

student's potential to enter university; research on this question was recommended. Another group reported that while they would not suggest lowering matriculation standards, there might not be so much difficulty in Grade XIII if some departmental exams could be taken earlier in the course.

In the discussion on recruiting students for Dental College it was noted that in rural areas more girls than boys complete Grade XIII; and it was suggested that more girls might be interested in the dental profession. Figures were quoted to show that in some European countries most of the dentists are women.

It was suggested that dentistry in the future might be practised largely on the group principle—dentists, doctors, general public health personnel and others working together; also that technicians might work with dentists to leave the dentist free for work requiring his knowledge and skill. Group practice would also reduce overhead expenses. One group felt that, to attract a dentist to a community, the Chamber of Commerce and voluntary organizations should think of the dentist in terms of a "small industry." And to educate the public to the fact that rural fees should be the same as urban, fee schedules might be published.

Because a dentist may hesitate to treat certain handicapped patients such as diabetics and hemophiliacs outside a hospital, it was recommended that a discussion of this matter, and of hospitalization for such patients during treatment, be referred to the Hospital Services Committee of C.D.A.

### Views of a Public Health Nurse

Through the Women's Institute Convener of Home Economics and Health in Simcoe County Area we have a Simcoe County Public Health Nurse's views on the problems of dental service in rural communities. Out of her experience and knowledge the Public Health Nurse says:

"Dental disease is recognized as a serious public health problem. Early diagnosis and treatment must be supported by health education to make any progress with its control. The problems for the rural family appear to be:

1. The transportation factor from country to the larger urban centre where dental offices are usually located.

2. The objection of school authorities to school absence.

3. The difficulty of obtaining appointments and long waiting lists. In many areas, the available man power cannot cope with the demand.

4. The apathy of many parents to preventive dental health education. The belief is still held by some parents that baby teeth are not im-

portant, and this has been proven to be false.

5. The lack of finances to pay the cost of treatment. Food, shelter and clothing must come out of the family budget first.

"That there is a general lack of dental manpower to meet the problem is assumed to be an accepted truth. Many persons studying this problem feel that the only answer lies in the field of preventive dentistry, beginning with the pre-school period.

"However, all dentists do not practise preventive dentistry and some refuse to work with children, or they use extractions as the only method of treatment for children. Fortunately, the recent graduates appear to have a more modern approach to work with children.

"What can be done?"

1. Local dentists and dental societies can contribute greatly to an education program of preventive dentistry. In many areas, dentists are very active.

2. Local volunteer groups, Women's Institutes and others can contribute by assisting with transportation, supporting and assisting with distributors of dental education literature, supporting programs in the field of preventive dentistry.

3. The local press, journals, bulletins, TV, radio, can assist with education.

4. A community, supported by the volunteer groups, might provide office and equipment for a travelling dentist.

5. Portable equipment, possibly a mobile dental van, might be considered by a group of small municipalities for treatment and preventive work.

6. Some municipalities employ a qualified dental hygienist who combines dental examinations, some preventive treatment plus extensive health education in the schools or at a clinic.

7. Some municipalities obtain financial grants through the Department of Education. Unfortunately, costs rise as more and more people make use of such a free treatment service. Several of these programs have been withdrawn when the enthusiasm of the local health agency pushed the number of appointments, and with them the cost, beyond the amount which the municipality was able or willing to pay.

8. Dental survey units have been and are being used by official health agencies. This can be a very frustrating experience to the staff if treatment facilities or money to pay for the same are not available.

9. Finally, sometime in the future we may have prepaid dental insurance plans similar to Blue Cross and P.S.I. These can only function, or course, if there are sufficient dentists."