

A I ORIGINAL CONTRIBUTIONS

SOCIAL PART I

THE FIELD OF ACTION OF THE H. C. F. D. I.

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by

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The Fédération Dentaire Internationale (F. D. I.) was founded in 1900 on the initiative of Prof. Godon on the 3rd International Dental Congress on the occasion of the world exhibition in Paris, with the object of preparing international Congresses, which take place every fifth year, at annual sessions.

Its centre is the Executive Committee consisting of the delegates of 22 countries. There are further the members of 9 various commissions of which the Hygiene Committee has our special interest here. The H. C. was appointed in 1902 at Stockholm, Jenkins-Dresden in the chair and later on up till 1909 Bryan of Basel.

At the 5th international Congress in Berlin 1909 the H. C. was re-organized and enlarged by 22 committees of the various countries, whose task is the elevation of public health by furthering public mouth hygiene in all countries associated. Its nearest field of action was dental care at school, because internationally the latter was of not much importance. Germany was the only country worth while because many towns had followed the example set at Strassbourg. Shortly after the congress in the beginning of 1910 large meetings were orga-

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nized at Copenhagen and Stockholm with the object of founding associations for dental care for children in order to introduce dental care at school in all towns and in the country of Denmark and Sweden.

The King of Sweden took upon himself the Patronage of the H. C. F. D. I. and the King of Denmark of the Danish association.

Similar meetings were held in Holland, Finland and Norway, while the „Deutsche Zentralcommittee für Zahnpflege in den Schulen“ founded in 1909 took upon itself the furtherance of these plans in Germany, in which it greatly succeeded.

Nowadays dental care at school — we may rightly say that — has begun its triumphal march in all civilized countries, so that in this respect the H. C. F. D. I. has little more to do. But other objects just as important come to the front.

All the time it has been pointed out that dental care at school is a means of fighting infectious diseases and especially tuberculosis. As it is known tuberculosis arises from unfavourable social and sanitary conditions, from lack of air, light, and sun in the house, school or shop, from abuse of alcohol and insufficient nourishment.

Even if the food is ever so substantial and wholesome, it is insufficient as long as it not masticated sufficiently and therefore not digested and therefore not brought to efficiency, be it, owing to lack of teeth and a tender mucous membrane.

In those times where the soil is cultivated in the most rational way we have to see to it that those products of the soil will have to be thoroughly applied, by perfect digestion for the building up and the preservation of the human body. And for this a healthy mouth is the first condition.

When the children of the public schools are taken sufficient care of, in the clinics for dental care at school, then the question arises how can we help youth who left school, and the working classes?

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Public Dental care forms the continuation of dental care at school and can be carried through by sickfund- hospital- factory-army and navy dentists. It will become a factor in the public dental care of all countries.

Undoubtedly, when introducing rational dental care, a larger sickfund, be it that its expenses will be a little higher for dental treatment, will experience in due time the beneficial influence of this treatment on the diseases of the respiratory and digestive organs and that those higher expenses for this dental treatment will be restituted owing to the decrease of other medical treatment. Put aside the beneficial influence of this treatment on the working capacity of many male and female labourers who owing to decayed teeth, painful gangrenous roots and in consequence of this constant suppuration, glandswelling etc. are not exactly unable to work but can produce less and are hindered in the execution of their profession owing to impediments of speech or aesthetic defects.¹⁾

The *foundation of public dental clinics* is an absolute want, a necessary completion of every dental school clinic. It is the urgent task of the H. C. to meet this want in every country by means of its organisation in those countries. In the sickfunds already existing they must attain that analogical free medical treatment, conservative treatment of decayed teeth will be introduced gratuitously for the members of the sickfunds and that in those countries where sickfunds do not exist as yet, the latter must be founded. In order to reach this goal there must be founded in every health district a dental department with a dentist at the head.

Besides the extensive social task the H. C.'s further duty is to occupy itself to solve scientific problems.

Therefore the proposal was already made at the session at Stockholm 1912 to found an international institution for pu-

¹⁾ Compare Schweiz. medizinische Wochenschr. 1920 No. 20: The foundation of school and public dental clinics an important item for public health care.

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blic mouth hygiene. In Paris 1923 this proposal was taken up again and discussed at large at the meetings in Luxembourg and Geneva. Probably it will find its definite solution at the international congress in Philadelphia 1926.

At Geneva the French national committee was requested to ask their Government to inform by diplomatic means all the countries which are represented in the F. D. I. the foundation of this international centre. The national committees of the several countries are requested as soon as this communication has been done to invite their government to subsidize this centre, in order to preserve the international character of the institution.

The task of the H. C. is to submit the 7 proposals made at Geneva to the international congress in Philadelphia: they run as follows:

The 7th international congress at Philadelphia 1926 decides to accept following theses:

I. *The general treatment of the expectant mother* and the dental treatment and education of the child from birth to schoolage are the first steps in the formation of healthy and well formed tooth tissues.

II. *Dental care at school* forms a basis for the physical culture for the young people, a basis on which public health is built up.

III. *Public dental care* forms the continuation of the dental school clinic and can be carried through by means of sick-fund, hospital, factory, army and navy dentists. It will become a factor having the same rights in the public dental care of all countries. In the interest of all countries a dental department with a dentist at the head, is necessary for every district.

IV. *An international institution* for public mouth hygiene in Paris will be founded as a centre for all countries. National institutions co-operating with the centre are advisable in all countries.

V. *An organ of the H. C.* in any of the congress languages

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will be spread gratuitously in all countries, to members of the F. D. I. The expenses will be defrayed by means of advertisements from the parties interested.

VI. *The H. C. F. D. I.* is charged with the execution of the resolutions taken at the congress. The expenses of this work are met by the F. D. I. and by gifts.

VII. *It is in the interest* of the whole dental profession to support the work of the H. C. efficiently by organisations in the various countries.

The realisation of the means necessary for the execution of these attempts is a most difficult problem.

It was in former times, and it will be in future, that social attempts as long as they are new, will be fought from different sides. They will only have result, when they are carried through by their auctores intellectuales with great perseverance and tough energy with the help of the means necessary to reach their goal.

As soon as they have fought their way to victory and enjoy general appreciation it will not do to charge the pioneers any longer with the expenses. Then it is sufficient that they put their time and capacity in the future, at the disposal of their cause. The expenses for plans made for the general benefit, must be furnished and defrayed by the community.

In our case it is the task of the F. D. I. to find the means and the ways for this. The very time for this must be the international congress in America. In the U.S.A. there are so many great and fine donations bestowed upon those and similar purposes, that there is no reason why there should not be given a donation for the international purposes of the H. C. which are in the interest of the health care of every people, a donation so great that from its interests the costs might be defrayed.

Not until then, the H. C. can devote itself successfully to the above projected task.

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by

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It must be fifteen years ago that I first read of the splendid work of Dr. Jessen in conducting a school dental clinic in Strassburg, Germany. That organization seemed almost like a hopeless ideal to us in America at that time. To provide such elaborate equipment, to give such adequate service at public expense seemed too good for us to hope to attain. In thinking of that demonstration it has often occurred to me, 'What has time done to such a system and organization? Has this one remained intact and continued to function? Has it been duplicated in any quantity in other localities? Or has the dental profession of Europe evolved other methods for spreading the gospel of sound teeth and a clean mouth?' Trusting in the near future to see these questions answered through the pages of this Journal, I am presuming the existence of a reciprocal interest and here give a description of the present status of oral hygiene in the State of New York.

The rather unique procedure in this State of having official recognition and direction of oral hygiene centered in the State Department of Education is based on two premises, viz: first, that what may be called State Medicine, that is, free service, medical or dental, is not in favor in this country except for mentally or physically defective dependents or as educational demonstrations; second, the conclusion, noted more in detail hereafter, that wholesale correction of dental defects was not practical. Again, there already existed in the Educa-

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tion Department, a bureau devoted to medical inspection and health education of school children. Thus, the conclusion that hope for attainment of universal observance of oral hygienic precept lay only in prevention, found its logical opportunity in that bureau. The appointment of a state director in 1918 was preceded a few years by the employment in the State Health Department of four dental lecturers. For about two years these dentists went about the state talking in schools and to adult audiences. They were, without doubt, the first official governmental advocates of oral hygiene in this country and credit for their designation as well as for the later appointment of a full-time Dental Supervisor in the Education Department, are due to the same man. This was Dr. William A. Howe, in the first instance, serving as Deputy State Commissioner of Health and in the latter, in his present capacity as Chief of the Medical Inspection Bureau in the State Department of Education. Dr. Howe's firm conviction that a clean mouth was of fundamental value to health gave him the foresight to instigate this work. That his ideas were sound is adequately borne out by the splendid results obtained.

Conceived as this work was by the interest of observing practitioners of dentistry, it was very natural the first thought should be for relief of the existing unwholesome mouth conditions and the repair of defective teeth. Numerous clinics were started, dentists volunteering their services. Of course, it was hardly hoped that more than a demonstration could be made, showing how systematic and continuous attention would cut down the number of defective teeth. It was hoped that many communities would start dental clinics in schools or in centralized dispensaries where childrens teeth could be put in order. What this should eventually lead to was hardly thought out except that increased appreciation of mouth health was looked for. From the comparatively few successful demonstrations that were made but probably more from the publicity given the subject, we know that increased public ap-

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preciation of teeth has outgrown the fondest hopes of the early leaders. This very increase in general appreciaiton of the subject tended to retard the fulfillment of the original plan. Dentists who had been ready to give of their time and thought to school clinics were compelled to relinquish such duties because of the increased demands on their time by private practice. Another factor was the unlooked for quantity of work found that should be done for school children. Further, without an accompanying scheme of giving enlightenment on the subject, children, failing to appreciate any personal responsibility in the matter, soon reverted to the unclean mouth state. Seldom can there be found a dentist who will qualify as a good teacher — his training is along other lines.

So, from two viewpoints it became apparent that other means than doing reparative work only must be sought. First of such points of view was the economic — neither funds nor dentists sufficient could be secured. Second, it was impractical to correct and not prevent.

It was at this stage of our development that the fertile imagination of Dr. A. C. Fones of Bridgeport, Connecticut solved the dilemma by giving us the dental hygienist. Trained to give prophylactic treatments, she is also instructed in the theories of dentistry and hygiene and so prepared to give information in preventive measures. Practically all cities and villages in our state where dental clinics had been established have either supplemented or supplanted the clinic by the services of a dental hygienist.

To many people and even to dentists it is at first incomprehensible how the services of a dental hygienist can suffice to care for the dental needs of a large number of school children. With such our argument is something after this fashion. Everone has teeth and has use for them through life — good, sound, healthy teeth and jaws are an asset — unhealthy ones an emphatic detriment to life, health and happiness — at least 95 % of all school children have some mouth defect, princi-

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pally of the teeth. Then, conceding as above that it is impossible to keep up with corrections in any such quantity and that prevention is our only hope, we look for a cause of such a universal human defect and find neglect through ignorance of first importance. That, then is our cue — we must teach — first the structure of teeth and jaws, how to build and use them, then how to care for and repair them. Hence we take the very reasonable step of offering both preventive means and information for all, rather than corrections for only a few. All that is the work of our school dental hygienists. The equipment necessary for this is not elaborate though in some places where a dental clinic was formerly in operation the hygienist has the use of a regulation dental chair and other appliances in a central location. We have found however, that a light, portable chair, weighing not over 150 pounds, a portable electric or foot engine, simple sterilizer and light cabinet are more desirable. These can be readily transported from school to school and set up for work in a classroom, corridor or other available space. The newer schools are usually provided with an appropriate place and conveniences.

When beginning work in a school the dental hygienist will usually appear before one or more classes, speaking briefly of the value of teeth and the necessity of caring for them. She tells of the hopes of the school authorities through her, to help each pupil to understand and learn all they can about their mouths and teeth for the sake of their health alone. As each child sits in her little dental chair and has its mouth examined, she talks to them about the mouth as it pertains to health, gives individual instruction in the use of the brush and advice for special needs. A notification card is often sent to the parents of all who need repairs. She also cleans the teeth either of all the pupils or only those who are in most need of it. In this latter work a dental hygienist will care for 10 to 20 or more patients a day. Covering the ground twice a year is very advisable. Periodic classroom talks and tooth-brush

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drills serve to educate and keep up interest. The hygienists' association with teachers in private and group talks soon secures their cooperation through their better information and appreciation of mouth conditions. Her presence in a school is a reminder to all for perseverance in a most valuable health measure. The neat white costume and jaunty cap she wears are significant of cleanliness.

The prophylactic treatment, as administered by the Dental Hygienist, consists in the thorough cleaning of every surface of every tooth. This is accomplished by the use of a few hand instruments, orange wood sticks and the dental engine in some cases. The children enjoy her work and by becoming acquainted with dental methods and benefits, lose much of the proverbial fear of the dentist and more readily heed her advice. Through various devices such as posters, competitions, playlets and even school credits, it is surprising to find what real interest can be aroused among pupils and parents. Frequently the art teacher will take poster making as one of her regular class projects. Drawings made by the children and illustrations cut from advertisements are utilized in telling, „tooth truths”. Playlets in which the children represent such characters as teeth, foods, germs, etc., are very popular. The children themselves, sometimes writing the play. Nutrition, prenatal and of the growing child is a very important factor but has not yet been worked into our procedure to the extent we hope to have it. It is given prominence, however, in other phases of our school health program.

The work of the school dental hygienist is best started with the young children and allowed to progress to the upper grades as time permits. A second examination in three or four months will reveal that perhaps one-third of the parents have heeded the notification card. Really serious mouth conditions exist in fully twenty per cent of the children. The dental hygienist will make note of this and taking with her a chart of the child's mouth, calls on the parents and tells them in a

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courteous manner the seriousness of the conditions. This direct appeal and specific information with most parents is gratefully received and secures their cooperation in having the needed corrections made. Such a service as this benefits all the children and in a short time parents and children will become educated to the benefits of proper mouth care. The dental dispensary alone is inadequate, as it can serve only a small percentage of the children. It would be ideal to have a dispensary maintained in conjunction with such a service as the above, to which the dental hygienist may refer children whose parents are really unable to pay for needed dental work. In the larger communities where actual need is apparent for doing reparative work, a publicly supported Dental Dispensary is often found and like any other charitable institution is a boon to the needy. But as a school endeavor, an educational means, experience indicates that a better way exists.

Thus it has repeatedly resulted that though the special effort is to provide means and information for prevention only, correction of more bad mouth conditions is attained through the family dentist than when a free clinic was maintained. The number of cases are relatively few which are actually deserving of charity and means for supplying dental treatment for such can usually be found. True it is, that many look at dental care as a semi-luxury and will not afford it. Their lack of appreciation but emphasizes our responsibility in properly informing them, not in assuming their burden.

In two countries of the State there have been in operation for several years traveling dental clinics. These outfits remain for a few weeks in a town or until all the desired reparative work is completed. A schedule of fees is arranged that enables the outfit to be self-supporting and at the same time provides dental service at less cost to the individual than could be obtained from private practitioners.

A means of supplying the services and educational advantages of a dental hygienist, to smaller communities where

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full-time service is not required or cannot be afforded, is made possible by the New York State Dental Society. What may be called a service bureau is maintained whereby a number of dental hygienists are employed. With a light, portable outfit these young ladies are available for periods of a week or longer at a definite charge. It has resulted that the demonstration thus made has resulted in the inauguration of full-time service.

The duties of the State Supervisor of Oral Hygiene are to stimulate interest in the subject among school authorities and the public generally, supervise and standardize the procedures of school dentists and dental hygienists. Talks in schools are given and to teacher training classes, normal schools, civic clubs, dental colleges, parent-teacher associations. Stereoptical slides are sometimes used to illustrate these talks. Systematic oral examinations and surveys of mouth conditions in a town, under the direction of the State Supervisor, have proven of great benefit. The many questions in administration, requests for advice and opportunities to spread information on this subject make his work most interesting.

To stimulate interest in this work and assist communities to include it in their health education program, the State government now offers assistance by contributing a special quota of one-half the salary of workers in this line. A maximum of \$ 700. is thereby available for a hygienist or a dentist giving full time service — a proportionate amount for part time. An adequate portable equipment for a dental hygienist can be obtained for \$ 300. or less. To comply with a provision of the state laws governing the practice of dental hygienists, it is necessary that a licensed dentist be designated as her supervisor when employed in school work. The duties of such a dental director are by no means arduous, being mostly of an advisory nature so that a local dentist feels honored by such a designation which benefits both himself and the community.

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Bad mouth conditions are more prevalent than any other physical defect, perhaps more than all others combined. The influence extends to many other physical disorders and even affects the mental capacity of the child. When we know that in both city and country ninety-five per cent of the children have unhealthful mouth conditions, is it not one of the logical phases of the health question to be attacked first?
