to infection of a normal defense is characterized by a leucocytosis, it seems quite as universally true that certain types of infections, such as those produced by the implantation of a tooth beneath the skin of a rabbit have destructive effects, especially on the polymorphonuclear leucocytes, the depression of which in the presence of an increasing infection spells a very bad omen in the case of laboratory animals and practically always terminates in death.

It appears, therefore, that dental infections may produce very serious changes in the blood and sera of the body, some of the most important and frequent being, leucopenia, erythropenia and lymphocytosis.

In considering chemical changes brought about in the blood from dental infections, we note that they are far reaching in the processes of metabolism and function. One of the very conspicuous changes is the disturbance of ionic calcium and the presence in the blood of a pathologically combined calcium. Since cell activity, both anabolic and catabolic, is dependent largely upon a normal ionic calcium in the fluids at the cell boundaries, very small changes may produce very important physical disturbances, as, for example, the kidneys permitting the sugar to pass through when the ionic calcium gets above the normal limits. Some of the important chemical changes are:

1. Dental focal infections in many instances tend to lower the ionic calcium of the blood.
2. The placing of certain infected teeth in the blood serum of patients suffering from certain rheumatic group disturbances tends markedly to lower the ionic calcium of that serum.
3. There is frequently found in the blood of individuals suffering from rheumatic group lesions a reduced ionic calcium state and also a measurable pathologically combined calcium,

which progressively disappears after a patient returns to normal.

4. Injection into the circulation of animals of the organisms grown from the teeth which produce these changes in the blood tend also to reduce the ionic calcium of the animals' blood.
5. The presence of dental infections tends, in many cases, to change the alkaline reserve of the blood of patients. When these teeth are placed under the skins of rabbits, they tend also to change the alkaline reserve.
6. Dental infections, in some instances, change the blood sugar content of the patient as is shown by the return to normal after the removal of dental infections, and the increase of blood sugar in animals by injecting them with the cultures from such teeth.
7. The uric acid content of the blood varies considerably with the presence or absence of dental infections, particularly in cases of gout. It may, however, be very slightly changed in many cases of definite rheumatic group lesions, and its variation in the blood is very closely paralleled by its presence in the saliva.

Some of the changes most frequently found are:

- (a) A decrease in the ionic calcium of the blood.
- (b) The presence of pathologically combined quantity of calcium in the blood.
- (c) A reduction of the alkali reserve of the blood.
- (d) The development of acidosis.
- (e) An increase in the blood sugar.
- (f) An increase in the uric acid.
- (g) The development of nitrogen retention.
- (h) The development of products of imperfect oxidation.

With the evidence at our disposal concerning the effect of peri-apical infection on the blood picture, it is evident that there is great opportunity for increased collaboration between the dentist and the physician in their mutual effort to employ preventive and curative measures in the eradication of disease. It is the profound hope of this writer that the increased collaboration of the two professions will be realized in the not too distant future.

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A History of Dental Education in America *
Wendell L. Price—'41

EDUCATION in scientific dentistry, although universally recognized as a comparatively new science, is admitted to antedate its one century of organized existence which is measured from the founding of the first dental college at Baltimore in 1840. Its birth as a field of endeavor whose primitive myths challenged ambitious and tireless intellects may be likened unto that of medicine, like which, it arose out of the pathos of necessity, instinct and mere chance to assume its place among the learned professions.

Dental education may be said to have received its legal impetus in the framing and construction of the Edict of France in 1699. This edict, required all prospective practitioners to be subjected to a qualifying examination before entering the profession. Few, if any, schools were known to have grown out of this act, but the fact that studies and lectures existed, has been recorded in the publications in modern languages by Pierre Fauchard.

Dentistry, from this mite until 1840, was only superficially impressed upon the populace of the United States and may possibly have been introduced into the country with the immigration of English subjects to the colonies. Dental consciousness was rapidly incited by the successful accomplishments of the Greenwoods and Horace H. Hayden, who were the chief exponents of its inauguration in the modern era of American Dentistry. The recorded experiences of Gardette and Josiah Flagg tell of the first evidences

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of preliminary dental training in America. From this time on, dentistry was a trade that might be acquired during an apprenticeship or through unguided training whose success, if any, netted such financial profits as to encourage secrecy and selfishness in the use of new methods and inventions. The subsequent tendency to have rivals in the trade instead of colleagues, became prevalent so that a protest arose from the more intelligent humanitarians. Out of this condition grew the American Journal of Dental Science, which was published by the American Society of Dental Surgeons in 1839, and, finally, the birth of the first dental college took place in Baltimore in 1840. Before this time, however, a feeble but organized attempt to teach dentistry as a profession was initiated by Joseph Fox, in 1797, in which he delivered a series of lectures to the medical class at Guy's Hospital in London.

In America, the Baltimore College of Dental Surgery was chartered in 1840 and is recorded as the first establishment for formal instruction in dentistry. Educational advancement for the development of the science of dentistry made rapid strides under the personal influence and guidance of Horace H. Hayden, the president and Chapin A. Harris, the dean of the college. Their efforts were at first directed toward the University of Maryland where lectures were given, but these lectures had to end when they were informed by the faculty there that the medical curriculum was already over-crowded. These, and a number of other discouraging convictions, were only the beginnings of the antagonistic views as medicine disdained the infancy of dental education in America. Both of these pioneers in dental education were physicians who realized the advantage of such biological training and invited the co-operation of thirteen other zealous and interested doctors thereby organizing a faculty of fifteen. Their partial success, which was largely attributed to their desire to apply scientific technique and curatives to the suffering and to the absence of self-aggrandizement, pointed their efforts to elevate the profession by promoting a proficient knowledge, treatment and control of disorders of the teeth and wrought favor and recognition by the General Assembly of Maryland, which empowered them to confer the degree of Doctor of Dental Surgery (D.D.S.) upon the graduates on March 9, 1841.

Until 1846, facilities and equipment for practical instruction in dentistry were very meager hence the first dental infirmary was established and demonstrators of mechanical and operative dentistry

were added to the teaching staff at Baltimore. The growth of the early schools did not proceed as rapidly as might have been expected following the numerous obstacles encountered by its ardent protectorate. In the first place, many dentists of this period trained as apprentices, and preferring to accrue the profitable fees as privates and to continue to gain from the aid of their pupils, selfishly discouraged university teaching of the practice of dentistry. Secondly, dentistry was held in low esteem by physicians everywhere, its rising relationships in promoting health service were disregarded, and it was openly subjected to continued depreciations. These unfavorable conditions, together with non-stimulating and contentious slurs served effectively to keep the number of dental schools and the needed attendance at a minimum. By 1865, a quarter of a century after the establishment of institutional training, only four schools were recorded to have existed. Their graduates numbered 369.

The prominent dentists were but minutely discouraged by the returns of their growing enthusiasm and concerted efforts. There was in circulation, the active Nathan C. Keep, M.D., D.D.S., President of the Massachusetts Dental Society, whose persistent appeals to a humane public brought about an enactment which incorporated a dental department in close association with the medical school of Harvard University in 1867. It was thus that the first permanent dental school came into being which enjoyed the distinction of close affiliation and the co-operative accommodations proffered by its older brother and host, the science of medicine at Harvard. Dental students were admitted to lectures in anatomy, chemistry, physiology and surgery and were encouraged to take active part in the dissecting rooms, library and museums of the medical school which were accessible to them. So cordially were the dental students received in the clinics of the hospitals in Boston that they treated over one thousand patients for dental disorders during the first year.

Public regulation regarding dental schools was begun in 1868 and up to this time there had been a slow increase in number to ten dental schools, whose total graduates during the whole period were 1,305. During this period a large portion of the dentists was notoriously incompetent, irresponsible and inefficient, and their commercialism and quackery initiated protests from their more self-respecting colleagues. In like manner, the degradation to which

the profession had sunk elicited reasons for the formation of many dental societies which rapidly grew for the purpose of giving character and respectability to the profession and thereby establishing a line of distinction between the skillful and meritorious and the unworthy and unscrupulous charlatans. These societies constituted the bulk of the influence that terminated the system for apprenticeship for dental training and substituted public regulation for the same. The legislators of Kentucky, New York and Ohio, under the direction of the progressive dentists, took the lead in 1868 in enacting statutes that placed the practice of dentistry on an unquestionable and respectable plane.

The Kentucky State Dental Association was authorized to appoint a Board of Dental Examiners, which had the power to license graduates of dental schools found acceptable and competent by examinations. The Ohio statute, by activity of the State Dental Society, made it unlawful for any persons to practice dentistry in that state who did not have a diploma from a dental school, or had not received a certificate from the board, which acknowledged acceptance of qualifications. The New York statute kept pace with its requirements, when in April, 1868, the State Dental Society established and maintained a Board of Censors. This board broadened its licensed requirements to include a diploma in dental surgery, practice with some accredited dentist for a specified period and, finally, a qualifying examination. The cumulative effects of these state acts coupled with the activities of the respective dental societies produced the regulations which made dental education in America compulsory.

From 1868 to 1884, the number of dental schools had increased to twenty-two, of which a large number were incorporated in universities and of which nearly all have survived to the present time. This marked a notable era in the history of dental education in America and at that time there were some 14,387 dentists in the United States to proclaim and enjoy the fruits of the arduous labors of the pioneers who had already instituted and cultivated a new and unwelcome profession.

With the growing enforcement of educational requirements to insure passage of the qualifying examinations, there naturally followed the urgency for improvements in educational facilities already in vogue and organization of faculties of high caliber. This necessary increment was obtained by means of grants from

distinguished men, but unfortunately a decline in attendance in the accredited dental schools ensued. Because of compulsory education and the expanding commercial opportunities created by enforcement of dental practice acts, low grade dental schools multiplied during the period from 1881-1900. Since 1900, however, their number has gradually decreased. The formation and activity of the National Association of Dental Examiners and the American Association have been effective agents in the elimination of commercial schools. The increasing need for equipment, supplies, teachers and research during the evolution of dental education have served well to reduce conclusively the financial profits which accrue from the management of dental schools.

In the year 1884, representatives of the better schools in the United States assembled in co-operative and organized effort to bring about the adoption of a uniform standard of graduation and accordingly established the National Association of Dental Faculties. They legislated in the association mandatory and executive powers which discreetly marshalled the existing requirements, and for nearly thirty years became the most influential agency for the general promotion of dental education in America. The National Association of Dental Faculties, in the year 1901, elected to lengthen the dental curriculum from three to four years. Reluctance of the majority of dental schools to conform to this ruling evoked much disapprobation and formal protests were submitted followed by Harvard's resignation and an impending dissolution of the league. To avoid this threatened embarrassment, the association called a special meeting in the summer of 1904 and voted to restore the three-year curriculum. In 1923 the Dental Faculties Association of American Universities became the American Association of Dental Schools and comprised the dental schools of California, Columbia, Harvard, Illinois, Iowa, Michigan, Minnesota, Nebraska, Ohio State, Pennsylvania, Tufts, Washington and Western Reserve. This association was primarily concerned with matters of administration, and, when the need for better teaching in operative dental technology was realized, resulted in the establishment of the National School of Dental Technics in Chicago. As the scope of dental teaching increased, the curriculum expanded and became so inclusive that the school was twice renamed, first, to the Institute of Dental Pedagogics and then, to its present name, the American Institute of Dental Teachers.

This situation arose from a general desire among the dental schools in the United States and Canada for unification of efforts for advancement of dental education, and, with five official delegates from the Canadian Dental Faculties Association, the American Institute of Dental Teachers, the National Association of Dental Faculties and the Dental Faculties Association of American Universities they met in joint session to form the American Association of Dental Schools in 1923. This Association was devoted primarily to the advancement of teaching and their constitution offered the organization the facilities of intercourse and conference among teachers of the dental sciences in North America to promote advancement of teaching and research in American dental schools, to encourage through study and discussion of the needs and problems of dental education, to improve public understanding and appreciation of the quality and value of dentistry, and to maintain dental education in full accord with the highest requirements of professional education in the public service.

Consistent with the fact that discontented individuals often appear in the course of human events and while the previously named associations were consolidating a stable alliance to maintain an elevated profession it became widely known that the National Association of Dental Examiners had been recognizing dental schools that were not regarded as reputable by the associated faculties and had been challenging the respectability of some of the schools with accusations of commercialism. Abominations of this kind were by no means tolerated by the National Association of Dental Faculties and they, with the associated examiners, formed a standing Joint Conference Committee for the attainment of a mutual understanding. Later, in 1922, there developed the Dental Educational Council of America which was composed of 18 members, six each from the American Association of Dental Schools, the National Association of Dental Examiners and the American Dental Association.

No history of dental education in America would be complete unless due respect were paid to the founding of Howard and Meharry Dental Schools. With an increasing rise in Negro population and an attendant rise in the Negro death rate because of the lack of opportunities for public health service, there arose a demand for Negro dentists and schools. There was general indifference of the white population toward affording Negroes with sanitary methods and improving public welfare, so it fell to the lot of the more

advanced Negroes to provide dental education of, by, and for themselves.

Dental education in America, like that of all other professions, had much difficulty in gaining the foothold that rightfully justified its existence and made its service efficient. Its birth, infancy and early growth were by no means its best years for it experienced disdainment by medicine, the intrusions of quackery and lack of public faith. The history of dental education in its good fortune has never approached the depths reached in medical education through commercialism, neither did its lucrative proceeds breed such violations as to necessitate extensive and prohibitive legal enactments. The dental educators of yesterday, today and tomorrow may look back with pride upon its history, and we who hope to enjoy its harvest may add subsequent chapters through research and by upholding its dignity in the public esteem as a valuable and respected form of public health service.

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The Dental Hygienist in Private Practice

Fische Ella Simms, D.H.—'39

THE DENTAL HYGIENIST is the wholesome, pleasant-faced person whom you meet when you enter a modern, progressive, well-kept office, or the cheery voice that you hear when you call. She is modest, though thorough in her work. She presents a perfect picture of health in her trim and spotless uniform and shoes. Every thing about her bespeaks cleanliness and a decided interest in the preventive aspect of arol health, which concerns all of us.

The dental hygienist has a pleasing personality and a latent ability for handling even the most unruly child. There is a manner

about her that makes children want to visit the dentist, even more often than they do.

Not only does she possess a keen interest in the human personality, but also she regards time as priceless. It is the one thing that is basic for the success of the dentist whom she assists. She is ready to meet an emergency that may arise.

In an approved and accredited school, under competent instructors, an adequately prescribed course is given the dental hygienist, thereby qualifying her amply to fulfill all the necessary duties of an ideal and capable aide to the dentist.

The terms, dental hygienist, dental nurse, and dental assistant are not to be confused. They are not to be used synonymously. The dental nurse is an office assistant, not trained as a registered nurse. The same may be applied to the assistant, who undertakes, in the dental office, such duties as caring for business details, housekeeping, and assistance at the chair. The dental hygienist may do the same type of work but, in addition, she has the legal right to carry on certain operations directly in the mouth.

In a private office, the dental hygienist cleans and polishes the teeth of patients and teaches the value of regular care of the teeth. She gives instructions in the method of use of the tooth brush and care of it. She charts all defects in the patient's mouth, thereby conserving the time of the dentist. She also gives the patient suggestions concerning diet and its bearing upon oral health. This is extremely important in the case of expectant mothers and children for whom tooth building foods are so vital.

The dental hygienist maintains a call list and sends out reminders, at regular intervals, to patients as they have need for prophylactic treatments. If she is to succeed, she must attract new patients as well as recall old patients for such treatments.

In the office of an orthodontist, in which the correction of the alignment of the teeth and relationship of the jaws is the major objective, she gets the children ready for the dentist, cleans their teeth and cleans the appliances when necessary. She teaches the child how to brush his teeth with appliances on and watches for cavities. She makes the necessary financial arrangements with the parents and keeps the child's record card with the necessary information.

The dental hygienist as an assistant also helps the dentist at the chair. Mental alertness, quick perception and prompt anticipation of the dentists' needs are very essential. She may help in giving

an anaesthetic. She sterilizes instruments, makes solutions, and aids in taking and developing roent-genograms. In the laboratory, she must know how to work with plaster, metals and alloys; to use the polishing lathe; mix synthetic porcelain, amalgam and crown and bridge cement. She must be able to do investing; i.e., to embed in a fireproof medium a wax model which is to be cast in metal in exact duplicate. She must be able to pack and trim amalgam dies, heat bridge cases for soldering, and pour casts for construction of dentures and bridges.

The good dental hygienist in the role of receptionist, remembers faces and names. This makes people feel at ease and facilitates the approach of the dentist.

The office and reception room are kept as spotlessly clean as her uniforms. Flowers always brighten up the reception room. There are books and magazines to make the patient comfortable while waiting. In some offices, there is found a projection machine that shows slides or moving pictures pertaining to oral health, that the dental hygienist explains to patients while they are unoccupied. The teaching of preventive dentistry is one of the many phases of public health work that the dental hygienist is capable of doing. She tells the patients pertinent facts pertaining to oral health, thereby making the community conscious of oral health.

The dental hygienist is an asset to the dental profession. Because of her general helpfulness in an office and the fact that she is an instrument of public education in oral health, a wider field is in the offing for those who elect to follow this pleasant vocation.