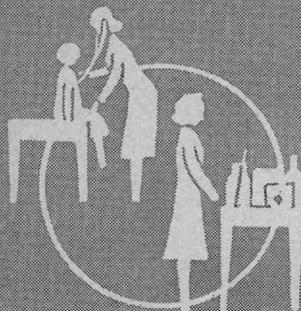


THE OUTLOOK FOR WOMEN  
IN OCCUPATIONS IN THE



Medical  
AND OTHER HEALTH  
Services

Physicians' and Dentists'  
Assistants

Bulletin 203, Number 11

UNITED STATES DEPARTMENT OF LABOR • WOMEN'S BUREAU

L. B. SCHWELLENBACH, Secretary

FRIEDA S. MILLER, Director



## THE OUTLOOK FOR WOMEN IN OCCUPATIONS IN THE MEDICAL AND OTHER HEALTH SERVICES

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This pamphlet is one of a series prepared by the Women's Bureau to present the postwar outlook for women in particular occupational fields. Many of the 13 million women who were working before the war, as well as some of the 5 million who have joined them since, must continue to support themselves and their many dependents. Like their younger sisters in schools and colleges, they are confused by the sometimes glowing and sometimes dark predictions regarding their future opportunity for employment. They want the facts.

Many monographs are available that describe an occupation at a particular time in its prewar or wartime setting. But no detailed studies have been published that show the considerable changes that have taken place during the war and the effect of these changes on the postwar supply of and demand for women in particular occupational fields. This pamphlet presents such a dynamic study as distinct from a static description. It discusses the prewar situation, the wartime changes, and the postwar outlook for women in one of the occupations in the field of medical and other health services, in which women in 1940 composed almost two-thirds of the workers.

Because of the pressing demand for this type of information, some of the occupational discussions in this field are being issued separately as they are completed. An over-all pamphlet will coordinate the series and discuss the general trends affecting the many women employed in these services so important to the Nation whether at peace or at war.

## LETTER OF TRANSMITTAL

U. S. DEPARTMENT OF LABOR,  
WOMEN'S BUREAU,  
*Washington, October 31, 1945.*

SIR: I have the honor of transmitting a summary of the outlook for women as physicians' and dentists' assistants, occupations in which they have served during the war and will continue to serve in the years to come. This report presents the prewar situation of women in this type of work, reviews wartime changes, and discusses the future outlook for women as it can be projected from the experiences of the past and the present.

The study is one of a series prepared by Marguerite Wykoff Zapoleon with the assistance of Elsie Katcher of the Bureau's Research Division. I wish to express my appreciation to the many persons who have contributed to this bulletin by what they have written or said. To those in the list following, who read all or part of the manuscript or contributed considerably to its content, special acknowledgment is made.

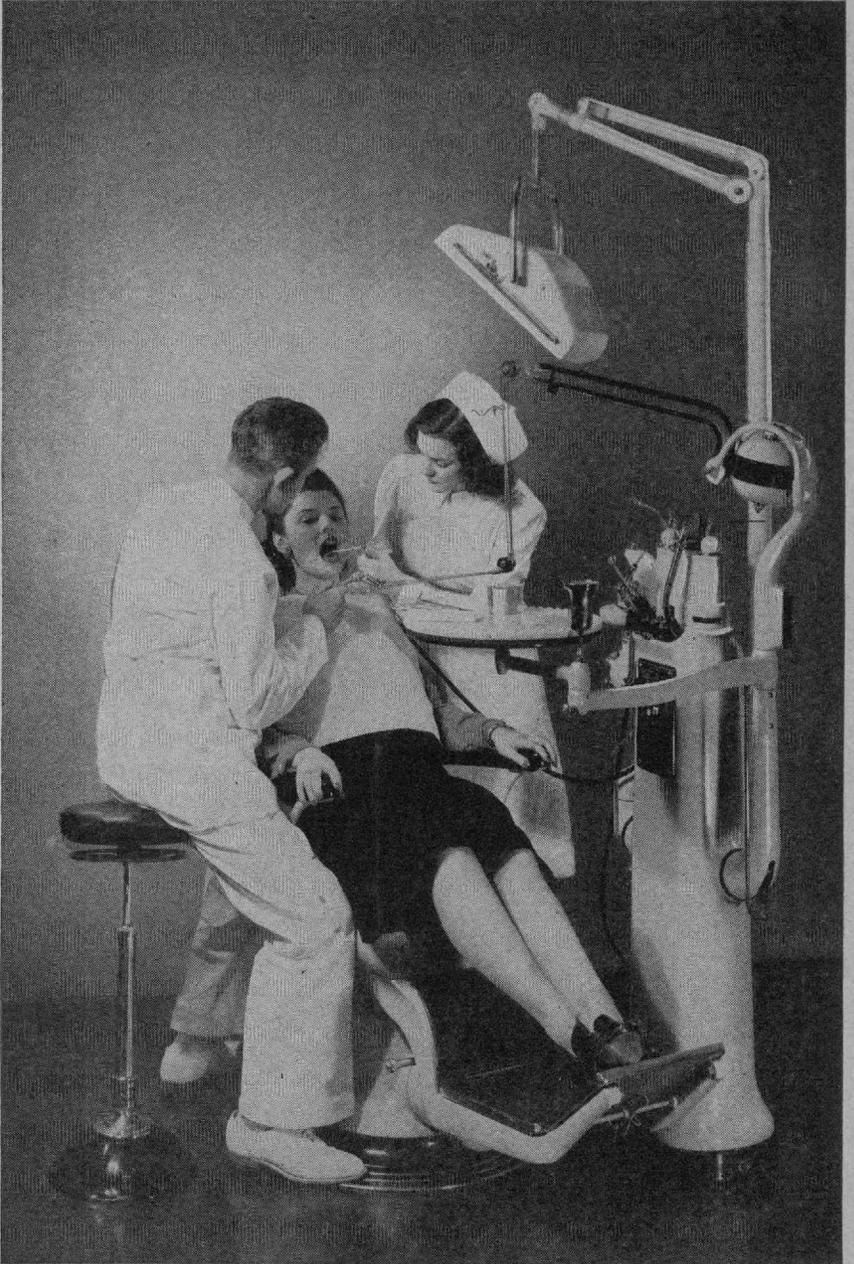
Respectfully submitted,

FRIEDA S. MILLER, *Director.*

HON. L. B. SCHWELLENBACH,  
*Secretary of Labor.*

*Representatives of Organizations and Agencies Whose Special Assistance Is Gratefully Acknowledged*

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- Dr. Lon W. Morrey, Director, Bureau of Public Relations, American Dental Association.
- Mrs. Ethel D. Starr, Associate Recruitment Officer, U. S. Employment Service for the District of Columbia.
- Dr. Olin West, Secretary and General Manager, American Medical Association.
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- Mr. Theodore Wiprud, Secretary, Medical Society of the District of Columbia.



Courtesy The Ritter Co., Inc.

The dental assistant helps the dentist in all operations.

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### **Physician's Assistant as Defined in the Dictionary of Occupational Titles (12)<sup>1</sup>**

Physician's Assistant (medical ser.) 1-32.20. Prepares patients for examinations, treatment, or minor surgery, and assists physician in performing his work by handing him necessary implements or equipment, and by keeping the patients comfortable. May do limited technical work, such as sterilizing instruments, and making less difficult analyses. Frequently gives instructions to patients for self administering of treatments or medicines.

### **Dentist's Assistant as Defined in the Dictionary of Occupational Titles (12)**

Dentist's Assistant (medical ser.) 1-32.10 as for Physician's Assistant.

### **Dental Assistant as Defined by the American Dental Assistants Association**

One who assists the dentist at the chair by preparing the patient for dental treatment or oral surgery, by preparing instruments and materials for each procedure or operation, by sterilization of instruments and dressings, by processing dental radiographs and by assisting in the routine management of the office. Dental assistants may also perform many technical tasks in the dental laboratory.

<sup>1</sup>References in parentheses throughout this report are to Appendix B—"Sources to Which Reference Is Made in the Text," p. 14.

## OUTLOOK FOR WOMEN AS PHYSICIANS' AND DENTISTS' ASSISTANTS

The type of service rendered by the physician and the dentist has resulted in a corresponding specialization by those who assist them in their offices and clinics. These assistants may also perform routine office duties of typing, keeping books and records, and handling telephone calls, but their distinctive functions lie in the assistance they render in serving patients. The sterilization and preparation of instruments, the handling of supplies, the preparation of the patient for examination or treatment, the preparation of materials and equipment used during treatment—these are typical of the duties which distinguish the work of the physician's assistant and the dental assistant.

More than 29,000 attendants in physicians' and dentists' offices were reported in the Census of 1940, and 95 percent of them were women. (11) In addition, an unknown number of nurses, stenographers, and receptionists working in physicians' and dentists' offices were classified elsewhere in the Census, so that these figures indicate only a part of the volume of employment of women in such work. How many of the assistants reported in the 1940 Census worked with physicians and how many with dentists can be estimated only by applying the proportions for 1930, when the two groups were reported separately. Then there was 1 physician's assistant to every 11 physicians and 1 dental assistant to every 5 dentists. (10) If these ratios still applied in 1940, there were, according to the number of dentists and physicians at that time, approximately 14,000 dental assistants and approximately 15,000 physicians' assistants. These estimates check with the total of 29,000 assistants reported, exclusive of those classified under other categories, in the 1940 Census. Other studies, however, indicate that the number classified elsewhere is large, and that it is possible that those reported separately in the Census may represent only half or even less than half of the total number of such assistants.

### Physician's Assistant

#### Prewar Number and Distribution

The number and types of assistants a physician in private practice may employ vary with the nature and size of his practice, but 98 percent of such assistants are women. Professional nurses, medical laboratory technicians, stenographers, bookkeepers, physical therapists, X-ray technicians, and receptionists are among the specialized personnel physicians may hire to assist them in their offices. Since the Census classifies such workers under other categories, as noted earlier, the 15,000 women attendants estimated on the basis of Census statistics to be employed by physicians in 1940 are only a part of the total number working in physicians' offices.

If this group alone were considered, it would appear that less than 10 percent of the physicians employ assistants. The fragmentary evidence available, however, indicates a much larger volume of employment. In Kansas City, Mo., for

example, the total number of physicians' assistants of all types is estimated by the local Medical Assistants and Secretaries Club at about 280 in 1944. This would roughly amount to one assistant for three physicians. In Washington, D. C., the ratio of all types of assistants to physicians in May 1945 was nearly one assistant to one physician. A Nation-wide questionnaire study in 1940, in which more than 500 physicians reported, indicated a ratio of one "medical secretary" to 1.7 physicians. (2) The total number of women employed in physicians' offices in the United States in 1940 fell somewhere between a minimum of 27,500 (including the 15,000 reported as attendants in the Census and an estimated 2,500 medical laboratory technicians and a minimum of 10,000 professional nurses) and a maximum of 80,000 (if approximately one assistant is allowed for each two physicians reported as employed in 1940). The wide difference between these figures indicates the need for more adequate statistics.

The size and the type of office in which they work varies. Although in a community like Washington, D. C., the ratio of assistants was found to be high—almost one to one—actually more than one-third of the physicians employed none, while one-fifth employed more than one assistant. In the largest office covered, in which four physicians practiced together, there were one nurse, two laboratory technicians, four secretaries, one X-ray technician, one bookkeeper, and one receptionist. The typical office (of almost half the physicians) was small, employing one assistant. In Kansas City, on the other hand, only 10 percent of the medical assistants and secretaries who have membership in the local association are the sole employees in the offices in which they work; 80 percent of them worked in offices with one or two other assistants. Another 1945 District of Columbia survey revealed that 29 percent of the physicians employed one or more nurses full or part time. The percentage was higher among physicians recognized as specialists (41 percent) than among general practitioners (24 percent). Specialists most likely to have the assistance of nurses were those engaged in obstetrics and gynecology, 77 percent of whom employed one or more. (1)

The variety of background of the assistants is as great as the variation in their places of employment. The distribution of 112 assistants covered in a random sample in the District of Columbia in 1945 was as follows:

	<i>Number</i>	<i>Percent</i>
Total .....	112	100
Secretaries .....	40	36
Registered nurses .....	30	27
Laboratory technicians .....	13	11
Women with partial training for nursing .....	?	3
All other .....	26	23

In Kansas City, Mo., the 170 members of the Medical Assistants and Secretaries Association in 1944 were:

	<i>Number</i>	<i>Percent</i>
Total .....	170	100
Secretaries with medical assistants' duties.....	100	59
Stenographers .....	10	6
Laboratory technicians .....	45	26
Clerk-receptionists .....	10	6
Registered nurses .....	5	3

Nurses are probably more numerous in doctors' offices in Kansas City than these figures indicate. Since they have a district association of their own, they would not be as likely to become members of such an association as would the



Courtesy Colby Junior College

Office training is part of the preparation of the physician's assistant.

other groups, who have no separate local occupational organizations claiming their interest.

As in other offices, the degree of specialization of duties varies directly with the numbers working in the office, as well as with the employer's preference with respect to the duties he prefers to retain himself. The assistant who is the sole employee in the office, though she may be trained as a professional nurse, a technician, or a stenographer, usually is expected to serve also as a receptionist and as a general clerk who answers the telephone, makes out statements, and so forth. Similarly, the girl who starts as a clerk without other training is likely

to be trained on the job in the preparation of patients, of instruments and other equipment used by the physician, and of materials used in treatment. The extent to which the assistant helps with patients depends not only upon her own background and training but upon the type of practice in which the physician is engaged and upon the physician's habits and preferences concerning the duties which he can and wishes to turn over to someone with less training. There is no distinct pattern, no typical doctor's office in which a standardized assistant performs certain specified duties.

Since the professional nurse, the practical nurse, the medical laboratory technician, the physical therapist, and the X-ray technician—all of whom appear among the types of assistants employed in physicians' offices—have been discussed in earlier bulletins in this series, emphasis here is upon the assistant whose background, training, and duties fall in the clerical field. The largest single group of physicians' assistants seem to be of this type.

Closely related is the medical stenographer who works in a hospital, clinic, or other medical institution and who is distinguished from the usual stenographer by the medical vocabulary she uses and the medical environment in which she works. In 1941, more than 6,000 medical stenographers were employed full time and almost 1,000 part time in hospitals in the United States. (8) Many other types of clerical workers are employed in a hospital, including accountants, bookkeepers, credit managers, controllers, cashiers, bookkeeping-machine operators, typists, clerks, messengers, and switchboard (PBX) operators. However, the medical stenographer and the medical record librarian (described in a special bulletin in this series) are the only two, the nature of whose work is sufficiently altered by the medical setting in which they are located, to warrant some distinction in title or in preparation for the work.

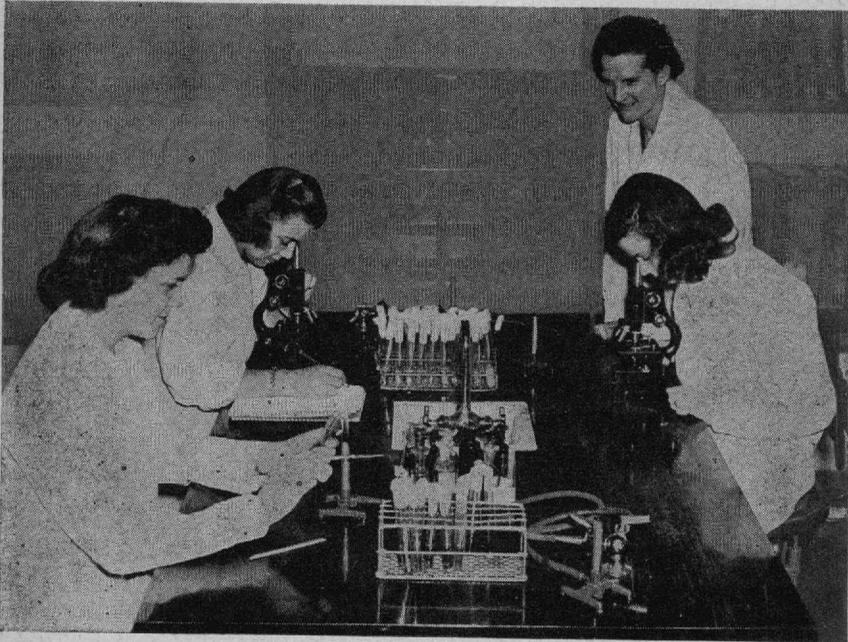
Information on the annual rate of withdrawal of physicians' assistants and medical stenographers and on the annual supply of persons seeking this type of work is even more elusive than statistics on their number at any given time. There is general agreement that the turn-over is high because of the youthfulness of many of those employed in this field and the high marriage rate among them. Although there is again wide variation, much work of this type, especially in smaller communities, is of the nature of a beginning job in which a girl acquires experience at a relatively low salary and moves on later to a better-paid position in a larger sphere.

The girls who leave are replaced from a variety of sources: universities, high schools, and business colleges primarily. Most of the women who work in physicians' offices (other than nurses and trained technicians) have had no specialized training for their work other than clerical; this is likewise true of medical stenographers in hospitals. (14) Most of them are trained individually on the job. However, a few hospitals and clinics have formal training classes as needed. For example, the Jackson Clinic in Madison, Wis., offers a 12 to 14 months' course every 5 years to replace staff members who marry. Twelve women were selected from more than 500 applicants for the 1942 class. From 1

to 4 years of college plus stenographic training were prerequisite. Training was given in medical-records work, medical stenography, bookkeeping, first aid, laboratory testing, and in assisting in the physiotherapy department. (4)

Recently, a number of junior colleges have begun to offer specialization in this field in 2- or 3-year courses (6), covering such subjects as clinical-laboratory methods, medical stenography, anatomy, and physiology, as well as those usually included in a secretarial curriculum.

A few of the vocational schools aided by Federal funds, such as the Essex County Vocational and Technical High School in Newark, N. J., offer a 1-year



Courtesy Colby Junior College

**Junior college students studying laboratory methods in preparation for work as medical secretaries.**

course for high school graduates which includes some practical experience in a large hospital clinic and after-school work in a doctor's office, as well as assisting in the school medical department as part of the training. Under the diversified occupations program, also conducted in schools assisted by Federal funds, which alternates school and work experience in a supervised program of training, some 73 doctors' assistants were trained in the year ending June 30, 1944. Some private secretarial schools offer courses in medical stenography, and there are a few specialized schools operated by physicians in some of the larger cities. For the most part, the belief has been general that special courses are not essential, that the medical vocabulary and skill in special duties can be

acquired by a well-trained stenographer as she works in a medical situation. However, as the duties become more technical and more trained personnel are available, greater emphasis may be placed on specialized preparation for the job.

### Wartime Changes

As physicians became more hard pressed during the war, which multiplied the need for medical service, the demand for assistants who could relieve them of some of their routine duties increased.

At the same time, many assistants left their jobs to marry service men, to join husbands in the service, or to take better-paying jobs in war industries. More than 5 percent of the physicians contacted in a 1945 sample survey in the District of Columbia reported that they formerly had employed an assistant but were currently without one because they were unable to find a satisfactory person during the war period.

Meanwhile, in 1944, almost 10,000 medical stenographers were working full time in hospitals in the United States (60 percent more than in 1941). Another 1,300 were working part time (32 percent more than in 1941). (9) A representative of the Council on Medical Education and Hospitals of the American Medical Association in 1944 in commenting on hospital employment said: "Present demands for good medical stenographers indicate that an acute shortage exists." (14)

Paid "floor secretaries" in some hospitals, together with volunteer nurses' aides, were relieving professional nurses of some of the routine duties connected with their work: answering telephones, handling messages, delivering flowers, and checking on minor details. As the shortage of professional nurses in the Army became critical, some nurses left physicians' offices for military service. Young nurses after completing their nurses' training were encouraged to enter military, hospital, or other more urgent service so that the number and proportion of nurses among doctors' assistants is believed to have fallen during the war period, whereas the demand for assistants increased.

### Earnings, Hours, and Advancement

Salaries vary widely in this type of work, ranging from \$12 a week to \$50. During the war period, higher salaries have been more frequent than before. Graduates of the Essex County (N. J.) vocational school course, for example, average almost \$30 a week. In the District of Columbia, orders received at the public employment office in 1945 called for \$30 to \$40 salary weekly as compared with \$25 to \$30 before the war.

For professional nurses working in doctors' offices, no national statistics are available, but in Ohio in 1944 the weekly salary was reported to average \$36.

Medical stenographers in hospitals usually receive \$25 a week or more. In Los Angeles, Calif., the prewar (1940) average monthly salary of women

office workers of all types in hospitals was \$91. (13) Since stenographers are ordinarily better paid than general clerical workers, the average for them was probably higher.

Many assistants are employed on a part-time basis. More than one-fourth of the assistants working in Washington, D. C., in 1945, and more than one-tenth of the medical stenographers in hospitals in the United States in 1944, were working part time.

In hospitals an 8-hour day and a 5½-day week are customary for stenographers, but a few require a 6-day week of their clerical personnel. In private practice, hours vary with the physician but for full-time workers they are usually from 6 to 8 a day with a 5-day or 5½-day week. During the war period, overtime work has been frequent for all engaged in the medical services.

Because the physician's assistant in private practice works under the direct supervision of the doctor and is the only employee or one of few, there is no immediate opportunity for advancement to a higher or supervisory position. By adding to her skills or training, she may qualify for a better-paid position, but there is no other direct outlet for her.

The medical stenographer in a hospital, with additional training or experience on hospital records, may advance to the position of medical record librarian, who is the hospital registrar. (See Bulletin 203-6 in this series.)

### Opportunities for Women With Special Employment Problems

Although many physicians prefer to hire young girls recently graduated from high school or business college whom they may train-in on their job, there are others who prefer college-trained girls and still others who require prior experience or specialized preparation for this field of work, or training in nursing, therapy, or other specialties. Some specify maturity as an essential qualification and prefer women over 25, especially those who have had specialized experience or training. Some jobs for older women, therefore, are available in physicians' offices. They are likely to be filled, however, by nurses, therapists, or women with other experience in the medical services; there is usually a steady stream of those wishing to transfer to less strenuous or more convenient work than that in which they had worked when younger. An older woman without such experience has little chance to obtain employment of this sort.

Single women are preferred by many physicians, although marriage is not usually a cause for dismissal except in certain communities bound by tradition. The relatively large amount of part-time employment in this field makes it possible for women to combine such work with homemaking responsibilities.

More than 1,000 Negro physicians' and surgeons' attendants were reported in the 1930 Census, the latest year for which separate census statistics by race are available for this group. Undoubtedly, here, too, many assistants were classified under other categories: as nurses, stenographers, technicians. However, the picture given by these statistics is one of a higher rate of employment of such personnel by Negro than by white physicians. The ratio of Negro

attendants to Negro physicians at that time was 1 to 3 $\frac{1}{2}$  as compared with the ratio for white attendants to white physicians of 1 to 11. That this difference is due in part to the less frequent employment by Negro physicians of professional nurses and other specialized personnel reported elsewhere is indicated by a 1945 survey in the District of Columbia which showed that nurses were employed by only 2 percent of the Negro physicians and by 35 percent of the male and 26 percent of the female white physicians. (1) Another contributing factor may have been the relatively few outlets in 1940 for Negro girls trained in clerical pursuits, and the consequently greater supply of women at the salaries available.

Because of the extremely wide variety of work situations and physicians' preferences, it is difficult to make any general statement as to the extent to which a physical handicap would operate in obtaining this type of employment. Since contact with patients is frequent, disfiguring disabilities would be more of a handicap than they would to an employee in a laboratory. However, the presence in the office of an employed person who had not been incapacitated by his handicap might make a favorable impression upon patients served by a physician specializing in the treatment of disabilities of that particular type. It is not unusual, for example, to find an arthritic patient working in the office of a physician specializing in the treatment of arthritis.

### Postwar Outlook

More record-keeping and increasing specialization in medicine have encouraged the long-time trend toward more extensive employment of assistants. This trend has probably been accelerated by the war. Many physicians, grown used to them in military service, are likely to employ assistants on return to private practice. Also, the predicted continuing shortage of physicians due to curtailment of military pre-medical and medical training programs, will make it necessary for physicians in practice to continue to use more help to maximize their services. In the midst of constantly increasing emphasis upon medical care, the fact that, in one of our larger cities, one-third of the physicians do not now employ anyone indicates a large additional potential demand for physicians' assistants.

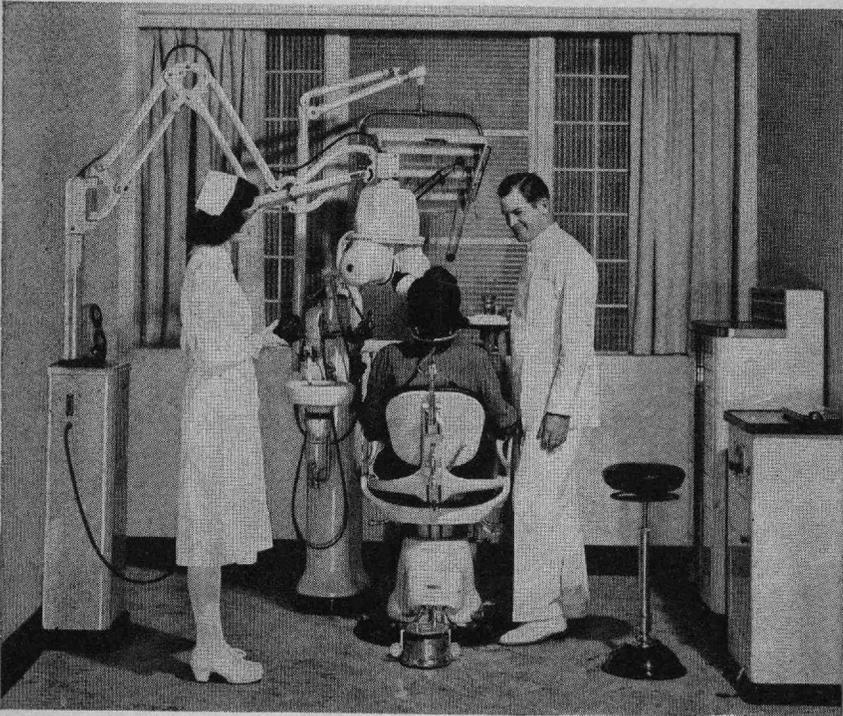
One of the schools offering specialized training reports that long before the war requests for their services outnumbered graduates. However, the number of persons trained in schools of this sort has been very small.

Preference on the part of employing physicians for assistants who have had prior work experience in a medical situation decidedly favors the postwar employment in their offices of young women who have served as medical or surgical technicians in military service. Supplementary or refresher business training may be necessary, however, to carry the clerical duties usually involved. This holds true also for the professional nurse, or medical laboratory technician, who works in a doctor's office if she is the only person employed by him.

As long as young women with medical experience or training are available, they are likely to be preferred on the better-paid jobs to the inexperienced high school graduate. But, in addition to experience and training, the ability to establish immediately pleasant relationships with all types of people will continue to be an important qualification for this work. (1)

## Dental Assistant

The occupation of dental assistant has become more differentiated than that of physician's assistant. This has probably resulted from the fact that there is a greater common denominator among the services needed by patients visiting



Courtesy The Ritter Co., Inc.

### Dental assistant helps with X-ray procedures.

the dentist than among the services required by those visiting the physician engaged in general practice. More functions that are similar for all or a greater number of patients exist in the dentist's office, warranting the specialized training of an assistant to perform them. It is probably for this reason that there are more specialized training facilities for dental assistants, and that dental assistants have formed a national organization, The latter is the American Dental Assistants Association, which meets in conjunction with the American Dental Association, and which had a membership of more than 3,000 in 1944.

### Prewar Number and Distribution

Estimates based on Census statistics place the minimum number of dental assistants at 14,000 in 1940. As noted earlier, this may actually represent scarcely half of the total number of such assistants, since many may be classified by the Census as stenographers or clerks. A 1938 survey made by the American Dental Association confirmed the results of a 1929 study in which 41.3 percent of the dentists employed full-time assistants or nurses. (7) Applied to the 70,000 dentists reported as practicing in 1940, this proportion would indicate some 29,000 assistants and nurses, the latter probably forming a relatively small proportion of the total, since they were not considered sufficiently numerous to be reported separately in estimates of nursing personnel. Besides these dental assistants and nurses, there were also employed an unknown number of dental hygienists, X-ray technicians, and other specialized personnel classified under other Census categories. (For information on these occupations, see other bulletins in this series.)

For the most part, dental assistants obtain their specialized knowledge of the work on the job in the dentist's office, which they enter from college or high school, having had enough commercial training to enable them to do general office work. More and more dentists, however, too busy to supply adequate instruction to their assistants, prefer to hire those girls who already have had some specialized training or experience. This is particularly true in larger offices and clinics, where the trained assistant seldom has general clerical duties since a stenographer is usually employed. Three schools offering 1-year courses for dental assistants are reported by the American Dental Assistants Association. They are: Northwestern University (Chicago), North Pacific College of Oregon (Portland), and Los Angeles Junior College (Los Angeles). The Essex County Vocational and Technical High School in Newark, N. J., and the Edison Vocational and Technical High School in Mt. Vernon, N. Y., are listed by the U. S. Office of Education as offering training in this field, the former having a 1-year course for high school graduates.

Since the supply is not controlled through licensing, registration, or training, and there is no information on the number who leave the work each year because of death or retirement, estimates of changes in supply and demand are difficult. However, the turn-over is thought to be higher than that in most occupations in medical and other health services because many young dental assistants leave for marriage, better-paid jobs, or further training.

### Wartime Changes

Like the dentists with whom they work, assistants have been sought by the armed services. Through the regional offices of the Civil Service Commission they have been recruited to work as civilians with the thousands of dentists now serving in military installations. Other girls have been recruited by the Commission for training as junior dental assistants. In the WAC and the WAVES

additional women have been trained to meet military needs, although previously enlisted men were used exclusively for this work. Early in 1945, 559 WAC's had assignments with the Dental Corps, many of them as dental technicians or assistants.

Meanwhile, as more and more dental assistants were drawn into such work with the armed forces, shortages in civilian service have developed. The dentist who loses his assistant has great difficulty in obtaining another with training or experience. On the other hand, his need for assistance has grown greater with his increasing practice, as he has taken over the patients of colleagues who have gone into military service and has been called on by the increasing number of civilians who spend a portion of their higher income on dental care. The American Dental Association estimated that some 25,000 assistants were employed by the 50,000 dentists remaining in civilian practice in 1943, on the basis of a representative sample study in which 1,442 dentists reported, more than half of whom employed one or more assistants. (5)

### Earnings, Hours, and Advancement

In 1941, the average earnings of full-time dental assistants throughout the country was \$858 a year, or \$16.50 a week, but the range of salaries was wide. Dental assistants in the lowest quarter of the entire group earned less than \$637, while those in the highest quarter earned over \$1,031, the top salary being \$3,000. In large cities with a population of half a million or more, the average was \$975 a year, or \$18.75 a week. (3) In order to retain their assistants, dentists who formerly paid \$15 to \$20 a week are paying as high as \$40. Before the war those employed as "surgeon's assistants (dental)" under Civil Service were paid \$1,260 a year; in 1942 the salary offered was \$1,440. Hours normally are comparatively short, averaging 7 to 8 hours daily, 40 to 44 weekly. During the war emergency, however, some dental assistants have had longer hours and many more have evening duty to accommodate war workers.

Advancement is confined to increases in salary (which depend upon the dentist's practice) or transfer to better-paying offices. In clinics and in public health work there are a few supervisory jobs, but these are more likely to be held by dental hygienists or by dentists themselves than by dental assistants. Most dental assistants who remain in the occupation over a long period of time do so because they enjoy the nature of the service, the environment in which they work, and the contact with patients, rather than because of financial inducements. A few become interested in dental hygiene and leave to take training in that field, but without such training that outlet is not open.

### Opportunities for Women With Special Employment Problems

Most dental assistants are young. In normal times, it is difficult for a woman over 25 to obtain a job unless she is experienced in the work. Although the few

who stay on and grow older in the service of a particular dentist become more and more valuable in that location, they experience difficulty in changing jobs after they are over 35.

Although single women generally are preferred, dental assistants who marry and want to continue with their work seldom are discharged.

Census statistics showing Negro dental assistants separately are not available for 1940, but in 1930 there were 270 in the United States, 233 (86 percent) of whom were women. (10) There was one Negro dental assistant for every 6½ Negro dentists, as compared with one white dental assistant for every 5 white dentists. If the same ratios held in 1940, the number of Negro women dental assistants approximated 250.

Since the dental assistant serves as a receptionist, any physical handicap of a disfiguring nature would bar her from employment of this type unless counter-balanced by an unusual capacity for placing patients at ease. Minor physical handicaps, except those interfering with hand and finger dexterity, would not prove serious to the dental assistant whose general health was good.

### Post-war Outlook

With the demand for dental care constantly increasing and civilian demands piling up because of the wartime dearth of dental service, a general post-war demand for dental assistants is likely to continue. The tendency to employ such assistants was noted by the American Dental Association before the war; studies of dental care revealed that a dentist could increase his daily patient load by employing a dental assistant. (5) This trend is likely to be accelerated as dentists return from the Army and Navy where for the first time many of them have enjoyed the services of a dental assistant. On the other hand, the number of enlisted men and women trained in the armed forces and under Civil Service will have augmented the supply of assistants with some specialized training and experience. They and others with experience or specialized training will secure the better-paid jobs, while other girls will have the lower-paid work. Because of the normal turn-over, however, there will continue to be openings in this field for the high school graduate with commercial training and an active, efficient, pleasing personality.

## APPENDIX A

## I. Minimum Requirements for Entrance to a School Recognized by the American Dental Assistants Association

Prewar	Wartime Changes
High school graduation.	No change.

## II. Minimum Requirements for Graduation From a Recognized School for Training Dental Assistants

Prewar	Wartime Changes
Satisfactory completion of a 1- or 2-year course.	No change.

## III. Minimum Requirements for Membership in the American Dental Assistants Association

Prewar	Wartime Changes
Only white women employed as dental assistants by ethical practitioners of dentistry who have a high school education or its equivalent are eligible.	No change.

## IV. Minimum Requirements for Trainee and Full Grade Federal Positions Under Civil Service as Dental Assistant

Prewar	Wartime Changes
(1) There was no trainee position as Junior Dental Assistant before the war.	(1) For Junior Dental Assistant at \$1,320 a year, basic salary (the wartime lengthening of hours brought the actual salary to \$1,620), <sup>1</sup> requirements are:
(2) For Dental Assistant <sup>2</sup> at \$1,260 a year requirements are:	(a) 6 grades of elementary schooling.
(a) 6 grades of elementary schooling.	(b) 6 months as a student nurse in an accredited school of nursing, <i>or</i> 6 months as a student in a resident school of practical nursing, <i>or</i> 3 months' experience as an assistant in a dentist's or physician's office.
(b) 1 year's training as a dental assistant under a licensed physician or in a reputable dentist's office <i>or</i> 1 year's service as a dental assistant in Medical Corps or Army or Navy or other institutional employment.	(b) 18 years of age, or older.
(c) Not over 53 years of age.	(2) For Dental Assistant at \$1,440 a year, basic salary (the wartime lengthening of hours brought the actual salary to \$1,752), <sup>1</sup> requirements are:
	(a) No specific educational requirement.
	(b) No change.
	(c) No change.

<sup>1</sup> A general change in Federal Civil Service salaries has since resulted in permanent increases in the basic prewar salaries which correspond roughly to the temporary increases due to wartime lengthening of hours.

<sup>2</sup> Before the war, the title was Surgeon's Assistant (Dental).

## APPENDIX B

## Sources to Which Reference Is Made in the Text

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- (4) Jackson Clinic Training School is Unique. *The Jackson Clinic Bulletin* 4:197-200, November 1942.
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