READINESS TO SERVE*

BY HENRY F. HOFFMAN, D.D.S., DENVER, COLORADO

IN ORTHODONTIA, perhaps, more than in any other specialty in dentistry or in general practice, is the habit easily acquired of wasting the time of both patient and operator.

Time is the strongest argument against orthodontic treatment; the time used by the operator, the time consumed by the patient and the period of time covered to secure a complete result. The consumption of an unnecessary amount of actual time and the prolongation of the treatments over an unnecessary length of time results in increased expense to patient and operator, increased liability to dental and systemic disease and discouragement of the patient, all of which results are in time reflected in the mental attitude of the public toward orthodontic treatment, and can reasonably be attributed as the sole reason why treatment is not undertaken in many cases. Recognizing these facts should we not make every effort to conserve our own as well as our patient's time?

Conservation of time can best be accomplished by thorough preparation for work. By that I mean not only a familiarity with the various steps of the work, which every orthodontist is supposed to have, but a careful technic regarding the arrangement and preparation of the office equipment and materials. These should be so arranged that the various appliances and materials needed for the routine operations are so located that they can be reached with the minimum of effort and those most frequently used should be given the most convenient location. Everything should have its own individual place and should always be there. This arrangement should have the positive certainty which is indicative of the piano keyboard. The trained operator should know that with his eyes closed and without conscious effort he could place his hand on anything needed for his routine work. The air, gas, lights, heaters and the like should be so placed as to avoid unnecessary steps and movements. Offices equipped with two or more chairs should present exact duplication in equipment or the investment is largely wasted. This is also true even though there are individual operators for the several units. No one should be permitted to come into a systematized office and disturb that system.

I fear that this condition is not always found in the offices of orthodontists and dentists. The reason for the hit and miss arrangement so often seen can easily be understood. The habits of the college and the first years of practice are easily acquired and difficult to overcome. During that period we do not know accurately what will be needed for a given operation, we do not know the things most frequently used and perhaps have more instruments

*Read before the Rocky Mountain Society of Orthodontists, November 15, 1921

than we know what to do with. In the order in which they are acquired instruments find a resting place where they are most easily disposed of, perhaps a new resting place every time they are used, but granting their location is permanent, that location is seldom selected with any consideration for being an aid to rapid operating. Often one drawer or compartment is the recipient of a loose, heterogeneous collection of instruments or materials many of which are used repeatedly during the day's work, yet the operator, each time he has to use one of these, has literally to paw over this collection to find what is wanted at the cost of mental confusion and loss of time.

So these habits growing unnoticed during the period when the operator's time is not fully occupied are frequently destined to become a lifelong handicap to rapid, efficient work. It is only the exceptional man who goes deliberately about a complete reorganization of his methods of work, for such reorganization requires application and conscious effort extending over a considerable period with the realization that this effort is itself temporarily costing considerable time and confusion. However, any amount of effort expended in a sane office reorganization is more than compensated for in the increased efficiency resulting.

Of late years we have heard a great deal about office efficiency, salesmanship, and the like but it must be admitted that most of this has been from the standpoint of making a charge for every minute of time consumed, much less attention than deserved being given to the equally important point of making every minute of that time of the greatest value to the patient.

By being prepared to do in the minimum of time any routine operation without special preparation for that one operation many of the emergency needs of the patient can be supplied at the time they present without the necessity for a special appointment, otherwise necessary, thereby conserving the time of the operator and bringing the treatments to an earlier termination.

The minute a band, a spring, a spur, or anything of the sort is needed and not supplied at that time, the termination of the case is delayed, yet how often is such a simple act put off merely because it takes too long to light the gas, fix the air valve, find the right pliers, the right size wire, a piece of solder and get the dirt out of the flux, all of which should require about as much time as does the telling of it.

Often more time is consumed in making an appointment than should be required for the particular part of the operation for which the appointment is made.

The mental attitude of the operator who works under favorable conditions, who knows where everything is and that everything is there, who knows what everything is for and how to use it, is quickly reflected in the responsiveness of the patient to the work.

Some professional men equip themselves for everything but their work. They are wonderful entertainers, they can keep anything from a four year old child to a ninety-nine year old corpse occupied for an unlimited time and get nothing done. It may be put down as a general rule that our patients, in-

cluding the children, soon notice and become very appreciative of our efforts to conserve their time.

The operator who has mastered the art of working under favorable conditions finds himself accomplishing more work with less effort and wonders what he used to do with his time. Readiness to perform our work with a minimum of time and effort produces better results, eliminates unnecessary overhead, makes our work available to more people, and creates a feeling of confidence in the public mind which nothing else can do.

DENTITION AS A NORMAL PHYSIOLOGIC PROCESS*

BY HENRY HEIMAN, M.D., NEW YORK

“**D**OCTOR, my baby is ill. He must be teething.” This is almost a universal cry. It is uttered by the lips of thousands of mothers to thousands of physicians in a thousand different places.

Every disease to which infancy is susceptible has been attributed to the eruption of teeth. Fevers, “colds,” bronchitis, influenza, measles, infantile paralysis, disturbances of stomach and intestines have all at one time or another been considered the result of teething.

It is surprising how many intelligent college-bred women give this cause as the explanation of their infants’ ailments. Even more surprising to learn is that a goodly proportion of physicians still cling to this remnant of medical superstition.

It is quite time we discarded this legend. The eruption of teeth is a perfectly normal and natural process. “Teething” is not a disease, nor is it responsible for any disease or symptom. The growth of teeth does not produce fever, pain, cough, vomiting, diarrhea or convulsions. It is easily understood why mothers persist in attributing to teething these various diseases. They often occur at about the same age as dentition and it is easier for doctors to agree than disagree and explain. The diagnosis of teething at times permits diseases to develop beyond the stage where they can be controlled.

Dr. Holt says, “The doctor who starts out with the idea that in infants dentition may produce all symptoms usually gets no further than this in his etiologic investigations.”

For the last twenty-five years on no history chart in our institution does a diagnosis of “teething” appear. In thirty-four years no paper on teething as a disease has been presented before the American Pediatric Society.

Dentition is a physiologic condition similar to the growth of nails or hair. It would be ridiculous to refer to “hairing” and “nailing” as afflictions of infancy.

You are all doubtless familiar with the development of the teeth. I

*Read before The Scientific Section of Oral Surgery of The First District Dental Society, March 1, 1922. Publication rights reserved by author.