American College of Dentists

Objects: The American College of Dentists "was established to promote the ideals of the dental profession; to advance the standards of efficiency of dentistry; 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."—Constitution, Article I.

Announcements

Next Meeting, Board of Regents: Chicago, Sept. 11, 12, 1948.

Next Convocation: Chicago, Sept. 12, 1948.

Fellowships and awards in dental research. The American College of Dentists, at its annual meeting in 1937 [J. Am. Col. Den., 4, 100; Sept. and 256, Dec., 1937] inaugurated plans to promote research in dentistry. These plans include grants of funds (The William John Gies Fellowships) to applicants, in support of projected investigations; and also the formal recognition, through annual awards (The William John Gies Awards), of distinguished achievement in dental research. A standing committee of the International Association for Dental Research will actively cooperate with the College in the furtherance of these plans. Applications for grants in aid of projected researches, and requests for information, may be sent to the Chairman of the Committee on Dental Research of the American College of Dentists, Dr. Albert L. Midgley, 1108 Union Trust Bldg., Providence, R. I. [See "The Gies Dental Research Fellowships and Awards for Achievement in Research," J. Am. Col. Den., 5, 115; 1938, Sept.]
American College of Dentists
OFFICERS OF THE COLLEGE
1947-1948

President: L. R. Main, St. Louis
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STANDING COMMITTEES (1947-1948)

Ad-Interim—The President, President-elect and Secretary.
Dental Student Recruitment Committee—Willard C. Fleming, chairman; Lloyd E. Blauch, James R. Cameron, William N. Hodgkin, Stephen P. Mallett, Benjamin S. Partridge, C. Raymond Wells.
Education—Harry Lyons, chairman; Maynard K. Hine, Alvin W. Bryan, Phillip E. Blackerby, Jr., S. Ellsworth Davenport, Jr.
Hospital Dental Service—W. Harry Archer, Jr., chairman; John W. Kemper, Stephen P. Mallett, L. H. Meisburger, Howard C. Miller, Ozias Paquin.
Journalism—John E. Gurley, chairman; William B. Dunning, Reuben L. Blake, Harry B. Hambly, Jr., Walter H. Wright.
Necrology—Major Brooks Varnado, chairman; F. T. Murlless, Jr., Raymond E. Myers, Edward L. Thompson, Russell C. Wheeler.
Nominating—James H. Ferguson, Jr., chairman; Lowrie J. Porter, Ernest G. Sloman, Robert L. Sprau, Henry A. Swanson.
Prosthetic Dental Service—Walter H. Wright, chairman; Louis Brach, Clarence A. Nelson, Chastain G. Porter, Jack Werner.
Relations—Holly C. Jarvis, chairman; C. Willard Camalier, Paul L. Chevalier, Lon W. Morrey, Charles A. Sweet.
Today marks the passing of another milestone in the history of the American College of Dentists. Since this organization came into being some twenty-eight years ago, many noted men have served it in various capacities, with the result that the influence of the College for better service and for a greater appreciation of dental health has been realized in many sections of the world. Walking as we do within the shadow of these, our predecessors, we are trying to emulate their fine example and carry the torch of progress to even greater heights.

As president of the College, it is my duty and privilege to give an account of my stewardship. During the year, my endeavors would have entirely failed, had it not been for the loyal and steadfast assistance extended me at every turn by the willing workers, in the persons of the regents, officers, chairmen of Sections and the many who served on committees. I want to publicly recognize and thank these friends. May I also mention, although I am unable to adequately express myself, that the assistance given me by our capable secretary, Dr. Brandhorst, and his office was of inestimable value.

To this fine class, I wish to extend sincere congratulations. Your presence today indicates that we may well look to you for leadership in the profession. In fact, because of the success you have already attained, you have been invited to Fellowship in the College. This does not indicate that we believe you have reached your goal in professional life, but, rather, that you are on your way and that this deserved recognition should encourage and stimulate you to even greater attainments. Through the College we touch dentistry at every phase and our aim is to build up. I recognize you as Fellows of the College who have this day been invested. I pray that the significance of the ceremony may awaken a deeper interest and an abiding faith in the highest and best the profession has to offer.

The theme of the College for the year has been "Professionalism versus Commercialism." It is impossible to completely divorce one from the other, but they must be properly related. The responsibility of a professional man is, in many ways, greater than that of the commercial man, because he is dealing with intangible things. The great intangible is that the patient must trust his judgment as well as his character, since the patient is in no position to appraise in advance the value of the services to be rendered. We are, after all, rendering a service and not selling a commodity. To overcharge and to underserve, in any profession, lead to the moral breakdown of the individual and to the loss
of prestige by his profession. Such practices on any professional level are not countenanced by the College, and such practitioners have no place in the atmosphere of the College. Such practices, when continued, especially where our medical colleagues are personally concerned, do not promote the best medico-dental relationship, a relationship which the College not only encourages but actually covets.

More than forty years ago, W. D. Miller wrote: "For we must always bear in mind that it is the object and evident duty of our, as of every other humane profession, to do the greatest possible good to the greatest possible number of people."

A dentist is somewhat of a humanitarian with social responsibilities which can best be expressed through his profession and his professional contacts. The purposes for which the College was organized are still unaltered, and these form the basis of true professionalism. The activities of the College encourage its members to uphold the dignity of the profession, while its ideals stimulate every true Fellow to dedicate his talents to the advancement of the profession and the promotion of health service.

The problems in dentistry, if there are problems, must concern the individual practitioner. If any situation arises which does not bother the individual, it is no problem. As a means of meeting certain inevitable conditions which would arise and also to advance the purposes for which the College was organized, Sections were formed in strategic localities. I have found considerable activity in visiting some Sections, while in others, no formal get-together is effective. These are busy days for everyone, and leaders are always busy. Since some encouragement has been extended to form new Sections during the year, and some results have been attained, I should like to commend for your earnest consideration that the new as well as the older members attend as regularly as possible your Section meetings. Not only are there local conditions of special interest in every community but national and international health problems as well, and even College problems could be discussed so as to have a better informed membership. I would further suggest that if no other time seems available, a breakfast session be held at the time of your State Convention whenever possible. Such meetings, once each year, can usually be arranged if the geographic distribution of the members of a Section forbids more frequent gatherings. As your program indicates, there are now twenty-one Sections of the College, and further interest is so evident that two or possibly three more Sections will soon be created.

Another effort put forth was the working through local channels to recognize some outstanding leaders in the profession whose influence we need, since their ideals entirely coincide with the ideals of the College. We are glad that several are here today.
Our program this morning commemorating the centennial of the American Association for the Advancement of Science reflects the deepening influence of the profession in scientific circles. Since 1932 dentistry has been well represented in this organization and the College, in cooperation with members of the International Association of Dental Research, the American Dental Association and the American Association of Dental Schools, conducted the first three programs of the sub-section on dentistry. In 1931 the College was admitted to associate membership in the American Association for the Advancement of Science, being the first dental group to be so honored. During these intervening years, an intimate relationship has been maintained. It seems fitting that in the scientific program of the College on this occasion recognition was made of the one hundred years of effort by this, the oldest and largest scientific group in America, which “aims to advance science in the new world in every feasible way.”

The College is interested in every movement for the good of the public, through dentistry, and several movements have been initiated within the College itself. No dramatic note is sounded as to what is being done but the work goes on; and unless our own members read carefully the Journal of the College, even they may not be aware of the far-reaching influence of their organization. As I have said, the first dental group to be recognized by the American Association for the Advancement of Science was the American College of Dentists. Now, as a means of bringing to the attention of other learned groups the place dentistry occupies in the field of health service, a special committee has been actively engaged, working toward the establishment of a lectureship for dentistry in the Sigma Xi fraternity. Another channel through which considerable thought and attention have been directed is the establishing of a lecture bureau within the College. The purpose of this bureau is not necessarily to carry a message of the College, but rather to carry a message of dental health in some organized fashion to such groups as Service Clubs, Chambers of Commerce, and the like.

We must always bear in mind that the College does not speak for the profession in any official capacity, nor does it endeavor to usurp any of the prerogatives which belong to the American Dental Association; but as an organization whose idealism is the highest, whose purposes are noble and whose membership includes some of the most conscientious workers in the profession, it wields a definite influence.

As many of you know, the College is now listed among other Scientific Societies in the 1948 issue of the Encyclopaedia Britannica. While the work moves on quietly, the College becomes an influence in scientific as well as in dental circles. Many members of the profession are unaware of the purposes of this organization. Through correspondence and conversation, I have been asked
pertinent questions relative to our program. Many men wonder, What is the American College of Dentists? For what does it stand? How does one become a member? Has it a limited membership? Such questions are perfectly natural and all have been fully explained in the Journal. Since our own Journal has a limited circulation, being confined largely to the membership, I believe a broader coverage of information, of interest to all aggressive and forward looking practitioners, should be made available. This thought is offered with the idea not of simply enlarging the membership, but rather of its serving as a guidepost or a beacon light to direct worthy young men, furnishing them an objective as a crowning recognition of services well done. I should therefore like to suggest for serious consideration that the College publish through some current dental publication pertinent information of value to all interested practitioners.

In closing, I solicit for my successor the same loyal support through the coming year that I have enjoyed as your president. I bespeak for him a year crowned with many achievements due to his leadership, together with your fine cooperation.
Before entering upon a discussion of plans for the coming year, I want to acknowledge with grateful appreciation the high honor you have bestowed upon me by electing me to the presidency of the College. I have accepted the responsibilities of this high office with a realization of the serious responsibilities involved; and I am willing to assume them only because I believe that men of your character and experience in dental affairs will cooperate closely with me in promoting the success of the College. Without such sympathetic cooperation, whatever efforts I might put forth would be of little avail.

During the time at my disposal this evening, I have selected to forego the pleasure of making this an idealistic and complimentary address, although such an approach would be eminently fitting to you and pleasing to me. Perhaps it is just as well; for I could not in any way add to the idealism of fellowship as it is taught in the ceremony of induction, nor can I express the sentiments of the College in more eloquent words than have been spoken through the years on the subject by those who have gone before me. I am sure it can be stated as facts that one and all of the Fellows recognize the College to be an institution of fine and lofty ideals and that they are proud of the distinction that membership in it brings to them.

It is with thought for the future of the College that I take this opportunity to deal realistically, and I hope constructively, with the practical everyday policy and action that are so vital to the success or failure of the whole College idea. This is done in the hope that through a better understanding of the requirements for realizing the high ideals for which the College stands, the honor of belonging to it will grow with the years. It is of special importance that a common understanding of basic purposes be sought at this time, when an unusually large number of men are becoming Fellows of the College. Ideals we must and do have, but it is only when they become actualities that they are of real value. Intelligent and purposeful effort by the Fellows in their workaday lives is the only way by which ideals can be transformed from idle dreams into real assets of benefit to the profession and to humanity at large.

No individual, however worthy his ideals may be, can apply himself effectively to their translation into useful deeds, unless he has clear understanding of the purposes they can serve and is motivated by a zeal to make them effective. It is particularly true that an institution such as the College cannot reach maximum effectiveness unless its objectives are clearly understood and are kept clearly in mind by all members of the group.
As set forth in the Constitution, the objectives of the College are these:
1. To promote the ideals of the dental profession
2. To advance the standards and efficiency of dentistry
3. To stimulate graduate study and effort by dentists
4. To improve public understanding and appreciation of oral health service
5. To confer Fellowship in recognition of meritorious achievement.

Suitable means to attain these objectives are set forth in other sections of the Constitution and they are further implemented in the ceremony of induction. Ever since the College was founded the ritual has included a pledge which is taken by all nominees that they will put forth a real effort to promote the objectives of the College.

Since the Constitution sets forth the objectives of the College, as just stated, we may ask ourselves the question: What are the fundamental purposes for which the College was founded, or, What are its underlying motives? Study of the objectives, together with the measures set up to promote them, clearly reveals two separate but interrelated basic purposes.

The first very worthy purpose is to reward meritorious achievement by men in dentistry and allied fields by conferring on them the honor of Fellowship. This basic purpose can be administered best by a national body which meets annually. Although American in name, the province of the College is international and honor conferred by it is recognized internationally. The administration of the College on the national level is comparatively simple and can be efficiently handled by a few well-chosen men regardless of whether the membership be small or large.

Unfortunately, many of the Fellows and members of the profession at large have come to believe that the conferring of Fellowship is the sole purpose of the College. During the earlier years, the members were so few and so scattered throughout the country that it was not feasible for them to meet frequently and in numbers of consequence. About the only things that could be done effectively were to sponsor and elect new members and to lay a foundation for future usefulness. It was recognized, of course, that a few men were needed as officers and committeemen, but there appeared to be no special obligation upon the total membership. When, year after year, the Fellows at large were not called upon to render specific services it was quite logical that they should come to look upon the College simply as an honorary society and, as a consequence, to impress that idea upon those whom they sponsored for Fellowship.

However, if the conferring of Fellowship for past accomplishment were the sole purpose of the College, there would be no reason for proclaiming the other laudable objectives set forth in the Constitution or for obliging those honored by election to promote them. When the College confers distinction in recog-
inition of meritorious achievement, that is a finished act. In this respect, meritorious achievement is a thing of the past. Once honor is conferred in recognition of past performance, no further effort can make it less worthy.

The fact that the other four objectives were so fully stated that they embody much of the text of the Constitution clearly indicates that there is another underlying purpose of greater importance than the first one, a purpose far more constructive in nature and more practically useful than the conferring of distinction. It is to select men of proved achievement and to place them in such close relationships that they may combine their superior abilities to accomplish those special things which are of value to the public and to the profession. In other words, the prime purpose of the College is to achieve extraordinary objectives through the combined efforts of extraordinary men. Such purposes cannot be attained by a national body which holds meetings once a year. Its scope is too wide, its possibilities too great and its administration too complex to admit of casual treatment. Its nature requires that a sufficient number of men of varied qualifications shall meet and work together towards a common end. This requirement necessitates close contact between the national officers and the men at home who must join in planning and coordinating their efforts to accomplish the purposes of the College.

Now, after twenty-eight years, the unfortunate and deadening situation of small numbers that existed in the earlier days of the College no longer remains. As of tonight, there are nearly 1500 Fellows of the College. Among them are many of the ablest leaders in dental education, research, literature, organization, public health work and active practice. There are many worthy men in this year's large group. Among them are competent and ambitious young men whose reputations are already worldwide. During recent years, other young men whose past accomplishments have not been great, have been sponsored and elected because it has been believed that their education, ideals and energies made them good material for the College of the future. At this time, there are twenty-one Sections of the College, and more will be organized from time to time: some of them now have well in excess of one hundred members; all of them have varying numbers of men of foresight, ability and determination. It is plainly evident that both the physical conditions and the required personnel are sufficient to promote, in a complete and thorough manner, the total objectives of the College.

In view of these things, there has come about an ever-widening opinion that in order to encourage more general participation in the urgent problems before the profession, measures should be taken to make the College more truly representative in character. To determine the extent of the desire for change, the Constitution and By-Laws Committee proposed at this meeting certain amendments to the By-Laws which were designed to bring more of the mem-
bers into active participation in College affairs. The most pertinent changes made are in substance as follows:

1. To increase the number on the Official Board of the College by fifty per cent, thereby bringing about wider geographical representation on that Board.

2. To make it the duty of the President and the President-Elect to serve as counsellors of the College, particularly as counsellors of the Sections; and to make it the President’s and the President-Elect’s further duty to promote the integration of the Section activities with the work and objectives of the College. It is clear that the intention was to make this contact direct and continuous. To throw the responsibility for integration of effort on both the President and President-Elect would be to make sure that when the President-Elect assumes the Presidency he will be familiar with the activities and the work of all the Sections.

When the votes were counted today, it was found that the members were almost unanimously in favor of the adoption of the proposed changes. Thus, it appears that there is a strong preponderance of opinion among those who voted, that the work of the College should be extended through Section planning and Section participation. This action is most gratifying and may be regarded as the most hopeful sign of effective progress that has occurred since the College was founded.

The great majority of Fellows are now engaged in active professional endeavor. Individually, none can hope to grow in public usefulness and public esteem through past accomplishments alone. The College as a whole will be judged by what the Fellows collectively will accomplish under its banner. Merely adding to the roll of membership will not accomplish the high purposes of the College. To increase membership, if practiced alone, would tend only to vitiate the value of Fellowship. As the membership would gradually increase, the lack of effective accomplishments by the College would become all the more apparent.

Your officers realize that by your votes today you have given them a mandate to integrate the activities of the Sections with the work of the College. They willingly accept this added responsibility. At the same time, it must be recognized that by your action you, as Fellows, have indicated your willingness to cooperate with them in the larger program. In view of the ensuing situation it seems desirable to discuss briefly a few basic requirements essential to the success of such a plan.

The three main requirements for success are: first, the necessary manpower and talent; second, the necessary opportunities to study together; third, and most important, the need for College-wide personal interest in the subjects to be worked upon.

As stated above, we now have the first two, but thus far, personal interest
on a wide scale has been noticeably lacking. This attitude probably has been due to some extent to the newness of the Section-Study idea, but it has been inspired also by the fact that much of the work of the Sections and committees has been purely academic in nature: namely, in the fields of dental education, dental literature, scientific research, etc. Some Fellows are intimately associated in their daily lives with the problems of these special areas, are well qualified to engage in these special studies, and are particularly interested in them. A large number of the fellows realize that they are not qualified for work in the specialities and definitely are not interested in giving time to them. Such studies are important and by all means should be continued, but there are other problems in these troublous and changing times that are of great general interest and in which all the fellows have a direct stake: for example, the problems which fall under the broad heading of socialized dentistry and its counterpart, the welfare of the public and of the dental profession. Solution of the questions involved in this area is of vital concern to every member of the College, and everyone in it is qualified to join in an effort to reach decisions that are sound and helpful.

The socialization of dental practice is not a new idea; but it is safe to assert that dentists generally know little about the principles upon which it is urged or about those who are seeking compulsory health insurance, or about the manner in which the public's and the profession's interests are being protected in its promotion. Instinctively, because of their professional experience and ideals, thoughtful dentists revolt against the idea of a system of regimented practice, but individually they are helpless in their anxiety to learn more about the problem and to participate in its solution. The College, as a body of experienced and able dentists with all necessary machinery for Sectional study, is well equipped to step into this breach and join with other responsible dental agencies in coming to decisions and in directing activities designed to protect and to serve the good of society.

Economic security is but one of a number of questions related to the welfare of dentists which have received scant study. Federal and state employees, industrial workers, corporation personnel and other groups of employees, are protected by annuity plans. It would be enlightening and valuable to dentists everywhere for the College to make a study of such security measures as are now in force and attempt to recommend similar plans in the interest of the dentists and their families.

Those earnestly engaged in any type of work are prone to become so much engrossed in its inner workings that they sometimes fail to see it in its true perspective. Let us briefly review the development of dentistry and note its present relationships to human affairs. When the profession was founded and even when the College was begun, life in most civilized countries was a com-
paratively well-ordered and placid thing. Generation followed generation in America, largely in the same inherited pattern of family and business life. The powerful voices were those of individuals, sometimes harsh, at other times flattering or commanding. They sought frequently to gain more personal power or wealth. While these efforts were often annoying, they did not tend to disrupt the fabric of life in the shop and in the home. Under these circumstances, the development of dentistry has been as simple, forthright and trusting as that of a child growing to maturity. In the beginning, certain artisans learned that they could increase their incomes by using highly developed skills in repairing the hard structures of the human mouth. The numbers of dentists increased with the demand for these types of oral health care. Practice widened their vision and they began to study, to start schools, to require all who wished to practice to attend these schools, to publish the results of their studies and experimenting, and to keep on studying in order to perfect their methods. When the College was founded, it was only natural that it should have set up the objectives which it did; and it is natural that its work, thus far, has been mainly to elevate standards of education, of literature, of practice and of professional culture. With the passage of time, the horizon has ever broadened and the beckoning sun of opportunity and achievement has ever brightened. And yet, one very vital thing has been neglected: to question seriously whether conditions might arise under which ruthless forces would seek to take over control of this highly educated, cultured and humane institution and convert it to their own selfish purposes.

Let us face the facts. During the last third of the century we have undergone two devastating world wars and the deepest and longest economic depression in all history. Civilization has been shaken to its foundations by profound economic and social changes. Today, the powerful voices are no longer individual, but are the combined voices of great groups, with able and forceful leaders, who know what they want, are eager to get it, and are most resourceful in their methods for gaining their ends. Often the basic incentive of their actions is self-interest, regardless of the consequences to others. They are well financed and have powerful lobbies in Congress and in state legislatures. The bureaucrats of both Federal and state governments are socialistically minded; they are clinging tenaciously to their gains and are seeking by all means at their command to extend their power over groups which still retain their private initiative. To these evil forces must be added the ever present and crafty politicians who are always ready to grasp at anything which they can turn into political capital that will benefit themselves. Woe betide any group which has something of real value that selfish elements want at their own price, if that group is unprepared to meet the insidious infiltrations and onslaughts that are certain to come! The attitude I take is not that of an
alarmist. The conditions cited are indisputable facts, as everyone knows. Can the integrity of the dental profession be protected as a social agency for the benefit of humanity and itself? Certainly it will not be, unless dental leadership assumes the initiative now, and the profession prepares itself to fight these aggressions with determination and intelligence. The profession has conditioned itself to serve humanity well and, if unhampered, it will continue to improve itself for even greater usefulness. Its paramount duty today is to preserve its self-determination and private initiative for the benefit of the people now and in the future.

Dental health care is the responsibility of the dental profession. We as leaders of its movements know its nature and its possibilities for human good as no others can know them. For these reasons, dentistry must be permitted to do its own thinking and planning and not allow itself to be subordinated to the direction of those who think glowingly only of social reform without regard for the consequences. Measures are being advocated in this country today which were adopted in England only a few years ago. These first concessions provided easy stepping-stones for the socialized medical and dental programs now in operation in that country. Today the professions in England are struggling hopelessly against being dragged into the same conditions of degradation that the professions in Germany, Russia and France have had to endure. Dentistry should join wholeheartedly with medicine in bringing out the real facts and in presenting them to the intelligent American public which by its votes has the final say. That public extends to dentistry a measure of confidence that it gives to only a few other American institutions.

It is true that the American Dental Association, with admirable foresight, already has in operation measures to combat socialized dentistry. However, no matter how zealous the Association may be, that does not relieve the College, with its able personnel and machinery, of the responsibility of helping if it can. It is the moral duty of the College to support vigorously every worthwhile measure sponsored by the American Dental Association.

If the studies which are planned for the Sections should be carried out in the right spirit, when the need is so urgent and the opportunity so great, our Journal, which now is small and irregularly published for lack of material, might well fulfill its purpose. It could be transformed into an overflowing storehouse of factual information that those in executive capacities in dentistry could utilize with confidence.

Whatever program of study is proposed by the College for the years that lie ahead must be thoroughly analyzed and carefully planned before it is adopted. It is understood that the new plan which has been voted today is a policy of action designed to be carried on through the years ahead. If that is so, much time and careful thought should be given to the purposes, workability
and continuity of such a policy. We cannot envision, now, the possibilities of such an integrated plan of combined study, nor can we foresee all the difficulties that might arise. However, true to the ideals and obligations of Fellowship, we can resolve now to join earnestly in doing well whatever task is assigned us. Already, most of the Sections have indicated a willingness to consider subjects for study. That is a good omen. It inspires hope that this may be the year of decision in taking a long step forward, to realize more fully the true destiny of the College as a powerful and growing force for the good of dentistry and humanity. It seems fitting, therefore, that the theme of the year should be "College Objectives." Certainly, no objective of the College can be more basic than that of preserving the integrity of the profession itself.

Finally, I want to add a work of congratulation to those who have joined our ranks this year. We need you and welcome you. It is hoped that when you return home you will become actively identified with the work of your Sections. If there are no Sections in your area, join with other Fellows in organizing one. In this way, you may enjoy personally the benefits of the College at home, and lend your talents and energy directly to the great work the College was intended from the beginning to do.
HISTORICAL REVIEW*

WILLIAM J. GIES†

New York

Today we participate in the commemoration of the centennial anniversary of the creation of the American Association for the Advancement of Science. This venerable organization was formed "to further the work of scientists, to facilitate cooperation among them, to improve the effectiveness of science in the promotion of human welfare, and to increase public understanding and appreciation of the importance and promise of the methods of science in human progress."

The outstanding influence of the American Association for the Advancement of Science—in the development of interest and activity in all phases of science, and in the attendant promotion of the public welfare—is recognized wherever the importance of progress in science is appreciated. The preceding speakers emphasized these realities.

For us at this meeting a direct question naturally arises: What has been the relationship between dentistry and the American Association for the Advancement of Science? The time allotted in the present program for this "historical review" is too brief to permit more than a very general discussion of this question.

Dentistry became a separately organized profession in 1839-40, the medical profession having shown no desire to develop dentistry as a specialty of medical practice. Two dentists—Wells and Morton—by their correlated discovery and introduction of surgical anesthesia, in 1844 and 1846, created dentistry's most exalted tradition. Although these important events occurred shortly before the organization of the American Association for the Advancement of Science, the evolution of science in dentistry did not attain recognition by that Association until 1931—seventeen years ago.

Reasons for retardation in the growth of science in dentistry are suggested by the following four quotations from the Carnegie Foundations's Bulletin on Dental Education in the United States and Canada, which, after an exhaustive factual and constructive study for five years, was published in 1926.

(1) In the fundamental duty of endeavoring seriously to discover means of obviating the development of dental and oral abnormalities, dentistry seems to have been waiting for such agencies to arise spontaneously;... and with notable exceptions has been so well

* Presented at the opening session of the Twenty-Third Convocation of the American College of Dentists held in Chicago, September 12, 1948. The session was devoted to a program in commemoration of the Centennial of the American Association for the Advancement of Science.
† In the unavoidable absence of Dr. Gies, this essay was read, at the author's request, by Dr. Albert L. Midgley, of Providence, Rhode Island.
satisfied to meet, remedially, conditions as they are in the individual, today, that the profession in general is failing to acquire the knowledge that might give it power, by prevention, to serve all humanity tomorrow.

(2) One of the most striking contrasts between medical schools and dental schools, viewed collectively, is the vigorous activity in research in the medical schools and the weak interest in original investigation in the dental schools.

(3) Dental practitioners have not been educated to apprehend clearly or to think constructively of their daily biological experiences. The imaginations of many dentists stop at the abutments of bridges or at the tips of the roots of teeth, and successful repairs and effective restorations satisfy their professional purposes. Lack of interest in biological research in dental schools and among dental practitioners has been directly dependent upon disregard for the “medical” sciences, which even now are tolerated rather than taught in some dental schools.

(4) Although few of the dental schools have been active in original investigation, and the dental profession has not yet attained notable success in preventing oral ailments, an increasing number of the most enlightened dentists, appreciating the duty and opportunity to apply biological principles as effectually as mechanical methods for the maintenance of dental and oral health, have been promoting special agencies for the advancement of research in dentistry.

The comment in the last of these four quotations was followed by allusions to three important developments then current in dental research, (1) the earliest of which was the establishment, in 1913, of the Scientific Foundation and Research Commission of the American Dental Association. Because of exceptional difficulties in the management of an associated Institute for Dental Research, the Institute was dissolved in 1920, but the Commission has been continued as a standing committee of the American Dental Association, to promote dental research with grants to individual investigators and also by additional appropriate procedures. Through these agencies the American Dental Association has given dental research direct support, and awakened the dental profession to an understanding of the increasing need for effective research in dentistry.

The second and third of these “three important developments” were stated in the Carnegie Foundation’s Bulletin (1926) as follows:

(2) The Journal of Dental Research, established in 1919, in accordance with the best traditions of altruistic professional journalism, is a quarterly, which...aims to promote research in all phases of dentistry by affording exceptional advantages for well-illustrated and non-commercial publication.

(3) The International Association for Dental Research, founded...in 1920—a federation of [six] sections in New York, Boston, Chicago, Toronto, Ann Arbor and San Francisco—holds local and general meetings, and is gradually attaining significance as an organization for the stimulation of dental research and for the encouragement of the teachers and practitioners who directly engage in original investigation.

The foregoing quotations were published by the Carnegie Foundation in 1926. The growing interest and activity in dental research that were indi-
HISTORICAL REVIEW

cated by these comments became so strong that in 1935, only nine years later, an editorial in the summer-issue of the New York Journal of Dentistry, entitled “Signal Recognition of Dentistry”, indicated how and why dental research had attained formal recognition by the American Association for the Advancement of Science. Related quotations follow (a–d):

(a) When the Journal of Dental Research and the International Association for Dental Research were founded, in 1919 and 1920 respectively, each was regarded by many as premature because at that time dental research was conducted by only a very small number of active workers. Most of whom had not received adequate preparation for research. Gradually, however, during the past fifteen years—owing largely to the positive influence of these two stimulating agencies—dental research has been attracting to its advancement an increasing number of well-trained observers. Today (1935) dental research, in breadth, depth and scope, closely resembles research in other fields; and promises, through increasing efficiency of attack, to solve the chief problems in dental art and in dental science.

(b) The rising tide of recognition of the importance of oral health-service, and of research to advance it, attained the latest “high-water mark” in the invitation last April (1935) to the American Division of the International Association for Dental Research to become affiliated with the American Association for the Advancement of Science and, in this close relation, to designate a representative to a seat in the Council of the American Association. In June (1935) the American Division of the Dental Research Association, consisting of sections in seventeen university centers of dental research in the United States, voted unanimously to accept this invitation; and in July elected Dr. Thomas J. Hill, a member of the Dental Faculty of Western Reserve University and of the Council on Dental Therapeutics, to serve in this position. . . . The American Division thus becomes a constructive factor in the advancement of science, and is so accredited by the leaders in science in America.

(c) That the significance of this development in dentistry's behalf may be fully appreciated, the reader of this editorial should recall that the American Association for the Advancement of Science is, in effect, “organized science” in the United States. Its major activities are conducted through the agency of fifteen sections of science. . . . In alliance with it are various societies, academies and associations, which bear the relation of either “affiliate” or “associate”. Affiliates are represented in the Association's Council, and thereby participate constructively in its affairs; associates cooperate by holding associated meetings, but have no executive opportunity to participate more intimately. In 1930 a committee of the American College of Dentists. . . successfully presented reasons why the dental profession should be represented in the work of the Association. In 1931 the American College of Dentists, and in 1932 the American Association of Dental Schools and the American Dental Association, successively became (by invitation) associates of the Association for the Advancement of Science. [The members of these dental organizations thus became eligible also to election to individual membership in the Association for the Advancement of Science.]

(d) These relations were important initial steps toward the recent higher recognition of dentistry as previously noted [in this editorial]. Annually, beginning in [December] 1932, the American College of Dentists has conducted an all-day associated dental session at the winter meeting of the American Association for the Advancement of Science. These meetings. . . had the hearty cooperation of members of the Dental Research Association; . . . received cordial commendation from critical observers; and persuaded various influential disbelievers that dental efforts in science are notably meritorious and deserve support.
Supplementing the foregoing quotations from the cited editorial in 1935, the following brief summary indicates historic events at the ensuing winter meeting of the Association for the Advancement of Science in St. Louis: The three associated dental organizations—the American College of Dentists, the American Association of Dental Schools, and the American Dental Association—cooperated with the American Division of the Dental Research Association in conducting the first affiliated dental meeting, in an all-day session in St. Louis on January 4, 1936. Besides admitting the American Division of the Dental Research Association to the affiliate relationship, with a representative in the Council—as has been stated—the Association for the Advancement of Science created, in its Section on Medical Sciences, the Subsection on Dentistry, to consist of those members of the Association for the Advancement of Science who are also members of one or more of the affiliated or associated dental organizations. The dental session in St. Louis, on January 4, 1936, was the first of the series of meetings of the Subsection on Dentistry, which have been held in intimate coordination with the Association for the Advancement of Science every year since 1936.

The alliance of dentistry with the Association for the Advancement of Science has been strengthened annually by effective cooperation between the Association and the dental members, to the increasing advantage of all public and professional interests involved. The meetings of the Subsection on Dentistry have been notably successful in the affairs of the Association. The proceedings of these dental meetings have received special attention in dental and scientific publications, in some instances having been recorded in special forms by the Association.

It is very agreeable to state, in conclusion, that dentistry has become, in alliance with the American Association for the Advancement of Science, a welcome, active and progressive member of the family of organized science in the United States.
EDITORIALLY EXPRESSED

Fellowship in the American College of Dentists is awarded to those members of the dental profession who have made notable contributions to the advancement of dental research, dental education, dental literature, dental organization, and/or dental practice, in some one or more of its many aspects. Those who are regarded as worthy candidates shall have distinguished themselves in any of several ways that may promote directly or indirectly the quality of oral health care, and, through a devotion to the public good, shall have advanced dentistry in public esteem and public appreciation. The purposes, the ideals and the specific objectives of the College are most praiseworthy and, if made effectual in practice, can go far in advancing the usefulness of dentistry as a health service agency.

The objectives of the College are idealistic but practical and purposeful. They may be employed as useful guides in effectively advancing the standards in oral health care, or they may remain on the records as purely academic propositions. The Fellows of the College may vigorously promote its high purposes so as to make it a strong force in the solid advancement of the dental profession; or they may use election to the College only as a badge of distinction and be content to pay mere lip service to its ideals. The true values of the College are not in what it stands for but in what it accomplishes; not in the form of its organization but in its prescribed functions; not in its philosophic theories but in its down-to-earth practices; not in its admittedly high ideals
but in its sound, serviceable achievements. The objectives of the College may be regarded as the plans and specifications for the building of a better profession. It may be safely argued that Fellowship in the College is not deserved if those elected to its ranks do not, as Fellows of the College, labor as assiduously to accomplish its laudable purposes as they have worked diligently in the ranks in advancing the cause of the dental profession—a service which earned for them election to the College.

* * * * *

In a splendid inaugural address which he delivered at the recent Convocation of the College, President E. W. Swinehart called attention to the duties inferentially assumed by those members of the profession who are admitted to Fellowship in the American College of Dentists. He pointed out the distinctions which election to Fellowship in the College confers on those selected for membership; he called attention to the responsibilities which rest upon those who accept election and who by such action subscribe to the College program; and he urged the Fellows to become more interested, more active and more zealous in promoting the ideals of the College by diligent efforts to achieve its purposes. Recent changes in the Constitution and By-Laws of the College have broadened the opportunities of most members for direct personal service to its cause. The organization of Sections of the College in many states and in some regions of the country has simplified the planning of local programs and made it possible for practically every Fellow to engage actively in some worthy project designed to promote, under the auspices of the College, the total front of oral health care. President Swinehart and the Regents are making a study of specific activities which the Sections of the College may choose to explore for the purpose of contributing to the advancement of the dental profession. Research, study and interpretation thoughtfully undertaken and honestly pursued for the purpose of strengthening and vitalizing the profession are important immediate tasks of the College, the Sections and all the Fellows. Past-President Main’s administration laid the foundation for action; the present administration is now seriously engaged in an effort to secure action that will result in serviceable achievement.

* * * * *

There are many pressing situations now confronting the dental profession to which the parent body of American dentistry, the American Dental Association, is addressing itself. These problems differ in nature and vary in importance. Education, licensure, research, public health, literature, military requirements, medico-dental relations, Veterans Administration activities and the distribution of oral health care to increasing numbers of the population are
some of the problems demanding attention. The Association is making excellent progress in its efforts to meet and to resolve the many urgent problems that confront it. It is in the scope of these activities that the College can concentrate its efforts and bring its strength to bear in such a way as to assist in advancing the quality of the work the dental profession is doing. The task of organized dentistry in serving the profession and the public will be made easier and success will come earlier if those members of the profession who have demonstrated superior capacities for action will join seriously and unselfishly in support of the Association in its efforts to meet its large responsibilities. Let all the Fellows of the College join in an effort to promote the common good; let them apply their energies to a few of the tasks, great or small, that will help the major cause of dentistry; let them devote their energies to labor for the advancement of the dental art as an essential social service—not for glory or for gain, but for the benefit they can render society and for the feeling of satisfaction that must come from the knowledge that they will leave the cause of dentistry better for their having had a part in it.

* * * * *

The House of Delegates of the American Dental Association at its meeting in Chicago on September 13 to 16, 1948, adopted a new Constitution and By-Laws. A Committee of the Association labored intensively for two years to draft for the Association a suitable and adequate instrument for governing a body of professional men who are striving to meet in the best possible manner their responsibilities to the profession and to the public. The Committee on Constitution and By-Laws is to be congratulated for its splendid achievements. Those members of the profession who were fortunate enough to come in close contact with the Committee in its deliberations were deeply impressed by its objectivity in handling the difficult task assigned it. It painstakingly sought to learn the facts concerning all Association activities and then endeavored to effect an instrument of administration that would best serve the profession as a whole. The Committee was diligent, patient, sympathetic, fair and eminently competent in handling the problems before it. Drs. Percy T. Phillips, Max E. Ernst and Clarence E. Peterson are entitled to the congratulations and deserve the thanks of all members of the Association for the sacrifices they made in performing the fine service they rendered the Association.

The National Dental Association was reorganized in 1912. Prior to that time its members were admitted directly to the Association, and its business was conducted in the usual convention form. The 1912 Constitutional and Administrative By-Laws provided for constituent state societies as members of the Association, for an active membership of the Association to be deter-
mined by the membership of the state constituent societies, and for a House of Delegates comprised of representatives from the several constituent societies to serve as the legislative body of the Association. It provided also for a Board of Trustees to take the place of an Executive Committee, which had formerly conducted the administrative affairs of the Association. It created certain essential committees to study and report on several of the more important activities of the profession, and it provided for several scientific sections to be conducted for the benefit of the membership. The 1912 Constitutional and Administrative By-Laws remained in effect until 1948—a period of thirty-six years. True, there were certain changes made in the Constitution in 1922, but these changes were merely to incorporate the Association under the laws of Illinois, and to change the name from the National Dental Association to that of the American Dental Association. The form and verbiage of the 1912 Constitutional and Administrative By-Laws persisted for thirty-six years. At every session of the House of Delegates throughout these years amendments were added in profusion, new committees were created, and altered definitions were introduced, to the extent that the instrument of government was finally so confused and contradictory that its usefulness was hopelessly impaired. It was high time that the Association should take the step which resulted in a thoroughgoing plan of administration—a clearly defined Constitution and By-Laws for 1948. In 1912 the Association had about 800 members, with a budget of $1142.86; in 1948 the membership of the Association had reached the high mark of 70,000 members, with a budget of $1,044,591.00 These facts all add up to real progress in our American Dental Association and an encouraging outlook for American dentistry. The work of the American Dental Association is not only important business; it is vital to the advancement, the security and the integrity of the dental profession. The Officers, Trustees, Delegates and Committeemen are your representatives. They are zealously trying to do a good job. They can accomplish more and better results with your active support.

Erratum in June, 1948 Journal

In the article, “The Personnel Problem in Dental Research,” by H. Trendley Dean, page 55, lines 5 and 6, “Much of this leadership, however, rests upon basic contributions in the field of the physical and biological sciences,” should be “Much of this leadership, however, rests upon a high level of clinical practice rather than upon basic contributions in the field of the physical and biological sciences.”
REPORT OF THE COMMITTEE ON CERTIFICATION OF SPECIALISTS

EARL W. SWINEHART, Chairman*

There is a growing belief throughout the country that some form of control is needed for special dental practice. A number of state dental and specialist societies, knowing that the Certification of Specialists Committee has been studying the question, have applied to the Committee for information as to the results of state licensure of dental specialists. In response to these requests, the following comprehensive and thorough survey was made and presented by Committee member Dr. William E. Flesher. He is well qualified to make such a survey, as he was a co-framer of the specialist statute which was enacted about fifteen years ago in Oklahoma and has been a close observer of the results in his own state and in the five other states now acting under such laws.—Earl W. Swinehart, Chairman.

CERTIFICATION BY LEGAL STATUTE

About two decades ago a growing interest began to develop in the dental profession relating to the qualification of specialists in dentistry. In view of the variability in the courses of training, both as to the length and the quality of instruction, the question of adequate preparation for the safe practice of a specialty became a matter of serious concern. Courses were available ranging from a few weeks in length in private schools to one or more years in graduate departments in universities.

The growing interest of the profession in the quality of service rendered the public by certain self-styled specialists led, in the early thirties in some states, to an effort to protect the public from the unprepared, the misfit, and the pseudo specialists. Since state dental acts have been effective in regulating dental practices, it was a natural course of reasoning to look to state laws as a means of providing some control over the practice of the specialties in dentistry and thereby guaranteeing that the public would be safely served by specialists who would be adequately trained.

Six states have adopted this plan by setting up for applicants minimum standards of requirements for certification. Such laws have been enacted in Illinois, Oklahoma, Tennessee, Michigan, Kansas, and South Carolina.

This study, based on the results of questionnaires, is an effort to assemble information in order to present the true situation in those six states. In each of these states, information was sought from three sources: an official of the state board of dental examiners; an official of the state dental society; and a specialist.

* The other members of the Committee are Max E. Ernst, William E. Flesher, Daniel F. Lynch and J. Oppie McCall.

111
<table>
<thead>
<tr>
<th></th>
<th>Illinois</th>
<th>Oklahoma</th>
<th>Tennessee</th>
<th>Michigan</th>
<th>Kansas</th>
<th>So. Carolina</th>
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<tbody>
<tr>
<td>2. Has your Specialists' Law been accepted by the public?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Has your Specialists' Law had the desired result of protecting the public from the unprepared or self-styled specialists?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Has your Specialists' Law been attacked by the profession in your State?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5. Does legal certification of specialists in your State restrict, or in any way interfere with, the progress of dentistry?</td>
<td>No hard to answer</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
6. In your opinion, is the public in your State now being better served by licensed specialists than it was before the enactment of your Specialists’ Law?

| Yes | Has his doubts | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes will improve | Yes | Yes definitely | Yes | Yes | No | Law too recent | Yes |

7. In your opinion, has the Specialists’ Law in your State served to improve the standards of special practices?

| Yes | Probably small factor | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes definitely | Yes | Yes very much so | Yes | Yes definitely | No | Yes | Yes | Yes |

8. Does your law provide that a dentist may be certified as a specialist and continue in the general practice of dentistry?

<p>| No | No | No | Yes | Yes | Yes | Yes | Yes | No | Yes 60% | Yes | Yes 60% | No | Yes | No | Yes | Yes | Yes | Yes | Yes |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Illinois</th>
<th>Oklahoma</th>
<th>Tennessee</th>
<th>Michigan</th>
<th>Kansas</th>
<th>South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. How many specialists has your Board certified since the enactment of your law?</td>
<td>About 200</td>
<td>36</td>
<td>48</td>
<td>227</td>
<td>47</td>
<td>About 20</td>
</tr>
<tr>
<td>10. How many applicants for certification as specialists have failed to meet the requirements of your Board?</td>
<td>Estimate 40 or 50</td>
<td>4</td>
<td>1</td>
<td>Average of five (5) each year since 1939</td>
<td>2</td>
<td>None</td>
</tr>
<tr>
<td>11. How many candidates for certification as specialists have been unsuccessful in their examination before your Board?</td>
<td>Probably about 25</td>
<td>2</td>
<td>3</td>
<td>27</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>12. Are your applicants today better prepared for special practices than were the dentists who entered special practices prior to the enactment of your Specialists' Law?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Far better prepared</td>
<td>Yes, much better prepared because we have raised requirements.</td>
<td>No</td>
</tr>
<tr>
<td>13. Have standards of requirements for certification of specialists been raised by your Board since the Specialists' Law was enacted?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>14. Are the proposed requirements for certification by National Specialty Boards higher or lower than your State statute requirements?</td>
<td>Probably higher</td>
<td>Higher</td>
<td>In some respects yes, in others no.</td>
<td>Higher at present time</td>
<td>Mostly higher</td>
<td>Higher</td>
</tr>
<tr>
<td>15. Would certification by the National Specialty Boards afford protection to the public of your State without your existing Specialists' Law?</td>
<td>No information available for comparison</td>
<td>No</td>
<td>Not complete protection without State law</td>
<td>Yes</td>
<td>No, because they have no police power</td>
<td>Yes</td>
</tr>
<tr>
<td>16. In your opinion, will your State statutes require modifying in order to license without examination any candidate who makes application to your Board after certification by a National Specialty Board?</td>
<td>Yes, as law now exists all must take examination</td>
<td>Yes</td>
<td>Can change without changing statute</td>
<td>Yes, will continue to require examinations of any and all candidates</td>
<td>No. However, we may require some additional examination</td>
<td>Yes</td>
</tr>
<tr>
<td>17. In the light of the proposed certification of specialists by National Boards would you be satisfied to nullify the present specialists' clause of your dental act?</td>
<td>No, with the information we have at present</td>
<td>No</td>
<td>No</td>
<td>Will not under any circumstances nullify specialty clause of dental law</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
ANALYSIS OF TABLES

QUESTIONS

1 Laws certifying specialists have been in operation in the following states since the dates indicated: Illinois, 1933; Oklahoma, 1935; Tennessee, 1935; Michigan, 1941; Kansas, 1943; South Carolina, 1945.

2 Of the eighteen consultants, sixteen report that the laws certifying specialists have been accepted by the public. One states, "The public has little awareness of the specialists' law and apparently no comment". One gives a negative report.

3 Seventeen consultants in the six states report that the specialists' law has had the desired result of protecting the public from the unprepared or self-styled specialists. One reports that the results are "controversial and questionable".

4 Sixteen consultants state that the laws certifying specialists have not been attacked by the profession. In one state a consultant reports that the law has been attacked, and another adds, "not in the open".

5 Seventeen consultants indicated that legal certification of specialists does not in any way interfere with the progress of dentistry. One states, "It is hard to answer".

6 According to sixteen of the eighteen consultants, the public is now being better served in the six states by licensed specialists than it was before the enactment of the specialists' laws. One thinks not, and one has his doubts.

7 Sixteen consultants report that specialists' laws serve to improve the standards of special practices. One feels that the law was a small factor in the improved standards. One reported in the negative.

8 In Oklahoma and South Carolina a dentist may be licensed as a specialist and continue in general practice. In Illinois a specialist cannot continue in general practice. In Tennessee he cannot, except in periodontics. In Kansas if he announces as a specialist, he must limit his practice. In Michigan his practice must be 60% in a special branch before he may announce as a specialist.

The following part of the questionnaire was sent to Board Officials only

An analysis of the data supplied by questions 9, 10, and 11 from the six states since the enactment of specialists' laws reveals the following:

678 have been certified as qualified to practice as specialists in some branch of dentistry;
92 applicants failed to meet the requirements of the boards;
57 failed in their examinations before the boards;
combining the replies to questions numbers 10 and 11, we have a total of
149 who have either failed to meet the requirements of the boards or
failed in their examinations.
The ratio is one failed to every 4 1/2 certified, or slightly over 22%.
Some of this number have further prepared themselves by additional
graduate training and have been certified.

12 The board officials in five states report that applicants today are
better prepared for special practices than were the dentists who
entered special practices prior to the enactment of specialists' laws. One stated that they are not better prepared.

13 The board officials in four states report that the standards of re-
quirements for certification of specialists have been raised by their respective boards since the specialists' laws were enacted.

14 The board officials in all six states report that the requirements for
certification by the proposed national specialty boards are gener-
ally higher than their state requirements.

15 Three states reported that certification by national specialty boards
would not afford protection to the public of their respective states
without their existing specialists' laws because of the lack of
authority or of a policing agency. Two board officials think it
would protect the public. One states that there is no informa-
tion available for comparison.

16 The board officials in four states are of the opinion that their state
statutes would require modifying in order to permit the licensing
without examination of any candidate who makes application to
their respective boards after certification by a national specialty
board. Tennessee and Kansas statutes would not need changing.
The officials of these states, however, state that some examinations
would be required.

17 The board officials in five states report that in the light of the pro-
posed certification of specialists by national boards, they would
not be satisfied to nullify the present specialists' clause of their
respective dental acts. One board official stated that he would be
satisfied to nullify the law.

The foregoing questionnaire was made both comprehensive and searching.
It was designed to bring out impartially both favorable and unfavorable
opinions as to the desirability of state laws to govern special practices in
dentistry and to report the results of such laws up to this time. As has been seen, almost unanimous approval has been expressed on both points. There were a few qualified votes and a very few negative ones, some of which were surrounded with extenuating circumstances. This almost unanimous vote of approval, and the opinions set forth in letters, show that in general the consultants hold the following detailed beliefs:

1. That as a result of the lengthening and the strengthening of the dental curriculum, dentists today have an improved educational background for specialization. However, these improved standards alone do not qualify a dentist as a specialist, according to the standards of measurement of the public and the profession.

2. That the requirements of the specialists’ laws do not necessarily qualify one as a finished specialist, any more than our regular dental acts qualify one as an expert dentist. Such higher standards can be attained only after years of study and experience in practice. The purpose of regulatory laws is to set up adequate minimum requirements so that dentists qualifying as specialists under these requirements will be capable of rendering service with safety to the public.

3. That at the time some of these laws were enacted the minimum requirements for specialists in dentistry were thirty (30) semester hours, or one year of graduate study in a recognized university or school.

4. That the standards of the minimum requirements for specialists were considered adequate at the time of enactment. As the need for raising the standards develops, the laws will provide for such changes. Already requirements have been raised in most of the states since the laws for certification were enacted.

5. That it is not the purpose of these laws to raise the requirements to the extent that the cost of education and the length of time required for training would automatically reduce the number of specialists. This procedure would defeat one of the purposes of special practices—that of delivering better service to a great number.

6. That there is usually some confusion over the operations of any new laws. Specialty laws are no exceptions.

Illinois, Oklahoma, Tennessee, and Kansas readily solved their problems, and their laws now are operating effectively.

In Michigan the entire dental act, not the specialist section alone, was contested in the courts. It successfully withstood a referendum vote and was appealed to the Supreme Court of the United States. This delay in putting the law into full force and effect presented a prolonged problem. The law now is operating satisfactorily. Almost everyone to whom the purposes of the specialists’ laws have been explained approves the idea. The successful
referendum vote on the Michigan Dental Act is a good illustration. The section on legal certification of specialists was regarded very highly by the public and was one of the most popular in winning votes.

South Carolina’s law is comparatively new. It has been in operation only three years. The returned questionnaires indicate that the operation of the law is progressing slowly; they also reflect the fact that the lack of time and the insufficient operative experience prevent the full evaluation of the desired factual information. Even though the South Carolina law is as yet not operating wholly effectively, the dental society official and the specialist think it is serving its purpose. They state that the mere fact that the law is on the books has prevented some unprepared dentists from announcing as specialists.

7. That these situations, though undesirable, do arise but do not change the basic principle and purpose of the laws. Even though there may be some confusion in their early operation, the laws are successful in their intended purpose of protecting the public—the unprepared and selfstyled specialists being denied the right to practice as specialists.

8. That legal certification of specialists does not interfere in any way with the general practice of dentistry or its progress in general. A dentist in the aforementioned states has as much freedom of expression and action in the practice of dentistry as he had before the passage of these acts. He may practice all phases of dentistry and become expert and skillful in any branch. His regular dental license grants him that right. However, if he wishes to specialize in a given branch of dentistry, he may do so by presenting his qualifications to the state examining board for its consideration and action.

9. That complete regulation of the practices of specialists to protect the public is possible only through certification by state statutes. Standards of qualification of schools and boards, both professional and state, serve advantageously in raising the general standards of dental education, but they have no direct effect or influence on the unprepared or the misfit if he wishes to practice as a specialist in states having no regulatory laws.

10. That according to the survey there are many dentists seeking to specialize who are wholly unprepared to perform adequately the services of a specialist. Only through state regulatory laws can these dentists be prevented from representing themselves as specialists.

11. That a dentist need not apply for recognition as a specialist until a law so requires. Only by a state statute setting forth requirements to be met for certification has an examining board any authority to question the right of a dentist to practice as a specialist.

12. That there is no authority, except by a regulatory board, to prevent a licensed dentist from specializing in a branch of dentistry if he adheres to the Code of Ethics of the A.D.A.
13. That by their laws the six states maintain that they have the right to ask a dentist who claims to have special knowledge and wishes to practice as a specialist, to present and support his qualifications in a reasonable test.

14. That the state has the sole right and duty to regulate with justice the relationship of its citizens within its borders. State officials recognize the legal certification of specialists as an effort on the part of the dental profession to accept its public responsibility by endeavoring to meet the need for specialists.

15. That the legislative process of licensure is the democratic way, for it is one in which dentists and the public within their respective states actually participate. It must have the endorsement of the dental profession and the elected representatives of the people. The public should not be denied its sovereign rights to participate in the establishment of health policies which affect the people. The public should have recourse for the correction of any abuses of power by regulatory boards. This plan breaks the system down into state units, whereby methods of operation may be observed and changed according to the needs of the public and the profession. Certification is but another progressive change suggested to cover this newer phase of dental practice.

16. That state laws with their periodic raising of requirements are a positive force in elevating all levels of professional practices, whether general or special. State laws are effective because they are supported with authority and a policing agency. Only by legal certification can all levels of special practices be raised.

17. That any state statute certifying specialists must be reasonable in its demand for adequate requirements for the practice of specialists with safety to the public. Legislators would be interested in better service to a greater number. It would be natural for them to regard unreasonably high standards as too costly and tending to limit the number in special practices and the amount of services rendered.

18. That state laws are of local and state interest. Dentists who wish to specialize are stimulated to make an effort to meet the requirements of the state specialists' laws.

Having met the requirements of the board, a specialist is immediately accepted by the profession of the state as qualified to practice with safety to the public. He is also legally recognized and can accept references with dignity and self-respect.

If special practices in dentistry are to reach their peak in knowledge and service, certification by state statute must have first consideration. Because of the length of time and the cost involved in meeting the present requirements, more dentists who aspire to become specialists can more clearly see the consummation of their plans: first, by states for legal certification; and second, by specialty boards for professional recognition.
19. That the operation of the specialists’ laws has proved generally satisfactory to the public and the profession. There have been no court tests, and no amendments have been proposed.

20. That these laws have had the desired results in protecting the public from the unprepared, the misfit, and the pseudo specialist.

21. Finally, that probably not all who are legally certified, but a great many, no doubt, will make plans for meeting the requirements of the national specialty boards. If a dentist should not desire certification by a national specialty board, or if by chance, he should fail to meet its requirements, the public would still be protected; for he already would have been certified as a specialist by his state board. Thus, both the public and the profession would be best served through the two systems of certification. Certification by state statute could very well serve as a stimulus to higher attainment and recognition and become a developing field for the certification by national boards. Therefore, the quantity and the quality of services of specialists in dentistry would progressively be raised to a higher plane by which both the public and the profession would be benefitted.

**CONCLUSIONS**

The foregoing facts and opinions in this survey reveal by the preponderance of evidence that:

1. The principle and the purpose of the laws certifying specialists in dentistry have been upheld.

2. The experience of the six states having these laws supports the conclusions that the public should have the benefits and the protection of laws providing for legal certification of specialists, and that these laws have earned and deserve a rightful place in state dental acts.

**REPORT OF THE COMMITTEE ON DENTAL STUDENT RECRUITMENT**

**WILLARD C. FLEMING, Chairman**

The Committee on Student Recruitment has completed its second year of activity. The first year was devoted largely to orientation and to developing general plans. The objectives were determined: namely, to develop ways and means of interesting young people in considering dentistry as a professional career. There is no dearth of applicants at the present time. This situation is due largely to the backlog of college students created by the war and the

*Other members of the Committee are L. E. Blauch, J. R. Cameron, W. N. Hodgkin, S. P. Mallett, B. S. Partridge, and C. R. Wells.*
benefits of the G.I. Bill, which greatly reduce the cost of dental education. It is quite possible that when this period is over, we might return to the conditions we had in the Thirties, when applicants for dentistry were at a record low level. For these and other reasons it was decided to focus attention on young people at the high school level.

The Committee on Student Recruitment decided this year to do two things. One was to determine the extent of recruitment programs now in effect in the country; the other was to develop different programs in a selected area and thus test the effectiveness of various techniques that can be employed in recruitment programs. Two types of program were used. One was the Professional Institute which makes it possible to present to high school students several of the fields dealing with the health services. The second plan was to set up a Conference on Dentistry, without going into the other health fields. In all, three programs were put on, two of the “Institute” and one of the “Conference” type.

A Professional Institute for high school seniors was held at the Medical Center Campus of the University of California in San Francisco. An invitation to the Director of Vocational Education of the San Francisco School System was acknowledged with a good deal of enthusiasm, and a group of approximately 180 high school students, together with several vocational guidance teachers, visited the campus on a Saturday morning. Representatives from the following activities gave ten-minute talks to the entire group: Dentistry, Dental Hygiene, Pharmacy, Medicine, Nursing, Medical Technology, Physiotherapy, and Orthoptics. After the initial meeting, the large group was subdivided into smaller groups according to the students' interests. Special discussion periods, limited to a specified field, followed, with questions and answers. Upon completion of the discussion periods, guided tours of the campus, with particular attention paid to visiting the areas most closely associated with the group's major interest, were arranged.

The next method tried was a “Conference on Professional Opportunities in the Field of Dentistry”. This was instituted in the Oakland School System with the approval and support of the Superintendent of Schools and the Oakland school dentist. The Department of Educational Adjustment handled the details of the Conference. This meeting differed from the Professional Institute in that it was held only for those interested in dentistry. It was a selected group, and, much to our surprise, the Department of Educational Adjustment to some degree had “selected” the students who attended. It was held on a school day and only about forty students who were “above average” in the eyes of the vocational teachers were permitted to attend. Four speakers gave fifteen-minute talks on the following subjects:

The President of the Alameda County Dentists Society spoke on “The Profession of Dentistry (An Overview of the Field)”
An Associate Professor of the College of Physicians and Surgeons spoke on "Women in Dentistry."

The Director of Postgraduate Education of the College of Physicians and Surgeons spoke on "Specialization in Dentistry."

The Dean of the College of Dentistry of the University of California spoke on "Qualifications and Training for Success in Dentistry."

A question and answer period followed these short lectures.

Both of these programs were held in the San Francisco area and dealt with an urban group. An Institute similar to the first program mentioned was held in Hollister, California, in a Junior College. Unlike the other programs this was not instituted by this Committee, but was started by the vocational guidance people in the Hollister Junior College. However, they had heard of our activities and we were requested to aid them so far as dentistry was concerned. One of our graduates, a dental hygienist, is active in that area and she was supplied with information and a sound motion picture, "Dental Hygiene as a Professional Career". The technique followed there was much the same as that used in the first program mentioned in this report, but was, of course, at the junior college level rather than the high school.

The "Institute" method has one great advantage in that it is a fairly easy way to arouse the interest of the vocational people in a school system. The public schools are continually bombarded with requests by special groups to contact their students and they have become wary of all such requests. However, when approached with the "Institute" idea, involving no special group, the vocational teachers see an opportunity to have a group of experts lay the various professional fields before the students without prejudice or special interest. This reaction is particularly true when an institution such as a university sponsors the Institute.

The Conference idea has the advantage of dealing with those who are specifically interested in Dentistry. The Conference Meeting is a more difficult type of meeting to arrange with a school system, but where possible it is the method of choice.

It is the experience of this Committee that the "Institute" method will be more readily received by the officials of a school system; and if the Institute can be organized so that conference periods can be arranged for those specifically interested in Dentistry, the advantages of both methods can be combined.

In addition to these "trial" programs, the Committee circulated a questionnaire to the deans of dental schools to determine what activity is going on in the field of student recruitment. Forty-four questionnaires were forwarded, and thirty-eight were returned.

The high percentage of returns indicates the degree of interest of the deans in this question—and this interest in the face of the greatest deluge of applicants in the history of dental education. Many of the questionnaires were returned with letters and notes from the deans expressing interest and hope.
that this program will stimulate even greater interest in dentistry as a career and thus provide a large number of applications from which the most promising material can be selected. In view of this interest it would appear that the deans should be kept appraised of the activities of this Committee.

1) Are you aware of any recruitment programs for dental students in your area?
   Yes...23   No...15

2) Are they sponsored by the
   Dental School................................. 8
   University.................................... 6
   Profession.................................... 12
   General School System...................... 4

3) Please check the techniques used
   a) Lectures before
      Parent-Teacher Groups.......................... 4
      Vocational Classes in High School............ 12
      Pre-professional Study Groups................ 7
      Vocational Guidance Teachers................ 14
      Service Clubs................................ 1
   b) Newspaper Articles........................... 3
   c) Radio Talks.................................. 3
   d) Distribution of Pamphlets.................... 6
   e) Career Institutes
      (where representatives of various vocations and professions meet with students)........... 7
   f) Activities such as Dentist-Boy Dinners........ 7

A study of the returns indicates that the area of greatest dental student recruitment activity is to be found in the Middle West, followed by the West, with the least activity in the Eastern and Southern areas.

The dental profession exhibits a fair degree of interest and initiative in the recruitment of students. The general school systems rarely initiate action in this field, but do tend to cooperate when requested. This is shown by the activities of the vocational classes and the vocational guidance teachers.

The effectiveness of these various techniques is not known, as no method has been devised to determine the part played by each technique in making up the mind of the student to select dentistry as a career. It is quite possible that no one item can be considered as more influential than another. It would therefore seem best to continue to use the various techniques according to the interest and the facilities in each local area.

The Committee did not use the money appropriated for their use during this year, as the expense of the project was small. Expenses such as mimeographing, mailing, travel, and telephone were paid out of the Dean’s Office, College of Dentistry, University of California. However, it is quite possible that the Committee next year may begin to implement some of the techniques
mentioned above, and this would involve an increased cost. It is the recommendation that a sum of $500.00 be allocated for use by the Committee on Student Recruitment.

If this report proves to be acceptable to the Regents, it is the recommendation of this Committee that reprints (if printed) or mimeographed copies of this report be forwarded to the deans of dental schools and such other individuals and groups as the Regents may designate.

REPORT OF THE COMMITTEE ON EDUCATION

HARRY LYONS, Chairman*

The rôle which the American College of Dentists may play in the field of dental education is a peculiar and challenging one. The College is not concerned with establishing, promoting, administering, or financing schools for undergraduate, graduate or postgraduate dental education; nor is it an accrediting agency. Yet, it has a challenging opportunity to influence dental education by means that are unique in approach and profound in significance. The College has already demonstrated its salutary influence in another important area of the dental profession, that of journalism. The monumental contribution to dental journalism made by the College through its Commission on Journalism need not be recounted here. However, it set a challenging precedent that indicates that the College may make comparable contributions in other areas of the profession. It appears to the Committee on Education that the field of dental education offers the College another such opportunity.

The Committee on Education holds the opinion that the College should not impinge upon or duplicate the work of other agencies now engaged in the various phases of dental education. The Committee believes that the College should not set standards, develop curricula, or otherwise directly engage itself in spheres of formal dental education. However, it can contribute to the progress of dental education at all of its levels by positive means and with profound, long-term effects.

In the earlier years of formal dental education in this country, teaching in dentistry concerned itself mainly with technics. American dentistry became renowned for its technical excellence. In more recent years, as dentistry has taken its rightful place in the broad field of the health services, the biological sciences have been given increasing emphasis. This is as it should be. The broader scope of dental care and the education of dentists for this broader

* The other members of the Committee are Philip E. Blackerby, Jr., Alvin W. Bryan, S. Ellsworth Davenport, Jr., and Maynard K. Hine.
service increased the complexities of dental education. The need for dental teachers more adequately versed in the biologic sciences as well as skilled in technics became obvious. Dental educators with these qualifications are not yet numerous enough to meet the current demands for this type of instruction. As a matter of fact, such broadly grounded dental teachers are still distinctly few in number.

To complicate the problem still more, dentistry's horizon is again being broadened, in consonance with the broadening horizons of all the health services. The health service professions are becoming acutely conscious of their social responsibilities in a complex democratic society, a society in which various groups are promoting plans for the wider distribution of health care that differ widely in their principles and philosophy. Dentistry's stake in the future is as great as that of any other health service profession. The social problems that face us are great and ominous. The social significance of dental care, the trends in social welfare generally and the direction which dental education should take in the future are some of the problems which are pressing for solution. These problems should not be left to solution by chance or abdication. The future complexion and character of the health service professions, dentistry included, depend upon the intelligence, industry and courage with which these social problems are attacked. This challenging situation calls for an enlightened and an aroused profession, the responsibility for which rests largely upon dental education. The immediate future, therefore, demands dental teachers who are not only well educated in the biologic sciences and skillful in the technics but also possessed of broad knowledge in the social sciences and in teaching methods. A goodly number of such dental teachers are necessary if dentistry is to meet the challenge of the day and of the near future with the success that will preserve, for us and for the public, many of the principles of health care which we hold dear and essential to democratic life. We should immediately set ourselves to the task of preparing an adequate number of superiorly educated and trained dental teachers. It is in this sphere that the College has an unique and challenging opportunity, an opportunity to inspire and financially to spark the graduate education and training of such personnel.

To point up the problem of the need and the rôle which the College may play in this connection, reference is made to the report of the 1947 Committee on Education. A section of this report dealt with the problem of preparation of dental teachers for teaching. In the opinion of the 1947 Committee such preparation appeared to be generally inadequate. That is not to say that many dental teachers are not good teachers. The attainments of dental education testify to this fact eloquently. The great majority of our college and university teachers generally have had no special preparatory training for
teaching¹. Dental teachers are no exception to this observation. The acute shortage in dental teaching personnel and the inadequate preparation of most dental teachers for teaching constitute one of the most serious weaknesses in dental education today. The situation is all the more serious in light of the current increased demands for enrollment in dental schools and for dental care by the public.

The following material presented in the 1947 report of this Committee is quoted here because of its pertinent relationship to the problem under discussion:

Dr. Harlan H. Horner, Secretary of the Council on Dental Education, recently reported some interesting data on dental teachers². At the time of his report, there were 1669 clinical teachers in 38 dental schools in the United States. Of these, only 384 were full-time teachers; 252 were half-time teachers; 1033 were devoting less than half time to teaching. These figures reveal the startling facts that in 1943 only 23 per cent of clinical teachers in dental education were making teaching their full-time vocation, that 77 per cent of all clinical teachers in dentistry were on a part-time basis, and that 60 per cent spent less than half time in teaching. Irrespective of the relative merits of the full-time and the part-time teachers in clinical dentistry, it must be apparent to all that too few of the clinical teachers are making teaching their major interest. The reasons for this situation are, no doubt, many and varied. Limited opportunities for teacher training, inadequate dental school budgets and low salaries, insecure tenure, lack of adequate provisions for retirement benefits, heavy teaching schedules, with little or no opportunity for advanced study and research, and many other factors have their influence. More adequate preparation for teaching might make dental teaching more attractive to qualified young men and women. It is to this phase of the subject that this Committee calls the attention of the College.

Most of the new additions to dental school faculties are recruited annually from the immediate graduates of the respective dental schools. These recent graduates are assigned to tasks of instruction with little or no additional technical training in dentistry and none, usually, in teaching methods and technics. Among other things, this has led to marked faculty inbreeding. As reported in 1943 by Horner, 1406 of the 1669 clinical teachers in dentistry have had no teaching experience outside the schools in which they were teaching at the time of the report. Of the 1449 clinical teachers holding dental degrees, Horner reported that 1146 had earned degrees in the dental schools in which they were teaching.

These facts are not cited in criticism of the many fine men now engaged in dental education. Their contributions have, indeed, been monumental and the great strides in the progress of dental education must be credited to them. With facilities and support for more adequate preparation for teaching, young men in greater numbers may aspire to the role of the dental teacher on a full-time basis and with dental education as the major interest in their professional endeavors.

The unique rôle which the College may play toward the attainment of this

¹ Horner, H. H.: Private communication, April 15, 1947.
objective is a most worthy one. Accordingly, the Committee on Education recommends:

(1) That the Council on Dental Education be requested to prescribe standards for graduate studies in the realm of dental teacher training.

(2) That the Council on Dental Education be requested to collaborate in an approach to universities which include schools of Dentistry and Education, to make provision for acceptance of graduate students for dental teacher training.

(3) That the College establish fellowships for graduate students in dental teacher training (as many as the Regents may deem the College can currently afford), carrying an annual stipend of $2500, the recipients to be selected on a merit basis from among applicants recommended by deans of dental schools.

(4) That an agency of the College be authorized by the Regents to represent the College in the implementation of this program.

REPORT OF THE COMMITTEE ON JOURNALISM

JOHN E. GURLEY, Chairman*

PREAMBLE

The American College of Dentists was organized in 1920 for several purposes or with several objects in mind, either named or unnamed at that time.

Man is essentially a gregarious animal, he likes to associate himself with others; in so doing men therefore accomplish much of the world’s work. It may be assumed that all they do is essential, although some things achieved may be considered sufficiently essential that they may carry a “must,” and again may be voluntary or involuntary. So far as the American College of Dentists is concerned, its work may be considered wholly voluntary; that is to say, in all of its undertakings men have agreed on doing certain things which should benefit our segment of society in some or all of its relationships, and have proceeded to their accomplishment.

Consider for a moment, the time, the energy, the strain and the money cost involved in such undertakings as the study of technician relationships, health legislation, research, hospital relationships and internships, and many other phases of professional life, practice and interest, including journalism. Then compare present-day conditions with those of a quarter of a century ago, and what is your answer?

* The other members of the Committee are Reuben L. Blake, William B. Dunning, Harry B. Hambly and Walter Wright.
All of this activity of the College was voluntary on the part of men interested and was so conducted. When all the facts were collected, if authority were required in final conclusions, the whole was placed before the American Dental Association. Otherwise by our own mutual agreement, conclusions were reached and standards were set.

Again, in all of this there was mutual good feeling generally; for when facts are presented, men must agree. Though in securing these facts, opinions are expressed and sometimes emotions are exploded, in the end final acceptance of true facts sets all on a higher plane and we are happy, because advance has been made.

The years have seen many changes in dental journalism. It is a far cry from the old journals describing, not technics, but materials and tools or instruments used (which conveyed to the reader the idea that in their use, his technic would be improved), to the journals of today, including, for example, the Journal of Dental Research. The profession now sets the standard for all of these and our literature is greatly changed.

THE AMERICAN JOURNAL OF ORTHODONTICS

Confining our thoughts for the moment to the American Journal of Orthodontics, we have a journal devoted to orthodontic interest only and under the direction of the American Association of Orthodontists. As the relationship between this Society and the Journalism Committee has progressed through the years, there have been times of stress and tension, for which we express regret.

Past, present and future are in a way inseparable, for one cannot be, without the others. Whatever is, the present, comes from somewhere, the past, and is going someplace, the future. And of these, probably the future is of greatest importance, for the present requires to be taken as it is, and direction must be given to the future.

So it is with this journal: we have it today described as to both itself and its business relationships. The present publishing contract is in good order and is herewith submitted:

CONTRACT

between

THE AMERICAN ASSOCIATION OF ORTHODONTISTS

and

THE C. V. MOSBY COMPANY

The following contract, voluntarily concluded between the two organizations mentioned above, shall be considered effective as of January 1, 1948, when signed by official representatives of both organizations. It shall continue in effect until one or the other party mentioned
above shall ask for the termination of said contract, in which case either party wishing to terminate said contract shall give the other party one year's advance notice of such intention.

EDITORIAL BOARD: The Editorial Board of the American Journal of Orthodontics shall consist of an Editor-in-Chief and one representative of each Sectional Society of the American Association of Orthodontists. Each such Sectional Society shall elect a Sectional Editor annually. In the event of vacancies occurring in this Board, new members will be elected by the Sectional Societies in which the vacancies occur.

The Editorial Board shall be responsible for the editorial policy and general conduct of the Journal, shall censor matters of advertising, and shall recommend ASSOCIATE EDITORS to the Board of Directors of the American Association of Orthodontists for appointment as deemed necessary for the efficient conduct of the Journal, to take charge of special department of publication, or for suitable representation of orthodontics in foreign countries.

EDITOR-IN-CHIEF: It shall be the duty of the Editor-in-Chief to receive literature from all sources, pass on its quality, fitness, and arrangement for publication. He shall supervise special departments, write editorials, or delegate to members of the Editorial Board the preparation of editorial material, and otherwise fulfill the obligations and responsibilities usual to this office.

The Editor-in-Chief shall be nominated by the Editorial Board. Such nomination shall be referred to the Board of Directors of the American Association of Orthodontists for approval. He shall be elected for a term of five (5) years.

In the event of a vacancy in the office of Editor-in-Chief his successor shall be nominated by the Editorial Board. Such nomination shall then be referred to the Board of Directors of the American Association of Orthodontists for their consideration and approval.

SECTIONAL EDITORS: It shall be the duty of the Sectional Editors to maintain contact at all times with the Editor-in-Chief. They shall report to him the meetings of their various Societies, and also all matters of orthodontic interest which may occur in their sections, and procure all information which may be requested by the Editor-in-Chief.

It shall be the further duty of the Sectional Editors to obtain the papers of their respective Sectional Societies; to edit these papers and otherwise prepare them for publication. Sectional Editors shall confer with authors of contributions to the programs of their respective Sections in reference to the type and number of illustrations acceptable for publication.

FINANCIAL AGREEMENT: In consideration of the exclusive publication in the American Journal of Orthodontics of the manuscripts, clinics, case reports, etc. of the American Association of Orthodontists and of all its Sectional Societies, the C. V. Mosby Company agrees to pay to the American Association of Orthodontists the sum of $1800.00 (eighteen hundred dollars) per annum, payable at the rate of $150.00 (one hundred fifty dollars) per month, as its contribution to the Editorial expense.

It is further agreed between the contracting parties that the Publisher shall furnish an en bloc subscription for the Journal to the members of the American Association of Orthodontists at a subscription rate of $7.00 (seven dollars) per member per year. Said en bloc subscription shall be paid from the Treasury of the American Association of Orthodontists to the C. V. Mosby Company on or before March 15th of each calendar year.

It is further agreed that the costs of illustrations to be paid by the Publisher shall not exceed $2000.00 (two thousand dollars) in any one volume, and this sum shall be used at the discretion of the Editorial Staff for this purpose only.

Signed: CLAUDE R. WOOD, Vice-President
The C. V. Mosby Company

Signed: E. C. LUNSFORD, Chairman Editorial and Publications Board, American Association of Orthodontists
This contract was “consummated at a regular meeting of the Board of Directors of the American Association of Orthodontists, Columbus, Ohio, April 26th, 1948” and “upon unanimous recommendation of the Sectional Editors, Dr. H. C. Pollock was approved by the Board of Directors as Editor-in-Chief.” All was “passed unanimously at a regular executive session of the American Association of Orthodontists.”

The American Association of Orthodontists through its officers has worked diligently to bring about this conclusion and all of us together express appreciation and manifest a real feeling of satisfaction in its acceptance by that Association. The contract clears up all questions concerning requirements of a professional journal. Advertising matter “shall be censored” by the Association, and all professional matter is under the direct control of the Society through its editor and editorial board. The question of members’ subscription fees is frankly stated: the Journal now meets all requirements of an Association controlled and privately owned journal, and thus merits a Class B rating.

It is therefore the unanimous recommendation of the Committee on Journalism, that the American Journal of Orthodontics be and hereby is granted a Class B rating in accord with the classification as determined by the American College of Dentists in 1928 and modified in 1938 as follows:

Class A—journals owned and controlled by the dental profession.
Class B—journals privately owned but controlled by the dental profession.
Class C—journals privately owned and privately controlled.

OTHER JOURNALS


This journal is owned, controlled and published by the C. V. Mosby Company. The editor-in-chief is Dr. Kurt H. Thoma, with Dr. David J. Holland, Jr., assistant editor.

It is the official publication of the New England Society of Oral Surgeons, Kurt H. Thoma, editor; the Seminar of Dental Medicine, Hermann Becks, editor; and the American Academy of Oral Pathology, H. B. G. Robinson, editor. These three organizations are apparently very well established; the first and third may be in their “founding days,” but are well on the road to permanency. The Chairman of the Committee was asked by one of the editors for a Class C rating, to which the Journal appears to be entitled. The Committee recommends that this rating be granted.

2. The Journal of Dental Medicine

This journal is owned, published and copyrighted by the American Academy of Dental Medicine. The objectives of the Academy, as taken from the inside front cover of the journal, are as follows:

To promote the study and dissemination of knowledge of the cause, prevention and con-
trol of diseases of the teeth, their supporting structures and adnexa and related subjects; and to foster and promote a better scientific understanding between the fields of dentistry and medicine.

The editor, Dr. Allan N. Arvins, New York, and the editorial board are well-known members of the profession and teachers in dental schools. The Committee recommends that this Journal be given a Class A rating.

It has been recommended that we change the word "classification" "classify" or "class" to "grouping" or "group." Thus our literature would be considered as Group A, Group B or Group C, with the definitions as already stated. The Committee recommends this change.

REPORT OF THE COMMITTEE ON PROSTHETIC DENTAL SERVICE

WALTER H. WRIGHT, Chairman*

Since 1923, dental mechanics and dental laboratories have tried to gain legal recognition in the state of New York. A Dental Mechanics bill was defeated in 1923. In 1929, the Master Dental Technician bill passed the Senate and was signed by Governor Roosevelt, who in 1930 vetoed it.

Mechanics bills were unsuccessfully tried in 1937, 1938 and 1945, when a bill was passed by the legislature but vetoed by Governor Dewey.

On March 29 of this year (1948) Governor Thomas E. Dewey again vetoed a bill to Register Dental Laboratories in the state of New York. In vetoing this bill, Governor Dewey said, in part:

This bill has the purpose of registering and regulating dental laboratories. There would be no objection to a simple registration statute. There could be no objection to adding provisions to existing laws to make impossible the illegal practice of dentistry by unqualified persons.

This bill, however, goes much further. It has many of the details and provisions accompanying the licensing and regulation of full fledged professions. Moreover, it contains the broadest delegation of power to an administration agency, namely, the promulgation and amendment of rules and regulations as to the adequacy of equipment, and as to the age, citizenship, education, or experience of an individual applicant for registration as a dental laboratory owner or operator and of the manager or supervisor of a corporate applicant for registration as a dental laboratory.

The bill is disapproved. (signed) THOMAS E. DEWEY

The vetoed bill provided for:
1. Registration of commercial laboratories

* The other members of the Committee are Louis Brach, Clarence A. Nelson, Chastain G. Porter and Jack Werner.
2. Registration of laboratory owners without prescribed qualifications
3. Administration of the law by the Commissioner of Education
4. Setting up of educational qualifications by the Commissioner of Education after the bill had been enacted into law
5. Forming an advisory committee of five, consisting of three members to represent the Dental Examining Board and two members to represent the laboratory owners
6. Revocation of the laboratory license after conviction for illegal dental practice

Briefly, the law was defective because:
1. It did not specify qualifications of laboratory owners.
2. It was to have been administered by the Commissioner of Education, whose interests are education, not industrial or commercial concerns.
3. No educational standards were prescribed in the bill; these were to have been formulated after it had become law.
4. The Dental Examining Board was only advisory not administrative regarding laboratories.
5. The bill was designed to prevent illegal practice of dentistry, but Governor Dewey advised amendment to existing dental laws to correct illegal practice.

A special joint committee of the First and Second District Dental Societies of New York is now preparing recommendation for amending existing dental laws for the control of illegal practice.

In summing up this sixth attempt made in New York to license technicians or laboratories it appears plain that an effort is being made by these adjuncts of the profession to gain legal recognition and separate legal rights in the prosthetic procedures and processes in dentistry. Such recognition would in fact split the profession into two groups, the dentists and the technicians, and open the way for the latter, under favorable socialized dentistry, to allocate to themselves a major part of prosthetic dentistry, as has already been done in certain foreign countries. Dentistry will be safe only if every such attempt to license dental laboratories and dental technicians is likewise defeated.

REPORT OF THE COMMITTEE ON RELATIONS

HOLLY C. JARVIS, Chairman*

During the past year the Committee on Relations held one meeting. This was held in Chicago on February 9, 1948, in the office of Dr. Lon W. Morrey.

* The other members of this Committee are C. Willard Camalier, Paul L. Chevalier, Lon W. Morrey, and Charles A. Sweet.
Committee members present were Drs. Lon W. Morrey, Charles A. Sweet, and Holly C. Jarvis. Representing the Sections were Drs. George E. Morgan and Harvey M. Ueble from the Wisconsin Section; Dr. Leo Shonfield from the Pittsburgh Section; and Dr. Albert B. Owen from the St. Louis Section. Dr. Camalier was detained in Washington because of other pressing matters and sent his regrets. Dr. Chevalier was unable to be in Chicago at that time. The Washington, D.C., Section was not represented.

After some discussion on the subject of "Radio Broadcasting", it was unanimously decided to discontinue the study of that subject and select new and more definite fields for work during the coming year. The unanimously expressed opinions of those present for suitable fields of study follow:

1. TO DEVELOP A BETTER MEDICO-DENTAL RELATIONSHIP—The opinion of those present was that this could be best accomplished at the student level by planning at least one forum each year for medical and dental students. Select a good speaker for the occasion, preferably a dentist from the College who has prepared a very timely subject.

2. TO DEVELOP FORUMS FOR STUDENTS—The choice of other types of forums that might be developed was left open for the Sections to discuss at their future meetings.

3. TO PREPARE SOME TRANSCRIPTIONS—It is recommended that the Sections, if they so desire, prepare at least one transcription to be used on such occasions as are thought advisable.

4. TO ORGANIZE A SPEAKERS BUREAU—Good speakers who are members of the College should be encouraged to prepare further good talks to be given before lay groups. When these men travel to various cities of the country the Relations Committee should act as their "booking agent" and arrange to have them talk to some luncheon group in those cities. The speaker would be introduced by a member of the College.

5. TO SUPPLY SPEAKERS FOR SMALL DENTAL MEETINGS AND CLUBS—Prior to annual meetings of the American Dental Association the area in which the meeting is to be held should be supplied with speakers for luncheon clubs, dental society meetings, etc. "BETTER ORAL HEALTH" would be the general theme of these talks. The College men would "blaze the way" in this work by enlisting all the help possible from the members of the American Dental Association in the meeting areas.

This outline was prepared and sent to the chairmen of the Sections assigned to this Committee. However, because of the recent elections of new chairmen by some Sections and the fact that other Sections hold only annual meetings, the reports from the Sections as regards reaction and comment have been somewhat delayed.
In a letter under date of August 13, Dr. Paul F. O'Brien, Chairman of the St. Louis Section, comments as follows:

It was the opinion of the group that we could not add much to a survey of the subject assigned to the St. Louis Section, namely, “Radio Programs”. We are instead planning a study of “Methods of Dental Practice” and are preparing an outline of every possible method of practice. We propose to carry the study through next year.

In a letter under date of August 23, Dr. P. V. McParland, Chairman of the Pittsburgh Section, comments as follows:

Our plans for next year have been developed to the point where we have several speakers to address our Section on items pertaining to the development of dental education. One of these meetings will be for the dedication of a bronze plaque in memory of Dr. H. E. Friesell. It is to be presented to the School of Dentistry of the University of Pittsburgh by the Pittsburgh Section of the American College. We have plans for the development of better understanding of the aims and objects of the College, not only to the dentists in this Section but to the students in the University as well. We plan to have our final meeting of the year in May, an open one to which the profession in Western Pennsylvania, Eastern Ohio and West Virginia will be invited. We plan also to have an outstanding speaker for that particular occasion.

At this writing I do not have a report on the plans of the Wisconsin Section. However, I feel certain that they will have a definite program next year.

In a letter under date of September 4, Dr. B. Edwin Erikson reported for the Washington, D. C., Section:

The Section has discussed the possibility of securing more recognition for the dental profession in the composition of various Civic Boards and Committees concerned with public welfare and to this end has appointed a committee, with Dr. Harold Krogh as Chairman, to work through the local Dental Society to further our aims in this direction. Dr. Krogh is at present in Europe on a tour of lectures in oral surgery and is therefore not available at the moment for a detailed report but I am informed that contact has been made with the new President of the District of Columbia Dental Society, Dr. Edward D. Leifer, who has expressed himself as wholeheartedly in favor of aggressive action along this line.

As these plans have not been fully carried out, our next year’s activities will naturally look to continuing the activity already commenced.

The Ohio Section was formed only during the past year and was immediately assigned by President Main to the Committee on Relations. As Chairman of that Section I can report that a copy of the outline was mailed to each member of the Section, inviting their comment and study. Our first regular meeting will be held in Columbus, Ohio, early in November, and I can assure that next year Ohio will be active and will attempt some definite work. In fact, I have every reason to believe that in the very near future Ohio will be one of the leading Sections in activity.
Your Committee will continue in its efforts to help the Sections assigned to it in planning a definite program of study: if not a program along the lines of the Committee’s suggestions, then one of their own choice. I believe the inertia in the Sections and the College that existed during the war is generally fading away and we are rolling forward with renewed enthusiasm.

The Sections assigned to this Committee are Ohio, St. Louis, Pittsburgh, Washington, D. C., and Wisconsin.

REPORT OF THE SOCIO-ECONOMICS COMMITTEE

Ernest G. Sisman, Chairman*

Under date of August 1, 1947, the Committee on Socio-Economics reported its plans for the succeeding year. These included endeavors to have the four Sections assigned to the Committee do some original investigations in the field of socio-economics. Our report contained detailed plans for six sample research projects. The proposals were so planned that all of the work, or nearly all, could be accomplished by interested dentists who would probably be without special training in research or in socio-economics. The proposed procedure was approved by the Board of Regents at its August 1947 meeting in Boston.

Immediately subsequent to this meeting the Committee sent outlines of the proposed projects to the secretaries of the four Sections assigned, with appropriate letters of transmittal. Under date of November 10, 1947, President Main reported that the Section chairman had been notified of their respective assignments. You will perhaps remember that the Texas Section had previously developed a report which was presented to you through the Socio-Economics Committee at the Boston Meeting.

In addition, the Maryland Section had accomplished a small but good piece of field work. However, its report to the Chairman of the Committee was not received in time to be included in the 1947–48 report. The Maryland report dealt with the causes for loss of permanent teeth and was developed along the lines outlined for Project No. 1 in the Committee’s 1947–48 report. The report contains some excellent material. However, under date of July 31, 1947, the Secretary of the Maryland Section wrote as follows: “It has been definitely requested by the members of the Maryland Section that this report not be published as the time element and the scope for study were so limited that inaccuracies are probable.”

In subsequent correspondence with that Section we stated that in our opinion the field work for this report was very acceptable, but since it (1) involved

* The other members of the Committee are Allen O. Gruebbel, Loren T. Hunt, William B. Ryder, and Russell A. Sand.
record making for but fifty-four dentists; (2) was for only a six-day period; and (3) additions could be made thereto, it might be well for the Section to consider re-doing the project or adding to it on a somewhat larger basis during the 1947-48 year. Even though the Maryland Section's field work was not comprehensive, a good statistical report could be developed from the information already submitted. We received no further responses from the Maryland Section.

We had one letter from the Colorado Section but there was no indication that this Section had selected one of the suggested projects and started work.

We have had no responses to our communications to the Kansas City (Mid-West) Section.

The Texas Section selected Project No. 2 for the 1947-48 year. This is designed to determine dental incomes on the basis of original causes for the needs of services rendered, and would provide a basis for determining the proportion of dental treatment required for the treatment of caries and its sequelae, as contrasted with the amount of services required for treatment of other categories of original dental disease. Other values in this project were outlined in our 1947-48 report. In prosecuting this project the Texas Section caused tabulated sheets to be printed, upon which nine participating dentists recorded their charges for services for the month of May 1948 and then distributed the charges to one or more of seven columns. Through this study the costs of dental treatment could be related to specific original diseases, i.e., caries, periodontitis, etc. Good work done in this area of investigation today will serve excellently to illustrate the effectiveness of disease control programs of tomorrow. And good work in this area is needed if we are to justify large grants for research for specific dental diseases.

Listed below are the total charges made by the nine dental offices reporting and the gross earnings for each of the seven categories of service.

<table>
<thead>
<tr>
<th>Category</th>
<th>Dollar Charges</th>
<th>Per Centum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caries and its sequelae</td>
<td>$6,959</td>
<td>30.8</td>
</tr>
<tr>
<td>2. Periodontitis and its sequelae</td>
<td>3,026</td>
<td>13.4</td>
</tr>
<tr>
<td>3. Assignable to 1 or 2 but which not determined</td>
<td>1,501</td>
<td>6.7</td>
</tr>
<tr>
<td>4. Oral surgery not assignable to 1 or 2</td>
<td>4,041</td>
<td>17.8</td>
</tr>
<tr>
<td>5. Prophylaxis not related to 1 or 2</td>
<td>777</td>
<td>3.4</td>
</tr>
<tr>
<td>6. Orthodontic services</td>
<td>65</td>
<td>.3</td>
</tr>
<tr>
<td>7. Other dental services</td>
<td>6,228</td>
<td>27.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$22,597</strong></td>
<td></td>
</tr>
</tbody>
</table>

There are no data with which to exactly compare these figures and percentages.

We received a copy of the instructions the Texas Committee sent to each
participating dentist and agree that these afforded a reasonably full expla-
nation of the proposed project.

From (1) our knowledge of the frequency of attacks by caries, (2) informa-
tion we have on treated and untreated carious lesions, and (3) good overall
guesses as to the proportion of services rendered that were made necessary by
reason of attacks by caries; it appears likely that 30.8 per cent for the treat-
ment of caries and its sequelae is much too small. However, this may prove
correct; if so it lends credence to the concept that caries incidence rates in
some parts of Texas are much different from those present elsewhere.

Our lesson in this instance is to make sure that when and if the project is
repeated in Texas and/or elsewhere the participating dentists fully understand
their obligation to make a reasonable exploration into the why of their services,
so that their assignments of earnings to categories of services can be safely
assumed to be reasonable and reliable. As stated in our 1947–48 report, work
along these lines accurately done will reflect the changing importance of a
given dental disease over others.

If the distributions by the Texas group are accurate (and they certainly may
be) and are so proved by additional work, then many of us must revise our
opinions as to the relative importance of the role of attacks by caries to the
whole field of dental service. Otherwise this Committee now recommends
that the 1947–48 report of the Committee be sent to many more than four
Sections of our College; and that a suitable letter of explanation be sent the
officers of those Sections requesting that a meeting of a few key members be
called to decide if they want to work on one or more projects. We feel that
this kind of approach will in the end be more and more responsible for encourag-
ing work at the Section level of the College.
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