



# THE JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

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Published quarterly at Mount Royal and Guilford Avenues, Baltimore, Maryland  
By THE AMERICAN COLLEGE OF DENTISTS  
Editorial Office: 632 West 168th Street, New York City  
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## AMERICAN COLLEGE OF DENTISTS

*Organized:* Boston, Aug. 20-22, 1920. *Convocations:* Chicago, Jan. 26, '21; Milwaukee, Aug. 13 and 18, '21; Montreal, Jan. 25, '22; Los Angeles, July 16 and 19, '22; Omaha, Jan. 23, '23; Cleveland, Sept. 12, '23; Chicago, Mar. 5, '24; Dallas, Nov. 12, '24; Louisville, Sept. 22, '25; Philadelphia, Aug. 22, '26; Chicago, Jan. 26, '27; Detroit, Oct. 23, '27; Minneapolis, Aug. 19, '28; Chicago, Mar. 24, '29; Washington, D. C., Oct. 6, '29; Denver, July 20, '30; Memphis, Oct. 18, '31; Buffalo, Sept. 11, '32; Chicago, Aug. 6, '33; St. Paul, Aug. 5, '34.

*Objects* (quotation from the booklet containing the list of members, as of Jan., 1931): "The American College of Dentists . . . [aims] to exemplify the highest conception of professional and social responsibility of dentists as servants of the public health; to honor those who make notable contributions to the science and literature of dentistry; to stimulate the younger members of the profession to strive earnestly for such excellence as may admit them to fellowship with their most distinguished colleagues."

*Total present membership:* 505. *Total number of deceased members:* 75. Members have been elected in each year since organization.

*Classes of members* (each member receives the title of Fellow—"F.A.C.D."): (1) "The active members shall consist of dentists and others who have made notable contributions to dentistry, or who have done graduate or educational work of a character approved by the College." (2) "Any person who, through eminent service, has promoted the advancement of dentistry, or furthered its public appreciation, may be elected to honorary membership."—*Constitution, Article III.*

*Nomination and election of members.* "Any member of the College may nominate candidates for membership."—*By-laws, Sec. A.* "After a nominee for membership has received the approval of a four-fifths vote of the Board of Censors, he may be elected by a majority vote of the Board of Regents."—*Constitution, Art. III.*

*Forfeiture of membership.* Membership in the College shall be "automatically forfeited" by members who "(a) give courses of instruction in dentistry under any auspices other than those of a dental society, dental school, or other recognized professional or educational agency; or (b) give courses of instruction in dentistry in a privately owned undergraduate or postgraduate dental school, or in a school that is associated with an independent hospital or dispensary but not an organic part of it; or (c) exact exorbitant fees for courses of instruction in dentistry under any auspices." . . . —*Constitution, Art. III.*

### STANDING COMMITTEES (1934-1935)

*Dental Prosthetic Service.*—W. H. Wright, *Chairman*; A. H. Paterson, C. H. Schuyler, W. H. Grant, C. F. Harper.

*Editorial Medal Award.*—W. C. Graham, *Chairman*; F. T. West, C. W. Stuart, J. A. McClung, R. S. Vinsant.

*Education and Research.*—A. W. BRYAN, *Chairman*; A. D. Black, L. M. Waugh, L. M. S. Miner, J. B. Robinson.

*Endowments.*—J. V. Conzett, *Chairman*; Herbert C. Miller, Abram Hoffman, D. U. Cameron, A. H. Merritt.

*Finance and Budget.*—A. L. Midgley, *Chairman*; H. S. Smith, G. W. Wilson.

*Hospital Dental Service.*—Howard C. Miller, *Chairman*; J. E. Gurley, E. A. Charbonnel, C. T. Messner, Leo Stern.

*Journalism.*—B. B. Palmer, *Chairman*; O. W. Brandhorst, J. T. O'Rourke, F. A. Delabarre, Leland Barrett, J. C. Black, E. A. Johnson, E. G. Meisel, H. O. Lineberger.

*Legislation.*—W. A. McCready, *Chairman*; G. S. Vann, W. O. Talbot, B. L. Brun, W. F. Walz.

*Relations.*—T. J. Hill, *Chairman*; A. R. McDowell, T. A. Hardgrove, H. G. Fisher, R. L. Sprau.

*Socio-economics.*—C. E. Rudolph, *Chairman*; B. B. Palmer, M. W. Prince, W. R. Davis, G. W. Wilson, Maurice William, Louis Brach.



## AMERICAN COLLEGE OF DENTISTS

### PRESIDENTIAL ADDRESS<sup>1</sup>

BISSELL B. PALMER, D.D.S.

*New York City*

It is customary for the president of an organization such as this to deliver an address at the conclusion of his tenure of office. Your present incumbent is particularly gratified to have this opportunity to review briefly the developments within the College during the present administration, and to discuss some of the pressing problems of the day in dentistry and the possible leadership relation of the College to these problems.

#### I. DEVELOPMENTS WITHIN THE COLLEGE

*A. Basic philosophy of the present administration.* The basic philosophy of the present administration has been to strengthen the foundation for the continual development of the College. It has been recognized that desirable developments can be brought about only through deliberate, careful planning, the results of which will become cumulative through a succession of years. For this purpose additional standing committees have been appointed to cover various fields. The members of these committees have terms of from one to five years. The former Committee on Education, Research and Relations, at the suggestion of its chairman, has been converted into two committees: one, the Committee on Research and Education; the other, the Committee on Relations. The Commission on Journalism has been augmented to consist of nine members. In addition to filling vacancies on the existing committees on Endowment and Legislation, the following new committees have been appointed: Dental Prosthetic Service, Editorial Medal Award, Hospital Dental Service, and Socio-Economics. In choosing the personnel of these

<sup>1</sup> Convocation: St. Paul, Aug. 5, 1934. See item (45), abstract of minutes; this issue, p. 123.



committees an endeavor has been made to select Fellows so equipped with ability, contacts, and experience as to enable them to contribute effectively to the specific requirements of each committee. It is confidently expected that the labors of these committees will result in important constructive developments of value to the dental profession.

*B. Journal of the American College of Dentists.* The first issue of the *Journal of the American College of Dentists* was published in January, 1934. The birth of this *Journal* emphasizes in a practical manner the views of the College, as formally expressed, respecting the periodical journalism of Dentistry. The *Journal* will serve two main purposes: It will act as a cohesive force by keeping the Fellows constantly informed of the activities of the College, and by giving them a forum for the expression of constructive views; and it will express an enlightened, progressive, and unselfish leadership in dental affairs, whenever and wherever such a leadership seems necessary or desirable. The Board of Editors of the *Journal* is composed of your Officers and Regents. The Executive Officer of the Board is the Assistant Secretary of the College, Dr. William J. Gies, whose literary ability, journalistic experience and general knowledge of dental education and research, and the public and other relationships of dentistry, eminently qualify him for such a post. The dental profession as well as the College is most fortunate in the continuing services of this intellectual and practical idealist. The first volume of the *Journal* is being published without financial assistance from advertisements. The importance of the *Journal*, however, and the evident need to increase the number of pages per volume, make it desirable to provide additional funds for its support. Accordingly, it is recommended that the quarterly issues be increased to sixty-four pages, and that a limited number of carefully selected advertisements be accepted on a basis conforming with the advertising code adopted by the American Association of Dental Editors.

*C. Further European study of health insurance.* In December 1933, a situation having arisen to make it desirable to re-check certain health-insurance information obtained in Europe by Simons and Sinai in 1930, under the sponsorship of the College, a second European study was undertaken by the College in collaboration with the Michigan State Medical Society. Under the financial sponsorship of



both organizations, Dr. Nathan Sinai spent four weeks of intensive investigation of current conditions affecting the practice of medicine and dentistry in Europe, but particularly in England. The results of the study have been published in the *Journal of the Michigan State Medical Society*.<sup>2</sup> Dr. Sinai will discuss certain phases of his report at this convocation. [See the succeeding article in this issue.] In the years to come the American College of Dentists will assuredly derive deep satisfaction from its early and continuous contributions to the knowledge of medico-dental socio-economics.

*D. Inauguration of all-day convocation.* The rapidly developing activities of the College have made the customary brief convocation following an annual dinner inadequate for effective conduct of our affairs. It is expected that all-day convocations, similar to the one this year, will correct this difficulty.

*E. Support of the Journal of Dental Research.* In keeping with the expressed policy of the College to lend every possible support to the cause of non-proprietary journalism, and to help perpetuate the *Journal of Dental Research*, the Regents have voted \$1000.00 to the *Journal's* support during 1934, its first year under the ownership of the International Association for Dental Research.

*F. Establishment of sections of the College.* The creation of local sections has long been under consideration, as a natural development of the College. Sections are expected to stimulate *esprit de corps*, and to maintain interest in the affairs of the College during the intervals between convocations. Under the intensive attention of the Assistant Secretary, Dr. Gies, accredited sections of the College have been established as follows: Kentucky, Northern California, Maryland, Minnesota, New York City, New England.

*G. Increase in annual dues.* The nominal dues of five dollars charged the Fellows annually since the organization of the College, in 1920, was sufficient during the period when activities were limited to an annual meeting and the bestowal of Fellowships. In 1928 the College undertook various activities that required expenditure of some of its surplus funds in addition to its annual income from dues. In 1930, the financing of the European study of health insurance and the subsequent publication of the related report required approxi-

<sup>2</sup> Supplement: *J. Mich. State Med. Soc.*, 1934, 33; May.



mately \$16,000.00. The survey by the Commission on Journalism and the publication of its reports have further depleted our surplus funds. The remaining surplus, as indicated by the current report of the Treasurer, seems sufficient for all the ordinary purposes of such a fund. It would seem unwise, however, to deplete this surplus further by utilizing it to finance current activities, cost of which are ordinarily met, in organizations, by income from dues. If the College is to maintain the important position it holds in the dental world, it is essential that its current activities and responsibilities be continued. It would seem the part of wisdom to adjust our annual dues so that they will more closely approximate our current expenditures. Accordingly, it is recommended that the annual dues of the College be soon increased from five to ten dollars. It is confidently expected that the pride of the Fellows in the continuing accomplishments of the College will cause them to feel that even in these times such an increase is both justifiable and desirable.

## II. DENTISTRY'S CURRENT PROBLEMS

Probably never before have so many perplexing problems confronted the dental profession. In this critical period, effective solution of these situations is essential if dentistry is to maintain not only its professional standing, but its very existence. The American College of Dentists must perform the services usually demanded of shock-troops. We must have the concepts, the will, the resources, and the mechanism to meet any emergency. We must support the leadership and uphold the purposes of the American Dental Association whenever its leadership is adequate and its purposes sound in professional principles. If national dental leadership should be weak, deficient, or without vision, or should tend to divert dentistry from its path of destiny, the American College of Dentists must *temporarily* supply the necessary leadership, and resist untoward developments. Whenever developing trends indicate that dentistry must thoroughly study some vital problem, the American College of Dentists should be prepared to shoulder the early responsibility of such a study, if others do not. Such is my concept of the rôle of the American College of Dentists in the affairs of dentistry. If this doctrine is sound, the College must intensively interest itself in every important problem



affecting the profession, for only in knowledge is there strength and the power to achieve advancement.

The importance of the College in dental affairs makes it desirable to record our position on several serious questions now confronting the profession. Accordingly, the following principles as affecting current major problems are presented for your consideration.

A. *Health-service socio-economics.* Important social and economic changes are currently taking place in the United States, and the health-service professions are not insulated against these changes. We recognize the principle that the public does not exist for the benefit of the health-service professions, but, on the contrary, these professions exist for the benefit of the public. This being so, it is logical to conclude that, in the changing order, the health-service professions must promptly present a comprehensive plan to provide their services to those large groups in the population that are economically unable to avail themselves of health-services under present conditions. In any such plan, however, the professions must protect the public in the quality of the services to be rendered, by equitable consideration of all practitioners who are to administer the services. With such objectives in mind, it is therefore necessary to incorporate, in any proposed health-service plan, the following provisions:

- (1) Adequate health-service for all low-income groups in the population.
- (2) Limitation of the income-eligible group so that groups able to pay the proper fees of private practice will not be included.
- (3) Extent of services adjusted for the various age-groups, so that although *adequate* dental care shall be provided for all, special emphasis can be placed on the preventive phase for children and young adults.
- (4) Adequate compensation for health-service practitioners.
- (5) Control and operation of the plan by the health-service professions, with complete elimination of political interference and commercial exploitation.
- (6) Free choice of practitioners by patients, and free choice of patients by practitioners.
- (7) Continuance of the private-practice system of health-service as opposed to a general clinic system.

(8) Elimination of cash payments to patients, benefits under the plan to be strictly limited to professional services.

(9) Provision in the system for periodic post-graduate courses, vacations, and pensions for practitioners.

(10) Maintenance of the attractiveness of health-service professions as careers, so that prospective practitioners possessing high coefficients of ability, character, intelligence, and ambition may, for the benefit of both the public and the professions, continue to enter and remain in the service.

(11) Retention of the fundamental American doctrine that provides for rewards in compensation, prestige, and position to individuals in direct proportion to their ability, industriousness, conscientiousness, and personal attributes. To forsake this principle for regimentation would put a premium on indolence, indifference, and inefficiency in health-service.

*B. Dental education.* For more than a decade the matriculation in dental schools has been annually decreasing. In this trend a serious development in relation to the future of the profession must be recognized. That the later phases of this condition are not due solely to present economic conditions is indicated by the fact that the matriculation in medicine, and other professions, is still in a pronounced upward trend. In any consideration of causes of this development attention must be focused on the minor differences existing in entrance and curriculum requirements at the schools for the medical and dental degrees. Sufficiently high standards of dental education are of course essential; but if our requirements are made so high that matriculents can obtain a medical degree with but little or no additional expenditure of money, time, and effort, they may find the privilege of practising the whole of medicine—with its choice of many specialties—instead of the restricted field of dentistry, so attractive, that in a comparatively short period of time the public may be faced with a shortage of dental practitioners. Serious and intensive study of this problem, in the public interest, would seem to transcend in importance any other question now before the dental educators.

*C. Prosthetic dental laboratories and technicians.* Owing to continuous indifference and lack of practical understanding of the problem, the profession has allowed almost all phases of prosthetic den-



tistry to drift into the hands of prosthetic laboratories and their technicians. Today these groups have become highly organized, aggressive, insolent, threatening—and are beyond the control of the profession. We must develop a program of action that will return full control of prosthetic dentistry to the dental profession, regardless of any temporary sacrifice of personal convenience to practitioners that may be involved in the process. Coöperative laboratories under absolute professional control, with graduate dental management, is but one counteractive possibility. Union strikes and picketing against practitioners cannot be tolerated in a health-service profession, any more than similar activities can be permitted in the police or fire departments, or other agencies related to the public safety.

*D. Oral surgery not a part of medical practice.* The Acting Dean of the Dental School of Columbia University,<sup>3</sup> in his report for 1933 to the President of that University, stated that "Oral surgery is, of course [sic], already recognized as a specialty of medical practice. It is primarily surgery, rather than dentistry, however, and the preparation for it should be on the basis of other surgical specialties, i.e., graduation from medicine, a hospital experience, and a sufficiently prolonged graduate training in the sciences and clinical aspects of the field in order that the oral surgeon may in fact be fully qualified to meet the responsibilities which may be placed upon him." The following facts are submitted in rebuttal of the statement made by the dean:

(1) Oral surgery is taught in dental schools; it is ignored in nearly all medical schools; and the few medical schools that give instruction in the subject, do so only casually or indifferently. This statement is borne out by the investigation conducted by the Carnegie Foundation in 1929-1930, and by a study of the current curricula of the dental and medical schools.

(2) In most hospitals, oral surgery is practised by holders of the D.D.S. degree.

(3) The American Society of Oral Surgeons and Exodontists is composed of dentists. The American Association of Oral and Plastic Surgeons is composed largely of practitioners possessing both dental

<sup>3</sup> Now Dean of the School.

and medical degrees. There are no other national organizations of oral surgeons.

(4) Keen dental observation and investigation gave humanity surgical anesthesia. So also has dental ingenuity, study, and an ambition to develop an important field of health-service, produced the recognized dental specialty of oral surgery.

(5) The "School of Dental and Oral Surgery," the formal title of the Dental School of Columbia University, implies recognition of the fact that oral surgery is a part of dentistry.

(6) An intimate and thorough knowledge of dental and oral organs, conditions, and diseases is essential to the practice of oral surgery. Experience has repeatedly shown that even world-famous physicians have a very limited practical knowledge of oral diagnosis and oral surgery. Oral surgery has been developed by dentistry as a specialty to the point where apparently it now becomes attractive to medical practitioners, but this would not justify its appropriation by medical practitioners. It is believed that the best interest of the public will be served by continuing the practice of oral surgery as a part of the practice of dentistry. Any contrary development would be of vital concern to dentistry, for disintegration of the profession would rapidly follow the designation of oral surgery as a part of medical practice. If that were done, and oral surgery were so defined by statute, such orthodox dental procedures as removal of teeth, of cysts, and of epulides, treatment of fractures of the maxillae, etc., would be included in the definition. In any such raid on dentistry, orthodontia would obviously be included as the orthopedic branch of oral surgery. Would not "surgical curretage" in the treatment of periodontia be classified as a form of oral surgery? What then would be left for "dentistry?" If all these dental procedures should be considered as oral surgery—and that a "specialty of medical practice"—and if prosthetic dentistry should be seized by the prosthetic technicians with the aid of astute but unscrupulous lay politicians, what would become of dental health-service and of the dental profession? It is urged that protective action be instituted wherever and whenever an attempt is made to grasp the dental specialty of oral surgery for medical practitioners.



*E. Relationship of dentistry to medicine.* The College by resolution<sup>4</sup> has already expressed its view that dentistry is autonomous, but should be made the full health-service equivalent of a specialty of medical practice. It views the relationship of dentistry to medicine as one of the closest possible intimacy; and in this relationship we urge integration without subordination, and coöperation without humiliation. Dentistry and medicine are both health-service professions that diagnose, prescribe for, and treat, human ailments. One profession has a wider field than the other, but both are motivated by the same spirit of rendering health-service. European experience indicates that whenever dentistry loses its autonomy to medicine, its progress is impaired and its development is hindered. We believe it is to the public interest that dentistry should continue to develop as a separately organized profession.

*F. Dental research.* Recognizing that research is the power that produces progress in any scientific profession, the College should give every encouragement to those who are devoting their lives to this field in dentistry. Particularly should we record our recognition of the extremely stimulating effect of the organization of the International Association for Dental Research in 1920, and the rapidly increasing momentum of its scientific contributions to dentistry since that date. It is recommended that, as a practical stimulant and encouragement to research workers, the College offer annually the sum of \$200.00 as the Research Award of the American College of Dentists to the dentist who, not having been graduated for more than ten years, shall submit the year's most important contribution to dental research, excepting research that may be conducted under commercial auspices or with commercial support.

*G. Dental journalism.* The views of the College are already on record through its adoption of resolutions on dental journalism<sup>5</sup> and of the reports of its Commission on Journalism.<sup>6</sup> It is the opinion of the

<sup>4</sup> Resolution on autonomy of the dental profession: *J. Den. Res.*, 1931, 11 (cover page ii); Oct.

<sup>5</sup> Resolution on dental journalism: *Status of Dental Journalism in the United States*, 1932, pp. 1-2.

<sup>6</sup> Report of the Commission on Journalism of the American College of Dentists: *Status of Dental Journalism in the United States*, 1932. Also *J. Amer. Coll. Den.*, 1934, 1, 22 (Jan.) and 33 (April).

College that the periodical journals of dentistry should be free from trade-house and other commercial interests and influences, and that journals owned by the profession should be conducted with leadership quality in editorials, with honesty and appropriateness in advertising, and with becoming dignity in all respects.

*H. Council on Dental Therapeutics.* The establishment of the Council on Dental Therapeutics of the American Dental Association was one of the most important developments in the profession within recent years. The College should pledge its whole-hearted support to the Council in the effort to protect the public and the profession against spurious claims for, and misleading advertising of, dental products.

*I. Dental education of the public.* Dental enlightenment of the public is one of the profession's most solemn obligations. We believe that prevention is the road to health, and that education is the guide that points out this road; but we must differentiate between true dental education of the public and dental advertising conducted under the name of "educational publicity." The difference between the two is largely one of motive. If the movement is actuated by a sincere desire to educate the public to understand the important relationship of teeth to health, that is dental education of the public. If, however, the moving power is the selfish desire to procure patients for dentists, then the activity is dental advertising, and should not be condoned.

*J. Ethics.* The College has indicated that it is progressive in its views on social and economic changes, but the fundamental concepts and ideals of a health-service profession do not change with changes in economic conditions. That which is improper, distasteful, and unethical in prosperous periods is equally so in times of economic stress. Any practitioner can be ethical when being so involves no hardship or sacrifice. Remaining ethical under stress of worrisome times, however, differentiates the truly professional man from his opportunist fellow practitioner. New methods of procuring patients, by clever devices that would be a credit to the advertising manager of a mercantile establishment, bring only discredit to a health-service profession. Now is the time for dentistry to hold fast to its professional traditions, ideals, and ethics. If we trade them for *anything* else, we make a bad bargain. If in the social changes that are approaching, dentistry is



viewed as a trade instead of a profession, the hopes, ambitions, and labors of our predecessors and ourselves will have been in vain. If we are to retain our status as a true profession, our dental organizations in particular must not condone any activity that would encourage a contrary judgment.

*K. National board for dental specialties.* The public must be protected against unqualified dental specialists. Some qualifying body for each specialty is the only practical solution of this problem. The medical profession has recognized its responsibilities in this relationship by establishing national boards in Ophthalmology, Otolaryngology, Dermatology and Syphilology, Obstetrics, Gynecology, and Pediatrics. In addition, the following specialty national boards are in the process of organization: Radiology, Orthopedics, Urology, Neurology, Psychiatry, Proctology, and Gastro-enterology. The American Medical Association has adopted a resolution authorizing its Council on Medical Education and Hospitals to express its approval of such special examining boards as conform to the standards of administration formulated by the Council. The resolution further provides for the use of the machinery of the American Medical Association, including its Directory, in furthering the work of accredited examining boards. In a recent general discussion of the subject before the American College of Physicians, it was the consensus of opinion that that organization should take action looking toward its participation in the certification of internists and others engaged in affiliated specialties. A committee was appointed to make a complete study of the situation and report back at the next meeting of the Board of Regents. The certifying boards already established have organized among themselves an Advisory Board which will serve to coordinate the activities of the several boards. On February 10-11, 1934, in Chicago, a meeting was held of the Advisory Board on Medical Specialties, representative of nine bodies. A constitution and by-laws were adopted. The function of the Advisory Board will be to work closely with the Council on Medical Education of the American Medical Association, and to certify to that body the effectiveness of newly organized specialty boards. If the dental profession is to be progressive, it must not delay consideration of this problem. It is recommended that a committee of three be appointed by the President

of the College to study all phases of the preparation and certification of dental specialists.<sup>7</sup>

Your president has regarded the office bestowed upon him by the College not only as a great honor for which he is sincerely grateful, but also as an outstanding opportunity for service to the dental profession. It is his hope that in the years to come some of the seeds planted during this administration will continue to grow to the advantage of the College and the profession. It would not be fitting to close this message to the College without expressing deep appreciation of the excellent coöperation and fine constructive spirit shown during the past year by all the Officers, Regents, and Committeemen of the College.

### MEDICAL AND DENTAL ECONOMICS<sup>1</sup>

NATHAN SINAI, DR.P.H.

*University of Michigan, Ann Arbor, Mich.*

Three years ago I reported to you on the subject of health insurance. Tonight my discussion should be considered a progress report dealing with the subject of current history in medicine and dentistry. In that history the American College of Dentists has played an illustrious and courageous rôle. Of all the professional organizations in the United States, the College alone had the courage to recognize and squarely face the growing dissatisfaction inside and outside our system of medicine and dentistry. It was the only organization with the courage and foresight to first study health insurance. And, sad to relate, it is one of the few professional organizations that can lay claim to the quality of intellectual honesty in its attempts to seek a way out of the economic dilemma of physicians, dentists, and the public.

The past five years have brought to us a tremendous amount of data in the social sciences. When all of the data are subjected to the retort of critical analysis, one hard, irreducible fact remains: it is that the old plagues of smallpox, bubonic, and cholera have been replaced by

<sup>7</sup> See "Specialists: proper training and certification:" *J. Amer. Coll. Den.*, 1934, 1, 81; July.

<sup>1</sup> Address at the convocation of the American College of Dentists, St. Paul, Minn., Aug. 5, 1934. The subject as announced tentatively on the official program was: "The Michigan Mutual Health Service Plan."—[Ed.]



the modern plagues of insecurity. While the former plagues may have been endemic and, at times, epidemic, these modern plagues are pandemic. While the former plagues were explosive and frankly acute, these modern plagues are insidious and chronic. They exert their effects upon the physical, moral, and mental fibres of the human being and, through a slow process of disintegration, endanger his whole structure. What are these plagues? You know them as well as anyone. They are exemplified by the three almost daily questions that face nearly all human beings. These are: (1) Am I going to have a job—or patients, or clients? (2) Granted that I have a job, will I be able, physically, to perform its duties? (3) If I have a job and it is not endangered by sickness, will I be able to lay aside enough of a competence to be used only for the needs of old age? It is evident that none of the three problems may be completely delineated because, in the lives of most of us, they constitute an almost indivisible unit. For this reason some in the professions are prone to rationalize their inertia by saying that any solution of the problems of medical or dental care must wait upon the solution of our economic problem as a whole.

The same reasoning might be applied to commercialism in medicine and dentistry. It may be argued that commercialism is only a symptom of a diseased economic system and therefore, the fight against it should never have started and should be abandoned. When the general system is righted, commercialism will disappear. In the face of such reasoning, one asks: Since when has the creed of the professions commanded the slightest hesitation in the offer of a contribution, small or large, to human welfare? Over the discussions of professional economic problems there lies an almost impenetrable hysteria. Some of the characteristic evidences of hysteria are dimness of vision, fever, and hallucinations. If accord is ever to be reached the first step is an attack upon these symptoms. In the attack, nothing could be more fruitful than the realization that charges and counter-charges, the calling of names, and other emotional outbursts, are sure evidences of immaturity and of incapacity to reason.

In its study of health insurance the American College of Dentists put aside its unsupported opinions and, with that act, accepted the grave responsibility of leadership. Its report, contributed to the gen-

eral welfare of the public and the professions, did more than any one thing to direct the attention and thoughts of many groups into the channels of reason. It was because of this that the College was again asked to play a rôle in a subsequent study of insurance. This study was made in coöperation with the Michigan State Medical Society.

Three years ago the Michigan State Medical Society undertook a series of studies to determine the causes and possible solutions of the medical economic problems in that state. A committee was appointed and directed to report before a special meeting of the House of Delegates six months later. It did not take a long time for the committee to conclude that its task was an overwhelming one for men who were engaged in the daily practice of medicine. Hence, at the meeting of the House of Delegates, a brief report was presented stating the magnitude of the problem and the need for further study. A request was made for research assistance and for funds to complete the work. The request was granted. The committee's next step was to turn to the University of Michigan for research assistance. The matter was discussed with the administration and, as a result, the facilities of the University were made available. Various members of the University staff in economics, sociology, public health, statistics, and geography contributed time and effort in the collection and analysis of data. In spite of the pressure to hurry and present solutions, the studies were not completed until a year and a half later. At the end of that time each delegate received the volume of completed reports, and a notice of a special meeting one month later, in July, 1933. In that month the delegates met to consider the committee's recommendations. With one exception, all of the recommendations were approved. The exception dealt with the subject of health insurance.

The health-insurance recommendation was divided into two parts: the first approved the principle of health insurance; the second, directed the committee to proceed with the preparation of a plan or plans. The delegates rejected the first part on the basis that its acceptance might be used as an entering wedge by commercial companies. It was also felt that any blanket approval would have little meaning without a better understanding of the proposals for making health insurance an effective device. This action of the delegates was an entirely reasonable one. One other recommendation and its

reception will serve to give a view of the results of an attempt to understand basic causes and act upon such an understanding. Michigan has a number of fairly large counties where the population is small, the medical facilities are meagre, and the per-capita income and wealth extremely low. In its study of these situations the committee concluded that it would be a grim joke to suggest that young physicians should be advised to settle and engage in private practice in these areas. This advice would not result in a better distribution of service: it would only serve to increase the number of physicians compelled to live on a "bare subsistence" income. Therefore, the committee recommended that professional services in the poor areas should be subsidized through state or local funds. This was a declaration in favor of that most horrible of all hob-goblins, State Medicine. The House of Delegates discussed the matter. In view of the facts presented, no other course seemed to be open and the recommendation was approved. This is mentioned not because of the major importance of the recommendation itself, but as evidence of the calm judgment that follows a logical sequence of study and a dispassionate consideration of results.

Following the July meeting of the House of Delegates, the committee undertook the task of developing a plan or plans for health insurance. In this work the most disturbing element was the publication of a number of articles emanating from official sources and dealing with this subject. If the arguments presented in the publications were to be given full weight, the medical society had adopted an extremely dangerous program. Three courses of action were open to the leadership of the society. The first (and easiest) would have been to stop all work in connection with the program, thereby impugning the judgment and negating the work of the Committee on Medical Economics. The second course would have been that of continuing the program in the face of all criticism. If this were done, the leadership in Michigan would have become suspect to both the practising physicians in the state and the profession in other states. The third and most logical course was adopted: that of a study of health insurance in Europe. Because of its previous contribution, the American College of Dentists was asked to cooperate with the Michigan State Medical Society. After due consideration, the study was undertaken as a joint effort,



and Dr. Henry A. Luce, Speaker of the House of Delegates, and I were delegated to the task. According to his own statement, Dr. Luce left the United States with a decidedly unfavorable attitude toward health insurance. He is now an advocate of an American Plan for health insurance. His few enemies say that he capitulated to the seductive arguments of his traveling companion. His host of friends say that his mind is flexible, and that he does not regard a change in opinion as degrading to a scientist. His reasons for the change will be made obvious.

During the study three questions arising out of the direct or implied conclusions from publications in the United States were kept in mind constantly: (1) Is the operation of health insurance unsatisfactory to either or both the profession and the public? (2) Has health insurance exerted a deteriorating effect upon the quality of medical service? (3) Is health insurance constituting a grave financial drain upon England, and is the system itself in danger of financial collapse? Relating to these three questions, the commission collected official reports and other data. Particular emphasis was placed upon interviews with officials of the professions, practising physicians, government officials, and laymen. In order to prevent any charge of misinterpretation, the rough notes of all important interviews were copied in triplicate and two copies mailed to the individual interviewed. An accompanying letter requested the return of one copy of the notes, with any comments, changes, or additions thought necessary. The returned copies, therefore, amount to signed statements.

From the English viewpoint, as well as the American, the major defects in the English system are fairly obvious. One is that the statutes provide only for the home and office medical-service of the general practitioner to the insured worker. The other is the association, with the medical-service benefit, of sickness cash-benefit for the first 26 weeks of illness, of disability cash-benefit for periods subsequent to 26 weeks, of maternity cash-benefit, and of other cash-benefits from an insurance society's surplus. Out of the second major defect arises most of the controversy in England, because upon the general practitioner is placed the burden of certifying that the insured patient is entitled to cash-benefits. Hence, the controversy dealing with "over-certification" by physicians and with increasing sickness rates. It was

in full recognition of this attempt to mix the incompatible elements of medical service and cash that the Michigan House of Delegates adopted its policy limiting the proposed plan to service-benefits. Following are a few excerpts of the report on health insurance in Great Britain. These excerpts are from the notes approved by the individuals interviewed.

*"Dr. Cox (former Secretary of the British Medical Association):* With reference to the policy of the medical profession towards health insurance, it was emphasized that the profession should be first in the field with plans and program. . . .

"If the profession had been first in the field with a plan, there would have been saved much bitter feeling within the profession as well as loss of public prestige. Up to the last minute the profession reiterated its stand against any participation in a scheme of health insurance. At a meeting in November, 1911, the feeling against health insurance ran high. In general, it may be said that the leadership in this course was taken by men not in practice among the general population. . . .

"Within a little more than a month, the action taken at the November meeting against participation in health insurance was rescinded. As a result of the conflict within the profession, years were required to close the gaps between different groups. . . .

"The struggle that took place before the Bill was adopted almost split the British Medical Association. One group within the organization included the anti-panel men. Some of the panel physicians, feeling that they were not regarded highly by the British Medical Association, tried to form their own organizations. This was forestalled by the British Medical Association calling a meeting of the insurance physicians, forming a committee which should directly represent their interests. . . .

"The profession must say to the public and the politicians, 'If you give us responsibility, we will provide good service.' This places on the profession a heavy burden of responsibility, that of seeing that the service is good. In the beginning, such a policy engenders a good deal of friction; but for all that, the policy must be strictly adhered to. A shortsighted doctor is apt to think his association must stick up for him whether he is right or wrong. An organized profession can only obtain a large amount of responsibility for the quality of the service, if it puts the interest of the public first."

*"Dr. Anderson (Secretary, British Medical Association):* Relative to the quality of service [Dr. Anderson stated that in his opinion] it is definitely better now. In determining quality, the vision is often colored by certain

situations in London. In other parts of England, Scotland and Wales, and indeed in most parts of London, the standard of service is high.

"In 1911 the public was provided with inadequate medical service. While the service is better today, it is still inadequate. The answer appears to be the more comprehensive scheme of the British Medical Society. . . .

"Prior to Health Insurance, there were many six-penny and shilling practices, in which the physician gave the cheapest kind of service. In addition, there were the Friendly Society Clubs, in many of which the service was of low quality and very badly paid."

"Dr. W. G. Senior (*Secretary, British Dental Association*): The number of members in those Approved Societies that maintained dental benefits has decreased from 14,000,000 to 11,000,000. This decrease has its basis in the ruling that permitted the Approved Societies to pay the accounts of its 'members in arrears' from surplus funds. The added expense on these surplus funds reduced the money for additional benefits. 'The working member of the Approved Society is deprived of dental benefits in order that his less fortunate brother may have medical benefit.' Arrears payments should be paid from government funds.

[Dr. Senior discussed the interesting situation resulting from the practice of dentistry by the Coöperative stores.] "These stores, originally organized to purchase and sell food and general supplies on a coöperative basis, have extended their activities enormously. At present they provide such items as health, educational and library services.

"Some time ago the stores opened a number of dental clinics. Under the dental law, this set-up was illegal, and the stores were prosecuted and fined. However, the practice of medicine or dentistry by a *specific corporation for this purpose* is not illegal. After the prosecution, the coöperative stores organized a dental company and now have some 33 dental clinics operating. Not only members but anyone may go to these clinics and secure dentistry at insurance rates. The clinics have grown in number until the last year. While they damaged private practice, the quality of service rendered is good. Both the equipment and personnel are high grade."

In other words, dentistry is becoming popular in England. It has already become popular in the United States. That which is popular lends itself to easy exploitation.

One other item in the report should have an unusual interest for the American professions. It deals with the letters prepared by the London correspondent and printed each week in the *Journal of the American Medical Association*. The letters are prepared by a physi-



cian who is not a member of the British Medical Association and is not in regular practice. His comments on health insurance do not present the opinions or views of the British profession.

After the receipt of the report on health insurance, the Committee on Medical Economics of the Michigan State Medical Society concentrated its efforts upon the development of a plan. Its work culminated in the presentation of "Mutual Health Service" to the House of Delegates in April, 1934. The delegates, by a vote of 61 to 9, approved the principles, and the Committee was directed to continue its work and present the plan in detail before a subsequent meeting. I forego any discussion of the plan because it is to be the subject of an address at the general meeting of the American Dental Association next Tuesday evening.

And now, what of the general situation in this country? There has been a tremendous amount of talk flowing from a very shallow, and at times a badly contaminated, stream of knowledge. That stream must be deepened, cleansed, and protected from pollution. What do the authoritative publications in England say of the attitude that has been developed in the United States? They are beginning to utter protests at the presentations and interpretations of health insurance. The following is quoted from *Lancet*, June 2, 1934 (pp. 1178-1179):

"For the purposes of the discussion (at the Cleveland Meeting) the association's bureau of medical economics has prepared an elaborate report on 'The Insurance Principle in the Practice of Medicine,' which purports to set out the effects of health insurance on medical practice in Europe. The report, though written with outstanding ability, is, on the whole, a disappointing document. One naturally expects documents written by Americans for Americans to be before all things up-to-date; and this report, admirable in many respects, is certainly not up-to-date; it is almost wholly given up to criticisms of the oldest health insurance system in Europe—namely, the German—which from the insurance doctor's point of view is almost the most unsatisfactory."

All this must not be interpreted to mean that the British system is entirely right and that ours is entirely wrong. But it does lay some stress on the need for a type of publication and comment after the pattern of the editorial in the *British Medical Journal*, April 7, 1934:

"What in this country is commonly called 'medico-sociology' seems to be more often spoken of in the United States of America as 'medical economics,'

and the provision of a 'general medical service for the nation' is regarded from the point of view of the 'cost of medical care.' In American discussions, too, there are those who appear to be unable to distinguish sociology from socialism. Such things are important, for, in commenting on those discussions, we have constantly to remind ourselves that not only may the exact connotations of words differ, but the angle of consideration may vary, and the circumstances of the country may not be identical with those that prevail in Great Britain. Moreover, it is easier to get provoked and angry about a political creed than about a science. Nevertheless, an attempt should be made on both sides of the Atlantic Ocean to understand and not to misrepresent what experience can contribute to the solution of common, or of similar, problems. It is with a wish to be helpful rather than provocative that we comment upon a meeting recently held in Philadelphia to consider the relationship of the physician (using the word in its American sense) and the community, as reported in the *Journal of the American Medical Association* for March 3rd last.

"The report leaves the impression that the atmosphere of the meeting was too highly charged with personal antagonisms for the calm elucidation of the truth, and it may not quite convey in just proportion what was said by the various speakers; but the broad situation seems clear. On the one hand, there is a powerful body of persons who are conducting with no little success a campaign throughout the United States in favour of an extensive reorganization of the methods by which medical provision is made for members of the public who are unable to provide the full cost themselves, mainly by some sort of insurance scheme. These persons, though united as to the urgency of the need for such a change, are not necessarily of one mind as to the details of the scheme they would prefer, nor do they all seem able to make clear the exact nature of the arrangements they wish to establish. Over against this body of opinion stands the American Medical Association—or perhaps it would be more correct to say a number of those who at present officially voice what that Association is supposed to think—whose statements can only be interpreted as meaning that they are opposed to accepting any serious change at all. The latter attitude is surely unreasonable, for it can scarcely be denied that it is the duty of a modern civilized community to make provision for the health of its members, if they cannot secure it for themselves, or that in America as elsewhere there are large numbers who suffer from this disability.

"The statements made in support of the position of the American Medical Association are that the changes proposed are socialistic, and therefore, it is implied, objectionable; that the present state of affairs is reasonably satis-

factory, or at least will shortly become so by the action of the medical profession itself; and that experience of national health insurance in Great Britain and elsewhere has proved it to be a failure and detrimental to the interests of both profession and public. It is a curious comment on the first of these statements that in this country the provision of medical service and treatment through a scheme of compulsory contributory insurance is generally regarded as a bulwark against the really socialistic movement to provide it by means of a whole-time salaried service. If the second statement were correct, it is evident that the suggestions for change could make no headway, or that the medical profession ought to be in process of showing that such deficiencies as had been proved to exist were being actually supplied by practical steps taken under its own auspices. It is with the last statement, however, that we are most concerned, for it shows either ignorance of facts or a complete misapprehension of the situation in Great Britain. There are official resolutions of the British Medical Association and of the Conference of Panel Committees, almost unanimously adopted and from time to time reiterated, to the effect that the measure of success which has attended the experiment of providing medical benefit under the national health-insurance system has been sufficient for the profession to unite in securing its continuance and improvement; that medical benefit under this system should be extended to include the dependents of all persons insured thereunder; that Poor Law domiciliary attendance should be merged in the insurance scheme; and that 'immense gains' have accrued to the community by the establishment of the Insurance Medical Service. Neither the contrary opinion of certain individuals, nor the existence of defects within the service, nor the admitted possibility of some tendencies which would become dangerous if allowed to prevail, can stand against these emphatic official pronouncements. It is unwarrantable to portray collective medical opinion in this country as being other than that indicated; and it is unreasonable to demand as a proof of success that an immediate and consequential lowering of the mortality and morbidity rates of the country should be demonstrated. This illogical requirement was, in fact, actually laid down by one of the chief speakers at the Philadelphia meeting; but, for reasons which it would be easy to state did space allow but which must be fairly obvious, this is a condition impossible of fulfilment, at least for many years to come.

"A much wiser attitude for the organized medical profession to adopt would be to admit that the need for further provision along the suggested lines exists, and to advocate means being taken to supply it; to lay down at once certain fundamental conditions which must be fulfilled if the good will and co-operation of the profession is to be secured, and certain other arrange-



ments, not so fundamental, which it is highly desirable to make to this end; and to examine and influence any proposed schemes so as to bring them into accord with the conditions and arrangements so laid down. In such a work as this the experience of Great Britain and of some other European countries must be of real value. The points which general medical opinion in this country would undoubtedly emphasize are that the scheme for the provision of medical advice and treatment should be separated as completely as possible from insurance provision for cash payments of any kind to insured persons; that from the beginning provision for a full medical service, and not merely for a general practitioner service, should be made; that the right of all medical practitioners to be members of the service should be secured; that there should be no interference between doctor and patient when once this relationship has been brought about; that there should be a close and appropriate part taken by the profession itself in administration; and that this administration should be through topographical organizations and not through a multiplicity of 'approved societies.' Some of these conditions exist in the English service and have proved their immense and essential value; the absence of others has been the cause of most of the difficulties we have experienced. To obtain all of them may require great effort on the part of the American Medical Association; but, with them, there need be no apprehension of disaster to the profession or disadvantage to the public. Experience points to a contrary conclusion. In the pamphlets published by the British Medical Association, entitled 'A General Medical Service for the Nation' and 'The Essentials of a General Medical Service,' will be found an ampler exposition of these important features and requirements."

As against this calm consideration, we note what appears to be an "all-time-low" in editorial judgment. In the July (1934) issue of *Current Medical Digest*, a scientific publication devoted to the "digest of medical literature from American and foreign sources," there is an editorial titled "Medical Peonage." The editorial quotes from and comments upon another editorial source which I shall designate shortly. The quotation, in part, follows:

"The family physician who brought kindness, ready sympathy and unselfish service in large quantities along with his pills and potions has been passing from the American scene; more and more his place has been taken by a complex mechanism, a highly departmentalized professionalism, with impersonal efficiency its dominating sentiment. Now there is a tentative plan for a broad organization of 'state medicine,' as recently outlined by the secretary of the Milbank Memorial Fund of New York. This plan, utterly

impersonal, purposes that the American population—including that 62 per cent which the fund's spokesman says receives no medical, dental or eye care of any kind—shall be coerced into supporting financially and yielding physically to the domination of a group of state employed men."

This quotation is from an editorial in the *Christian Science Monitor*. History records many instances of strange bedfellows, but the records of science and of the struggles for professional ideals are singularly free of such coalitions. In a weak attempt to justify its use of the newspaper editorial, the *Digest* states that "although opposed to scientific therapy and, therefore, utterly free from any characterization as an advocate of organized medicine, this particularly well edited publication recognizes the injustice of the proposed politically controlled 'state medicine.'" The point at issue in any analysis of such editorial writings is not whether one agrees or disagrees with the elements of the Milbank program. The major question concerns itself with the technique of critical analysis. If the technique of *Current Medical Digest* is correct, then I suggest a more complete canvass of opinion. If there are official publications of the chiropractors, naturopaths, and patent-medicine manufacturers, their editors should be invited to comment upon any plan or program in medical care.

What are the marks of a sane approach toward the solution of the problem? They are the same as the approach toward the solution of any problem in science—a logical sequence of careful study and a dispassionate consideration of the results. The only emotion permitted in science is a passion for truth. In all of the discussion of professional rights, too little thought has been given and too little has been said about the one great heritage of the medical professions. What is a profession? The dictionary defines a profession as "an occupation that involves a liberal education and mental rather than manual labor. Synonym—see BUSINESS." If this be the accepted definition, then my whole concept of a profession is based upon an unsound premise. I do not mean by this that I fail to recognize the fact that perhaps many members of a profession view their work as a purely business engagement. If these are in the majority then the above definition is correct. My own belief is that they make up a rather noisy minority, masking their main interest with catch phrases and protestations of high ideals. They toss about such words as "socialization," and trust to

their own luck and the inertia of their audience that no one will ask for definitions.

Since when have medicine and dentistry been other than "socialized?" When did they change from callings that place the good of society in the forefront of their objectives? "The good of society"—this is the heritage of the professions. It is this element that differentiates the profession from business. In our social and economic structure the profession stands out like a vein of gold running through quartz. Surrounded by the theories and practices of business, the wonder is not that the professions have been affected here and there by these practices. The wonder is that we may still point to, and take pride in, the maintenance of professional ideals. When we hear a man pilloried by the word "socialized," it must bring a pitying smile. Why did Pasteur, Koch, Reed, or Banting give the results of their hard-won knowledge to the world? Why do countless other men spend hours in research and in the preparation of papers? Is it for the purpose of improving a business, or is it to socialize knowledge? Do you come to these scientific sessions to increase a business, or to improve your service to society? And, finally, why did the American College of Dentists dip so deeply into its treasury to study socio-economic problems? Answer these questions, and establish a clear meaning of the word "social" in its relation to the professions. It is only in the mouths of those ignorant of the history and the philosophy of a profession that "socialize" becomes an epithet. Too often is it applied to men whose lives would be easier, and whose incomes would increase, if they were willing to adopt the easy conscience of the demagogue.

Your President has presented a program. It is one of constructive effort, and in it there is no place for the demagogue and his attending sycophants. Whether there is to be time and opportunity for the slow progressive steps of controlled experimentation remains to be seen. The program stresses the fact that socio-economic problems are not only those of the professions or of the public, but that they are joint problems, and that their solutions will bring joint benefits. It is a program that faces the realities of the present, and offers hope for the future. It sets up a standard around which the profession may rally, a standard that might well carry the words: dedicated to a logical sequence of study and a dispassionate consideration of its results.



AMERICAN COLLEGE OF DENTISTS<sup>1</sup>ABSTRACT OF MINUTES OF ST. PAUL CONVOCATION, AUGUST 5, 1934,  
AND OF ATTENDANT SESSIONS OF BOARD OF REGENTS<sup>2</sup>

ALBERT L. MIDGLEY, *Secretary*  
*Providence, R. I.*

## I. BOARD OF REGENTS

*Aug. 3 (10:30 a.m.):* present—Gies, Gurley, Hume, Midgley, Palmer, Robinson, Smith. (1) Minutes of sessions in Chicago, Aug. 3, 4, 6, 7, 1933, read and approved. (2) Treasurer's report referred to Auditing Committee. (3) Voted to establish standing committee on Finance and Budget, to be composed of Secretary, Treasurer, and one to be appointed annually by President. (4) Fellowship conferred in absentia upon Dr. M. W. Carr, New York City. (5) Resignations of Drs. L. P. Anthony, Philadelphia, R. Ottolengui, New York, and J. J. Wright, Milwaukee, accepted; Secretary instructed to request return of cap, gown, and certificate of College by those whose resignations had been accepted. (6) Assistant Secretary reported conditions of publication of *J. Amer. Coll. Den.*; presented for examination copies of three issues to date; and suggested plan to insure *Journal's* permanency and editorial continuity. *Resolution adopted:* "Whereas, Dr. William J. Gies has rendered so significant service to the dental profession, and especially to the College in the establishment of its *Journal*; therefore, be it resolved that the Board of Regents express to him our sincere appreciation for this and all of his very valued assistance in the future well-being of the profession of dentistry." (7) Voted that, at suggestion of executive officer of board of editors of *Journal* (6), offices of Editor, Associate Editor, and Assistant Editor be created, no person to serve more than five years in any one position; these provisions to be referred to Committee on By-Laws; and that five "contributing editors" be added to the Board of Editors. (8) Voted to enlarge *Journal* to sixty-four pages per issue, and to publish advertisements subject to approval of Regents.

*Aug. 3 (2:20 p.m.):* present—Gies, Gurley, Hume, Midgley, Palmer, Robinson, Smith. (9) Voted to invite Dr. Arno B. Luckhardt, Chicago, to be speaker at luncheon on Aug. 5. (10) Report of Commission on Journalism referred to special committee for comment at next session. (11)

<sup>1</sup> For an abstract of the minutes of the Convocation in 1933, see *Journal of the American College of Dentists*, 1934, 1, 13.

<sup>2</sup> All sessions were held in the St. Paul Hotel.

Voted that special committee be appointed to cooperate with other organizations in centennial celebration (1939-40) of establishment of dentistry as separately organized profession. (12) President's address read and filed. (13) Auditing Committee (2) found Treasurer's report correct, showing—for period from July 29, 1933 to July 20, 1934—receipts, \$8,680; disbursements, \$6,848; balance on deposit, \$2,290.25. (14) Approved, in principle, President's recommendation that annual dues be raised to \$10, but deferred action until membership can be duly informed as to enlarged program of prospective activities.

*Aug. 3 (9:00 p.m.):* present—Gies, Gurley, Hume, Midgley, Palmer, Robinson, Smith. (15) Committee on report of Commission on Journalism (10) presented commendation; proposed several changes in phraseology acceptable to Commission. (16) Report of Commission on Journalism, in final form (15), adopted. (17) Resignation of Dr. H. L. Banzhaf as member of Committee on Education accepted. (18) Voted, after general discussion of sections of College, that suitable charter be prepared, and that Committee on By-Laws propose items pertaining to sections.<sup>3</sup> (19) Voted to offer amendment to constitution whereby Treasurer and Vice-President would become members of Board of Regents.

*Aug. 4 (4:40 p.m.):* present—Gies, Gurley, Hume, Johnson, Midgley, Palmer, Robinson. (20) List of nominations for membership, as approved by Board of Censors, received; consideration of nominees begun.

*Aug. 4 (10:45 p.m.):* present—Gies, Gurley, Hume, Johnson, Midgley, Palmer, Robinson. (21) Further consideration of, and decisions on, nominations for membership (20). (22) Voted that committee of Pittsburgh Fellows be appointed local committee in charge of arrangements for sessions of College in affiliation with American Association for the Advancement of Science, at Pittsburgh meeting next December. (23) Secretary instructed to enforce 90-day provision relating to presentation of nominations for membership.

*Aug. 8 (12:45 p.m.; first of new administration):* present—Davis, Gurley, Hume, Midgley, Robinson, Smith, Wilson. (24) Elections to active editorship of *J. Amer. Coll. Den.*, pursuant to previous action (6, 7): *Editor*, William J. Gies; *Associate Editor*, John E. Gurley; *Assistant Editor*, Otto W. Brandhorst. (25) Voted that five contributing editors (7) be elected by three active editors from list of ten to be nominated by President. (26) Dr. Nathan Sinai, Ann Arbor, Mich., elected to Honorary Fellowship. (27) Dr. I. N. Broomell, Philadelphia, Pa., and Dr. Edwin C. Blaisdell, Ports-

<sup>3</sup> See the statement regarding organization of sections of the College: *Journal of the American College of Dentists*, 1934, 1, 67.

mouth, N. H., elected to Fellowship. (28) Drs. Albert L. Midgley, Harold S. Smith, and George W. Wilson appointed Finance and Budget Committee. (29) Voted that College prepare volume of Dr. Gies' contributions to dentistry, and present a copy to him; committee of three appointed to proceed therewith.

## II. CONVOCATION

*Aug. 5 (10:10 a.m.): first session;* President Palmer in Chair. *Reports by officers and committees:*<sup>4</sup> (30) Finance: Harold S. Smith, Treasurer; adopted. (31) *J. Amer. Coll. Den.*: William J. Gies, executive officer; adopted. (32) Chicago Convocation (1933): Albert L. Midgley, Secretary; minutes approved. (33) Dental Prosthetic Service: W. H. Wright, chairman; adopted. (34) Editorial Medal Award: William C. Graham, chairman; adopted. (35) Education and Research: J. Ben Robinson, chairman; adopted. (36) Socio-economics: C. E. Rudolph, chairman; report of progress; no action. (37) Journalism: Bissell B. Palmer, chairman; adopted. (38) Hospital Dental Service: Howard C. Miller, chairman; adopted. (39) Legislation: William A. McCready, chairman; adopted. (40) Relations: Arthur R. McDowell, chairman; adopted.

*Aug. 5 (12:30 p.m.): luncheon.* (41) Informal address: Dr. Arno B. Luckhardt, Chicago.

*Aug. 5 (2:30 p.m.): second session;* President Palmer in chair. (42) Necrology Committee, Dr. George S. Vann, chairman, presented names of following Fellows:

*Alexander*, Charles L., Charlotte, N. C. *Davenport*, Sebert E., Sr., New York City. *Eschelman*, S., Buffalo, N. Y. *Fought*, Luther A., Philadelphia, Pa. *Hetrick*, Frank O., Ottawa, Kan. *Hunt*, Alfred O., Omaha, Neb. *Jarman*, Albert W., Philadelphia, Pa. *McClain*, Harris W., Chicago, Ill. *Moffat*, J. N. C., Memphis, Tenn. *Printz*, Merle M., Chicago, Ill. *Rhobotham*, Frank B., Chicago, Ill. *Weston*, W. H., Sydney, Australia.

The College stood in silence at the conclusion of the report, in tribute to the memory of the deceased Fellows. (43) Voted to adopt proposed amendment to constitution under Article IV, Section 1; amended section to read: *Officers.*—The officers of the College shall consist of a President, a *President-elect*, a Vice-president, a Secretary, and a Treasurer. (44) Proposed amendment to constitution as previously circulated, on addition of Vice-pres. and Treas. to Board of Regents, presented for action next year. (45) President's address: Dr. Bissell B. Palmer; Vice-president J. Ben Robinson, in chair, appointed H. E. Friesell, A. H. Merritt, and W. C. Graham, Committee on President's Address. (46) Address by Dr. Nathan Sinai: Medical and dental economics. (47) Committee on Endowments: J. V.

<sup>4</sup> Most of these reports are published in this issue: pp. 125-146—[Ed.]



Conzett, chairman; reported temporary suspension of activity owing to economic conditions; no action. (48) Report of Board of Regents: Albert L. Midgley, Secretary; ratified. (49) Dr. George S. Vann, Orator of College, administered pledge to, and President Palmer conferred Fellowship upon, following persons elected by Regents:

*Abbott*, Rush P., West Point, Miss. *Brekhus*, Peter J., Minneapolis, Minn. *Chase*, Charles E. B., Boston, Mass. *Clark*, James F., Pawtucket, R. I. *Damon*, George M., Minneapolis, Minn. *Dresen*, Oswald M., Milwaukee, Wis. *Edwards*, Ralph W., Kansas City, Mo. *Fraser*, M. S., Denver, Colo. *Grove*, Carl J., St. Paul, Minn. *Hallenberg*, Albert, Fargo, N. Dak. *Hunt*, Vernon L., Arcata, Calif. *Kirtland*, Howard B., San Luis Obispo, Calif. *Luckie*, S. Blair, Chester, Pa. *Lyons*, Harry, Richmond, Va. *Mack*, Cornelius H., Mare Island, Calif. *Moran*, Michael J., Deming, New Mexico. *Nelson*, Clarence A., Amery, Wis. *Patton*, Ernest W., Birmingham, Ala. *Pruden*, Kenneth C., Paterson, N. J. *Rault*, Clemens V., Washington, D. C. *Ray*, Harry J., Aiken, S. C. *Rogers*, Ernest A., Iowa City, Iowa. *Rowe*, Arthur T., New York City. *Rusca*, F. St. Elmo, Philadelphia, Pa. *Sayre*, Loren D., Chicago, Ill. *Scherer*, Walter H., Houston, Texas. *Thatcher*, George A., Brockton, Mass. *Titus*, H. W., Eugene, Ore. *Uebele*, Harvey M., Milwaukee, Wis. *Vaughn*, James J., Nashville, Tenn. *Waddell*, James C., E. St. Louis, Ill. *Walls*, James M., St. Paul, Minn. *Watson*, Alfred P., Portland, Ore. *Weeks*, Arthur F., Portland, Ore.

Aug. 5 (7:30 p.m.): *third session—annual dinner, and celebration of twenty-fifth anniversary of establishment of Dental Educational Council of America*, President Palmer in chair; approximately 150 Fellows present. (50) Dr. George S. Vann, Orator of College, administered pledge to, and President Palmer conferred Fellowship upon, following additional persons elected by Regents:

*Brandhorst*, Otto W., St. Louis, Mo. *Chace*, James E., Ocala, Fla. *Drain*, Charles L., Iowa City, Ia. *Hoffman*, Henry F., Denver, Colo. *Leigh*, R. Wood, Fort Omaha, Neb. *Owen*, Elbert B., St. Louis, Mo.

(51) Address by Dr. Arthur C. Wherry, President of American Dental Association: Influence of American College of Dentists in solution of dental problems. *Special program in celebration of twenty-fifth anniversary of establishment of Dental Educational Council*:<sup>5</sup> (52) Felicitation: President of College, *Bissell B. Palmer*. (53) Response: President of Council, *Henry L. Banzhaf*. (54) Conditions in dental education when Council was organized, *H. E. Friesell*. (55) Relation of Council to development of dental education since 1909, *Albert L. Midgley*. (56) Future usefulness of Council, *William J. Gies*. *Executive proceedings*: (57) Report of Committee on President's address (45), *H. E. Friesell*, chairman; adopted. (58) Officers listed on cover of this issue (to be repeated on title page of volume) elected for ensuing year.

<sup>5</sup> The addresses in this special program will be published in our next issue.—[Ed.]

## AMERICAN COLLEGE OF DENTISTS

REPORTS OF COMMITTEES AT THE ST. PAUL CONVOCATION,  
AUGUST 5, 1934<sup>1</sup>I. PRESIDENT'S ADDRESS<sup>2</sup>

Your Committee records its hearty approval of this most excellent address, and compliments the President on the far-seeing plans he presents for comprehensive studies in fields of interest that are vital to the advancement of the dental profession. The Committee approves the all-day convocation plan, and calls attention to the splendid program that has been made possible by this innovation. We approve the financial support given by the Regents to the *Journal of Dental Research*. The following recommendations are submitted: (1) Enlarge the *Journal of the American College of Dentists* and include carefully selected advertising. (2) Establish an annual award of \$200 to encourage young research workers. (3) Appoint committees to make serious studies of the following important problems now confronting our profession: (a) questions relating to universal dental health-service; (b) requirements for training and licensing practitioners in the specialties; (c) methods of encouraging a better type of college student to study dentistry. (4) Give adequate and proper publicity to the opposition of the College to the threatened encroachment of certain medical interests upon the field of oral surgery. (5) Give the committee on the study of the situation affecting the dental laboratory and technician ample support and encouragement to pursue its activities vigorously. (6) Make the annual dues \$10.—*H. E. Friesell, chairman; Arthur H. Merritt, W. C. Graham, Committee.*

## II. DENTAL PROSTHETIC SERVICE

The members of the Committee were notified of their appointments in January, 1934. A tentative outline for the study of the problems relating to dental prosthetic service has been prepared. The study is being pursued on the following subjects: (1) Requisites for, and responsibilities of, the practice of prosthetic dentistry. (2) Review of the history of prosthetic dentistry in relation to present tendencies in dental prosthetic service. (3) Relation between the dentist and those who aid him as assistants. (4) Relation of the commercial dental laboratory to dental prosthetic

<sup>1</sup> An abstract of the minutes of the St. Paul convocation, containing references to all reports of committees, is included in this issue: p. 123.

<sup>2</sup> The President's address is included in this issue: p. 97.

service. (5) Relation of dentistry to the commercial dental laboratory. An effort is being made to define clearly the responsibilities of the profession in achieving better dental prosthetic service. Current methods and practices, both of the profession and the commercial dental laboratory, are being studied in an effort to find a solution of this important problem.—*W. H. Wright, chairman; W. H. Grant, C. F. Harper, A. H. Paterson, C. H. Schuyler, Committee.*

### III. EDITORIAL MEDAL AWARD

The Committee was appointed in January, 1934. As our work is a pioneering effort, no precedents were available for guidance. An informal meeting of three members of the Committee was held in Chicago, March 18, 1934, when plans were discussed and tentatively adopted. A letter soliciting coöperation was issued to the members of the American Association of Dental Editors, and distributed with the aid of that Association's Secretary. In response to our request, nineteen dental journals are now being sent regularly to the Committee for its study of current editorials. It is our hope that all of the journals will assist in this way. At the meeting of the American Association of Dental Editors, yesterday, the Chairman of our Committee explained the purpose and conditions of the editorial medal award, and invited the coöperation of the editors of all non-proprietary dental journals in the United States. A study of our duty has led us to record, for the information of the College and the journals concerned, certain views of principles and conditions as follows:

*Editorial; definition:* "The published expression of the opinions of an editor. It is the medium through which men have satisfied their instinct to spread ideas." *Mission:* The question is, how can the editorial best meet prevailing conditions—how can it successfully perform both the functions that inevitably belong to it, and its mission of satisfying the inquiring mind? No editorial stands by itself; it is more or less closely related to other expressions of some policy of the periodical. An editorial must have sincerity, clearness, imagination, humor, sympathy, mastery of the subject, and variety in presentation; it has no excuse for being, if it is not read by people who are alive and awake on the professional aspect of life. Editorials are not written for posterity, but for men of the day. Possibly there exist, in the mind of the editor, readers for whom the editorial is calculated to be effective in the way desired and planned.

*Editor.* The editor does not write for himself but with constant reference to his readers. He must use skill and judgment in establishing living contact with the mind of the reader. This is known as *strategy of expression*.



The editor has become an unrecognized statesman. He must be a moralist, a philosopher, an entertainer, and an educator. He should possess a judicial cast of mind, capable of comparing and weighing statements and evidences presented to him. From the tangled maze of controversy he unravels the many lines, lays them in a row, and measures their many worths.

*Reader.* The reader is the editor's jury. It is not invading the field of psychology, or trespassing upon the domain of metaphysics, to say that the editor whose heart is in his work, whose thought is concentrated upon his art, is never for a moment separated from the multitude he addresses. This does not mean that he must be subservient to his public. He seeks to know the mind and attitude of readers who do not conform to his opinion, in order to understand how to achieve the greatest possible success in impressing his ideas upon them. People don't want to know what the editor thinks, so much as they want to know what they themselves think.

*Psychological aspects of editorials.* There are four *main types* that govern the editorial writer's approach to his readers. (1) *Informative type.*—It is the editor's business to know things that his readers do not know. This editorial informs the reader about these things. (2) *Interpretive type.*—This type is written to show the hidden meaning of things, the real significance of facts or events. It points out the hidden significance of statements appearing on the surface as something more than commonplace. This type requires more thought to produce, but also yields more value to the reader seeking intelligent grasp of the subject. It appeals to the reader's comprehension rather than to his apprehension. (3) *Argumentive type.*—Here the editor tries to show the reader the "reason why." It aims to win the reader's agreement or belief by direct argument; and while human nature is rarely convinced by argument alone, yet, when supported with facts, it carries weight that elicits conviction. (4) *Exhortive type.*—This kind influences action. This is said to be the highest type because apprehension of facts, understanding of their significance, and belief in the proposition laid down, are of little value unless they move to action. Here the editorial must be persuasive. It involves emotional appeals, as well as appeals to instincts, running all the way from subtle suggestion to frank exhortation.

*Weakness and strength of editorials.* From the periodical world, as well as from spokesmen for the public, come indictments of the utility and ethics of editorials. Among them are the following *criticisms*: (1) Editorial opinion can be bought or dictated by the business office. (2) Editorials are usually colored by bigotry and based on implied assertion of inerrancy.

Few editors have the ability and high educational qualifications necessary to pass judgment on great questions. (3) The editorial writer assumes to relieve the reader of the need to think for himself, and tries to force opinions upon him. (4) Editorials make indefensible attacks upon prominent men. (5) Editorials are dull and profitless. These have no merit, excepting to give the reader mental rest. Carlyle spoke of this kind as "straw that had been threshed a hundred times without wheat." (6) Editors are prone to follow a "safety-first" policy of denouncing infractions of codes of ethics and other misdemeanors, or advocating reforms. Such editorials are made up of equal parts of verbal gymnastics and cowardice. (7) Editorials deal with trivialities. (8) The editor says things he does not believe himself. Or, from the editor's point of view, things are all good or utterly bad. (9) Once committed to a policy, the editor never changes front, however untenable his position becomes. (10) Editorials are seldom used to acknowledge a mistake or to right a wrong. (11) Editorials are written on an emotional and not a rational basis.

Editorial writers of today do not suffer by comparison with those of former years. On the contrary, a true criticism would say that those of today are less mercenary and less dishonest. There has been progress toward higher standards, and what is needed is a complete swing-over to standards which are above justifiable criticism. Editors today are less egotistic, less intolerant, less abusive, less contemptuous of the reader's ability to think, equally courageous, better trained, better informed. One of the strongest criticisms is that editorials have not developed in a way to meet present conditions, especially of ethics. Then, other conditions grow out of (a) greater education of the dentist; (b) less willingness to follow leaders in the profession (the dentist wants to do his own thinking, or to come to his own conclusions); (c) higher pressure of modern life; (d) changes in public taste; and (e) new competing interests. The whole trouble is that editorials having neither knowledge, insight, courage nor an attractive sense of humor, are nothing more than "fillers;" and then, if the editor has not thought out and applied a technique of his craft, he is "going it blind." Any influence he may exert is only accidental. Can the editor (1) pick out of the jumble of things, those that are significant for editorial handling? (2) Can he sense maladjustments where everything is apparently going all right? (3) Can he appreciate excellencies that others are too busy or too obtuse to see? (4) Does his indignation kindle at the injustice ignored by the dulled sensibilities of the crowd? (5) Can he look beyond the present fact to its consequences a generation ahead? (6) Has he enough philosophy of life to insure foundational consistency in the positions he

takes? (7) Is the editor "historically minded;" that is, does he possess historical perspective? (8) Can he pass by the non-essentials of a subject to the real heart of the matter? (9) Does he know when and how to be severe, kindly, ironical, gay, sentimental, brilliant, or serious? (10) Can he adjust subject to reader, putting the right thing first, and the right thing last? (11) Does he know people well enough to be charitable toward them? (12) Has he the instinct of an artist to guide him? (13) Has he learned how to go to nature for renewal of courage and broadening of sympathies? (14) Has he developed a balanced sanity as regards his own importance? (15) Is he strong enough to let his readers see that he does not believe all truth to be on his side and all error on the other side? (16) Is he original, strong, and bold enough to make his opinions a matter of consequence to the public? (17) Does he realize that fads and hobbies are only the "poor relations" of principles and policies? (18) Is he free from the itch of office? (19) Has he enough "keel" so that he can change his course without capsizing? (20) Can he take stock of himself once in a while, by some such tests as are here enumerated, without having his spontaneity inhibited by over self-consciousness?

*Committee's prospective procedure.* We have agreed upon an outline for evaluating editorials, of which the main features are: (1) Does the editor make himself understood, (2) maintain interest, (3) employ historical or literary allusions, (4) inject the pictorial element, (5) win the sympathy and confidence of the reader, (6) promote the spirit of tolerance, (7) introduce whimsical, satirical, or stern tones? (8) Is the subject important, (9) strongly, forcefully, and clearly presented? (10) Has the editorial leadership quality, (11) literary quality, (12) intrinsic value to the profession, (13) any intangible value? The following tests are applicable to editorial writing—(1) *Appearance*: good, bad; (a) length: too long, too short, right; (b) paragraphing: good, bad. (2) *Theme*: (a) *scope*: local, state, national, world, general. (b) *Field*: economics, dental-student education, society activities, advancement of biological sciences, advancement of physical sciences, correlation of dentistry and medicine, dental curriculum, dental therapeutics, principles of improvement, prevention in dentistry, public relations, public health, public education, public welfare, dental legislation, dental journalism, service for patients, dental research, dental progress, dental materials, miscellaneous. (3) *Heading*: relation to theme; adaptation to reader, form or effectiveness. (4) *Rhetorical form*: (a) description, (b) narration, (c) exposition, (d) argument, (e) persuasion. (5) *Style*: (a) qualities: pictorial or commonplace, concise or wordy, clear or involved, forceful or weak, spirited or dull, original or stereotyped, affected



or sincere, enriched or plain, trenchant or smooth, sentimental or gay, refined or crude, subtle or frank; (b) unity or consistency throughout. (6) *Tone*: fair or shrewd, caustic or generous, dictatorial or rational, lofty or democratic, philosophical or intense, dignified or simple, intimate or formal, whimsical or serious, ironical, satirical, sarcastic, abusive. (7) *Purpose*: (a) to inform, (b) interpret, (c) convince, (d) influence, (f) entertain. (8) *Moral qualities* and sense of *editorial responsibility*: good, bad, indifferent. (9) *Value*: judged by requirements that it be seen, read, believed, adopted, beneficial to the profession.

The present outlook is most hopeful and encouraging. We have the conviction that our cause—the ascendancy of professionally responsible non-proprietary journalism—is just and right, and must succeed whether it takes one, five or ten years. Our plans of procedure may be altered, but our objective cannot change. Constant reference has been made to “The Editorial,” by Flint, as well as to the views of Prof. Hooper, Emeritus Professor of Journalism, Ohio State University, to whom thanks are due.—*W. C. Graham, chairman; F. T. West, C. W. Stuart, J. A. McClung, R. S. Vinsant, Committee.*

#### IV. EDUCATION AND RESEARCH

The Committee on Education and Research has conceived the scope of its study to include all educative activities which may in any way affect the character or quality of dental service, or that may tend to alter or disturb professional standards. All useful dental information should be made available to the profession. Improvements in treatment and new discoveries are constantly being made. The legitimate agents for disseminating this information, so that it may become operative in the interest and for the benefit of the public, are the dental schools, authoritative and unselfish dental literature, organized dental societies, and groups in dentistry whose object is to promote the science of dentistry and the art of dental practice under professional control and authority. Of these the most important is conventional dental education, or those recognized institutions of learning which are devoted to the administration of theories of education and to methods of instruction as they apply to pre-dental requirements, under-graduate instruction, post-graduate instruction, graduate instruction, extension courses, and research. Of slightly less importance are all of the extra-institutional educative factors included in the educational service provided by dental societies—national, state, and local—the promotion of research by these bodies, and plans by which the findings in research projects are transmitted directly to the practitioner for the improvement of his

art. An additional influence in which the profession is interested, and which demands attention, is the educational effort of commercial adjuncts to promote the sale of equipment, materials, and devices for use in dental practice.

*Institutional education.* Your Committee recognizes the present uncertainty of the situation in institutional dental education, caused by the non-completion of the Survey of the Dental Curriculum. While a progress report has been made, and certain recommendations advanced by the Commission have been approved by the American Association of Dental Schools, the final conclusions of the Committee, and the complete evidence upon which these conclusions are based, have not been published; and therefore ample opportunity has not yet been given to evaluate the results of this important study. In view of this situation, your Committee regards this as an inopportune time to express an opinion concerning theories pertaining to conventional education. It will therefore devote its attention to certain general educational problems which command the attention of the profession.

*Commercially-promoted education.* Your Committee believes that organized dentistry should declare a policy toward the threat to scientific professional standards by prevalent educative enterprises promoted by commercial interests. We wish to express our appreciation of the useful contributions made to dental progress by a large number of commercial institutions which, as dependable adjuncts to the dental profession, have done much to make possible our present high standards in the art of practice. It is not the purpose to injure these institutions, but rather to influence their sales methods along lines which will make it possible to subject to a form of disciplinary control other commercial organizations of a lower standard of ethics.

The nature of dental practice requires highly specialized devices to make possible the delivery of an adequate oral service. This armamentarium is so highly specialized that the individual dentist must depend upon adjuncts specially equipped to provide this service. This situation offers ready access of commercial groups to private practice. It is pointed out that detail men are employed by commercial houses to offer special courses of instruction to the profession, featuring alleged scientific qualities of dental materials developed in industrial research, and offering to the dentist instruction in their utilization in the art of practice. Commercial interests, in their eagerness to promote new devices, have for years presumed to instruct the dentist on the assumption that they have given him useful and needed instruction. This practice has been injurious to the profession, both economically and by inhibiting the growth and authority of dental

organizations. Experimental ventures by the profession in the use of valueless material have been costly, and have failed so frequently that it has been suggested that the dental profession be cautioned to resist this menace by declining to accept the alleged educational offerings of the non-professional institutions.

Commercial post-graduate courses have reflected detrimentally upon the profession in creating the belief, held by a large number of dentists, that the training and instruction received from this source is entirely adequate to their needs in keeping themselves informed. It has been erroneously accepted as a competent substitute for the benefits which organized dentistry offers, and has greatly inhibited the growth, and limited the authority, of dental organizations. We suggest to the American College of Dentists that it go on record as approving the creation of various councils under the authority of organized dentistry—departmentized in such a manner that they may spread over the needs of dental practice—to which all new devices and new products shall be referred for an opinion before they can be offered to the profession. An example of such a Council exists in the Council on Dental Therapeutics of the American Dental Association.

*Proposed transfer of oral surgery.* The Committee's attention has been called to the statement, emanating from certain sources in the realm of medical education, that oral surgery has been transferred from dentistry and made a specialty of medicine. This attitude is in line with former pronouncements of medicine concerning its disagreement with the structure, organization, or competency of dentistry. These have at various times suggested that dental practice should be delegated to a physician-dentist assisted by numerous specially trained technicians; at other times it has proposed that dental education should be placed under the authority, direction, and at the discretion, of medical education. Dentistry is not servile to medicine. It is an independent profession, which has earned and holds the respect and confidence of the public. Its autonomy was established because of medicine's indifference to the importance of oral health-values; it has acquired legal recognition and, through it, the right of self-determination; its educational system has been perfected as a guarantee of the scientific quality in oral service; its leadership has developed and grown through the years, and is fully capable of interpreting and administering its proper responsibility to society. To state that oral surgery has been transferred from dentistry and made a specialty of medical practice is to admit that oral surgery has been, to the present time, a part of dental practice. Any transfer at this time must look for greater strength of authority than an arbitrary academic statement actuated by purposes of aggrandizement.



The facilities for training the modern dental student in the essentials of operative oral surgery belie the suggestion, in this proposal, of the incompetency of dentistry to treat surgically conditions of dental origin, or those involving the dental mechanism, arising in the scope of dental practice. The progress of the science of dentistry and art of practice, in the field of oral surgery under the present system of dental education and training, has kept pace with the splendid progress in medical science. On the other hand medical teaching reveals no noticeable improvement in its policy for the training of medical graduates in the art of oral surgery. In fact the schedule of instruction in medical schools reveals an almost total lack of attention to the instruction of medical students in this important field of health service. The general lack of competency in the medical field in dealing with oral health-problems, because of its traditional disregard for oral conditions, places medicine at a disadvantage in the said audacious effort to pre-empt the field of oral surgery. A careful analysis of true situations in the scope of medical education and dental education reveals the fact that the opportunity of medical students for training in oral surgery is inferior to that of dental students. The only justification for the attack to which we allude is an arbitrary assumption that this particular field should be appropriated by medicine. We unhesitatingly censure this evidence of encroachment, and insist that the public will be better served when medicine may charitably assume an attitude of correlation of effort in matters affecting oral health.

*Guidance for the dentist from the time of graduation until he becomes fairly well established in practice.* For a considerable percentage of the graduates of every professional school, the first few years after graduation are possibly the most critical, in that trends of action and thought are established which are likely to determine both their professional status and the character of their service throughout their careers. What can be done to assist such men to maintain the highest professional standards? A quick answer is that the responsibility lies with our dental colleges. The ideals of the profession should be so thoroughly inculcated that few would be likely to slip, and it is believed that practically every school endeavors to do its full duty in this respect. During the last half of the senior year, when the school is bearing down to bring every student "up to scratch" at commencement, there is likely to be reaction against school discipline as opportunity presents. Immediately after commencement, freedom from restraint inclines these graduates to listen to friendly advice from an outside source, which is likely to be accepted, particularly if it promises financial success. Therefore, a glib commercial salesman often has little trouble in convincing them

that the teachings of the school are too ethereal; and they accept the get-rich-quick methods which he recommends. Just previous to graduation, there have been lectures on the advantages of dental-society membership and participation in society activities; also on the desirable habits of living for the professional man, the part he should take in civic matters, what he should do to establish himself in practice, etc. A representative of the American Dental Association appears before the class to report the very commendable action of that organization in offering membership at little or no expense during several years immediately after graduation.

What can the members of the American College of Dentists do to assist in guiding the new graduate? A talk to the seniors of each school by representatives of this body would probably be "just another sermon" to the student when he is somewhat fed up on ideals. Everything considered, it is suggested that man-to-man contacts would be most helpful. If it is considered that the membership of this organization is sufficiently large and scattered, an invitation might be sent to each member of the graduating class to call on members of the College in the city in which he decides to locate. Contacts thus made should be productive of far-reaching results in promoting professional ideals and progress. The invitation might be in the form of a small booklet containing the names and addresses of all members of the College, arranged geographically.

*Statement of policy relative to scientific research.* In view of the fact that there exist numerous types of research laboratories, varying from straightforward search for the truth by the worker, unhampered by pressure of any kind, to the commercial so-called research laboratory operated solely to promote sales, it seems proper to suggest a policy by which reliable research may be recognized and accepted. Research is defined as diligent investigation to ascertain facts. The report should be "the truth, the whole truth, and nothing but the truth," so far as it has been learned regarding any question. Research should be undertaken only under conditions that assure freedom to the worker to proceed with open mind and with no other objective than to discover facts. The findings of a research worker who is paid for his service directly or indirectly by a commercial establishment should be subject to question, until verified by other workers who are free from the bias of a profit motive.

When an educational institution of recognized standing accepts from a commercial establishment a grant for research along lines from which the results might be of financial advantage to the grantor, it should be under a written agreement which provides that (1) the workers involved will proceed unhampered in any way to discover the facts; (2) the investigation

will be conducted without bias in favor of the grantor; (3) the complete reports will be offered to recognized periodicals for publication in order that the results may be available to other organizations which might be interested in the findings; (4) the details of procedure, including methods, equipment, time, number of experiments, controls, etc., shall be presented as a part of the report or separately in support of it; (5) the names of the investigators, and of the institution in which the studies are made, shall be published, so that both responsibility and credit will be definitely placed.

*Dental-school clinics.* In considering the problems of dental education it seems appropriate for this committee to discuss those factors that threaten its progress. Within the past four years several occasions have arisen when certain groups in organized dentistry have seriously threatened the continued efficiency, and even the life, of dental colleges. These groups have set up the theory that dental clinics are service clinics, and are thus competing, within the area of the teaching clinic, with practitioners. It therefore seems appropriate for this committee to discuss the functions and rights of the dental-school clinic, to the end that members of this College may be prepared with facts to be used in support of this essential phase of dental education. It is not necessary to stress the fact that an abundant supply of clinical material is required, if dental students are to be adequately trained to meet the exactions of examining boards and of practice. The time has not yet arrived in the socio-economic structure of our state or national governments when taxpayers are ready to provide for dental services. It is therefore necessary for dental-school clinics to offer the only inducement they have to get patients to submit to experimental service. It must be remembered that "professional" services are not rendered in dental-school clinics, except in a limited number of cases used for demonstration.

The suggestion is made by some of the complaining groups that the dental-school clinics should be put on the same basis as state hospitals, requiring the patients to furnish proof of inability to pay private fees, etc. All classes of patients entering hospital clinics receive the same professional services, probably from the same surgeon or internist, but always by a graduate. Patients entering dental-school clinics stand a good chance of being assigned to a student who has never before performed an operation in a mouth. It seems that patients who are willing to submit themselves to the uncertainty of a teaching clinic should not be denied that right. Many of them do so because of an interest in the education of the particular student who does their work. An analysis of the list of patients at the average teaching clinic would doubtless show that the majority of them are



not able to pay more than the moderate fee charged by the clinic. The opinion of experienced men is that the great bulk of pay patients in dental-school clinics are those whose incomes are at or below the "comfort level." If this privilege were denied them, they would probably go without dental service. The complaint infers that the teaching clinic competes with the local group, many of them being graduates of the institution. The facts are that a majority of the complainants located in the vicinity of the school clinic long after the clinic was established, and in fact located there in competition with it. The criticism of certain groups carries the assumption that, because a professional man or group of professional men choose to locate in a certain community, they have a claim on all patients in that community. May not an insistence for protection from dental students be interpreted to mean that there is lack of professional attractiveness to draw those few patients who might be able to pay a moderate fee?

These essential facts exist: an adequate supply of clinical material is necessary, if high standards of dental training are to be maintained; indigent patients cannot supply this material, because the taxpayers will never provide funds for certain types of restorations needed for adequate training; organizations made up of professional men with high ideals, and a real interest in maintaining high educational standards, must use their influence to combat selfish efforts to tear down these standards; it is appropriate that this College, because of its high ideals, should use its influence against these efforts to embarrass institutions of dental education.—*J. Ben Robinson, chairman; Arthur D. Black, A. W. Bryan, Committee. [Henry L. Banzhaf resigned membership in the Committee before preparation of the foregoing report was begun. Leuman M. Waugh was unable, owing to prolonged absence, to participate in the preparation and presentation of the Committee's report.—Ed.]*

#### V. ENDOWMENTS

The Committee concluded that efforts to raise endowment funds, under present economic conditions, would not be favorably received. We therefore remained inactive.—*J. V. Conzett, chairman; Herbert C. Miller, Abram Hoffman, D. U. Cameron, A. H. Merritt, Committee.*

#### VI. HOSPITAL DENTAL-SERVICE

Your Committee has as yet no concrete recommendations to offer. In the short period during which the Committee has functioned, the foundation for an extensive and valuable survey of the situation has been laid. When our Committee was appointed (January, 1934), President Palmer stated that, among other important present-day problems in dentistry, the status

of dental service in hospitals should be studied with a view to extending the sphere of usefulness of the profession in conformity with constantly changing social trends. The development of dental service in hospitals, especially during the past decade, has been so gradual that the profession has sensed neither its extent nor the essential problems that have arisen. He outlined in clear detail some of the studies that might be undertaken by this Committee, under the following headings: (1) *Dental internships*: embodying the desirability of the service to the hospital and also the dental graduate; questions relating to ratio of internes to number of hospital beds; method of selecting internes; scope, conditions, and term of interne service; house rules for internes; and whether a brief internship should be considered a legal essential for admission to practice, as in medicine. (2) *Hospital clinics*: consideration of professional personnel, class of patients, types of service rendered, fees, equipment; also relationship with other hospital clinics. (3) *Post-graduate dental courses*. (4) *Dental divisions of hospitals*: plan of organization, etc. (5) *Record forms*: purposes of such forms, desirability of standardization, and method of filing. (6) *Cooperation between dental and other hospital divisions and departments*. While Dr. Palmer stated clearly that this outline was offered as a suggestion only, we felt that this valuable outline should be used as a basis for our preliminary study, and have accordingly proceeded along these lines.

In correspondence among the members of the Committee, the suggestion was made that we endeavor to contact all hospitals having dental service, to which end a questionnaire might be issued to gain information relative to the conduct of dental service in hospitals throughout the country. The tentative questionnaires submitted by the members of the Committee are pertinent to all phases of the situation; from them we propose to develop a set of questions, the answers to which will provide a basis for our recommendations. We felt that it was essential, as a preliminary step, to make a thorough study of the present situation, and to compile a complete review of such literature as has already been published on the subject. This literature is scanty, something less than fifty articles having been published. Through exceedingly helpful contacts with the American Dental Association, the American Medical Association, and the American Hospital Association, we have access to their resources. This, however, is but the beginning of our task. A thorough digest must be made of all these articles on hospital dental-service so that we may profit by what has been done, and avoid any pitfalls others have encountered. We have a list of hospitals throughout the country which now have dental service—something over 700. The information we shall obtain from these hospitals, together with

a careful study of the literature, will enable us to formulate a plan upon which we can make recommendations at the end of another year.

This, while preliminary, indicates that we are making progress. The coöperation among the members of the Committee has been all that could be desired, and we beg to assure the College that we shall attempt to carry to a satisfactory conclusion the work that has been assigned to us.—*Howard C. Miller, chairman; J. E. Gurley, E. A. Charbonnel, C. T. Messner, Leo Stern, Committee.*

#### VII. JOURNALISM

[This report, the lengthiest in the series, will be published independently in the next issue: Jan., 1935.—*Ed.*]

#### VIII. LEGISLATION

Your Committee, in order to gather data for this report, sent a questionnaire to forty-seven states and the District of Columbia. We received replies from forty-four, and submit the following data:

*During 1933*, bills to amend existing dental-practice acts were considered in 19 states and enacted in 14 states: California, Connecticut, Delaware, Illinois, Maryland, Michigan, Minnesota, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Vermont, Wisconsin (*table 1*). Of special interest is a provision of the new *Illinois* law prohibiting corporations from practising dentistry. The new *North Dakota* law permits dentists to make and sign death certificates. Laws enacted in *Iowa* and *North Dakota* permit licensed dentists to administer and prescribe intoxicating liquors. In *Pennsylvania* the new act gives greater power to the Dental Council and Examining Board; they may revoke licenses for violations of the dental act. A clause specifying that the state certificate and registration card must be displayed in the holder's office will prevent operation of chain offices under one name. A newspaper lobby eliminated a clause prohibiting all advertising. The Board is granted the right to accept the results of examinations of the National Board of Dental Examiners. *During 1934*, 13 states made changes in existing dental acts; 6—Connecticut, Delaware, Illinois, Iowa, Nebraska, Pennsylvania—now have statutory provisions permitting acceptance of the findings of the National Board of Dental Examiners.

Colorado and Texas authorities are contemplating changes when their legislatures meet in 1935. The principal points in the changes to be proposed in Texas are these: (1) Require an annual registration fee, to be paid to the State Board of Dental Examiners. (2) Give the State Board



of Dental Examiners power to revoke a license for just cause, subject to appeal to the District Court. (3) Prevent ownership, or operation, of dental offices by any person, corporation, firm, or group other than the licensed dentist operating in such office in his own name. (4) Prevent

TABLE 1

Summary indicating general action of states, relating to dentistry, in 1933-1934

STATES	LEGISLATION <sup>1</sup> 1933	LEGISLATURE 1934	STATES	LEGISLATION <sup>1</sup> 1933	LEGISLATURE 1934
Alabama	No change	No change	Nebraska	No change	Does not meet
Arizona	No report	No report	Nevada	No report	No report
Arkansas	No report	No report	New Hampshire	No change	Does not meet
California	Changed	Does not meet	New Jersey	No change	Meets 1934
Colorado	No change	Meets 1935	New Mexico	No change	Does not meet
Connecticut	No report	No report	New York	Changed	Meets 1934
Delaware	Changed	Relief measures	North Carolina	Changed	Does not meet
Dist. of Columbia	None	No legislation	North Dakota	No change	Does not meet
Florida	No change	Does not meet	Ohio	Changed	Meets 1934
Georgia	No change	Does not meet	Oklahoma	No change	Does not meet
Idaho	No change	Does not meet	Oregon	Changed	Does not meet
Illinois	Changed	Meets 1934	Pennsylvania	Changed	Does not meet
Indiana	No change	Does not meet	Rhode Island	No report	No report
Iowa	No change	Meets 1934	South Carolina	No change	Meets 1934
Kansas	No change	No change	South Dakota	No change	Meets 1934
Kentucky	No change	Met 1934	Tennessee	No change	Does not meet
Louisiana	No change	Meets 1934	Texas	No change	Does not meet
Maine	No change	Does not meet	Utah	Changed	Does not meet
Maryland	Changed	Does not meet	Vermont	Changed	Does not meet
Massachusetts	No change	Meets 1934	Virginia	No change	Does not meet
Michigan	Changed	Does not meet	Washington	No report	No report
Minnesota	No report	No report	West Virginia	Changed	Does not meet
Mississippi	No change	Meets 1934	Wisconsin	Changed	Does not meet
Missouri	No change	Does not meet	Wyoming	No change	Does not meet
Montana	No change	Does not meet			

<sup>1</sup> Summary of bills (numbers) introduced in state legislatures in 1933: Calif.: A. 209, A. 247, A. 282, A. 283, A. 2069. Conn.: H. 379. Del.: H. 169. Ill.: S. 520, H. 808. Md.: H. 249. Mich.: H. 170. Minn.: H. 256. Mo.: H. 3. N. C.: H. 1087. N. D.: S. 138. Ohio: H. 137, H. 421. Okla.: S. 327. Ore.: H. 148. Pa.: H. 1198. Tenn.: H. 705. Tex.: H. 605. Vt.: H. 62. Wis.: A. 721.

Laws and/or acts in 1933.—Calif.: Ch. 84; introduced as A. 282; Ch. 85; introduced as A. 283; and Ch. 552; introduced as A. 2069. Conn.: Ch. 240; introduced as H. 379. Del.: Ch. 240; introduced as H. 169. Ill.: P. 708; introduced as S. 520. Iowa: Ch. 42; introduced as H. 301. Md.: Ch. 564; introduced as H. 249. Mich.: Public Act 235; introduced as H. 170. Minn.: Ch. 8; introduced as H. 256. N. C.: Ch. 270; ratified April 18. N. D.: Ch. 103; introduced as S. 137; Ch. 104; introduced as S. 138. Ohio: Bill introduced as H. 241; approved Mar. 24. Ore.: Ch. 166; introduced as H. 148. Penna.: Ch. 76; introduced as H. 1198. Vt.: Act 136; introduced as H. 62. Wis.: Ch. 189; introduced as A. 721.

any dental office from being operated under any nom-de-plume, partnership, corporate, association, clinic, or other name than that of the individual or individuals actually engaged in the practice of dentistry in that office. (5) Permit the trial of any dentist, person, or corporation for violation of the civil statute regulating dental practice in the county in which such offense is committed.

The following additional details relate to changes during 1934 to date:

*California.*—Legislature did not meet in 1934, but convenes Jan. 1, 1935. More than 135 bills listed for presentation affecting dentistry. Expected to amend act to prohibit all advertising; also to attempt to give State Board of Dental Examiners power to enjoin all unlicensed persons from practising dentistry. Health insurance bills, including dentistry, expected.

*Delaware.*—Places absolute control of appointment of members of Board of Dental Examiners in Executive Committee of State Dental Society; "2-4 plan" approved.

*Illinois.*—Prohibits advertising and corporate practice; fines raised and jail sentences added; specialist license.

*Maryland.*—Strengthened anti-advertising section.

*Michigan.*—State Dental Board given power to make rules and regulations governing dental practice. Important change in process of appeal from decision of Dental Board. Any dentist knowingly permitting an unlicensed person to operate in his employ is equally guilty of violation.

*New York.*—Requires citizenship for licensure. Gives Board of Dental Examiners greater rule-making powers, and right to issue subpoenas and force obedience. Enumerates reasons for revocation of license, Regents prohibiting all forms of "solicitous" advertising.

*North Carolina.*—Board of Dental Examiners given power to revoke license of any dentist "who has by himself or another solicited professional business."

*Ohio.*—Subjects for examination, "chemistry" and "oral hygiene," eliminated; "diagnosis" and "preventive dentistry," together with any other subjects deemed necessary, added. Sec. 1323-1 (new): provides for three-dollar registration fee every two years; Sec. 1325: slight changes in regard to advertising; Sec. 1329: provision of "diagnosis" and "taking impressions" added to definition of practice of dentistry; Sec. 1329-2 (new) makes felony of display of false evidence of any nature as to right to practice dentistry or dental hygiene.

*Oregon.*—Prohibits use of advertising tending to deceive or mislead the public.

*Pennsylvania.*—New act effective Jan. 1, 1934. Evidence gathered against most flagrant chain advertiser in preparation for test case; hearings postponed four times on account of state elections; case still in courts.

*Utah.*—Provision allowing unlicensed persons to practise dentistry, as apprentices, eliminated.

*Vermont.*—Changes unimportant.

*West Virginia.*—Amended to put dentist in Board of Public Health.

*Wisconsin.*—Prohibits advertisers quoting prices, carrying pictures of human head, and practically everything they had been doing.

Your committee recommends that copies of the dental statutes of all the states be secured, compiled, indexed, and abstracts kept as a permanent record in the office of the Assistant Secretary of the College, and annual

additions made to bring it up to date, the data to be available to members of this body for use in future legislative work. We believe that only one survey of this type has been made—by two members of the College (with assistance): J. C. G. Fitz-Hugh and H. E. Friesell, copies of which are in their possession.

The work of this Committee overlaps that of committees of the National Association of Dental Examiners, and the American Dental Association, all of which should be coördinated. We cordially express our appreciation of the help given by all who assisted in furnishing data for this report.—*W. A. McCready, chairman; Geo. S. Vann, W. O. Talbot, B. Lucien Brun, Wm. F. Walz, Committee.*

#### IX. RELATIONS

The College has launched a broad, constructive program (a) to clarify and advance the status of dentistry as a profession; (b) to extend the sphere of its usefulness in conformity with the constantly changing social trends; and (c) to undertake an intensive study of several important problems, the solution of which is essential to the further development of the profession.

*Origin and objectives of this Committee.* The Committee on Education, Research, and Relations (1928-33) presented comprehensive and useful reports at each convocation since 1929. In accordance with the suggestion of the chairman of that committee last year, the Regents authorized the appointment in its place of two new committees: (1) Education and Research, and (2) Relations. Under these circumstances it is plainly the general desire that our Committee should not only endeavor to *continue*, in the sphere of "relations," the well-known work of the earlier committee, but also to *extend* that committee's service in this field as opportunities suggest and circumstances determine. The Committee on Education, Research, and Relations regarded the word "relations" in its title as indicating (a) relations of *dentistry* to other professions and groups; and (b) relations of the *American College of Dentists* to other organizations, or conditions. That committee's reports on the status of dentistry illustrate its view of *relations under (a)*; its work in bringing about affiliation of the College with the American Association for the Advancement of Science illustrates its view of *relations under (b)*. It is obvious, therefore, that the work of the new Committee on Relations should *include* (a) not only the two interpretations of "relations" as exemplified in the work of the preceding Committee on Education, Research, and Relations, (b) but also such reasonable extensions of that interpretation as would not absorb duties specifically assigned to other committees. It is apparent, also,

that it is most important for the Committee on Relations to include *relations* of dentistry and of the College with the public. The scope of the Committee's anticipated work in all directions has received the Committee's early and careful constructive attention.

In order that dentistry may receive the increased public approval and recognition to which, through its usefulness as a public health-service, it is justly entitled, dentists individually and all existing dental organizations should steadily improve the ability of the dental profession to perform its expanding duties in oral health-service. The College will distinguish itself by fostering further scientific understanding of disease problems and their management—and after all the public is the first unit to be considered. It is from the public we receive our authority to develop the dental profession; it is from the public that we receive an appreciation and remuneration for that development. The public is a sensitive, appreciative force, and is more than anxious to give the dental profession its due for all it accomplishes in the way of better health. President Eliot has said: "The first step toward obtaining an endowment is to deserve one." Just so dentistry must, can, and will attain increased worthiness and effectiveness in the public performance of its duty as an indispensable division of health-service. Endowments will come only when it has been proven to the public that we are able to accomplish much for its benefit. Thus, if dentistry could assist in the cure, control, and eradication of cancer, the public would immediately place the profession on a pinnacle of appreciation. The achievement of merited recognition is a purpose of the constructive program mentioned in the first paragraph of this report. We shall endeavor to promote pleasant, mutually helpful relations between dentistry, and the College, with other professions and organizations.

*Working principles.* In the development of cordial relations along the foregoing lines, the Committee advocates the following well-known principles as stated by the Assistant Secretary of the College, Dr. Gies (*Journal of Dental Research*, 1932, 12, 945; Dec.):

"Antagonism between the health-service professions and agencies cannot be explained on any basis of public interest or advantage and has no justification in any sentiments that are worthy of respect, for all the health-service professions are agencies for health service and cannot render it faithfully on any conditions other than those of earnest and effective coöperation."

"There can be no occasion, in any division of health service, for the existence of a group inferiority-complex as a deterrent of earnest, competent, and self-respecting endeavor for the common good."

"In health service, real nobility radiates from unselfish, sincere, faithful, and effective effort for the protection and betterment of others, not from conceit or self-exaltation."

"The public interest everywhere will be served best by the unprejudiced and earnest



promotion of all accredited professions of health service to their highest attainable usefulness and standing."

"Independence with interdependence; coördination without subordination"—[a useful working ideal, and should serve as a working basis for the deliberations of this Committee].

*Work of the Committee.* At the beginning, the work of our Committee might well be divided into two coördinate undertakings: (A) *Continue* the work of the Committee on Education, Research, and Relations, e.g. (a) *continue* the reports on the *status of dentistry* in relation to other professions and groups; (b) *continue* to develop the affiliation with the American Association for the Advancement of Science; and (c) *extend* both (a) and (b) into other professions and groups, and also *include* a study of several important current problems, the solution of which is of vital importance to the profession. (B) Enter new fields as rapidly as opportunities suggest and circumstances permit, on the basis of development and work completed, as outlined in (A). The present situation in the relationships of dentistry to other professions and groups indicates that the first plan (A) is the logical approach to the problem. Further study of the matter suggests that the Committee's efforts should be directed toward the development of (1) relations of dentistry to other professions or groups, and (2) relations of the College to other organizations, conditions, or problems. [Here, in the report as read, the Committee presented a detailed *tentative* list of projected relationships.]

Now that the college has begun the development of regional sections in its membership,<sup>3</sup> one of the functions of each section might be a study of the local-relations problem. It is suggested that the College should attempt, through its regional sections, to educate the mayors, aldermen, county commissioners, school boards, and principals and superintendents of schools, regarding the necessity for a dental-health program in the public schools, so that the children would have the advantage of dental care. [Here, in the report as read, many projected plans, subject to revision and future discussion, were indicated.]

*Relationships.* The growing importance of relationships was exemplified in the Boston meeting of the College in affiliation with the American Association for the Advancement of Science, when, on Dec. 29, 1933, the College actively participated for the second time in the affairs of this great scientific body. The scientific proceedings of this meeting were published in the April issue of the *J. Amer. Coll. Den.* (pp. 44-62), in a style *similar to the best in scientific journals*. We quote from the proceedings of Section N (Medical Sciences), as published in the issue of *Science* for Feb. 2, 1934:

<sup>3</sup> American College of Dentists; organization of sections: *J. Amer. Coll. Den.*, 1934, 1, 67.

"The dental profession was represented actively in the affairs of the American Association this year for the second time. The joint sessions of the American College of Dentists . . . with Section N included also in the morning the American Pharmaceutical Association; this constituted the first joint meeting of national organizations representing dentistry and pharmacy. Various constructive influences of the American Dental Association's Council on Dental Therapeutics were indicated. The session presented practical suggestions for coöperation among dentists and pharmacists for scientific advancement in the professional work of each group, and for the protection of the public and the professions against the use of ineffective or worthless remedial agents. The afternoon and evening sessions, held jointly with Section N, were devoted to dental subjects in fields where responsibilities of medical practice and dental practice overlap, and where the scientific methods and objectives are practically the same for both medicine and dentistry. The science of dentistry is being actively developed by an increasing number of investigators, many of whom, in universities, are actively identified with the development of the medical sciences. The dental programs have reflected this scientific evolution. The dental sessions were notable also as offering a stimulus to increasing realization of the interdependence among the health-service professions. It is becoming increasingly obvious that, in the regions where the scientific interests of these professions overlap but have been relatively neglected, important developments await more active coöperation among the leading workers in each group, which such sessions as those in affiliation with Section N are promoting in the public interest and to the scientific advantage of all concerned."

The foregoing quotation indicates important relationships of several inter-related professions and commissions—closely coördinated and actively coöperating for the public welfare, to the advantage of all in scientific advancement.

*Conclusions.* Dentistry must become alert to her opportunities and potentialities and, through continuous professional growth, must extend into new fields. Long-range constructive planning should occupy the future attention of this progressive body. In this connection we quote from Surgeon General Hugh S. Cumming's address to the College at the 1933 convocation, on "The relationship of the U. S. Public Health Service to the fields of dentistry and medicine":<sup>4</sup>

"Dentistry's position in health organizations is comparatively new. The Federal Health Service as well as many state, city, and local health departments were organized prior to the time that dentistry was generally recognized as an important part of health service. Since that time, however, the dental profession has made slow but steady progress. It has been slow owing to the fact that the dental profession as an organized body has made no concerted or unified effort to place dental representatives in these organizations. It is true that in local communities interest was often stimulated by the local dental society, or perhaps by the local medical society, where it was recognized by individuals or groups that dentistry should carry its load in local organizations; but until the national meeting in Buffalo, last year, the American Dental Association had taken no step to analyze the dental health field. You have now most certainly taken up the matter in a sane and sensible manner."

<sup>4</sup> Cumming: *J. Amer. Coll. Den.*, 1934, 1, 7.

It seems apparent that Surgeon General Cumming emphasized the present opportunity for dentistry to attain its full status as a natural division of health-service in its relation to the health-service professions and thereby to the public.

The more one studies the disease organisms found in the oral cavity, and which are related to disease in remote parts of the body, the more one is impressed by the importance of dentistry. But the fact that dentistry deals with some problems that are included in medical practice is no reason why the two professions should be made one. The dental profession can and should carve out for itself a niche of great importance, depending entirely upon its ability to understand the problems of health as related specifically to the oral domain, and generally to the body as a whole. From this standpoint, the medical profession is very coöperative, very understanding, and very tolerant. The medical profession is pleased when any member of the dental profession is able to demonstrate how to handle a problem in the field of health service. There are not many new health-problems for the dental profession to solve. In fact, there are not any inherently new medical problems. There is, however, the continual need for better understanding of the problems that have always been with us, but have appeared new as better knowledge of them has been gained. The great opportunity for the profession of dentistry today is to study the bacteriology of the oral cavity, and its relation to pathology in the oral cavity and in other parts of the body. If the scope of the profession of dentistry is to expand, it will be because dentistry will include more bacteriology, histology, physiology, physiological chemistry, embryology, and endocrinology. Dentistry must know, more scientifically, the things that make for better health.

The time for dentistry again to advance is at hand, even though an emergency exists in the changing order in a changing world of socio-economic relationships. Apathy and lethargy, if within our ranks, must be replaced by aggressive and wide-awake planning. Personal gain and self-exaltation, if apparent, must be sacrificed for professional advancement and public welfare. Individual chicanery, group prejudices and antagonisms, if evident, must be supplanted by sincere, faithful, and effective effort in behalf of humanity at large. No group within organized dentistry is more useful than the American College of Dentists to further essential causes, to the end that cordial relations between dentistry and other professions and organizations may be permanently preserved and enhanced.—*Arthur R. McDowell, chairman; Thomas J. Hill, Timothy A. Hardgrove, Hugo Fisher, Robert I. Sprau, Committee.*

## X. SOCIO-ECONOMICS

After contacting the members of the Committee, and receiving from each the assurance of his interest in the Committee's function, it was the misfortune of the Chairman to become physically incapacitated. The Chairman, after suggesting that he should tender his resignation so that the work could be continued, received from Secretary Midgley the reply that it would not then have been feasible to make any change. For this reason, the Chairman regrets to report, actual work in the field, other than receiving several communications as to what the scope of our effort should be, has not as yet been begun.—*C. E. Rudolph, chairman; J. H. Cadmus, M. W. Prince, W. R. Davis, G. W. Wilson, Maurice William, Louis Brach, Committee.*

OMICRON KAPPA UPSILON<sup>1</sup>

## ELECTIONS FOR 1934

ABRAM HOFFMAN, D.D.S., F.A.C.D., *Secretary-Treasurer*

*Northwestern University Dental School, Chicago, Ill.*

*Alpha Chapter: Northwestern University Dental School.*—Edward A. Baumbach, Jack R. Benton, Jack R. Flanagan, Henry Horwitz, Samuel Kanter, W. Merrill Kirts, Max Kuharich, Harry P. Maxwell, Oren Harder Moldal, Carl G. Pearson, Harold E. Pinkerton, Edwin J. Richter, Raymond Sauer, Arthur B. Siml, Ray F. Topliff, Ashton E. Wick.

*Beta Chapter: University of Pittsburgh School of Dentistry.*—Gordon A. Beagle, E. J. Bumiller, John R. Krampert, John F. McParland, Edward H. Moore, W. A. Reichenbach, Arthur Sekay, Daniel Singer, C. G. Stewart, Sylvester A. Styer.

*Gamma Chapter: Washington University School of Dentistry.*—S. W. Brown, M. C. Clerk, W. E. Koch.

*Delta Chapter: North Pacific College School of Dentistry.*—Edward Backstrand, Sam A. Bojinoff, George J. Chatalas, DaCosta Clark, Reuben H. Kuratli, Ben W. Oesterling, Charles M. Whitworth.

*Epsilon Chapter: Creighton University College of Dentistry.*—Roger V. Chastain, Arlo M. Dunn, Harold E. Jensen, Howard C. Miller, Harold E. Monger, James M. Prime, J. H. Wallace, R. J. Yechout.

*Zeta Chapter: University of Southern California College of Dentistry.*—J. E. Ahlstrom, A. J. Esnard, C. N. Ferguson, A. L. Hudson, B. B. McCollum,

<sup>1</sup> See editorial, p. 153 of this issue.—[Ed.]



J. H. Mahan, M. H. Mortonson, Jr., G. R. Shaver, R. L. Watson, F. A. Williams.

*Eta Chapter: University of Pennsylvania School of Dentistry.*—Clement C. Alpert, David Eichen, Frank Fox, Sigmund B. Lichterman, Walter A. McQuilkin, Arthur D. Moll, Sara Negroni, John A. Rank, Walter H. Schick, George E. Smith, Gordon C. Thompson.

*Theta Chapter: Ohio State University College of Dentistry.*—Jacques R. Foure, W. B. Hargraves, William M. Johannes, J. Henry Kaiser, Edgar D. Kelley.

*Kappa Chapter: Medical College of Virginia School of Dentistry.*—Guy R. Harrison, G. A. C. Jennings, R. H. Kerlin, J. J. Kohout, N. F. Muir, William Pilcher, A. Hume Sprinkel, V. I. Tillar, L. J. Walton.

*Lambda Chapter: Atlanta-Southern Dental College.*—James Browden Allen, S. R. Atkinson, T. J. Burnham, George Chait, Thomas Conner, J. R. Edwards, P. G. Gates, I. M. Hair, W. W. Harden, C. H. Harling, R. B. Harrell, Macon Halliburton Hewitt, Jr., Lucian Clive Holtzendorff, C. W. Huff, William Carter Jeter, Horace Alford LaRue, W. B. McCall, B. I. Newsom, T. M. Page, Norman C. Poer, C. C. Poindexter, W. M. Sexton, T. L. Smith, H. M. Tarpley, R. E. L. Tolbert, Albert Crovatt Tuck, T. B. Wright, John Calvin Yarbrough.

*Mu Chapter: University of Iowa College of Dentistry.*—G. H. Baker, R. F. Barels, D. C. Hudson, C. K. Reger, L. H. Wagner.

*Nu Chapter: University of Louisville School of Dentistry.*—H. H. Braskamp, E. K. Dinwiddie, U. V. Garred.

*Xi Chapter: Marquette University College of Dentistry.*—H. J. Ahnert, Fred H. Coburn, W. J. DeMakes, O. H. Donkle, Charles William Hall, Leland A. Kenower, N. J. Matthiasson, A. J. Schroeder, A. E. Seyler.

*Omicron Chapter: Baylor University College of Dentistry.*—J. J. Reese, O. L. Swepston, O. L. Voigt.

*Pi Chapter: Loyola University (Chicago) College of Dental Surgery.*—Emil Aison, Henry L. Boris, Leonard C. Borland, Melvin F. Lossman, Chester A. Lyznicki, LeRoy C. Miller, Homer Peer, Lionel F. Robinson, Robert Roche, Merton B. Skinner, Albert C. Spickerman, Donald F. Stewart, Joseph Stanley Tichy, Shade P. Rushing.

*Rho Chapter: Kansas City-Western Dental College.*—George E. Burket, G. M. Dean, M. P. Franz, J. Roy Gravelle, L. G. McConnell, M. D. Pearce, F. L. Rookstool, D. H. Stewart, G. L. Teall, J. Scott Walker.

*Sigma Chapter: University of Illinois College of Dentistry.*—F. C. Besic, B. B. Block, J. M. Goldstein, H. O. Hansen, F. J. Kos.

*Tau Chapter: Loyola University (New Orleans) School of Dentistry.*—

Clyde J. Barthelemy, William W. Calhoun, Jr., J. Adan Cardenas, Casimir E. Felcyn, Fernando J. Fuentes, Jose R. Goenaga, Aubry J. Schmidt.

*Upsilon Chapter: Western Reserve University School of Dentistry.*—Robert James Armstrong, Francis Arthur Arnold, Paul John Aufderheide, Arthur Ira Brown, James Vincent Gentilly, William Bearse Gerow, Edward William Graebner, Simon Frederick M. Hirsch, Luzerne George Jordan, Fred Marshall Kinney, Bernard Hymes Koosed, Walter Amos Loope, James Calvin McConkey, Thomas Joseph McDermott, Clinton T. Messner, William Abner Nichols, Edward Lacey Pettibone, Weston Andrew Price, Paul Gilmore Pryor, Walter John Pryor, Bertram Seddon Rothwell, Walter Scott Sargent, Carl Herman Scheu, Carl John Stark, Henry B. Steuer, Clarence Thomas Story.

*Phi Chapter: University of Maryland (Baltimore) College of Dental Surgery.*—C. Harry Aumock, Myron S. Baker, Douglas A. Browning, B. Lucien Brun, Charles E. Burroughs, Alfred E. Carhart, James C. Johnson, Joseph Martini, Jean D. Ross, A. Stramski, Howard G. Taylor, Jr., Lester W. Thompson.

*Chi Chapter: University of Michigan School of Dentistry.*—Burton P. Baker, Elizabeth M. Downie, Helen Hayes Harmon, Claude J. Kemink, Stewart Wilford Miller, Howard R. Woodruff.

*Psi Chapter: University of Tennessee College of Dentistry.*—R. B. Armstrong, Toof A. Boone, Kenan C. Clinton, Winter W. Dawson, Ed. S. Harris, Rudolph Marshall, William E. Miller, Madison Jack Park, George M. Russell, Wallace C. Ryan, Earl U. Scharff, E. F. Simpson, C. J. Washington, Frank G. Yost.

*Omega Chapter: New York University College of Dentistry.*—Eugene Hillel Farber, William Wolf Gold, Harry Joseph Goldstein, Daniel Gordon, Isidore Gralnick, Max Joseph Kaminetsky, Samuel Noah Knopf, Harry Langa, Irwin Langel, Nelson Ignazio Li Calci, John James McLean, Karl Metz, Herman Pines.

*Alpha Alpha Chapter: University of Nebraska College of Dentistry.*—G. William Ferguson, Herbert S. Jackson, Sugao Ouchi, F. F. Whitcomb.

*Beta Beta Chapter: University of Minnesota School of Dentistry.*—R. L. Anderson, H. G. Janssen, W. S. Langston, H. M. Monson, R. G. Perschbacher, G. C. Porteous, W. J. Reuter, M. G. Schaefer.

*Gamma Gamma Chapter: Harvard University Dental School.*—W. H. Gullifer, Louis Kroll, R. J. Nagle, A. F. MacDougal, C. L. Sandiford, R. B. Taft, Claude Weston Thompson, John R. Wallace, M. F. Yates.

*Delta Delta Chapter: College of Physicians and Surgeons (San Francisco) School of Dentistry.*—S. B. Fontaine, B. C. Kingsbury, William J. McDade,

A. R. McDowell, Henry K. Minami, George C. Rader, Elizabeth E. Richardson, Ernest Sloman, Ralph Strauss.

*Epsilon Epsilon Chapter: Columbia University School of Dentistry.*—Simon Amsterdam, Adolph Berger, Charles F. Bödecker, Henry Sage Dunning, William B. Dunning, Henry W. Gillett, Samuel Gruskin, Leroy L. Hartman, Milo Hellman, Houghton Holliday, Earl B. Hoyt, Anna V. Hughes, Irvin L. Hunt, Sydney Isaacson, Sidney J. Kantrowitz, Harold J. Leonard, Josephine E. Luhan, Francis S. McCaffrey, Oscar J. Nubian, Douglas B. Parker, Arthur T. Rowe, Joseph Schroff, Lewis R. Stowe, L. M. Waugh, Paul B. Wiberg, Harry A. Young, Daniel E. Ziskin.

*Zeta Zeta Chapter: Georgetown University School of Dentistry.*—John F. Brazinsky, George M. Budlong, W. N. Cogan, George E. Emig, Roy J. Glezen, Harry E. Harvey, Stephen C. Hopkins, Daniel F. Lynch, Sterling V. Mead, Anthony G. Miller, Howard J. Newton, Doran S. Thorn.

*Eta Eta Chapter: St. Louis University School of Dentistry.*—Arthur C. Engel, V. H. Frederick, Otto F. Freitag, Edward R. Hart, O. A. Kelly, Collins A. LeMaster, LeRoy R. Main, E. B. Owen, Thomas E. Purcell, Joseph H. Williams.

*Theta Theta Chapter: Indiana University School of Dentistry.*—Ermal C. Baker, R. I. Blakeman, R. G. Boggs, J. E. Buck, J. B. Carr, E. D. Cofield, H. M. Enyart, R. R. Gillis, G. T. Gregory, F. A. Hamilton, Warren V. Hanson, Harry J. Healey, F. G. Heimlich, George F. Henricks, F. R. Henshaw, Fred A. Hohlt, F. C. Hughes, A. O. Humphries, Howard L. Imboden, C. R. Jackson, K. H. Kayser, W. A. Kemper, W. E. Kennedy, F. Wade LaRue, Harry D. Leer, R. J. Meyers, Edward L. Mitchell, Henry B. Morrow, David H. Mottier, Glen J. Pell, Ert J. Rogers, A. R. Ross, Lewis B. Spear, G. D. Timmons, Dean Van Osdol, H. P. Werkman, B. K. Westfall, J. L. Wilson, Gayle B. Wolfe.

*Supreme Chapter:* L. E. Blauch, W. S. Mims.

## DENTAL CARIES AND CIVILIZATION

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Dental caries is distinctly a product of modern civilization. The benefits and privileges of civilized forms of life have not been unalloyed by concurrent disadvantages. Although modern man has been relieved of many of the physical hardships which primitive life imposes, and his span of life has been appreciably lengthened, these benefits have been mitigated by a host of ills that have come from modern

forms of life and social order. As a result of departures from natural modes of living, and of adoption of highly organized conditions of community life, serious scourges and disasters have often threatened the very existence of civilization. Had it not been for man's sagacity in conquering or alleviating these ills, civilization would long since have been wiped out. With the ever increasing complexity of life, newer problems and penalties will appear, which also must be met and overcome if our present form of civilization is to endure.

One of the most outstanding ills of civilization is caries of the teeth. Dental diseases have occurred throughout history, but their frequency has increased with the rise of civilization. Even today primitive man, in his natural state, has little need of dental service, and is free from that great train of infectious diseases which originate in carious teeth and the peridental tissues. As a rule, his teeth remain in a perfect state of preservation throughout life. When in lieu of his native fare he adopts the highly refined foods of civilization, or migrates into a civilized community and adopts its form of life and diet, he and his children soon develop dental diseases similar to those of modern man. Although many other ills of civilization have been overcome or mitigated by modern scientific medicine, the scourge of dental caries has not thus been controlled. In spite of all our scientific attainments and all the study directed to the problem, the disease continues to run riot in each succeeding generation. No practical means of adequately controlling this serious and widespread malady has yet been devised. The disease is not highly inimical to human life; but, because of its high degree of prevalence and its primary and secondary effects, it has seriously interfered with the health and welfare of civilized mankind.

Ever increasing evidence points to the diets of modern civilization as being largely responsible for the extreme prevalence of dental caries. This conclusion raises the question as to what important differences exist between the native and modern diets that influence the occurrence of dental caries. Is it the absence or deficiency of some essential food factor? Is it the presence of some harmful principle? Or is it a disproportion of food elements, or the lack of hardness and toughness of fibre, which causes modern diets to favor caries of the teeth so markedly? Early attempts to determine the facts were confined to animal experimentation, from which many interesting observations were



made. Such studies, however, did not lead to a solution of the problem. More recently many human dietary studies have been conducted in relation to dental caries, the subjects being children in institutions and in public schools. Many feeding experiments have been carried on, and a variety of dietary programs employed. Simple, adequate, well-balanced diets were fed in some programs. In others, certain food principles were stressed, such as calcium, phosphorus, vitamins D and C, low cereal content, low sugar intake, and alkaline ash foods. In almost every instance, irrespective of the dietary motif, an apparent decrease in dental caries was noted in the children thus experimentally fed. The success of these experimentations led each observer to conclude that the particular food principle stressed by him was most important, notwithstanding the fact that other quite different diets were equally or more successful.

In this connection the observations made by the Michigan Caries Research Group, on children in an orphanage, are interesting. These children received, as a regular ration, an institutional diet that was below the minimum standard requirement in calories, and below the recommended standards in calcium, phosphorus, protein, and certain vitamins. It contained little milk and almost no butter. No oranges were served except at Christmas time. A variety of vegetables were provided throughout the year, some of which were fed raw. Only very small amounts of sugar or artificially sweetened foods were permitted. In spite of the manifest inadequacies of the diet, these children had very little dental disease. From 75 to 80 percent of them had no dental caries over observation periods of from one to four and one-half years. Only 5 or 6 percent had an appreciable amount of caries. In view of this situation it is difficult to accept the very positive statements which have been made regarding the importance of various food factors in the prevention of this disease. A close study of the literature of the subject, and the reports of the various research projects, leads to the conclusion that although some findings indicate a close relationship of diet to dental disease, there is nevertheless, at present, no conclusive evidence to justify the assumption that any one so-called dietary essential is specifically important.

Many forms of speculation regarding the influence of diet on dental caries might be indulged. Is the fault of modern diets to be found in

the great variety of foods in them, and in the attendant difficulty of selecting combinations of nutrients that are wholly adequate? Is it the inclusion of excessive amounts of certain types of food which unbalance an otherwise adequate ration? Is it possible that the frugality and uniformity of the diet of primitive man, and his limitation in food selection, are responsible for his freedom from dental caries? That the Michigan Group produced active caries in children by feeding them three pounds of candy a week while they were consuming an otherwise normal diet, and that caries was inhibited in children whose diet was low in sugar and inadequate nutritionally, are highly suggestive facts.

It must be admitted therefore that, at the present time, our knowledge of practical measures of caries control through dietary means is very limited. There are strong evidences that the feeding of uniform, adequate diets in which sugar is limited in amount greatly reduces or controls dental caries in a large percentage of cases studied. The search for truth and understanding of this problem will not be served by empiricism or dogmatic pronouncements. What is needed is more truly scientific approaches to this very complex problem. There must be a clear understanding of the basic factors involved, and all experimental studies must be founded on these fundamental facts. Only through the agency of more scientifically controlled research projects directed toward a solution of this problem, and founded on established facts rather than on unproven theories, can dentistry acquire the knowledge to master and prevent this serious affliction of modern civilization.

## EDITORIALS

### ST. PAUL CONVOCATION

The St. Paul Convocation of the American College of Dentists registered another important stage in the evolution of the College as a constructive national agency in dental progress. Stimulated by pertinent proposals of the Committee on Education, Research, and Relations, at the convocation in 1933, and proceeding under the active guidance of President Palmer, the first all-day meeting of the College was the culmination of a year of serious constructive effort by officers, regents, and committees. President Palmer's address dealing effectively with leading current problems in

dentistry, Dr. Sinai's persuasive socio-economic address, Secretary Midgley's abstract of the minutes, and committee reports, successively on pages 97-146, present details of the proceedings that all members of the College will wish to read. The addresses at the evening session, which was a notable celebration of the 25th anniversary of the establishment of the Dental Educational Council of America, will be published in our next issue. Whether measured in terms of attendance, quality of program, attentiveness to and enthusiasm for the presentations, quality and extent of achievement, or abiding constructiveness for the College and for dentistry, the convocation was exceptionally successful. Despite prevalent economic discouragements, the resolute spirit of high purpose pervaded the meeting; the dominant note was aspiration for professional progress; and good-fellowship animated every act and every discussion. The College is steadily gathering force and effectiveness, as the roll of its membership lengthens, and as its present value and potential usefulness become increasingly evident.

#### OMICRON KAPPA UPSILON

On pages 146-149 we publish the names of those who were elected to membership in "O.K.U." in 1934. We bring these names to public attention because we applaud all efforts to promote and honor excellence in dentistry and in the dental profession. Salient facts regarding Omicron Kappa Upsilon bear frequent repetition. This "honor fraternity" was organized in 1914, by the Faculty of Northwestern University Dental School, to encourage and develop a spirit of emulation among students in dentistry, and to recognize appropriately those students who distinguish themselves by a high grade of scholarship. The name and key of "O.K.U." are based upon three Greek words that represent the dental ideal—*conservation of teeth and health*. These three Greek words are *Soteria* for conservation, *Odous* for teeth, and *Hygeia* for health. The initial letters, *Omicron* and *Upsilon*, of the last two words are united by *Kappa*, the initial letter in the word *kai*, Greek for *and*. Therefore "Omicron Kappa Upsilon" stands for "teeth and health." In the design of the key, the most prominent letter is Sigma ( $\Sigma$ ), which stands for conservation. Thus the symbols and motto of the fraternity represent the ideal for which the dental profession is striving—the conservation of teeth and health. "O.K.U.," now active in thirty dental schools, has been achieving its purposes in a most commendable manner. The ideal it holds before its members requires the devotion of men of character and ability who are faithful to high professional aims. The elections to membership are restricted to men of this kind, from whom a stream of leaders in professional achievement and progress is steadily flowing.

## ACCEPTED DENTAL REMEDIES

*Accepted Dental Remedies*: contains a list of official drugs selected to promote a rational dental materia medica; descriptions of acceptable non-official articles; therapeutic index; list of weights and measures; pharmaceutic index; list of poisons and antidotes of interest to dentists; bibliographic index to the Council's reports on unacceptable products, and to other general reports of the Council; rules that govern the Council's consideration of products, etc.; including a general index. 1934: *first edition*, pp. 204; \$1.00. Council on Dental Therapeutics: American Dental Association. Officers of the Council: Harold S. Smith, D.D.S., Chicago, chairman; Samuel M. Gordon, Ph.D., Chicago, secretary.

*Accepted Dental Remedies* modestly symbolizes the beginning of a new dental epoch. When, in 1928, the American Dental Association established its Bureau of Chemistry and in 1930 its Council on Dental Therapeutics—a disinterested group of eminent representatives of dentistry and allied sciences—the Association took two of the most important steps forward in the history of organized dentistry. When, in 1934, the Council on Dental Therapeutics issued its *Accepted Dental Remedies*, the Council gave useful form to one of the most constructive influences for the advancement of oral health-service. The Council has been actively exposing the humbug in the advertised claims for many “remedial” agents that dentists have been persuaded by ignorant or unprincipled commercialists to use. But, having formulated scientific and practical criteria upon which judicially and fearlessly to evaluate advertised claims for therapeutic products, the Council has also compiled the properties of remedies that are acceptable and which dentists can use with understanding, confidence, and self-respect. The information in *Accepted Dental Remedies*—concisely stated, logically arranged, and conveniently accessible—is indispensable, professionally and economically, in every dental practice. From it, the dentist may learn many practical things—that, for example, for fifty cents, he can obtain from a druggist the zinc oxide for which, as pulp-capping material under proprietary names, he has been paying as much as \$72.00. Money can be saved, and disappointments or distresses avoided, when new advertising material is read or received, by ascertaining whether “the product” is listed in *Accepted Dental Remedies*, or, if not, whether it has lately been approved by the Council; and if neither—by buying none of it. *Accepted Dental Remedies* is the first comprehensive, authoritative, and disinterested compilation of its kind. “If you *find* it in *Accepted Dental Remedies*, you may depend upon what is said for it”—and “if you *don't* find it in *Accepted Dental Remedies*, don't use it”—will become, we believe, two generally *accepted dental reliances*.

*Accepted Dental Remedies* will give to pharmacology and dental therapeutics, as taught in dental schools, a new rigor and pertinence. The



spirit of fair and desirable skepticism pervading the rulings of the Council, as shown in the book, will be infused into dentists generally, who will use fewer drugs more critically and intelligently, with cumulative benefit to themselves and their patients—and with increasing profit to those who produce acceptable proprietary remedies honestly, and advertise them honorably. Pharmacists will be stimulated to coöperate more intimately with the dental profession in the preparation and sale of useful products. *Accepted Dental Remedies*, and the continuing work of the Council in the name of and under the auspices of organized dentistry, remove the last vestiges of professional respectability from journals that publish advertisements of products which the Council, after examination, cannot say are useful and desirable. Acceptance of money by a journal to advertise therapeutic materials that are useless or harmful not only dishonors the professional responsibility of that journal's editor, but also is "dirty business" for the management, and a gross public disservice because it betrays the interest of the reliant individual practitioner and his patients. All ethical dentists—especially members of the American Dental Association, which the Council directly represents—should decline to support journals that help to deceive dentists into buying and using therapeutic products that are worthless or worse. There is no pharmacologic understanding, nor therapeutic wisdom, among manufacturers, advertisers, and salesmen of commercial products, that the Council does not possess or have at its command, and which is not freely available to all dental journals. To help the entire dental profession to understand the situation, and to protect themselves and their patients, we suggest that the dental journals in the United States be publicly rated by the Commission on Dental Journalism; that the Commission's ratings, with the names of editors and owners, be published at least once annually; and that all journals that advertise products for which unwarranted claims are made—which journals are therefore *not reputable*—be classified as *unacceptable*.

We heartily commend the Council, its continuing constructive efforts, and its *Accepted Dental Remedies*, to the attention and support of the dental journals, the dental profession, and the public. We expect to use many future editions of *Accepted Dental Remedies*, each kept closely up to date—and larger, more useful, and more influential than its predecessors.

#### STATUS OF ORAL SURGERY

In our July issue (p. 93) we referred to current views on the status of oral surgery, which were elicited by a formal statement, to a university president by the acting dean of a dental school, that "oral surgery, of course [sic], is already recognized as a specialty of medical practice." As

a supplement to that editorial, and to give additional force to the position of the American College of Dentists on the status of oral surgery, as voted at the St. Paul convocation (Aug. 5), we call special attention to related statements in the transactions, as published in this issue: (a) President's address, p. 103; (b) item 4 in the report of the Committee on the President's Address, p. 125; (c) report of the Committee on Education and Research, p. 132. We understand that the dental schools continue to teach oral surgery as a required subject in the dental curriculum; that most medical schools continue to ignore the subject, or refer to it only casually or indifferently; and that the dental statute in the state in which the quoted announcement about oral surgery was made contains the following definition of the "practice of dentistry" (italic not in original): "A person practices dentistry . . . who holds himself out as being able to diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the *human teeth, alveolar process, gums or jaws*, and who shall either offer or undertake by any means or method to diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same."—*N. Y., Handbook 10, p. 47; June, 1934.*

#### EVOLUTION OF THE BOARD OF EDITORS

As the College grows in strength and capacity for achievement, this *Journal* will require increasing editorial care, as well as assured stability and continuity in the conduct of its affairs. In order to prepare for these requirements in advance of urgent needs, the executive officer of our Board of Editors, in presenting to the Regents the first annual report on the *Journal* (p. 121), offered the following suggestions: (a) that the offices of Editor, Associate Editor, and Assistant Editor be created, and (b) that five Contributing Editors be added to the Board. These suggestions were approved, and the following selections made, to become effective with this issue: *Editor*, William J. Gies; *Associate Editor*, John E. Gurley; *Assistant Editor*, Otto W. Brandhorst. *Contributing Editors*: Charles W. Freeman, John T. O'Rourke, U. G. Rickert, R. S. Vinsant, Elmer A. Thomas. These and additional changes in the Board of Editors are indicated on the title pages of this volume, and on the cover of this issue.

#### NOTES

*Demand for vitamin C.* "The phenomenal increase in consumption of tomato juice" has led the U. S. Department of Agriculture to work on the problem of producing new varieties of disease-resistant tomatoes."—*Science News Letter*, 1934, 26, 162; Sep. 15.

*Dante's dental loss in boyhood.* "Recent examination of the poet Dante's skull shows that the expression of his mouth was affected by the loss of upper incisor teeth in boyhood."—*Science News Letter*, 1934, 26, 194; Sep. 29.

*New findings on the structure of enamel.* "Enamel is not composed of prisms or rods. It is a calcified fibrous tissue, similar to bone. The only complete structure which could present itself as unclosed rings is a spiral. Since it is composed of fibrils it cannot be epithelial."—Allen: *Australian J. Den.*, 1934, 38, 300; Aug.

*Importance of character in a profession.* "Without skill and craftsmanship, dentistry is mere clumsy botching; without science, we are mere empiricists if not charlatans; but without character, art and science become a double-edged weapon whose very temper and keenness only make them the more dangerous."—Rowlett: *Brit. Den. Jour.*, 1934, 57, 183; Aug. 15.

## SUPPLEMENT

(Reprinted from the covers of the four issues in this volume)

## AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

*A declaration of intellectual freedom.* The American Association for the Advancement of Science feels grave concern over persistent and threatening inroads upon intellectual freedom which have been made in recent times in many parts of the world. Our existing liberties have been won through ages of struggle and at enormous cost. If these are lost or seriously impaired there can be no hope of continued progress in science, of justice in government, of international or domestic peace; or even of lasting material well-being. We regard the suppression of independent thought and of its free expression as a major crime against civilization itself. Yet oppression of this sort has been inflicted upon investigators, scholars, teachers and professional men in many ways, whether by governmental action, administrative coercion, or extra-legal violence. We feel it our duty to denounce all such actions as intolerable forms of tyranny. There can be no compromise on this issue, for even the commonwealth of learning can not endure "half slave and half free." By our life and training as scientists and by our heritage as Americans we must stand for freedom.—Adopted by unanimous vote of the Council, at the Boston meeting, Dec. 27, 1933—Jan. 2, 1934: *Science*, 1934, 79, 91; Feb. 2.

## AMERICAN ASSOCIATION OF DENTAL SCHOOLS

*Quotation from the presidential address, annual meeting, 1933—definition of the nature and purpose of dental practice:* In 1924 there was suggested "a definition of dentistry . . . which has enabled us to understand more clearly the fundamental principles and purposes of oral health-service," and which included "four important considerations" in "the nature and purpose of dental practice. These are: (a) Dentistry is one of the most varied, useful and responsible divisions of health-service. (b) Considered as a whole, the practice of dentistry is, in effect, a combination of medicine and mechanics, largely on the basis of fine art, applied to the teeth and mouth directly. (c) Difficulties attending its successful practice are due to concurrent medical, mechanical, and esthetic demands. (d) Oral health-service, with correlative systemic health service, is the fundamental purpose of the practice of dentistry.' If these proposals may be accepted as defining the nature and purpose of dental practice, they may also be regarded as the foundation upon which an adequate educational program must be based. If 'medicine, mechanics, and art' constitute the foundation upon which the whole of dental practice rests, then our scheme of education should be carefully directed to a well-balanced development of these elements."—J. Ben. Robinson: *Proc. Amer. Assoc. Den. Sch.*, 1933, 10, 51. *Quotation from the report of the Committee on the President's Address:* "We concur in the recommendation of the

President that the definition of dentistry . . . [given above] be adopted, and recommend that this Association accept the same as a standard definition" . . . *Ibid.*, 1933, 10, 189. The report that included this recommendation was adopted.—*Ibid.*, p. 16.

*Quotation from the presidential address, annual meeting, 1934—why the decreasing number of dental students?* I am sure that all of you here today are interested in the tabulation sent out recently by Doctor Midgley the Secretary of the Dental Educational Council, showing the registration of students in the [dental] schools in the United States for the current year. It indicates a total attendance of 7160 students. This is the smallest number in attendance at any time over a period of more than twenty years. From the maximum of 13,099 in 1922 we have seen a decrease year by year to the low mark of 7160 in 1934. During this same time there has been a decided increase in the number of students graduating from high schools and preparatory schools of all kinds and registering in institutions of collegiate grade. . . . For several years, the schools of medicine in this country have been unable to accommodate the increasing number of fully prepared applicants who sought an opportunity to enter. Several hundred who failed to gain admission to a medical school in this country have gone abroad each year to study medicine. Schools of dentistry are conspicuous among professional schools and the institutions of higher learning in that they have shown a marked decrease in attendance. We might well consider some of the reasons which we think are responsible for this situation. Undoubtedly the principal ones among them are the higher entrance requirements and the longer course of study. The situation suggests a question: Is the length of time required and the expense incurred in securing a dental degree so great and the resulting returns from practice so limited that dentistry has lost its appeal to many prospective students, and fails to attract into our schools as many students as formerly; or is there some other basic, underlying reason why fewer students are studying dentistry? Graduates in medicine are increasing the number of practitioners several times as fast as the population is increasing, while in dentistry the number of recent graduates scarcely equals the number who have discontinued practice.—*W. F. Lasby: Proc. Amer. Assoc. Den. Sch.*, 1934, 11, 58.

#### RISING TIDE OF PROTEST AGAINST TRADE-HOUSE CONTROL OF DENTAL JOURNALS

*Quotation from editorial comment on the Report of the American College of Dentists' Commission on Journalism.* Many dentists have obtained position and rank, as deans or professors of colleges, as well-known writers of professional papers. Their names carry weight and authority. For this reason the commercial house-organs have gladly made them contributing editors. Naturally! They are valuable advertising! Now these are the very men who must, even at some personal sacrifice, cease to be contributors in commercial journals. None of them—not even the Gardners, the Kents, the Winters, the Simpsons, or whom you will—are too big to be included in the decision of the Commission on Journalism. If it should appear during the next year, as in years past, that they are continuing to lend their reputations and their pens to some commercial dental journal or other, the suspicion must arise that they lack the true ethical spirit of the profession which has raised them to honor; that they value more highly the publicity of a house-organ than an unblemished reputation for stricter professional integrity; that, in a word, they are tending toward the unsavory group of the advertising dentists who are so closely akin to the pure dental quacks. . . . Dental writing today is being done by a small group, a few hundred men. . . . *Noblesse oblige.*—*Apollonian*, Oct., 1933.

*Quotation from editorial comment on an article in the issue of Dental Survey for Oct., 1933.* If Dr. Best were a naïve individual and not as fully sophisticated as he undoubtedly is, we would think that he believes what he writes. But he is not naïve; on the contrary he is



the erudite editor of the *Dental Survey* of whose editorial board the Report of the Commission on Journalism says: "The advancement of the dental profession must come from an inspired younger generation of dentists. From whom are they to get their inspiration, if not from the recognized leaders? Is there anything inspiring about a leader who links his professional activities with *proprietary* interests, or who lends his highly respected name to creating financial values in the advertising pages of a *proprietary* journal?" Is it any wonder, then, that Dr. Best goes to the defense, emasculated as it may be, of *proprietary* journalism when the Commission's Report definitely demonstrates that the *Dental Survey* is fundamentally a profit-seeking publication in whose profits Dr. Best is an interested participant?—J. H. K.; *Den. Outlook*, Dec., 1933.

*Quotation from a reply, by the Chairman of the American College of Dentists' Commission on Journalism, to an article in Dental Survey for Oct., 1933.* . . . An awakened dental profession will refuse to support proprietary journalism with either money or literary contributions. The day is fast approaching when the proprietary dental journals, as a group, will be generally recognized for what they are—*assets for their profit-seeking owners, and liabilities to the dental profession.* . . . Any classification of journals that is based upon something other than the ownership of the periodicals, and the proclivities of that ownership and its editorial agencies, is neither applicable nor sound. The entire disagreement may be summarized as being between those who disinterestedly and unselfishly seek for dentistry a fine, highly respected and responsible journalism, such as that possessed by the leading professions, as against those whose primary interest in dental journalism seems to be the exploitation of dentistry and dentists for salaries and corporation dividends, or to maintain and enhance capital investments to these ends.—*J. Mich. St. Den. Soc.*, 1933, Dec., p. 283.

*Quotation from editorial comment on commercial influences in dental affairs.* [In a recent copy of a dental journal that is distributed free of charge] 62 of the 91 pages are advertisements, with 29 pages of reading material. This journal has an editorial board of 22 men. (One Nebraska dentist whose name appears on this editorial board states that some time ago he urgently insisted that his name be removed. The publishers have failed to comply with his request.) I ask myself: "Inasmuch as this commercial dental journal is supported entirely by advertising, can it be that these dentists whose names are on the editorial board have lent or sold their good names tacitly for the purpose of enhancing the advertising value of this publication?" . . . Why prostitute a noble profession to the money-changers of the market-place? . . . *Has dentistry sold its birth-right for a mess of pottage?*—*J. Neb. St. Den. Soc.*, Dec., 1933.

*Quotation from editorial comment on some commercial influences in dental journalism.* Schools and journals are among the most important agencies for the education of prospective and present members of a profession. Each of these influential agencies should be conducted at the highest attainable levels of public-spiritedness, of professional character, and of educational responsibility. Each should be free from the selfish influences associated with commercial exploitation. The public interests inherent in these educational agencies for the development of professions should not be subordinated to mercenary purposes. In accordance with these accepted principles, the dental profession wisely brought about the discontinuance of *proprietary* dental schools. Why, then, should a large proportion of the dental profession continue to support the moribund system of *proprietary* dental journals? Can any one give to this question an answer that will reflect credit upon the intelligence, disinterestedness, and professional fidelity of the dentists who help these journals to pay profits to their owners?—*J. Den. Res.*, Dec., 1933.

*Quotation from editorial comment on the Report of the American College of Dentists'*

*Commission on Journalism.* . . . The editors and publishers of proprietary journals claim that their journals are published for the good of the dental profession and not with an eye to the promotion of the trade houses and dental products of their owners. The editor of one prominent proprietary dental magazine has gone so far as to assert that his particular publication appears "in the interest of the patient." . . . All periodicals are published primarily for their owners. . . . But what of the underlying motive? A trade-house owner will take care that his products are not slighted and a publishing-house owner will not allow his books, or their authors, to be slighted. A journal published by a dental society is likewise published for the benefit of its owners; and who are its owners but members of the dental profession? Such a journal is published for dentists in fact, not merely in dedication. Therein lies the real difference between proprietary and non-proprietary journalism. . . . *We recommend that the dental profession give its full support to undergraduate dental publications.* . . . The actual management of the [undergraduate] journals should be left in the students' hands, but the more experienced alumni should act in an advisory capacity so that the undergraduates may get the greatest possible amount of journalistic training. Dentistry has a valuable training field here and she should make every effort to cultivate it.—*Penn Den. J.*, 1934; Jan.

*Quotation from editorial comment on the discontinuance of the Pacific Dental Gazette.* The *Gazette* has now passed into history, and the responsibility of continuing the professional history of this section of the country falls on other shoulders. During the past several years there has been a growing desire on the part of the profession to own its own literature. This is not said with any feeling of disrespect for those who have provided our literature in the past, but, on the other hand, is with full appreciation of their efforts. The position of the profession may be likened to a growing child—in the beginning he creeps; then he walks by the aid of some other individual or anything at hand to guide him; but when he has reached his maturity, even long before, he walks erect and alone. So it is with the profession. We have reached that point in our professional lives when we should stand erect—we should not be dependent upon someone else to do the job for us. It is not with a feeling of overconfidence, but it is with a definite determination that the profession is now taking hold of its own work and doing that which it should—publish its own literature."—*J. Cal. St. Den. Assoc.*, 1934, 10, 22, Jan.-Feb.

*Quotation from editorial comment on the Report of the American College of Dentists' Commission on Journalism.* . . . There is a growing sentiment among those interested in dental journalism to accept the report and the recommendations of the Commission on Journalism of the American College of Dentists, as the only solution of this perplexing problem. May they carry on until one may write of dental journalism as Dr. Morris Fishbein in 1927 wrote concerning medical journalism: "The time has passed when any weekly medical periodical can long survive or gain the support of the American Medical Association if it is devoted to policies that are reactionary, to commercial interests that are without regard for honesty and the interest of the public, or to the personal ambitions of promoters or editors. The principles and ethics of medical journalism are as sincere and certain as those of medicine itself."—*C. S. F.: Ia. Den. Bull.*, 1934; Feb.

*Quotation from a reply, by the Chairman of the American College of Dentists' Commission on Journalism, to an article in Dental Digest (Nov. 1933).* The exponents of non-proprietary journalism have been encouraged to believe that the evolution of journalism in dentistry would proceed naturally with the development of the profession, and that the trade-house and other proprietary journals, in conformity with this evolution, would gradually disappear just as the private-profit dental schools have disappeared in the evolution of dental education. The greatest service the Dental Editors Club, and the editors

of private-profit journals, can render the cause of non-proprietary dental journalism, is to continue to help to keep this question before the profession for wide-open discussion.—*J. Mo. St. Den. Assoc.*, 1934, 14, 13; Feb.

*Quotation from editorial advice to senior students about to become practising dentists.* This is our last chance to bring before you, as undergraduates, some pertinent facts concerning your profession's journalism. Surely, by now, you all realize that a group of high-minded, idealistic, and yet strangely practical and far-seeing men, within the profession, are striving to elevate the status of dental journalism. Enough comment and discussion, we hope, has been brought to your attention during the two years just past to make you realize that. Very shortly, now, you are to become recognized members of the dental profession; the problems of the profession will become your problems; its aims, yours. The success of this journalistic housecleaning, or at least a part of it, will rest with you young men. And what are you going to do about it? Are you going to stick by those who are carrying on the fight for a strictly professional journalism? Or, because of your professional immaturity and easy susceptibility to suave commercial bally-hoo artists (dentists though they be), are you to partially undo what has been gained? We ask you, now, to follow in the paths that have been blazed, and to give your support to those ideals in order that the profession may ultimately become that which we know it can. With these thoughts in mind we herewith present a listing of those journals that we feel you should support. First, however, in order to familiarize you with the definitions: *Non-proprietary* (non-commercial) periodicals are those that are owned by philanthropic or dental organizations which are not conducted for financial profit to their members or other persons. *Proprietary* (commercial) periodicals are those that are published under conditions which may, or do, yield financial profits to persons as private owners, or as stockholders in owning corporations. The former, the non-proprietary, we recommend; the latter, the proprietary, we do not.—*Den. Rays*, 1934, 9, 22; May. [See the original for the list of recommended non-proprietary journals.]

*Quotation from editorial proposals intended to terminate non-proprietary dental journalism.* . . . Today we feel that to maintain our elevated professional status we must shake off the chains of proprietary journalism and control 100 percent our own publications and the information that goes out with them. If the proprietary publications are to exist, despite the desires of the profession to the contrary, we should see to it that they be placarded as being published for private profit and with the definite understanding that they are not in any sense the official organs of the profession. If the motive of the proprietary journals is to sell dental supplies, the profession should judge them accordingly. If their motive is an increase in the financial return to the stockholders, then the profession and laity had better both understand it and beware. The time has come when the profession must accept its responsibility, assert its rights and interest itself in things that are offered the public ostensibly in the interest of better oral health. We have no quarrel with the various trade houses. We recognize them as an important adjunct to our endeavors. However, we cannot condone their efforts to step out of their merchandising field and intrude into activities that are the sole province of the dental profession. Dentistry does not ask, it demands, the right to control its own journalism. . . . Probably the most discouraging thing about the situation in journalism in dentistry is the fact that many of our best known writers are lending themselves to advance the "proprietary" interests. Is it that their sentiments are there, rather than in their profession? Is it indifference to the ideals and professional concepts of journalism? Or, is it that opportunity to serve is not being accorded them in their own ranks? Surely there is work enough for all. Surely their interest should be in the profession to which they are so indebted. Believing it is to the

best interest of all concerned we propose that: (1) Serious consideration by the owners of proprietary publications be given to the proposition of turning over their publications to the American Dental Association. (2) Full support of the Board of Trustees and the House of Delegates of the American Dental Association be given to a program looking forward to the taking over of such publications and establishing a series of publications as has been done in the American Medical Association, such a series to include: one to carry the message of dental health to the laity; and another to be distributed without cost, carrying important messages to every dentist in the United States. (3) That members of the profession discontinue their editorial services and literary contributions to the private-profit group of dental journals.—O. W. B.: *J. Mo. St. Den. Assoc.*, 1934, 14, 12; July.

RESOLUTIONS AGAINST PARTICIPATION, BY MEMBERS OF DENTAL FACULTIES, IN THE EDITORIAL AND FINANCIAL SUPPORT OF TRADE-HOUSE JOURNALS

*I. Adopted by dental-school faculties*

(1) *University of Pittsburgh: May 10, 1934.*—The Faculty of the School of Dentistry, University of Pittsburgh, at a meeting on May 10, voted unanimously as disapproving of any faculty member participating in any editorial capacity on a dental-trade journal, or contributing papers to such a publication, either directly or through the proceedings of dental societies whose transactions are published in dental-trade journals.

(2) *Marquette University, June 4, 1934.*—*Whereas* trade journalism and trade journals tend to commercialize the professional aspects of dentistry and therefore lower its standing as a profession; and *Whereas* journals supported by the American Dental Association, and other dental societies and groups, are striving to maintain the present high status of dentistry, and are worthy and in need of undivided encouragement by the members of the dental profession; *therefore*, be it *Resolved*, by the members of the Marquette University Dental School Faculty, that no member of their group will in the future contribute to the support of a trade-dental journal as an editor or writer, either directly or through the proceedings of dental societies whose transactions are published in dental-trade journals.

*II. Recommendation in the report of the Committee on Dental Literature of the American Association of Dental Editors*

We should adopt a resolution indicating . . . our Association's . . . commendation of the dental faculties in the University of Pittsburgh and Marquette University for their notable action in support of non-proprietary dental journalism. Copies of this expressed commendation should be sent to each dental faculty in Canada and the United States.—*Adopted: Annual meeting, St. Paul, Aug. 4, 1934.*

AMERICAN ASSOCIATION OF DENTAL EDITORS

*Quotations from the report of the Committee on Dental Literature.* In very practical protest against the control of dental literature by trade houses, or by their agents, dental societies in increasing number are publishing periodicals of their own, or are publishing their proceedings in non-proprietary journals and declining to permit commercial journals to exploit them. . . . The rising tide of protest against the use of the proceedings of dental societies to float advertisements for the private profit of owners of proprietary journals has become so strong that . . . only four of the remaining twenty-five proprietary dental journals are designated as official organs of publication of American dental societies, namely: *Dental Cosmos*, by six societies; *Dental Items of Interest*, by one society; *Inter-*



*national Journal of Orthodontia and Dentistry for Children*, by seven societies, and *Southwestern Dental Mirror*, by two societies. We may safely predict that any dental societies that continue much longer to permit the commercial exploitation of their proceedings would do so from lack of both professional self-respect and professional responsibility. Trade interests have been slowly realizing that their further control of dental literature is generally regarded as neither necessary nor desirable. Proprietary control of dental journals is certainly not intended to be in the interest primarily of either the public or the profession. That the commercial interests have worn out their welcome, in this relation, is shown by the steady decrease in the number of proprietary dental journals, and by the ensuing rejoicing when any such periodical is discontinued. . . . An honest trade-journal, openly seeking to sell its owner's wares, may be useful and desirable; but a hypocritical trade journal, which covertly aims to promote the financial interests of a house but publicly pretends to be published "in the interest of the profession," undermines that profession and is unworthy of respect. . . . We have noted with particular satisfaction the quickening of interest among journals conducted by the students in various dental schools. . . . These journals, representing the insight, idealism, courage, and professional purpose of a coming generation of dental editors, should receive hearty support from the schools and alumni they represent. . . . These journals have exceptional opportunities to foster the cumulative development of experience and ability in dental journalism, and also a leadership that will seek to serve the public causes of a profession rather than the private interests of a trade-house.—*Adopted: Annual meeting, St. Paul, Aug. 4, 1934.*

#### AMERICAN COLLEGE OF DENTISTS

*Organized:* Boston, Aug. 20 and 22, 1920. Of the present active members, A. D. Black, J. V. Conzett and H. E. Friesell were among the four organizers; H. L. Banzhaf, J. P. Buckley, H. J. Burkhart, Julio Endelman, T. B. Hartzell, M. M. House, C. N. Johnson, E. A. Johnson, A. L. Midgley, F. B. Noyes, R. H. Volland, and C. E. Woodbury were among the additional founders. *Convocations:* Chicago, Jan. 26, '21; Milwaukee, Aug. 13 and 18, '21; Montreal, Jan. 25, '22; Los Angeles, July 16 and 19, '22; Omaha, Jan. 23, '23; Cleveland, Sept. 12, '23; Chicago, Mar. 5, '24; Dallas, Nov. 12, '24; Louisville, Sept. 22, '25; Philadelphia, Aug. 22, '26; Chicago, Jan. 26, '27; Detroit, Oct. 23, '27; Minneapolis, Aug. 19, '28; Chicago, Mar. 24, '29; Washington, D. C., Oct. 6, '29; Denver, July 20, '30; Memphis, Oct. 18, '31; Buffalo, Sept. 11, '32; Chicago, Aug. 6, '33; St. Paul, Aug. 5, '34.

*Objects* (quotation from booklet containing list of members, as of Jan., 1931): "The American College of Dentists . . . [aims] to exemplify the highest conception of professional and social responsibility of dentists as servants of the public health; to honor those who make notable contributions to the science and literature of dentistry; to stimulate the younger members of the profession to strive earnestly for such excellence as may admit them to fellowship with their most distinguished colleagues." (See pledge, p. 164.)

*Total present membership:* 505 (Oct., 1934). *Total number of deceased members:* 75. Members have been elected in each year since organization. *Classes of members* (each member receives the title of Fellow—"F. A. C. D."): (1) "The active members shall consist of dentists and others who have made notable contributions to dentistry, or who have done graduate or educational work of a character approved by the College." (2) "Any person who, through eminent service, has promoted the advancement of dentistry, or furthered its public appreciation, may be elected to honorary membership" (Constitution, Art. III). *Nomination and election of members:* "Any member of the College may nominate candidates for membership" (*By-laws, Sec. A*). "After a nominee for member-

ship has received the approval of a four-fifths vote of the Board of Censors, he may be elected by a majority vote of the Board of Regents" (Constitution, Art. III). *Forfeiture of membership*: Membership shall be "automatically forfeited" by members who "(a) give courses of instruction in dentistry under any auspices other than those of a dental society, dental school, or other recognized professional or educational agency; or (b) give courses of instruction in dentistry in a privately owned undergraduate or postgraduate dental school, or in a school that is associated with an independent hospital or dispensary but not an organic part of it; or (c) exact exorbitant fees for courses of instruction in dentistry under any auspices" . . . (Constitution, Art. III).

*Standing Committees, 1932-33.—Education, Research, and Relations*: W. J. Gies, chairman; A. D. Black, R. W. Bunting, A. H. Hipple, W. E. Cummer. *Endowments*: H. O. Lineberger, chairman; A. H. Merritt, D. U. Cameron, Abram Hoffman, T. A. Hardgrove. *Journalism*: B. B. Palmer, chairman; E. A. Johnson, Leland Barrett, J. T. O'Rourke, E. B. Spalding. *Legislation*: W. M. Simkins, chairman; W. F. Walz, W. O. Talbot, A. R. McDowell, G. S. Vann.

*Standing Committees, 1933-34.—Dental Prosthetic Service*.—W. H. Wright, chairman; A. H. Paterson, C. H. Schuyler, W. H. Grant, C. F. Harper. *Editorial Medal Award*.—W. C. Graham, chairman; F. T. West, C. W. Stuart, J. A. McClung, R. S. Vinsant. *Education and Research*.—J. B. Robinson, chairman; A. D. Black, L. M. Waugh, A. W. Bryan, H. L. Banzhaf. *Endowments*.—J. V. Conzett, chairman; Herbert C. Miller, Abram Hoffman, D. U. Cameron, A. H. Merritt. *Hospital Dental Service*.—Howard C. Miller, chairman; J. E. Gurley, E. A. Charbonnel, C. T. Messner, Leo Stern. *Journalism*.—B. B. Palmer, chairman; E. B. Spalding, J. T. O'Rourke, F. A. Delabarre, Leland Barrett, J. C. Black, E. A. Johnson, E. G. Meisel, H. O. Lineberger. *Legislation*.—W. A. McCready, chairman; G. S. Vann, W. O. Talbot, B. L. Brun, W. F. Walz. *Relations*.—A. R. McDowell, chairman; T. J. Hill, T. A. Hardgrove, H. G. Fisher, R. L. Sprau. *Socio-economics*.—C. E. Rudolph, chairman; J. H. Cadmus, M. W. Prince, W. R. Davis, G. W. Wilson, Maurice William, Louis Brach.

*Pledge of Fellowship*. I pledge myself, as a member of the American College of Dentists, to uphold to the best of my ability the honor and dignity of the dental profession; to meet my ethical obligations to my patients, to my fellow practitioners, and to society at large. I further pledge myself to refrain from all practices that tend to discredit the profession, including employment or holding a proprietary interest in commercial corporations supplying dental products or services to either the profession or the public; giving testimonials for such products or services; participating in radio programs that advertise proprietary preparations sold to the public; bartering in fees; making excessive charges without rendering commensurate service; dividing fees with other health-service practitioners, or in any other manner taking advantage of the ignorance or confidence of the patient. I also pledge myself to devote my best energies to the advancement of the dental profession, and to perfect myself in every way possible in the science and art of dentistry. Recognizing that the American College of Dentists seeks to exemplify and develop the highest traditions and aspirations of our calling, I hereby accept, as a condition of Fellowship in the College, all its principles, declarations, and regulations.

*Third annual meeting with the American Association for the Advancement of Science*: To be convened during the winter assembly of the Association in Pittsburgh. The College will have morning and afternoon scientific sessions, on Saturday, December 29, in Room 209 of the Engineering Building at the Carnegie Institute of Technology; the informal dinner will be adjourned before the general session of the Association that evening. Dr. F. C. Friesell is chairman of the local committee of arrangements. See item (22) on page 122.

## INDEX

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VOLUME ONE

NEW YORK

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BALTIMORE, MARYLAND

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## RISING TIDE OF PROTEST AGAINST TRADE-HOUSE CONTROL OF DENTAL JOURNALS

*Editorial proposals to terminate non-proprietary dental journalism.* Today we feel that to maintain our elevated professional status we must shake off the chains of proprietary journalism and control 100 percent our own publications and the information that goes out with them. If the proprietary publications are to exist, despite the desires of the profession to the contrary, we should see to it that they be placarded as being published for private profit and with the definite understanding that they are not in any sense the official organs of the profession. If the motive of the proprietary journals is to sell dental supplies, the profession should judge them accordingly. If their motive is an increase in the financial return to the stockholders, then the profession and laity had better both understand it and beware. The time has come when the profession must accept its responsibility, assert its rights and interest itself in things that are offered the public ostensibly in the interest of better oral health. We have no quarrel with the various trade houses. We recognize them as an important adjunct to our endeavors. However, we cannot condone their efforts to step out of their merchandising field and intrude into activities that are the sole province of the dental profession. Dentistry does not ask, it demands, the right to control its own journalism. . . . Probably the most discouraging thing about the situation in journalism in dentistry is the fact that many of our best known writers are lending themselves to advance the "proprietary" interests. Is it that their sentiments are there, rather than in their profession? Is it indifference to the ideals and professional concepts of journalism? Or, is it that opportunity to serve is not being accorded them in their own ranks? Surely there is work enough for all. Surely their interest should be in the profession to which they are so indebted. Believing it is to the best interest of all concerned we propose that: (1) Serious consideration by the owners of proprietary publications be given to the proposition of turning over their publications to the American Dental Association. (2) Full support of the Board of Trustees and the House of Delegates of the American Dental Association be given to a program looking forward to the taking over of such publications and establishing a series of publications as has been done in the American Medical Association, such a series to include: one to carry the message of dental health to the laity; and another to be distributed without cost, carrying important messages to every dentist in the United States. (3) That members of the profession discontinue their editorial services and literary contributions to the private-profit group of dental journals.—O. W. B.: *J. Mo. St. Den. Assoc.*, 1934, 14, 12; July.

### RESOLUTIONS AGAINST PARTICIPATION, BY MEMBERS OF DENTAL FACULTIES, IN THE EDITORIAL AND FINANCIAL SUPPORT OF TRADE-HOUSE JOURNALS

#### I. ADOPTED BY DENTAL-SCHOOL FACULTIES

(1) *University of Pittsburgh: May 10, 1934.*—The Faculty of the School of Dentistry, University of Pittsburgh, at a meeting on May 10, voted unanimously as disapproving of any faculty member participating in any editorial capacity on a dental-trade journal, or contributing papers to such a publication, either directly or through the proceedings of dental societies whose transactions are published in dental-trade journals.

(2) *Marquette University: June 4, 1934.*—*Whereas:* Trade journalism and trade journals tend to commercialize the professional aspects of dentistry and therefore lower its standing as a profession; and

*Whereas:* Journals supported by the American Dental Association, and other dental societies and groups, are striving to maintain the present high status of dentistry, and are worthy and in need of undivided encouragement by the members of the dental profession; *therefore,* be it

*Resolved:* By the members of the Marquette University Dental School Faculty that no member of their group will in the future contribute to the support of a trade-dental journal as an editor or writer, either directly or through the proceedings of dental societies whose transactions are published in dental-trade journals.

#### II. RECOMMENDATION IN THE REPORT OF THE COMMITTEE ON DENTAL LITERATURE OF THE AMERICAN ASSOCIATION OF DENTAL EDITORS

"We should adopt a resolution indicating . . . our Association's . . . commendation



of the dental faculties in the University of Pittsburgh and Marquette University for their notable action in support of non-proprietary dental journalism. Copies of this expressed commendation should be sent to each dental faculty in Canada and the United States."—*Adopted: annual meeting, St. Paul, Aug. 4, 1934.*

#### AMERICAN ASSOCIATION OF DENTAL EDITORS

*Quotations from the report of the Committee on Dental Literature.* In very practical protest against the control of dental literature by trade houses, or by their agents, dental societies in increasing number are publishing periodicals of their own, or are publishing their proceedings in non-proprietary journals and declining to permit commercial journals to exploit them. . . .

The rising tide of protest against the use of the proceedings of dental societies to float advertisements for the private profit of owners of proprietary journals has become so strong that . . . only four of the remaining twenty-five proprietary dental journals are designated as official organs of publication of American dental societies, namely: *Dental Cosmos*, by six societies; *Dental Items of Interest*, by one society; *International Journal of Orthodontia and Dentistry for Children*, by seven societies, and *Southwestern Dental Mirror*, by two societies. We may safely predict that any dental societies that continue much longer to permit the commercial exploitation of their proceedings would do so from lack of both professional self-respect and professional responsibility.

Trade interests have been slowly realizing that their further control of dental literature is generally regarded as neither necessary nor desirable. Proprietary control of dental journals is certainly not intended to be in the interest primarily of either the public or the profession. That the commercial interests have worn out their welcome, in this relation, is shown by the steady decrease in the number of proprietary dental journals, and by the ensuing rejoicing when any such periodical is discontinued. . . .

. . . . An honest trade-journal, openly seeking to sell its owner's wares, may be useful and desirable; but a hypocritical trade journal, which covertly aims to promote the financial interests of a house but publicly pretends to be published "in the interest of the profession," undermines that profession and is unworthy of respect.

We have noted with particular satisfaction the quickening of interest among journals conducted by the students in various dental schools. . . . These journals, representing the insight, idealism, courage, and professional purpose of a coming generation of dental editors, should receive hearty support from the schools and alumni they represent. . . . These journals have exceptional opportunities to foster the cumulative development of experience and ability in dental journalism, and also a leadership that will seek to serve the public causes of a profession rather than the private interests of a trade-house.—*Adopted: annual meeting, St. Paul, Aug. 4, 1934.*

#### AMERICAN COLLEGE OF DENTISTS

The *third annual meeting* of the American College of Dentists *in affiliation with the American Association for the Advancement of Science* will be convened during the progress of the winter assembly of the Association in Pittsburgh during the Christmas-New Year holidays. The College will have morning and afternoon scientific sessions on Saturday, December 29, in Room 209 of the Engineering Building at the Carnegie Institute of Technology; an informal dinner will be adjourned before the beginning of the general session of the Association that evening. The local committee, of which Dr. F. C. Friesell is chairman, is now actively at work on the program. See item (22) on page 122 of this issue.

#### JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

Issued quarterly, beginning January, 1934. Subscription price: \$2.00 per volume. Presents the proceedings of the American College of Dentists and such additional papers and comment from responsible sources as may be useful for the promotion of oral health-service and the advancement of the dental profession. Address communications to the executive officer of the editorial board: William J. Gies, 632 West 168th St., New York City.

WAVERLY PRESS, INC.  
BALTIMORE, U. S. A.