

boys and girls were largely represented whereas twenty years ago they were conspicuously absent. It was a refined crowd—perhaps too refined. Their patience in listening to an avalanche of speeches of unmerciful length—they who had come long distances to dance—was a little uncanny, and in this respect they certainly did not resemble the crowd of fifty years ago. The tongue in which they spoke and their amusements also had kept up only too well with the “wheels of progress”.

If growing up and then “flitting” is no

longer the order of the day, it is clear that upon such a crowd rests the responsibility of creating opportunities instead of going out to look for them. Who knows what the necessity will bring about? If their grandparents with the means at their disposal could produce more than their share of Canadian products and create as described what can modern methods in the hands of people of the same blood bring forth after a period of “seeing the world” and seeing that opportunities are not much better elsewhere than at home?

Rural Dentistry in Nova Scotia

By WARREN C. OXNER

ABOUT thirty years ago Dr. Wm. Hunter a surgeon of London, England, toured both Canada and the United States with the purpose in mind of directing attention to the importance of sound teeth in relation to general health. So impressed were those whose interests lay in the fields of medicine and dentistry that efforts were made towards the education of the public to the vital significance of oral hygiene.

Although Ontario, which has large and well organized professions, led the campaign in Canada, other provinces soon followed suit. In 1906 the Nova Scotia Dental Association appointed an Oral Hygiene Educational Committee which since that date has been active in a campaign designed to include not only urban centres but also the rural areas which for obvious reasons are the most difficult to reach.

During the same year, as a result of a paper read before the Nova Scotia Dental Association on the dental education of public school children, many constructive suggestions were made. It was recommended that steps be taken:

to revise the school books in regard to the care and preservation of the teeth, to appoint dentists in public schools to make periodical examinations of the children's teeth, to distribute booklets to parents and children on the care of teeth, the examination of teachers on oral hygiene and finally to lecture on dental hygiene before the School Teachers' Association.

In 1909, the Canadian Oral Prophylactic Association of Toronto, was appointed to carry on the work as a national movement in Canada. During the following years, educational work proceeded, lectures were given, lantern slides and moving pictures were shown, further examinations through the province were made and school books were revised. Efforts also were made to secure legislation for the establishment of free clinics for the poor. Lectures were given to teachers in training at the Normal School with the expectation that such instruction would be passed on by them to pupils. In many sections of the province dentists were appointed to carry on educational work.

In 1919 dentists were appointed to accompany the Red Cross Rural Health caravan to outlying districts. In this manner valuable operative and educa-

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tional services were rendered. By the following year, many health clinics throughout the province had been supplied with army field dental chairs, with the idea of rendering free dentistry to the poor. Also, in a number of towns at odd times, free clinics were held, the expense being met by Service Clubs, as well as women's organizations.

The Canadian Dental Hygiene Council is a national voluntary public health body, composed of both laymen and dentists, organized for the purpose of promoting public dental health. It is endorsed by the Canadian Dental Association and all of the provincial dental associations.

When every person in Canada knows what every physician, dentist and health worker knows—that diseased teeth are one of the most common causes of ill health, and further, when everyone knows what scientific findings declare—that diseased teeth may be prevented through proper diet, careful attention to mouth hygiene and early operative treatment, all of which involves very little financial expenditure,—then the Canadian Dental Hygiene Council will feel that it has fully performed its task, for this is what the Council is striving to teach.

While the Dental Hygiene Council has been successful in this teaching during the last twelve years, its definite objective has been to place the responsibility for dental health educational work upon the provincial departments of health. This it has succeeded in doing. In seven of the nine provinces of the Dominion, permanent programmes of dental health have been established, and during this year a financial grant was included in the budget of all of them for this work. In one of these—Ontario—the Dental Division was established previous to the formation of the Canadian Dental Hygiene Council.

In 1937, with a budget of less than \$10,000, the Council, through expert organizational assistance and with the co-operation of the many interested health groups, promoted an expenditure of \$41,300 for Public Dental Health Educational Services throughout Canada. This multi-

plied every dollar of the budget of the Council by four.

Working through the departments of health and education of the various provinces, and the provincial dental societies, the Canadian Dental Hygiene Council takes the responsibility for dental health education to all school children. There is no other public health organization in Canada doing any dental health educational work.

During the past year a major educational programme has been conducted throughout the province of Nova Scotia, embracing twenty-two towns and cities. On the invitation of the Honourable Dr. Davis, Minister of Health, the Council, in conjunction with the Nova Scotia Dental Society, conducted an intensive four months' health educational programme. The financial arrangements were similar to those made in other provinces, wherein the Council and the provincial dental society each makes a grant, with the provincial department of health contributing dollar for dollar.

The Canadian Dental Hygiene Council is fully aware of the fact that one address on mouth health, delivered to a group of school children, is not going to educate them into a permanent realization of its value, but an attempt is made to present it in such a manner that the child will be impressed with the fact that in order to reach the sphere to which he aspires, whether in sport or any other activity in which he wishes to engage, his success depends on good health, and good health very frequently depends on good teeth. Furthermore, while presenting these addresses to school children, the speakers are at the same time meeting, under official auspices, the school teachers, principals, school board and inspectors, and attempts also are made to impress upon them the importance of mouth health education, stressing the fact that the Canadian Dental Hygiene Council provides the means and methods whereby it can be carried on.

Every province-wide campaign conducted by the Canadian Dental Hygiene Council is carried on directly under the

auspices of the Provincial Minister of Health and his department. In this connection someone has said that public health work is a battle and that every battle must have a commander-in-chief. The Canadian Dental Hygiene Council is convinced that the Provincial Minister of Health should be the commander-in-chief of every public health engagement within his province.

In the Nova Scotia Mouth Health Campaign, the very fullest assistance and co-operation was given by the Departments of Health and Education. These two bodies mapped out the course, prepared the ground work, and indeed, organized whole districts. Letters were sent to every medical officer of health, and every physician directly or indirectly connected with that department, instructing them to give their whole-hearted co-operation to the campaign in their districts. 40,000 copies of Mouth Health literature, consisting of two separate books, one for junior school children, one for senior pupils and adults were distributed. This material had been specially prepared or revised by a literature committee of the Nova Scotia dentists.

For organizational purposes the services of Miss McKenzie, Superintendent of Public Health Nurses, were placed at the disposal of the Committee and the effectiveness of her task was manifested in the number of contacts she established, and in the fact that every nurse in the province appeared to make the campaign her own, while in her district. They spared no pains to ensure that every individual in their community was given an opportunity to hear the story.

The co-operation of the Department of Education was an important factor. Dr. Munro, Superintendent of Education, enlisted the active co-operation of the school inspectors, supervisors and principals. This contact provided a gracious reception and proved invaluable.

The Central Committee situated in Halifax, and the various district chairmen, devoted much time and energy at a personal sacrifice, as a contribution to the success of the campaign.

Meetings were arranged under the auspices of the I.O.D.E., Home and School Clubs, Women's Institutes, Local Council of Women and Men's Service Clubs, under whose auspices addresses on public dental health were delivered. In this province, as in the others the help given by these bodies is a most important factor in our work.

It can be said that in all sections of the province the dentists gave whole-hearted and enthusiastic support and assistance. Through the Nova Scotia Dental Association, 23,000 school children were given a free complete mouth examination and charts of mouth conditions were sent to the homes, as well as records of mouth health conditions, left with the school nurse for her files.

To outline the tangible results of such a campaign is difficult. In any health education movement, the results are not apparent for many years. The assimilation of knowledge, or more particularly the actions growing out of that assimilation, is a matter of time. However, it is possible to enumerate some of the more tangible results as follows:

1. Relations were established between the Department of Health, the Department of Education, the Provincial Government and the profession of dentistry which will enable each of them to render a better health service to the people of the province.

2. A closer co-operation between the voluntary public health and welfare organizations, and the profession of dentistry was achieved.

3. The assurance of the Minister of Health that the work started by the Canadian Dental Hygiene Council and the Nova Scotia Dental Association in this campaign would be continued.

4. The examination by dentists of the mouths of thousands of school children throughout the province. Each child was provided with a record of his mouth condition, to take home, with suggestions for treatment if necessary.

5. Through service clubs, women's organizations and public meetings, address-

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