

JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

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By THE AMERICAN COLLEGE OF DENTISTS

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AMERICAN COLLEGE OF DENTISTS

Sections and dates of meetings in 1935-36.—(1) *Kentucky*: Nov. 26, '35; June 6, '36. (2) *Northern California*: June 19, '36. (3) *Maryland*: June 15, '36. (4) *New York City*: May 1, '36. (5) *Minnesota*: Mar. 9, '36. (6) *New England*: Apr. 29, '36. (7) *Wisconsin*: Apr. 20, '36. (8) *Colorado*: None. (9) *Pittsburgh*: None. (10) *Iowa*: May 6, '36.

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."

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.*

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Certification of Specialists in Dentistry.—C. O. Flagstad (41), *chairman*; L. M. S. Miner (37), C. R. Lundquist (38), H. C. Fixott (39), E. W. Swinehart (40).

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Socio-economics.—W. R. Davis (41), *chairman*; G. W. Wilson (37), C. E. Rudolph (38), E. H. Bruening (39), Maurice William (39), M. W. Prince (40), B. B. Palmer (40).

AMERICAN COLLEGE OF DENTISTS

PRESIDENTIAL ADDRESS¹

WILLIAM R. DAVIS, A.B., D.D.S.

Lansing, Michigan

I want to express, again, my appreciation of the confidence and esteem you showed me in electing me to the presidency of the College—one of the highest honors in dentistry. Those of you who know me well, know that it was entirely unsought, and that I accepted the responsibility with reluctance and a feeling that there were many others more competent and deserving. I would be remiss, indeed, if I did not take this opportunity to publicly express my appreciation also for the fine coöperation and assistance from the other officers, regents, committeemen, and all who have labored unselfishly and diligently in the interest of the College. I cannot mention everyone by name, but I do want to thank most heartily Secretary Brandhorst and Assistant Secretary Gies for their specially efficient service, and Regent John Gurley, who gave unreservedly of time and effort in helping to arrange our program and complete the many little details for this meeting. We were fortunate, indeed, to have such a one as he in the convention city.

It is not my purpose at this time to review the activities of the College since the last convocation. That has been well accomplished in the reports of the various committees. Moreover, these committees, for the most part, continue over a period of years and indicate a general policy

It has been the custom at recent convocations of the College to select for special emphasis a theme, such as dental education, socio-economics, medico-dental relationships, and others. Following that custom, it seemed to me that we could not do better this year than give special attention to the subject of *College Objectives*. One hears

¹ Convocation: San Francisco, Calif., July 12, 1936. See item 77; abstract of minutes: *J. Am. Col. Den.*, 3, 99; 1936.

the query raised sometimes: "Are we following the early objectives?" or "Just what are the objectives of the College?" This convocation afforded a good opportunity to try to get a little clearer picture of just what we are aiming at, and of the progress we are making in that direction; to take stock, as it were; examine the history of the College; find out what was in the minds of the founders; explore the present attitude of the membership; and, in addition, ascertain all we can from similar organizations and professions. I am glad to say that this suggestion met with the unanimous approval of the officers and regents of the College. In keeping therewith, the principal addresses before our College at this convocation are in accord with that purpose.

Early in the year a letter was sent from my office to more than a hundred representative Fellows of the College. These Fellows were asked to state briefly their ideas of what our College objectives should be, and also give any constructive criticism or suggestions which they might have, in order that the College might more fully achieve its proper function. These letters went to members representing a wide variety of thinking, and I am sure represent a good cross section of College opinion. I was more than pleased with the fine response. The majority of those receiving this letter replied, and in a frank, friendly and constructive spirit. I wish there was opportunity to read to you all these letters. That, of course, is manifestly impossible, but I hope to analyze them and to set before you, concisely, the results obtained in this way.

I shall mention *first* the criticisms or suggestions. The matter mentioned most often was the manner of election to the Fellowship. But it is interesting to note that these criticisms in a way cancelled each other. Some believed we were admitting too many and others too few. In other words, some would make Fellowship much more exclusive; others would have it admit anyone who could pass a certain requirement, and whose character and standing were properly accredited. A *second* suggestion had to do with College publicity, saying that the membership was not being kept informed as it should be in regard to College activities and interests, especially those members who were not able to attend the yearly convocations. A *third* suggestion had to do with the manner of carrying out certain activities. All who mentioned this commended, in the highest

terms, the report of the Commission on Journalism and the ideals for dental journalism therein set forth; but many believed the aims could be better accomplished in a more tactful way, and that time and education were necessary to reach the goal. There was a little criticism in regard to the increase in dues, and the suggestion made that complete financial statements should be available for all the members. There also was some objection to the manner of conducting the initiations. Last, there were, of course, one or two references to politics, which no organization escapes, not even the church. Before discussing these criticisms and suggestions, let us briefly examine the history and early statements of the College, and quote from some of the letters as to its objectives.

In 1920 the President and the President-elect of the American Dental Association happened to meet at a state convention with the president of the American Institute of Dental Teachers, and they discussed the advisability of "organizing an American College of Dentists to cover a field and to conduct a work in the dental profession that could not be carried on adequately by any existing organization." A number of outstanding leaders in the dental profession were consulted in this regard, and invitations issued to them to confer during the time of the annual meeting of the American Dental Association, in Boston that summer, for the purpose of organization. As a result the American College of Dentists was formally established at the Copley-Plaza Hotel in Boston, on August 20, 1920. At that time the following statement of objectives was adopted:

"The object of this College is to bring together in a group the men of outstanding prominence in the profession and by their united efforts, in a field that is not now covered by any dental agency, to endeavor to aid in the advancement of the standards and efficiency of American dentistry. Some of the aims of the College are to cultivate and encourage the development of a higher type of professional spirit and a keener sense of social responsibility throughout the profession; by precept and example to inculcate higher ideals among the younger element of the profession, and hold forth its Fellowship as a reward to those who faithfully follow such ideals; to stimulate advanced work in dental art, science, and literature; and to honor men

who have made notable contributions to the advancement of our profession. "The enormously increased responsibilities of the dental profession to humanity on the one hand—the unprecedented opportunities for exploitation, which have resulted in a wave of mercenary practices that threatens to become a public scandal to the everlasting disgrace of American dentistry, on the other hand—demand that these elements of the profession whose character, reputation, and professional attainments point them out as leaders, should be brought together for the purpose of checking the tide of destructive agencies and of encouraging by every laudable means the cultivation of that high spirit of professional and social responsibility, the wholesome influence of which is so greatly needed."

The first annual Convocation of the College was held the following year at Milwaukee, Wis., at which Dr. C. N. Johnson, of Chicago, read a paper entitled: "Educational ideals in accordance with the aspirations of the American College of Dentists." In Dr. Johnson's paper, he stated: "It goes without saying that there is a very real need for such an organization as this in the dental profession. In medicine we have in America, the American College of Surgeons, and in Great Britain its prototype, The Royal College of Surgeons, both standing for the highest ideals in professional conduct and achievement. If these institutions are needed in medicine, with its centuries of history and tradition, ours is surely needed in dentistry at a time when we are in the midst of making history and creating tradition." He further emphasized the need of going slow and building on a sure foundation, and added that the "responsibility of saying who shall and who shall not be admitted is one of the most difficult that was ever presented to a body of men in our profession."

We now quote from some of the letters recently received in regard to College objectives:

From a former president of the College: "It would seem to me that the American College of Dentists has before it the task of improving the collective idealism of American dentistry, of advancing the concepts of professionalism, and of influencing the trends in dental education upon which so much depends in the profession. Not only should the College promote the things that tend toward improvement, but it should also oppose those influences which tend to degrade. I believe our experience over the past

few years, particularly as it relates to commercialism in dentistry, indicates that active opposition to deleterious conditions in the profession is quite as important as inspirational ideals. It is up to the College to blaze the trail for the rank and file—not only by precept but by practice.”—*J. Ben Robinson.*

A trustee of the American Dental Association: “The aim or object of the A.C.D. is the ideal—the ideal in dental practice, in dental journalism, in dental teaching, and in dental education, etc. Its objectives are the definite steps to be taken in reaching or attaining that ideal.”—*E. G. Meisel.*

A founder: “I do believe that certain reform policies should be inaugurated with the view of raising the general professional standards; but I also believe that careful educational measures should be followed rather than extreme aggressive, militant ones.”—*Edgar H. Keys.*

A regent: “I think that the objective, so far as the service to dentistry is concerned, is the same as it has always been; and that is to place our profession on the highest possible plane among the scientific organizations.”—*Howard C. Miller.*

Another Fellow: “The real purpose of the A.C.D. is to do the good things for dentistry which otherwise will remain undone.”—*W. H. Wright.*

Another Fellow: “To cultivate and encourage the development of a higher type of professional spirit, and to bring together the men of outstanding achievements in a profession is in itself a laudable undertaking.”—*John Scholten.*

A New York Fellow: “I highly approve the idea of a broadened program of activity for the College. I believe, in other words, that the College should study constructively various broad fields of importance to dentistry, such as dental education, dental journalism, socialized dental service, dental research, and in short any field having to do with the general interest of the dental profession and the public.”—*John Oppie McCall.*

A former trustee of the A.D.A.: “If I were to state in the fewest possible words the objective of the College, I should say that it is ‘to promote the finer things in dentistry’ which are being neglected by organized dentistry. It should be the stimulating and guiding influence of the profession, not only in such matters as journalism, education and educational policies, but in all things that are being neglected by any group of officers that happen to be in office. It should, in my opinion, be to the A.D.A., what the spark plug is to a gasoline engine.”—*Marcus L. Ward.*

A recent member: “My observation of many men in the College is that regardless of the qualifications they once possessed at the time of their election, they have not continued to grow, but instead have atrophied and

are now dead. They are worthless to the organization and should be given a shot of T.N.T. or checked out. In other words, to sum up, the College should be the objective of every ambitious man in the profession, and a great honor. Once obtained, he should be entitled to retain this honor only by continued progress. Regardless of the fact that my theory would probably result in my own elimination, I believe it to be basically correct for the best interests of the College."—*M. Webster Prince.*

A former president of the A.D.A.: "Its program should be to sponsor educational policies which will increase the appreciation of the scientific standing of our profession, and inspire the men of our profession to greater interest in research and personal investigation of the work in this field."—*Arthur C. Wherry.*

A former trustee of the A.D.A.: "I think the College should be the outpost on the frontier of idealism, where it may catch the trends in general social life as well as the professional, and that by its activities in leavening the entire professional group it may guide the professional craft into the highest possible realm of usefulness."—*C. E. Rudolph.*

A former president of the College and the A.D.A.: "The primary intent of the College is to award those who have given of themselves for the advancement of dentistry and the serving of humanity."—*J. V. Conzett.*

A New York Fellow: "I would like to suggest that the College set out on a campaign to secure endowment for dental colleges."—*Thaddeus P. Hyatt.*

A recent member: "The objectives of the College should be at the present time, in my opinion, focused on public relations. Dentistry as a profession has developed satisfactorily along technical lines but is sadly lacking in cultural advancement."—*Oliver W. White.*

A dental teacher: "It would seem to me that one laudable thing for the College to do would be to give substantial aid, if not complete support, to the *Journal of Dental Research*, in order that this very fine publication might not be lost to dentistry."—*R. W. Bunting.*

It will be seen that all of these pronouncements of the Founders, and opinions of prominent members, emphasize the ideal. It is much easier to voice an ideal than it is to outline specific means for achieving that ideal. Herein, I think lies the answer to any criticisms or questions that have been raised. An ideal is something that exists in the imagination. It is a vision of future perfection. Often it is difficult to define in unmistakable language because the individual himself has no clear conception of his ideal. Ideals are valuable, but only as they set a goal for future attainment or at least something

definite to work toward. And in working toward an ideal there must be concrete policies. It is easy to criticise a policy. It is difficult to criticise an ideal. With these observations in mind, let us consider some of the criticisms.

There is no question whatever that the suggestion that all members should be better informed about College activities is well taken. The Fellows have a right to know all about the affairs of their organization. We believe that steps are being taken to meet this need and that for the future, either through the *J. Am. Col. Den.*, or communications from the secretary, this want will be supplied.

Concerning the increase in dues: here again the matter is one of more complete publicity. If the College is to function properly, it must have sufficient income, and yearly dues of \$10 would seem to be small in comparison with those of similar organizations, which I believe are usually \$25.00. We believe, however, that an auditor's report showing income and disbursements should be published annually. An auditor's report is made annually but only to the Regents. It should be made available to all the members. There are plenty of things the College can do with sufficient funds and still keep within its proper function. Compare, if you have opportunity, the fees and expenditures of the American College of Surgeons, the American College of Physicians, and the Royal College of Surgeons. You will find ours very small by comparison. The important thing is that funds are used wisely and economically.

Intelligent selection for Fellowship is admittedly a very difficult and delicate task, as stated by Dr. Johnson. How to be true to the College and fair to the individual whose name is submitted is often an almost superhuman task to impose on a board of censors. One difficulty has been insufficient time and information to complete this task as it should be done. At the convocation last November steps were taken that will aid greatly in the efficiency of the Board of Censors. Enforcement of the requirement that all nominations for Fellowship be presented at least 90 days before the convocation at which action is desired will enable the censors to conduct careful investigations. Sponsors, upon written request to the Secretary of the College, will be notified of the disposition of nominations. We question whether in the dental profession certain criteria could be

set-up as, for instance, in the American College of Surgeons, where decision with reference to membership depends largely upon analysis of case histories. We doubt if that would be feasible as a criterion in dentistry. To those who think the College has been taking in too many members, we might remark in passing that the *founder* membership of the American College of Surgeons, at the time of organization in 1914, was about the same as our total membership today after 16 years; and that they have elected to membership in some *single* years since that time more than twice our total membership. The same basis for choosing membership, we believe, would not apply. We are under the impression that the American College of Physicians, which was organized just four years before the American College of Dentists, is wrestling with a similar problem. Certain it is that no method can be devised, with reference to the selection of members, which will give complete satisfaction. This matter must be delegated to a board that is as fair and impartial as possible, and trust them to do their duty wisely. Fellows can aid greatly in this matter by not allowing political pressure or friendship to influence them in making nominations for membership. The Board of Censors could perhaps assist by sending to the members a statement of the policy to which they try to adhere. We are convinced the Censors have tried to do their duty honestly and fearlessly and, in the past, under some severe handicaps that have been remedied this year. The important thing is not the numbers in the College, but the quality of its membership and the influence it is exerting.

The criticism of "politics" can be dismissed with a passing remark. is too vague and indefinite. If someone is elected to Fellowship whom we think unworthy, it is easy to say "politics." If a friend is not elected whom we think should be, again there is the old alibi. From what I know of the College and have learned, about its history, I am convinced that politics as generally understood has played a very small part in its organization and policies. Let us hope this will always be true. It certainly has no place in an organization such as ours.

But in any discussion of objectives, by far the most important consideration is that of policies. Are the activities of the College in keeping with the ideas of the founders and the best thought in the College today? Should the College, for example, undertake studies

such as have been made, or are being made, of socio-economics, journalism, education, and other matters indicated by the names of the standing committees? Shall the College make any pronouncements concerning any of these things? Recall, if you will, words from the very first statement of objectives and repeated again in the constitution of the College. It shall "endeavor to aid in the advancement of the standards and efficiency of American Dentistry." Is that not the purpose of every one of these activities? Are they not aids toward the advancement of the standards and efficiency of dentistry? Every letter that I received from Fellows in answer to the query sent out, in which the writer was specific in regard to objectives, commended all these activities. They would seem to be in keeping with the ideas of the founders and present members when an attempt is made to express the ideal in concrete terms. All, when specific, agreed with the objectives undertaken. There was some difference of opinion as to some of the means taken to accomplish the objectives, but this is a matter of procedure and not objective.

These activities also, we believe, are not in any way in conflict with the prerogatives of the American Dental Association. They can be an aid and inspiration to the A.D.A. That has been expressed frequently by officers of the A.D.A. The A.D.A. is the representative body of organized dentistry as a whole. It is the only body to speak for organized dentistry as a whole. It has a great mass of details and much machinery to keep functioning properly. The College can give attention to some of the finer things and neglected things as has been well said, and be a stimulating and helpful influence to the A.D.A. If it happens to initiate something that can be better taken over by the A.D.A. that is "all to the good." Some of our committees have collected information which undoubtedly is of great assistance to the general body, and will continue to do so.

There may be a few who think the College should function only as an exclusive society; but who would want to belong to a mutual admiration society, meeting once a year for an inspirational address? That sort of thing soon palls. In order to appeal to the best, and highest, and most virile the College must not only voice ideals, it must strive to exemplify them, and it must do things that contribute toward the idealism it expresses. Only as it does this can it occupy the distinctive place it was designed to fill, and which has been ex-

pressed so well and by so many in the quotations read earlier in this address.

Never was an organization such as the College more needed than in this age when the forces of commercialism are so strong. These forces have a tendency to shove ideals and ethics into the background, or cause them to be looked upon as pious phrases to be repeated but not taken seriously. The College is a comparatively young organization. It is just emerging from its infancy and adolescence. There may be some things that need adjustment. There are policies that can be strengthened and other activities that will need to be undertaken as the occasions arise, but we believe that it is finding itself. It is a satisfaction to learn from several sources that its influence in behalf of the finer things in dentistry is being recognized beyond its own borders. This should continue to be felt in greater measure as the years go by.

In conclusion, and summing up our findings, we believe that the College is in the main following the objectives of the founders and the best thought in its membership. These objectives are the highest ideals of professionalism, which can be attained, or more nearly approximated, only by concrete and aggressive endeavors that make the ideal in some measure come to pass. Whole-hearted support by all the Fellows, and wise and unselfish leadership, will contribute most to attainment of that goal.

WHAT WE MAY EXPECT OF THE AMERICAN COLLEGE OF DENTISTS¹

EMILE F. HOLMAN, M.D., F.A.C.S.

San Francisco, California

As a representative of the American College of Surgeons, I bring greetings from that organization, wishing the members of this College godspeed in present undertakings. I also wish to express my pleasure in the privilege of appearing before you. Historically, it is altogether fitting that a surgeon should be asked to speak before this distin-

¹ Read at the San Francisco convocation of the American College of Dentists, July 12, 1936. The author was introduced as Professor of Surgery, Medical School, Stanford University. See item 64; abstract of minutes: *J. Am. Col. Den.*, 3, 98; 1936.—[Ed.]

guished body of dentists. In the long journey down the years of the development of scientific medicine, dentistry and surgery have been indissolubly bound together, much to their mutual advantage. It was a dentist who, in 1844, first administered nitrous oxide as an anesthetic. It was a dentist who, two years later, in one of the most courageous exploits in medical annals, undertook the public administration of ether as an anesthetic. These two discoveries by dentists initiated a most glorious epoch in surgical history, the end of which is not yet in sight, largely due to the increased facility in operating under a general anesthesia. In partial repayment for these two great boons to patient and surgeon alike, it remained for William S. Halsted, America's most distinguished surgeon and the first professor of surgery at Johns Hopkins Medical School, to introduce local anesthesia by blocking regional nerves with cocaine—a procedure which has made possible modern painless dentistry. It was my privilege in 1922 to be present when the National Dental Association awarded to Dr. Halsted a gold medal in recognition of this service to dentistry. On that occasion a paper was cited by Raymonds in *Dental Cosmos* (1885), entitled "Hydrochlorate of cocaine as a local anesthetic in dental practice," in which was reported the case of a Dr. Woodbury whose very sensitive tooth was filled painlessly after blocking of the inferior dental nerve by Dr. Halsted. Fully as much now as then, dentistry and surgery frequently overlap in the care of oral lesions, and in the recognition and treatment of complications following the extraction of teeth.

In attempting to define the purposes and to appraise the opportunities of the American College of Dentists, I have sought to draw a parallel with the opportunities, realized and unrealized, of the American College of Surgeons. As you are probably aware, the College of Surgeons was an outgrowth of two clinical congresses of surgery designed to provide clinical demonstrations and operations for those particularly interested in surgery. These congresses were somewhat unwieldy in their effort to give postgraduate instruction; yet the response from those eagerly seeking such instruction was almost overwhelming. The remarkable success of the first two congresses led directly to the formation of a permanent organization—the American College of Surgeons—through which the idea of providing

clinical graduate instruction could be perpetuated. These congresses have increasingly demonstrated an extraordinary demand for postgraduate instruction. Four to five thousand surgeons attend the annual meetings. An exactly similar demand for postgraduate instruction was demonstrated last summer in the remarkable response to an invitation extended to the practitioners of California to attend certain "refresher" courses given by the Stanford Medical School.

I cite these examples of a demand for postgraduate training as confirmation of my confident belief that were this College to make postgraduate instruction for the practising dentist one of its chief aims, the response would be very enlightening and most gratifying. Under the sponsorship of this College an annual congress, with clinical demonstrations over a period of four to six days, could be arranged at one of the larger dental centers—Boston, New York, Philadelphia, Chicago, St. Louis, or San Francisco. Or this College might sponsor and arrange for annual courses of a week or two at your available dental schools, charging small fees for registration in the various courses. The demand for instruction is there—it is your prerogative to satisfy it. Be in fact a *College* for postgraduate instruction.

Paralleling the need for postgraduate instruction is the eager demand of the layman for medical and dental information along preventive lines. The American College of Surgeons at each of its annual and sectional meetings devotes an evening to the instruction of the layman on such subjects as choice of hospital; abdominal symptoms that require a physician's attention; dangers of catharsis for abdominal discomfort, which is so glibly and criminally advised over the radio and by the corner druggist; early signs and symptoms of cancer; and curability of early cancer. Such meetings invariably need to be held in the largest available halls, so great is the popular demand for reliable medical information. This College could profitably sponsor similar lay instruction in dental hygiene, in the education of the layman in the science of nutrition for the proper growth of teeth, particularly in the pregnant woman and in the growing child. The observation that the unerupted tooth of the stillborn child may show evidence of maldevelopment and beginning degeneration, owing to inadequate nutrition of the mother during the early months of pregnancy, cannot be too vividly portrayed. The knowl-

edge that early caries in children is preventable and correctible, through nutrition and good dental care, should be spread wide and far. It would seem to be a proper prerogative of this College to inaugurate a campaign of educational publicity by lay public meetings, by radio talks, yea even by anonymous advertising under the sponsorship of the College. The increasing misinformation on medical and dental subjects so widely spread by the columnists, by the egotistical but ignorant Brisbanes of life, and by the radio shysters, must be vigorously and effectively combatted.

A corollary to the need for education of the layman in the fundamentals of what constitutes proper medical care is the need to inform him as to who is adequately equipped to provide such care. Medical and surgical specialties are trying to meet the problem by establishing Boards of Certification in Obstetrics, Gynecology, Ophthalmology, Otorhinolaryngology, Urology, Orthopedics, and General Surgery. Written, oral, and practical examinations, following three to five years' training in a specialty, are required before such certificates are awarded. The National Board for General Surgery proposes to permit successful candidates to append to their names certain letters indicating that they have been recipients of such certification. To be sure the ignorant, the credulous, and the gullible cannot always be protected against their own follies, but at least an opportunity should be given them to choose those properly qualified to give the required service. This College would do the public a genuine service in developing a plan of certification of the various dental specialties: the "oral" surgeons, prosthodontists, exodontists, orthodontists, periodontists, and specialists in children's surgery now have their national organizations. Under the direction of this College, representatives of these organizations could be formed into a Board of Dentistry to whom would be entrusted the examination and certification of the dentists qualified in their particular specialties. Such certification of specialists carries with it the obligation also to provide opportunities for graduate training in the specialties. A survey by this College of existing facilities in medical schools is in order; and this College could profitably sponsor and make available these facilities to the aspiring dentist, anxious and eager to qualify for certification.²

² See the reports of the Committees on Certification of Specialists in Dentistry and on Oral Surgery: *J. Am. Col. Den.*, 3, 154 and 167; 1936 (this issue).—[Ed.]

These, briefly, are some of the opportunities and responsibilities for collective action on the part of the College. I shall merely mention, in order to commend highly, the desirability of having this College through its representatives keep before the dental profession the constant need of improving the standards of admission to your dental colleges; of imposing more inclusive courses of study, working toward the goal of admitting all dental students to the first two years in medicine, after which the medical student would branch off into his domain and the dentist into his. This College through its representatives should ever be alert to detect deficiencies in dental schools, urging the improvement or elimination of the obviously third-rate institutions.

Just as the College by its very existence assumes definite obligations to the profession, so the individual by his acceptance of membership undertakes certain responsibilities to the College. Not all individuals are properly alive to such responsibilities and constitutionally can never be made so, a fact of which the College of Surgeons is painfully aware. Nothing can do more to hamper the activities of the College, or to prevent the full cooperation of its better members, than the presence of undesirable and unethical members. I mention this fact as a warning to this College not to compromise on your qualifications. Admit only such members of your profession as fully meet the professional, ethical, and moral requirements set by your constitution. Make membership an honored privilege and the aspiration of every young dentist. Keep your rolls free from undesirables for whose membership apologies must be constantly made.

This organization deserves to be more than a society devoted to the preening of feathers. It deserves to be more than a vehicle for the consummation of political and social aspirations. A college fellowship must not be flaunted before the less fortunate, nor ostentatiously used in self advertisement. We look upon you as the professional, moral, and ethical leaders in your calling, responsible for keeping the practice of dentistry on a high ethical plane, and fully alive to the need for continuous effort to improve the training and education of your younger members.

DENTISTS: TRAINED OR EDUCATED?¹

CHAUNCEY D. LEAKE, LITT.B., M.S., PH.D., F.A.C.D.

San Francisco, California

Among those who are eagerly joining in welcoming you to the City of St. Francis are your colleagues in the medical profession. This is worth attention, for it indicates a further extension of the new bonds of common interest and friendliness which are drawing medicine and dentistry together again after far too long a separation. That there should ever have been any divorce between medicine and dentistry is an unfortunate example of our inability to adjust ideals with practical necessities. It is an unfortunate example of what happens when training for a practical purpose runs away from education for a professional career. Medicine and dentistry have a common purpose. The physician and the dentist are both fine artists endeavoring by knowledge, judgment and technique to create the reality of health and sound function from the refractory material presented by their respective unhealthy patients. But the physician and dentist have differed in the past on the emphasis placed on knowledge and judgment on the one hand and technique on the other. Knowledge and judgment call for education; technique for training. The problem of making teeth function smoothly is a relatively ancient specialty. It is one in which technical skill in alleviating pain and substituting for nature has been very successful—with resulting rich rewards. Under these circumstances the temptation is great to avoid the long discipline of educating oneself in knowledge and judgment, and to take the easier way of training for technical proficiency.

Medicine faced a similar situation less than a century ago. Anesthesia and asepsis made possible the success of modern surgery, although the technique was already centuries old. With the rapid growth of our country, great demand arose for those specially trained to handle the medical problems of a rough and ready civilization. Surgeons were needed, and medical schools mushroomed everywhere

¹ Read at the San Francisco convocation of the American College of Dentists, July 12, 1936. The author was introduced as Professor of Pharmacology, Medical School, University of California. See items 66, 72, 76; abstract of minutes: *J. Am. Col. Den.*, 3 99; 1936.—[Ed.]

to supply them. On the whole the practitioners were well trained, but poorly educated, and only too quickly did technique triumph over reason. The formation of the American Medical Association, in 1846, had for its main purpose the improvement in education of American physicians and the raising of their ethical standards. But progress was slow in the face of quick reward in position and prestige. Why study for three years, when one could get away well with only two? Why bother with collegiate pre-medical instruction, when one could be licensed with only common schooling? When Harvard, under Elliot in the seventies, raised the entrance requirements for admission to its Medical School, and made three years of medical instruction necessary for the M.D. degree, there was a great outcry of indignation, especially from the proprietary schools. Credit is due the American Medical Association that it was able, within forty years more, to close the majority of proprietary schools, and to enforce a uniformly high standard of education for future physicians.

Dentistry is now in the midst of such a process. The American College of Dentists has a great opportunity and responsibility in promoting this transition from a policy encouraging chiefly handicraft as developed by training to one favoring knowledge and judgment as a goal in education. Handicraft must not be neglected. It is the training of the hand in conjunction with the education of the mind that leads to the best results for the dentist. The practical work of dentistry remains largely a matter of handicraft and is thus chiefly a function of training. A physician could very readily acquire the knowledge and judgment necessary to decide what dental procedure would be advisable in a patient. But it might be quite impossible for the physician ever to acquire the handicraft necessary to bring about the effect dictated by his judgment. Handicraft will always remain the keystone of dentistry. Manual dexterity must be trained to accomplish the purposes desired. The handicraft must always remain subservient, however, to the judgment which directs it toward a desired and carefully chosen goal. The difficulty with handicraft uncontrolled by sound judgment is that it tends so quickly to become routine. Nothing is more dangerous in the healing arts than routine. Although they may be similar, no two patients are alike and no two teeth are alike even though they may be next to each other.

Dentistry may have to decide whether it will continue to make the effort to unite technical and handicraft proficiencies with a high degree of scientific knowledge and skilled judgment. It may be that a special group of technicians should be trained to perform handicraft procedures, under the direction of more carefully educated persons who could assume responsibility for deciding which procedure is best for the patient. In medicine several special technical groups are developing, such as in radiology, laboratory diagnosis, and physiotherapy. Dentistry must choose between a path of training for handicraft or a path of education for knowledge and judgment. If dentistry remains a matter of handicraft, soon or late it will come under the domination of persons capable by education and judgment of directing its application to desired ends. In other words, dentistry may become a technical adjunct to medicine. If dentistry wishes to maintain the prestige afforded a profession, then dentistry must adopt professional standards in every phase of its activities. This means education. It may be necessary to neglect handicraft to some extent. It may be necessary to train another group of technicians to perform the handicraft desired. It may even be well for dentistry to become a medical specialty, with dentists acquiring an M.D. degree and then employing trained technicians to do what work their judgment suggests.²

It is my business to teach pharmacology at the University of California Medical School. I look on my work from a university standpoint. A course in pharmacology is offered which is open to medical students and dental students on the same terms. Thanks to the earnest efforts of the dental students, it is working well so far, in spite of the fact that the dental students lack the collegiate training required of medical students. I am not at all concerned with *training* either physicians or dentists. I am trying, however, to *educate* students in both groups. The action of chemical agents on living tissue is discussed, demonstrated, and explained in as much detail as possible. This is a part of the scientific phase of the profession. The art lies in applying this factual knowledge for a desired and deliberate effect in a particular patient. This requires most careful judgment. Stu-

² See the quotation on "the dental situation in Hungary: *J. Am. Col. Den.*, 3, 214; this issue.—[Ed.]

dents acquire this judgment by example, and then through the rest of their professional lives by experience. An important factor in judgment is the knowledge enabling one to choose the best goal toward which to work. This is teachable but slowly. The effort to handle medical and dental students on the same basis in pre-clinical subjects has progressed considerably at the University of California. In addition to pharmacology, portions of bacteriology and pathology are taught jointly to the two groups. For dental students to hold their own with medical students it is imperative that they have as good an educational background. It is the business of a university to promote knowledge and judgment; it is the business of a vocational school to train for handicraft.

Future dentists must choose between a handicraft training or a professional education. If a handicraft training, they would be wise to subordinate themselves modestly and wholeheartedly to the knowledge and judgment of a properly educated professional man. If they choose to become educated for a professional career, they may as well work for the M.D. degree and become medical specialists. This is putting the issue to the extreme, but as the rapid increase of knowledge goes forward, and as the demand for careful judgment increases, it is difficult to see how any satisfactory compromise can be made. The American College of Dentists may well consider its major problem to decide whether its influence should be directed toward developing dentists as a group of trained technicians or as a body of educated professional men.

MODERN TRENDS IN PROFESSIONAL STANDARDS¹

WM. J. KERR. M.D., F.A.C.P.

San Francisco, California

It is an honor to appear before the American College of Dentists. When I accepted the invitation to address you, it was with the conviction that I would meet a group of high-minded men who were

¹ Read at the San Francisco convocation of the American College of Dentists, July 12, 1936. The author was introduced as Professor of Medicine, Medical School, University of California. See item 78; abstract of minutes: *J. Am. Col. Den.*, 3, 99; 1936.—
[Ed.]

leading the way in the dental profession. From what I am able to learn, serious efforts are being made to elevate standards of dental education and practice, which is a hopeful sign. In this movement you are sailing an uncharted sea, but the loads of idealism and the compass of common sense will steer the craft into a safe harbor. What I have to say concerning the modern trends in professional standards applies particularly to the medical profession. However, if we assume that dentistry represents a special branch or specialty in medicine, as we must, then my observations may have a common application. While dental education through misadventure or necessity has pursued an independent development until recent years, there are healthy signs of a reunion of forces with medicine.

A brief sketch of the evolution of medical education in America will serve to orient us in the modern scene. For a long period following colonial times most practitioners were initiated by a preceptor. In a few centers, such as Boston, New York and Philadelphia, lectures were offered for brief periods each year, and those who aspired to greater learning went abroad to sit at the feet of celebrated clinicians. As our frontier moved westward, and the population increased rapidly, there was need for more medical practitioners. As cities grew like mushrooms, schools and colleges sprang into being. Among the rankest of these growths was the proprietary medical school, which flourished upon the fees of students and the consulting practice derived from acquaintance with successive classes of students. By the first decade of this century, Illinois sheltered 39 medical schools, Missouri 42, New York 43, and Pennsylvania 20. Naturally there were then too many doctors, and most of them were poorly trained. Since 1871, when President Eliot of Harvard raised the requirements of admission to the medical school and lengthened the curriculum to three years, there has been a constant improvement in educational methods and qualification of graduates. The scientific method, with the advantages of study in the laboratory, attracted students of more serious purpose, as it had for long in German universities. The opening of the Johns Hopkins Medical School, in 1893, marked a new epoch in scientific medicine in this country. In the past few decades many great medical schools have evolved, combining the best qualities of the German, French and British schools.

A great number of inferior medical schools have been eliminated, and the flood of poorly prepared graduates has been thereby curtailed. The reports of the investigations of the Council on Medical Education and the Carnegie Foundation for the Advancement of Teaching showed an unhealthy situation which was soon righted. The number of graduates is probably not now too large, but some are still poorly prepared. The blanket covering Class A medical schools is apparently a little too generous in dimensions. There are many communities that could support doctors which are obliged to depend upon quacks or patent medicine, while well-trained graduates suffer privations in our cities.

The medical graduate of today is required to have a sound general knowledge of science and biology, and in addition to be well versed in clinical methods of diagnosis and treatment. It is true that he has much to learn of the art of medicine when he begins to practice, but he is better equipped to take his place in a complex society. The graduate of the proprietary school had an inferior background, knowledge acquired chiefly from books, and a smattering of the art of medicine. In spite of all the handicaps, many students contrived to learn from experience and became highly competent and safe practitioners. The elevation of standards of education and requirements for admission to medical schools has attracted students with diverse interests and abilities. They have brought light into many dark places. They have helped to advance knowledge in many directions by developing new technique and procedures. The body is now divided into systems, organs, orifices, layers and sections; and, as in the days of the Egyptians, we have specialists for every part except for the right and left sides separately. Sometimes it would appear that there is a "mastery of technique over reason."

With the rise in "supremacy of the specialist" and the obvious emoluments and leisure which apparently came his way, a great many poorly qualified graduates have professed skill in special fields. In many instances a brief sojourn in some foreign clinic has served as the basis for delusion of the public; in other instances it is born out of thin air. The public has had no means of knowing whether anyone who has styled himself a specialist has actually qualified. Specialists in certain fields of medical practice, such as ophthalmology,

otolaryngology, and obstetrics and gynecology, have certified practitioners as qualified in their fields for many years. More recently, similar boards for certification of specialists have been established for dermatology, pediatrics, psychiatry and neurology, radiology, orthopedic surgery, urology, internal medicine and pathology; a board for general surgery is now under consideration. In 1934-35 an Advisory Board for Medical Specialties was organized for the purpose of coordinating graduate education and certification of medical specialties in the United States and Canada, reporting to and functioning with the Council on Medical Education and Hospitals of the American Medical Association. In addition to the several boards for the certification of specialties, the Association of American Medical Colleges, the American Hospital Association, the Federation of State Medical Boards of the United States, and the National Board of Medical Examiners, are members. The several specialty boards usually are established jointly by the respective scientific sections of the American Medical Association and the leading societies of specialists in this country and Canada. The American Board of Internal Medicine, for example, has a board of nine members—five appointed by the American College of Physicians; four, by the Section on Practice of Medicine of the American Medical Association. At all times at least five members must be of professorial rank in approved medical schools in the United States and Canada. Since the *general plan for the certification of internists* is the one with which I am most familiar, portions of the announcement are herewith quoted in full:

"Purpose and objective. The purpose and objective of the Board is the certification of specialists in the field of internal medicine, and the establishment of qualifications for such certification and of the procedure necessary for the accomplishment of such objective. While the Board is, at present, concerned chiefly with the qualification and procedure for certification in the general field of internal medicine, it is intended to inaugurate, immediately after July 1, 1937, similar qualification and procedure for additional certification in certain of the more restricted and specialized branches of internal medicine, as gastroenterology, cardiology, metabolic diseases, tuberculosis, allergic diseases, et cetera. Such special certification will be considered only for candidates who have passed the written examination required for certification in general internal medicine. The

operation of such a plan will require the active coöperation and participation of recognized representatives from each of such special fields of medicine.

“Value of certification. (1) An attest of special training and qualification for the practice of internal medicine as a specialty. (2) Publication with proper designation in a special registry of certified specialists and the Directory of the American Medical Association. (3) One of the essential requirements for election to Fellowship in the American College of Physicians.

“Qualifications of candidates. Each applicant for admission to the examination shall be required to present evidence that he has met the following standards: (1) *General*—(a) Satisfactory moral and ethical standing in the profession. (b) Membership in the American Medical Association or, by courtesy, membership in such Canadian or other medical society or societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. Except as here provided, membership in other societies shall not be required. (2) *Professional*—(a) Graduation from a university medical school of the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. (b) Completion of an internship of not less than one year in a hospital approved by the same Council. (c) In the case of an applicant whose training has been received outside of the United States and Canada, his credentials must be satisfactory to the aforementioned Council, the Advisory Board for Medical Specialties, and the National Board of Medical Examiners. (3) *Special training*—(a) Five years must elapse after completion of a year of internship in a hospital approved for intern training before the candidate is eligible for an examination. (b) Three years of this period must be devoted to special training in internal medicine. This requirement should include a period of at least several months of graduate work under proper supervision in anatomy, physiology, biochemistry, pathology, bacteriology, or pharmacology, particularly as related to the practice of internal medicine. This work may be carried on in any domestic or foreign medical school or laboratory recognized by the Council on Medical Education and Hospitals of the American Medical Association as offering appropriate facilities for this type of post-graduate training; or it may include a period of at least several months of graduate work under proper supervision in internal medicine or in its restricted and specialized branches in any domestic or foreign hospital, clinic or dispensary, or under the immediate preceptorship of an internist recognized by the above Council as offering appropriate facilities for this type of

postgraduate experience. (c) A period of not less than two years of special practice in the field of internal medicine or in its more restricted and specialized branches.

"Memorandum for the guidance of candidates. The American Board of Internal Medicine does not propose to establish fixed rules for the preliminary training of candidates for certification in this field. Broad general principles for training, however, may be outlined, although such suggestions as are made must of necessity be subject to constant changes reflecting the dynamic nature of the specialty. (1) A sound knowledge of physiology, biochemistry, pharmacology, anatomy, bacteriology, and pathology in so far as they apply to disease is essential for continued progress of the individual who practises internal medicine. Such knowledge may be obtained in a number of ways: (a) By properly arranged and supervised graduate courses; (b) by the opportunities for study afforded by the appointment to a junior position in a department of physiology, biochemistry, pathology, etc. (see above) with attendance at advanced lectures in the other subjects; (c) by advanced study in these subjects while an intern or resident medical officer, and by the application of the principles involved to patients under one's control; (d) by the detailed study, under supervision, of a problem or topic in medicine in which the student brings the basic facts of physiology, pathology, etc., into direct relation with the concrete clinical problem. The analysis of a problem with detailed knowledge of its fundamental pathologic or physiologic background does much to stimulate thoroughness, clear thinking and progress. (2) A portion of the written examination is designed to test the candidate's knowledge in these "pre-clinical" subjects and especially in their application to disease rather than their purely laboratory aspects. (3) The mere factual knowledge of medicine and its basic sciences is not sufficient. The candidate must have had training in their use in furthering his understanding in clinical medicine. This implies practical experience under the guidance of older men who bring to their clinical problems ripe knowledge and critical judgment. Preparation to meet this requirement adequately may be even more difficult to obtain than the so-called scientific training. It may, however, be acquired in the following ways: (a) By work in a well-organized hospital out-door clinic conducted by competent physicians; (b) by a prolonged period of resident hospital appointments likewise directed by skilled physicians; (c) by a period of training in intimate association with a well-trained and critical physician who takes the trouble to teach and guide his assistant rather than to expect him only to carry out the minor drudgery of a busy practice. (4) The Board does not consider it to the best interests of in-

ternal medicine in this country that rigid rules as to where or how the training outlined above is to be obtained. Medical teaching and knowledge are international. The opportunities of all prospective candidates are not the same. Some may have the opportunity of widening their knowledge by a period of study abroad. Others, at the other extreme, may be restricted to a comparatively narrow geographic area and their more detailed training must be obtained in short periods scattered over a longer time. Although it is required that at least five years must elapse between the termination of the first intern year and the date when the candidate is eligible to take the examination, a longer period is advisable. The Board wishes to emphasize that time and training are but a means to the end of acquiring a broadness and depth of knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practise internal medicine as a specialty. The responsibility of acquiring the knowledge as best he may rests with the candidate, while the responsibility of maintaining the standard of knowledge required for certification devolves on the Board."

The method of examination and other details have no place in our present discussion. The *memorandum for the guidance of candidates*, quoted above, is notable. Candidates are not required to conform to rigid curricula, but may have obtained their knowledge by a variety of methods. All that is required is a sound knowledge of internal medicine. The Board is responsible for maintaining the standards required for certification.

The dental profession doubtless has problems with regard to the qualifications of specialists in their several fields of practice.² The general methods now being employed for certification in the medical specialties may well serve as models. If I may be so bold as to offer a constructive suggestion, it would be as follows: One organization, representative of the American Dental Association and the American College of Dentists, should certify those qualified to practise in the special fields. This certification should indicate skill and ability of a high standard. Special qualification in the different branches of dentistry could be determined by including on the examining board leaders in those branches. The Fellowship in the American College of Dentists could be reserved for signal recognition

² See the reports of the Committees on Certification of Specialists in Dentistry and on Oral Surgery: *J. Am. Col. Den.*, 3, 154 and 167; 1936 (this issue).—[Ed.]

among the certified group. It then would become a high honor to be chosen for election to the Fellowship. The words of your founders, stated sixteen years ago in Boston, bear testimony to the idealism of the profession: "Some of the aims of the College are to cultivate and encourage the development of a higher type of professional spirit and a keener sense of social responsibility throughout the profession; by precept and example to inculcate higher ideals among the younger element of the profession, and hold forth its Fellowship as a reward to those who faithfully follow such ideals; to stimulate advanced work in dental art, science, and literature; and to honor men who have made notable contributions to the advancement of our profession."

It has given me inspiration to be with you today. It is my hope that the paths of medicine and dentistry may converge rapidly, and that we may together promote higher standards and efficiency in the science and art of our profession.

COMMERCIAL DENTAL LITERATURE¹

USE PITILESS PUBLICITY TO COMBAT IT

J. BEN ROBINSON, D.D.S., F.A.C.D.

Baltimore, Maryland

The literature of the dental profession means more than bound volumes or a multiplicity of periodicals. It is admittedly a corner stone of the profession, whose usefulness depends largely upon the earnest thought and care applied to its development. In a large measure it contributes the materials for our present intellectual growth and provides a scientific foundation for future generations. If it is to fulfill its purposes, if it is to be genuinely helpful to the present and of measurable benefit to future generations, it must possess the fundamental characteristics of untrammelled truth and unselfish service as its dominating qualities. Herodotus, the father of history, who set a high example of quality in historical research, stated the true purpose

¹ Discussion of "dental journalism:?" San Francisco convocation of the American College of Dentists, July 12, 1936. See item 68; abstract of minutes: *J. Am. Col. Den.*, 3, 99; 1936.—[Ed.]

of literary effort at the opening of his first book: "This is a publication of the researches of Herodotus of Halicarnassus, in order that the actions of men may not be effaced by time, nor the great and wondrous deeds displayed both by Greeks and barbarians be deprived of renown." There is nothing in this motive to glorify the individual nor to gain personal advantage, but rather to protect and to conserve the priceless possessions of history. While Herodotus sought to garner and husband the story of man's achievements for the benefit of future civilization, Thucydides appears to have been the first great example of sifting evidence with the thought of presenting only those events of value and purpose in history. He avowedly sought at all times to find the truth and declared its perpetuation to be his chief motive. He believed that the highest purpose of a lasting literature is to preserve and to serve. These ideals illustrate the goal of all earnest literary men; and any excursions into the journalistic field that fail to recognize these elements, and to place them in the forefront, not only are useless but may be fatal to a worthy cause.

These introductory remarks are designed to suggest the importance of a clear understanding of the purpose of our literature that those of us who venture to direct its current interest, and shape its future course, may do so with a full knowledge of our responsibilities. In many respects our profession may be justly proud of its progress in dental journalism. However, a survey of the field reveals that much that is done in the name of literature is motivated by selfishness and executed by those who regard their personal interests more highly than the purposes above alluded to. The effect of such motives can only be harmful to professional standards. This indicates the need of caution by our literate that, under the stress of their zeal and enthusiasm, they do not contribute more to the forces of destruction than to worthwhile achievement.

While the evils resulting from the prostitution of our professional ideals to commercial interests are revolting, and the prejudices against the profession induced in the minds of cultured observers by a cheap and gaudy literature is humiliating, there is still another consequence equally as damaging. I refer to the habitual use of "throw-away" journals by a large number of our dental population, who, by denying themselves the advantages which a more scientific, more purposeful,

more stimulating reading would afford, are reduced in their thinking to a low plane of intellectual quality. There is little question that the association of the mind with such paltry materials as are usually common to the pages of this type of journal can only dull the taste of the reader and degrade what talent he may possess. So prevalent has this practice become that one wonders if that time is here of which Matthew Arnold wrote: "We are often told that an era is opening in which we are to see multitudes of a common sort of readers and masses of a common sort of literature; that such readers do not want and could not relish anything better than such literature; and that to provide it is becoming a vast and profitable industry."

While dental literature is important as an agent for contributing to our store of knowledge, and for perpetuating in usable form scientific information for the convenience of future generations, it offers also a deserving opportunity for individual expression by members of the profession whose investigations, researches or thoughtful study equip them for service in a literary way. This opportunity lends itself as readily to abuse as to use. It may be grasped by the clever, but doubtfully ethical, who through pretensions use it for purposes of exploitation. It is not as though this situation could be brought under the rigors of strong discipline. No matter what abuses intrude themselves, the literary field must remain an open forum, and we must respect all opinions that are conditioned by honest study and are honestly promulgated. It should remain an unrestricted and uncensored field: it can not be brought under disciplinary control of authoritative bodies as is our educational system; it can not be policed as is the practice of dentistry under our wise and effective dental statutes. But, while remaining free, it must be subject to the determined spirit of enlightened public opinion, and if it desires to be respected it must conform its practice to honesty of purpose and fidelity to our traditional ideals. So important are these considerations, and so prevalent the violation of this opportunity, that discipline of infractions through the force of public opinion becomes one of the most important objectives of the profession. An honest appraisal of our literature and diligent attention to its cultivation demand earnest consideration from organized dentistry.

There is a prevalent argument that certain institutions which offered

sustenance to our profession and stimulated its growth during its formative period should not be forgotten and, regardless of changed times and altered conditions, should be revered and perpetuated. Loyalty to worthy traditions is an admirable attribute. We have felt it ourselves. We have seen the faithful mother of our educational system outlive her usefulness because of outmoded conditions under which she was founded and under which she served for so many years; we saw her headed for oblivion because of a new era of thought and the maturity of a profession come full grown; we saw her faithful sons bow their heads and as true sons agree that the new order would not tolerate the primitive type which she represented and that had served a less exacting generation; and we rejoiced when she was rescued by an awakened consciousness of her fine traditions and established in the ever-widening circle of university dental schools. There may be some dental periodicals of respectable past careers continuing under conditions wholly inconsistent with the age in which they now exist, and inconsistent with their otherwise honorable past. If so, it is to be hoped that because of the esteem and affection in which they were one time held, they may be rescued and given caste among the professionally directed dental journals of today. That these primitive institutions should be held inviolate because of a pioneer service, when they can no longer meet the exacting demands of a new day, is asking too much even of the most unswerving loyalty.

In questioning the evils of commercial dental journals we are apt to become irritated at unsavory conditions and to deal harshly with those in the profession who manifest an indifference to their effects. A degree of leniency is called for. It is necessary that we censure, but it is *imperative* that we educate. What we now need is a deliberate plan of education to present this unseemly picture in its true form to the rank and file in dentistry, in order that its force of logic and fairness of approach will alienate from the transgressors a support without which they cannot continue. Dentistry's fight against an undesirable literature will be won on the plane of enlightenment to the exclusion of personalities, excepting insofar as personalities rudely intrude themselves in defending these citadels of selfishness. We are not hypercritical nor captious when we say that insufficient stress has been placed on the fundamental principles upon which our much

advertised opposition to commercial dental literature is based. True, these reasons have been discussed and thoroughly considered by a few of the more thoughtful and the more interested ones; but the full significance of the fight being waged has not been made clear to the rank and file in the profession, so that the average practitioner may understand and, in understanding, may accept and espouse. There are situations where a degree of quality has existed in commercial dental journals and it is possible that an element of this original quality may still prevail. Progress has changed the conditions that would justify the patronage of such a literature, but education has not changed the attitude of many who over the years have become strongly attached to it. Frequently we have attacked the idols of honest men without due regard for the idolaters, with the result that we have antagonized good men and then, in assaulting that aroused antagonism, have censured unavailingly. Men in darkness cannot see, and when attacked will defend themselves with both vigor and venom. Those lacking understanding are not to be censured for their indifference. I would make a clear distinction between the rank and file above mentioned, and those in the profession directly interested in commercial pursuits who, without scruple, design to profit from the credulity of those whom they profess to serve. Those who are today exploiting the profession through the channels of commercial dental literature find it possible only because of human credulity. Their depredations will cease as soon as those who have followed them blindly see and understand the evils that their unwitting support has abetted.

The American College of Dentists has been the leader in a campaign against a condition in our literature which has damaged the quality of our thinking; has injured the professional values that should accrue from untainted sources of information bearing on our art and science; and has reflected upon the esteem in which our profession is held by other learned professions. The College has made out a strong case by supporting its indictment with acceptable evidence, but it has not effectively carried the cause to the people in a manner to arouse popular opinion. The evidence gathered by the Commission on Journalism and the logic of its presentation have been accepted by those fortunate enough to come within the sphere of its influence,

particularly our educational institutions and by some of our more progressive societies. But we have not conducted an effective campaign of education by carrying the message generally to dental societies and associations where the consumers of this literature may understand clearly the validity of the opposition to it and be induced to join the fight to suppress it. The dental profession must be made conscious that there is a divided camp in our realm of literature. On the one hand are those periodicals owned, controlled, and administered in the interest of the profession, educationally, scientifically, and professionally; on the other hand, those periodicals owned and controlled by the commercial adjuncts of the profession, or by business adventurers who form corporations to edit and publish periodicals, and which are administered with an eye single to dividends they must return to the coffers of the owners. To say that these latter periodicals are designed to contribute through generous impulses to the advancement of the profession is to sugar-coat the bitter pill. American business is not so generous; it ceases to have interest in any project when dividends cease or when there are no more coupons to cut. If these commercial ventures are consonant with high professional standards, then there is no valid objection to them. We maintain, however, that they are inconsistent in spirit, in purpose, and in practice with professional ideals and as such should not be permitted to pass unchallenged.

It becomes the duty of the recognized leaders in dentistry, not the American College of Dentists alone, to demonstrate this cleavage in our literature; to teach the uninitiated the true characters of each; to demonstrate by logic that this thing which professes to be a benefactor is but a mountebank; that it is but a wolf in grandmother's clothes which, if closely scrutinized, will reveal itself in its true light—when, surely, the profession will exclaim: "Grandma, what big teeth you have!" We must recognize that commercial journals must pay dividends and that dividends come out of the pockets of the profession, not directly but indirectly, as an overhead paid by commercial houses and charged to advertising, with the consumer making the ultimate payment. The supreme subterfuge of these journals is that they give *something* for *nothing*. The gift of their journals is in reality salesmanship disguised as philanthropy. These are offered, figuratively

speaking, by vendors in sackcloth and ashes professing a burning zeal to be of service to the profession. They would by implication abhor the thought that you and I pay *indirectly* for these alleged gratuities in the overhead attached to materials and supplies which advertise in their pages. We do not criticize the manufacturers and dealers for designing to profit; we expect that because their known purpose is to profit. What we do object to is the pretense of the promoters of such journals; the callousness of men in the profession who have achieved some degree of distinction, who willingly and knowingly aid and abet these commercial enterprises; and the further fact that the profit motive in the conduct of such dental journals preempts all other considerations.

Another factor too frequently unobserved is the damaging consequences to organized dentistry of commercial dental journals and of so-called postgraduate courses given by trade houses. Not only do they condition the thinking of the careless and indifferent, but they serve as a deterrent in restraining many men from actively participating in the functions of organized dentistry. Too frequently this restraint is explained, by the indifferent, on the grounds that trade-house courses take the place of society meetings and trade-house journals are acceptable substitutes for our professional journals, and that these are made available to the dentist at no cost. *Every participant in trade-house education or commercial literature is a potential enemy of organized dentistry.* This fact should be recognized and be better understood by the profession at large. When the truth is made clear, indignation will do the rest.

The purpose of advertising is to secure commercial advantage. In the business world this is recognized as legitimate and fair competition. But when *advantage* comes through the front door of a profession, then ethics, fair dealing and high standards go out the back. Trade-house journals and commercial journals aim to secure advantage for their advertisers, and the promoters of each must put forth every effort to protect their owners and to advance their interests, even at the expense of professional ideals and institutions.

The College has made substantial progress in its crusade. It can do more by urging its supporters to carry the message of anti-commercialism to the people. Persistence and repetition will prove ultimately

too much for entrenched greed. It is pertinent to recall the effectiveness of that renowned Roman, Marcus Cato the Censor, who, having seen the growing power of Carthage and its threat to Rome, persisted in his attack upon it by closing every speech, no matter what the subject, with the telling words: "Moreover, Carthage should be destroyed." The Romans were made Carthage-conscious and the ultimate destruction of the great enemy city is not to be wondered at. Throw the searchlight of truth on commercial dental literature and play it persistently. Such a policy will soon produce results.

AMERICAN COLLEGE OF DENTISTS

REPORTS OF STANDING COMMITTEES

San Francisco Convocation, July 12, 1936¹

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I. BY-LAWS

The Committee presented a general revision of the Constitution and By-laws, suggesting that, if the report was acceptable, (1) the proposed Constitution be offered as an *amendment by substitution*, to be duly announced to all of the members and to be brought to a vote at the convocation in 1937; and that (2) the proposed By-Laws be offered as an *amendment by substitution*, to be brought to a vote before adjournment of the San Francisco convocation. The report is presented, in full, below:

[1] CONSTITUTION

ARTICLE I: NAME AND OBJECTS

This organization, named American College of Dentists, was established to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry;

¹ Abstracted by the Assistant Secretary. All reports, unless otherwise noted, were "received" and referred, by the College to the Regents, "for executive attention." The Secretary's abstract of the minutes of the San Francisco convocation, containing references to the reports of committees, was published in the *J. Am. Col. Den.*: 3, 95-100; 1936. For proceedings of the New Orleans convocation (1935) see *Ibid.*, 3, 1-77; 1936.

to stimulate graduate study and effort by dentists; to confer Fellowship in recognition of meritorious achievement, especially in dental science, art, education, and literature; and to improve public understanding and appreciation of oral health-service. Suitable means shall be used to attain these and related objectives.

ARTICLE II: MEMBERSHIP

Sec. 1. Classes of members. There are two classes of members: active and honorary. Each member receives the title of Fellow.

Sec. 2. Active members. The active members consist of dentists and others who have made notable contributions to dentistry, or who have done graduate, scientific, literary, or educational work approved by the College.

Sec. 3. Honorary members. Any person who, through eminent service, has promoted the advancement of dentistry, or furthered its public appreciation, may be elected to honorary membership.

Sec. 4. Election to membership. After a nominee for membership has received the approval of a four-fifths vote of the Board of Censors (Art. III, Sec. 3), he may be elected by a majority vote of the Board of Regents (Art. III, Sec. 2).

Sec. 5. Forfeiture of membership. (A) 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 is not an organic part of it; or (c) exact exorbitant fees for courses of instruction in dentistry under any auspices; or (d) are guilty of unethical or unprofessional conduct, or of moral turpitude; or (e) are in arrears for two fiscal years in the payment of annual dues, unless the reason therefor is presented to the Regents and the delay approved by them.

(B) The Board of Regents shall note and announce, for the College, the occurrence of automatic forfeiture of membership. But, to insure justice before declaring a forfeiture of membership, the Board of Regents shall privately inform the affected member of the Board's tentative judgment, and shall give him ample opportunity to present evidence showing that forfeiture did not in fact occur.

ARTICLE III: OFFICIALS

Sec. 1. Officers. The officers of the College are a President, a President-elect, a Vice-president, a Secretary, and a Treasurer.

Sec. 2. Regents. A Board of Regents, consisting of the President, the President-elect, the Vice-President, the Secretary, the Treasurer, [the Editor]² and five additional members, shall conduct the business of the College, excepting as otherwise provided.

Sec. 3. Censors. A Board of Censors, consisting of five members, shall receive all nominations for membership.

ARTICLE IV: JOURNAL

Sec. 1. Title. The *Journal of the American College of Dentists* is the official periodical publication.

Sec. 2. Board of Editors. The *Journal* shall be conducted by a Board of Editors, consisting of the Regents of the College and such additional members as the Regents may select.

² The words "the Editor" were added, by amendment, when the report was adopted. See the concluding paragraph.

ARTICLE V: SECTIONS

Sections of the College may be organized, in geographical centers, to support and promote locally the aims, purposes, functions, and ideals of the College.

ARTICLE VI: STANDING COMMITTEES

Standing committees may be created by the Board of Regents. Their membership shall be appointed by the President.

ARTICLE VII: MEETINGS

Sec. 1. Annual meetings. The College shall hold a meeting at least once in each calendar year.

Sec. 2. Special meetings. The Board of Regents, by a majority vote, may call special meetings of the College or of the Regents. No other authority has power to call special meetings of either the College or the Regents.

ARTICLE VIII: FINANCIAL

Sec. 1. Initiation fee. The membership initiation fee shall be one hundred dollars (\$100.00), or more.

Sec. 2. Annual dues. The annual dues shall be ten dollars (\$10.00), or more.

Sec. 3. Remission of fees. (a) For special reasons in individual cases, the Board of Regents may remit initiation fees, annual dues, and special fees.

(b) Honorary Fellows shall be exempt from the payment of initiation fees and annual dues.

ARTICLE IX: COLORS

The colors of the College are lilac and American rose.

ARTICLE X: QUORUM

Thirty-five members constitute a quorum.

ARTICLE XI: AMENDMENTS

Amendments of this constitution may be made by affirmative vote of a majority of the total membership.

[2] BY-LAWS

SECTION A: MEMBERS

1. Nomination and election. Any member of the College may nominate candidates for membership. Nominations must be presented, on copies of the official nomination form, to the Secretary at least 90 days before the date of the annual meeting at which action on the nominations may be desired, to enable the Secretary to forward them to the Board of Censors in accord with the rules of the Regents. Knowledge of nominations shall be kept inviolate by the nominators, and by the Secretary, Censors and Regents, until action is formally announced.

2. Admission. The procedures attending admission of members, and conferring of Fellowships, shall be determined by the Regents. The title of Fellow of the American College of Dentists (F.A.C.D.) may not be used by, and the certificate and academic apparel of the College shall not be presented to, a member before Fellowship has been conferred upon him.

3. *Recall of election.* The Regents may recall the announcement of election to membership for any person who fails to complete the requirements for Fellowship by the close of the first annual meeting after the original notification.

4. *Fellowships conferred in absentia.* In the unavoidable absence of a member-elect, or for any unusual reason, the College, on recommendation by the Regents, may confer Fellowship in absentia.

SECTION B: OFFICIALS

1. *Election of Officers.* The President, the President-elect, the Vice-president, the Secretary, and the Treasurer shall be elected by the College, at annual meetings, to serve for one year or until their successors are elected and installed.

2. *Election of Regents.* One member of the Board of Regents shall be elected annually by the College, from the general membership, to serve for five years. For at least one year after the completion of a five-year term, he shall be ineligible for re-election.

3. *Nomination of officials, and creation of Nominating Committee.* The elective officials shall be selected from nominees presented at the annual business meeting, (a) by the Nominating Committee and (b) by individual members who may make independent nominations from the floor. During the meeting at which this provision becomes effective, five Fellows shall be selected by the President to serve as the Nominating Committee, subject to confirmation by the Board of Regents. Their terms shall range successively, by designation of the President, from 1 to 5 years. Thereafter one Fellow shall be appointed annually by the President, for a term of five years, subject to confirmation by the Board of Regents.

4. *Election of Censors.* The Board of Regents shall annually elect one member of the Board of Censors to serve for five years. He shall be ineligible for re-election. When vacancies occur in the Board of Censors, the Board of Regents shall present three names to the President, who shall select one therefrom to serve for the unexpired term.

5. *Duties.* (a) The *President* shall preside at all meetings of the College and of the Regents, and at all convocations where Fellowships are conferred.

(b) In the absence or disability of the President, the *Vice-President* shall perform the duties of the President.

(c) The *Secretary* shall attend, and keep records of, all meetings of the College and of the Board of Regents. All funds of the College received

by him shall be promptly sent to the Treasurer. He shall issue orders on the Treasurer for the payment of all bills that are presented in accord with the rules of the Board of Regents, and perform such other duties as usually pertain to his office, or as the College or Regents may direct.

(d) The *Treasurer* shall disburse funds only on the order of the Secretary, and in accord with the rules of the Regents. At each annual meeting he shall make a detailed written report to the Board of Regents of the funds received and disbursed by him. At the expense of the College, he shall furnish a bond for the faithful performance of his trust. He shall be, ex-officio, a member of the Finance and Budget Committee.

(e) The *Board of Regents*, besides performing the duties specified in the Constitution and By-laws, shall make detailed reports at the annual meetings of the College.

(f) The *Board of Censors* shall make a careful investigation of the character and attainments of all nominees for membership, received from the Secretary on copies of the official nomination form, and shall recommend to the Regents only such persons as are deemed worthy of Fellowship.

SECTION C: BOARD OF EDITORS

1. *Officers.* The Board of Editors of the *Journal* shall elect an Editor, an Associate Editor, an Assistant Editor, and a maximum of ten Contributing Editors, for terms not to exceed five years. No one shall be eligible to serve in the same position for a term or terms exceeding a total of five years.

2. *Duties.* The Board of Editors shall perform all duties pertaining to the *Journal* that may be properly assigned to a group of editors and managers of a periodical.

SECTION D: SECTIONS

1. *Application.* Local organizations of members of the College may petition to the Regents to be accredited as sections of the College.

2. *By-laws.* (a) To be accredited as a section, a local organization must adopt by-laws for its government in harmony with the principles of the Constitution and By-laws of the College, as determined by the Regents; and, with the petition to be made an accredited section, shall file with the Secretary of the College a copy of the said by-laws.

(b) Amendments of a section's by-laws, to become operative, must be approved by the Regents.

3. *Action by the Regents.* The Secretary of the College shall forward copies of each sectional petition and by-laws to the Regents for their de-

cision, before notifying the organizers of a section that their petition has been accepted.

4. *Charter.* Upon acceptance of a petition, the section shall be duly accredited as such, and a copy of the sectional charter, as prescribed by the Regents, shall be forwarded to the section by the Secretary of the College.

5. *Jurisdiction.* On all questions affecting jurisdiction of the College over a section or its affairs, whether raised in behalf of the College or of a section, the Regents shall have authority to determine.

6. *Dissolution.* Any section may be dissolved, for cause, by the Regents; but dissolution of a section would not affect any individual rights and obligations of membership in the College.

SECTION E: STANDING COMMITTEES

1. *Vacancies.* The President shall fill vacancies in the standing committees of the College.

2. *Duties.* Each standing committee shall perform such duties as may be assigned to it by the Regents, and before each annual meeting shall present to the Regents a full report of its activities.

SECTION F: FINANCIAL

1. *Initiation fee.* The initiation fee shall be the minimum amount specified in the Constitution (\$100.00).

2. *Annual dues.* The annual dues shall be the minimum amount specified in the Constitution (\$10.00).

SECTION G: AMENDMENTS

1. *Amendments of the Constitution.* Proposed amendments of the Constitution may be presented at any annual meeting and shall be voted upon at the succeeding annual meeting. Copies of all proposed amendments of the Constitution, with an accompanying ballot for a vote by mail, must be sent by the Secretary of the College to each Fellow at least three months before the date of the succeeding annual meeting.

2. *Amendments of the By-laws.* Amendments of the By-laws may be presented at any annual meeting and adopted by a majority of the members present and voting.—*A. L. Midgley, Chairman; J. B. Robinson, W. J. Gies.*

[Multigraphed copies of the report were distributed at the morning session of the convocation. At the afternoon session the By-laws, again brought before the house, were adopted. The Constitution, as above proposed, was amended (Art. III, Sec. 2) by adding the Editor to the personnel of the Board of Regents; and then laid on the

table as a special order for the convocation in 1937. See *J. Am. Col. Den.*, 3, 97; items 63 and 70; 1936.]

II. CENTENNIAL CELEBRATION (ESTABLISHMENT OF DENTISTRY AS A SEPARATELY ORGANIZED PROFESSION, 1939-40)

The Committee referred to its report for 1935 (*J. Am. Col. Den.*, 3, 57; 1936) as showing a summary of recurrent suggestions to the American Dental Association that leadership in this important matter be taken by the Association, and that the College was anxious to cooperate "in the early preparation of a dental-centennial program." The Committee reported that the American Dental Association responded by appointing a special commission to proceed. The College had not yet been informed as to how or when it might be helpful.—*H. S. Smith, Chairman; E. C. Mills, Howard C. Miller, J. H. Ferguson, Jr., Harry Bear.*

III. CERTIFICATION OF SPECIALISTS IN DENTISTRY

Last year the Committee defined its conception of "certification" and indicated its belief that, to be effective, certification must be controlled by statutes setting forth the qualifications of specialists and governing their practice (*J. Am. Col. Den.*, 3, 59; 1936). The Committee believes that certification must have a definite legal background to give it power and to assure unbiased selection of candidates. There are those who contend, however, that a "specializing group" should set up standards and control the admission of members of its group; that through a system of voluntary certification, as among orthodontists and some medical groups, high standards of proficiency would be maintained; that eventually the general practitioner and the public will base selection of specialists on these qualifications. Such a system is helpful, but the Committee does not believe it is an effective method for the control of specialization. The Committee, continuing its effort to ascertain the sentiment of various groups concerning certification, obtained data regarding the reaction of various state boards. Dr. W. F. Bell, Chairman of the Dental Specialists Committee of the National Association of Dental Examiners, is also making an intensive study of the problem. His answers

to six questions, presented below, present very valuable information and advice:

(1) What is the general feeling of the national organization of state boards in regard to certification of specialists? *A.*—To the question, "Would you consider a special examination for license to specialize advisable?" the following replies were received from the secretaries of state boards of dental examiners: Yes, 17; No, 10; no opinion, 2.

(2) How many states have (a) laws requiring certification, and (b) are any contemplating such action? *A.*—(a) Three: Illinois, Oklahoma, Tennessee. (b) To a questionnaire, asking if the boards had considered any special legislation for control of specialization in their states, the responses were: Yes, 5; No, 21; no opinion, 2.

(3) What should be the requirements of the candidates seeking certification? *A.*—My personal opinion: a two-year college pre-dental requirement, five years in general practice, and one to two years in university post-graduate training or internship, according to the specialty.

(4) To whom should the examination of candidates be intrusted? *A.*—To the dental boards, with associate specialist examiners, or to the specialist groups themselves. The candidates will then come before the dental examining boards with valued endorsements.

(5) What effect would the certification requirement have upon the fees of specialists? *A.*—Deviating from this question, I suggest that the public would certainly benefit by greater value received from the service of the specialist. With the training that should be required of the specialist, the fee might in accordance be higher, but the service would also be greater. It is difficult to place a value on service pertaining to the relief of human ills.

(6) What effect would certification of specialists have upon the general practice of dentistry? *A.*—It would establish a means by which a general practitioner could better judge the competency of the specialist to whom he referred his client, particularly of a specialist in a distant city. It should also improve the standards of dentistry.

It is generally agreed among the most competent specialists, state boards, and other leaders, that an applicant seeking certification should have at least one to two years of graduate training in his chosen specialty at an authorized dental school. At present only a few dental schools are prepared to offer such training. They should be stimulated to organize such courses before certification statutes

are passed. Afterward the statutory requirements would make it necessary for universities having dental schools to offer adequate graduate courses for the training of specialists. The trend is definitely toward certification of specialists. It is essential, in the public interest, to require proper qualification from those wishing to specialize, and to maintain the highest standards among specialists. This method is the best assurance the profession can give the public that those who practise specialties are properly prepared. The problems of specialization have been less acute in recent years because economic conditions have limited the number of those desiring to specialize. With the return of prosperity, however, there will undoubtedly be many more who will wish to set themselves up as specialists, and dentistry should *now* prepare standards for specialization.

Recommendations. (a) The American College of Dentists should endorse certification of specialists, and endeavor to increase favorable sentiment in the various states for the adoption of laws requiring certification. (b) The attitude of the College on this matter should be publicized through letters of information to the chairmen of the Legislative Committee of the American Dental Association, and of the Dental Specialists Committee of the National Association of Dental Examiners; and to others who might be influential in molding thought on this subject. (c) The Committee should be authorized to study the qualifications to be required of those desiring to limit their practices to specialties, with particular reference to the creation of a pattern of requirements for certification of specialists.—*C. O. Flagstad, Chairman; L. M. S. Miner, E. W. Swinehart, H. C. Fixcott, G. R. Lundquist.*

[The Committee was authorized to proceed in accordance with the concluding recommendation.]

IV. DENTAL PROSTHETIC SERVICE³

Visitation of commercial laboratories by Committee. Since the convocation in 1935 (*J. Am. Col. Den.*, 3, 60; 1936) members of the Committee have been studying the commercial dental laboratory in visits to

³ This report is published with only a few minor abbreviations.

several in their respective communities. The observations have been, to say the least, uncomplimentary to the dental profession. It is clearly evident that some dentists are sending, to laboratories, work that is so inferior that satisfactory results are impossible. "Non-muscle trimmed impressions" and "mush bites" are still practised by some, and the entire responsibility for satisfactory results is placed upon the laboratory. To make matters worse, the careless dentist appears to prefer dental laboratories that aid him most quickly by turning out an inferior grade of dental prosthesis that is detrimental to the oral health of the patient. High-grade dentists generally patronize high-grade dental laboratories, which are in the minority. In the past, the better laboratories have had a conscientious interest in the dentist and have endeavored to render satisfactory service. The present economic situation, however, has compelled many formerly superior laboratories to enter into price-cutting competition with the cheaper laboratories, resulting in a lowering of standards of quality. Many dentists, taking advantage of this price war, have patronized the lowest priced laboratory without regard for quality. As a result, some good laboratories have been forced either to compete or to close their doors. Many of the better laboratories are now in financial difficulties without prospect of immediate betterment of their condition. In brief, so long as some dentists do inferior work, and cheap laboratories are available, improvement in the laboratory situation will be slow, and the profession and public must continue to suffer.

Dentists consult laboratories. This study has disclosed the fact that many dentists habitually go to the dental laboratory for advice. Since professional advice and consultation may be had in almost every community where there is a dental society, and library service is available through the American Dental Association, it is difficult to understand why a dentist should consult laboratory technicians about problems which, for the most part, require first-hand and extensive experience with the human mouth. That some laboratories value this dependence of certain members of the profession is affirmed in the growing number of laboratory circulars that request the profession to make use of their consultation service.

Laboratories powerless to remedy conditions. Among the better commercial dental laboratories, however, there is serious concern relative to the dental profession's failure to maintain a high-quality standard in its work. These laboratories prefer to serve the dental profession in the capacity of assistants. They realize their limitations, and look to the dentist for instruction and supervision. Further, they are aware of the growing tendency in unscrupulous laboratories to serve the public directly, and are fearful of the effort such practices may have upon their own legitimate business. Yet they are powerless to change the situation. When the dentist's work is inferior, the laboratories can do nothing but accept it and make the best of it. To refuse such work, or to try to tell the dentist how it should be done, would result in the loss of business. The safest course for the laboratories is to do the best they can; stand whatever losses may result from remaking the work; and, above all, to retain the dentist's patronage.

Exploitation of dental profession. Not all laboratories are concerned about the welfare of the profession. The Committee's files contain many laboratory circulars showing aggressive exploitation of the dental profession at the expense of the public. Newer denture materials, most of which are in an experimental stage, are being highly advertised, while tested and tried methods are being discredited. Of utmost importance to the profession is the fact that these newer materials require special and expensive equipment for their manipulation, the profession being wholly dependent upon the laboratories for this type of work. The commercial exhibits at a dental convention show a positive effort to introduce newer materials and methods, regardless of their value in an oral health-service, which cannot be used by the dentist without the aid of a dental laboratory. Every such innovation makes the position of the laboratories more secure and renders the dental profession more dependent upon them. So long as the dentist is capable of doing all of his own laboratory work, his position is safe; but, with this gradual encroachment upon his professional rights, there is just cause to fear future developments, if and when the laboratories control laboratory procedures. An example of this trend is seen in substitutes for gold, particularly in partial-denture work. Newer base-metals that have no intrinsic value

as compared with gold are being sold for almost the same price. The manufacturers are maintaining the highest possible prices for such metals, to reap the harvest while the metals are in favor. Formerly, priced at about half that of gold, such material may now be purchased at one-fourth the price of gold, when in reality it could be sold at a profit for as little as \$1.00 per ounce. Such practices have led to confusion in the minds of the public. Although the cost is the same, it is difficult for the profession to justify the fee for base-metal restorations that formerly was required for gold. In not a few instances the patient was assured that such metals are better than gold, only to learn later that such highly recommended materials have no intrinsic value. Such dishonesty brings the profession into disrepute.

Conciliatory attitude of commercial dental-laboratories. With the passing of the N.R.A. Code of the dental laboratory industry there has been marked change in the attitude of this industry. The National Dental Laboratories Association—organized to unite the laboratories in support of the Code, and at that time said to represent most laboratories—has met reverses during the past year. At present its membership is about 500 laboratories, of which less than 200 are in good standing. The finances are low and the Association has outstanding obligations which cannot be met. A few data show the financial standing of a selected group of these laboratories during 1935. There was an average increase of about 10 percent in volume, in terms of gross income. About 40 percent either “broke even” or operated at a loss. In the group operating at a loss, prices had been appreciably lowered. Since the National Association has failed to hold the laboratories together, keen competition and open hostility have arisen among the former members. Intensive advertising for new business is being conducted by each laboratory. Those who, while the code prevailed, had banded together to raise prices and operate the industry to suit themselves, have forsaken their alliances and are seeking the favor of the profession. Even among the present members of this Association, an effort is being made to improve their relationships and to obtain better recognition from the profession. Further, there is a desire to “coöperate with the profession on matters of state dentistry,” whatever that may imply. In spite of

former boastings and an ungenerous attitude toward the profession, most of the laboratories wish to assume their rightful place as adjuncts of the profession. They depend upon it for their existence.

Dental profession financially obligated to commercial dental-laboratories. A serious problem arises from the fact that many dentists are financially obligated to one or more dental laboratories. Figures for about 100 laboratories indicate a debt of over \$1,000,000. The total debt for all laboratories must be appalling. It has been estimated that approximately one-third of the laboratory business is in delinquent charge-accounts. Such management is contrary to the ideals of a profession and should receive more than passing comment. It is the dentist's responsibility to meet his obligations to the dental laboratory just as he pays for supplies, rent, and other items of his expense. His failure to receive a fee from his patients does not entitle him to keep the laboratory waiting. Further, if the dentist cannot pay the laboratory, he should not send his work there. Instead, he should do this work himself and thus utilize his idle hours and protect his financial standing in the community. With obligations of this nature, it is obvious that many dentists are powerless to do anything about the laboratory situation, and the profession as a whole is also prevented from correcting certain evils associated with the commercial dental-laboratories.

Mail-order dental laboratories. The Committee calls attention to the growing number of mail-order dental laboratories, which are usually headed by a person who claims to be a dentist. In the advertising circulars, the dental profession is frequently ridiculed for its failures, some going so far as to state that the dental profession depends upon the laboratories and collects high fees for work done by others. Such laboratories place the responsibility for success upon the patient, who is flattered to be told that he can take an impression and arrange the teeth as skillfully as a dentist. The fact that some patients can wear almost any kind of appliance makes it possible for such organizations to collect letters of recommendation. However, after several attempts, the less persevering patient, having lost his money, gives up in disgust. The dental profession is morally responsible for the dental welfare of the public, and should

prevent further exploitation of the public by unscrupulous laboratories.

Laboratory programs before dental societies. Repeatedly during the past year the Committee has learned that laboratories are conducting educational programs before professional dental societies. Moving pictures, clinics, and papers are being used to present the claims of certain laboratories. In the Committee's report for 1935 the profession was called upon to discountenance such practices, for they invite the disrespect of the laboratories and, when generally known, bring the profession into disrepute with the public. In the profession there are essayists, clinicians, and teachers who are available to dental societies; therefore, there is no need to bring in commercial interests to degrade professional programs.

Recommendations. The Committee feels that too little publicity among the members of the profession has been given to this important problem. Other than the publication of the Committee's report in this *Journal*, the problem has received little attention (*J. Am. Col. Den.*, 2, 153; 1935). Although reprints of that report were sent to hundreds of outstanding dentists, essayists, editors, and others, the average practitioner is scarcely aware of potential dangers in the commercial dental-laboratory situation. The Committee therefore calls upon all members of the College to use their influence to bring this subject to the attention of the profession. Particularly is it necessary for dental societies to present, through papers and clinics, the newer methods in dental prosthesis, so that practitioners may further prepare themselves to render this important service. Post-graduate courses in dental prosthesis, sponsored by dental schools and societies are greatly needed, yet little effort is being made to develop this much needed phase of dental education. The Committee's reports will be of little use unless the members of the College make a determined effort to bring about the indicated changes that will be for the good of the profession.—*W. H. Wright, Chairman; P. C. Lowery, A. H. Paterson, C. H. Schuyler, W. H. Grant.*

V. EDITORIAL MEDAL AWARDS

At the New Orleans convocation the Committee had been requested to present to the Regents, at least 60 days before the San Francisco

convocation, "recommendations for awards for the years 1934 and 1935—after an examination of the editorials in all U. S. non-proprietary dental journals for these two years" (*J. Am. Col. Den.*, 3, 64; 1936). The Committee was unable, in the intervening six months, to devise an adequate method for the judicial evaluation of all editorials in all U. S. non-proprietary dental journals, but presented recommendations representing a further attempt in this direction.—*W. C. Graham, Chairman; R. S. Vinsant, F. T. West, C. W. Stuart, J. A. McClung.*

[After due consideration, the Regents laid the report on the table. Dr. Graham, who was unavoidably absent, presented his resignation of the chairmanship, which was accepted with regret. On recommendation of the Committee on Committees (*J. Am. Col. Den.*, 3, 97, item 47; 1936), the Committee on Editorial Medal Awards was discharged and its duties assigned to the Commission on Journalism.]

VI. EDUCATION AND RESEARCH

During the past few years the American Association of Dental Schools, and the officers and teachers of the various schools represented in it, have united in an earnest effort to develop a better program of dental education. This endeavor, in which nearly three hundred members of the faculties of the various schools participated, probably represents the most comprehensive effort ever made by a group of professional schools to improve the quality and standards of their work. This study led to the adoption, by the Association, of recommendations that two years of pre-dental training in a college of liberal arts should be required for admission to the dental school, and that the professional curriculum should extend through four academic years. It is hoped that there will now develop a close coöperation between the National Association of Dental Examiners and the various state boards represented in it, and the American Association of Dental Schools and its member institutions, to the end that a new program, with any desirable modifications, may be adopted as the uniform requirement of all state boards.

At the annual meeting in New Orleans, Nov. 1935, two resolutions were introduced in the House of Delegates proposing amendments to the Constitution and By-laws of the American Dental Association

intended to create a "Council on Dental Education and Infirmaries." It is generally conceded that these resolutions did not express careful, unbiased deliberation, but were prompted by strife and misunderstandings in several communities. The House of Delegates, acting on these resolutions, empowered the Trustees to appoint a "committee of five" to make "a thorough study of the present status of dental education." Although the "committee of five" has prepared its report for presentation at the meeting of the A.D.A. this week, the American Association of Dental Schools was not consulted. An advance copy of the report indicates that the "committee of five" will recommend that control of dental education be vested in the House of Delegates of the A.D.A. Any plan for the guidance and control of dental education should obviously be fair; free from the possibility of political manipulation and maneuvering; and have equal representation for the main groups in the profession. Since the present Dental Educational Council of America meets these specifications, would not a reconstruction of that body, to provide for closer relationship to the A.D.A., with a full-time Secretary in the central office, be adequate? It is recommended that the American College of Dentists go on record as opposed to any action that would create a Council lacking in fair and adequate representation of the teaching and examiner groups.

The Committee further discussed ways and means by which the College could be of service to the undergraduate dental student, the report for 1935 having given this subject preliminary attention (*J. Am. Col. Den.*, 3, 64; 1936). The dental schools have been criticized for "turning out graduates without the proper attitude toward professional organization." How may this College be of service? Some of the societies that have taken an interest in this work are offering awards to the students who present the best theses on phases of dental history. Historical reviews require much investigation and reading; bring the student into direct contact with professional affairs; and give him a better understanding of his place in the professional sphere. The Committee recommends that the American College of Dentists offer annually a cash award of \$100 to the senior student presenting the best essay or thesis on a subject in the history of den-

tistry.—*A. W. Bryan, Chairman; J. B. Robinson, A. D. Black, L. M. Waugh, L. M. S. Miner.*

[No action was taken on the Committee's proposed award.]

VII. HOSPITAL DENTAL SERVICE

The Committee's recommendations at the convocation in 1935 are being carried out as rapidly as possible (*J. Am. Col. Den.*, 3, 66; 1936). Owing to the fact that there was unavoidable delay in the publication of Dr. M. W. Carr's paper entitled "Oral surgical service as an integral part of modern hospital organization" (*J. Am. Col. Den.*, 2, 203; 1935), the intended distribution of reprints of it, with a questionnaire and letter, was postponed. The desired information could not be secured in time to make recommendations based upon returns, but it is hoped that by the date of the next convocation, complete returns and definite recommendations can be presented. "It is with deep regret that we report that the work of the Committee has been handicapped through the death of one of its most active members, Dr. Clinton T. Messner. The Committee feels a sense of great personal loss, and expresses appreciation of his effective efforts as a co-worker. Last April, the Chairman conferred with Dr. Messner regarding much related material in his files in Washington, which promised to be of great value in our work. Dr. Messner's death has prevented access to this material."—*Howard C. Miller, Chairman; Leo Stern, J. E. Gurley, E. A. Charbonnel [C. T. Messner (deceased)].*

VIII. JOURNALISM

A detailed report of current conditions in dental journalism was presented. In a discussion of trends, the Committee stated in part: "The New Jersey and Florida State Dental Societies are to be commended for the action they have taken to rid their states of the 'throw-away' journals. Each Society obtained from the local supply-house sponsors of *Oral Hyg.* and *D. Survey* an agreement to discontinue distribution of these journals and to transfer their financial support to the state-society publications. North Carolina by special resolutions has approved action similar to that in Florida and New Jersey, and negotiations with the supply houses are now under way. Resolutions calling on the members to aid in promoting a higher type

of dental journalism, and to discontinue their support of trade-house publications, have been passed by the Minnesota State Dental Association, West Virginia State Dental Society, American Association of Dental Schools, many faculties of dental schools, and others." The report will be a valuable document for future use. Differences of opinion developed in the Commission regarding recommendations and further procedure, in which respects the report was one of "progress" only.—*H. O. Lineberger, Chairman; U. G. Rickert, B. B. Palmer, J. T. O'Rourke, G. M. Anderson, Leland Barrett, J. C. Black, E. A. Johnson, E. G. Meisel.*

[On recommendation of the Committee on Committees (*J. Am. Col. Den.*, 3, 97, item 47; 1936), the duties of the previous Committee on Editorial Medal Awards have been assigned to the Commission on Journalism.]

IX. LEGISLATION

Information in the Committee's report, from responses to a questionnaire to all the states and District of Columbia, is summarized below on (1) new legislation passed, (2) legislation proposed, and (3) court decisions pertaining to dentistry. Responses were received from forty-three states, including the District of Columbia—none from Delaware, Nevada, Rhode Island, South Carolina and Tennessee.

(1) In 1935 new acts were presented to 31 state legislatures; 24 were passed. In 1936, to date, new acts were presented to 3 state legislatures; each was passed.

(2) In Louisiana, Missouri, New Mexico, North Dakota, Pennsylvania, South Dakota, West Virginia, and Wyoming steps have already been taken to amend their acts in 1937, to comply with the Supreme Court decision in the Oregon-Semler case, and to meet local conditions. Additional data follow:

Mississippi: Amendment passed in March 1936; patterned after Oregon law. *Kentucky:* Act of 1932 amended, effective May 20, 1936. Covers continuance of Board; makes appointments mandatory by Governor from three nominees recommended by State Society, nominees to have been in practice over five years, and not connected with any dental school or dental supply-house; terms to be five years, to continue until successors appointed and qualify; covers election of officers, method of conducting meetings and keeping records, and also increases power of Board in making rules and regulations; gives power to affiliate with National Association of Dental Examiners—and to send, and

pay expenses of, delegates to its meetings. Annual registration and granting of licenses somewhat changed, with registration required in each county. In each office, display of both license and registration card mandatory. Power to revoke and suspend licenses fully covered. Dentistry defined; all dentists exempted from jury service. Unlawful for corporation to practise dentistry; advertising fully covered. *Virginia*: Act amended Feb. 28, 1936; fully covers and eliminates advertising, giving Board power to revoke or suspend license for any violation of act. Covers method of filing accusations with Board; also gives accused right of appeal to Supreme Court.

(3) Representatives of thirteen states reported court cases, and conditions relating to them, as follows:

California: Two cases pending in Supreme Court. *Connecticut*: Several cases pending. *District of Columbia*: Three laboratory men convicted for practising dentistry without license. *Florida*: Unfinished case in Supreme Court. *Idaho*: T. F. Blackman, Moscow, convicted and fined for advertising; also two other advertising cases to be settled by Board out of court. *Illinois*: Two cases.—(a) Dec., 1934—R. A. Trovillion, in "New System Dentists" vs. State Registration and Educational Department. Permanent injunction granted on unconstitutionality of act. (b) Dr. Allison, Dentist, Inc. vs. J. T. Allison—case of corporation suing J. T. Allison for breach of contract; Master found corporation guilty of practising dentistry illegally; corporation cannot be licensed; court affirmed decree. *Iowa*: J. G. Craven, dentist, Oct. 22, 1936, filed action in Polk Co. Dist. Court against W. L. Bierring, M.D., Commissioner of Public Health, Carl Burkman, County Attorney, Polk Co., C. F. Keeling, Sheriff, Polk Co., and H. A. Alber, Chief of Police, Des Moines, requesting defendants be restrained and enjoined from enforcing certain provisions of dental act and rules promulgated and adopted by Board, as being unconstitutional and void. Injunction granted; case heard in January; constitutionality of act upheld; appeal to be heard in Supreme Court during Sep. term. *Louisiana*: Revocation proceedings against Victor Ledbetter, sentenced to 18 months confinement in U. S. Penitentiary, Fort Leavenworth, Kan., by Federal Dist. Court for Eastern District of La., Oct. 27, 1932, for violating act of Dec. 17, 1914, as amended—and Narcotic Drugs Import and Export Act. Proceedings taken in Criminal Dist. Court, Parish of Orleans, by Board; judgment issued Sep. 19, 1935; license revoked. *Massachusetts*: One conviction; A. O. Schmidt, for illegal practice of dentistry; paid fine of \$100.00. *Missouri*: One case pending in Supreme Court. *Michigan*: J. D. Carroll—not licensed dentist, but for over 20 years partner in operation of dental parlor—"New System Dentists" convicted; Supreme Court concurred unanimously. *North Carolina*: Drs. Owens, King and Henley secured injunction to prevent Board from carrying out provisions of act; Court sustained act; defendants agreed to refrain from further advertising. *Pennsylvania*: One advertising case pending in appellate court; also suspension of license and conviction to five-year term (Federal Court, Erie, Pa.) for J. K. Bird, Clearfield; violation of Narcotic Laws. *Texas*: Four cases pending in court.

For 1935 the Committee compiled and brought up to date a summary of the acts on dental advertising and corporate practice, containing most of the important court cases and decisions. This information was used in New York courts in defense of the Dental Act.—

W. A. McCready, Chairman; M. L. Ward, G. S. Vann, W. O. Talbot, B. L. Brun.

X. NECROLOGY

"The Committee reported with sorrow the names of the following Fellows of the College who have passed on since the convocation in 1935:

L. P. Bethel, Columbus, Ohio	C. T. Messner, Washington, D. C.
G. A. Bowers, Nashua, N. H.	Arthur T. Rowe, New York City
C. W. Hall, Milwaukee, Wis.	Wallace Seccombe, Toronto, Ont.
A. H. Ketcham, Denver, Colo.	

The College is keenly conscious of its irreparable loss in the passing of these loyal Fellows. Each was a strong force in promoting the ideals and purposes of the profession to which he devoted a useful life. Each demonstrated a fine spirit of loyalty by the effective support he gave to the work of the College. In accepting with resignation and reverence the will of Divine Providence in removing these beloved co-workers from our midst, we should gather inspiration from their example to carry on the splendid work which they began and so faithfully promoted."—*J. B. Robinson, Chairman; R. H. Volland, U. G. Rickert, J. E. Gurley, B. B. Palmer.*

XI. ORAL SURGERY

Last year the Committee's report contained a discussion of the status of oral surgery as a specialty in dentistry, and referred to a number of conditions that were of sufficient importance to justify more detailed study (*J. Am. Col. Den.*, 3, 72; 1936). Of these problems, three appear to be of sufficient importance to justify special effort: (1) The creation of a journal devoted to the advancement of oral surgery is important for the future development of the specialty. (2) The existing variations in the statutes affecting oral surgery as a specialty of dental practice make it desirable that the statutes be analyzed, compared, and the import of the differences considered. (3) The growing tendency toward certification of those who practise specialties suggests the desirability of a National Board of Oral Surgery.

(1) Creation of a journal devoted to oral surgery, published under the auspices of organized dentistry, should be an immediate concern.

Dental education offers the best foundation for specialized practice in oral surgery, just as medical instruction is the proper background for general surgery. There are those who are not familiar with this fact. The uninformed should be enlightened; therefore, one of the editorial policies of a journal devoted to oral surgery should be to establish the fact that oral surgery should continue to be a recognized specialty of dentistry. Much can be accomplished by education that is difficult of attainment by other means. Dentistry is producing well-trained and able oral surgeons, but unfortunately this fact is not generally accepted in the field of medicine. The Committee believes that a journal devoted to oral surgery, published by organized dentistry and conducted along the highest ideals of professional journalism, would not only emphasize the proper allocation of oral surgery to dentistry, but also would fill a vital need for a journal in this field; would furnish an appropriate outlet for the better contributions in oral surgery now scattered among many publications; and would relieve some of the present strain on the *J. Am. Den. Assoc.* It is further believed that such a journal would receive support from many in general practice as well as from oral surgeons as a group; and could be made self-supporting. The Committee hopes that organized dentistry will recognize the desirability of publishing an auxiliary *Journal of Oral Surgery*. A preliminary survey of opinion has given the Committee much encouragement.

(2) There is considerable variation in the wording of the statutes affecting dental practice. It is generally conceded that the dentist is legally qualified to perform operations for the removal of teeth and other "minor" mouth surgery, but just where surgery by the dentist is limited is not clearly indicated, nor is the limitation always correctly interpreted. This has created much confusion in hospitals, particularly where medical boards are unfamiliar with present-day standards of dental education and with laws affecting dental practice. The N. Y. dental statute (Education Law, section 1300) 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." This provision is sufficiently broad, legally, to qualify the dentist to engage in the practice of oral surgery without supervision by the general surgeon. The Michigan law added the words, "and dependent parts," to teeth, gums, and jaws, where it refers to the anatomical region in which the dentist is qualified to operate. Clarification would result if, to "teeth, gums, and jaws," there were added the words, "and contiguous tissues." The Legislative Committee of the American Dental Association is assembling information from all the states on their dental-practice acts. After the Committee has had opportunity to study the problem more carefully—which will include also the legal right of the dentist, under certain circumstances, to sign death certificates—definite recommendations will be reported to the College. The Committee is endeavoring to assemble from all sections of the country available information on recent and present trends regarding the status of oral surgery as a specialty in dentistry; and is specially interested in learning of situations in hospitals regarding the practice of oral surgery, and of attitudes or rulings of medical boards that tend to prevent the dentist from practicing oral surgery within his legal and prescribed rights. The Committee desires the practical cooperation of the Fellowship in this regard.

(3) A preliminary study of the value of a National Board of Oral Surgery indicates that there is considerable difference of opinion. Many complexities arise in the creation of a national board for certification of specialists.⁴ Several such boards now exist in medicine and in dentistry. After more deliberate study of the problem, the Committee will be able to present specific recommendations.—*M. W. Carr, Chairman; J. R. Cameron, C. W. Freeman, J. O. Goodsell, Harry Bear.*

XII. RELATIONS

The relations between the dental profession and other groups in public-health fields improve with each passing year. The Committee has had a limited success in arranging exchanges of speakers between

⁴ See the report of the Committee on Certification of Specialists in Dentistry: *J. Am. Col. Den.*, 3, 154; 1936 (this issue).

the dental profession and other scientific groups. Some of these exchanges will become evident during the coming year. This work should be extended to a larger sphere. The relationship of dentistry to the American Association for the Advancement of Science has completed another step in its evolution. The Subsection on Dentistry, as part of Section N (Medical Sciences), formed in April 1935, held its first meeting in St. Louis on Jan. 4, 1936 (*J. Am. Col. Den.* 3, 79; 1936). Arrangements for the next meeting of the Subsection (Atlantic City, Dec. 28, 1936) are already under careful consideration. This new relationship—with other organizations devoted to the advancement of science—should do much to accord full recognition to scientific dentistry, and be a definite stimulus to important development within the dental profession. The success of the College in promoting dental relationships with this and other organizations has been a fine moral influence.

The Committee suggested that the College grant yearly a fund of \$500 to promote scientific advancement, and empower a committee to formulate rules as to eligibility for, and to make, awards therefrom. The proposed awards would have a three-fold purpose: (1) To encourage young men in the field of science; (2) to facilitate investigation of some very urgent problems; (3) and to promote better understanding between dentistry and other scientific groups. The dental profession today, as never before, has many young men who are fitted by desire and training to work in biological or other scientific laboratories on problems related to dental science. Some of these younger men, particularly teachers in educational institutions who have rather meager incomes, would be glad to study scientific problems for two or more summer months, without remuneration, if small gifts were made available for necessary expenses. Many scientific institutions would be open to such workers, without fees other than expenses incurred. Recognition of dentistry as a science, and as worthy of the financial support of philanthropic persons and institutions able and willing to give material gifts, is to a large measure dependent upon dentistry's recognition by other scientific bodies, which in turn is dependent upon dentistry's achievements.—*Thomas J. Hill, Chairman; R. L. Sprau, A. R. McDowell, T. A. Hardgrove, H. G. Fisher.*

[On the foregoing recommendation, special action was taken as follows: "The Regents heartily approve the recommendation but, owing to current economic difficulties, request the Committee to explore the possibility of obtaining philanthropic support of the proposed plan." Subsequently, on recommendation of the Committee on Committees (*J. Am. Col. Den.*, 3, 97, item 47; 1936), the Committee on Relations was merged with the newly appointed Committee on Public Relations.]

XIII. SOCIO-ECONOMICS

The report includes references to, or detailed discussions of, advantages and disadvantages for, both patient and practitioner, of the plans, methods or systems currently indicated by the terms "Washington," "Three-cents-a-day-hospital-service," "Prepayment industrial medical and dental care," "Health insurance." The report in its entirety is a valuable document for future use. Quotations follow:

It is clear that *compulsory* health insurance can be enforced only by statute, and financed only with federal and state assistance. It is obvious also that the federal government would not allocate funds for such purposes without setting up bureaus for control of the spending; and this, of necessity, would include control over professional administrative personnel and their remuneration; the materials to be used; and, of course, specification of types of service to be rendered. *The Committee, after deliberate consideration of all the factors involved, is now of the opinion that it will not be possible to establish a national compulsory health-insurance system in the United States that would meet the safe-guarding stipulations recommended in previous reports.* Consequently the Committee recommends appropriate opposition to any further steps that may be taken to create a federal compulsory health-insurance system in this country. Despite these conclusions, which some members of the Committee have reached with special regret, the Committee reiterates the views expressed in a previous report: (1) Dental disease commonly is the cause of serious systemic disease, and therefore dentistry is an essential part of any comprehensive health program; (2) even in prosperous times a large proportion of the population is economically unable to meet the costs

of adequate dental services; and (3) dentistry, conscious of its social obligations as a progressive health-service profession, must accept full responsibility for the development of the dental aspect of any sound system of health service that may be proposed. . . . The health-insurance stipulations in a previous report may be met, to a reasonably satisfactory degree, through establishment of a system of *voluntary* health insurance. The elimination of the statutory *compulsion* feature would eliminate political control of the service, with all its attendant evils. The popularity of the *voluntary* insurance system in relation to hospital care shows that large numbers of Americans, if given an opportunity, would *voluntarily* pay into an insurance fund a small sum regularly to anticipate the costs of illness. Within obviously necessary limitations, the same system may possibly be used as *one* means of meeting the costs of dentistry for certain income-groups of the population.

The Committee is acquainted with the fact that, among those who have carefully studied both the *compulsory* and *voluntary* types of health insurance, there seems to be general agreement that the compulsory system theoretically promises the greatest practical advantages, particularly in the administrative aspects of the system. While in accord with this belief, as it applies to many aspects of health insurance, the Committee agrees that the hazards of political control, which under the present patronage system of American government seems to be inescapably associated with all its administrative activities, far outweigh the advantages of *compulsory* health insurance. From the viewpoint of public advantage, it would seem much wiser to encourage the experimental development of *voluntary* health-insurance plans (even if such an approach would delay somewhat the final adoption of a broader health-service system) rather than to impose on the nation a *compulsory* system with a high coefficient in quantity and low coefficient in quality.

The Committee remains of the opinion that there is a definite trend toward the adoption of legislation having for its purpose improvement of the living and working conditions of the American public, and hails such efforts as indications of human progress. The Committee also believes that continuous efforts will be made to legislate *compulsory*

health-insurance in this country, and that the professions should meet these movements intelligently and unemotionally, not with blind and destructive opposition. When *compulsory* health-insurance legislation is proposed, the health-service professions must not oppose it because it is *compulsory*, but because of the dangers that seem to be associated with such a system. The professions should not fight the groups sponsoring such legislation, but should cooperate with them; and, by demonstrating the dangers in *compulsory* health-insurance, secure a modification of the plan. If, despite the views of the professions, the citizenry votes to adopt *compulsory* health-insurance, the professions will have to live with it. Consequently, it would be well to direct our efforts to influencing legislation rather than to blocking it. To do this it is essential that every available source of information be approached to secure the strongest possible arguments in support of the Committee's thirteen essential stipulations, if a system of *compulsory* health-insurance is to be a forward not a backward step in health service in the United States. We believe that the most effective measure to prevent the adoption of *compulsory* health insurance is the prior establishment of a more satisfactory method of supplying health service to the low-wage group. Possibly combinations of several methods now under experiment will be necessary to meet successfully all the ramifications of the problem. Thus, the state will undoubtedly find it necessary to furnish funds for the dental care of the indigent. *Voluntary* health insurance, possibly some modification of the Michigan or Spaulding Plan, would provide care for another large group, and a credit agency to extend the period of payments for dental care over long periods would probably meet the problem for the other groups involved. All these agencies must be under professional control. It is recommended that the American College of Dentists undertake to devise a comprehensive system to provide dental care for the indigent, and for the various sub-divisions of the low-wage group, utilizing the methods described in this report, together with any supplementary measures that may be necessary.—*Bissell B. Palmer, Chairman; E. H. Bruening, C. E. Rudolph, M. W. Prince, W. R. Davis, G. W. Wilson, Maurice William.*

XIV. SUPPLEMENT: TREASURER'S REPORT

The balance on hand represented by cash in the Continental Illinois Bank and Trust Co., of Chicago, Ill., as of the close of business Oct. 15, 1935, was \$883.97. There was received from all sources from Oct. 15, 1935 to June 30, 1936, inclusive, \$17,433.34. During the same period the total of disbursements amounted to \$5,992.39, thus leaving a balance in the bank as of the close of business, June 30, 1936, of \$12,324.92. Securities amounting to \$5000.00 par value are held to the credit of the College by the Continental Illinois National Bank and Trust Company of Chicago, Ill., as custodians, inventory of which was attached to the report. The statement of receipts and expenditures showed in detail the sources from which the receipts were obtained, and the objects to which the expenditures have been applied.

* [By direction of Dr. William R. Davis, President of the College, a certified audit was made by Bagley, Vega and Co., Certified Public Accountants, of Chicago, Ill., as of June 30, 1936, and the report of audit delivered to the Officers and Regents of the College. The report was also found by the Regents' Committee of Auditors, Howard C. Miller and A. L. Frew, to be correct (*J. Am. Col. Den.*, 3, 96; items 4, 7, 32, 81; 1936).]

TARNISH RESISTANCE IN GOLD ALLOYS, INCLUDING
SOME CONTAINING INDIUM

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A very annoying trouble in the use of restorative materials is the matter of discoloration and tarnish. Discoloration in service of the various materials of which restorations are constructed has always been a problem. Considering dental gold-alloys specifically, the causes of discoloration and tarnish are varied, and our knowledge regarding the reasons is incomplete. Definite causative factors include porosity on the surface of castings, and chemical composition. Rough, improperly polished surfaces may be a contributing factor. With increase in the price of gold, complaints of discoloration have

been much more frequent and pronounced, owing evidently to the increased use of the lower-priced alloys, many of which have a comparatively low gold-content, and require special care in heating and melting to prevent excessive porosity. The dental profession has felt that high content of precious metal is essential to insure adequate tarnish resistance. But this is not necessarily true, because it is possible to produce alloys, of very low content of precious metal, having excellent mechanical properties and also showing remarkable resistance to tarnish in available tarnish tests. The present contribution presents some findings relative to tarnish resistance, using two accelerated-tarnish tests on a series of thirteen gold alloys ranging in precious-metal content from 91.7 percent of gold (22-karat dark-plate) to only 15 percent of gold and 24 percent (total) of platinum and palladium.

Qualities of the tested alloys:

- (1) 22-Karat dark-plate; selected for high nobility.
- (2) 20-Karat dark-plate.
- (3) 650-Fine solder ("650-Fine" indicates gold content; in this case, 65 percent. This type of solder is sometimes called "18-karat solder," or "solder for 18-karat plate." It is not, however, 18-karat gold-alloy).
- (4) 569-Fine solder.
- (5) White-color partial-denture casting-alloy; used at Columbia; retains color well in service; has 68.5 percent of Au, and 6.5 percent (total) of Pt and Pd.
- (6) Gold-color partial-denture casting-alloy; retains color well in service; has 72 percent of Au and 8.5 percent (total) of Pt and Pd.
- (7) One of the newer low-content precious-metal white-alloys; as a rule has retained color well in service, but where strong chlorine solutions were used for cleansing dentures in which this alloy was used, the metal turned very black; has 15 percent of Au, with 24 percent (total) of Pt and Pd.
- (8) Similar to No. 7, but with higher precious-metal content: Au, 29.5 percent; Pt and Pd, 21 percent (total).
- (9) Partial-denture casting gold-alloy quite susceptible to tarnish in service; used because of its tendency to tarnish; had to be changed to improve this condition. It has been claimed, in advertising,¹ that indium in small percentages improves tarnish-resistance, and increases strength and

¹ An advertisement of the kind to which the author alludes was discussed on pages B, C and D, in the advertisement section of the *J. Am. Col. Den.*, 2, 1935; Dec.—[Ed.]

ductility. Small amounts of indium were added to this alloy, at the expense of gold, to determine effects on tarnish-resistance, strength and ductility. The formulae (percentage elementary composition) of this alloy (9), and of the remaining four (10-13) are indicated in the accompanying summary. These five alloys, analyzed for indium content, yielded the following percentage results: No. 10, 0.23; No. 11, 0.47; No. 12, 0.94; No. 13, 1.83.

Elementary composition of gold alloys containing indium

Alloy no.	Ag	Au	Cu	Pt	Zn	Ni	In
9	19.0	60.5	15	2	1.5	2.0	0
10	19.0	60.25	15	2	1.5	2.0	0.25
11	19.0	60.0	15	2	1.5	2.0	0.5
12	19.0	59.5	15	2	1.5	2.0	1.0
13	19.0	58.5	15	2	1.5	2.0	2.0

Tests of tarnish-resistance. One of the two tests of tarnish-resistance, used in this work, was suggested by Mr. R. C. Angell, of the S. S. White Dental Manufacturing Co., in a personal communication containing the following comment:

"We prepared a number of months ago an exhibit consisting of five bridges and one partial denture. The specimens were selected from dental scrap which had been sent to the factory for refining. We have no knowledge of the history of the particular specimens selected prior to their receipt at the factory. The specimens were freed from organic deposits, using acetone and a soft brush. One half of each specimen was then coated with lacquer to preserve the tarnish which had been produced under mouth condition. The other half of the specimen was freed from tarnish and then subjected to a 15-minute treatment in sulphurized oil at 170°C. The exhibit is interesting in that the appearance of the tarnish, and the degrees of tarnish in mouth and tarnish test, are similar. This observation has given me some confidence that the type of tarnish test which we are using approximately reproduces the type of tarnish which obtains under mouth conditions."

In this test, the specimen is submerged in *sulphurized oil* at a definite temperature for a measured length of time. Comparison of tarnish is made with a standard—22K Dark Shade subjected to this sulphurized oil treatment for one hour. The specimen is heated to the same temperature for the length of time sufficient to duplicate the discoloration on the 22K-Dark-Shade standard. The relative length of time measures the tarnish resistance. *Preparation of sulphurized oil.*—Add 5 grams of ground sulphur to 500 grams of transformer oil (American Transformer Company, Newark, N. J.). Warm at about 100°C. until the sulphur passes into solution. Since the sulphur separates upon cooling, the mixture is kept hot for use. *Preparation of the metal specimen.*—A specimen of the metal of con-

venient size, as 0.020" x $\frac{1}{2}$ " x 1" plate, is given a uniform surface-finish by rubbing with No. 1 Hubert emery paper. A more uniform appearance is obtained by rubbing the plate so that the scratches will be parallel. The specimens are then cleaned in carbon tetrachloride and dried with a towel. *Treatment with sulphurized oil.*—An oil-bath, in which tempering oil is used, is maintained at 170°C., plus or minus 2°. Into this bath a test-tube containing sulphurized oil is suspended. The specimen is then dropped into the oil in the tube, and kept there for a period of time depending upon the degrees of resistance to tarnish and of tarnish desired to match a selected standard. At the expiration of the allotted time, the oil is poured off and the sample dropped into carbon tetrachloride, and dried by pressing between the folds of a towel. The specimen is handled at all times with clean tweezers—never touched with the fingers. The sample is now ready for comparison with a standard.

The second test, suggested by A. Issacs,² uses *ammonium-sulphide vapor* as the tarnishing agent. Considerable variation in discoloration of the specimens resulted. Where vapor condensed on the specimens, they showed spots of discoloration. Where the vapor did not condense, the specimen frequently came out perfectly clean.

All specimens, in both tests, were in the wrought condition, which precluded the possibility of discoloration due to the porosity frequently found in cast specimens. Each sample was carefully polished on one side by a method suitable for microscopical study. Four samples of each alloy were prepared. One, used as a control, was not subjected to any tarnish test; one was subjected to the sulphur-oil test; the remaining two, to the ammonium-sulphide-vapor test.

Results of tarnish-resistance tests. There were marked variations in the kind and amount of discoloration in the *sulphur-oil* test. Some were colored bright green; all alloys in the indium series were covered with a uniform dark-brown coat, varying only slightly for the various indium contents and from alloy No. 9 (control on indium). This exhibit has been shown to many colleagues and to others; all agree that the additions of indium to this alloy caused no perceptible increase of tarnish-resistance in this test. Averaging the two samples tested in the *ammonium-sulphide vapor*, the results for tarnish resistance compared very favorably with the results obtained in the sulphur-oil test.

² Souder, Wilmer: Standards for dental materials, *J. Am. Den. Assoc.*, 1935, 22, 1876.

The most resistant alloy was *No. 6*, showing only very slight discoloration in the first test (sulphur-oil); none in the second (sulphide). *No. 5* was almost identical with *No. 6*, but perhaps showed slightly more discoloration in the first test. Both were discolored less than samples of *22-karat*, and of *Nos. 7* and *8*, all of which were about the same. *No. 7* has only 39 percent (total) of Au, Pt, and Pd; *No. 8*,

TABLE 1

ALLOY		HEAT TREATMENT ^{1, 2}	YIELD-POINT, LBS./IN. ²	ULTIMATE TENSILE STRENGTH, LBS./IN. ²	PERCENTAGE ELONGATION IN 2 IN.	BRINELL HARDNESS NUMBER	COLD BENDS
No.	Indium						
9	0	Softened	83,000	105,000	16.0	205	3.5
		Hardened	143,000	145,500	1.5	274	0.5
10	0.25	Softened	90,000	110,000	14.0	212	2.25
		Hardened	153,000	155,000	0.25	294	0
11	0.5	Softened	83,500	104,500	17.5	205	2.5
		Hardened	139,500	141,000	0	294	0
12	1.0	Softened	70,000	96,500	23.0	184	3.0
		Hardened	137,000	139,000	1.5	263	0.5
13	2.0	Softened	77,500	100,500	19.0	194	3.0
		Hardened	134,000	135,500	1.5	257	0.5

¹ The alloy was held at 1300°F. for 5 minutes and quenched.

² The alloy was held at 1300°F. for 5 minutes and quenched; reheated to 840°F., and allowed to cool to 480°F. in 30 minutes.

50.5 percent of Au, Pt and Pd; whereas *22-karat* has 91.7 percent of Au. *20-Karat plate* followed these alloys; *650-solder* and *569-solder*, followed, respectively, the *20-karat plate*. *No. 9* was heavily coated in the *sulphur-oil* test. One of its samples in the *ammonium-sulphide-vapor* test was perfectly clean; the other was spotted with a brownish discoloration. The first addition (no. 10) of indium seemed to decrease discoloration very slightly in the *sulphur-oil* test, but no decrease was noted in the second tarnish test. The remaining samples containing indium (nos. 11-13) were not benefited by its presence.

Supplementary tests of physical properties. Results of tests of physical properties of alloys Nos. 9, 10, 11, 12, and 13—four containing indium—are shown in *table 1*. The “yield-point” was secured by noting the point where the needle slowed as the load was being applied in the testing machine. This value is only approximate. The “ultimate tensile strength” represents an accurate determination. The “cold-bend” test was made by clamping the specimen between two pieces of metal the inside edges of which had been rounded off, using a radius of $\frac{1}{8}$ inch. The specimen was bent 90 degrees over this edge, using finger pressure—“bend no. 1” (*fig. 1*). The specimen

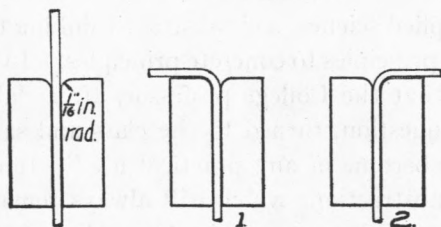


FIG. 1. COLD-BEND TEST, SHOWING SPECIMEN CLAMPED BETWEEN TWO PIECES OF METAL—INSIDE EDGES ROUNDED OFF; ALSO FIRST AND SECOND BENDS
Numerals 1 and 2 show range of first and second bends

then, if not already broken, was bent back and over the opposite edge—“bend no. 2.” This alternation was continued until the specimen broke.

Conclusions. (1) Precious-metal content is not necessarily an index of the tarnish-resistance of the dental gold-alloys tested in this investigation. (2) In the described tests, indium in small proportions (0.25–2.0 percent) did not perceptibly increase tarnish-resistance in these alloys. (3) Presence of indium in the tested alloys did not increase strength and ductility; instead, these properties were impaired. (4) Knowledge of the precious-metal content of gold alloys could be valuable to the dentist only to determine scrap-value. (5) Platinum and palladium are valuable factors in increasing resistance to tarnish.

EDITORIALS

SAN FRANCISCO CONVOCATION

The year 1935-6, for the American Dental Association and the American College of Dentists, was only eight months in length. However, this short period was intense, and much was accomplished. In reviewing briefly the results of the year's work, and contemplating the direction given for the future, two views should be taken: we should see first the results that were abstract; secondly, those that were concrete. Thought and abstract questions are essential to the development of the individual and his use of the concrete. As pure science is to applied science, so is abstract thinking to concrete thinking, or abstract principles to concrete principles. In fact, the abstract is so essential that the College professor, after elaborating at great length upon a question, turned to the class and said: "Thank God, that will never become of any practical use." It may be true that we need some abstractions which will always remain such, for they constitute the foundation upon which the realistic is built; but further, and perchance of greater value, the abstract may in time become concrete and of very great practical value.

In the spring of 1920, a small group of three members of the profession discussed the desirability of creating the American College of Dentists. On Aug. 20 of that year, the College was formally organized, and on Aug. 13, 1921, the following statement of objects and requirement for fellowship was adopted:¹

"Every important profession, science, or art has its Academy, Legion, or Court of Honor, to which are elected, or appointed, those who have unselfishly devoted themselves to the advancement of each specific cause. This has been done as a just recognition of meritorious services, and as an example to younger members, that they may be encouraged to nobler efforts. Recognition of the need of a similar influence in dentistry has resulted in the establishment of the American College of Dentists. The object of this College is to bring together in a group the men of outstanding prominence in the profession, and by their united efforts, in a field that is not now covered by any dental agency, to endeavor to aid in the advance-

¹ Friesell: Organization of the American College of Dentists: *J. Am. Col. Den.*, 1, 3; 1934, Jan.

ment of the standards and efficiency of American dentistry. Some of the aims of the College are to cultivate and encourage the development of a higher type of professional spirit and a keener sense of social responsibility throughout the profession; by precept and example to inculcate higher ideals among the younger element of the profession, and hold forth its Fellowship as a reward to those who faithfully follow such ideals; to stimulate advanced work in dental art, science, and literature; and to honor men who have made notable contributions to the advancement of our profession. The enormously increased responsibilities of the dental profession to humanity on the one hand—the unprecedented opportunities for exploitation, which have resulted in a wave of mercenary practices that threatens to become a public scandal to the everlasting disgrace of American dentistry, on the other hand—demand that those elements of the profession whose character, reputation, and professional attainments point them out as leaders, should be brought together for the purpose of checking the tide of destructive agencies and of encouraging by every laudable means the cultivation of that high spirit of professional and social responsibility, the wholesome influence of which is so greatly needed. Inasmuch as there is no title or mark of distinction to differentiate the recent graduates from the practitioners who have devoted many years of faithful effort in the upbuilding of their profession, it is proposed that the Fellowship of the College shall be conferred upon two groups of dental practitioners, viz.:

"1. Upon those members of the profession who have been at least ten years engaged in the practice of dentistry, whose efforts during that time have been loyally devoted to its advancement, and who are unquestionably looked upon as leaders in their respective communities. Time and effort devoted to teaching in dental schools, to presenting papers or clinics before dental societies, or to organization and executive work of a constructive character, as well as public services or civic duties having a tendency to enlarge the usefulness or the public appreciation of dentistry, shall be taken into consideration when passing upon candidates of this group.

"2. The conferring of the Fellowship shall be held out as a stimulus to young men to induce them to engage more earnestly in those activities which tend to advance dentistry as a profession and for which monetary remuneration must necessarily be sadly out of proportion to the time and effort expended. Devotion to teaching, especially in the non-clinical branches, to research work and to public education, as well as advanced work in the art, science, or literature of dentistry, should be greatly encouraged as a consequence of the movement.

"The candidate for the Fellowship in either class must be of good moral character, and have a reputation for ethical conduct and professional standing that is unquestioned. Personality, integrity, education, unselfishness, and high professional ideals, as well as freedom from mercenary tendencies, shall be considered in evaluating the qualifications of all candidates for the Fellowship."

By simple mathematical calculation, it will at once be clearly seen that the College is now exactly sixteen years old. It has grown in membership from 21 at the time of its birth to 581 at present. Having grown greatly in numbers and in financial strength, and having established a *Journal* that is now three years old, the College has become strong and, to some extent at least, influential. It therefore seemed well, to President Davis, that at this convocation we should turn the light upon ourselves, and see whether we had been of any use to the profession—whether we had lived up to the objects of our honored founders. Under the general theme, "College objectives," the entire program was developed. Critical analyses of the work of the College were presented, reviews of certain lines of activities, *e.g.*, journalism, and previews of what is yet to be done, were submitted; parallels of the American College of Dentists with the American Colleges of Physicians and Surgeons were drawn; and Dr. Davis, in his presidential address, submitted an analysis of personal communications from upwards of a hundred members to whom he had previously written.²

The "College objectives," as stated abstractly in the constitution, refer to the development of a higher type of professional spirit and a keener sense of social responsibility. Members of the profession are urged to a finer ethical conduct, that their precept and example may be of good effect upon the younger element. We are urged to stimulate advanced work, research and literature. The work of the American College of Physicians was presented by Dr. W. J. Kerr,³ Prof. of Medicine, University of California; the work of the American College of Surgeons was presented by Dr. Emile Holman,⁴ Prof. of Surgery of Stanford University. An address on "The dentist, trained or educated" was presented by Dr. Chauncey D. Leake,⁵ Prof. of Pharmacology, University of California. Men outside of our own group brought to us the work of similar groups, and discussed the educational qualifications of the dentist. By their own words, they proved the development within our profession—for which, and of which, we

² Davis: Presidential address; *J. Am. Col. Den.*, 3, 117; 1936 (this issue).

³ Kerr: *Ibid.*, p. 134.

⁴ Holman: *Ibid.*, p. 126.

⁵ Leake: *Ibid.*, p. 131.

can be justly proud. Reports were made by our various committees, with outlines of their plans for the future.⁶ All committees are working diligently, the chief difficulty now being the provision of funds with which to carry on the work. According to the report of the Committee on Hospital Dental Service, the inclusion of dentistry in hospital practice is moving ahead at a rapid rate. The dental intern, the dental extern, and the dental staffs of out-patient departments, are even now necessary to a complete hospital service.

Probably the principle item of interest to the members of the College and to the profession as a whole, was the offer of the S. S. White Dental Manufacturing Company to present *Dental Cosmos* to the profession. This offer was made without condition other than that provision be made to retain the name, and that the editor, Dr. L. P. Anthony, be associated in the editorial department of the *J. Am. D. Assoc.* This is one of the last of the old dental magazines published by a trade-house, but the first to be offered to the profession as a gift. The offer was well received by the House of Delegates of the A.D.A., indicating the profession's approval of professional ownership of our literature. In this, the College has played no small part.

In his address, President Davis summed up the activities of the College over the years, discussed the reports of the various committees, gave careful and just consideration to the above mentioned communications from members, and concluded as follows: "We believe that the College is in the main following the objective of the founders and the best thought in its membership. These objectives are the highest ideals of professionalism, which can be attained or more nearly approximated, only by concrete and aggressive endeavors that make the ideal in some measure come to pass. Wholehearted support by all the Fellows, and wise and unselfish leadership, will contribute most to attainment of that goal."

The evening session of the convocation was well attended after morning and afternoon sessions devoted to reports, addresses, and discussions. President Davis was succeeded in office by the President-elect, Dr. A. L. Midgley, who was interrupted in his acceptance speech, by a demonstration of the fact that we had developed a keener sense of our social relationship. Here was demonstrated, too, the fact

⁶ Reports of committees: *Ibid.*, p. 148.

that we honor worthy members of our profession. A tribute was paid to him by the word of one, followed by a concrete representation of our appreciation in the form of a beautiful scroll. Through him, to Mrs. Midgley, though for both, a silver tea-service was presented. One year ago, Dr. Midgley completed fifteen years as Secretary of the College. This was but one of his activities in the profession. Surely no one has contributed more to the development of dentistry, in time, effort, influence, and even of money, than has the man who is now our President. Some one has said: "It is well to have the respect of men, but better still to have their love." Is there one among us who does not love Dr. Midgley for what he is, and for what he has done?

Those who followed the sessions of the College this year, and those who are watching the development of the profession in every line, can come to but one conclusion; namely, the ideals are being realized, the abstractions are becoming realities, and "the soul of dentistry is marching on." In this the College would not be boastful; but somehow, sometimes, directly or indirectly, she has without doubt played at least a small part. But that is of minor consequence—what matters is the fact that advancement is being made. For that the College is supremely thankful.—J. E. G.

AMERICAN ASSOCIATION OF DENTAL EDITORS

The sixth annual meeting of the American Association of Dental Editors was held in San Francisco, July 11, 1936. At this meeting the Association moved its frontier far forward. The opportunity for service by its members is now limited only by the will to do. This young but vigorous organization has reached the stage in its development where it is ready to cast aside the playfulness of youth and put on the armor of accomplishment—to step forth and meet the challenge of a restless world, and to blaze a new trail for dental literature. On Oct. 20, 1931, the State of Tennessee granted to a few farsighted individuals a charter of incorporation of the American Association of Dental Editors, which realized a vision of the American College of Dentists' Commission on Journalism. The early existence of the Association was fraught with hazards from many angles, but a worthwhile objective spurred it on. Its purposes were simple: "To

advance the cause of non-proprietary dental journalism and to make it practical for the editors of these journals to cooperate with each other for the benefit of all concerned." Its program of activities soon began to expand. Members became imbued with the suggestions offered by speakers at the annual meetings. Committees were appointed to function during the period between meetings. Now the committee reports at the annual meetings are anticipated with as much eagerness as the messages of special speakers. The Committee on Cooperation busies itself throughout the year by sending, to the editors of the member publications, specially prepared articles that may be used if desired. The Committee on Current Dental Literature studies the literature for the year and offers critical reviews. The Committee on Advertising has been studying the advertising problem, and has just completed an exhaustive report with specific recommendations. The Committee on Dental-Student Publications, an innovation last year, afforded so much "opportunity for service" that it has become a major activity.

At the San Francisco meeting, the Association adopted a new set of By-laws. It had outgrown the first, with annual amendments. With the adoption of new By-laws, it has reached far out to influence and to help to guide the things that are dental. Through its new membership arrangement, it proposes to keep in touch with all who have served in its ranks, to inform them of its activities, and hold their permanent support. It was decided to establish a central bureau to solicit advertisements for its member publications. This should be an important step in advance and has unlimited possibilities.

The growth of this organization has been almost phenomenal. Starting with five members in 1931, it has grown in six years to a publication membership of 73 and an individual membership of 147. Each year has seen the unfolding of its plans for better dental literature, better publications, and better understanding. Each year has found an increased enthusiasm in the work accomplished and for the job ahead. Each year has found more hands to toil and greater burdens made lighter by cooperation. During its existence it has been served in the office of President by Drs. R. S. Vinsant ('31), E. A. Thomas ('32, '33), Wm. R. Davis ('34), John E. Gurley ('35),

Wm. J. Gies ('36), and C. N. Johnson ('37). This lusty youngster is the embodiment of an ideal nurtured by the American College of Dentists. It proposes, by example and precept, to "tell the world" that the ideals upon which it was founded are the ideals that must be maintained if dentistry as a profession is to continue and progress. It has set for its goal the elevation of dental literature, and pauses as it marches toward that goal to lend its influence to all the better things that make life worthwhile and dentistry a real profession.—O. W. B.

OPEN DISCUSSION OF DENTAL JOURNALISM

Recently we initiated "an open discussion of the facts and conditions that may be stated in behalf of *proprietary* dental journalism, as a system and also as represented by any existing publication" (*J. Am. Col. Den.*, 3, 103; 1936). After alluding to the "desirability of a broad and searching reëxamination of the problems of dental journalism," we said, in part: "The persons most competent and ready to indicate the merits of proprietary dental journalism are presumably the dentists who bear the most intimate relationships to proprietary journals. Accordingly, to provide a definite basis for the projected discussion and also to facilitate direct responses, a brief statement of the affirmative side of the question, '*Should proprietary dental journalism be discontinued,*' will be included in a circular letter to editors of proprietary dental journals inviting them to present the negative side. This circular letter, a statement of our procedure with correspondents, and the collected responses, will be published in our next issue." These intentions are consummated below.

1. CIRCULAR LETTER TO EDITORS OF PROPRIETARY DENTAL JOURNALS. The prospective "brief statement of the affirmative side of the question, '*Should proprietary dental journalism be discontinued,*'" was included in the following "circular letter to editors of proprietary dental journals"—dated July 27, 1936, and signed by the editor of this *Journal*:

Occasionally, for some years, the American College of Dentists has formally expressed the conviction of its members that proprietary dental journalism is neither more desirable nor more respectable, professionally,

than proprietary dental education. At the New Orleans convocation, last November, the College adopted, by unanimous vote in an open general session, the following minute:

"The Secretary is hereby instructed to inform our entire membership that the College notes with disfavor and regret that some of its members hold positions on the editorial staffs of proprietary dental journals."

The International Association for Dental Research, at its annual meeting last March, adopted a similar resolution. The following statistical data indicate the current general trend in dental journalism in the United States:

General types	1928 (Jan. 1)	1932 (Jan. 1)	1935 (Nov. 1)
Non-proprietary	61	89	105
Proprietary	22	26	18
Unclassified	0	2	1
	—	—	—
Total	83	117	124

The foregoing summary does not include important recent developments, such as the creation of the non-proprietary *J. D. Educ.* by the American Association of Dental Schools, about to begin publication, and the transfer of ownership of *D. Cos.* to the American Dental Association. The growing American Association of Dental Editors, now having a membership of 144 editors representing 73 non-proprietary journals, does not admit proprietary journals or their editors to membership, following in this respect the example of the American Association of Dental Schools, which in 1923, by constitutional provision, barred from membership all proprietary dental schools, of which *now there are none*. A formal statement of *objections to proprietary dental journalism*, at the recent San Francisco meeting of the American Association of Dental Editors (July 11), included the following items (1-7):¹

1. Commercial owners conduct their journals primarily for financial profit and only secondarily, if at all, for the advancement of the dental profession.
2. Editors and managers are responsible to, and their terms of employment are depend-

¹ Aiming to keep the discussion impersonal, the authorship of this and succeeding quotations in the circular letter was not indicated. In personal correspondence with one editor we wrote, in this connection: "The circular letter was intended merely to present a section of current [affirmative] opinion, and indicated the places where the quoted opinions were expressed. This was done in the belief that the [personal] source of the opinions was not as important as the fact that *representative* opinion was stated in the circular letter. It seemed desirable to state the case plainly in the affirmative so that there would be something very definite for the negative to consider." The presidential address that included these "items" was published after the date of the circular letter. (Delay in the publication of this issue enables us to include this reference: *J. Am. Den. Assoc.*, 24, 282; 1937, Feb.)

ent upon, the commercial owners who pay the salaries. The private requirements and commercial interests of the owners cannot be successfully disregarded.

3. Editors and managers are obliged to bring the contents of the successive issues into conformity with the private commercial aims and expectations of the proprietors. The editors are not free to make up the successive issues without adjusting selections as well as rejections of material to the private commercial requirements on which the editorial salaries are based. These commercial requirements lose none of their effectiveness as to detail, if stated to editors and managers in general terms.

4. Acceptance of advertisements must accord with the commercial purpose to publish those that collectively yield, directly or indirectly, the largest income or the greatest private advantage. Usually the advertisements that are accepted by proprietary journals include the least worthy types of commodities, devices, or services, and their publication not only violates the profession's honor and integrity, but also is harmful to the public.

5. Since editors and managers are not free to exercise judgment or "independence" beyond the scope of commercial restrictions, nor to place public and professional obligations above private commercial preferences, "freedom of the press" among proprietary dental journals is, in reality, "freedom of the proprietors to exploit the dental profession." Editorial "independence" in a proprietary dental journal does not attain either intellectual freedom or personal independence; instead, it is commercial independence of the profession.

6. The financial support that proprietary journals receive in subscriptions from ethical dentists, and from reputable advertisers, tends, in a kind of competition that is against public and professional interests, to reduce the resources available to the worthiest non-proprietary journals.

7. Public appreciation of, and respect for, dentistry as a profession is impaired by lay observations of proprietary control of dental journals, especially as illustrated by the "throw aways."

The same formal statement included these general allusions to the *harmful influences of proprietary journalism in any profession* (8-13):

8. The aims of commercialism and the purposes of a profession usually conflict. . . .

9. A profession that is true to its ideals, and to its public protestations, will not permit the voice of commerce to speak its views, nor the objectives of commerce to guide its behavior.

10. Journals in a profession portray its character and indicate its quality. . . .

11. Commercial control of journals that purport to represent professional thought and action, when that control is approved or tolerated by a profession, implies deficiency in professional character, in professional responsibility, and in professional self-respect.

12. Free proprietary journals, which are always conducted primarily as floats for advertisements, do not gain the respect, or receive the support, of truly professional men, for such men know that behind the free distribution lurk private commercial objectives that always degrade, and often dishonor, the profession.

13. The disabilities of a non-proprietary journal—they may be numerous and glaring—are curable not by injections of private commercialism, but by adequate nourishment to sustain professional vitality and to promote public function.

The annual address at the Louisville meeting of the Omicron Kappa Upsilon Honorary Society, last March, contained the following allusion:²

² Published, after the date of the circular letter, in *Ann. Den.*, 3, 128; 1936, Sep.

Trade-houses, one by one, have wisely yielded to the pressure in the dental profession for a journalism that is professional in fact as well as in name; and it is evident that trade-house control of dental journals, like proprietary control of dental schools, will soon be extinct. The objections to commercial perversities in this field have lately been concentrating upon the disservice of the so-called "throw-away" dental journals, which, as masks for unprofessional purposes and as rafts for advertisements of unworthy products and services, not only misrepresent dentistry as a profession but also degrade and dishonor it. The disservice of these periodicals may easily be indicated in a variety of practical ways. Thus, no one wishing to interest a layman in making a generous gift to a dental cause—say to a dental school—would be tactless enough to present copies of any of these tawdry publications to show the intelligence, the esthetic comprehension, the professional gumption, or the public responsibility, of the dental profession. On the contrary, seeking to impress a philanthropic lay prospect with dentistry's merits, one would carefully ignore all such misrepresentative dental periodicals. If the layman asked about them, one would surely insist that they are unwelcome intrusions into dentistry; that they are not accepted by the profession as worthy of it; and that the most earnest and devoted dentists are ashamed of them, decline to cooperate with them, and are endeavoring to bring about their discontinuance.

The foregoing facts and quotations—a few of many that might be indicated—are presented not to suggest that the stated views must be right because they cannot be wrong, but, instead, to show the crystallization of responsible professional opinion and preference now actively in progress; and also to serve as an introduction to the remainder of this letter.

Despite the steady growth of desire among dentists that proprietary dental *journals*, like proprietary dental *schools*, be discontinued, or converted into non-proprietary agencies for responsible professional and public services, a few influential dentists continue actively to serve, or lend the use of their names to, commercial organizations engaged in proprietary dental journalism. We assume that the position of all such dentists is based upon convictions and that, in disagreeing with prevailing professional opinion, each such dentist will welcome an opportunity to indicate publicly and frankly, at this time, the foundations of his preference. Accordingly, you, as a dental member of the editorial staff of a proprietary dental periodical, are hereby invited to state, for publication in an early issue of the *J. Am. Col. Den.*, your views

(a) on the *present* justification of proprietary dental journalism as a system; and also

(b) on the desirability of *future* dental support for the proprietary journal, or type of proprietary journal, with which you are identified.

It is our desire—in justice to all editors who participate in proprietary journalism and in order also to promote fair discussion—to present an opportunity for direct public comment in support of the proprietary posi-

tion, so that such approval as, in the opinion of proprietary dental editors, their views deserve will be given due attention by the dental profession.

2. LIST OF EDITORS TO WHOM THE ABOVE CIRCULAR LETTER WAS SENT.³ Copies of the above circular letter were sent to the editors named below:

Dental Delegate: A. L. Walters. *Dental Digest* (see Oral Hygiene Publications, below). *Dental Items of Interest*: Mendel Nevin, R. Ottolengui. *Dental Review (Journal of Prosthetics)*: T. C. Bonney. *Dental Students' Magazine*: Harold Hillenbrand. *Dental Survey*: E. S. Best, J. L. Blass, D. D. Campbell, W. J. Charters, E. B. Clark, Paul Edmand, B. S. Gardner, N. W. Goodman, W. S. Gray, T. P. Hyatt, Edward Kennedy, E. N. Kent, S. C. Miller, J. J. Posner, H. R. Raper, C. O. Simpson, P. R. Stillman, G. A. Thompson, E. T. Tinker, W. D. Vehe, C. W. Waldron, B. W. Weinberger, D. E. Ziskin. *International Journal of Orthodontia and Oral Surgery*: F. M. Casto, J. D. Eby, R. H. Ivy, J. D. McCoy, W. T. McFall, Egon Neustadt, O. A. Oliver, H. C. Pollock, P. G. Spencer, K. H. Thoma. *Northwest Journal of Dentistry*: E. R. Abbott. *Nutrition and Dental Health*: J. P. Buckley, W. A. Cotton, A. B. Crane, C. J. Grove, D. C. Lyons, E. M. Quinby, A. T. Rasmussen, R. A. Stevenson. *Oral Hygiene Publications (Dental Digest, Oral Hygiene)*: E. J. Ryan, V. C. Smedley, G. R. Warner. *Southwestern Dental Mirror*: S. M. Shaver.

3. CIRCULAR ACKNOWLEDGMENT OF RESPONSES. To those who responded to the foregoing letter (section 1, above), we promptly sent circular acknowledgments of receipt that included this statement:

In the publication of your replies—which we expect to accomplish in our double number for September and December—there will be a brief introductory note on the general desirability of a frank discussion of the subject. This will be followed by a copy of our circular letter (as presenting a section of current opinion opposed to proprietary dental journalism), with the names of those to whom copies were sent. Your replies, assembled in a logical sequence, will follow, *without any comment on them* excepting a brief note to say (a) that copies of our response to your replies will be sent to you as a group in a new circular letter, to enable you again to discuss our remarks before we publish them; (b) and that *our comment and yours thereon* (second series) *will be published together* in a succeeding issue. On this plan, anything we may say will again be stated to, and can be discussed by, you *before its publication by us*. It is our intention to present this discussion judicially and in a way to give those who cooperate—as in effect our guests—complete protection against any inadvertent unfairness or any possible personal embarrassment. I believe the discussion will bring out information, distinctions, and qualifications that will clarify the situation with

³ The names and addresses were taken from a list of proprietary journals supplied, at our request, by a member of the Commission on Journalism.

justice to all concerned—and also with promise of betterment for dental journalism and of advancement for dentistry.

4. COPIES OF RESPONSES SUBMITTED TO AUTHORS, IN UNIFORM TYPOGRAPHICAL STYLE, FOR VERIFICATION OR CORRECTION. All responses were edited for the correction of typographical errors, anomalous phraseology, erroneous data, inadvertent misstatements of well-known facts, etc., and copied in a uniform typographical style. In accordance with the spirit of the foregoing assurance (section 3, above), duplicate copies of each response were submitted to its author, for confirmation or correction. *He was informed, also, that if any proposed editorial revision was unacceptable, the original would be reinstated as preferred.* In several instances proposed revisions of details were not approved; the original words or phrases were then restored. In a few cases editorial intimations that “more light and less heat” would make the responses more useful led to the voluntary submission of entirely new responses for publication; in some cases these intimations were ineffective. Each response now stands as it appeared in the author’s returned copy of the printer’s proof. An exception to the general approval of this procedure is noted below, under *Nutr. D. Health*.

5. RESPONSES. The responses are presented below, in the sequence of the journal-groups listed above.⁴

DENTAL SURVEY. *Elmer S. Best (Sep. 10)*: In your communication of July 27th you invite a presentation of views on journalism in dentistry. While it will consume considerable time, yet I will be perfectly willing to lend my assistance in gathering data revealing both sides of this question providing that this is at any time available to properly appointed groups or committees. A broad and earnest discussion and study of all the factors involved by such groups would doubtless be of interest to all concerned. This would be much more acceptable, I am sure, than your present plan of assuming such a measure of responsibility.

Thaddeus P. Hyatt (Oct. 8): Had your letter of July 27 been confined to the latter part as I so earnestly suggested, it would have been a pleasure to participate in an open, free, and sincere exchange of views. Inasmuch as you intend to publish the entire letter including the “thirteen formal

⁴ Those designated in section 2, above, whose names do not appear in this section, did not respond for publication. Private correspondence is not included, although the gist of some of it is mentioned in four paragraphs relating to the responses of four editors of *Nutr. D. Health* (p. 210).

statements," this, to my mind, excludes all possibilities for a dignified and professional discussion. I most sincerely regret this.

[Dr. Hyatt's words, "as I so earnestly suggested," refer to preliminary correspondence in which he requested that the proposed discussion including all replies be withheld from publication, later suggesting that only the portions of the circular letter he indicates be withdrawn. A reply included this comment: "A statement of sincere objections to proprietary journalism should not be offensive to those who are equally sincere on the other side. The readers of the *J. Am. Col. Den.* may properly expect to find a summary of the affirmative on the question presented, when they read the statements of the negative side."—*Ed.*]

Samuel C. Miller (Aug. 5): I believe the following facts will clear up my position in relation to commercial journalism. Because of Dr. Paul Stillman's illness I was asked to carry on his work as *Periodontia* Editor for the *D. Surv.* Immediately after accepting this position, I attended the meeting of the American Association of Dental Schools and learned of the general attitude of organized dentistry on the question of proprietary journals. As soon after my return as possible I wrote to Dr. Best and withdrew my acceptance. His response was that the announcement of my addition to the staff was already in print and could not be stopped. After that I again communicated with Dr. Best because of the continued appearance of my name on the editorial board, but for some reason my name was not promptly deleted from the list. Although I, personally, am not averse to proprietary journals when properly edited, I withdrew my acceptance because I felt that I could do the most good by following the general trend of organized dentistry.

Paul R. Stillman (Aug. 1): "The soul of dentistry is marching on." The import of this cryptic sentence, which has appeared in this *Journal* on several occasions, may not be comprehended at once. That is all the better for potency's sake, for a crystallization of dentistry's intellectual structure is the very first evidence of a metamorphosis which will permit dentists to realize that change from a trade to a profession requires spiritual travail quite as severe as physical parturition. And the change is not yet complete. A formulated idea—stated as "dentistry is a profession"—began to penetrate the consciousness of dentists more than a century ago. The three main events which occurred under the influence of the formula were the nearly simultaneous establishment of the *first dental journal* (1839), the *first national dental society* (1840), and the *first dental school* (1840). These are historical events which identify the birth of dentistry as a profession. Previous to these events dentistry was a trade, qualifying in every sense

under the definition of "trade." A profession is differentiated from a trade as "an occupation which properly involves a liberal education and mental rather than manual labor." As examined today, after nearly a century of development, popular opinion concedes the idea: "dentistry is a profession." Intelligent introspection will reveal an answer to the question: What kind of a profession? Analysis under that idea requires a review of dentistry's current literature, from its beginning to the present.

At this moment there is occurring an awakening of interest in the character of dental journalism. Time was when commercial interests controlled all current literature of dentistry. Under the influence of a philosophy that is rapidly crystallizing into the nature of a crusade, force is being applied to the principle that dignity requires a profession's control of its own journalism. [No opposition to that idea exists; even the present owners of the proprietary journals concede its validity.] Its accomplishment is approaching completion. All that remains is the physical transfer of property to new ownership, and dental journalism will be owned and controlled by the dental profession. That is as it should be. The immediate change, however, will be a matter of externals. The passing of proprietary and commercialized journalism in dentistry is as desirable, now, as was the passing of the control of privately owned institutions for the teaching of dentistry, at the time when most dental schools were conducted for the profit of business corporations—where ownership lay in stock held in the name of faculty members and the bonds in the name of manufacturers of dental supplies. These changes were necessary to satisfy a developing professional dignity, under the original idea: "dentistry is a profession." And it is well not to forget that opinions, under what is "dignified" and what is not, are subject to whimsical change, like styles in dress or the wearing of beards. These are externals and appeal to objective methods of thought. When interest of the mind is limited to some object corresponding to the thought, which may also be scrutinized by the eyes, one is reminded of the fact that the traditional red rag has never really endangered the angry bull.

Cervantes, more than three centuries ago, in his *Don Quixote*, laid bare a very human characteristic, using literary burlesque in describing a gallant knight tilting with a wind-mill. The application of these references should not be directed to any individual ideals, for these ideals are very acceptable; reference here is to methods. Enthusiasm frequently endangers politeness. The idea expressed as "push but don't shove" refers to manners, not principles. The human mind, while taking kindly to suggestion, dislikes propulsion; it desires to know the facts, or at least what its initial prejudices

think are the facts. Dentistry, in the abstract is a collective mass of individual minds, whose capacity for the digestion of ideas does not equal its ability for ingestion. Too rapid intake of ideas may result in wonder and bewilderment. Mental indigestion also causes discomfort. The formula, "dentistry is a profession" has served its purpose. It introduced an era at a time when all dentists were artisans and dentistry was a trade. A new formula has been presented to the dental profession, which reads: "Dentistry is a branch of the healing art, coequal to a specialty in medicine." The older formula developed under the influence of objective thought, but that method, when applied to the new formula, will only produce bewilderment. The subjective method, only, can reveal the cryptic significance of this new and far more potent formula.

The observation has been made that dentists are changing their mental interests; and that inasmuch as life and development throughout the natural order is characterized by change, it is a comforting thought to accept this idea of change as indicating intellectual growth. We may observe the struggles and differences of personal opinion throughout the world, but only a few minds can accept them as items of future interest to the historian. Yet the world is making history. We fear the radical in thought (or at least we think we do), but it is obviously a fear of fear that disturbs our complacency. In political thought, a radical is an extremist who is understood as possessing a desire to upset the present order of government. Such thought brings pleasure to very few. But in science no fear of change exists. A scientist may be identified under the definition of a radical and no fear of advancing knowledge will disturb the minds of men. Discoveries in science are observed with complacency, and with the knowledge that he too "seeks to carry his theories or convictions to their further application," yet the scientist inspires no fear. Dentists are primarily concerned with science in a search for knowledge which may be translated to the advantage of their art.

The apparent indifference of certain so-called "ethical" dentists [upon whom the dental profession has bestowed objective honors], to the appearance of their names upon the editorial boards of "throw-away" publications, should not single them out as being indifferent to the high ideas of their colleagues. There can be no justification of the idea under which "proprietary dental journalism" developed. After the journal has served its purpose, that principle may be applied to all objects or things—even to living individuals. Mankind cannot choose the manner of its death. But the idea is well established among human kind that massacre or violent death is preferable to emasculation. Death by whatever means always

provokes sympathy and sorrow. Friendship exists in human relations, and that may explain the continued presence of these names in places considered by some chauvinists to be inappropriate. But explanations are unnecessary. "The handwriting has appeared again upon the wall and it has been read." Opposition to the inevitable does not appear to be justifiable. The lending of names, even with the excuse of personal friendship when objection appears, loses value to both the lender and his name. The name "Paul R. Stillman" may no longer so appear, as in the past, with the owner's personal consent. Nevertheless, this writer does not admit defeat. And if his readers can comprehend his position, they will understand that he prays that all journals which have served dentistry long and faithfully to the best of their ability may be acquired by the dental profession as its own, or die respected—and have the blessing of a happy death. More than that he does not hope for himself.

Edward T. Tinker (Nov. 3): In answer to your letter, I want to say that I appreciate your stand and what your purpose is in this controversy, but I feel that the journal with which I am connected serves a very definite purpose, and reaches a large group of dentists otherwise untouched, and has a very definite value in its educational policy.

Daniel E. Ziskin (Aug. 20): Your letter of July 27th in regard to proprietary dental journalism has been forwarded to me. I have written to *D. Sur.* requesting that my name be eliminated from their editorial board beginning with the next issue of the periodical.

INTERNATIONAL JOURNAL OF ORTHODONTIA AND ORAL SURGERY. *Joseph D. Eby (Sep. 29)*: I assume the invitation to participate in this discussion was extended to me because of my connection with the *Int. J. Orth. Oral Sur.* I have realized for a long time what has seemed an unfair attitude toward that journal, which has had a remarkable record. It is a unique and outstanding publication—in a class by itself in the realm of dental literature. In the first place, Dr. C. V. Mosby, its publisher, is an M.D. and chose a career, in the publication of medical and dental text books and periodicals, with the fortification of his background as a professional man. In addition to publishing textbooks in all branches of medicine and dentistry, the *Int. J. Orth. Oral Sur.* is one of eight monthly periodicals in his group, the others being devoted to medical sciences. The majority are official organs of national medical and surgical organizations. I understand that the American College of Surgeons does not frown on any of these journals. Dr. Mosby is a gentleman having standards of character, professional and otherwise, as high as those of anyone I know. He has maintained his publishing business on the same plane. He is a man for whom

I have great personal admiration, because of the many things he has done to merit it. I have heard him say that he conceived of publishing a journal of orthodontia because he believed that the science and practice of orthodontia were destined to render a great service to the physical and social welfare of humanity. For this reason, when the specialty was less than ten years old and still a baby, he launched the publication of this journal. I happen to know that Dr. Mosby, by his personal effort, has carried this journal through many storms, because of his devotion to the belief that motivated him to start its publication. The result has been that for the past twenty or more years this journal has recorded the literature of orthodontia through the two most important decades in the development of this specialty. What is to be found between the covers of these twenty-odd volumes is priceless so far as orthodontia is concerned. No other journal was willing either to do this for orthodontia or to take the burden off his hands. There have been times when some of the pioneers of the specialty of orthodontia antagonized Dr. Mosby, because they disliked some of his editors; and they did everything in their power to revert society proceedings to the *J. Am. D. Assoc.*, or otherwise, but to no avail. Even *D. Cos.*, a trade-house journal, was too indifferent to show any interest. The *Int. J. Orth. Oral Sur.* is the official organ of every orthodontic society in the United States and of most of those abroad. It has served all these societies with equal faithfulness as it has the science itself. I read with careful interest the comment, published in the classification of dental journals a few years ago, in which this journal received favorable mention.

I agree with the highest ideals for professionally owned and operated journals. The fact, however, that most of these journals have been operated either at a loss or from hand-to-mouth, or are continually seeking assistance, shows that dentistry, in whole or in part, is not yet in a position to exact from the profession sufficient fees and dues to maintain dental literature on its present basis. While Dr. Mosby is not in the medical-publication business for his health, I know he is there for a principle and a purpose—and he has not asked the profession to dump a fortune at his feet in exchange for his journal. Although his journal is privately owned and therefore proprietary, it should not be classed with such trade-house periodicals as *D. Cos.* and *D. Items Int.* Dr. Mosby has no form of dental supplies or any other kind of hardware to sell. He is a publisher, "pure and simple;" and hopes to make his profit out of the subscriptions for his journals, and out of clean and censored advertising. I know of advertisements which he would not accept but which were included in the *J. Am. D. Assoc.* He has been surmounting the consequences of the economic depression not only

bravely but with increasing success, despite the recurrent financial losses in the publication of the *Int. J. Orth. Oral Surg.*

For many years there has been a feeling in Dr. Mosby's heart that some day his journal may become the property of the American Society of Orthodontists. In the plans for reorganization of that Society, which are now under way, a subscription to the *Int. J. Orth. Oral Sur.* is to be included in the annual dues. This will give the Society control over the policies of that journal and, in a technical sense, the C. V. Mosby Co. will be the publishers—by contract or otherwise. In the editorial board of that journal I am associated with four past-presidents of the American Society of Orthodontists, a recent past-president of the American Dental Association, and the present President and President-elect of the American Society of Orthodontists. It is possible for any one of these men to be wrong, but difficult to think of all being wrong at the same time. I accepted this editorial position because I have a very high regard for Dr. Mosby; also because of my appreciation of his sacrifices, and of what he has contributed in this way to the welfare of orthodontia and humanity. As the present editor of the New York Society of Orthodontists, I have found this connection to be helpful because the *Int. J. Orth. Oral Sur.* is the official organ. I believe that the gradually changing processes of time will find that journal the recipient of the full honors which are its due; and that, as a mark of appreciation, the great specialty of orthodontia some day will claim it for its own—both to the profit and credit of the man who has stood by through many stormy years to make it possible for that journal to survive.

Feeling as I do, and so long as Dr. Mosby and his staff want me to cooperate, I am going to be right in there helping them, because, in the honesty of my own convictions and having professional ideals and ambitions as high as those of any colleague, I believe that this is right. That journal is already practically everything that you men are trying to make or set up as a standard—but it has a real benefactor behind it. I realize that there is much merit in the ideas you all are working over or promulgating; but I know also that the record of the *Int. J. Orth. Oral Sur.* deserves praise and recognition, and that its present status and future trend require no defense.

Robert H. Ivy (Aug. 1): I was astonished to receive your letter of July 27 in which you, on behalf of the American College of Dentists, classify the *Int. J. Orth. Oral Sur.* as a proprietary dental journal. The C. V. Mosby Co. is in the medical and dental book-publishing business and, as a logical outcome of this, for years have published several first-class medical journals as well as the *Int. J. Orth. Oral Sur.* They are not alone in this field. Lea and Febiger, of whom the American College of Dentists may or may not

have heard, publish the oldest medical journal in the United States—the *Am. J. Med. Sciences*—in which it is considered an honor to have an article accepted for publication. J. B. Lippincott Co. publishes the *Ann. of Sur.*, one of the two leading surgical journals of the country, the official organ of the American Surgical Association. I could cite other instances of this logical function of a book-publishing house. If the stand of the American College of Dentists were carried farther, all books published by these concerns would be banned, and authors of medical and dental books would be expected to do their own publishing. From what I have seen of the recent crop of so-called non-proprietary dental journals, they are decidedly inferior to some of the old-established publications, such as the *D. Cos.* and the *Int. J. Orth. Oral Sur.* For one thing, it is hard to get illustrations accepted on account of the expense. I am not defending the “throw-away” type of journal, gotten out chiefly as an advertising medium for dental supplies and consisting largely of articles copied from other magazines. I am standing up for the representative, high-class, subscription journal, in which are found original articles by the leaders of the profession. Instead of fostering new amateurish journals everywhere, the American College of Dentists would do well to give some of the old well-established publications their support.

Although I am not “a dental member of the editorial staff of a proprietary dental journal,” but a surgical member of the editorial staff of a journal issued by a first-class medical-book publishing-house, I am in no way bound or influenced by the publishers as to what shall or what shall not appear under my department. I have full power to accept or reject any articles I please, the only limitations for each issue being those of space. The formal statement of objections to proprietary dental journalism, at the meeting of the American Association of Dental Editors, as quoted by you, certainly does not apply in the case of the *Int. J. Orth. Oral Sur.* I may say that when I became connected with that journal last March, as Associate Editor, I knew nothing whatever of the controversy that was going on about dental journalism, and had never heard of the American Association of Dental Editors. I have no axe to grind on one side or the other, and am only interested in the rights of the particular journal with which I am connected. In other words, I don't give a damn what the American College of Dentists think about the matter, or what the American Association of Dental Editors think, or what the proprietary dental editors think (sounds like Gertrude Stein). Perhaps a more specific statement of objections on the part of the American College of Dentists, or any other self-constituted body of uplifters to the medical book-publishing type of journal would be

helpful. This presentation of my views on the subject in question is not made as a justification or excuse before the American College of Dentists, but is done in the hope that they themselves will see the error of their ways.

James D. McCoy (Sep. 18): Your letter of July 27th reached me some time ago, and I have read it carefully. In view of the fact that you have included rather voluminous material, covering the subject of dental journalism and the attitude of the American College of Dentists toward it, I am taking the liberty of replying somewhat fully, for all right-minded professional men agree that the journals representing our profession should fulfill certain requirements in ethics, comply with the better traditions of dentistry, fulfill useful purposes to the profession, and otherwise reflect credit upon it, to the end that its prestige will be favored among its own members and those of other professions of equal moral and intellectual standing.

When the American College of Dentists started its campaign "to improve dental journalism," the motive met with the universal approval of all right-minded members. Their condemnation of the cheap, trashy so-called journals, sent free to the members of the profession and maintained by agencies as media of propaganda for the sale of dental merchandise, also achieved popular acclaim. When, however, such journals as the *Int. J. Orth. Oral Sur.* was included with this group and condemned, and we were informed of this fact, it became immediately obvious that those responsible for such a decision had either failed to gather the true facts or were motivated by a degree of intolerance or fanaticism which had blinded their vision. It is only natural to assume that those publishing houses considered competent to supply the medical and dental professions with standard and special text books *might also be considered safe to supervise the publishing of journals which, in the end, supply information similar to that supplied in text books*, and do this without subjecting the professions to the peril of insidious propaganda or information detrimental to their well-being.

You may or may not know, that the *Int. J. Orth. Oral Sur.* is published by the C. V. Mosby Co. of St. Louis, which is in the publishing business. This journal has long been the official organ of the American Society of Orthodontists, the European Society of Orthodontia, the British Society for the Study of Orthodontics, and six other recognized orthodontic societies which, for the sake of brevity, will not be named. The subscription price is \$7.00 per year. It is edited by a past-president of the American Society of Orthodontists. Three of the associate editors are past-presidents of this same organization, one is its chief executive at present, and another has recently been elected to the office of president-elect. The consulting

and associate editors in departments devoted to dentistry for children, oral surgery, and orthodontic abstracts, are men of outstanding ability and the highest professional character in the fields they represent. This same C. V. Mosby Co. is also the publisher of seven medical journals; viz., the *Am. J. of Obstetrics and Gynecology*, *J. of Pediatrics*, *Am. Heart J.*, *J. of Laboratory and Clinical Medicine*, *J. of Allergy*, *J. of Thoracic Surgery*, and *Am. J. of Syphilis, Gonorrhoea and Venereal Diseases*. Each of these represents certain medical societies as official organs, publishing their proceedings, and otherwise being utilized to serve the interests of their members. The group of physicians who act as editors, associate editors and contributing editors, are men of unquestionable character and ability. None of these publications are free, the subscription rates ranging from \$7.50 to \$10.00 a year.

In the case of the *Int. J. Orth. Oral Sur.*, the publishers have at all times allowed the editors to dictate the policy of the journal; have been generous in meeting our demands as to the physical character of the magazine; with the result that its illustrations and other helpful features *are not exceeded by any other medical or dental journal*. They have, for many years, refused to accept advertising which was objectionable, or which in the opinion of our Board would not meet acceptable ethical standards. In other words the dictates of our Board, and of the Publication Committee, of the American Society of Orthodontists have been accorded every opportunity to control the journal, to the end that it might serve orthodontics and certain other special fields related to it in the best possible manner. One thing we have not had to face has been the necessity of worrying about costs of paper, printing, half-tone engraving, or the numerous other details of the publication business, and at the end of each year, the members of the American Society of Orthodontists, in good standing, have received from the C. V. Mosby Co. a bound volume of the society's proceedings. It would seem, therefore, that if orthodontics is possessed of a rich literature, and you in fairness will admit that in this respect it is the most fortunate of all the dental specialties, then the *Int. J. Orth. Oral Sur.* must be given the major credit for accumulating, combining and preserving all this rich material, for their efforts along this line extend back through more than twenty years. As the American Society of Orthodontists has not had to bear the financial responsibility of this task, it carries in its treasury today a comfortable balance, and in past years has been able to contribute generous sums to more than one research project.

In view of these facts, the series of statements in your letter, quoted as

having been presented at a meeting of the American Association of Dental Editors, if applied to the *Int. J. Orth. Oral Sur.*—and I presume they are, or you would not have written to me—become so ridiculous, reflect such a petty state of mind, and harbor such a spirit of intolerance, that for reasonableness they can only be compared to what might be expressed in an address by Adolf Hitler to the House of Israel. If the statements were directed against trashy pernicious agencies of propaganda for the sale of quack remedies, they might be considered as being applicable; but when directed against magazines long devoted to the interest of dentistry, whose helpfulness has been written into the hearts and lives and abilities of thousands of sincere practitioners, one is led to wonder whether the breed who used to burn women as witches in New England, torture those who refused to conform to some religious sect, wear a bag of asafetida around the neck to keep off infectious diseases, has not come back to life in considerable numbers. It is difficult to feel that the American College of Dentists, which undoubtedly was organized with lofty motives, could approve of anything so foreign to the true spirit of ethics, unless, as a body, it has greatly degenerated. When this organization came into being, it was supposed that those who were asked into fellowship would be men who, through their efforts to do constructive work for the advancement of dentistry, would earn such recognition as a reward. Those of us who were inducted during the early years were led to believe that "F.A.C.D." would bear the same relationship to dentistry that "F.A.C.S." does to medicine. In other words, it was something to be earned. Alas, how times have changed; and as we look through the list of some of those now wearing this decoration, we are led to ponder, for we find in all too numerous instances those who bear no other distinction than being politicians of the "peanut type," or henchmen of "intellectuals" of this variety. In some instances, fellowships have been given to those who, in their own communities, are definitely the subject of ridicule by the better informed members of the profession, with the result that in more than one instance where able and deserving men have been nominated or proffered nomination, they have refused it. In a communication sent out by the College prior to the meeting in San Francisco, the following statement appeared: "We are convinced that there is some uncertainty in the minds of many of our Fellows in regard to the proper functions of the College." That was an unusually true statement, but it might have been amplified in an equally truthful manner by stating that there was less uncertainty in the minds of thousands of ethical practitioners of dentistry relative to the College, for they have it sized up fully and in its true light. It may be

interesting to you to know that the feeling is quite general that unless something be done to restore prestige to the American College of Dentists, many a certificate will find a place in the most convenient ash-can.⁵

In the matter of publications, and those who sponsor them, it might be well for the American College of Dentists to inform itself in the matter of magazines sponsored by medical publishers other than the C. V. Mosby Co. This subject carried to finality would reveal the fact that Messrs. Lea and Febiger of Philadelphia, the oldest medical publishing house in the United States, are likewise the owners of our oldest medical journal, the *Am. J. Med. Sciences*. The J. B. Lippincott Co. own and publish the *Ann. of Sur.* In the case of both magazines, your "fact-finding committee" will learn that they are published under the same general policy as the *Int. J. Orth. Oral Sur.* It is unnecessary for me to tell you that any medical practitioner having an article published in the medical magazines mentioned, feels honored when it is accepted. A well-known medical publisher of Chicago gets out a series of year books upon medical subjects, edited by men whose motives can scarcely be questioned. Each subject is handled in the form of abstracts from the current literature of the year upon the subject, and the material is prepared in such a manner as to prove helpful in different fields. These annuals are, in principle, the same as quarterlies or monthlies, as you will readily admit. Notwithstanding this fact, however, I have never heard of any medical group protesting their publication, or objecting to the other magazines I have mentioned as being the property of medical publishing houses. Doubtless, the American College of Dentists has advanced farther in the field of learning, culture, and ethics, and for that reason wishes to set new standards. It has generally been supposed that "handsome is as handsome does," which might lead us to wonder why some "non-proprietary magazine" does not get out a journal of such excellence that it outshines such "inferior publications" as the *Int. J. Orth. Oral Sur.* If the American College of Dentists would do this, it would doubtless stimulate us to greater efforts and, as a result of this competition, the profession would be better served. Almost anyone will admit that some of the non-proprietary journals are so amateurish in character, both in their physical aspects and in the material they produce, that only with effort can we prevent the proverbial "lump forming in the throat, and the tear coming to the eye."

Your letter contained several interesting statements, one of which re-

⁵ The criticisms of the College in this letter by Dr. McCoy should be compared with the comment in the presidential address by Dr. W. R. Davis at the convocation of the College in San Francisco, on July 12, 1936 in this issue—*J. Am. Col. Den.*, 3, 118 and 122; 1936.

ferred to proprietary dental schools. I quote: "... the American Association of Dental Schools, . . . in 1923, by constitutional provision, barred from membership all proprietary dental schools, of which *now there are none.*" Surely you must have had your tongue in your cheek, and must have written that statement with embarrassment. Doubtless what you meant was that there are no longer any stock-owned dental schools, for all have been reorganized, and many of them have become integral parts of universities. You doubtless knew full well, however, that in some instances it was just a case of "giving the old barn a new coat of paint," with the same old gang in control, with dividends being included in the form of payroll. If you take the trouble to investigate this statement, you will doubtless gain facts which have to be winked at, and prominent in each such institution you will find those having certificates of fellowship from the American College of Dentists. Of course, the deans of these schools are all men of profound learning, high professional accomplishments, and if they went into private practice would literally outstrip all competition because of their superior abilities. Their public appearances, because of the beautiful English they speak and the range of subjects they can discuss with grace and ease, reflect great credit upon the profession of dentistry. Never do they make such slips as to say, "I seen" or "I done," or fall down over such simple things as their pronouns. Of course, in some few instances, when such men are surveyed carefully, one realizes that some second-grade barber shop was wantonly robbed when these "critters" went into dentistry.

The group of statements included in your letter, quoted as having been made at meetings of the American Association of Dental Editors and the Omicron Kappa Upsilon Honorary Society, brings forcefully to my mind one of the incidents contained in that contribution to classical literature by the immortal Cervantes, outlining the adventures of Don Quixote of La Mancha and his droll squire Sancho Panza. Of these, you will doubtless recall the one wherein an official of a certain village lost his ass. A diligent search failed to reveal its whereabouts, and he had all but given up hope when one day he met a fellow townsman in the Plaza who told him that he had, on the previous day, seen the missing animal in a nearby wood and offered to take him to the very spot. They set out immediately and finally came to the place, but the ass was nowhere to be found. Then, said the owner to his friend: "I can with the greatest ease bray so much like an ass that even the ass himself is deceived. I will, therefore, go deep into the woods and bray, and if my animal is anywhere about he will hear me and bray in return." Said the other: "You may think you are a good brayer, but I know I can outdo you in this art, so I too will go into the woods and bray, while you do the same, so that one or the other will surely attract the ass." They then separated and when some distance apart started braying and did their work so well that each thought the other was the real ass, and so the two came together again. Again they separated and brayed and brayed and brayed, only to be drawn together, for it seems that the wolves had devoured the real ass whose carcass they later found. Upon returning to their village, they gave an account of their experiences,

with the result that others in the town started the practice of braying until the whole village vied with each other in this form of imitation. Neighboring villages also brayed, but in derision of the village which started the custom, and so it came about that resentments arose which all but brought on a civil war within the province. In referring to this bit of literature, I do so with confidence, knowing that you personally have read the classics, including the one mentioned. To expect many of those you represent, however, to get the implication would, I fear, be expecting too much. Judging from their "assumptions and conclusions," however, I am led to wonder whether or not their mental processes do not at times rival those of Don Quixote himself.

It is not difficult to conclude that regardless of the attitude of the American College of Dentists or the American Association of Dental Editors, the journal which it is my honor to represent, in part, will continue to fulfill the high mission which has engaged its activities for more than two decades; and, with the passing of time, I hope that I may still be considered worthy of playing a part in its efforts. Furthermore, I am assuming an optimistic attitude toward the groups you represent, carrying the hope that we may yet be able to look to them as exemplifying the finer concepts of ethics, as enriching dental literature, and establishing journalism upon such a high plane that we outsiders will be inspired to follow suit.

Oren A. Oliver (Nov. 19): Your letter of July 27th has been before me for sometime, and I am pleased to give you my reaction to it, and also to the various movements which brought the subject with which it is concerned to its present status. In order to do this, it will be necessary to recall certain incidents and objectives—some of which are not mentioned specifically in your letter.

At the time the American College of Dentists was organized, we were all led to believe that among its motives was included a plan to give recognition to those who had made worthy contributions to the science of dentistry. This principle, carried to any logical conclusion, would naturally identify, as men of distinction, those accorded fellowship, and would create in the younger members of the profession the desire to strive unselfishly in the fields of research, literature, teaching, or clinical practice; and that when their efforts achieved that degree of success where they could be appraised as contributing to the advancement of dentistry, they too might hope to be added to the distinguished body. We all regret that the history of the College, during the past decade, reveals the fact that this objective has been overlooked; and, because of the many who have been admitted who could not comply with the original ideals, its influence has been greatly impaired. If this loss of prestige had not occurred, the American College of Dentists, even though it constitutes but a small minority of the ethical dental pro-

fession, might have been in a position to exert censorship in many of our profession's activities.⁶

Among its original projects, it was natural for the College to focus some of its efforts in the field of journalism, and when they came forward and condemned what you and I can easily agree as being "unethical journals," this action was almost universally applauded. Later, when those less wise in the affairs of the College lost their sense of proportion and included in the undesirable group such publications as the *Int. J. Orth. Oral Sur.*, many of us realized that not only had a grave injustice been done, but the potency of what had originally been a helpful movement had become nullified through what might be termed "intellectual bankruptcy." No better proof, of the above statement, is needed than to refer to your letter in which are included items from a statement of "objections to proprietary dental journalism" coming from "the American Association of Dental Editors" at their recent San Francisco meeting. It will be useless to reiterate these in this letter, for those who will find interest in this discussion will have already covered them prior to judging my reaction. Suffice it to say, however, that these statements definitely misapply to any journal which can qualify as an ethical publication.

It would seem to me that anyone endowed with a true sense of justice would do more than judge a dental journal by its ownership. In other words, whether it had a proprietor, or is owned by some dental organization, should be of secondary consideration, for above all else the record of the publication, the service it had given, the ideals which prompted its conduct, and the groups it represented, should determine whether it should be applauded or condemned. Even if it were the property of a trade house or dental manufacturing concern, it might still have served its day and generation well, as has been evidenced by the *D. Cos.* In your letter you refer to the fact that recent developments indicate that a transfer of ownership of the *D. Cos.* to the American Dental Association is a possibility. No one would object to such an arrangement, unless the *D. Cos.* has ceased to serve a less useful purpose than has marked its activities for the past fifty years.

Of the various journals which your group might classify as being proprietary would come those owned by several of our better known medical publishing companies. Our own *Int. J. Orth. Oral Sur.* falls within this group and, as you know, is one of the eight journals published by the C. V.

⁶ See footnote 5, p. 202.

Mosby Co. of St. Louis. The records of all of these journals, as well as those published by Lea and Febiger of Philadelphia, and the J. B. Lippincott Co., need no defense on their conduct. It would seem in fact that, if anybody outside of the dental profession might be trusted to publish a dental magazine, those who are considered competent to publish text books might enjoy this privilege. Certainly the backbone of any profession lies in its teachers and in the texts which represent it. In view of these brief but elemental facts, the statements emanating from the American Association of Dental Editors and the Omicron Kappa Upsilon Honorary Society, when applied to such journals as the one I represent in part, become ridiculous to such a point that they do not deserve serious consideration or discussion. It would seem to me that that small group within the American College of Dentists, who have assumed the narrow viewpoint of the organizations already mentioned, should be restrained by the College before they bring further discredit upon it. Doubtless much valuable and constructive work can be done for dental journalism, but such efforts should be *constructive* and not *destructive*. Precept and example have frequently been the guide-posts which lead to progress. To this end we might suggest that some of the magazines which now stand upon the "approved list" will so conduct their affairs that other less privileged will have cause to follow suit.

H. C. Pollock (Aug. 30): "Not interested."

P. G. Spencer (Sep. 5): I have delayed replying to your letter of July 27 for several reasons: one, because I have been out of the office, but mainly because had I followed my first impulse I would, probably, have been overly frank in my comments. Your rather biased summary tends to assure me that my views would be evaluated by one serving as prosecutor, jury, and judge. While being a great believer in following the "speak-for-yourself-John" theory, one should first rightly ask: Just who is the head designator who assumes the self-appointed task of separating the sheep from the goats? Who is to be permitted to evaluate the report—only those who have already paid and voted and who have apparently forgotten or never have heard of the mote-and-beam story, or will those who are, as yet, unfrocked and unannointed be given a right to vote? I have had considerable experience, in the last fifteen years, in endeavoring to regulate the standards of the advertising pages of many dental journals; and, having incurred greater opposition from some of the journals listed in your "holier-than-thou" column than I encountered from some of the condemned, this tends to assure me that a woeful lack of study, knowledge or understanding is evidenced in this inquiry.

I had an opportunity to pre-view a report on orthodontic publications, which was presented to your organization at San Francisco; evidently you did not hear it, or you would not have had the temerity to send me this inquiry. At least you would have omitted the "me-and-God" theme song, and confined the inquiry to questions without adding the closing argument to the jury. Your quotation from the statement to the American Association of Dental Editors is unsurpassed in being wholly untruthful in many cases, so that it is a ridiculous example of bombastic poppy-cock—it being so evident that the grandiloquent pronouncements, while pretending to be very august, final and conclusive, were begat by ignorance and intolerance. Dental editors, forming a group where the fundamental reason for existence is supposedly to foster professional progress through the printed word, appear to gain contentment smirking at the pool of political muck and willingly accept into the fold editors of small society bulletins, the pages of which, so often, carry only local news-items and professional cards—in the meantime lifting their skirts in holy horror of being contaminated by certain publications which have greatly assisted dental progress, equal with any other publication (being certainly superior to the journal representing your organization). This makes your inquiry appear very presumptuous.

Your exposé may seem definitely positive to the uninformed, as you list mere statements and call them facts when they are merely the conclusions of an unfounded personal opinion. More wonderment at the reason, value, or authority for investigations might arise if the rank and file of the profession would examine the roster of some of the honorary groups, where so often entrance can be gained—easily—with only the price of admission. Now, Dr. Gies, do not give up hope; remember that the path of the crusader, the martyr, and the investigator is a difficult though worthy one. Happily, for the rank and file, all such efforts do not bear fruit, often suffering the fate of the proverbial "wolf-wolf" boy. Keep the head up but do not continue to lead the chin. My refusal to be frank does not infer that I cannot be big hearted. I offer this suggestion for future research—the "ethology" of the sex life of the whiffle-fish, with special attention to mutations.

Kurt H. Thoma (Sep. 11): I received your letter of July 27th, and according to your request make the following statement regarding my position as associate editor of the *Int. J. Orth. Oral Sur.*, which does not come under the heading of trade-house journals. Like many reputable medical journals, it is published by a medical publishing house in a way similar to that of a monograph or textbook. In the latter type of publication, the publisher holds the writers responsible; in the former, the editor is responsible for the material to be accepted. A distinction should be made between

trade journals and journals put out by a medical publisher. The latter has no motive to influence the editorial policy, other than to make the journal more valuable to its readers. I know of no restrictions placed upon the editors of the journal I am connected with. In other words, the editors are entirely independent from the commercial aspect of the undertaking. To my mind a publishing concern, particularly one that is familiar with the publication of medical and dental literature, is better able to take care of the selling and financing of a journal than a dental society; and the fact that the editors do not have to worry about the business side of the publication enables them to employ their entire energy to make a success of the publication.

The existing scientific journals cannot at present take care of the material offered them. In my own experience publication of articles in the *J. D. Res.* was delayed for two or three years, owing to inadequate financial resources. This is, to say the least, extremely unsatisfactory. Prompt publication of worthy material is of very great importance to those who do research work, or who want to publish clinical reports. The *Int. J. Orth. Oral Sur.*, which offers such opportunity for papers on subjects of orthodontia, oral surgery, and oral pathology, is a high-class product, and great care is exercised to reproduce illustrations to the best advantage. A journal of this type renders a distinct and valuable service to the profession. It has been published for over twenty years; its publishers have made a success of it, and therefore I feel that it should be supported.

NUTRITION AND DENTAL HEALTH. *Arthur B. Crane*⁷ (*Sep. 24*): Before I began the study of dentistry and for at least nineteen years thereafter, the dental profession was almost wholly dependent upon proprietary dental journals for periodical literature. From the beginning of dentistry until 1915, when the *J. Nat. D. Assoc.* began publication, the whole dental profession seemed to be unaware that its approval of the proprietary journals implied "deficiency in professional character, in professional responsibility and in professional self-respect," as is now said to be the case. During that period the profession made giant strides forward. Those who contributed articles for publication were unaware that "the editors would select or reject material in the commercial interests of the owners." As a matter of fact I had many papers published, which advocated the use of instruments and materials manufactured by concerns competing directly with the owners of the journals, and there was never the slightest objection to having cuts made to illustrate such dental supplies. I have been a fairly prolific con-

⁷ Dr. Crane is no longer connected with *Nutrition and Dental Health.*—[Ed.]

tributor to dental literature, most of my papers having been published in proprietary dental journals, yet I have never had the slightest suggestion nor hint that any part should be changed or modified. However, with the inauguration of the non-proprietary *J. Nat. D. Assoc.*, I felt that it should be supported. As a committee member in our local society, I tried to arrange for the publication of our papers in that journal. Unfortunately, my idea was not enthusiastically received by the editors, who seemed to feel that the proceedings of the annual meeting of the National Dental Association would furnish ample material to fill their requirements.

In 1919, the *J. D. Res.* began publication, and I was urged by Dr. M. L. Rhein, one of its original group of honorary editors, to submit my future papers to that publication. About that time my articles on root-canal work were in considerable editorial demand and I felt that, if they had any virtue, they should have the largest audience possible. A comparison of the circulation of any non-proprietary journal—except that of the American Dental Association, which has but little space to devote to other than its own papers—with the proprietary, makes it obvious that no matter how helpful to dentistry the articles published may have been, they would have reached a very inconsiderable minority if it had not been for the proprietary journals. This condition still obtains and is the present justification for proprietary journalism as a system.

I have been reliably informed that there are over fifteen thousand dentists who do not belong to the A.D.A. and therefore do not receive its journal. Granting for argument that these are the "under-dogs" of dentistry, although this is not always the case, the progress of dentistry as a profession is and must be a mass movement. Although dentistry has now, and always has had, its outstanding scientific men, the general public judges dentistry by the dentists with whom it comes into contact. We cannot, therefore, ignore the need of over 25 percent of dental practitioners for current dental education. The old proprietary dental journals to some extent have supplied this need, but it has remained for the so-called "throw-away" journals to bring to the consciousness of this one dentist out of every four the advances and progress of dentistry. That the articles published in some of these journals are often worth while is indicated by the frequency with which they are included in the package libraries of the A.D.A.

As to the future of dental journalism, I am strongly in favor of scientific publications free from commercial aid, as soon as adequate circulation and available space for articles can be supplied by such journals. But it seems to me that so long as it is thought necessary to have the financial aid of these same commercial interests, in order to conduct the meetings at which some

of the most important papers are presented prior to publication, it is capacious to raise a hue and cry because they also back the publication of these papers. I understand that the dental trade-houses pay the A.D.A. something like \$20,000 each year in order that they may hold their exhibits under the auspices of, and often in the same building with, the scientific meeting. And this holds good to the same comparative degree with most state and many city meetings. By an increase of about fifty cents in the dues of each member, the A.D.A. could hold its annual meetings entirely independent of commercial interests, yet any one who has ever served on the committee knows the outstanding importance that is given to the dental exhibits. Here the commercial interests are permitted to teach their own brands of dentistry without supervision, and too often they offer theories and techniques entirely at variance with the matter presented in the scientific section. So long as organized dentistry winks at such practices for financial gain, it cannot come into court with clean hands and demand the annihilation of all proprietary dental journals which are financed in the same manner. The following quotation from Luke 11:39 seems an appropriate conclusion for this article: "Ye . . . cleanse the outside of the cup and the platter; but within they are full of extortion and wickedness."

C. J. Grove. In personal letters dated Aug. 7, Sep. 10, and Oct. 27, 1936, Editor Grove "declined to participate in this discussion." Dr. Grove's comment seemed to imply also that, as an editor, he would not do anything unfairly to influence "this discussion." See comment opposite the names of Drs. Quinby and Rasmussen, below.

E. M. Quinby. On Aug. 8, 1936, Dr. Quinby forwarded a response for publication; on Aug. 13 it was recalled; on Sep. 1 a brief substitute was presented. Publication of Dr. Quinby's substitute for his first response would be redundant here because the import of that comment was included in an article on "dental journalism" in the issue of *Nutr. D. Health* for October 1936 (2, p. 22). Both he and Editor Grove knew that, on this schedule of publication, Dr. Quinby's article would appear before these collected responses would be published. See comment opposite the names of Dr. Grove above and Dr. Rasmussen below.

A. T. Rasmussen. On Sep. 2, 1936, Dr. Rasmussen forwarded a response for publication; on Oct. 20 it was recalled; on Oct. 27 a "corrected" substitute was presented; on Nov. 6 the substitute was recalled, "other arrangements having been made for publication." On Nov. 16, Dr. Rasmussen stated that, despite his desire to observe the usual amenities, the recalled substitute would be published before the distribution of this issue containing the collected responses. On Nov. 24 he also indicated that he had not requested the advance publication, and was "surprised to find that it [his response] was to be used so soon." His recalled "corrected" substitute was published in the issue of *Nutr. D. Health* for December 1936 (2, p. 16), which also presented prematurely and without agreement with us, our quasi-private circular letter to the editors (section 1, above). Dr. Rasmussen, in his letter as thus published, stated in part (p. 16): "Inasmuch as the writer does not concede *all* of the editorial changes *suggested*, the article [his "recalled 'corrected' substitute"] was withdrawn from that Journal [*J. Am. Col. Den.*] and is here offered to the

profession for such value as it may have" (italic not in the original). Dr. Rasmussen permitted false implications to arise from this statement by not indicating with it the fact that he, like all other correspondents, had been assured that his communication would be published as he wished it to appear, if the editorial suggestions were unacceptable (section 4, above). Among the suggested changes that Dr. Rasmussen did not accept were such as would have "ironed out the wrinkles" in sentences like this: "If they have, or now make mistakes, let us in a kindly manner try to correct it." See comment opposite the names of Drs. Grove and Quinby, above.

Supplement. A correspondent who has not replied to our requests for permission to publish his letter, and whose name is withheld for that reason, wrote that *Nutr. D. Health* is *non-proprietary!* To substantiate his position, as one of its editors, he sent us copies of open letters from Editor Grove and an officer of the Lavoris Company, which state that Dr. Grove and his son are the sole owners of *Nutr. D. Health*; that they "have had to distribute the journal gratis due to economic conditions;" that they "secured a firm of the character of the Lavoris Company to distribute the journal" to "avoid much of the criticism" that *Nutr. D. Health* "might have a commercial taint;" and that the Lavoris Co. "agreed to send a copy monthly to each dentist in the United States."

ORAL HYGIENE PUBLICATIONS (ORAL HYGIENE, DENTAL DIGEST). *Edward J. Ryan (Sep. 15)*: Thank you for your letter of July 27th, which I have read with considerable interest. I would like to raise one question, and if you can prove this point, I think you will have made a noteworthy and necessary contribution to dental journalism. I am speaking specifically with regard to a quotation on page 2 of your letter: "Editors and managers [of independent publications] are obliged to bring the contents of the successive issues into conformity with the private commercial aims and expectations of the proprietors. The editors are not free to make up the successive issues without adjusting selections as well as rejections of material to the private commercial requirements on which the editorial salaries are based." If you or any of those interested in dental journalism have any proof that any dental journal engages in this kind of trickery and venal practice; that is, that editorial⁸ material is accepted or rejected on the basis

⁸ The word "editorial" has been used here (it does not appear in the foregoing quotation) to emphasize the nature of the material in a publication for which an editor is responsible. I accept the complete editorial responsibility for all text material that appears in both *Oral Hyg.* and *D. Digest*. I am not the advertising manager of the magazines any more than Doctor Johnson is the advertising manager of the *J. Am. D. Assoc.* or Doctor Fishbein is the advertising manager of the *J. Am. Med. Assoc.* In fact, I know nothing about the advertising department except when occasionally, on purely technical matters, Mr. Massol, our publisher, asks my opinion with reference to some contracts under consideration. For example, before Mr. Massol rejected all the advertising of the Mail Order Orthodontia Laboratories, we discussed this matter and agreed that this type of advertising was unbecoming to a professional publication. *Incidentally, however, some of the society publications still carry this copy.* This separation of the advertising and the editorial departments is consistent with the best publication practices. I do not know of any case in which the editor of a national magazine is also the advertising manager.—
E. J. R.

of advertising interest, I think you should mention names and dates and publications. Unless, however, you have absolute proof that the editors of the independent publications are so dishonest, I believe the Association of Dental Editors is making a very sweeping and libelous generalization.

I believe that too much has been written, too much acrimonious debate has been indulged in on this subject of dental journalism without enough effort exerted to produce better dental magazines. The profession is growing weary of the bickering and is impatient for a noticeable improvement in the quality of dental publications—including those publications edited by persons who speak and write the most on the subject of dental journalism. For my part, I expect to give my energy and my time to doing the best job I can with the journals that are under my supervision. I think that it might be wise for all dental editors to follow this policy of attempting to improve the quality of their own publications without looking out of a corner of an eye—suspiciously.

I have enough faith in the intelligence and in the independence of the American dental profession to believe that the publications that do the job well will receive the support of the profession; those that are dishonest or merely dull will die a natural death. I also have enough faith in the competitive system to believe that free competition will produce better dental publications than edicts, resolutions, or pronouncements from any man or any group of men in the profession. I, for one, am not ready for a standardized dental press patterned after the notions, phobias, or prejudices of any one man or any group of men.

I am impressed with the unexpected and tell-tale candor of the statement presented before the American Association of Dental Editors as quoted on page 2 of your letter: "The financial support that proprietary journals receive in subscriptions from ethical dentists, and from reputable advertisers, tends, in a kind of competition that is against public and professional interests, to reduce the resources available to the worthiest non-proprietary journals." It is suggested that society publications do not wish to be forced into competition with the independent journals. Perhaps they are annoyed at being jarred out of their accustomed grooves by more enterprising journals and would prefer to exist undisturbed on comfortable subsidies. Apparently it does not occur to the editors of some society publications that they must revitalize their periodicals in response to the demands of readers. Nevertheless, they expect their magazines to be the natural and exclusive recipients of all dental advertising. They learn with chagrin that the natural mediums for advertising are journals that are more alert to the current interests of readers. I dislike to be trite, but I believe

the slogan, "He profits most who serves best," is as applicable to dental journalism as it is to any other business activity, including the practice of dentistry.

The independent journals need no "justification." No apology is in order. We are engaged in a legitimate business in cooperation with the dental profession, and operate in a free economic society. The argument that business is corrupt in its very nature and that the profit motive alone guides business activity is as fallacious as the inference that a professional degree confers upon a man respectability and a saintly altruism. You and I know that there are honest business men and dishonest dentists; social-minded business men and anti-social dentists. This is so true that it sounds like a platitude. Any generalization that divides entire groups of men into saint or sinner classifications, according to their vocations, is an absurdity of logic and contrary to experience.

So far as the "future dental support" which you mention in your letter is concerned, I have no wish to enter the precarious field of prophecy. I do not know what the future holds. I do believe that the common sense of most people and the test of time produce a support for worthy institutions, and that these alone survive. Conversely, I believe that the institutions that are corrupt and evil are destroyed by the sentiment of the public, not by the choice of a few. I am willing to place the case of the future of dental journalism with the profession. The common sense verdict of the dental profession will decide the issue. In the meantime, let me repeat my challenge to those who fear for the future of dental journalism: the challenge to verify their accusations against the independent publications by submitting specific and incontrovertible proof of the alleged fraudulent or corrupt practices.

V. C. Smedley (*Sep. 8*): I find it very difficult to draft a satisfactory answer to your favor of July 27th, for, after reading and re-reading your lengthy epistle, I seem to find myself in much the same position as the colored fellow on the witness stand with a prosecuting attorney pointing an accusing finger at him and demanding: "Why is a chicken? Answer 'yes' or 'no'!" I have been a continuous contributor to the type of journals that you are pointing your finger at, since 1910, when Dr. Clapp first asked me to conduct the column of Practical Hints in *D. Digest*, and I have never been conscious to the slightest degree of the horrid domination and dictation of selfish commercialism that you seem to be talking about. In fact the only instruction that I have ever received from the publishers or owners of either *D. Digest* or *Oral Hyg.*, that had any commercial implication whatever, was and is to avoid anywhere in the literary text of the

journal the mention by its trade name of any manufactured or proprietary article. I have continued this work for all of these years, often at a great sacrifice of personal pleasures and of leisure and recreational time, largely because I have been convinced by numerous repetitions of expressions of gratitude and appreciation by hundreds of well-meaning truth-seeking practitioners who seem to appreciate the particular type of service that Dr. Warner and I have been attempting to render. We do not, however, write for a trade journal because we prefer to do so. In fact before we switched from *D. Digest* to *Oral Hyg.* we wrote Dr. Johnson, offering our services to the A.D.A. journal. Dr. Johnson replied, complimenting the type of service we were rendering, but stated that they had no space at that time for this type of a column or department.

I must have missed observing some of the faults that you see in proprietary journals, or else you are seeing faults in them that do not exist, but I see no reason for any conflict between the two types of journals. It seems to me that each serves a very useful purpose in disseminating worth-while knowledge, so why try to condemn, belittle, or throttle either? I do not wish to be disrespectful or unappreciative of the service you are attempting to render to dentistry, but your remark about the "throw-away" journals rather amuses me. Don't ever think that none of your journals of the A.C.D. or of the A.D.A. are thrown away. You might be surprised to know how frequently dentists tell me, "I have no time or desire to read the highbrow articles in the A.D.A. or A.C.D. journals, but I never miss your section in *Oral Hyg.* because your answers are brief, practical and to the point." If some of the manufacturers choose to redistribute, by the publication of dental journals, some of the money they receive from dentists and the public, I really see no reason why they should not be permitted and even encouraged to do so.

6. COMMENT. In harmony with the assurance to each author, as stated in section 3, above, our comment on the foregoing replies as a group will be withheld until all authors will have been given opportunity to read it and to present their responses with it. We hope to publish this further correspondence in the next issue.

NOTES

Should dentistry be made a specialty of medical practice? "The dental situation in Hungary is unusual, considered from American standards. In a nation with a population of about 9,000,000 there are only some 250 licensed dentists. The reason for this is that the study of dentistry in

Hungary follows the plan which has been proposed here by those who desire to make dentistry a specialty of medicine [medical practice]. Before a man can become a dentist in Hungary he must complete his medical education and training and be a licensed physician. He then must study dentistry. The system undoubtedly produces thoroughly trained dentists with an equally thorough medical background, but it takes so long before a man can meet the educational requirements for a dental license that very few can afford the time. Furthermore, by the time a man completes his medical and dental training he is pretty well along in years. The result is that those who do become licensed dentists must charge high fees, if they are to get any return on their investment of time and money in the long training. This, plus their limited number, automatically cuts off the vast majority of the population from the services of a licensed dentist. It also appears . . . that the licensed dentists did not do their own mechanical work, due no doubt to the fact that with so few dentists to do so much dental work, they could not afford the time to devote to mechanical work. At any rate a large body of dental technicians was developed, probably some 2,500 in the whole country. Many of these technicians were trained originally by dentists and apparently they received training in more than the purely mechanical side of dentistry. Due to sheer force of circumstance and the demand for service, which the licensed dentists could not meet, these technicians drifted into the practice of operative dentistry. It is illegal for these technicians to practise dentistry. *They know it, the profession knows it, the public knows it and the government officials know it. Yet practically all of them do it. Some have been practising for twenty years. Outside of the profession, all close their eyes to the situation* [italic not in original]. The better element among these technicians recognizes that this very lack of government regulation which, incidentally, permits them to practise dentistry, without a license, is evil. While many of them, due to long practical experience, are able to give safe and satisfactory service, they know that the same lack of regulation makes it possible for anyone to practice dentistry regardless of experience, much to the peril of the public. It is this group which is agitating for legalization of their status. These men do not want a wholesale licensing of technicians as dentists. They want the government to hold examinations open to all qualified technicians, to issue licenses to practise dentistry to those who pass the examinations and then 'close the door.' But to avoid a repetition of existing conditions they also seek a modification of the law governing education so as to make possible the training of enough dentists in the future to meet the needs of the population."—Zilinski; after attendance at a meeting of

"Hungarian National Association of Dental Technicians . . . with officials of the Government to discuss further the proposal for licensing technicians as dentists." *Lab. Tech.*, 10, 8; 1936, Nov.

Decreased attendance in dental schools: Why? "Everyone desires being affiliated with a growing organization or profession. The question arises, whether our profession comes in this category. According to the report made to the House of Delegates of the American Dental Association at San Francisco [July, 1936], there was a decrease of 54 percent in attendance in dental schools between the years of 1922 and 1932. This report also stated that more dentists were retiring from practice, due to all causes, than were being graduated from dental schools. Can this decrease be attributed entirely to the lengthening of the dental curriculum in our dental schools? In the judgment of the writer there are other contributing factors, one of which is the attitude of the dentist himself toward his profession. No doubt due to the economic status which the profession, as a whole, has passed through during the past few years, we have discouraged the high school graduate when he contemplated preparing himself to enter our profession. The legal and medical professions have no doubt reached the point of saturation, and yet, at the beginning of this school year, both of these professions attracted more students than our schools could hope to handle, while dentistry had discouragingly few matriculants. Other factors are no doubt involved in this decrease, and one of the most important problems facing our profession today is finding the remedy. Let us all give this problem our sincerest thought and consideration.—Hansen ("President's message"); *Wis. Den. Rev.*, 12, 184; 1936, Dec.

Another provision for graduate work. "The dedication conference of the Center for Continuation Study of the University [Minnesota] was held Nov. 13 and 14, with an appropriate program participated in by faculty and guest speakers. . . . The formation of this Center is the result of the recognition of the educational duty and privileges of the State University toward members of such groups which may be licensed by the state and which may or may not be alumni of the University. . . . The building is a worthy addition to the campus. Funds for its construction were supplied in part by the Federal Public Works Administration. It contains very adequate living quarters and conference rooms, and these facilities should aid in the effectiveness of refresher courses that are necessarily limited in duration. Particular benefit would seem to accrue to the medical profession [dental also]. Periodic attendance upon courses planned to cover newer developments will enable practising physicians [and dentists] to keep abreast with current medical progress right at the University. . . . The

project may be called unique, and exemplifies an added conception of the educational privileges of the University to the citizens of the state, particularly its leaders and professional members. The open-minded approach and the dependence upon actual working experience for future guidance speak for its success.—Editorial (C. A. McK.): *Minn. Med.*, 19, 786; 1936.

CORRESPONDENCE AND COMMENT

Dental Students' Magazine still exploiting dental students. "Accumulating evidence shows that the management of the *D. Stud. Mag.*—a typical "throw away"—insists upon continuing its intrusion into the affairs of dental students and of dental schools. The resolutions adverse to *D. Stud. Mag.*, as adopted without a dissenting vote by the American Association of Dental Schools [March 18, 1935], included the statement that it was the sense of that Association 'that distribution of the *D. Stud. Mag.* and other similar publications to dental students be discouraged by the administrative officers of the various schools, and that official lists of students be not furnished to the publishers of such magazines.' Disregarding the expressed judgment and preference of the faculties, however, representatives of the *D. Stud. Mag.* have been using questionable private means to obtain lists of the names and addresses of all the dental students. Deceiving those to whom appeals for help have been addressed, it has been alleged not only that in the resolution quoted above the word 'official' was inserted as a 'joker' for the 'benefit' of *D. Stud. Mag.*, but also that some deans, although declining to provide lists of their students, have declared that 'nothing would be done about it,' if the desired lists were obtained otherwise. By the use of means as dubious as these—which confirm the wisdom of the dental faculties in rejecting the *D. Stud. Mag.*—lists of students are being obtained from the presidents of student classes, for example; and copies of *D. Stud. Mag.* are being sent to dental students, among whom, the dental faculties unanimously feel, its influence is demoralizing. Payment for lists of dental students, and also for articles by students, is being offered. Students, invited to become private correspondents, have been asked to send news items, etc., in the assurance that they need not be 'literary writers'—need only 'jot down the idea and details' and 'send it in,' the *D. Stud. Mag.* 'will write it up.' To what degree will these exploiters use this plan *irresponsibly*, in their financial interest, to boost or to favor preferred schools or to disparage and belittle others? Can anything be done, in this situation, to prevent further degradation, by this magazine, of the professional spirit of dentistry?" (8). The Commission on Journalism has been given a copy of the foregoing, and of this editorial comment, in the belief that the Commission will wish to suggest to the dental faculties their *special and timely opportunity to explain to students why truly professional journalism deserves respect and support and why "throw-away" dental journalism does not.* At the last annual meeting of the American Association of Dental Editors, the report of the Committee on Dental Student Publications contained this statement (abstract): During 1935-36, thirty-five signed articles were published in *D. Stud. Mag.*, of which only thirteen were written by dental students (eleven), whereas in previous years most articles were by students. Of the student contributors (1935-36), 4 attended Atlanta-Southern; 2, Buffalo; 1, Chicago; 3, New York; 1, Temple—only 5 of 39 dental schools in the U. S. were represented. The Committee said: "Three of these five schools publish journals to which students may contribute, and which should have

taken it upon themselves to discourage support of such journalism as is represented by the *Dental Students' Magazine*."—[Ed.]

American Dental Syndicate. An eminent dentist in New York City sent us the following letter addressed to him by the "American Dental Syndicate," 489 Fifth Avenue, New York, N. Y., dated Dec. 15, 1936; signed by its "Publicity manager," *Noah Gedult*: "My dear Doctor: The most successful organizations and services in this country owe their growth in a large degree to publicity. Just as it is stimulating business in other fields, we feel confident that the proper publicity will prove of considerable benefit to the dental profession. Unfortunately, however, the practice of advertising for the individual dentist has been restricted. The American Dental Syndicate is in a position to place the advantages of advertising and publicity within the scope of every dentist. This will be done in a manner that will conform with the highest professional ethics. Our advisory staff consists of eminent dentists who will guide us as to the nature of our advertising presentation. Our aim is to educate the public to understand fully the importance of the dentist. A campaign of impressive publicity will be prepared by a seasoned advertising staff. Neglected teeth and their relation to general health will be dramatically portrayed. The periodical visit to the dentist will be stressed in a forceful style. The need for such publicity becomes immediately apparent when you realize that more than 50 percent of the population of New York City fail to visit the dentist even once a year.

"In order to carry on this inspiring work, your cooperation is needed. You are entitled to membership in the American Dental Syndicate upon payment of a \$15.00 annual fee. Money contributed will go towards paying for large campaigns that will be run in leading newspapers. Before the publicity appears, you will be notified of its date and location. Your suggestions and criticism will always be welcome, in planning our campaigns. As a member, you will be entitled to receive helpful ideas throughout the year. Every effort will be devoted to the promotion of the dental profession. Join in this movement; become a member. Return the enclosed card with your check. You will be making an investment for the best interests of your profession as well as for your own greater financial success." This letter immediately elicited the following response: "Your circular letter dated Dec. 15 is a remarkable specimen of gall and impudence."—(9).

SUPPLEMENT

(Reprinted from the covers of the two issues in this volume)¹

RESOLUTIONS RELATING TO PROPRIETARY DENTAL JOURNALS

I. ADOPTED BY DENTAL SCHOOL FACULTIES²

(1) *Creighton University: Oct. 19, 1936.*—A resolution was passed to refrain from the publication of any articles in all proprietary dental journals.

(2) *University of Louisville: Nov. 11, 1936.*—The members of the faculty, some years ago, expressed their conviction that dental journalism should be under the management of the dental profession; that proprietary dental journalism should be discontinued as soon as possible; and that the use of proprietary dental journals by dental students should be discouraged. These convictions have been reaffirmed.

¹ This supplement does not include statements that were reprinted, on these covers, from the supplement in the previous volume of this *Journal*.

² An earlier series was published in the supplement in the preceding volume: *J. Am. Col. Den.*, 3, 290; 1935.

(3) *Temple University: Sep. 28, 1936.*—Whereas since (a) trade journalism and trade journals tend to commercialize the professional aspects of dentistry, thereby degrading its status as a profession; and (b) the American Dental Association and affiliated groups are endeavoring to maintain the present high status of dentistry; and (c) dental journalism should be under the jurisdiction of the profession; and (d) undergraduate education is the function of university dental schools, *we believe* an influence detrimental to both student training and professional literature now prevails. *Therefore, be it resolved* (a) that this Faculty go on record as commending the action of the American Dental Association, the American Association of Dental Schools and the American College of Dentists in their effort to maintain high standards of professional journalism and literature; (b) that Faculty members in lectures will endeavor to impress students with the degrading influence of proprietary journalism in the health professions; (c) that no member of this Faculty will in the future contribute to the support of a trade journal as editor or writer; (d) that we discourage the free distribution of proprietary journals to members of the student body by trade organizations; and (e) that an effort be made to discriminate between private-profit and non-proprietary periodicals in our reference library.

(4) *Medical College of Virginia: Nov. 12, 1936.*—Resolved that this Faculty look with disfavor upon the publication of articles by members of this Faculty in dental journals other than those controlled by the organized profession.

(5) *Washington University: Nov. 19, 1936.*—Whereas dental journalism should be under the control of the dental profession and should be conducted without commercial entanglements; *therefore, be it resolved* that the Faculty of the School of Dentistry of Washington University support all efforts to this end. (No action was taken to restrict freedom of individual teachers in their contributions to dental literature.)

II. ADOPTED BY THE NEW YORK ACADEMY OF DENTISTRY, MAR. 12, 1936

Clause *added* to first paragraph of Art. II of by-laws: [The objects of the Academy shall be] . . . "to urge upon its Fellows that they refuse to accept positions on editorial boards of proprietary dental journals, or lend their influence to proprietary dental journalism by the preparation of articles for publication in such journals."

III. ADOPTED BY THE INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

General Meeting, Louisville, Ky., Mar. 15, 1936

Whereas, it is the consensus of opinion of our members that association, either as a contributor or as a member of the editorial staff, with proprietary publications that are distributed free of charge to the members of the dental profession—and whose chief object is the advertisement of commercial products—is undesirable; *therefore be it resolved* that the International Association for Dental Research disapproves such association by its members, and by applicants for membership in the Association.

SUMMARY OF RESPONSES TO A QUESTIONNAIRE REGARDING ACTION, BY INDIVIDUAL DENTAL FACULTIES (U. S.), ON PROPRIETARY JOURNALISM

(1) Each dental journal or publication should stand on its merits, whether proprietary or not.—*California* (Advisory Committee of College of Dentistry), *Nebraska*.

(2) Dental journalism should be in hands of profession, conducted without commercial entanglements; faculty ready to support movements to this end; no action taken to restrict freedom of individual teachers.—*Columbia, Harvard* (Administrative Board of Dental School), *Washington*.

(3) Faculty will not contribute articles to proprietary journals having free distribution, nor aid distribution of such journals to student body.—*Iowa, Loyola (New Orleans).*

(4) Faculty will refrain from publication in all proprietary dental journals: *Creighton, Georgetown, Louisville, Marquette, Ohio State, Pittsburgh, San Francisco "P and S," St. Louis, Temple, Texas, Virginia.*

(5) Faculty adverse to proprietary dental journalism, but favors discrimination until profession provides ample substitutes for best proprietary journals.—*Atlanta-Southern, Baylor, Indiana, Michigan, New York, North Pacific, Northwestern, Tufts.*

(6) *Faculty has not yet acted:* Buffalo, Kansas City-Western, Meharry, Pennsylvania, Western Reserve.

(7) There have been *no responses* as yet from the 8 schools not named above.

AMERICAN COLLEGE OF DENTISTS

(A) SECTIONS

Dates of meetings in 1935-36.—(1) Kentucky: Nov. 26, '35; June 6, '36. (2) Northern California: June 19, '36. (3) Maryland: June 15, '36. (4) New York City: May 1, '36. (5) Minnesota: Mar. 9, '36. (6) New England: Apr. 29, '36. (7) Wisconsin: Apr. 20, '36. (8) Colorado: None. (9) Pittsburgh: None. (10) Iowa: May 6, '36.

(B) STANDING COMMITTEES (1935-1936)

By-Laws.—A. L. Midgley, *Chairman*; W. J. Gies, J. B. Robinson.

Centennial Celebration (establishment of dentistry as a separately organized profession—1939-40).—H. S. Smith, *Chairman*; E. C. Mills, Howard C. Miller, J. H. Ferguson, Jr., Harry Bear.

Certification of Specialists in Dentistry.—C. O. Flagstad, *Chairman*; L. M. S. Miner, E. W. Swinehart, H. C. Fixott, G. R. Lundquist.

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

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

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

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

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

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

Journalism.—H. O. Lineberger, *Chairman*; U. G. Rickert, B. B. Palmer, J. T. O'Rourke, G. M. Anderson, Leland Barrett, J. C. Black, E. A. Johnson, E. G. Meisel.

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

Necrology.—J. B. Robinson, *Chairman*; R. H. Volland, U. G. Rickert, J. E. Gurley, B. B. Palmer.

Oral Surgery.—M. W. Carr, *Chairman*; J. R. Cameron, C. W. Freeman, J. O. Goodsell, Harry Bear.

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

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

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OUR ADVERTISEMENTS

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I. Advancement of the material aspects of civilization is largely dependent upon the expanding production and distribution of commodities, and their correlation with individual needs and desires. Successful practice of modern dentistry, on a broad scale, would be impossible without an abundance of the useful products of dental industries. Leading dental manufacturers and dealers have been providing invaluable merchandise for the dental practitioner. The business of supplying dental commodities has been effectually organized and, as an auxiliary to oral health-service, is more than sufficient to tax the greatest ingenuity and all the attention and integrity of each dental producer and distributor.

The American College of Dentists aims, in the public interest, to strengthen all wholesome relations and activities that facilitate the development of dentistry and advance the welfare of the dental profession. The College commends all worthy endeavors to promote useful dental industries, and regards honorable business in dental merchandise as a respected assistant of the dental profession. Our Board of Editors has formulated "minimum requirements" for the acceptance of commercial advertisements of useful dental commodities (*J. Am. Col. Den.*, 2, 173; 1935). These "minimum requirements" are intended, by rigorous selection on a high level of business integrity and achievement, to create an accredited list of *Class-A dental products and services*, and include these specifications: Advertisements may state nothing that, by any reasonable interpretation, might mislead, deceive, or defraud the reader. Extravagant or inappropriate phraseology, disparagement, unfairness, triviality, and vulgarity must be excluded. Advertisements relating to drugs or cosmetics, foods, dental materials, education, finance—to any phase of interest or activity—will be accepted for only such commodities or services as merit the commendation, approval or acceptance of the National Bureau of Standards, American Dental Association, American Medical Association, Council on Dental Therapeutics, Dental Educational Council, Better Business Bureau, and other official bodies in their respective fields of authoritative pronouncement. *The welfare of the consumer is our paramount consideration.* In accordance with the recommendation of the American Association of Dental Editors, the placement of advertisements will be restricted to the advertising section.

II. An advertisement, to be accepted or repeated, not only must conform with the said "minimum requirements," but also *must meet the special test applied through a questionnaire* that will be repeatedly exchanged confiden-

tially with numerous referees in all parts of the United States, and which contains the following inquiries:

Questionnaire for referees on acceptance of advertisements.—(1) Has (person, company, service, etc.) always been honorable and fair in (his, their) dealing with you personally? (2) If not, indicate confidentially your experience to the contrary. (3) Has (commodity, service, etc.) always been, in your use of it, what its advertisers claim for it? (4) If not, indicate claims that were unwarranted when made. (5) Would the accompanying (copy of a proposed) advertisement of (commodity, service, etc.) be warranted, in your judgment, as a recognition and encouragement of useful dental commercialism? (6) If your answer to Question 5 is Yes, will you agree to test, *critically*, the above-named commodity (service, etc.) and to respond at intervals to our further inquiries as to whether all the claims published currently in its behalf, in advertisements in the *Journal of the American College of Dentists* or elsewhere, are justified?

III. The advertisers whose claims are published on the succeeding pages stand high in commercial character and on the recognized merits of their products (services, etc.). They are not among those who seek advantage from misrepresentation, and need no assistance from a prejudiced or insincere journalistic policy. They are above the temptation to try to control or influence any aspect of the conduct of this *Journal*, which in all its phases is completely independent, and fully representative of the professional ideals and the professional obligations of the American College of Dentists. We commend each advertiser in this issue to the patronage of all ethical dentists.

NEW BOOKS

MODERN DENTAL DICTIONARY

A dictionary of dental science and art, comprising the words and phrases proper to dental literature, with their pronunciation and derivation. By WILLIAM B. DUNNING, D.D.S., F.A.C.D., Professor of Dentistry, School of Dental and Oral Surgery, Columbia University; member, Committee on Nomenclature, American Dental Association; formerly editor, *Journal of the Allied Dental Societies*, and S. ELLSWORTH DAVENPORT, Jr., D.M.D., F.A.C.D., formerly Associate Editor, *Journal of the Allied Dental Societies*. 1936: Pp. 635—7 $\frac{3}{4}$ x 4 $\frac{3}{4}$ in.; 79 illustrations—12 colored; \$6.50. P. Blakiston's Son and Co., Inc., 1012 Walnut St., Philadelphia.

IMPORTANT ENGLISH BOOKS OF SPECIAL INTEREST TO AMERICAN DENTISTS

Clinical surgery for dental practitioners. By Hamilton Bailey, F.R.C.S. (Eng.); Surgeon, Royal Northern Hospital; Surgeon and Urologist, Essex County Council; Surgeon, Italian Hospital; Consulting Surgeon, Clacton Hospital. 1937: Pp. 156—6 $\frac{5}{8}$ x 3 $\frac{3}{4}$ in.; 173 illustrations—21 colored; 15s net. H. K. Lewis and Co., Ltd., 136 Gower St., London, W.C. 1.

What is wrong with British diet? Being an exposition of the factors responsible for the undersized jaws and appalling prevalence of dental disease among British peoples. By Harry Campbell, M.D., Fellow of the Royal Anthropological Institute. 1936: Pp. 253—5 $\frac{1}{2}$ x 4 in.; 24 illustrations; 10/6 net. Messrs. William Heinemann (Medical Books) Ltd., 99 Great Russell St., London, W.C. 1.



Excellence

The achievement of several years of painstaking research, Williams "XXX" (with Indium) is rightly called by many "today's finest partial denture casting gold." Uniform . . . homogeneous . . . strong . . . resilient . . . beautiful light coin color. Physical properties on request. Williams Gold Refining Company, Buffalo, N.Y.; San Francisco, Calif.; Fort Erie, N., Ont.

Williams "XXX"

with Indium

Partial Denture Casting Gold

RESOLUTIONS RELATING TO PROPRIETARY DENTAL JOURNALS

I. ADOPTED BY DENTAL-SCHOOL FACULTIES

(1) *Creighton University: Oct. 19, 1936.*—A resolution was passed to refrain from the publication of any articles in all proprietary dental journals.

(2) *University of Louisville: Nov. 11, 1936.*—The members of the faculty, some years ago, expressed their conviction that dental journalism should be under the management of the dental profession; that proprietary dental journalism should be discontinued as soon as possible; and that the use of proprietary dental journals by dental students should be discouraged. These convictions have been reaffirmed.

(3) *Temple University: Sep. 28, 1936.*—*Whereas* since (a) trade journalism and trade journals tend to commercialize the professional aspects of dentistry, thereby degrading its status as a profession; and (b) the American Dental Association and affiliated groups are endeavoring to maintain the present high status of dentistry; and (c) dental journalism should be under the jurisdiction of the profession; and (d) undergraduate education is the function of university dental schools—we believe an influence detrimental to both student training and professional literature now prevails. *Therefore*, be it resolved (a) that this Faculty go on record as commending the action of the American Dental Association, the American Association of Dental Schools, and the American College of Dentists, in their effort to maintain high standards of professional journalism and literature; (b) that Faculty members in lectures will endeavor to impress students with the degrading influence of proprietary journalism in the health professions; (c) that no member of this Faculty will in the future contribute to the support of a trade journal as editor or writer; (d) that we discourage the free distribution of proprietary journals to members of the student body by trade organizations; and (e) that an effort be made to discriminate between private-profit and non-proprietary periodicals in our reference library.

(4) *Medical College of Virginia: Nov. 12, 1936.*—Resolved that this Faculty look with disfavor upon the publication of articles by members of this Faculty in dental journals other than those controlled by the organized profession.

(5) *Washington University: Nov. 19, 1936.*—*Whereas* dental journalism should be under the control of the dental profession and should be conducted without commercial entanglements; *therefore*, be it resolved that this Faculty support all efforts to this end. (No action was taken to restrict freedom of individual teachers in their contributions to dental literature.)

II. ADOPTED BY THE AMERICAN ASSOCIATION OF DENTAL EDITORS: ANNUAL MEETINGS, ST. PAUL, MINN., AUGUST 4, 1934

Resolved: That we convey to the dental faculties in the University of Pittsburgh and Marquette University this Association's commendation for their notable action in support of non-proprietary dental journalism; and that copies of the resolutions in this regard as adopted by these faculties, and a copy of this resolution, be sent to each dental faculty in Canada and the United States.

NEW ORLEANS, LA., NOVEMBER 2, 1935

Recommendation of the Committee on Current Dental Literature: Your Committee regrets to make mention of the fact that men of prominence in dentistry still consider it no disloyalty to their professional obligations to lend their names and support to a new proprietary dental journal, thereby discrediting the work of the American Dental Association to protect the public from proprietary dental remedies and totally ignoring the effort of the American Association of Dental Editors to protect the profession from the purchasing power and influence of commercial interests in guarding the right of dentistry to control its own literature. We refer specifically to the Editors and to the members of the Editorial Board of the new proprietary journal, '*Nutrition and Dental Health*,' No. 1, Vol. 1, Oct., 1935.

Resolution adopted by the Association: Resolved, that the American Association of Dental Editors has learned with surprise and regret that some of the Fellows of the American College of Dentists, which brought about the establishment of this Associa-

tion, are members of the Editorial Staff of the newly established "*Nutrition and Dental Health*" (a proprietary journal); and that the Secretary be instructed to transmit to the American College of Dentists a copy of this resolution.

III. ADOPTED BY THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS: ANNUAL MEETING, CHICAGO, ILL., MARCH 18, 1935

Whereas, one of the important functions of a dental educational institution is the development of a proper attitude of the students toward professional literature and journalism; and

Whereas, the free distribution of commercial and proprietary dental publications to the students develops the wrong psychological attitude toward dental literature; and

Whereas, the articles published and advertisements carried are uncensored, and often present erroneous and distorted concepts of professional conduct; be it

Resolved that it is the sense of the American Association of Dental Schools that distribution of the *Dental Students' Magazine* and other similar publications to dental students be discouraged by the administrative officers of the various schools, and that official lists of students be not furnished to the publishers of such magazines.

IV. ADOPTED BY THE AMERICAN COLLEGE OF DENTISTS: ANNUAL MEETING, NEW ORLEANS, NOV. 3, 1935

The Secretary is hereby instructed to inform our entire membership that the College notes with disfavor and regret that some of its members hold positions on the editorial staffs of proprietary dental journals.

V. ADOPTED BY THE NEW YORK ACADEMY OF DENTISTRY, MAR. 12, 1936

Clause *added* to first paragraph of Art. II of by-laws: [The objects of the Academy shall be] . . . "to urge upon its Fellows that they refuse to accept positions on editorial boards of proprietary dental journals, or lend their influence to proprietary dental journalism by the preparation of articles for publication in such journals."

VI. ADOPTED BY THE INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH: GENERAL MEETING, LOUISVILLE, KY., MAR. 15, 1936

Whereas, it is the consensus of opinion of our members that association, either as a contributor or as a member of the editorial staff, with proprietary publications that are distributed free of charge to the members of the dental profession—and whose chief object is the advertisement of commercial products—is undesirable; therefore be it *Resolved* that the International Association for Dental Research disapproves such association by its members, and by applicants for membership in the Association.

SUMMARY OF RESPONSES TO A QUESTIONNAIRE REGARDING ACTION, BY INDIVIDUAL DENTAL FACULTIES (U. S.), ON PROPRIETARY JOURNALISM

(1) Each dental journal or publication should stand on its merits, whether proprietary or not.—*California* (Advisory Committee of College of Dentistry), *Nebraska*.

(2) Dental journalism should be in hands of profession, conducted without commercial entanglements; faculty ready to support movements to this end; no action taken to restrict freedom of individual teachers.—*Columbia*, *Harvard* (Administrative Board of Dental School), *Washington*.

(3) Faculty will not contribute articles to proprietary journals having free distribution, nor aid distribution of such journals to student body.—*Iowa*, *Loyola* (New Orleans)

(4) Faculty will refrain from publication in all proprietary dental journals: *Creighton*, *Georgetown*, *Louisville*, *Marquette*, *Ohio State*, *Pittsburgh*, *San Francisco* "P and S," *St. Louis*, *Temple*, *Texas*, *Virginia*.

(5) Faculty adverse to proprietary dental journalism, but favors discrimination until profession provides ample substitutes for best proprietary journals.—*Atlanta-Southern*, *Baylor*, *Indiana*, *Michigan*, *New York*, *North Pacific*, *Northwestern*, *Tufts*

(6) *Faculty has not yet acted*: *Buffalo*, *Kansas City-Western*, *Meharry*, *Pennsylvania*, *Western Reserve*.

(7) There have been *no responses* as yet from the 8 schools not named above.

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