I believe the reason we have as many hurricanes as we have had in recent years is because of the 24-hour weather channel. Jerry Della Femina, the wonderful author, as well as editor of "The Independent," once wrote that as a young boy he knew what the weather would be. Every day his mother would open her window, stick her head out and see if it was raining. She would then tell him if he should wear rubber boots or not.

I believe my tooth whitener of 35 percent carbamide peroxide will whiten my patients' teeth better than my colleagues' 35 percent carbamide peroxide will whiten their patients' teeth.

How come there are so many tuna fish still swimming about — with all that mercury?

Should there be a limit to the physical size of a booth at a dental convention? This might encourage the "mom-and-pop" booths to hang in there (at least until they are bought out by the bigger booths).

Was that a placard seen at the annual endodontics meeting stating, "Use the strongest dose of peroxide twice a day to whiten your teeth." Good for endo business.

"Some days you're the dog, and some days you're the hydrant." — Lafont

By David L. Hoexter, DMD, FACD, FICD,
Editor in Chief

Some eristic thoughts ...

Editorial note: For those of you who might be wondering, here is an explanation of the word "eristic" from www.britannica.com: "Eristic, (from Greek eristikos, "fond of wrangling"), argumentation that makes successful disputation an end in itself rather than a means of approaching truth. Such argumentation reduces philosophical inquiry to a rhetorical exercise. Eristic argument is closely associated with the Sophists and was ridiculed by Plato in his dialogue Euthydemus. The term is often used more broadly to characterize arguments that rely on subtle but specious forms of reasoning.

DAVID L. HOEXTER, DMD, FACD, FICD, is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry. Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded in fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 935-0044 or dahoexter@gmail.com.

FROM THE EDITOR IN CHIEF

Dental Medicine.

Shenkin, DDS, MPH, a pediatric dentist from Augusta, who also serves on the faculty in Health Policy, Health Services Research and Pediatric Dentistry at Boston University School of Dental Medicine.

In the article, Shenkin acknowledges a need to increase children's access to "evidenced-based dental prevention," but chastises The Pew Charitable Trusts and other backers of the dental hygiene therapist legislation for "circulating briefs and information that contain numerous disparities." Shenkin presents a point-by-point defense of the quality and comprehensiveness of dental health care for children throughout the state, painting a more positive picture than that presented by the bill's proponents.

Shenkin writes, "Most distressing is the statistic frequently cited: that 65 percent of MaineCare children do not have a dental home. Proponents of the bill suggest that their data comes from the federal CMS 416 form, a reporting tool used by Medicaid to compile statistics on services provided to eligible children in states. What interest groups, including Pew, fail to disclose is that MaineCare children who visit dentists at any of Maine's Federally Qualified Health Centers (FQHC) dental clinics are not reported on the CMS 416 form. This is a grave and unconscionable oversight." The bill's proponents also had presented statistics showing that nearly 25 percent of Maine dentists planned to retire during the coming five years and 16 percent planned to cut back on their work hours. The Maine Dental Association countered that a dental school opening this fall at the University of New England, Biddeford, would help make up for the loss of providers.

In a press release issued after the defeat, House Speaker Eves says, "For no good reason, the Maine Senate has dealt a considerable blow to children who desperately need oral health care in our state. It’s terribly disappointing to see the interests of one special group win out over the best interest of the people of our state."

"rural" areas. In response to the various statistics being used by the bill's proponents, the Maine Dental Association posted an article on its website, www.dentalaccessformaine.org, written by one of its members, Jonathan Shenkin, DDS, MPH, a pediatric dentist from Augusta, who also serves on the faculty in Health Policy, Health Services Research and Pediatric Dentistry at Boston University School of Dental Medicine.

In the article, Shenkin acknowledges a need to increase children's access to "evidenced-based dental prevention," but chastises The Pew Charitable Trusts and other backers of the dental hygiene therapist legislation for "circulating briefs and information that contain numerous disparities." Shenkin presents a point-by-point defense of the quality and comprehensiveness of dental health care for children throughout the state, painting a more positive picture than that presented by the bill's proponents.

Shenkin writes, "Most distressing is the statistic frequently cited: that 65 percent of MaineCare children do not have a dental home. Proponents of the bill suggest that their data comes from the federal CMS 416 form, a reporting tool used by Medicaid to compile statistics on services provided to eligible children in states. What interest groups, including Pew, fail to disclose is that MaineCare children who visit dentists at any of Maine's Federally Qualified Health Centers (FQHC) dental clinics are not reported on the CMS 416 form. This is a grave and unconscionable oversight." The bill's proponents also had presented statistics showing that nearly 25 percent of Maine dentists planned to retire during the coming five years and 16 percent planned to cut back on their work hours. The Maine Dental Association countered that a dental school opening this fall at the University of New England, Biddeford, would help make up for the loss of providers.

In a press release issued after the defeat, House Speaker Eves says, "For no good reason, the Maine Senate has dealt a considerable blow to children who desperately need oral health care in our state. It’s terribly disappointing to see the interests of one special group win out over the best interest of the people of our state."

"rural" areas. In response to the various statistics being used by the bill’s proponents, the Maine Dental Association posted an article on its website, www.dentalaccessformaine.org, written by one of its members, Jonathan Shenkin, DDS, MPH, a pediatric dentist from Augusta, who also serves on the faculty in Health Policy, Health Services Research and Pediatric Dentistry at Boston University School of Dental Medicine.

In the article, Shenkin acknowledges a need to increase children’s access to “evidenced-based dental prevention,” but chastises The Pew Charitable Trusts and other backers of the dental hygiene therapist legislation for “circulating briefs and information that contain numerous disparities.” Shenkin presents a point-by-point defense of the quality and comprehensiveness of dental health care for children throughout the state, painting a more positive picture than that presented by the bill’s proponents.

Shenkin writes, “Most distressing is the statistic frequently cited: that 65 percent of MaineCare children do not have a dental home. Proponents of the bill suggest that their data comes from the federal CMS 416 form, a reporting tool used by Medicaid to compile statistics on services provided to eligible children in states. What interest groups, including Pew, fail to disclose is that MaineCare children who visit dentists at any of Maine’s Federally Qualified Health Centers (FQHC) dental clinics are not reported on the CMS 416 form. This is a grave and unconscionable oversight.”

The bill’s proponents also had presented statistics showing that nearly 25 percent of Maine dentists planned to retire during the coming five years and 16 percent planned to cut back on their work hours. The Maine Dental Association countered that a dental school opening this fall at the University of New England, Biddeford, would help make up for the loss of providers.

In a press release issued after the defeat, House Speaker Eves says, “For no good reason, the Maine Senate has dealt a considerable blow to children who desperately need oral health care in our state. It’s terribly disappointing to see the interests of one special group win out over the best interest of the people of our state.”

"rural" areas. In response to the various statistics being used by the bill’s proponents, the Maine Dental Association posted an article on its website, www.dentalaccessformaine.org, written by one of its members, Jonathan Shenkin, DDS, MPH, a pediatric dentist from Augusta, who also serves on the faculty in Health Policy, Health Services Research and Pediatric Dentistry at Boston University School of Dental Medicine.

In the article, Shenkin acknowledges a need to increase children’s access to “evidenced-based dental prevention,” but chastises The Pew Charitable Trusts and other backers of the dental hygiene therapist legislation for “circulating briefs and information that contain numerous disparities.” Shenkin presents a point-by-point defense of the quality and comprehensiveness of dental health care for children throughout the state, painting a more positive picture than that presented by the bill’s proponents.

Shenkin writes, “Most distressing is the statistic frequently cited: that 65 percent of MaineCare children do not have a dental home. Proponents of the bill suggest that their data comes from the federal CMS 416 form, a reporting tool used by Medicaid to compile statistics on services provided to eligible children in states. What interest groups, including Pew, fail to disclose is that MaineCare children who visit dentists at any of Maine’s Federally Qualified Health Centers (FQHC) dental clinics are not reported on the CMS 416 form. This is a grave and unconscionable oversight.”

The bill’s proponents also had presented statistics showing that nearly 25 percent of Maine dentists planned to retire during the coming five years and 16 percent planned to cut back on their work hours. The Maine Dental Association countered that a dental school opening this fall at the University of New England, Biddeford, would help make up for the loss of providers.

In a press release issued after the defeat, House Speaker Eves says, “For no good reason, the Maine Senate has dealt a considerable blow to children who desperately need oral health care in our state. It’s terribly disappointing to see the interests of one special group win out over the best interest of the people of our state.”