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DISTRIBUTION OF DENTISTS IN
NORTH CAROLINA

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Purpose

Dental service is perhaps less dramatic but it is, nevertheless, as important as other types of medical care. Dental personnel is, therefore, a significant part of the total medical care personnel trained to serve the health needs of the people. The purposes of this report, accordingly, are to study the dental personnel with respect to: (1) The national scene; (2) the position of North Carolina among the states; (3) the distribution throughout the state; and (4) proposed legislation.

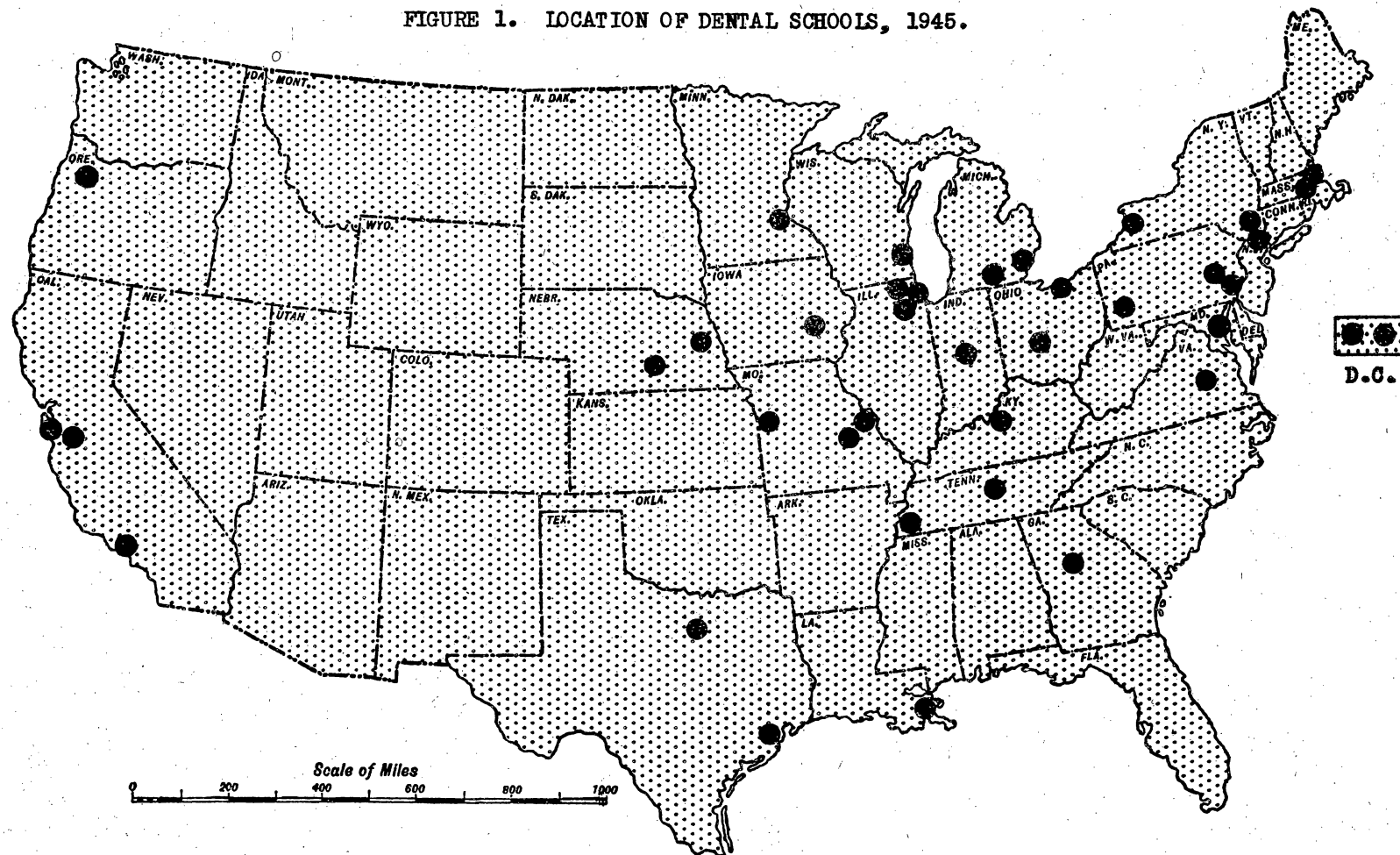
The National Scene

Axiomatically, schools are necessary for the training of dentists but there are no schools in North Carolina equipped to train dentists. There are 39 dental schools in the United States located as shown in Figure 1. The state legislature of Washington has authorized the University to establish a dental school and two other states - both in the South - are now approaching the problem of establishing such training centers. ^{1/}

On October 15, 1944 there were 8,590 students enrolled in the 39 dental schools; but 180 of these were from territories other than

^{1/} Harlan H. Horner, Dental Education and Dental Personnel, Mimeographed October 10, 1945, p. 8.

FIGURE 1. LOCATION OF DENTAL SCHOOLS, 1945.



the States and D. C. During the five years 1940-1944, the average enrollment was 8,505 and the corresponding average for the states and D. C. was 8,319. The following is the number of students enrolled on October 15 of each year 1940-1944: ^{2/}

<u>Year</u>	<u>Total</u>	<u>States and D. C.</u>
1940	7,720	7,534
1941	8,355	8,144
1942	8,847	8,676
1943	9,014	8,833
1944	8,590	8,410

More important than the number of students is the number of licenses issued by the state boards. The average number of dentists licensed to practice in the United States during the five years 1939-1943 was 2,361. The following is the number of licenses issued during each year of the period 1939-1943: ^{3/}

<u>Year</u>	<u>Number</u>
1939	2,173
1940	2,171
1941	1,954
1942	2,283
1943	3,227

The number of dentists practicing is more significant than either the number of students or the number of licenses issued. The following is the number of dentists and the average number of people per dentist: ^{4/}

<u>Year</u>	<u>Number of dentists</u>	<u>People per dentist</u>
1840	1,200	14,224
1850	2,923	7,934
1860	5,606	5,609
1870	7,988	4,985
1880	12,314	4,073

^{2/} Ibid., pp. 19-20.

^{3/} Harlan H. Horner, op.cit., p. 23.

^{4/} Ibid.

<u>Year</u>	<u>Number of dentists</u>	<u>People per dentist</u>
1890	17,498	3,597
1900	29,665	2,562
1910	39,997	2,299
1920	56,152	1,883
1930	71,055	1,728
1940	70,601	1,865

During the period 1840-1930 the number of active dentists increased faster than the population, and the average number of persons per dentist steadily decreased. During the decade 1930-1940, however, the population increased 7.2 per cent but the number of dentists decreased 0.6 per cent. The population per dentist increased from 1,728 in 1930 to 1,865 in 1940.

What can be expected in the future? Will the reversal in the trend during the decade 1930-1940 as shown above, itself be reversed? Dr. Harlan H. Horner has studied this situation and has reached the following conclusion:

"Thus it would appear that our population per dentist for the three decades from 1930 to 1960 will show a progressive increase and the provisions for dental care will be less in 1960 than it was in 1930." 5/

North Carolina Among the States

The following is the number of North Carolina residents enrolled in the dental schools in the United States as of October 15 for the years 1940-1944:

<u>Year</u>	<u>Number</u>
1940	118
1941	131
1942	145
1943	166
1944	152

The average for the period of 142 residents of North Carolina in dental schools represents 1.7 per cent of all students enrolled; but in 1940, the state had 2.7 per cent of the population of the nation. In view of the fact that the state has a younger population than the average for the nation, this is not an accurate comparison. The percentages came closer together if the population 21 years of age and over is used in the comparison - the state has only 2.3 per cent of this population group. It is more realistic to assume that a majority of the dental students came from the age group 20-24, and North Carolina has 3.1 per cent of this population. On the basis of either comparison, North Carolina is under-represented by students in the dental schools.

In the above analysis, no attempt is made to stipulate the number of students that should be enrolled to improve, at a given rate, the future dentist-population ratio; and this is an entirely different story.

Since there are no dental schools in the state, the question arises: Where do residents of North Carolina go for training? The following is a distribution of resident North Carolinians enrolled in various dental schools as of October 15, 1944: ^{6/}

<u>School</u>	<u>Number</u>
Emory University	62
Medical College of Virginia	53
University of Maryland	13
Harvard University	10
University of Louisville	4
University of Tennessee	3
Indiana University	2
University of Pennsylvania	2
Loyola University	1
Northwestern University	1
University of Pittsburgh	1

^{6/} Dental Students' Register, 1944, Council on Dental Education, American Dental Association.

The following is the number of licenses issued on examination by the state board for the years 1939-1943:

<u>Year</u>	<u>Number</u>
1939	30
1940	32
1941	25
1942	38
1943	41

During the period, 166 dentists were licensed to practice (average of 33 per year) in the state. Thus, only 1.4 per cent of 11,808 licenses issued in the United States were granted to persons for practice in North Carolina.

The real crux of the problem, however, is to be found in the number of dentists actively engaged in serving the population. A recent study shows that for the period 1940-1942 there were, on the average, 799 active dentists in the state. This means that North Carolina had only 1.1 per cent of the dentists in the nation. It means, also, that there were 4,470 people per dentist (Based on 1940 enumerated population). Only four states had a higher ratio and the ratio for North Carolina was about three times as high as the average for the nation. For example, California had a ratio of one dentist for each 1,145 people; or 1,017 in the District of Columbia. It should be noted that every state with a dental school had a lower ratio than North Carolina, and this includes Virginia to the North and Georgia to the South.

Distribution In North Carolina

On June 1, 1945 there were 714 active dentists ^{7/} in North Carolina to serve the population. On the basis of the 1940 population, there were 5,002 people for each dentist and there were nine counties without dentists. The lowest ratio of people per dentist is in Montgomery County - 2,326 (Table 1). Excluding the counties with no dentists, Stokes County has the highest ratio - 22,656. There are 15 counties in which the ratio is over 10,000 even after excluding the nine counties with no dentists.

If all the dentists who were in the service had returned to North Carolina as of June 1, 1945 there would have been 926 to serve the population. This would give the state one dentist for each 3,857 people. And, if these dentists had returned to the counties from which they were listed, there still would be eight counties without dentists. There would be an additional nine counties with a ratio of above 10,000. New Hanover County would have the lowest ratio - 1,917 people per dentist; and this would be the only county with a ratio of below 2,000 (this does not take into account the tremendous increase of population in Wilmington). Table 2 and Figure 2 show these data and the men in service have been allocated to the county in which they had prior service.

Table 3 shows a distribution of the white dentists in North

^{7/} Dr. Wilbert Jackson, Secretary of the North Carolina State Board of Dental Examiners, sent the author a list of active dentists licensed to practice in North Carolina which was compiled as of June 1, 1945. This list contained 951 names. Those with out-of-state addresses and those listed as with the State Board of Health, in or out of service, were eliminated. The remaining 926 dentists (including men in service as of that date) are the basis for this section of the report.

Table 1. Distribution of Dentists in North Carolina, June 1, 1945.
(Excluding Men in Service)

County	Rank	People per Dentist*	Number of Dentists	County	Rank	People per Dentist*	Number of Dentists
State	33	5,002	714				
Alamance	24	4,786	12	Johnston	73	9,114	7
Alexander	49	6,727	2	Jones	78	10,926	1
Alleghany	67	8,341	1	Lee	12	3,749	5
Anson	74	9,481	3	Lenoir	11	3,434	12
Ashe	79	11,332	2	Lincoln	65	8,062	3
Avery	No Dentists			McDowell	62	7,664	3
Beaufort	54	7,286	5	Macon	14	3,970	4
Bertie	71	8,734	3	Madison	90	22,522	1
Bladen	83	13,578	2	Martin	70	8,704	3
Brunswick	69	8,563	2	Mecklenburg	6	2,977	51
Buncombe	3	2,529	43	Mitchell	36	5,327	3
Burke	45	6,436	6	Montgomery	1	2,326	7
Cabarrus	21	4,569	13	Moore	42	6,194	5
Caldwell	34	5,114	7	Nash	51	6,951	8
Camden	No Dentists			New Hanover	2	2,523	19
Carteret	22	4,571	4	Northampton	84	14,150	2
Caswell	88	20,032	1	Onslow	72	8,970	2
Catawba	18	4,304	12	Orange	23	4,614	5
Chatham	82	12,363	2	Pamlico	75	9,706	1
Cherokee	43	6,271	3	Pasquotank	5	2,938	7
Chowan	38	5,786	2	Pender	86	17,710	1
Clay	No Dentists			Perquimans	76	9,773	1
Cleveland	46	6,451	9	Person	68	8,343	3
Columbus	60	7,611	6	Pitt	61	7,656	8
Craven	77	10,433	3	Polk	40	5,937	2
Cumberland	30	4,943	12	Randolph	31	4,950	9
Currituck	No Dentists			Richmond	41	6,135	6
Dare	No Dentists			Robeson	52	6,987	11
Davidson	39	5,931	9	Rockingham	25	4,825	12
Davie	57	7,455	2	Rowan	44	6,291	11
Duplin	64	7,948	5	Rutherford	33	5,064	9
Durham	9	3,210	25	Sampson	50	6,777	7
Edgecombe	29	4,916	10	Scotland	63	7,744	3
Forsyth	8	3,085	41	Stanly	48	6,567	5
Franklin	59	7,596	4	Stokes	91	22,656	1
Gaston	55	7,294	12	Surry	10	3,214	13
Gates	No Dentists			Swain	15	4,059	3
Graham	No Dentists			Transylvania	16	4,080	3
Granville	28	4,891	6	Tyrrell	No Dentists		
Greene	87	18,548	1	Union	27	4,887	8
Guilford	7	3,078	50	Vance	32	4,994	6
Halifax	66	8,073	7	Wake	4	2,739	40
Harnett	56	7,373	6	Warren	80	11,573	2
Haywood	19	4,350	8	Washington	81	12,323	1
Henderson	47	6,512	4	Watauga	20	4,529	4
Hertford	26	4,838	4	Wayne	35	5,303	11
Hoke	58	7,469	2	Wilkes	53	7,167	6
Hyde	No Dentists			Wilson	17	4,185	12
Iredell	37	5,603	9	Yadkin	89	20,657	1
Jackson	13	3,873	5	Yancey	85	17,202	1

* Population as of 1940.

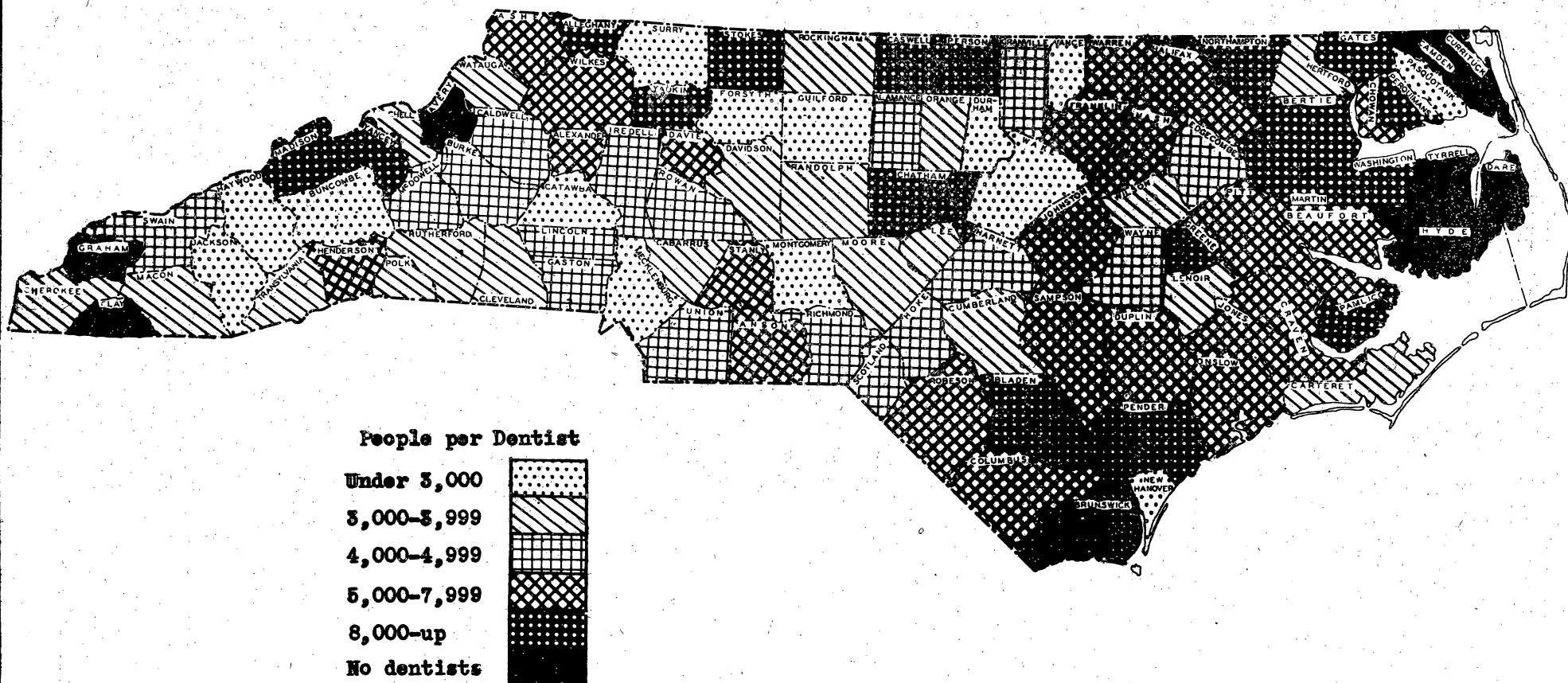
Table 2. Distribution of Dentists in North Carolina, June 1, 1945.
(Including Men in Service)

County	Rank	People per Dentist*	Number of Dentists	County	Rank	People per Dentist*	Number of Dentists
State	30	3,857	926				
Alamance	38	4,102	14	Johnston	57	5,317	12
Alexander	66	6,727	2	Jones	58	5,463	2
Alleghany	75	8,341	1	Lee	26	3,749	5
Anson	67	7,111	4	Lenoir	20	3,434	12
Ashe	70	7,555	3	Lincoln	35	4,031	6
Avery	No Dentists			McDowell	45	4,599	5
Beaufort	54	5,205	7	Macon	34	3,970	4
Bertie	79	8,734	3	Madison	85	11,261	2
Bladen	88	13,578	2	Martin	78	8,704	3
Brunswick	77	8,563	2	Mecklenburg	7	2,489	61
Buncombe	3	2,091	52	Mitchell	16	3,196	5
Burke	41	4,291	9	Montgomery	6	2,326	7
Cabarrus	21	3,494	17	Moore	31	3,871	8
Caldwell	44	4,474	8	Nash	60	5,561	10
Camden	No Dentists			New Hanover	1	1,917	25
Carteret	24	3,657	5	Northampton	81	9,433	3
Caswell	91	20,032	1	Onslow	64	5,980	3
Catawba	12	2,870	18	Orange	29	3,845	6
Chatham	74	8,242	3	Pamlico	32	9,706	1
Cherokee	27	3,762	5	Pasquotank	8	2,571	8
Chowan	63	5,786	2	Pender	90	17,710	1
Clay	No Dentists			Perquimans	83	9,773	1
Cleveland	19	3,415	17	Person	76	8,343	3
Columbus	52	5,074	9	Pitt	61	5,568	11
Craven	65	6,260	5	Polk	33	3,958	3
Cumberland	32	3,955	15	Randolph	25	3,713	12
Currituck	No Dentists			Richmond	46	4,601	8
Dare	No Dentists			Robeson	53	5,124	15
Davidson	28	3,813	14	Rockingham	30	3,860	15
Davie	69	7,455	2	Rowan	50	4,943	14
Duplin	73	7,948	5	Rutherford	22	3,506	13
Durham	5	2,293	35	Sampson	56	5,271	9
Edgecombe	37	4,097	12	Scotland	48	4,646	5
Forsyth	9	2,581	49	Stanly	59	5,472	6
Franklin	71	7,596	4	Stokes	86	11,328	2
Gaston	47	4,607	19	Surry	11	2,611	16
Gates	84	10,060	1	Swain	36	4,059	3
Graham	No Dentists			Transylvania	15	3,060	4
Granville	39	4,192	7	Tyrrell	No Dentists		
Greene	80	9,274	2	Union	42	4,344	9
Guilford	10	2,609	59	Vance	14	2,996	10
Halifax	62	5,651	10	Wake	2	2,029	54
Harnett	43	4,424	10	Warren	72	7,715	3
Haywood	13	2,900	12	Washington	87	12,323	1
Henderson	55	5,210	5	Watauga	23	3,623	5
Hertford	17	3,225	6	Wayne	49	4,861	12
Hoke	51	4,979	3	Wilkes	68	7,167	6
Hyde	No Dentists			Wilson	18	3,348	15
Iredell	40	4,202	12	Yadkin	92	20,657	1
Jackson	4	2,152	9	Yancey	89	17,202	1

* Population as of 1940.

FIGURE 2. PEOPLE PER DENTIST, JUNE 1, 1945.

(Includes Dentists In Service)



Carolina including the men in service. Assuming the men in service were available, there would be 858 white dentists; and there would be 2,993 white people per dentist. Eight counties would still have no white dentists. On the other hand, there would be 10 counties with a white dentist-white population ratio of 2,000 or less. There would be only five counties with ratios of above 10,000.

On June 1, 1945 there were 67 active Negro dentists in North Carolina and an additional one in service. These 68 Negro dentists represent only 7.3 per cent of the dentists in the state but Negroes comprise 27.5 per cent of the total population. On the basis of 68 dentists, there are 14,431 Negroes for each dentist. All the Negro dentists are located in 29 counties and there is only one Negro dentist in the rural areas of the state. Considering only counties with Negro dentists, Buncombe County has the lowest ratio, 2,692; and Halifax the highest, 32,050 (Table 4).

Assuming that the dentists who left rural areas for service will return, there will be 250 dentists to serve the rural population; and, the remaining 676 will be in urban centers. This means that 27 per cent of the dentists will be in rural areas and 73 per cent in urban; but, this is an almost exact reversal of the proportion of the population in the areas. It should be noted that 67 of the 68 active Negro dentists are in urban areas and 41.2 per cent are in the five largest urban centers of the state. The following is the number of dentists (including men in service as of June 1, 1945) in rural areas and urban centers by race:

<u>Residence</u>	<u>Total</u>	<u>White</u>	<u>Negro</u>
Total	926	858	68
Rural	250	249	1
Urban	676	609	67

Table 3. Distribution of White Dentists in North Carolina, June 1, 1945.
(Including Men in Service)

County	Rank	People per Dentist*	Number of Dentists	County	Rank	People per Dentist*	Number of Dentists
State	31	2,993	858				
Alamance	52	3,602	13	Johnston	64	4,194	12
Alexander	79	6,258	2	Jones	33	3,064	2
Alleghany	86	8,032	1	Lee	22	2,679	5
Anson	53	3,629	4	Lenoir	13	2,127	11
Ashe	84	7,396	3	Lincoln	45	3,482	6
Avery	No Dentists			McDowell	65	4,233	5
Beaufort	57	3,772	6	Macon	60	3,854	4
Bertie	58	3,775	3	Madison	90	11,150	2
Bladen	85	7,991	2	Martin	68	4,476	3
Brunswick	78	5,663	2	Mecklenburg	8	1,973	55
Buncombe	11	2,013	46	Mitchell	36	3,183	5
Burke	61	3,938	9	Montgomery	5	1,791	7
Cabarrus	30	2,917	17	Moore	25	2,703	8
Caldwell	63	4,140	8	Nash	50	3,584	9
Camden	No Dentists			New Hanover	2	1,403	22
Carteret	35	3,116	5	Northampton	51	3,589	3
Caswell	89	10,918	1	Onslow	67	4,359	3
Catawba	27	2,735	17	Orange	20	2,652	6
Chatham	77	5,604	3	Pamlico	80	6,328	1
Cherokee	55	3,720	5	Pasquotank	7	1,967	6
Chowan	34	3,069	2	Pender	87	9,491	1
Clay	No Dentists			Perquimans	72	5,045	1
Cleveland	21	2,659	17	Person	75	5,228	3
Columbus	43	3,443	9	Pitt	38	3,216	10
Craven	44	3,453	5	Polk	42	3,410	3
Cumberland	31	2,991	13	Randolph	54	3,657	11
Currituck	No Dentists			Richmond	46	3,505	7
Dare	No Dentists			Robeson	19	2,476	14
Davidson	40	3,392	14	Rockingham	47	3,526	13
Davie	81	6,365	2	Rowan	69	4,686	12
Duplin	74	5,109	5	Rutherford	32	3,034	13
Durham	4	1,724	30	Sampson	59	3,806	8
Edgecombe	15	2,249	10	Scotland	24	2,697	4
Forsyth	12	2,031	42	Stanly	71	4,819	6
Franklin	66	4,335	4	Stokes	88	10,182	2
Gaston	62	3,944	19	Surry	18	2,453	16
Gates	73	5,088	1	Swain	48	3,542	3
Graham	No Dentists			Transylvania	29	2,850	4
Granville	17	2,396	6	Tyrrell	No Dentists		
Greene	76	5,232	2	Union	56	3,740	8
Guilford	16	2,297	53	Vance	10	2,000	8
Halifax	26	2,715	9	Wake	3	1,484	49
Harnett	37	3,199	10	Warren	22	2,679	3
Haywood	28	2,826	12	Washington	83	6,857	1
Henderson	70	4,783	5	Watauga	49	3,550	5
Hertford	1	1,317	6	Wayne	39	3,302	10
Hoke	6	1,914	3	Wilkes	82	6,696	6
Hyde	No Dentists			Wilson	14	2,242	13
Iredell	41	3,404	12	Yadkin	92	19,482	1
Jackson	9	1,996	9	Yancey	91	17,044	1

* Population as of 1940.

Table 4. Distribution of Negro Dentists In
North Carolina, June 1, 1945.
(Including Men in Service)

County	Rank	People per Dentist *	Number of Dentists
State	23	14,431	68
Alamance	17	10,592	1
Beaufort	22	13,799	1
Buncombe	1	2,692	6
Catawba	4	5,165	1
Cumberland	15	10,109	2
Durham	7	5,705	5
Edgecombe	21	13,332	2
Forsyth	8	5,879	7
Granville	23	14,958	1
Guilford	5	5,357	6
Halifax	29	32,050	1
Lenoir	25	17,812	1
Mecklenburg	12	7,216	6
Nash	26	23,353	1
New Hanover	6	5,686	3
Pasquotank	3	4,382	2
Pitt	28	29,086	1
Randolph	2	4,328	1
Richmond	19	12,224	1
Robeson	27	25,573	1
Rockingham	9	6,016	2
Rowan	10	6,483	2
Sampson	24	16,412	1
Scotland	18	11,654	1
Union	14	9,176	1
Vance	11	6,979	2
Wake	13	7,362	5
Wayne	20	12,647	2
Wilson	16	10,532	2

All other counties have no Negro dentists.

* Population as of 1940.

The above data are more meaningful as translated into a ratio of people per dentist. The following is the number of people per dentist on the basis of 1940 population:

<u>Residence</u>	<u>Total</u>	<u>White</u>	<u>Negro</u>
Total	3,857	2,993	14,431
Rural	10,390	7,603	681,935
Urban	1,441	1,108	4,468

The data above make very obvious the fact that rural people and especially rural-farm people, do not have easy access to dentists. Of course, rural people use the dentists in urban centers but only as service is absolutely necessary. Propinquity of personnel and population should be given the highest consideration in any plan designed to improve the dental services available to rural people.

On the basis of the preceding analysis, the following question has, perhaps, already arisen: Where did the 212 dentists (22.9 per cent) that were in service as of June 1, 1945 come from? A much larger proportion of the rural than urban dentists went into service. This is even more significant in view of the very high dentist-population ratio in rural areas as compared with urban. Also, if the age distribution of dentists is comparable to that of general physicians, then the proportion in the older age groups is higher for rural areas than for urban centers. In fact, 29.6 per cent of the rural and only 20.4 per cent of the urban dentists were recruited for the services. In another light, the picture can be summarized as this: Rural areas of North Carolina had 27 per cent of the dentists, but 34.9 per cent of the dentists in service were from rural areas.

There is a very definite tendency for the proportion of dentists in service to decrease as the size of center increases. For

example, 36.4 per cent of the dentists in centers of less than 1,000 population were recruited for the services as compared with only 17 per cent of those dentists in the five cities with 50,000 or more people.

The following question might logically arise at this point: Will the dentists in service return to the areas and centers from which they left? Data are not yet available on this important question, but on the basis of certain known tendencies two assumptions may be stated. It seems safe to assume, under the present system of dental care, that practically all the dentists who left urban centers will return to urban areas, but not necessarily the same center. It is perhaps equally safe to assume that many of the rural dentists will not return to rural areas. The disparity between dental services available to rural and urban people will undoubtedly, therefore, become even greater.

Some Results of Insufficient Personnel

Public Health Service and general dental practitioners and lay people who have studied the problem agree that only a small proportion of the population is getting the dental care it needs. What, then, are the results of inadequate care?

The best estimates indicate that not more than 20 to 30 per cent of the population is receiving adequate dental service. The Surgeon General of the United States, Thomas Parran, estimates that there are enough accumulated dental needs to require 800,000,000 hours of work, not including laboratory time. This would mean a minimum of 400,000 dentist-years of accumulated needs. Compare this

with the fact that there are only 70,000 to 75,000 dentists in the United States and the magnitude of the problem becomes obvious. On the basis of these data, the picture for North Carolina can be summarized as follows: There are enough accumulated dental needs to require the services of approximately 11,000 dentists for a year, but the state has only 926 dentists to meet both accumulated and current needs. This would be, in fact, a never ending task.

Dental neglect begins very early in life and the accumulated effects of this neglect continues throughout the remainder of life for the vast majority of the population. This point is well illustrated by a statement from the Surgeon General:

"More than 9 of every 10 children, by the time they reach the age of 6, have one or more decayed teeth. That is just the beginning. At about this time, caries begins in the permanent teeth, so that by the time a boy or girl reaches 18, 9 teeth, on the average, have become decayed and several extractions have been made. This continuing loss of teeth upsets the proper arrangement of the others, and predisposes to pyorrhea, a tissue disease which takes a heavy toll of the teeth remaining in adult life. In addition, neglect, untreated, diseased teeth and gums may be the direct cause or indirect cause of many other maladies, including toothache, acute dental abscesses, and focal infections with resulting arthritis, neuritis, neuralgia, valvular heart disease, diseases of the kidneys, and the gastrointestinal tract." 8/

Senator Claude Pepper of Florida made the following pertinent statement:

"...from November 1940 to January 1942 dental defects were the leading cause of rejection for military service. Nine out of every one hundred men who came up for examination during this period were rejected because of dental defects." 9/

8/ Hearings before a subcommittee of the Committee On Education and Labor, United States Senate, Seventy-Ninth Congress, First Session, on S. 190 and S. 1099, June, 1945, p. 17.

9/ Ibid., p. 6.

A sample of Selective Service records for the period April-July, 1942, showed that the average registrant had six teeth missing and two teeth decayed. ^{10/} Dr. Parran adds further evidence to this point by stating that "Among the first 2,000,000 men called for service, 20.9 per cent of the rejections were the results of dental deficiency. This percentage led all other causes of rejection in this group of men." ^{11/}

Evidence could be piled on top of evidence which would show the amount of existing dental neglect and the results of insufficient dental care. This is neither the time nor the place to make such a catalogue, and the foregoing data should be adequate to indicate the seriousness and the magnitude of the problem. Having recognized the problem, attention is now turned to an analysis of the recommendations that have been made to improve this deplorable condition.

Legislative Proposals

People in high places and low and in all walks of life are apparently in agreement to the effect that accumulated needs and indeed current demands for dental services cannot be met through individual and/or voluntary methods. Attention is rapidly turning toward specific legislation, a type of group technique, designed to ameliorate the condition and which will, it is anticipated, eventually solve the problem.

(1) North Carolina Legislature, 1945: In passing "The North Carolina Hospital and Medical Care Act" the Legislature of 1945 did not recognize the urgency of the dental care problem in the state.

^{10/} Hearings, op.cit., p. 6

^{11/} Ibid., p. 18.

Neither dentists nor the dental care problem are mentioned in the Bill except that one member of the "North Carolina Medical Care Commission" shall be nominated by the Dental Society.

(2) On May 24, 1945 Senators Wagner and Murray introduced a Bill (S. 1050) "To provide for the national security, health, and public welfare." Simultaneously, the Bill (H. 3293) was introduced in the House by Representative Dingell. This Bill designed as an amendment to and expansion of the Social Security Act and has been popularly labeled the "Wagner-Murray-Dingell Bill."

Title II, Part A, Section 210(b), pages 92-93 of the Bill is concerned with dental care. It provides that after January 1, 1947, the minimum dental benefits to be derived shall include "(1) examination (including X-ray survey) and diagnosis; (2) prophylaxis; (3) extraction of teeth which are considered by the dentist and an attending physician to be or likely to be injurious to the general health of the individual; and (4) treatment of acute diseases of the teeth, their supporting structures, and adjacent parts, including fractures of the teeth or jaws."

Recognizing that these might not allow maximum service for every case, the Bill further provides that all restrictions "shall be reduced or withdrawn as rapidly as the Surgeon General finds practicable."

(3) Dental Research: In 1945 Senator Murray offered in the Senate a Bill (S. 190) which would establish the National Institute of Dental Research. The purpose of the Institute would be (a) to conduct research "relating to the cause, prevention, and methods of diagnosis and treatment of dental diseases." (b) To coordinate

"researches conducted by other agencies." (c) To make available "fellowships in the Institute." (d) "To secure for the Institute consultation services and advice of persons who are experts in the field of dental diseases and conditions." (e) "To cooperate with State Health Agencies in the prevention and control of dental diseases and conditions." The Bill provides for a sum of \$1,000,000 for buildings and equipment and \$730,000 annually for the purpose of carrying out the provisions of the Act.

(4) Dental Health Programs: Senators Aiken and Pepper have introduced a Bill (S. 1099) which would provide assistance to the states in developing and maintaining dental health programs. The specific provisions of the Bill are (1) to make grants-in-aid to states for the purpose of "establishing and maintaining adequate measures for the prevention, treatment, and control of such diseases, including dental-care programs for children, the training of personnel for state and local dental health work, and the development and maintenance of effective means for the education of the public concerning dental diseases." (2) To make grants to states for "studies, investigations, and demonstrations in dental health care..., and the development of methods of payment for dental services." (3) To obtain information "concerning studies which are being carried on...relating to the prevention, treatment, and control of dental diseases," and to make such data available to the public.

The last two Bills (S. 190 and S. 1099) presented above are so interrelated that simultaneous public hearings were held, in June, 1945. Senator Pepper made the following statement concerning the two proposals: "The purpose of S. 1099 is to get teeth filled; the purpose of S. 190 is to discover the means of preventing teeth from having to be filled."

DENTAL CARE NEEDED FOR MOST CHILDREN

" Only four of 802 children examined in five weeks of dental clinics just concluded in Henderson and Vance county schools by a dentist of the State Board of Health did not need dental attention, Dr. A. D. Gregg, county health officer, said today in announcing results of the inspection. Dr. E. T. Koonce conducted the work.

"Of the 802 children examined, 576 were given some treatment by the dentist, and 798 were referred to a private dentist for further work, the report showed. Dr. Gregg said the report showed great lack of proper food elements in both the mothers of the children and also in the children themselves after birth.

"Dr. Koonce visited two city and three county schools, and conditions discovered were much the same at all the schools."

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