

Medical and dental state boards should become aroused to this crying need of our child-life. They should advocate the establishment of dental clinics in public schools, not alone in the large cities but wherever possible in rural communities. Philanthropists should be acquainted with this appalling condition and correctly informed with reference to the effect these defects may have upon the efficiency of our race.

Not long since, the gift of one philanthropic millionaire aroused America to the danger of hookworm infection throughout the South. Since that time educators, state boards of health and civic bodies have carried on a campaign to eradicate this scourge from the land. As a result of this effort human efficiency in the South has been greatly augmented. It is questionable whether there was a higher percentage of hookworm infection in any Southern community than of dental defects to be found today in any city or rural district.

It is safe to say that interest in this vital question will continue to grow. Surely other philanthropists will emulate the example set for them by the Forsyth brothers and surely other cities will not allow Boston to long remain the only city to thus securely safeguard the health and future efficiency of her children. But now that Boston has this infirmary, will she make the most of it? Will she utilize this wealth of clinical material? Will she take advantage of this opportunity to observe, tabulate and publish to the world the result of her effort in this direction?

There is no doubt that many medical clinics in our large cities are not increasing our knowledge of disease as they should, because the material at hand in these clinics is not properly utilized. Records are not kept, careful observation is not made and tabulated, pathological findings and post-mortem results are not carefully worked out and recorded with a view of leaving imperishable and valuable data to guide and instruct future internists and surgeons.

It is to be hoped that the wealth of material which is sure to be at the disposal of the workers in the Forsyth Dental Infirmary will be so utilized that dental science throughout the world will be enriched and society greatly benefited thereby.

### **Shall A Medical Practitioner Extract Teeth.**

**I**T IS hoped the general practitioner of medicine in rural communities at the present places more value upon a tooth than many of them did in times past. Not long since the tooth forceps was a necessary part of the office equipment of most country physicians. Many a molar that should have been preserved has been sacrificed at this shrine of ignorance.

Let us suppose that a patient, young or old, was suffering with the toothache. After enduring the pain as long as could be borne, the family physician was called in or a trip made to his office. There the sufferer was seated in a chair, told to grasp the bottom rung as tightly as possible and open the mouth. Then the tooth was removed, either as a whole or in part, the oral cavity flushed with water from a rusty tin dipper, a fee of twenty-five cents paid for the operation and the patient sent away, rejoicing in

the thought that he had one less tooth to bother him. Such practice might have been condoned in the days when the oxcart or stage coach was the only means of transportation and when medicine was no further developed than transportation, but if such a practice exists anywhere today, the offending practitioner should be hunted down and his license revoked.

Human efficiency has been lowered and life shortened by the ruthless destruction of teeth at the hands of the practicing physician. In the past medical students were given little or no instruction with reference to the teeth and the important rôle which their proper care assumes in maintaining the desired standard of health. Even at this day, few if any of our medical universities pay but slight attention to this subject. A lecturer on medicine may now and then state in his talk on rheumatism or endocarditis, that the great predisposing cause that brings about these conditions is diseased teeth, but seldom does he take an hour during the entire year and devote it to lecturing on the teeth and their relationship to good health.

In the past medical students were wont to look with more or less contempt on the student of dentistry and it may not be out of place to say here that this feeling was maintained even after the medical student completed his course and entered upon his duties as a practitioner of medicine. Is it any wonder then that he naturally looked with more or less contempt upon the teeth and the work of the dentist? Possibly the number of teeth had something to do with their ruthless sacrifice, an analogy borne out by the sacrifice of soldiers during the present European war.

Would it not be well for the dentist to enter upon a campaign of education among the older members of the healing art practicing in the rural districts who are known to have a predilection for the destruction of the teeth, and would it not be advantageous for our medical colleges and universities to give sufficient instructions to their graduating classes on the teeth and the rôle they play in maintaining health to a high standard of efficiency?

A tooth should be looked upon by a physician as a valuable health asset and should never be sacrificed by him.