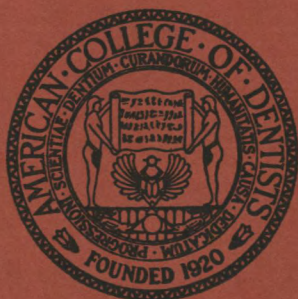


Volume 17

Number 3

Journal

AMERICAN COLLEGE OF DENTISTS



September 1950

Published Quarterly for General Circulation by
THE AMERICAN COLLEGE OF DENTISTS

\$3.00^a a Year

75 Cents a Copy

JOURNAL

American College of Dentists

Presents the proceedings of the American College of Dentists and such additional papers and comment from responsible sources as may be useful for the promotion of oral health-service and the advancement of the dental profession. The Journal disclaims responsibility, however, for opinions expressed by authors.

Published Four Times a Year—March, June, September, December

Entered as Second Class Matter September 3, 1948 at the Post Office at Baltimore, Maryland under the Act of March 3, 1879
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THE WAVERLY PRESS, INC., BALTIMORE, MD., U.S.A.

Address of the Editor:

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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 Reagents: Atlantic City, October 28, 1950

Next Convocation: Atlantic City, October 29, 1950

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. Application 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.]

JOURNAL

American College of Dentists

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Nothing is easier in America than to attend college and nothing is harder than to get educated.

DOUGLAS WOODRUFF

Quoted in NECTAR IN A NUTSHELL (Allen & Unwin) through READERS DIGEST, July 1950, Page 13.

PURPOSES AND IDEALS¹

EDWARD B. SPALDING, D.D.S., *Birmingham*

INTRODUCTION



Courtesy D. D. Spellman Studios
EDWARD B. SPALDING

"All Gaul is divided into three parts."

Every Latin student knows that is the translation of the first sentence in Caesar's *"Gallic War."*

You may recall the late Robert Benchley, the humorist. He came on the air one evening saying, "Gallia est omnis divisa in partes tres", which being translated means; it takes a lot of gall to think you can make a tree." Had Joyce Kilmer been living, what he might have said to "Bob" for paraphrasing "Trees" we will never know.

However, in the same vein we may say: it takes a lot of conceit for one to think he can discourse on so abstract a subject as Purpose and Ideals.

It was sixty years ago last September that I entered the dental college to study dentistry. I am still not only studying dentistry but practicing it. Sixty years ago was the "horse and buggy" day. It was not an uncommon sight to see the patent medicine man stop his horse and wagon at a street corner in a small town, take up his violin and play until he attracted a crowd around him. Then he would pick up a bottle of Indian Siwash Remedy and say: "Ladies and Gentlemen, I hold in my hand a medicine which will cure everything flesh is heir to." Then someone in the crowd called out: "Can you prove it?" He would reply: "I don't have to prove it, I admit it."

¹ Presented before the Michigan Fellows of the American College of Dentists, April 23, 1950.

So too, I expect to make some positive statements this evening and if I am asked to prove them I will reply like the medicine man: "I don't have to prove them, I admit them." Thus, you see my paper is not scientific. I will also ask several questions which I do not expect the audience to answer, so you see no one has any responsibility. However, I may expose a bit of my own philosophy which you may take or not as you wish.

PURPOSES AND IDEALS: WHY

If it were not for purpose, the force and ideals, the direction, we would not be gathered here this evening. It is the purpose and the ideal which every man has demonstrated in the practice of his profession which, being recognized, resulted in his invitation to become a Fellow of the American College of Dentists, which organization had its beginning thirty years ago because of the purposes and ideals of a few men.

In 1838, if Horace H. Hayden and Chapin A. Harris had not held strong purposes, and high ideals there might never have been a dental college, and possibly dentistry might have remained a craft. They were the pioneers who started dentistry as a profession.

In that insatiable desire to cast a pebble into the lake, man does not explain, neither does he visualize the extent to which the wavelets caused by the pebble will circle and travel. Every man, no matter what his position or condition, visualizes something beyond or higher than himself. Whether he makes an effort to approach that something or condition, depends upon his willingness and ability to expend effort, and that willingness and ability depend on the force of his purpose. It is the expending of effort that makes for growth, for progress, and for the development of man himself. A prize fighter does not prepare for his fight, merely by hiring another to massage his muscles. It takes the effort of the individual to build strength sufficient to win a fight. Are we wrong then in assuming that the object of living is growth, and the putting forth of voluntary effort is what makes for growth whether it be muscular, mental or spiritual?

Every man gradually acquires a certain amount of philosophy which he uses consciously or unconsciously. A man's own philosophy is his response as to the *why*, the *whence*, and the *whither* of life. May we philosophize for a few minutes about man the individual?

MAN IS BORN

May I quote from William Wordsworth: "Our birth is but a sleep and a forgetting. The soul which rises with us hath had elsewhere its setting, and cometh from afar."

The old and much quoted saying is "Where there is life there is hope." May we say where there is life there is consciousness. Where there is consciousness there is purpose. Where there is purpose there is force. Where there is force there is personality.

Personality is man as we recognize and know him. The force of a man's purpose manifests itself in action. His purpose is not what he claims to believe, not what he desires, but what he is and does. He may wear a cloak, a false front, or put up a bluff, but his real personality, the force of his purpose will filter through. Honesty of purpose then, varies with the individual and is a matter of degree.

Fifty years ago there was a physician in an American city who was known at that time as an Alienist, but today he would probably be called a Psychiatrist. I once said to him, "I guess honesty is the best policy," and he began to laugh. I said "Doctor, don't you believe it?" His reply was: "Yes, of course I believe it, but I was laughing to think what my gardener said when I made that remark to him." The gardener's reply was: "Honesty ain't no policy, a man is a damned fool not to be honest." That is one way to look at it.

Cervantes is said to have laid down the precept, "honesty is the best policy", but, said Archbishop Whately, "a man who adopts that as a principle of life is not an honest man."

These two estimates of honesty were repeated to the president of one of our large automobile companies and he laughed, but he said: "honesty is a matter of degree and varies with each man." That seems to be the true estimate of honesty as we see it manifested in man. However, I never could understand why discussion of honesty should be a laughing matter.

Honesty is constantly in competition with expediency.

Expediency is serving to promote a desired end which contributes to personal advantage.

As we have observed, the force of a man's purpose is his personality and manifests itself in action, but to accomplish a desired end that action must be invited, controlled, and guided toward that end. That invitation is extended by an ideal which may be high or low.

Purpose and ideal implement each other, neither is completely effective without the other. They are interdependent.

Purpose is activity, force, motion, and the source of effort.

An *ideal* is a fixed point which determines direction of effort. A target.

Carl Schurtz says: "Ideals are like stars; you cannot touch them with your hands, but, like the seafaring man on the desert of waters you choose them as your guide, and following them, you arrive at your destiny."

May we pursue the thought further to include purpose. A ship on the ocean is being driven through the water by force, either its sails and the wind, or an engine and a propeller, but the man in the pilot house keeps the ship pointed to a certain star or on a certain reading of the compass. In that way it arrives at its desired port.

That is analogous to a man's purpose which is his driving force and his ideal which beckons him or holds him steadfast in one direction.

What does man do with his purpose and his ideals?

If the force of his purpose is strong enough and his ideals high enough man becomes a pioneer. He wrenches the wheels of his cart out of the travel ruts and explores new fields. He influences and leads his fellow man, sets him examples and inspires him to strive for higher ideals. The pioneers are the few, often too few to keep their organization out of the ruts. Dentistry is where it is because of its pioneers, but are we satisfied to let it rest in status quo while expediency seems to be gaining over honesty?

What is the object of life; what is man here for? Is it just for the fun of it? If it is he readily tires of the game. Is it the accumulation of material things which he cannot take with him when he passes over the great divide? How futile! If man uses his purposes and ideals, and puts forth effort to expand the consciousness he brought with him at birth, that is growth and growth is what we are here for.

Growth is the something we will take with us. A man's growth is his individual possession. Growth is the expansion of man's consciousness—his soul—to grasp and understand more of the truths of life, and that is acquired in making decisions.

The greatest crime against man is preventing him from making his own decisions. That is slavery. He may make wrong decisions, but that teaches him the difference between the truth and falsity.

It teaches him wisdom. Man should have the privilege of blundering. He must have experience. Man's growth is gained and measured by his service. It is not the kind of service nor the field in which he operates that matters, it is the service itself. Man's degree of honesty will manifest in his service. I quote: "Service, the badge of quality quantitatively fulfilled, is the simple process of living fully in one's appointed place." Our appointed place is dentistry. Are we living it fully?

The one excuse for a profession is the privilege of development through service. The technical skill of a professional man does not measure his service, it is his honest desire to serve which weighs heavy in the balance.

Is the aim or purpose of dentistry the preservation of the natural teeth in a state of health and usefulness, or, is the aim eradication and substitution?

Seemingly it is a matter of individual decision, how long to make the effort to preserve and when to eradicate and substitute.

The success of the effort to preserve may be dependent upon knowledge, technical skill and desire. The decision to eradicate may be largely made for expediency, that which may accrue to the advantage of the operator.

In the span of one man's life, dentistry has evolved from a craft to a profession of many scientific procedures; from a one man job to a profession of many specialties; from W. D. Miller and G. V. Black to many scientists of the present day; from gold foil—mallet and plugger—to the perfected casting process; and from cataphoresis to the sand blast.

Practically all the effort expended in perfecting new material, new processes, new technics, and new instruments has been to preserve and restore the crown of the tooth, while the supporting structures of the tooth have not only been neglected, but have been ignored except in isolated instances. It is a reproach to the dental profession that more teeth have been lost from periodontal disease than from all other causes combined while we have been busy draping the teeth with gold and procelain necklaces. Has the ideal of service, the desire to serve, been advanced in sixty years? May we ask has man's degree of honesty been advanced in the same period? It would seem that expediency has had the lead. This does not refer to isolated individuals, but dentistry and dentists as a whole.

We have been so engrossed in our pet hobbies that we have been deaf to the knocking at the gates for service in two greatly neglected fields—pedodontia care of the children; and periodontia care of the supporting structures of the teeth. Or am I assuming too much when I think the aim of dentistry is preservation?

When we hear young men about to graduate from dental college make the assertion that they are not going to practice conservative dentistry as taught in college but only extractions and let the commercial laboratories make the dentures, we wonder why they ever entered college and pursued the course to the end. Where did they get this idea of the path of least resistance, the path of expediency? We wonder who is going to carry on the purposes and ideals of dentistry—Are our ideals wrong?

We wonder, too, when we receive notices by mail to attend courses sponsored by dental supply houses, and of instructions in how to exploit the patient by displaying to him different kinds of material for his dentures with fees varying with the color of the material, if we belong to a profession whose ideals have been lost in the mire of commercialism. What is morally wrong cannot be professionally right.

Just now some of us seem to be perturbed over the change in the dental practice act of one of our States which will allow the partially trained to invade the field of operative dentistry. We have not only allowed this condition to develop but we have fostered and promoted it in the name of efficiency.

Are we going to delegate our responsibilities to the partially educated in the name of efficiency, and then hold our heads high and feel our dignity has been assailed when the delegates make their claim for recognition by the public?

Dignity does not stand long when duty has been ignored. What does the public know about dentistry? Who has taught it? Have we lived up to our title, "Doctor" which means a teacher? Have we taught our patients what we know can be accomplished by their own effort and responsibility in the care of their mouths?

The slogan for efficiency is, "never do anything one can get someone else to do." If dentistry adopts that slogan then it forfeits its right to be called an Art. Art cannot be delegated. Does the Grand Opera artist, instead of singing the Jewel song in Faust, hire someone

to sing it for her while she sits at the spinning wheel and takes the applause? It can't be done.

An artist visits Italy and views a sunset and writes an imperfect description of it in a letter. Does the recipient of the letter paint that sunset? No. He may paint a sunset but not the one the artist saw. Only the artist whose soul was impressed with that sunset can transfer it to canvas. That was his joy, that is his job, and that will be his picture. There is a discipline in real art which develops the soul.

Dentistry is in a state of evolution as is every field of activity. Dentistry is our "appointed place" for service, and we are an organization with supposedly high ideals. We should not take too much for granted. Is the force of our purpose strong enough to make pioneers of ourselves to help wrench the wheels of dentistry's cart out of the ruts of expediency on to the higher ground of honesty?

If each man is willing to cast a pebble into the lake, the sum of the circles may result in a wave of influence which will be felt far and away.

Let us remember that the honesty and the force of our purpose will filter through to the public and they may lose some of their enthusiasm for the proposed socialized service.

I beg just a few more minutes of your patience while I recite "The Job", by Badger Clark:

But God, It won't come right! it won't come right!
 I've worked it over till my brain is numb;
 The first flash came so bright.
 Then more ideas after it—flash! I thought it
 Some new constellation men would wonder at.
 Perhaps it's just a firework—flash! fizz! Spat!
 Then darker darkness and scorched pasteboard and sour smoke.
 But, God, the thought was great,
 The scheme, the dream—why, till the first charm broke
 The thing just built itself, while I, elate,
 Laughed and admired it. Then it stuck,
 Half done—the lesser half, worse luck!
 You see, it's dead as yet: a frame, a body, and the heart.
 The soul, the fiery, vital part
 To give it life is what I cannot get. I've tried—
 You know it—tried to snatch live fire,
 And pawed cold ashes. Every spark has died.
 It won't come right! I'd drop the thing entire,
 Only I can't! I love my job.

You, who ride the thunder,
Do you know what it is to dream and drudge and throb?
I wonder!
Did it come at you with a rush, your dream, your plan?
If so, I know how you began:
Yes, with rapt face and sparkling eyes,
Swinging the hot globe out between the skies
Marking the new seas with their white beach lines,
Sketching in the sun and moon, the lightning and the rains,
Sowing the hills with pines,
Wreathing a rim of purple 'round the plains.
I know you laughed then, as you caught and wrought
The first, swift rapturous outline of your thought.
And then—
Men!

I see it now.
Oh God, forgive my pettish row!
I see your job. While ages crawl
Your lips take laboring lines, your eyes a sadder light,
For man, the flower and center of it all—
Man won't come right!
After your patient centuries,
Fresh starts, recastings, tired Gethsemanes
And tense Golgothas, he, your central theme,
Is just a jangling echo of your dream.
Grand as the rest may be, he ruins it.

Why don't you quit?
Crumple it all and dream again? But no,
Flaw after flaw, you work it out; revise, refine—
Bondage, brutality and war and woe,
The sot, the fool the tyrant and the mob—
Dear God, how you must love your job!
Help me, as I love mine.

AMERICAN COLLEGE OF DENTISTS
THE FIRST THIRTY YEARS
A
N
D
THE NEXT FIFTY

(Continued from the June Journal)¹
Comments by Regents and Contributing Editors

Regent, Lewis W. Thom, D.D.S., Minneapolis



LEWIS W. THOM

The American College of Dentists was founded in 1920 by a group of philanthropic conscientious and prominent dentists who believed an organization of this kind was needed within the dental profession.

The objectives of the College, as written by the founders, are as sound today as they were in 1920. These functions are: 1) to advance the standards and efficiency of American dentistry; 2) to cultivate and encourage the professional spirit and social responsibility; and 3) to inculcate higher ideals within the profession.

The objectives cover a broad front so it required diplomacy, ingenuity and imagination to determine how to proceed in the accomplishment of the aims without interfering with organized dentistry and yet be helpful. The College has never sought to interfere with, nor control in any way, the existing professional government. How well the College has met this challenge is a matter of record.

The College Founders probably thought that men who were selected for their accomplishment and preparation would be willing

¹ J. Am. Coll. Den., 17, 115; 1950 (June).

to study thoroughly the underlying causes of conflicting opinions, and that, if banded together, would create sound objective findings which would constantly flow from a group which was banded together in this way. The supposition has been partially true, but there are still minds in the College which would aid if they were stimulated to think and act in terms of the objectives of the College.

The Founders realized that the College had an opportunity to assist in the solution of current and future problems, many of which had not been touched at the time by the American Dental Association. The objective work of the committees has not only had an influence in finding possible solutions to problems but has also aided the thinking of those in the profession who were responsible for the direction in which organized dentistry was to move. The fact that the College sponsored a study of health insurance in Europe by Simons and Siani twenty years ago is evidence of the threat which faces us today.

American dentistry needs an organization like the American College of Dentists to undertake certain phases of necessary projects and studies so that findings can be used to supplement those of organized dentistry, thus making possible further progress on vital issues. Certainly, the American College of Dentists is organized to handle such assignments if the members will interest themselves in the College program to the extent of thinking and working on current and future problems of our profession. These activities can be furthered both by individual effort and by group study which can be integrated with the work of the national committees.

The College has on occasions circulated the profession with information, thereby making it possible for all members of the American Dental Association to become acquainted with the thinking on specific matters. This was done again recently when widespread circulation was given an issue of the Journal of the American College of Dentists containing a report of the British Health Plan.

It has been the policy of the College to work quietly and without publicity in nearly all of its activities. However, the report of the Committee on Dental Journalism brought to the attention of all dental and related groups the sorry condition of dental journalism and precipitated a bitter struggle with those who were opposed to a change. The College was criticized by many members of the profession. Nevertheless, I believe it has been conceded by thinking dentists that much good has come from the open disclosures.

Soon after the organization of the College, its Board of Regents agreed on problems which members believed needed study. Committees were appointed to study and collect data which could be used later to determine a policy of action by the profession. The committees working on Education, Compulsory Health Insurance, Journalism, Research, the Certification of Specialists, the Prosthetic Dental Service, the Hospital Dental Service and others, have performed outstanding services. An example of the effectiveness of committee activity is the Prosthetic Dental Service study under the leadership of Dr. Clarence Nelson. This committee advocated the Accreditation plan which is now being tried in several states.

The College has supported research with gifts and at present is underwriting a \$2500.00 Fellowship in the Bureau of Chemistry of the American Dental Association.

The membership of the American College of Dentists is carefully chosen, and only those dentists who have contributed liberally and unselfishly to the welfare of dentistry and to society generally receive consideration. The Founders of the College believed that men who had a record of previous accomplishment would be interested in the activities of the organization and would give freely of their time and efforts in the study of the major problems confronting the profession. They reasoned that as the College grew in membership, its influence would be felt more acutely in the fulfillment of the objectives set forth.

As the membership grew, groups of members organized sections in various parts of the country. These sections or units of the College became interested in professional activities on a local or community level and also assisted the committees appointed by the Regents. This development necessitated changes in the constitution to permit these groups to be recognized as integral parts of the College. In its early life, the College was a society of individuals, but since the concentration of members in various areas it has also become an organization of groups. Today the American College of Dentists has a membership of approximately 1500 and sections represent nearly all areas of the country.

What seems to be the prospect for the next generation? The College now has strength in numbers and its organization. Its objectives are as applicable today as they were when the College was founded. However, it is here that I submit the thesis that objectives and strength, though important, are not all the qualifications neces-

sary for an organization which has dedicated itself to a life of future service.

Fortunately, the structure of the American College of Dentists, when organized, was focused with considerable elasticity. It is the elasticity feature of the College that makes it possible to dismiss committees as they conclude their assignments. And it is this same elasticity that makes it possible to institute new committees to study other important problems of the moment.

Current problems facing the Dental profession, such as socialized Health Service, the Prosthetic Laboratory situation, the Auxiliary Aid question, the position of the specialist in the profession, dental education, medical-dental relations, and others, deserve a larger measure of our attention. Before solutions are possible, a vast amount of work must be completed. Some of this work can be done on the local level, which in turn may be fitted into the national pattern of study.

Dental Research is of prime importance. It is in great need of our support despite the recent increase of interest. Organizations such as the American College of Dentists can aid by stimulating interest of individuals and organizations to finance research programs on a sufficiently large basis so that work will be efficiently done.

As time goes on, new problems will arise to threaten the quality, effectiveness, and usefulness of our services. Those of us who are present members of the College must continue to look into the future and to recognize those forces which will be a factor in our existence. As these forces are perceived, active preparation must be made to study them. This requires vision. Vision is a nebulous word that must be defined for most of us in terms of past events. Nevertheless, our responsibility is to foresee future happenings and to plan to meet situations as they arise or, if possible, before they arise.

With its widespread membership, the American College of Dentists should be able to detect and recognize new turns in the social trends and new avenues of professional thinking and conduct which constantly appear in a changing social state. We are prepared to do this study today better than were our Founders, for their numbers were small. The College can wield a tremendous influence and service without interfering with the activities or overlapping the functions of those whose duty it is to formulate the policy of dental actions.

However, this requires interest and effort in the fulfillment of our objectives on the part of all officers, Board of Regents, sections and the individual members. Lip service will not produce results; neither will indifference or lack of enthusiasm. I have heard members ask "What is the College doing for me?" The question should be "What am I doing for the College?", for it is the College that helps the profession generally and hence also helps the individual dentist.

We all know that dentists are busy people. Those who are willing to give their time and efforts for worthy projects are often overworked. Though this is true, the American College of Dentists needs complete cooperation from its membership and justly deserves the utmost effort on the part of all on a broad front in the improvement of the status of dental health care, the performance of which strikes at the heart of dental practice.

COMMENTS BY DEANS

Arranged by

Editor Harlan H. Horner,¹ Albany



HARLAN H. HORNER

"The past is prolog." The changes that have occurred since 1900 are aspects in the development of trends which were deep rooted in the 19th century. If the graduate of 1900 possessed a fair facility with a handful of technics, everyone was satisfied. Today, though we expect the same degree of technical facility, we ask much more. The curriculum stresses examination, diagnosis, treatment planning, oral medicine, preventive measures and viewpoint, public health function and responsibilities and opportunities for the appreciation of research. The goal sought is to help the undergraduate prepare himself to assume responsibility for the establishment, main-

¹ Former Secretary, Council of Dental Education

tenance, restoration and improvement of the health, function and appearance of the oral cavity and its associated parts, in their interrelations with other parts and with the individual as a whole. And it must not be forgotten that the individual patient is living in a socio-economic environment which affects his needs and responses.

J. L. T. Appleton, The Thomas W. Evans Museum and Dental Institute University of Pennsylvania

Many things have happened to dental education during the first half of the 20th Century and in my estimation there are three developments which have made significant contributions within the last fifty years to bring the dental profession where it is today.

At the beginning of the century, dental education in this country was based exclusively on mechanical and technical skill. Emphasis was placed on restoring broken down teeth to normal shape, size and appearance with little regard to the effect that such an operation would have to the health of the patient. Gradually this emphasis has changed and today the field of pathology with its general systemic relations, controls the operation of dental education. The mechanics of dentistry (restorative) is being taught with applicable scientific knowledge of all the integrating relationships of the basic sciences—*anatomy, histology, physiology, physiological chemistry, and pathology.*

This change from mechanical to the biological emphasis, I consider the most important one which has taken place in dental education.

Second: The gradual absorption of the dental colleges by the great universities of this country. Today, all of the dental schools either are or soon will be affiliated with universities so that dentistry is well established as part of the professional education in these institutions.

This important happening of this century was largely due to the contribution and interest taken by the American Dental Association in the establishing of the Council on Dental Education and the standards set up by that organization. The greatest contribution of this Council has been made in the last few years.

I want to pay tribute to Dr. Harlan Horner. During the years in which dental schools were surveyed under his direction, more was

accomplished to create interest on the part of university administrators in dental education than at any other time. The position we now hold as a part of the universities of this country is due to a large degree to the activities of this Council of Dental Education during this period.

Third: During this development, dentistry has been able to keep its autonomy. From time to time attempts have been made by medicine to absorb dentistry with little success. Dentistry has developed to its present stature of the second largest health profession in this country because it has had this freedom of autonomy which because of so many problems peculiar unto itself, it so well deserves.

There are times in the past when the future of dental education was somewhat uncertain. Many of our leaders were justified in being worried. However, I believe that at the beginning of the second half of the Twentieth Century, dental education is well established and is accepted, and is held in high esteem not only by the educational institutions but by the public. It should in the years to come receive the support that it deserves.

Wendell D. Postle, College of Dentistry
The Ohio State University

In the first half of the twentieth century dentistry achieved more progress than in all time. In this period we observed a rapid expansion of the dental profession and many changes in our social and economic life. Many technological developments in the past 50 years had related effects in the scientific developments of dentistry.

Dentistry had now developed a more scientific approach to its problems. The contributions of W. D. Miller and G. V. Black were more generally recognized and appreciated. Upon the basis of some scientific data, facial infection was accepted clinically as well as theoretically. The more prevalent use of the roentgen ray influenced to a great extent the procedures of dental practice. Numerous advances in methods of restoration, as well as other new knowledge and technics, have contributed to the present high standard of American dentistry.

It was during this period that a complete metamorphosis in dental education took place. The admission requirements were advanced, the dental course extended to four years, teaching methods of a

more scientific nature instituted, and organizations of dental schools and dental teachers founded and later amalgamated to stimulate interest in the problems of dental education. The subjects of research and graduate and postgraduate education in dentistry have received much attention, and achievements in these fields reflect credit upon the profession.

The profession also emerged from the period when dentists refrained from public discussion of the problems in dentistry to the time when it was a recognized and established fact that freedom of discussion and the widespread dissemination of new knowledge in dentistry were a public trust. Coincident with this development has been the enthusiasm which has pervaded the dental profession in all of its activities and particularly in its efforts to convey to the public specific programs in dental health education. All of these achievements have redounded in benefits to the public and elevated the profession to a position of esteem.

The accomplishments in the first half of this century will serve as a source of stimulation and lend continued encouragement for even more notable achievements in the next fifty years.

Harry Bear, School of Dentistry,
Medical College of Virginia

It is interesting to note that the first fifty years of dental education in the twentieth century comprise essentially the last fifty, of the one hundred years in which formal dental education has existed.

Much of the important progress in dental education has taken place in the last twenty-five years. The changes which have most appreciably affected dental education and, as a result, have been reflected and projected into a higher standard of dental service are included in the following factors:

1. The rescue of dental education from commercial interests and placement under the influence of recognized educational institutions
2. The improvement of dental instruction by the increasing use of dental teachers better trained in biological and pedagogical principles
3. The teaching of a changed concept of the scope of the practice of dentistry and the responsibility of the practitioner in the systemic health of his patients

4. The voluntary survey by the American Association of Dental Schools to determine the needs of dental education and the universal adoption by dental schools of the principles arrived at by the Association
5. The increase in dental schools of opportunity for graduate and postgraduate work by the practitioner and for the training of teachers

Alvin W. Bryan, College of Dentistry,
The State University of Iowa

Dentistry, during the past fifty years, has emerged from the status of an art or craft to that of a profession making a significant contribution to public health and welfare. This evolution has been effected by the advancement of its science and education.

At the turn of the century its schools were largely private commercial institutions, the apprenticeship system was still practiced, and the technics of dentistry were given the greatest consideration even in those few schools associated with universities.

Today, through the efforts of William J. Gies, the Carnegie survey of dental education, and the Dental Educational Council, dental education is on a par with medical education and has been accepted in leading universities as an important unit of professional education. This had come, not so much through the perfection of the technics of dentistry, as by the development of its science and practice to such an extent that it has become a true health service profession.

Dentistry may well be proud of the achievements of dental education which, during the past half century, have led the profession to higher and more important levels of usefulness and respect.

Russell W. Bunting, Dean, School of Dentistry,
University of Michigan.

In 1900 there were fifty-seven dental schools in the United States. This is the largest number of dental educational institutions in operation at one time in our nation's history. In 1950 there are fewer, but undoubtedly better schools, graduating more and better trained dentists annually than were produced in 1900. This progress has been attained largely through programs of self-analysis and self-improvement that have occurred in dental education during these fifty years.

In 1909 the Dental Educational Council of America began a program of evaluation and accreditation of dental schools. In 1926 was published a survey of dental education sponsored by the Carnegie Corporation in cooperation with the dental schools. The goals established and the minimum standards set forth in these two activities helped many schools to improve their work. A number of institutions apparently unable to make these changes ceased operation. Thus the first twenty-five years, 1900 to 1925, saw a reduction in the number of dental schools coupled with definite improvement in the programs of the remaining schools.

During the second quarter of this century two outstanding programs of self-analysis have made themselves felt. The curriculum survey, sponsored by the American Association of Dental Schools and supported by a grant from the Carnegie Corporation, and the work of the Council on Dental Education of the American Dental Association have resulted in an increase in the number of dental schools, an expansion of many of these schools, and a continued improvement in the effectiveness of all of the schools.

Thus the self-study of dental education by the dentists principally concerned with teaching is now supported by the organized profession as a whole. The immeasurable quantities of energy and time contributed by dentists, educators and universities have produced the standards and goals of present day dental education.

William H. Crawford, School of Dentistry,
University of Minnesota.

The story of the progress of dentistry has been one of increasing responsibilities and added objectives. Dental education has paralleled this course in preparing the dental graduate to meet these new developments.

Until 1900 the two major objectives of dentistry were, (1) the relief of pain and (2) the restoration of teeth and parts of teeth. The apprenticeship and trade school methods were all that were required to prepare the graduate of 1900. Early in the century it was recognized that the teeth and soft tissues affected general health and were affected by it. It became necessary to expand, in practice as well as in theory, the professional course at the college level. In the late teens and early twenties it was recognized that the control

of dental disease was as important as the treatment. Again dental education expanded to meet the new responsibility.

The recognition of basic research and early diagnosis became important features in the dental educational program. Thus, the greater part of the half century has been devoted to meeting these objectives.

Basically, any control program, whether directed against cancer, diabetes or dental disease, includes early recognition, early diagnosis and early treatment. Above all, it includes a public well informed in health education.

Now, as we start the second half of the century, we see the next, and what we hope is the final phase—the prevention of dental disease.

Undoubtedly, this step will be accomplished not so much by technical advances as by the application of the basic sciences to clinical practice. There is every reason to believe that dental education will meet this new challenge, as it has in the past. Throughout this whole period one observes the growth in stature and importance of dentistry in the health sciences. Dentistry has gradually grown beyond simply being a matter of concern to the dentist and his patient. Like the other health sciences it is now a matter of national concern. In addition to being a professionally competent person, the dentist must be an articulate, informed and socially conscious citizen. The introduction of preprofessional education in the late twenties is one more indication of the willingness of the dental educational profession to prepare its graduates for new and broader responsibilities.

Willard C. Fleming, College of Dentistry,
University of California.

Dental education has made significant progress in the past half century, progress which can be measured in terms of a widely expanded course content, an increase from three to six years in required education, the adoption of many entirely new technical procedures resulting from new knowledge in such fields as roentgenography, casting technics, local anesthetics, focal infection and plastic materials. There is no measure for some of the intangibles such as pride in the dental profession, the improvement in public appreciation

of dental services, and the advancement of the cooperative spirit among research workers, teachers and practitioners.

The advances in dental education have been dependent on many factors: a growing appreciation of research; advances in all fields of science and medicine, especially chemistry; a dental profession alert to adopt new technics; a group of teachers and research workers striving unselfishly for progress; and a population responsive to better dental care and willing to support it.

Briefly stated, the open mind, the willing hand and the cooperative spirit among dental educators have combined to provide unprecedented progress in the first half of the present century.

Charles W. Freeman, Dental School,
Northwestern University.

On the eve of the century, the philosophy behind dental education was that dentistry had to do with mechanics. Thus the standard dental curriculum emphasized technology to the exclusion of science or medicine.

The radical theories introduced by W. D. Miller, William Hunter and Frank Billings, regarding the mouth as a site of foci of infection, were largely responsible for the inclusion in dental education of more emphasis on the biological sciences dentistry enthusiastically accepted its new role as a health service.

In the face of this new concept, some educators were for a time inclined to neglect the mechanical aspects of dentistry. Eventually, however, they saw the fallacy of the idea that dental disease could be alleviated by prescription writing alone and turned to a better balanced view.

In the past decade, schools of thought have held that, in selection of students for dental school, intellectual capacity was more important than mechanical aptitude. The present ability to select students with a background of three and four years of academic training provides the mental strength and capacity needed by the student and imparts prestige to the profession. The aptitude testing program insures a sensible balance between intellectual ability and manual skill. And thus the dental graduate of 1950, no longer regarded as a specialized artisan, is prepared to face his responsibility and obligation, alongside his medical colleagues, to provide a health service for the public.

R. J. Rinehart, School of Dentistry,
The University of Kansas City

Growing recognition of dentistry as a health service in the early part of the century emphasized strongly the need for supplementing technical skills with a fundamental understanding of life processes. The educational background then required was inadequate as a basis on which to build the biological knowledge implied by the challenge.

Accordingly, minimum requirements for admission to the study of dentistry have since risen from high school graduation or its equivalent to two years of college work, while the dental course itself has advanced from three to four years. The proprietary school has disappeared from the scene. Recognition of the literature of the profession as a factor in the growth of the professional man has resulted in the expansion and wide use of school libraries. Inauguration of organized research, the development of teaching staffs whose major interests are in teaching, a program aimed at broad service to the health needs of the individual—these are some of the major distinguishing characteristics between dental education of fifty years ago and that of today.

W. L. Wylie, School of Dentistry,
Western Reserve University.

Perhaps the greatest stimulants to advance in dental education during the last half century were the surveys made by the Carnegie Foundation during the first part of the third decade and the one made by the Council on Dental Education during the last part of the fifth decade. That about half of the dental schools of the United States are now reasonably well supported financially testifies to the value of such authoritative investigations and recommendations as these two, made under the guidance of Dr. William J. Gies and Dr. Harlan H. Horner.

If dental education is to do the job it is rightfully expected to do, it must have the wherewithal. Dental education cannot raise itself by its own bootstraps any more than a seed or a bulb can survive and prosper from elements entirely within itself. The failure of the public, and particularly of the profession, to realize this fundamental is almost solely responsible for the fact that half of our dental schools lack reasonable facilities, adequate yearly budgets, and research programs befitting their natural responsibilities.

During the first half of the fifty years under review, we witnessed an abolition of commercialism in dental education. During that quarter century 13 dental schools were discontinued, presumably

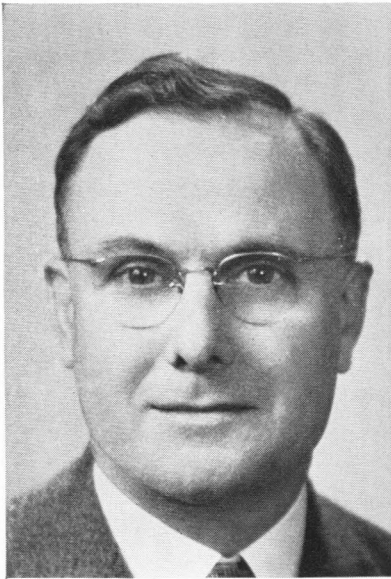
because of the objections of the dental and educational profession to commercialism. During the second quarter, the two important surveys were made. They resulted in notable improvements in all areas of dental education and particularly in budgetary considerations.

It is hoped that the accomplishments during the first half century will stimulate dentists and educators to develop dental education still further until it occupies the place in our affairs that it so thoroughly deserves.

Ernest G. Sloman, School of Dentistry,
College of Physicians and Surgeons.

EVOLUTION OF THE GOWN OF THE AMERICAN COLLEGE OF DENTISTS

Editor E. Frank Inskipp, D.D.S., San Francisco¹



E. FRANK INSKIPP

No study is more fascinating than to trace back through the years the many developments and ramifications of fact and fiction that lead to an accepted and dignified ceremony of modern times. Education is replete with volumes covering every phase of its present extensive realm. The professions are so involved in the mythology of ancient Greece, that it is difficult to tell where the Greek gods gave way to mere humans. Heraldry and pagantry of the middle ages enter the story of both and coats of arms adorn every institution of the old world and many of the new. In fact, heraldry has been called "the shorthand of history"², so full is the story

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² Peel, John L.: Heraldry, *The Dental Magazine and Oral Topics*, 63, No. 2, p. 127, July, 1946.

of each coat of arms. The growth of education, moving along hand in hand with the development of the learned professions appears to be told in its academic garb. Even the words used to describe the institutions of learning, and in fact the nature of those institutions, have changed throughout the centuries, yet from the same sources came the honored and respected costumes used at graduation and religious ceremonies of today. With these, too, has developed a code to be followed in use and acceptance, changing somewhat with the years, but adhering to principles established in the past.

The name of "college" in its early Roman use pertained to an association of people having a common purpose³. Later English usage gave the name to literary and scientific groups; then to the designation of integral parts of a university. Many of the earlier colleges were of monastic origin, the first of the most outstanding being the founding of the Sorbonne in 1255³. The assembling of colleges into a university originated in the 12th and 13th centuries, although Salerno was noted for its education of monks in medicine as early as the 11th century⁴. Oxford University in England was founded in 1100, while Cambridge followed in about fifty years. The actual dates are frequently quoted differently, largely because the development was somewhat gradual, and various major events could be established as founding dates. The first interpretation of "college" is still maintained in such organizations as the Royal College of Surgeons of Great Britain, the American College of Surgeons, the American College of Dentists and other professional groups.

In the first settlement of colleges in Britain, orders of friars, particularly Dominicans (The Black Friars) and Franciscans (The Grey Friars) have an impressive history in the early Christian Church and in the establishment of both Cambridge and Oxford⁵. These were not always with merit, however, and innumerable stories are told of means of obtaining endowments. One tale describes how a corpse was stolen in order that the possessors might receive the emoluments customarily offered for memorial services⁶. These monks and friars were the first to wear the gown, and it is from this begin-

³ Vizetelly, Frank H.: *New Standard Encyclopedia*, Funk and Wagnall, New York, 1931, 7, p. 113.

⁴ *Ibid.*: 24, p. 224.

⁵ Watson, Edward W.: *The Church of England*, Oxford University Press, 1945, p. 56.

⁶ *Ibid.*: p. 42.

ning that our modern academic costume evolved. (Figure 1.) It is the survival of the tabardus, a loose cloak with many folds, but associated with humble folk and pilgrims, among which the early friars were supposed to have been the most humble⁷. The hood was part of the gown, and then had practical value, being pulled over the head as protection against the cold weather, as the friars would move about the unheated rooms and cold buildings of their residence. (Figure 2.) It was a protection for the tonsured head, which later was covered with the skull cap. While the early church and its members contributed much to teaching, the first official mention of the gown in education is noted in a statute at the University of Coimbra, Portugal in 1321⁸ which required doctors, licentiates and bachelors of the university to wear gowns. Chaucer (1340-1400) author of the *Canterbury Tales* and the first great English poet is shown here wearing the gown and plain hood⁷. (Figure 3.) In 1350 the English universities required gowns to be worn by its members mainly to avoid the excess in apparel which prevailed among many of that time. Here it indicated the turn to the humility of the tabardus. After the Reformation even the clergy that held no degrees adopted the gown, until by 1571 it was accepted as part of a preacher's official apparel⁹. The illustration of the chantry priest compiling the Warwick roll shows a costume of two parts, the outer having the hood. (Figure 4). Both Cambridge and Oxford have strict regulations regarding academic clothing even prescribing punishment for tailors who might attempt to change part of the design.

The academic hood making a lowly beginning as a modification of the monk's cowl, today is the most conspicuous and significant mark of the graduate, indicating as it does the college, the degree, and the profession it represents. The rights and privileges of granting of degrees have taken many forms, so that letters following an individual's name do not necessarily mean university degrees from one educational level, but may be representative of earned diplomas, religious qualifications, or fellowships. The history of degrees is

⁷ Trevelyan, G. M.: *Illustrated English Social History*, Vol. I, Longman's Green and Co., London, 1949, pp. 32-33.

⁸ Marsh, Clarence M.: *American Universities and Colleges*, Am. Council on Education, Washington, D. C., 1936, p. 1065.

⁹ Vizetelly, Frank H.: *New Standard Encyclopedia*, Funk and Wagnall, New York, 1931, 14, p. 251.

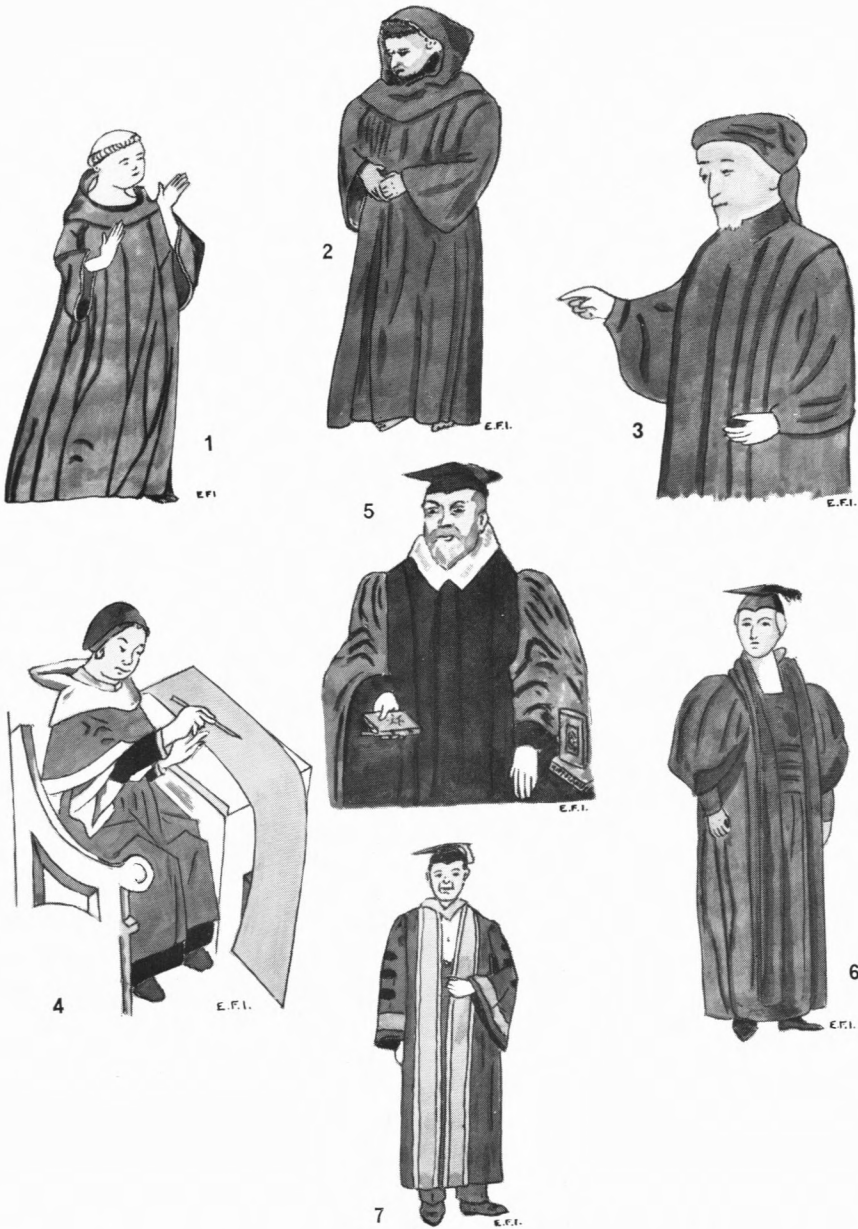


FIG. 1. The loose cloak of the monk, 1340-1400 (from Trevelyan's English Social History).
 FIG. 2. The gown and protective hood of the Franciscan friars. (The Grey Friars).
 FIG. 3. Geoffrey Chaucer in gown and plain hood. (From Trevelyan's English Social History).
 FIG. 4. A chantry priest compiling the Warwick roll. (From Trevelyan's English Social History).
 FIG. 5. Doctor of Medicine, Cambridge, 1621. (from picture of John Gostlin in Jones' History of St. Catharine's College).
 FIG. 6. A Doctor of Divinity, 1815. (from Steegman's Cambridge).
 FIG. 7. Gown of American College of Dentists, 1921.

as involved, and as interesting, as the other factors in the academic picture. Originally a degree certified that the holder was qualified to teach at a university¹⁰. The bachelor was not considered as holding a degree since he did not have the right to teach publicly, his baccalaureate qualification merely acknowledged that he had an acquaintance with learning, while the higher degree implied a license to teach. In the middle ages, in the development of the Christian Church, the right to confer degrees was considered strictly a religious privilege and had to be granted by the Pope. He was considered the head of all universities. With the severance of the English Church from the Church of Rome, an Act of Parliament granted the right of conferring degrees on the Archbishop of Canterbury. These were known as "Lambeth degrees", and, while the Archbishop no longer uses this right they never carried with them the same privileges as degrees from recognized universities, such as Oxford or Cambridge.

The conferring of degrees has its roots deeply embedded in the past and the ceremony is so steeped in symbolism that those who recognize its significance care little for the idea that the candidate need not be present, but could elect to receive his diploma in the mail. Even the definite order of procession in the old world universities is historic, starting out with the Yeoman Bedell (the beadle who carries the mace) and ending with the Chancellor and the "Visitor". The Chancellor at Oxford was once required to kiss each person receiving a degree¹¹.

From the combination gown and hood of the monks and friars, and the adoption of essentially the same apparel for university degrees, we find the square cap ("the mortar board") replacing the hood as a head covering. In the official costume of the Doctor of Medicine of Cambridge in the 17th century, to the cap and gown was added the ruff, a fluted collar which was, in various sizes, part of the dress of the gentleman. With the illustration presented (Figure 5), taken from a picture of John Gostlin in 1621, can be woven an interesting piece of history leading to the present day. John Gostlin, M.D. of Cambridge, willed (in 1626), the famous Bull Inn to St. Catharine's College, which was a noted and revenue producing enterprise for centuries; standing in the College grounds, its entrance

¹⁰ *Ibid.*: 9, pp. 13, 14.

¹¹ Editorial: The Conferring of Degrees, *Apollonia*, U. of Sydney, Australia, 1, No. 4, p. 20, Dec. 1945.

opening into one of the town's main thoroughfares¹². With the advent of World War II, the facilities of Cambridge University were used for specific education of many American service men then in Britain. Since the housing of students meant residence at one of the colleges, and these being limited, Bull Inn was closed and became the place of residence for Americans taking courses. It was not long before it acquired the name of "Bull College", a reference facetiously enjoyed by the Cantabrigians and accepted good-naturedly by the visitors. Following the war, the building did not revert to its status as an inn, but became officially part of the College, the only relic of the past being the bull's head over the entrance.

The flowing robes became more elaborate with the next two centuries, the mortar board cap remained, the ruff disappeared, and was sometimes replaced by the collar extension now used by the English barrister¹³. (Figure 6.)

Moving to the American scene, where university traditions have followed both German and English patterns, the influence of the past is evident in costumes. Since John Harvard, founder of Harvard College—later University, was himself a Cambridge man (Emmanuel College), and many other founders were of colonial stock, the follow through is understandable. Because of the many variations coming from Europe as American education advanced, Columbia University called a meeting of the governing bodies of a group of colleges on May 16, 1895 to establish a code for correct and accepted apparel. As a result of this beginning in 1902 was created an "Intercollegiate Bureau of Academic Costume", the firm of Cottrell and Leonard of Albany being designated as repository⁸. The standards then prescribed have been almost wholly followed, being augmented only when additional subjects and schools have reached university stature.

The hood returned to the picture as a designation of both rank in the degree held, the subject in which the degree was earned, and the college or university that granted it. Most American institutions use no hoods for bachelors, but official hoods may be used. If so, they must be but three feet in length; master's hoods are three and one half feet, while doctor's hoods are four feet and have panels at the

¹² Jones, W. H. S.: *A History of St. Catharine's College, Cambridge*, Cambridge University Press, 1936, pp. 20 and 237.

¹³ Steegman, John: *Cambridge*, B. T. Batsford, Ltd., London, 1940, p. 35.

sides. They are basically black, lined with the official colors of the university; the binding or edging is in the distinctive color of the subject; green is for medicine, lilac for dentistry. The reason for this selection the writer has not been able to ascertain. The academic cap is adorned with a black tassel, except for the doctor's, which has a gold tassel hanging over the left front.

The academic gown itself is black, trimmings being only on the doctor's gown which is faced with black velvet and with three velvet bars on the sleeves. While the hoods follow the pattern described above, the doctor's gown has been the subject of changes and additions in later years, in which the American College of Dentists has paralleled the pattern set by similar associations which has been accepted by most universities. In these exceptions from the basic black gown, trimmed with velvet, administrative officers of some institutions wear colored trimmings in place of the velvet. Other differences denote "fellowships".

Fellowships are a product of the middle ages and were originally foundations in a university or college where the holder became a member of that college, sharing in its revenue and its government¹⁴. They were first undergraduates, later graduates, who were provided a residence in the college and a means of continuing their education. In the United States some "fellows" were actually trustees of the college. Some traveling fellowships were created in order to have scholars study abroad and create international good will. The other designation of a fellowship comes in the granting of an additional professional qualification or honor, implying with it not only additional service rendered, but also greater professional and ethical responsibilities. Because of this last, the individual possessing such a fellowship must and should be keenly aware of the conduct expected of him by his confreres, and of the susceptibility to constant observance by others. While Fellowships in the Royal College of Surgeons of England have been granted as a higher qualification for many years, only recently has the Fellowship in Dental Surgery been extended, the licentiate having been the only accepted diploma. The Royal College of Surgeons contributed much in the establishment of the American College of Surgeons, presenting to the latter the mace now used in its ceremonies. The doctor's gown is trimmed

¹⁴ Vizetelly, Frank H.: *New Standard Encyclopedia*, Funk and Wagnall, New York, 1931, II, p. 427.

with scarlet for those holding fellowship in the American College of Surgeons.

Founded in Boston on August 20, 1920, the American College of Dentists emphasized "the responsibilities of the profession to humanity and the fight against those elements¹⁵ resulting in exploitation and mercenary practices threatening to disgrace the professions". In the promotion of the ideals of the dental profession and in the recognition of the impressiveness and seriousness of one accepting such fellowship, the American College does not approve the granting of the degree in absentia, and rarely does its Board of Regents so recommend¹⁶. The committee on regalia, appointed on the College's founding, designed the official gown of fellowship, which permits each fellow to wear, on appropriate occasions, the gown trimmed in lilac, the academic color for dentistry, and the red of the American Rose¹⁷. (Figure 7.) On academic occasions, the gown is worn together with the hood that signifies the highest degree held by the wearer.

In the field of education, dentistry and the dental degree has long since reached university status. Since the American College of Dentists has, since its entrance into the professional picture, contributed much to education and to this advancement, many of its members are outstanding figures in dental education, and the College has long been recognized by those universities that have dental colleges. Following a survey of the colleges in 1948¹⁸, it was learned that thirty of the universities having dental schools permit and expect fellows of the College to wear the gown at the commencement exercises. Our participation in the honored costume that came from the original humble garb of learning is a heritage to be revered and accepted with humility and responsibility. Some are destined to take the highway that leads far beyond the accomplishments that preceded the granting of a fellowship. To those whose work ends with this achievement, the College will look with disappointment; for the

¹⁵ Friesell, H. E.: Organization of the American College of Dentists, *J. Am. Coll. Dent.*, 1, No. 1, p. 2, Jan. 1934.

¹⁶ Brandhorst, O. W.: Facts about the American College of Dentists and its Organization, *J. Am. Coll. Dent.*, 14, No. 4, p. 191, Dec. 1947.

¹⁷ Conzett, J. V.: Beginning of the American College of Dentists, *J. Am. Coll. Dent.*, 1, No. 2, p. 39, Apr. 1934.

¹⁸ Brandhorst, O. W.: Survey conducted on the official academic acceptance of the gown of the American College of Dentists, 1948.

objectives in the promotion of ideals, the advancement of standards and the stimulation of study are a life time obligation.

Editor Millard D. Gibbs D.D.S. Hot Springs



MILLARD D. GIBBS

There is perhaps no subject in dentistry that has provoked more speculation and discussion than pulpless teeth. Forty years ago, the theory of focal infection had not made its appearance, the germ theory was filled with mystery, and was not readily accepted by some practitioners. The principal thought in dentistry was to conserve all teeth when they could be made comfortable and serviceable, no thought being given to systemic disease. It was purely a local consideration. The vitality of teeth seemed of little concern, as many practitioners devitalized a tooth in order to prepare it for a gold shell crown. Conductive anesthesia had not been introduced. A toxic-cocain solution was infiltrated into gum tissue with an all metal syringe, in exodontia. This agent was later used in the removal of pulp tissue from anterior teeth, by "Pressure anesthesia", when a pulp was exposed, by pressing a pledget of cotton saturated with a cocain solution over the exposure. If that failed a sharp pointed orange wood stick was placed at the exposure, and a quick sharp blow was struck with a gold foil mallet. The nerve was then removed with a barbed broach, but not always painlessly, as was evidenced by the conduct of the patient. If a pulp died in an otherwise normal tooth, a small hole was drilled into the pulp on the lingual surface or directly under the gingival margin for drainage, and if there was no further discomfort, the tooth was in many instances not treated. There were many therapeutic agents used, most of them

containing essential oils, and a powder having a zinc oxide base. Iodoform powder or a vapor from it was used by some.

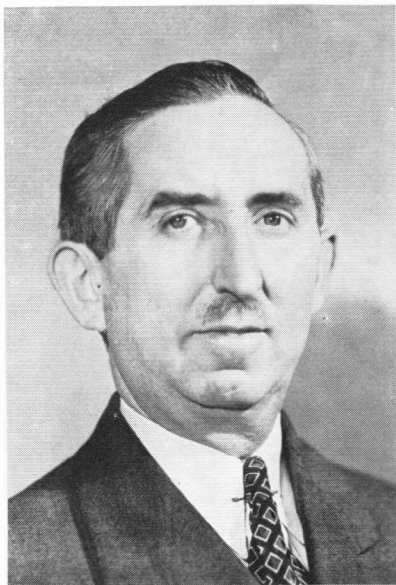
Transplantation of teeth that had been dislodged through an accident was practiced, and we congratulated ourselves upon such an achievement. The technique was carried out scientifically, no aseptic measures were neglected. Broken down teeth were devitalized by sealing arsenical fibre in the cavity for twenty-four to forty-eight hours. Under the rubber dam the crown of the tooth was sterilized, cavity cleaned out, also the pulp chamber, the latter was filled with Kellog's or some other mummifying paste, sealed over with cement, and the restoration inserted. Following this operation, a little soreness would result, but the patient was comforted by being told it would pass off in a short while. This type of practice continued in many offices until the theory of focal infection, backed up by the roentgen ray placed our miraculous preservation of teeth in an awkward and embarrassing state. It was difficult to understand how teeth could be so comfortable and yet be diseased. The terms "granuloma", and "rarified areas," were not in our vocabularies, so is it any wonder the revelations of the X-Ray and the theory of focal infection were difficult to comprehend in those early days? A dentist was treating an abscessed upper central incisor that presented a fistulous opening on the labial surface. His technique required compressed air to force the medication through the root canal and fistula, but the air pressure was stronger than he anticipated, and when the nozzle was placed at the canal opening and air turned on, something closed the fistula, causing the cellular tissue in the patient's face to become greatly inflated. Two or three weeks later there was still much edema. It finally disappeared. During that era it was not uncommon to "open up" an abscessed molar that had been treated and restoration completed, to find the pulp chamber and root canals had been filled with medicated cotton. Teeth so treated often would go a long while with no indication of trouble. No matter how crude the treatment of putrescent pulps, and of root canal therapy generally, including even the techniques of today, all of them have made teeth comfortable and apparently healthy. In forty years of practice, many techniques in root canal therapy have come and gone, and experimental work continues. Most of them are not practical in the hands of the average operator, and

proper co-operation on the part of the patient is definitely lacking in too many cases.

The "If" in all techniques regarding the longevity and the value of root canal therapy still predominates.

Prevention, the watch-word of today, is a far better procedure, than having to rely upon curative measures that in a large percentage of cases fail to assist nature in a very satisfactory manner.

Editor Jacob Shapiro, D.D.S., New York



JACOB SHAPIRO

Our profession has been privileged to develop and grow great in its accomplishments and its prestige during the first half of the Twentieth Century. What do we mean by the term profession? We mean an organized calling in which men pursue a learned art and are united in the pursuit of it as a public service—no less a public service because they may make a livelihood thereby. From the professional standpoint there are three essential ideas—organization, learning and a spirit of public service. The gaining of a livelihood is not a professional consideration. Indeed, the professional spirit, the spirit of public service, constantly curbs the urge of that instinct.

It is no disparagement of honorable trades and callings, which when properly carried on render real public service, to insist that an organized profession of dental practitioners is not primarily analogous to a retail merchants' association and that there is a generic distinction between a dental society and a merchants' association. Unfortunately there is a tendency to deprofessionalize the professions, to reduce all callings to the level of individual business enterprise, and to think of dental societies as trade organizations.

The trade association exists for the purposes of the trade as a money-making activity. The dental society exists primarily for the purposes of dentistry, not of the dental practitioner, and for the advancement of the art and science of dentistry. An organized profession does not seek to advance the money-making feature of professional activity, but seeks rather to make as effective as possible its primary character of a public service. What dental organizations have done for the advancement of dentistry we need not recount.

An engineer may patent his invention. A manufacturer may protect his trade secret or patent his discovered process. What a member of a profession invents or discovers is not his property. It is at the service of the public.

A tradition of duty of the dental practitioner to the patient, to the dental profession, and to the public authoritatively declared in codes of professional ethics, taught by precept and example and made effective by the discipline of an organized profession, makes for effective service to the public, such as could not be had from individual dental practitioners not bred to the tradition and motivated, as in a trade primarily, if not solely, by quest of pecuniary gain. Nor can this professional tradition be replaced with benefit to the public by a political tradition of officeholders owing primarily allegiance to political parties and depending for advancement on the favor of political leaders.

All advance in science, in arts, in learning—in short, all progress in civilization—in the raising of human powers to their highest possibilities—is the result of trial and error, that is, of experimentation. Every dental practitioner can and is impelled to experiment and invent, and as the professional spirit of public service leads to promulgation of the results of experiment and invention and putting the results freely at the service of others, they are not individual trade secrets and are not patented. They are open to free use and make their way on their intrinsic merit.

There are greater goals for us and our responsibilities will be ever greater. Our responsibilities, our rewards and our rights and privileges are intimately intertwined. Our responsibilities, however, come mainly from within ourselves, while our rights and privileges, although partly inherent to us as citizens, must come, in large measure, from without. The responsibilities of the dental profession will con-

tinue to be discharged in our traditional manner—by ever improving our technics, by seeking ever higher standards, educational as well as ethical, to the end that the patient will have the best dental care in the world. Our rewards for service should ever emanate from the pattern handed down by our forebears who did not measure them by fine scales or double entry bookkeeping.

Our rights and privileges, coming as they do from without, are not ours alone, but belong likewise to our patients. It is our duty to protect these rights, not only for ourselves, but for our patients, and to fight for them with all our strength, for they are fundamental to freedom, and to the preservation of the attitudes and ideals that have made this country of ours unique in history.

The objectives of dental education are to train and educate dentists to render a health service in the healing art and to cooperate with other health services. Dentistry, as a science and as an art, advances not only through the discoveries of research and the correlations of clinical experience, but also through the system of formal education by which accumulated findings, observations, and wisdoms are transmitted to successive groups of aspirants.

Great changes have taken place in the last half century. In the world at large inventions have appeared, making for a vastly improved standard of living. Science has discovered many new fields and applied many new methods for the benefit of mankind.

In our chosen field of dentistry, the advancement has equalled that of any other profession and excelled that of many. As we recall the progress of the advancement in methods of practice and in the field of dental education, we stand in admiration of all that has been accomplished. Having enjoyed the friendship of many of the men who have had a large part in these accomplishments, it is with a sense of personal gratification that we recall their participation.

We have long felt that too much stress has been laid upon the value to a profession that comes of the loyalty of its constituents. After all, it is the constituents themselves who benefit the more bountifully. Name if you can a dental practitioner of outstanding achievement who is not identified with some dental organization or institution that in prospering from his fealty has reciprocally contributed to his success. Appraise the community status of any successful dental practitioner and you will find him a leading light in organized dentistry and dental institutions. It is these associa-

tions that have helped to make him what he is. For all that he has prospered them, they have prospered him ever so much more.

"If there is such a thing as a profession as a concept distinct from a vocation, it must consist in the ideals which its members maintain, the dignity of character which they bring to the performance of their duties, and the austerity of the self-imposed ethical standards. To constitute a true profession there must be ethical traditions so potent as to bring into conformity members whose personal standards of conduct are at a lower level, and to have an elevating and ennobling effect on those members. A profession cannot be created by resolution or become such over night. It requires many years for its development, and they must be years of self denial, years when success by base means is scorned, years when no results bring honor except those free from the taint of unworthy methods."¹

May we say a few words in tribute to those unselfish, sacrificing leaders of our profession who accept the presidency of dental organizations. This may sound a trifle paradoxical. How many of our rank and file have seriously considered what these dental practitioners give up? Their fame is short-lived. A popular crooner's popularity is remembered much longer, and he is well paid during his heyday.

For several years, while president, president-elect, vice-president, etc., these busy dental practitioners, at the height of their usefulness, must employ their time preparing and delivering speeches, conducting meetings, running committees being bored at dinners, contending with politics, and keeping the various factions at least reasonably happy, and at all times looking as if they enjoyed it.

All this service is performed at the poor leader's own expense and at the sacrifice of his private practice, which dwindles down considerably as the tired doctor's time is devoted to the demanding machinery of running the dental organization. The price of becoming the number one boy of the dental society is high in physical and mental exertion and personal financial cost. Why do these busy dental practitioners accept? They accept for the same reason which first made them outstanding, as they must be before they are even considered. The reason is their unselfish urge to serve their profession to the best of their ability regardless of personal cost.

As we look back over the first half of the twentieth century, we have seen many successful men in dentistry. We can assure you

¹ Shumaker, W. A., *Buil. A.M.A.*, Nov. 1930.

their successes were not just handed to them. They worked very hard to attain it.

It is thrilling to review the progress made in the first half of the twentieth century, but let your imagination have full play and picture for yourself the development that will take place within the next decade or two. The future will disclose dangers—it may be that it is the business of the future to be dangerous. We must meet these dangers with honor and integrity. The future will see many changes in the distribution of dental care. We must adapt ourselves to change whenever it is necessary for the welfare of the public. Narrow consideration for ourselves will have to be abandoned whenever it is best for the public. Yes, many forward looking changes have taken place in the practice of dentistry in the first half of the present century and others are certain to follow.

SOME DEVELOPMENTS IN DENTAL LITERATURE,

1900-1950

MARGARET GAYLEY PALMER, Philadelphia.*



MARGARET GAYLEY PALMER

In 1901 Dr. A. W. Harlan reported to the Illinois State Dental Society, "The dawn of a new century begins to show the greatest promise of future development in dental literature. Many of our old theories will have to be abandoned and new researches will place us upon a more secure foundation in all of the various aspects of science."

Halfway through that new century it is well to take stock to see what developments have taken place in dental science and dental literature.

Each new discovery, in dentistry, medicine or general science, has

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been reported in literature. Various uses of these discoveries have been proposed and tried; case reports and results of experiments have appeared. If the results were satisfactory, this material eventually was incorporated into book form and became an accepted and established part of dental knowledge and literature. If the results were unsatisfactory, the discovery dropped from sight and another innovation claimed attention and space in the journals. This cycle may be traced through the years, for many subjects.

In this half century year, many articles have appeared, reviewing the progress of dentistry—cataloging the important developments in many fields. What have been the changes in dental literature during these years?

Of course, the subject matter has grown with the growth of knowledge. The importance of some subjects has decreased, and more emphasis has been placed on others. Pharmacology, as it deals with the actual compounding of drugs, and metallurgy receive much less attention today, since the dentist can depend upon the reliability of the manufacturers' products.

Newer subjects receive more attention: X-ray, introduced just before the turn of the century; focal infection, following Hunter's denunciation of American Dentistry; all phases of anesthesia—general anesthesia made safer by the addition of oxygen, and other modifications—the whole field of local anesthesia opened up by the introduction of novocain—and still more recently the newer drugs (vinethene, cyclopropane and xylocaine) and new technics (spinal and intravenous); casting technics, brought into prominence by the Taggart patents and the ensuing litigation; the work of Angle in systematizing orthodontic diagnosis and teaching orthodontics as a specialty; oral medicine, a new field; standardization and methods of dental education; the training and work of the hygienists; both sides of the fluoride problem, mottled enamel and reduction of dental caries; the acrylics; the antibiotics; and now atomic energy. These are just a few of the many topics in the expanding of dental interest and knowledge.

But what of the changes in the literature itself—excluding subject matter and content? First, there is a tendency to specialize. Instead of the encyclopedic textbook, embracing the entire practice of dentistry, there are separate books dealing in great detail with smaller subjects. Pedodontics, endodontics, and periodontis are now treated

separately, instead of being included in works on operative dentistry. This same tendency towards specialization appears in journals—The Journal of Dental Research began publication in 1919, but The Journal of Oral Surgery, The Journal of Dental Medicine and Oral Surgery, Oral Medicine, and Oral Pathology are comparatively new.

New methods of scientific investigation have brought about changes. Research laboratories and clinics with complete case records of large numbers of patients make possible comparisons of hundreds of cases where earlier investigators could report only on much smaller numbers. Based on the work of W. D. Miller, bacteriologic investigation has occupied many men, and produces much helpful knowledge. Controlled experiments and statistical studies have proved the value of new treatments and new drugs.

There are physical changes, too. The most obvious of these is the profuse use of illustrations, and the improvement in reproducing the illustrations. The publications of the years around 1900 had woodcuts and steel engravings. A halftone or a colored plate was unusual and crude. Today, color work has reached a high degree of accuracy and few papers are without illustrations.

Another physical change is the use of thinner paper, lighter in weight than was customary in the early years of the century. As a result the volumes are less bulky. The same amount of printed matter requires less shelf space and is easier to carry and to hold because of the lighter weight.

There have been changes in editorial policy or usage, also. No longer is there indiscriminate copying with no credit given to the original publisher. The same paper is not published simultaneously in five or six journals. Abstracts appear in abstract journals, or abstract sections of journals, with the source of the original article given in complete and correct form, instead of being inserted as fillers in general periodicals with incomplete and sometimes incorrect reference to the source, or as frequently happened, with no source given.

Advertising is much more subdued these days. There are more and better illustrations and the claims made for the various products are restrained and frequently backed by scientific proof.

However, all these are minor considerations. During the last fifty years, there have been three developments of major importance in dental literature.

The first to be discussed was the formation in 1930, of the Council on Dental Therapeutics by the American Dental Association and 4 years later the publication by that Council of *Accepted Dental Remedies*, the first of an annual series. The standardization of strength and recommendation of dosage of dental drugs by this authoritative publication was of great value to the practicing dentist. More important to dental literature and to the general public was the reduction of absurd advertising claims brought about mainly by the requirements of the Council prior to acceptance of the products.

The subject of Journalism constitutes the second major development. The American Journal of Dental Science, the first dental journal, was published by a society, but the second, Stockton's Dental Intelligencer, was the publication of the owner of a dental supply house. Down through the years, these two types of dental journals have existed, competing for subscribers and for authors. From time to time, editors of the independent journals have objected to the number of dental publications, commercially controlled, and influential writers and educators have declared their belief that the profession should publish and control its own literature. This controversy culminated in 1932 in the publication of "*The Status of Dental Journalism in the United States*" by the Commission on Journalism of the American College of Dentists. The report immediately caused further controversy. Bitter editorials appeared on both sides. The question of professional or commercial control was debated hotly but the result was a decided reduction in the number of publications backed by supply houses and a definite increase and strengthening of the journals published by dental organizations. This was a most influential and far-reaching report. It is still quoted as an authority, and its effect upon dental journalism will continue to be felt for some time.

However, the third and greatest development in dental literature from its earliest beginning up to the present, has been the publication of the "Index to Dental Periodical Literature." It has made accessible the vast body of material published in the English language as no other medium has even attempted to do. It is now so essential a part of dental literature that study or writing without consulting it seems inconceivable. It is an invaluable record of the past, and an accurate reflection of the present, which will become more useful as the passage of years adds to the body of published material. It

has prevented much duplication of experimental work and has also shown, by the absence of material, where further research and investigation were needed. The classified arrangement of the early volumes, the work of Dr. A. D. Black, the alphabetical listing and the temporary cards for current material inaugurated by the American Dental Association; and now the quarterly publication which will cumulate in annual volumes—regardless of these details, the Index is the only entry to the huge volume of published material.

So much for the accomplishments and developments of the past. Can any predictions be made for the future? Are there any indications of changes that may occur? In the expansion of subject matter there are unlimited possibilities. The antibiotics are constantly opening new fields of experimentation. The role of atomic energy has hardly been more than suggested. New developments may be expected in hither-to-unexplored fields of science.

There may be changes in editorial policy; abstract journals are a new venture in dentistry; there has been talk of combining abstracting and indexing. The entire field of foreign publications has been unindexed since the suspension of the "Index der Deutschen und Ausländischen Zahnärztlichen Literature" in 1934.

Even the form of publications will probably change. Micro-films and photostats already make available any material now in print. Photo-offset reproductions reduces printing costs, and recently illustrations have been satisfactorily reproduced by that method.

The most startling suggestion to date is the idea of micro-cards, originated by Fremont Rider, Librarian of Wesleyan University. These are catalog cards, containing not only the author and title information, but the actual text, greatly reduced in size and requiring the use of the micro-card reader. Some libraries already have such reading machines and are acquiring material on micro-cards. Perhaps in the future the publisher of a periodical will issue micro-cards, each card containing one article, instead of the monthly or quarterly issue now produced.

Prophecy is always dangerous, but the prophecy made by the Editor of *The Dental Cosmos* in 1902 is as valid today as it was when written, and is well worth repeating:

"About a decade ago the then editor of a prominent dental journal . . . stated editorially that ' . . . The profession was largely out.' Instead of being 'largely written out,' we are but in the initial stage

of an era of scientific research and exactitude, and are opening up the way to larger fields of inquiry which will be rich mines of scientific and literary wealth for the future."

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DEVELOPMENT AND GROWTH OF LIBRARIES

JOSEPHINE P. HUNT,¹ *Chicago*

A consideration of the growth and development of libraries must include a study of their growth in number, in size and in use. Since information regarding the growth in number and in size of various types of dental libraries has been adequately presented in several articles, it seems desirable here to emphasize only the growth in



Left to right: Dr. Donald Washburn, Josephine Hunt, Martha Mann.

use rather than to repeat figures compiled by other authors (1, 2, 3, 4).

Growth in use is dependent on many factors, one of which is the changing concept of the function of a library. The library is no longer considered a mere storehouse but has attained a definite place in scientific progress. Today's library is vital and dynamic.

It is difficult to say just when the different concept of the function of a library first began to take form. We do know that many years ago a satisfactory librarian needed to be only one who kept her books on the shelves in an orderly manner. Her duties were largely custodial and little help in delving into the scientific literature was

¹ Associate Librarian, American Dental Association.

expected of her. Slowly the function of the librarian changed and as she became of greater assistance to the research worker, the library also assumed a place of greater importance. In 1919 Dr. Carl E. Black (5), a physician, wrote an article in which he emphasized the importance of libraries to the physician. He said:

"Webster defines a library as 'a considerable collection of books kept for use and not as merchandise.' According to this definition, emphasis is placed on the usefulness more than on any or all other qualities of a library. That there has been a wonderful awakening in the matter of libraries, both private and public, both secular and scientific, is patent to every one. This awakening has not been sudden nor without long preparation. It has been coincident with more extended and thoro education. The library is a part of our educational system and is now generally so accredited. To the practical physician it is much more."

Perhaps the importance of a dental library to the dental profession was recognized a little more slowly but certainly this change has now come about. Miss Helen Hlavac (6) of New York University, has stated:

"The most important change is in the philosophy of service and method of operation. The idea of a 'keeper of the books' has been replaced by that of maximum service to the greatest number."

The recognition of the importance of libraries by the Council on Dental Education of the American Dental Association undoubtedly gave impetus to the movement toward library improvement. In Horner's book the following statement is made (7):

"The Council regards adequate library facilities as essential in any program of dental education. The enlarging content of the curriculum, the encouragement of independent study, and the demands of research create a continuous need for the accumulation and the intelligent use of the printed resources of dentistry and its related sciences. The library resources of a dental school should be broad enough to meet the teaching and research needs of the institution. The dental library, whether established separately or as a section of a combined library, should be clearly defined as a dental collection, and should be well housed, conveniently located, and open for the use of students and faculty at all reasonable hours. It should be administered by a professionally trained or experienced librarian and should be adequately sustained, both for operation and for the purchase of additions. The Council will take into account the relationship which prevails between the library and the teaching and research activities of a dental school, and will expect to find the library, without compulsion, indispensable to both students and faculty and one of the principal agencies for the promotion of live instruction."

This changing relationship of libraries to their borrowers has been matched by a changing attitude of one library to another. In most instances libraries make their facilities readily available to other libraries both by loaning printed material directly to the other libraries and also through the use of photostatic copies, micro cards or microfilm copies of needed items. Through these modern media much valuable material which certainly could not be loaned out indiscriminately is nevertheless accessible to users in many parts of the world.

The development of compilations of magazine articles into so called "package libraries," though of less recent origin, has likewise widened the scope of library service. The present day library also acts as a clearing house, in many cases, in putting widely separated research workers in touch with each other. Thus the library both serves to acquaint the student with the published information in his field and also puts him in touch with current experiments, the results of which may not have appeared in print.

Standards for librarians have altered materially during the last half century. Not long ago librarians were largely acquired from the ranks of those unfortunate females who found it necessary to earn a living and yet wished to maintain a ladylike status. Desirable occupations for women were strictly limited. The most that was expected of a librarian in the way of education was that she should be a high school graduate and it was entirely permissible for her to learn the rudiments of her profession on the job.

Formal education in library methods is of quite recent origin. According to the Encyclopedia Britannica the first school in the world established solely for the professional training of librarians was started at Columbia College, New York City, in 1887 by Melvil Dewey, then librarian of the college. Pratt Institute School of Library Science was established in 1890 and in 1915 the Association of American Library Schools was organized with ten charter members for the purpose of maintaining standards of instruction. By 1921 three additional schools were conducted under the auspices of a college or university of standard grade, though with some of them the university affiliation was merely nominal. In 1924 the American Library Association created a Board of Education for librarianship, one of the principal functions of which was the formulation of minimum standards for library schools.

Though there are many different opinions as to the exact qualifications which should now be required of a librarian, it is certain that not only does she need to know something of library science, but she must also speedily acquire a knowledge of the fundamentals of the profession whose literature she is caring for. An interesting article on the qualifications necessary for a librarian, as compiled from the replies to a questionnaire, was published recently (8). Four worthwhile papers on education for medical librarians were presented at the 1949 meeting of the Medical Library Association (9, 10, 11, 12).

With these higher educational requirements for librarians and more formal training has come a considerable shortage of librarians. Because of this shortage the salaries offered in libraries have materially increased. In fifty years the entire picture of library personnel has undergone a revision. Librarianship is no longer a profession appealing largely to women. Hazel B. Timmerman, (13), has presented an interesting discussion of the subject of staff shortages and salaries.

Today, the dental libraries in this country are very different from those of fifty years ago. Not only has there been an increase in the number and size of libraries, but there has also been a definite change in the concept of library service and a greater realization on the part of the dental profession of the importance of libraries to scientific progress. Libraries today are more helpful and cooperative than ever before both toward their own clientele and to other libraries. Technical advancements are being utilized to improve library methods and make their facilities of greater usefulness. The present day librarian is better than ever qualified to aid in professional progress by making the scientific literature available.

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A Matter of Definition

*When someone steals an idea from one author it is plagiarism, but
when he steals ideas from twenty authors it is research.*

—Irvin S. Cobb

INDEXING DENTAL LITERATURE

1885-1950

MARTHA ANN MANN¹, *Chicago*

Throughout the course of the world's history man has spent no inconsiderable portion of his time in planning ways and means for disposing of his enemies. Perhaps no more diabolically efficient device, harmless though at first it might appear, has ever been contrived than the labyrinth of Greek mythology. Here, the victim



Standing: Dr. Donald Washburn, Josephine Hunt.
Seated: Katherine Nakabayashi, Martha Mann, Betty Lee Moses.

was permitted to wander at will through a maze of passageways so intricate and so confusingly designed that he could never hope to find his way to freedom. That way lay madness, and certain doom. Dental research, involving a study of the profession's voluminous literature unaided by a classified reference book, leads the searcher into such vast corridors of published material, criss-crossed by contradiction and duplication, and bisected by ever increasing new avenues of thought, that like the ancient Greek he is destined from the first to failure in his attempt to reach the light of scientific truth.

¹ Indexer Bureau of Library and Indexing Service American Dental Association

But man is an inventive creature. Fortunately for the world's survival, whenever the need becomes acute a solution to the problem is eventually forthcoming. For every destructive scheme or weapon of the past a defensive plan or more potent instrument has been devised. Just as Theseus, following a guiding thread, conquered the labyrinthian passages, so dentistry, seeking to enlarge its scientific scope, produced an Index to its literature.

In 1886, Jonathan Taft, professor of operative dentistry in the Dental College of the University of Michigan, and editor of the *Dental Register*, one of the leading publications of the time, published his *Index to the Periodical Literature of Dental Science and Art*. This was the first effort to classify the periodical literature of the organized profession, then less than half a century old. One hundred and twenty-four publications, beginning with the first issue of the *American Journal of Dental Science*, 1839, are listed in chronological order of appearance in the bibliographical introduction. Twenty-four selected periodicals, in the English language, are given index coverage.

The scope and intention of the volume are clearly defined in the author's preface:

"This work, while making no pretension to perfection, presents to the student and practitioner a reference to the principal papers which have appeared in dental periodical literature in the English language, on every subject interesting to the profession. It has not been the intention to catalogue every paper, but it is believed that few, if any, really valuable ones have been omitted.

"The compiler had collected much of this matter in an *Index Rerum*, which, during his life as student, practitioner, teacher and editor, he has found to be very useful."²

It is estimated that approximately 11,000 entries are included in Taft's subject classification.³

No bibliographical data is given under author names, but there is a section in which leading authors are listed alphabetically, with notations regarding types of material on which each was accustomed to write. For example:

Atkinson, W. H.; Absorption, alveolar. Alveolar abscess. Diseases of antrum. Bleaching teeth, etc.

² *Index to the Periodical Literature of Dental Science and Art*. J. Taft. 1886.

³ *Index to the Periodical Dental Literature, 1911-1915*. Edited by A. D. Black. 1921.

Bodecker, C. F. W.; Action of arsenic on pulp tissue. Anatomy of dental pulp. Dental histology, etc.

More than 1200 names appear in what is truly a roster of dental pioneers, including, G. V. Black; E. A. Bogue; W. G. A. Bonwill; T. W. Brophy; C. A. Harris; W. D. Miller; W. H. Trueman and James Truman.

References to journal names are so abbreviated as to appear almost cryptic to the modern student accustomed to more complete bibliographical data. To the research worker of the period, however, this book must have been a pearl without price. That it might still be used today, 65 years after publication, is a measure of the achievement of this pioneer dental author.

Once the trail was blazed others began to follow the lead. "In 1889, David published an index of the French periodical literature, and in 1891 Sternfeld issued an index of 211 pages, which included both books and periodical literature, mostly German. In 1903, Port, of Heidelberg, undertook the publication of an annual index of German periodical literature, which was continued for five years. In 1911 Paul de Terra, of Zolikon-Zurich, edited the *Index Stomatologicus*, an international classified index, which was maintained for three years. Dr. Theo B. von Beust assisted with this publication."⁴ In 1921, after almost a century of planning and experimental work, the first volume of *The Index to Dental Periodical Literature* made its appearance.

This publication, covering the whole body of dental periodical literature in the English language for 1911-1915 was the outgrowth of the work of Dr. Arthur D. Black, Dean of the Dental School of Northwestern University. While still in dental school, Dr. Black had recognized the need for a more comprehensive index to the profession's literature, and, with the help of Dr. Frederick Noyes, had worked out an adaptation of the Dewey Decimal System applicable to the field of dental science. Fourteen volumes of the Index, covering the literature from 1839 through 1938, published under the direction of Dr. Black, employed this modified form of Dewey's classification, a brief analysis of which follows:

For the number 617.6, Dewey's listing for dentistry, the letter D was substituted. The dental field was then divided into main sections, numbered 1-8, each number preceded by the "D" for dentistry, thus

⁴ Index to the Periodical Dental Literature. Edited by A. D. Black, 1921.

- D1—dental anatomy
- D2—operative dentistry
- D3—prosthetic dentistry
- D4—orthodontia
- D5—oral hygiene
- D6—dental pathology
- D7—oral surgery
- D8—jurisprudence

Further divisions of each main classification were obtained by addition of other numbers, i.e.

- D11 anatomy—deciduous teeth
- D21 operative dentistry—instruments and appliances

Related medical subjects were classified under Dewey's system, i.e.

- 610 medicine
- 611 anatomy
- 612 physiology

Material was grouped under these headings by journal names, arranged alphabetically in chronological order. While this system was somewhat more complicated than the current dictionary style of a single alphabetic arrangement of subject and authors, it was felt to have distinct merit at the time. Students were accustomed to refer to a limited number of leading periodicals, and thus were more likely to look for material appearing in specific publications, than for definite titles.

Author entries were listed alphabetically in a separate section.

A list of 850 dental terms included in the classification, followed by the classification number, and showing the page on which such references were to be found, appeared in the pages of direction for the use of the book.

When it became evident that a more direct method of indexing was advisable, this list of 850 dental terms was used as a basis for setting up an alphabetical classification which currently includes approximately 2,000 headings and cross-references. Three volumes of the *Index*, the latest covering 1945-1947, have employed this dictionary style in a straight alphabetical arrangement of subject and author.

Perhaps no single item is more indicative of the growth of the dental profession in the past fifty years than the expansion of its

literature as viewed through the increased scope of the index to that literature. Since the turn of the century this indexing has progressed from the voluntary efforts of a few to a major activity of the American Dental Association.

The Index was initially supported by the Institute of Dental Pedagogics, to which the plan was presented in 1909, and through the efforts of which group a committee was formed to overcome the difficulties of financing the project. In 1925 the American Dental Association made its first grant of \$10,000.

Direction of the work during the early years was in the hands of the Administrative Board of the Dental Index Bureau, of which the late Dr. H. E. Friesell was chairman. Monetary support stemmed from several interested groups:

American Association of Dental Colleges
American Dental Association
Research Commission of the American Dental Association
British Dental Association
Canadian Dental Association
New Zealand Dental Association
Society of Dental Science of New South Wales.

With the publication of the 1927-1929 volume, the American Dental Association assumed full financial responsibility, and directive authority passed to the Association's Committee on Dental Index. Dr. A. D. Black, Index editor from its inception, was appointed chairman of this group, and served in this capacity until his death.

Shortly thereafter, Dr. J. E. Gurley, who is currently editing the *Journal of the American College of Dentists*, and the *Journal of Dental Education*, was appointed chairman, a position which he still holds on the Advisory Committee to the Bureau of Library and Indexing Service. Supervision of the indexing work now rests with the Central Office of the Association, and is carried out through the office of the Secretary and by the Director of the Library Bureau.

In addition to the publication of the printed Index, a monthly card service of current material has been maintained during the past 10 years. This service, available upon subscription, supplied 325 entries monthly to dental libraries throughout the United States and in many foreign countries. In January of the current year the

monthly service was discontinued. It is planned to present the Index in a quarterly cumulative form hereafter. It is believed that this type of service will more readily supply a form of reference to the profession as a whole.

It has often been said that the first 100 years are the hardest. The Dental Index with a mere 29 years to its credit is still a long way from the century mark. In this relatively brief span, however, a very conservative estimate of accomplishment to date indicates that 1,000 volumes, totaling more than half a million entries, have been classified.

The broadening interest in the classification of dental literature throughout the world is reflected in the increased activity of the Index Division of the Bureau during recent years. Indeed, possibilities for the ensuing 70 years take on almost frightening proportions. In the light of what has already been accomplished, however, it does seem too presumptuous to feel that the challenge of the future, like that of the past, will be met successfully: that as dentistry grows, so will grow the Index.

Absolute, preemptory facts are bullies, and those who keep company with them are apt to get a bullying habit of mind. . . . If I had not force enough to project a principle full in the face of the half-dozen most obvious facts which seem to contradict it, I would think only in single file from this day forward.

—*Oliver Wendell Holmes*
The Autocrat of the Breakfast-Table

NEW YORK SECTION HONORS DOCTOR WRIGHT

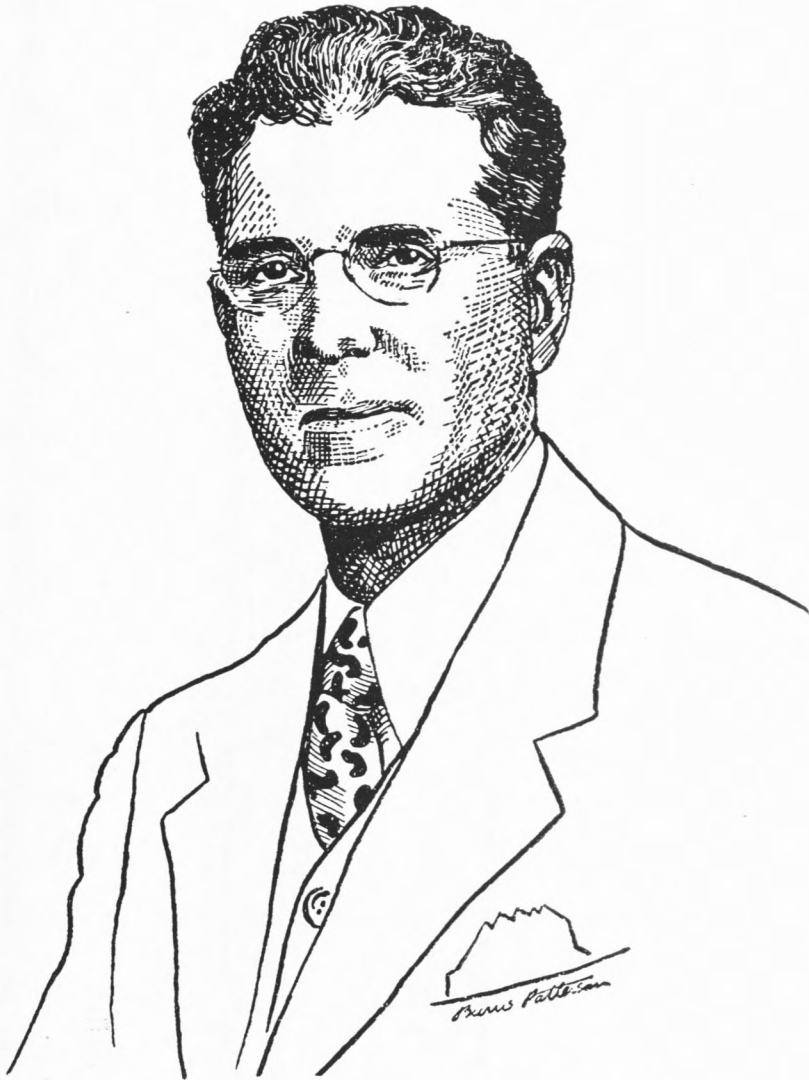
SALUTATION

It is with a great deal of pride that the New York Section salutes the President of the American College of Dentists and Dean of the New York University College of Dentistry, Doctor Walter Henry Wright. In our humble effort at acknowledgment of his intrinsic worth, we tender to him this Testimonial Dinner.

It is given to the wise to understand the great. Wisdom and greatness combined place one beyond peerage. Possessing great intellectual attainments, keen and alert to the requirements of dental education and organized dentistry, Doctor Walter Henry Wright has through his deliberations dispelled the fears, complexes and misunderstandings with which our profession has been confronted. He has given unstintingly of his time and efforts in our behalf. A lifelong friend and counsellor of the dental profession. A staunch supporter of organized dentistry. He has frequently graced our lecture platforms. Displaying the rare capability of combining science with art, his writings and discourses have proven of incalculable value to our profession.

We take this opportunity to congratulate New York University—and their College of Dentistry in particular—on acquiring such an inspiring teacher, noted prosthodontist, enthusiastic organizer and capable administrator.

For his distinguished career, his constant devotion to the cause and welfare of the dental profession, his notable achievements in the field of Prosthodontia, his friendship and allegiance to our profession, his interest in the development and progress of The American College of Dentists and our New York Section in particular, Doctor Walter Henry Wright, is tendered this Testimonial Dinner. It is our pleasure and privilege to honor the man we all love best.



WALTER H. WRIGHT, B.S., D.D.S., M.S., PH.D.,
Dean and Professor of Prosthetic Dentistry,
New York University College of Dentistry

PROFESSIONAL AFFILIATIONS

- Member of:** Academy of Cleft Palate Prosthesis
Academy of Denture Prosthesis
American Association for the Advancement of Science
American Association of Dental Editors
American Association of Dental Schools
American College of Dentists, President
American Dental Association
Pennsylvania State Dental Society
Odontological Society of Western Pennsylvania
Association of Anatomists
Association of University Professors
National Board of Dental Examiners, Chairman
The American Board of Prosthodontics
Federation Dentaire Internationale
The New York Academy of Dentistry
- Fraternities:** Delta Sigma Delta
Omicron Delta Kappa (Honorary, Campus leadership—men)
Omicron Kappa Upsilon (Honorary dental fraternity)
Phi Sigma (Honorary in Biology)
Sigma Xi (Honorary, general science)
- Member:** Committee on Teaching, American Association of Dental Schools
Health Council of Greater New York
Dental Technical Advisory Committee, New York Tuberculosis
and Health Association
Dental Advisory Committee, Community Service Society of New
York
Chairman, Dental Advisory Board, Department of Health, City
of New York
- Past President:** Academy of Denture Prosthesis
Omicron Kappa Upsilon
- World War II and at present Consultant on Prosthesis to the Surgeon General of
the United States

WALTER H. WRIGHT: HIS CONTRIBUTIONS TO THE AMERICAN COLLEGE OF DENTISTS

OTTO W. BRANDHORST, D.D.S., *St. Louis*¹

It is a privilege and a pleasure for me to be here on this occasion. It is a privilege because of the opportunity it affords to pay tribute to Dr. Wright, the President of the American College of Dentists, whom you have chosen to honor on this occasion and whom I hold in very high esteem. It is a pleasure for me to be here to join the Fellows of the College in this area on this memorable occasion. Only too seldom do we pause in our daily routine to express our appreciation for work well done and I know of no one who deserves more this expression than our guest of the evening.

When I set about to prepare my message on the topic suggested to me, namely, Dr. Wright's contribution to the American College of Dentists, it occurred to me that a good yardstick in making this evaluation might be the objectives of the College. The more thought I gave to the idea, the more fascinating it became; that is, it offered some unusual opportunities to evaluate the activities of the American College of Dentists and to really see how individuals could make their contribution to an organization like the College. There was, of course, that one hazard—how would Walter Wright stack up under the test. It was decided to take that chance.

Let us then give some consideration to the objectives of the College. They read as follows:

- To promote the ideals of the dental profession
- To advance the standards and 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
- To improve public understanding and appreciation of oral health service

It will be noted that all of these exact certain requirements or accomplishments and only one of them, the fourth, offer something in return. This one provides for the conferring of fellowship in recognition of meritorious achievement. In other words, certain accomplishments must have preceded the invitation to fellowship.

¹ Dean Washington University, Dental School and Secretary of American College of Dentists.

Our guest of the evening was made a Fellow of the College in 1927, seven years after the founding of the organization. At that time there were only 131 members.

He had already devoted considerable time to teaching and had contributed to the science and art of dentistry, education and literature, as is indicated by the following published papers.

- 1920. Deafness as Influenced by Malposition of the Mandible (1)
- 1922. Some Observations of Jaw Relationship to be considered during Full Denture Construction (2)
- 1925. Value of Systematic Charting of Records in Prosthetic Work (3)
- 1926. The Teaching of Clinical Prosthesis in the Dental School (4)
An Analysis of the "Spherical Theory" and Comparison with Condylar Adjustment as Applied to Occlusion (5)
- 1927. Condylar Adjustment: A Simplified Equipment and Accurate Method for its Use in the Practice and Teaching of Full Denture Construction (6)
Important Factors of Denture Service (7)

Thus, our guest entered the American College of Dentists. The Board of Censors and the Board of Regents had looked at his work and found him worthy.

One of the hopes that our founders had and one which has been and is handed down to those in whose hands have been placed the administrative responsibilities of the College, is that Fellowship in the College will be a stimulation to even greater effort and achievement for the newly made member. Unfortunately, many feel that their goal has been reached when Fellowship is conferred and achieve little thereafter.

In fact, the objectives as previously read, clearly indicate that much is expected of a Fellow who comes into the College. He is to promote the ideals of the dental profession; he is to advance the standards and efficiency of dentistry; graduate study and effort is to be promoted and he should lend a hand in improving public understanding and appreciation of oral health service. This seems a big order. How can one individual meet these huge responsibilities? How did Walter Wright accept them?

It was not until seven years after his induction into fellowship, that the Board of Regents sought his services for special assignment. However, during those seven years, without special assignment, he continued to contribute to teaching, research, literature, etc., as is evidenced by the ten articles recorded to his credit in the litera-

ture of that period, and no doubt, there were many contributions that went unrecorded. They were:

- Arranging the Teeth of Full Dentures to meet the Requirements of Mastication (8)
- Anatomic Influence on the Establishment of Balanced Jaw Relations and Balanced Occlusion (9)
- An Aid to Prognosis in Full Denture Service (10)
- Collection of Data Relative to Edentulous patients, and its Value in Rendering Denture Service (11)
- The Importance of Tissue Changes under Artificial Dentures (12)
- Differentiation between Undergraduate and Postgraduate study in Prosthetic Dentistry (13)
- Minimum Requirements in Denture Technics Preparatory to Entering the Prosthetic Infirmary (14)
- Prolonging the Efficiency of Service from Prosthetic Dentures (15)
- Impression Taking and Materials (16)
- Morphological Changes in the Mucous Membrane Covering Edentulous Areas of the Alveolar Process in the Mouth (17)

It was in 1934, that Dr. Wright was asked to assume the Chairmanship of the Prosthetic Dental Service Committee for the College. It was a new field of activity that the Board of Regents felt should have attention.

Many of you already know that Dr. Wright was Chairman of this committee until 1949, when Dr. Clarence Nelson relieved him. Many of you also know that the studies which this committee made have become the basic material on which other committees now rely in planning procedures with relation to technicians and dental laboratories.

I cannot forego the opportunity of telling you at this point, something of the basic philosophy that guides the Board of Regents in directing the activities of the College, for this committee's activities are quite typical. For more than ten years this committee studied, reported and published its reports. It was not until 1945, that the American Dental Association saw fit to appoint a committee with similar objectives. In fact, there was over-lapping personnel in the committees of the two organizations. When this was done the College committee was asked to "stand by" and await developments. A year or so later there was some concern as to the direction things were taking. The American College of Dentists' committee was again alerted and asked to use its influence, if necessary, to guide

developments. At this time, the College has other committees in a number of other fields standing by, watching developments, as other groups become interested in their fields of activities and take over.

During the period in which Dr. Wright served as Chairman of the Prosthetic Dental Service Committee, at least one and sometimes two reports were rendered and published each year.

In addition thereto, many contributions to our literature were made and I attach hereto a list of at least 40 publications between 1934 and 1950:

- American College of Dentists. (Ad-Interim report of the Committee on Dental Prosthetic Service (18)
- The Relation of the Proposed Dental Curriculum to the Oral Health Needs of the Public and the Preparation of Dentists (19)
- Nomenclature of the Curriculum Survey Report Relative to Complete Denture Prosthesis (20)
- Selection and Arrangement of Artificial Teeth for Complete Prosthetic Dentures (21)
- Changes in the Mucous Membrane of the Human Oral Cavity (22)
- Critical Review of the Report of the Curriculum Survey on Complete Denture Prosthesis Based on Statements from Teachers (23)
- Dental Prosthetic Service (24)
- Dental Prosthetic Service. (Propaganda for License of Laboratory Technicians) (25)
- Dental Prosthetic Service (26)
- Dental Prosthetic Service (Dental Trade Advertises Directly to the Public—Synthetic Resins (27)
- Guarding Frontiers of Public Welfare (28)
- Immediate Denture Service (29)
- Acrylic Resins in Relation to Prosthetic Oral Health Service (30)
- The Clinical Use of Acrylic Resin for Prosthetic Dentures and Its Effect on Oral Health (31)
- The Dental Technician and the Dental Laboratory (32)
- The Dentist, the Dental Technician and the Public (33)
- Denture Base Materials as Related to Prosthetic Oral Health Service (34)
- Hidden Dangers in the New "Harvard Plan" of Dental Education (35)
- Licensing of Dental Technicians (36)
- Malpractice and the Dental Profession (37)
- A Method of Securing Correct Impressions (38)
- Present Trends Which Threaten Prosthetic Oral Health Service of the Future (39)
- Prosthetic Service (40)
- Report of Dental Prosthetic Service Committee (41)
- Use of Intra-Oral Jaw Relation Wax Records in Complete Denture Prosthesis (42)
- Correlation Between Face Form and Tooth Form in Young Adults (43)

- Maintenance of Prosthetic Dentures (44)
Omicron Kappa Upsilon (45)
Prosthetic Service (46)
Use of Acrylic Resin in Dentistry (47)
Impressions of Alginate Base Materials (48)
Obligations of a Professional Man (49)
Report of the Committee on Prosthetic Dental Service (50)
Should Dental Students be Educated as are Medical Students to Become Professional Practitioners with Certain Procedures assigned to Technical Assistants (51)
Student Recruitment (52)
Dental Manpower in New York State (53)
Pedodontics and its Relation to Dental Education (54)
Specialization in Dentistry (55)
State Dental Board Examining from the Standpoint of Dental Teachers (56)
President's Address, American College of Dentists, San Francisco, Calif. (57)

From these titles it will be noted that our guest did not confine himself to assigned activities. He also contributed to the advancement of many dental organizations—International Association for Dental Research, Omicron Kappa Upsilon, American Association of Dental Schools, American Dental Association and many others.

It should be stressed that the general objectives of the dental organizations mentioned and others are the same. There is no difference between the objectives of the American College of Dentists and those of the American Dental Association or the American Association of Dental Schools. Men differ in methods of approach and perhaps the point of attack and possibly the rate of progress. The American College of Dentists is in the unusual position of being able to devote its energies more directly and many times to the more idealistic things in our forward march, through the efforts of men like our guest of the evening.

For a number of years, Dr. Wright served with distinction, as Editor of the Prosthetic Department of the "Year Book of Dentistry". I should like to record on this occasion, a statement that rests in the archives of the College and made by our guest to the Board of Regents some years ago, when he resigned as Editor of the Prosthetic Department of the Year Book of Dentistry. It expressed so clearly the tenets of the College with regard to the profession's journalism that I asked that it be attached to the minutes as of that date. It reads as follows:

"In January 1943, I resigned as Editor of the Prosthetic Section of the Year Book of Dentistry. My resignation was necessary because of a change in policy on the part of the owners of the Year Book which opened the way for the use of dental articles appearing in dental journals under the control of proprietary interests and not acceptable to the Commission on Journalism. I was confronted with choosing either the Year Book which having received the counsel, encouragement and support of the College, had decided to pursue its expedient course, or the college which is concerned with the long-range advancement of the profession. I chose the American College of Dentists.

That choice was based on the following:

- 1) Since its founding, the College has contributed notably to the advancement of the dental profession and to the betterment of dental welfare of the public, as shown by the numerous projects with which the College has been and still is concerned. These projects have been confined mainly to those areas of dentistry which have been undeveloped, or exploited.
- 2) The work of the College in setting up standards and in promoting ethical concepts has resulted in an awakened professional consciousness and in the recognition of professional responsibilities in dentistry.
- 3) Through the leadership of the College, both the profession and social agencies have come to recognize the relation between oral health service and the public welfare and have become concerned in the widespread distribution of dental services.
- 4) Dentistry has been elevated to the status of a profession largely through the example, the influence, and the activities of the College. The College envisions the dentist as a professional man, capably trained and free, under the law to promote the oral health of the public and to enjoy the benefits of his professional service. It places a premium on scholarship, integrity, tolerance, benevolence and a sincere desire to alleviate human suffering.
- 5) The autonomy of the dental profession and of dental education has been defended by the College against all who would make dentistry subservient to medicine.
- 6) The College has challenged every attempt to dismember specialties which are part of the practice of dentistry, especially

Oral Surgery and Prosthesis. Every influence from within and every attack from without that would disrupt dental practice has been brought to the attention of the profession through the vigilance and work of the College.

- 7) Authoritative information on the cost of dental care has been made available through the work and at the expense of the College.
- 8) The Journal of the College stands as an example of professional journalism worthy of emulation and honor to the dental profession.
- 9) Research which the College regards as essential to the survival of dentistry as a profession has been and continues to be actively supported through grants from the Treasury of the College.

To continue this recital of an almost endless list of accomplishments of the College is unnecessary to illustrate the standards, the ethics, and the ideals for which the College stands.

It is inappropriate for members of the College to lend their efforts to activities which in principle and practice are contrary to the declared standards of the College.

We as individual members may regard a decision of the Regents as too drastic, Utopian, or momentarily disadvantageous to ourselves, to the profession or to the College. However, when such decisions are based on principles for which the College stands, we should consider it a privilege and duty to acquiesce in the decision of the College. To do otherwise would weaken its effectiveness. It would tend to deter the Regents in pursuit of their duties and consume time in defense of decision, while urgent matters of the College would have to wait.

There is great danger in setting the sails of the College to the momentary gales of expediency, for eventually, we would find ourselves out of the slow, yet sure current of duty that brings us ever nearer to the goal of our aspirations.

(Signed) Walter H. Wright"

Thus spoke Walter Wright when he was asked to compromise a principle of the College that he considered sound. Thus, he put expediency aside that the honor and dignity of the profession might be sustained.

Every Fellow of the College is required to pledge his support to

certain basic principles for which the College stands. A pledge is exacted of him which reads in part as follows:

“Recognizing that the American College of Dentists seeks to exemplify and develop the highest traditions and aspirations of our calling, I hereby accept, as a condition of Fellowship in the College, all its principles, declarations and regulations.

“I pledge myself, as a member of the American College of Dentists, to uphold to the best of my ability the honor and dignity of the dental profession, and to meet my ethical obligations to my patients, to my fellow practitioners, and to society at large.

“I also pledge myself to refrain from all practices that tend to discredit the profession, including employment, or holding a proprietary interest, in commercial corporations supplying dental products or services to either the profession or the public; giving testimonials for such products or services; participating in radio programs that advertise proprietary preparations sold to the public; bartering in fees; making excessive charges without rendering commensurate service; dividing fees with other health-service practitioners, or in any other manner taking advantage of the ignorance or confidence of the patient.

“I further pledge myself to devote my best endeavors to the advancement of the dental profession, and to perfect myself in every way possible in the science and art of dentistry. I shall be ready at all times to give freely to dental colleagues, privately or publicly, the benefit of any knowledge or experience I may have that would be useful to them; but will give courses of instruction in dentistry, for remuneration, only as an appointed teacher serving under the auspices of a dental school, dental society, hospital, or other accredited professional or educational agency.”

The stipulations of the pledge are further requirements that are made of each Fellow of the College. You who live and work with Dr. Wright, know how he meets these requirements day by day.

I have attempted to show just how Dr. Wright has contributed to the American College of Dentists. Through the enumerating of his activities, I have tried to show how each Fellow can make a contribution if he will but lend his efforts to the cause of dental health service and consider that he owes a part of his time to the advancement of his profession.

Dr. Wright is the finest example that I know, of a man who has

contributed liberally and with a modesty that makes his contributions even more lasting and endearing.

It was in 1942 that Dr. Wright was elected a Regent of the College, serving in this capacity for a period of 6 years, being requested to serve the 6th year when his elected successor found it necessary to decline the position. In 1948 he was elected President-Elect and in San Francisco in October, 1949 was installed as your President.

It has been my pleasure to serve with him during these years and it has been my privilege to have had the benefit of his counsel on many occasions. I know of no man who has served the College so well or who has brought more credit to it. I have refrained from mentioning many other of Dr. Wright's activities, such as his leadership in education, assuming that others will bring these forward. Such activities also reflect favorable influence upon the College. If I were asked to name the American College of Dentists' Fellow of the past quarter century, I would without hesitation name our guest of the evening.

President Wright, I bring you greetings and best wishes from the Board of Regents of the College and express to you their appreciation of the great service you have rendered the College, the profession and the public. In this I am sure I echo also the felicitations and thanks of all the Fellows of the College.

May your efforts and accomplishments be an inspiration to all the Fellows of the College as we press forward its work for the benefit of the profession and the public.

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ADDRESS OF RESPONSE

WALTER H. WRIGHT, D.D.S., *New York*¹

I am embarrassed by the planning and labor on the part of Chairman Burr and his Committee in arranging the many details of this occasion. I am aware, also, that many of our members and friends, especially those who travelled far, were inconvenienced by coming here tonight. In fact, time and energy and, most important, a courteous and generous spirit are required of all those who arrange and participate in such affairs.

Some of my earliest memories are related to dinners. When I was a child, my Mother, encumbered with the care of four children (all boys), insisted on having the visiting preacher stay at our home. The visitation was preceded by elaborate preparation including a general housecleaning, and was usually followed by a slump in our domestic affairs. Mother went to bed with a headache while we went to the kitchen where with apron and skillet we salvaged the remains of the previous party.

Since then, I have been aware of the efforts such occasions require and, whenever possible, I have tried to avoid them.

This delightful gathering is a welcome opportunity for fellowship among the members and friends of the College. In anticipation of this gathering, I recalled one of the previously mentioned ministerial dinners which resulted in my undoing. While Mother was busy with the culinary preparations, I decided to entertain the preacher. I gave a special performance of youths' wildest antics which ended in my incarceration in an upstairs closet, until my flair for showing-off had subsided. On this occasion, I was able to redeem myself in the eyes of my parents. Having arrived at the Church, the preacher asked me to recite a poem before the congregation. This I accomplished with dispatch, whereupon he gave me a few candy mints, covered me with his overcoat, and allowed me to sleep during the sermon. That I recall as my first public appearance. Since then, my public efforts have neither been rewarded by candy mints, nor followed by the oblivious and dreamless sleep of childhood.

I appreciate the honor which you have bestowed on the American

¹ Dean, College of Dentistry, New York University and President of the American College of Dentists.

College of Dentists and its President, and I welcome this opportunity to speak about the influence which the College should and does have on its members and the profession at large. Fortunately, I was privileged to enter the College at a relatively early age, to know some of its founders, and to catch some of the enthusiasm which attended its earliest years. The objectives, which are printed in each issue of our Journal do not explain why the College was founded, they indicate briefly what the College is trying to do. The motives for the founding of the College are not readily defined and less easily discussed, because they lie partly in the realm of reason and partly in the domain of intuition. I suspect that the founders, although able to formulate the objectives, were unable clearly to define their motives in founding the American College of Dentists.

When we look back to its founding in 1920, we see that dentistry had become united into the National Dental Association, dental schools had joined in the National Association of Dental Faculties, The Dental Educational Council of America had examined and classified dental schools, the profession had established its importance to the Nation in World War I, numerous societies representing the several areas of dental practice such as Oral Surgery, Orthodontics, and Denture Prosthesis, had been formed, The Journal of Dental Research had just been established by Dr. Gies who later, in 1921, was to begin the Carnegie Foundation study of dental education with the assistance of the Dental Educational Council. The profession had weathered its formative years, had consolidated its gains and was beginning to reap the rewards of its long and often desperate struggle for survival.

One cultural influence was lacking, namely an organization, which would serve to unite those who had labored to advance the profession and to honor those who would promote the cause of dentistry. This group would include dentists, regardless of affiliation, or faith who were willing: to forget self and strive for the greater good of the profession, to regard the welfare of the patient as a trust and not an opportunity for exploitation, to exemplify the true nature of dentistry so that the public would recognize its professional character and regard it with corresponding esteem, to enlarge the influence of the group by enrolling kindred minds and hands in elevating the status of teaching, research, and practice in dentistry.

Thus in the midst of the need for a common rallying ground, the founders did what men under similar circumstances, throughout the

ages, had done—they united. Just as art has flourished in the past when national environment became favorable to the promptings of the mind, the heart, the eye, the ear and the spirit, so the College, as we now view it, was brought into reality not by the cold calculation of reason, but by the more subtle insight of the spirit. Having called upon the deeper resources of the human mind, the founders have endowed the College with a character that appeals to all who respect and serve the best interests of the profession and the public. The founding of the College may be attributed to influences not wholly within and not entirely under the control of man. According to the scriptures, there is a spirit in man: and the inspiration of the Almighty giveth them understanding. When men unite in support of a project which they believe to be good, and for the benefit of the people, they may expect to receive inspiration and understanding which fill the minds of all those who seek the truth and pursue it. This, I believe, played an important part in the founding, and is responsible for the continuing success of the College. In the future, the College will go forward only as it meets the growing need for ideals, guidance, and leadership in a world which is beginning to see that the spirit is greater than the sword. The College will continue to challenge its members to greater service and sacrifice only as its Officers and Regents can lead the way toward those ethical standards of conduct which most members regard as desirable and necessary, yet may not be able, fully, to attain. When the objectives of the College are understood and put into practice, they can inspire a zeal for the welfare of the profession which is both contagious and cumulative, as shown by the advancement of dentistry through the labors of the members of this College.

It is the common lot of man to aspire and to fall short of his aspirations. No one, regardless how successful, is able to make all of his dreams come true. All who have attained fame and honor will admit that there is yet something to be desired. Some, having reached the pinnacle of earthly success, have regarded it as of little, or no value, and have destroyed themselves in the belief that their lives were total failures. Many have experienced subconscious promptings, or flashes of superhuman insight by which they have achieved the seemingly impossible task. Even in the realm of religion, we follow, now in the very footprints, now afar off, our great guides and leaders, finding yesterday's goals only another part of today's pathway that leads onward and upward.

This, in the professional realm, is the position which the College should occupy. It should represent all that is good and ideal in the life and activities of our profession. It should be a solace to those whose aspirations have not been fully realized. It should bring encouragement to those practitioners who have not been able to express fully and effectively their ideals of dental service because of the present limitations of our knowledge. It should give new faith to those dental teachers who at times doubt that their devotion and sacrifice is appreciated or worthwhile. It should bring courage and determination to research workers, who under trying and discouraging circumstances continue their search for new knowledge, materials and methods for the improvement of dentistry's service to the public. To all of these, the College must give assurance that, when they have done their best, it will strive through inspiration of others, to do better; when they are ready to lay down life's labors, the College will encourage younger hands to carry on each worthy project to completion; when ideals and ethics and the traditional rights of the profession are endangered, the College will hasten to their defense. All of those who have, in any manner, labored, hoped or prayed for the profession's advancement must find in the College the assurance that their efforts shall continue to bear fruit in due season.

This is our College which dentists, in the past, have founded and toward which, in the future, the entire profession may continue to look with hope and confidence. Its ideals of service and its standard of ethical conduct should command the total resources of our hands, our minds and our hearts. It should keep us aware of our individual responsibility to improve the profession and to make the people healthier and happier because of the opportunities and privileges which we enjoy. It should, through the enlargement of our vision, lead us onward toward ever receding goals in education and research. Ultimately, it should bring us face to face with the reality that we cannot divide our living into separate areas. Living is many experiences, but only one life. Our professional, domestic, social and religious activities should be harmonized so that they may be developed into one grand symphony of effective and purposeful living. This is the spirit, and the purpose wherein lies the future greatness of the American College of Dentists, the integrity of its members and the continuing advancement of our profession.

AMERICAN COLLEGE OF DENTISTS

MINUTES OF THE SESSIONS OF THE BOARD OF REGENTS REPORTS OF COMMITTEES¹

(Continued)

(Begun in San Francisco, Oct. 14, 1949 and concluded in Chicago, Feb. 5, 1950. See
J. Am. Coll. Den., 17, 29; 1950, and 17, 137; 1950)

6. PROSTHETIC DENTAL SERVICE

C. A. Nelson, D.D.S.,² Amery, Chairman

The Prosthetic Service Committee was established in 1934, under the chairmanship of Dr. Walter H. Wright and has continued through the years with reports submitted annually and published in the Journal. The report this year in addition, consists of the actual correspondence passed between those interested both official and unofficial in an effort to come a step nearer the solution of this problem and is presented in this form in order to give the reader a better concept of the magnitude of the task as well as a clearer picture of the entire situation. In this the attitude of the profession as represented by these correspondents from over the country will be easily seen, although no conclusion is stated. A careful reading of the letter from the Chairman addressed to the Editor of the Journal will give the reader a satisfactory preview of the Report, Correspondence and Exchanges to follow. (Ed.)

(Introductory letter from the Chairman to the editor)

AMERICAN COLLEGE OF DENTISTS

Amery, Wisconsin
June 17, 1950

Dr. John E. Gurley, Editor
Journal of the American College of Dentists
San Francisco, California
Dear Mr. Editor:

The Prosthetic Dental Service Committee submits the enclosed materials for publication in the September Issue of the Journal of the College. The background for collecting and obtaining this volume of material together

¹ For Report of the Convocation and Symposium on Dentistry's Participation in Health Plans, San Francisco, Oct., 1949: See *J. Am. Coll. Den.*; 16, 97-183; 1949

² Other members of this Committee, 1948-49, are: Louis Brach, Waldo H. Mork, Chastian G. Porter, Walter S. Thompson.

with actions taken for utilization of its contents are contained herein. The purpose is to provide further evidence for maintaining the present approved principle of the profession of dentistry regarding the dental prosthetic problem and to help guide the profession in framing future policies. This valuable material will be preserved in this way, and will be available as historical evidence at a later date should it be wanted.

I quote from a letter from the Chairman of the Council on Dental Trades and Laboratory Relations of the American Dental Association:

"On February 7, 1949, the Board of Trustees of the American Dental Association directed the following resolution to the Council on Dental Trade and Laboratory Relations:

'Resolved, that the Board of Trustees refer to the Council on Dental Trade and Laboratory Relations the following question for consideration and report of its opinion with comments to the Board at its October session:
WILL LICENSURE OR REGISTRATION OF TECHNICIANS AND LABORATORIES BE GOOD FOR THE FUTURE OF DENTISTRY?'

"It is the desire of the Council to obtain the viewpoints of individuals who have studied and given careful consideration to this important problem."

Early in the spring of 1949 a questionnaire including the above resolution was mailed to the Officers, Secretaries, Chairmen of Prosthetic Dental Service and Legislative Committees of the Constituent Societies of the American Dental Association. We become concerned over this questionnaire because many to whom it was sent might not have a studied knowledge that would meet the requirements of the Council. In many states Prosthetic Dental Service Committees had just been appointed and they had not had the opportunity of studying this question to form a seasoned opinion. The question was so stated that many answers would be on *Licensure* or *Registration* without consideration of the approved principle and plan of *Accreditation* of the American Dental Association. Some of the replies proved this contention. Many states were in the process of establishing a national or state level plan of Accreditation for Dental Laboratories and this questionnaire did confuse their efforts and would retard progress.

The above reasons prompted a request of the Secretary of the Council on Dental Trade and Laboratory Relations of the American Dental Association to send this questionnaire to the Officers, Regents, and the members of current and past Prosthetic Dental Service Committees of the American College of Dentists and of the American Dental Association who were known to have given serious study and had seasoned judgment on this problem. Eighty per cent of the Fellows of the College who received this questionnaire gave their replies. This percentage was most gratifying. Deep

study and much thought were given to this questionnaire as you will see from the contents of their replies.

Knowing that the results of surveys of this type usually become pigeon-holed in the Chairman's office, the undersigned asked if he might have access to these replies to make a study of them. This met with favorable response from the Chairman of the Council on Dental Trade and Laboratory Relations and they were presented to me at the American Dental Association meeting at San Francisco.

A synopsis of the contents of the replies was presented to the Officers and Regents of the College at the Chicago 1950 Midwinter meeting and they approved the recommendation that these treatises be edited and published. They resolved that they be edited and published in the Journal of the American College of Dentists.

The Chairman of the Council on Dental Trade and Laboratory Relations of the American Dental Association requested a budget of \$3600 from the Board of Trustees of the American Dental Association at the Chicago 1950 meeting to be used for publication. The American Dental Association did not seem to have the available funds.

At a meeting of the entire Council on Dental Trades and Laboratory Relations permission was received from them, which permits the American College of Dentists to print this material. As you will see the treatises were contributions from Fellows of the College, in the main. The Council on Dental Trade and Laboratory Relations is to receive as many reprints as they require and use of any original data contained therein. The original data are of course, contained in the treatises.

It is most fortunate that we have an organization with adequate finances that is willing to publish such important material and disseminate it to the profession. It will preserve this historical volume of material as evidence of our continued efforts to maintain the present unified practice of dentistry. This is a real service and contribution to the profession of dentistry.

Credit should be given to the Council on Dental Trades and Laboratory Relations of the American Dental Association for their cooperation with the College and its committee. The joint efforts of the two organizations and their committees are gratifying and commendable. The following are the Report of the Committee with the Letters, Statements, Briefs, etc., submitted in numerical order from 2-46.

Respectfully submitted,
(signed) C. A. Nelson

I. THE REPORT

LEGISLATION-ACCREDITATION

The question, what shall the relations between the profession, the commercial dental laboratories and the dental laboratory technicians be, is still in a state of flux. The difficulty in arriving at a solution is the wide diversion of fundamental consideration. It involves the cultural pattern of the profession, the business interest of the Commercial Dental Laboratory and the working and economic interest of specialized labor.

The profession of dentistry is largely to blame for the problem we are confronted with. We have been too busy educating ourselves in new technical procedures and scientific advancement during the past 100 years and delinquent with the rapidly growing dental laboratory industry and the dental laboratory technicians. With the public demand for our time at the chair and the conveniences of services rendered by the commercial dental laboratory, the rank and file of the profession have not sensed the seriousness of the problem nor listened to the warnings of those who have had serious consideration for maintaining the present unified practice of dentistry. Only when a near calamity was at hand have they become aroused to action. They have been concerned with the effects but have not given much consideration to the causes.

In our first Prosthetic report we called attention to some of the contributing factors that we frown upon as ethical practitioners, such as: calling upon the commercial dental laboratories to assist in the selection of shades, the taking of jaw relations, sending patients to the dental laboratories for delivery of repair cases, and, a few of our profession, calling upon them to assist in the taking of impressions. Some commercial dental laboratory owners respond when called upon for these added services not because they want to, but because of the competition in the industry. Illegal practices of dentistry by the dental laboratory technician in bootlegging dental prosthetic services and the mail order denture racket followed. The latter racket resulted in the passage of the Traynor Bill by Congress.

The illegal practice of dentistry is most flagrant in our heavily populated cities such as New York, Detroit, and Chicago. Dental Practice Act in some states requires amending to cope with the situation. Prosecution of the laws to curb these practices is many

times difficult. In some states the courts are jammed with cases so that sometimes it has taken months and even years before the cases come up for trial. In addition it has been difficult to get evidence of the nature that will obtain the desired verdict. Then, too, we have not educated the profession to the seriousness of the whole problem. Often recommendations are made to amend existing dental practice acts but caution decides not to tamper with the existing law.

There are men in the profession and the laboratory industry who contend that the only way to control the Commercial Dental Laboratory and the Dental Laboratory Technician is to register and license them. The Prosthetic Dental Service Committee has been opposed to licensure of dental technicians and the registration of dental laboratories for the following reasons: (1. Contributed by Walter H. Wright for the Committee.)

1. "Dentists alone are formally trained, examined and licensed to do all phases of dental prosthesis involved in rendering an oral health service to the public. Licensure for dental technicians would duplicate, in part, the license which dentists now have, since it would authorize another group, (the technicians), to do the same laboratory procedures for which the dentist was trained, examined, and licensed. Such licensure of technicians would violate the purpose of state control and would encroach upon the professions rights and priorities in its complete control of prosthetic oral health service.

2. Licensing implies a formal permission from the authorities (the state) to carry on a certain business or to practice a profession otherwise illegal. Dental technicians serve only as an adjunct and his work is delegated to him by the dentist. He works for the dentist and he is responsible to the dentist, therefore his licensure in addition to being unnecessary would be a direct attack on the traditional and legal rights of the dental profession.

3. The dental profession cannot advocate the licensing of dental technicians because they are neither trained, educated, nor controlled by the dental profession.

4. Licensure of dental technicians would not prohibit illicit practice of dentistry by some technicians as claimed by laboratory leaders. We already have laws to punish them for illegal practice of dentistry. We need no more laws but more enforcement of existing dental laws.

5. *Regulation*, not licensure of dental technicians and laboratories is urgently needed.

6. Licensure of dental technicians involves a threat to the profession's control of the laboratory phases of dentistry.

7. Licensure of dental technicians would place them in a more favorable position than at present to have a part in serving the public directly, if, and when socialized, or insurance dentistry should become a reality.

8. Licensure of dental technicians might become their back door entrance to the practice of dentistry."

Under Dental Practice Acts the state assigns to the profession of dentistry the control of the practice of dentistry in the interest of public welfare. It is our duty to curb all illegal practices detrimental to public welfare by unqualified persons. We must also so conduct our affairs that adjuncts to our profession function legally and in the interest of the public.

The problem of curbing illegal practice of dentistry and finding a solution to the prosthetic problem is a national problem. The American Dental Association has no enforcing agencies but it can determine the principles and recommend the policies to be followed. The problems within state boundaries must be taken care of at the state level. In addition, each state should assist other states by cooperating with them on a national level. What happens in one state eventually is liable to happen in all states. "Dentistry must act in unison on a national basis, guided by local conditions."

Since 1923, six attempts have been made in the state of New York, to pass Dental Mechanic Legislation.

1923—Bill introduced granting the title of "Prosthetic Dentist" to mechanics, sponsored by the Associated Dental Laboratories.

1929—Master Dental Technicians Bill (Galgono Bill) became a law. It was smuggled through and signed by the Governor.

1930—Master Dental Technician law repealed.

1937—Attempt to pass Licensing Statute for Technicians in New York.

1943—Plan for Registering Dental Technicians and Laboratory in New York.

1945—The Mahoney Bill, an act to amend the education laws, in relations to the registration and regulation of dental laboratories. This bill was sponsored by the Dental Laboratory Association or

Guild of New York, the dental Society of the state of New York in cooperation with the Commissioner of education and opposed by the first and second District Dental Societies. The two latter societies comprise $\frac{3}{4}$ of the dentists in New York State. The bill was passed but was vetoed by Governor Dewey.

The following is from the 1948 Prosthetic Dental Service Committee report of the American College of Dentists, Dr. Walter H. Wright, Chairman.

"The vetoed bill provided for:

1. Registration of commercial laboratories;
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."

The following editorial from the April 1948 Dental Laboratory News, official organ of the Dental Laboratory Association of the state of New York, is not only of concern but a warning to the profession at large.

"Whatever the action of the State Dental Society in this matter, dental laboratories cannot forever wait for Organized Dentistry to reach sufficient unanimity in this matter. The public interest, too,

must be very much considered. If the dental profession is content to use up its energies in internecine bickering, the dental laboratories are not, and an enlightened public will not."

The meeting of the House of Delegates of the American Dental Association in 1943 was high-lighted by the debate on Licensure of Dental Laboratory Technicians and Registration of Dental Laboratories. That year Officers of the American Dental Association, the Chairmen of the Prosthetic Dental Service, and Legislative and War Service Committees met with representatives of the Florida Dental Society and the New York State Dental Society at two separate meetings to counsel them not to present bills in their respective legislatures to license dental technicians or register dental laboratories. We presented to them the plan of certifying Dental Laboratories. We contended that licensure would not prohibit illegal practice of dentistry by dental laboratories or dental laboratory technicians; that it would change the cultural pattern of dentistry; that licensure in other countries had created two levels of dentistry; that licensure would place them in a more favorable position to serve the public directly in the event of socialized dentistry; and that it might serve them as a back door entrance to dentistry. Although we met with much opposition at that time, five years later (1948) we find that the First and Second District Dental Society of New York, having approximately $\frac{3}{4}$ of the dentists in New York State, have a changed concept of the problem. Currently they are proposing an amendment to their Dental Practice Act that will have teeth in it to curb illegal practice of dentistry by Dental Laboratories and Dental Laboratory Technicians. Such important provisions as obtaining legal entry into dental laboratories for inspection and evidence and the elimination of dental chairs in dental laboratories are to be incorporated in their proposed amendments.

The Michigan Dental Society in 1946 authorized the appointment of a committee to draft legislation to curb the illegal practice of dentistry by both the "black market technicians" and some members of the profession. The so-called National Dental Technicians society had introduced a bill which was an insult to both the profession and the craft. The Michigan Dental Laboratory Guild notified the state dental society that if they did not introduce a bill to help defeat the technicians bill, they would. As a result the state dental society and dental laboratory craft hurriedly introduced a bill before they

were ready. At the same time the state board of dental examiners sent out an urgent request to raise the registration dues from \$3 to \$5 to curb illegal practices which had become rampant in the city of Detroit.

The bill to license technicians did not get out of the committee because interested legislators were asking the following pertinent questions:

“1. Can peace between employee and employer be expected if a law is administered by a board composed of owners of laboratories?

2. Can the profession and the schools be expected to cooperate in law enforcement and training of technicians if the laboratory craft insists on a status different from other auxiliary services?

3. As long as there is no standard for either an owner of a laboratory or a technician, how can the craft create such standards as will be necessary for regulation, maintenance and future development, unless they become a part of the profession like other auxiliary services?

4. Will standards created outside of the profession give any prestige to the craft within the profession?

5. Can the craft enforce its own standards without the help of the profession in the large cities?

“Inasmuch as the legislation which exists in the United States and Canada has been initiated by either technicians or owners of laboratories or both, it would seem advisable for the dental laboratory craft to answer these questions and show what use it proposed to make of a law.”

The South Carolina Dental Society, independently of the Laboratory craft, sponsored a bill that was passed to license dental technicians. The legislative Committee of the American Dental Association advised them not to introduce this bill. The law was a poor law, did not receive the cooperation of the laboratory craft and further attempts to enforce the law has resulted in pigeon holing the bill. Requests have been made for repeal of the bill, but delay has been requested to see what further course the 1948 House of Delegates of the American Dental Association would take. The question of repealing the bill will come up before the House of Delegates at the next meeting of South Carolina State Dental Society. The request was made to have the law repealed.

The Connecticut State Dental Society in 1949 sponsored amend-

ments to their Dental Practice Act to curb dental laboratories and dental laboratory technicians from rendering prosthetic service directly to the public and advertising their services in the public press. These bills were passed by both houses of the legislature, but, were vetoed by Gov. Chester Bowles. Newspaper headlines stated "Bowles vetoes Bill Curbing Dental Laboratories." The bills would have prohibited dental laboratories from making, fitting or repairing false teeth except on prescription of a licensed practicing dentist.

The governor's objections and comments:

1. A prescription would be required for repair of dentures already fitted by a dentist:
2. It would cause a hardship on low income groups:
3. Although ill fitting dentures was a discomfort it was not an important cause of cancer:
4. They granted a monopoly to the dental profession:
5. The excessive costs of denture would cause many people to go without dentures.

In the final sentence of his veto the Governor "induced the dental profession to re-examine its conscience as to ways it may better serve the low income groups." Although the sponsoring of these amendments to the Dental Practice Acts of the State of Connecticut was well intended, bad publicity resulted. The governor's veto message detailed professional information in the press that was not in the interest of dentistry. Monetary considerations were given priority in the governor's veto measure over the ethical concept of our responsibilities in rendering the best type of professional services entrusted to us, under Dental Practice Acts.

We can expect a quasi-legalized interpretation of the governors veto by unethical and ultra-commercially minded laboratories in the matter of direct laboratory plate repair in that state. Technicians in other states will be encouraged to carry on like practices. The National Dental Laboratory Association editorially "hailed the veto as a great victory *against organized dentistry.*"

Attempts at correction of illegal practice of dentistry by legislation during this period of social changes and current political philosophic carries with it many dangers the profession should avoid. In eastern circles the Connecticut experience has been termed the Connecticut "*episode.*"

In 1944 the House of Delegates of the American Dental Association unanimously approved the principle of Accreditation for the following reasons:

1. "It does not require special enabling legislation in the various states; (2) accreditation has been satisfactorily used by other agencies of the American Dental Association"; (3) the plan will be voluntary for both the constituent societies and the dental laboratories; (4) the plan establishes a rotation standing committee of the American Dental Association with a fulltime dentist secretary as liaison between the profession and the laboratories, the need for which has been acute for years."

In 1946 the House of Delegates of the American Dental Association approved the plan of Accreditation. In 1948 the House of Delegates again approved the principle of Accreditation and the plan of Accreditation, and its continuance on the National level in spite of the recommendations of their Prosthetic Dental Service Committee and the Reference Committees. It also recommended that the individual constituent societies in cooperation with the state laboratory organization be urged to develop programs for the regulation of dental laboratories and dental laboratory technicians particularly designed to meet the needs in that state.

ACCREDITATION

Nine states have now approved the principle of Accreditation as the means of establishing a more desired salutatory relationship between the profession and the laboratory craft.

The reports from the chairmen of the Prosthetic Dental Service Committees of these states are as follows:

Alabama:

Frank A. Finney, D.D.S., Chairman
227 Broad Street
Gadsden, Alabama

Thirty laboratories out of fifty are accredited. Thirty-five have applied for accreditation, five remaining to be inspected. All dentists in Alabama have been circularized bearing a pledge to patronize only "accredited" laboratories. The big majority of dentists have signed and returned the card. The list of accredited laboratories and dentists who have signed pledges is published in "The Bulletin" of Alabama Dental Association. They feel that accreditation is working well in Alabama.

Florida:

Albert A. Reilly, D.D.S., Chairman
354 St. James Building
Jacksonville, Florida

We feel in Florida that we have brought the laboratories closer to the dentists and the American Dental Association by accreditation. Also, some of the laboratories that were on the border line have been much improved by inspection. We have brought them into the fold by accreditation, and they are now operating in an ethical manner.

Last year we had twenty-two laboratories accredited in this state, and hope to have the same number this year with two or three more added to the list. The program, we hope, will continue to grow stronger each year.

Missouri:

B. O. Haun, D.D.S., Chairman
815 Missouri Building
St. Louis, Missouri

The accreditation of the commercial laboratory has been in operation in Missouri for two years.

Out of about 85 laboratories in the state, 43 are accredited and one application pending.

A number of the others are not eligible as they must be in business for one year to be eligible for accreditation. Eighty-five to 90% of the technicians in the State are associated with accredited laboratories.

We work in cooperation with the Missouri State Laboratory association, and we find they are just as much concerned in solving our mutual problems as we are. Of course we have the support of organized dentistry in the state and only consider advertising or exhibit space at our meeting if they are accredited laboratories. We are more than pleased with the results in Missouri, and I believe the laboratories are more enthusiastic about the plan than we are.

North Carolina:

C. C. Poindexter, D.D.S., Chairman
Greensboro, N. C.

In 1947, as results of several months study and discussion, the Prosthetic Dental Service Committee of North Carolina Dental Society and delegated representatives of North Carolina Dental Laboratory Association became in accord as to requirements and procedures of accrediting commercial dental laboratories in this state.

In addition to following very closely the suggested plan of the American Dental Association, we found it advisable to make and accept certain other agreements. The following is in a general sense our operating program.

The Prosthetic Dental Service Committee is made up of five men and is a staggering committee, likewise is a similar committee from the North Carolina Dental Laboratory Association.

When applications from the laboratories are received, a member of the Prosthetic

Dental Service Committee follows through with a thorough inspection of these laboratories.

After a number of laboratories have been examined, our committee meets with the Laboratory Committee, and in joint discussion of each applicant, rejects or accepts for accreditation.

It is mandatory that to become eligible for accreditation a laboratory must be a member of the North Carolina Dental Laboratory Association.

A non-accredited laboratory is denied advertising facilities in the State Bulletin as well as exhibit space at our State meetings.

The Bulletin carries a list of accredited laboratories and suggests that the profession deal only with these listed.

The fee charged the laboratories incidental to inspection and accrediting are identical as originally proposed by the American Dental Association.

When desired, one page in the Bulletin is to be made available to the Laboratory Committee for the disseminating of news interesting to the profession. These articles are subject to the approval of the Committee on Publications of the North Carolina Dental Society.

Early in December 1947, forty-five applications together with the American Dental Association plan of operation were mailed to as many laboratories. Twenty-two qualified and were accredited in 1948.

During 1948 the North Carolina Dental Laboratory Association used its share of the refund from the American Dental Association and perhaps some of its own funds to further their education program. In November of last year the Association held a two day meeting in Greensboro. A hundred and twenty-five laboratory owners and technicians registered at this meeting. Appearing on the program were Mr. George Anderson of the Dentists Supply Co. "Full Denture Construction." Mr. John Butler of the L. D. Caulk Co. "Acrylic Crowns and Bridges." Mr. John Oliver of the J. K. Jelenke & Co. "Gold Castings" and Miss Evelyn Reed, Executive Secretary of Dental Laboratory Institute of America.

The officers and men of the Laboratory Association expressed their opinion that this particular meeting had given them much technical information and as a whole a very successful meeting.

We feel that our plan is making progress. While we have never had any serious differences in North Carolina the friendly relationship continues to grow and undoubtedly the plan will work here. We favor the present system.

To establish a workable plan, and one satisfactory to both groups, naturally required a lot of work and time. These efforts were worth while and we have every reason to believe that the fine cooperation that these agreements have brought about tends toward an even better understanding and greater efficiency.

Ohio:

Carl O. Boucher, D.D.S., Chairman
College of Dentistry
Columbus, Ohio

On February 8, Dr. Boucher appeared before the Council at their meeting in Chicago. Dr. Boucher gave a resume of the Accreditation Program in effect in Ohio,

as well as the objectives of his committee. Of particular interest to the Council is the research problem being carried on by the Ohio Prosthetic Dental Service Committee, namely, the Experience Chart for dental laboratory technicians, apprentices and supervisors.

The Council commends the Ohio Prosthetic Dental Service Committee on their approach to this problem.

Southern California:

Bruce R. Kurtz, D.D.S., Chairman
627 First Trust Building
Pasadena, California

Southern California has in effect the State Level Accreditation Program. Dr. Allison James, a Council Member, and a member of the Southern California Prosthetic Dental Service Committee, reported to the Council at their meeting in February that a harmonious relation exists between the profession and the craft due to the inauguration of this program.

Until recently, the dental laboratory craft in California was composed of two State Organizations: The Northern California State Dental Laboratory Association; and the Southern California State Dental Laboratory Society. These two bodies of the craft have now effected a union.

Mention should be made of an incident which may or may not be of significance. On February 17, 100 Application Blanks for Accreditation Certificates were forwarded by mail to Mr. James Robinson.

Washington:

L. O. Edgar, D.D.S., Chairman
573 Paulsen Medical and Dental Building
Spokane, Washington

In reply to your nice letter concerning Accreditation in the State of Washington I will say so far it is working very well.

Before I came into the picture, the Dental Laboratory owners were encouraged to organize by Dr. Frank Wood. This was done and a very good constitution was formed. And by-laws were drawn up and accepted. There are sixty-three members in the state organization out of an estimated eighty-five laboratories in the state. Forty-two have been accredited and a few more are being processed. I understand even more laboratories are becoming interested.

The names of the accredited laboratories have appeared in an article in the Washington State Dental Journal. Also other articles from time to time and we expect to have more.

The Laboratory Association has been invited to hold its meeting at the same time as ours at the University of Washington. Rooms to be provided. Laboratory Association men will be able to attend our Table Clinics. And they have also been invited to put on Table Clinics.

We expect to return to the Laboratory Association most of the money returned to us from the A.D.A. or spend the money on them.

Our success has been possible only because of the Association and working through their organization.

Both sides feel this is not the final answer to our problems, but is a step in the right direction. The Laboratory men talk some of licensure in about four or five years, and I believe I agree. A man in order to own and operate a laboratory must be licensed. In order to take the examination he must have served a four year apprenticeship. Credit to be given for time spent in an accepted school.

The Laboratory men have asked the Profession to stop sending patients to the laboratory for repairs. Articles on this have appeared in the Journal.

A Laboratory man working in a Dentist's office and taking in outside work is frowned upon.

A Laboratory man working for a Dentist is classified as a Dental Assistant and is not acceptable for membership.

A Laboratory to be accredited must belong to the Washington State Laboratory Association.

So far we have not done anything about the technicians. Up to now we have had no union trouble. However, I understand the heat is on to organize the Technicians, Assistants and Supply House help.

Personally I have enjoyed working with the Laboratory men. I had a good acquaintance with them before taking this job. I was a bit worried when I accepted as I have a limited practice and my own laboratory. However, the first man said, "I'm glad, you know something about this business."

West Virginia:

E. C. Stanton, D.D.S., Ex. Chairman

303 United Carbon Building

Charleston, West Virginia

Report as of May 1947:

90% of the dental laboratories in the state were accredited and a few others were promising to put in the necessary equipment so that they could be considered.

The constitution of the State Dental Society as well as that of the component dental societies to provide for Prosthetic Dental Service Committee. The component Prosthetic Dental Service Committee examined the dental laboratories reported to the component Society, the President of the component Society reported the vote to the state Prosthetic Dental Service Committee. Through this procedure the State Committee derived its authority to accredit the laboratory. By this method the State Committee kept the good will of the component dental society as well as the laboratories in the jurisdiction of the component society.

Wisconsin:

C. A. Nelson, D.D.S., Chairman

Amery,

Wisconsin

At the April 1949 meeting of the Wisconsin State Dental Society, the House of Delegates approved Accreditation as recommended by the American Dental Association, and the Prosthetic Dental Service Committee was authorized to develop machinery for Accreditation of dental laboratories. The machinery as developed will have to be approved by either the House of Delegates or the Executive Council before used.

SUMMARY AND CONCLUSION

Accreditation is the present established policy of the American Dental Association. Whenever legislation has been proposed, Accreditation has been the "Stop, Look and Listen" sign of warning to the greatest present day potential threat to the current cultural pattern of the profession of dentistry. There is no magic to this plan. "It will require adequate support, encouragement, substantial experimentation and trial and ample time, in order to evaluate results before it is discarded."

Legislative attempts by the profession, the commercial dental laboratories or the dental technicians have been made in at least six states. All the attempts have met with failure, has not created harmony between the profession and the laboratory craft, has added confusion and widened the gap between us and this important adjunct to our profession.

The dental societies in nine states have accepted the principle of Accreditation and they all report progress in the improved relations between the profession and the laboratory craft.

Accreditation of dental laboratories is evolutionary by its nature. Licensure or Registration of dental laboratories and dental laboratory technicians would be revolutionary.

In its deep philosophic thinking the profession should heed the warning contained in the epitaph found in a cemetery on a tombstone—"I was well. I wanted to be better. Here I am."

ADDENDUM

Before publishing the reports in this issue of the Journal, we asked permission of all contributors to print their treatises and reports under their names. This also served as another survey on the problem. A careful check of their replies indicates that the profession is now definitely opposed to licensure of dental laboratory technicians and registration of commercial dental laboratories.

Areas formerly of the opinion that licensure of dental technicians or registration of commercial dental laboratories was the only solution to the dental prosthetic problems, have now a changed concept and are working for accreditation of dental laboratories, or a modified form thereof, retaining the essential features of the original plan.

Following the American Dental Association's approval of the

principle and the plan of accreditation, some laboratory leaders were much opposed to the plan. They now are being convinced that the profession is serious in their objective to develop a mutual co-operative plan for establishing a more salutary relationship between the profession and the craft, in the interest of public welfare. Some of the most rabid opponents have now expressed a willingness to investigate and explore the plan of accreditation.

Those who originated the plan realized that it might take ten years before it would become effective. Four years have now passed. Those states that have served as a testing ground for accreditation, report a more salutary relationship between the profession and the commercial dental laboratories. They report the laboratory industry is well satisfied under the plan.

A firm stand by the profession on our present philosophy, has and will, guide the course to a satisfactory final outcome.

(Signed) C. A. NELSON, *Chairman*
Prosthetic Dental Service Com.

II. THE CORRESPONDENCE

I.

AMERICAN DENTAL ASSOCIATION

May 3, 1949

TO ALL MEMBERS OF THE COUNCIL ON DENTAL TRADE AND LABORATORY RELATIONS

Dear Doctor:

At the February session of the Board of Trustees, the following resolution was adopted:

Resolved, that the Board of Trustees refer to the Council on Dental Trade and Laboratory Relations the following questions for consideration and report of its opinion with comments to the Board at its October session:
Will licensure or registration of technicians and laboratories be good for the future of dentistry?

It will be appreciated if the Council on Dental Trade and Laboratory Relations will prepare a formal reply to this question in time for presentation to the Board of Trustees at the annual session on October 11-21, 1949 in San Francisco.

Faithfully yours,

(signed) Harold Hillenbrand, D.D.S.
Secretary, American Dental Association

C.C.: Dr. Flagstad*
Mr. Garvey

* Deceased, June, 1949.

2.

AMERICAN DENTAL ASSOCIATION

Cedar Rapids, Iowa.

May 21, 1949

Otto W. Brandhorst, D.D.S., Secretary
 American College of Dentists,
 4952 Maryland Ave.,
 St. Louis 8, Mo.

Dear Doctor Brandhorst:

On February 7, 1949, the Board of Trustees of the American Dental Association directed the following resolution to the Council on Dental Trade and Laboratory Relations:

Resolved, that the Board of Trustees refer to the Council on Dental Trade and Laboratory Relations the following question for consideration and report of its opinion with comments to the Board at its October session: Will licensure or registration of technicians and laboratories be good for the future of dentistry?

It is the desire of the Council to obtain the viewpoints of individuals who have studied and given careful consideration to this important problem.

Dr. C. A. Nelson, Chairman, Committee on Prosthetic Dental Service, American College of Dentists, has suggested that the question be submitted for your consideration.

Will you please prepare a brief of your opinion on this question, with comments, and dispatch to Dr. Frederick W. Herbine, 801 Medical Arts Bldg., Reading, Pennsylvania, before June 15?

Sincerely,

(signed) Earl M. Eaton, D.D.S., Secretary
 Dental Trade and Laboratory Relations
 American Dental Association

C.C.: Dr. Clarence A. Nelson
 Dr. Frederick W. Herbine

3.

LEWIS W. THOM, D.D.S.

Minneapolis 2, Minn.

March 3, 1950

Dr. Clarence Nelson
 Amery, Wisconsin
 Dear Clarence:

My comments on the question, "Will Licensure or registration of technicians and laboratories be good for the future of dentistry?" are as follows:

It has been my belief that there are two groups in our social structure that should be licensed. They are:

1. Those who protect the public welfare.
2. Those who protect the public health.

Since the laboratory technician does neither directly I feel he should not be licensed.

The dentist who is rightly licensed protects the public health, and he stands as the guardian of the patient's health, allowing only those services in the mouth which will be beneficial to the patient's well being. The technician does not operate intra orally, and functions as an auxiliary aid to the dentist.

Certain factions of at least two state dental societies have advocated licensure of dental technicians, in an effort to stop illegal intra oral practice of some of the technicians in their states. If these states cannot enforce their dental practice act which should define who can and who cannot practice intra orally, then another law on the statute books will not solve the problem.

If states weaken to the pressure of licensure for these groups, it is reasonable to assume that having received this concession these auxiliary aids will clamor for the privilege of operating intra orally.

Therefore I see no reason for the consideration of legal licensure for technicians and dental laboratories.

I believe the accreditation plan which was adopted by the House of Delegates of the American Dental Association in 1944 has merit. It is a foundation for the building of a practical, sound workable relationship between the laboratory and dental profession. The plan no doubt must be worked out on a state level, and there are instances now where it is operating satisfactorily.

Sincerely,

(signed) L. W. Thom D.D.S.

4.

MARQUETTE UNIVERSITY, COLLEGE OF DENTISTRY

Milwaukee, Wis.

June 10, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pennsylvania

Dear Doctor Herbine:

The question propounded by the Board of Trustees to the Council on Dental Trade and Laboratory Relations: "Will licensure or registration of technicians and laboratories be good for the future of dentistry?" can do nothing at the present time but confuse the issue in question and retard the progress made by the Prosthetic Dental Service Committee.

Accreditation of the dental laboratories and other auxiliary services and their guidance and control are as important to dentistry, the dental profession and the public as the close integration the medical profession maintains over its auxiliary services—nursing, hospitals and medical technology.

For some reason accreditation seems to have become a political factor that is being passed around without reason. In my opinion, it is a matter that is too important to our profession to be treated as it has been. The opinions of those of the committee who have studied this matter for years should not be lightly considered.

Sincerely yours,

(signed) O. M. Dressen, D.D.S.

Acting Dean

AMERICAN COLLEGE OF DENTISTS

May 31, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pa.

Dear Dr. Herbine:

Dr. Earl M. Eaton, Secretary of the Council on Dental Trade and Laboratory Relations of the A.D.A., acting on the suggestion of Dr. C. A. Nelson, Chairman of the Committee on Prosthetic Service of the American College of Dentists, of which I am a member, has asked me to send you a brief on the question, "Will Licensure or Registration of Technicians and Laboratories be good for the future of Dentistry?"

Very curiously, I had just been asked by Dr. Charles F. Harper, Editor of the Journal of the New Jersey State Dental Society, to write an article stating the arguments against such licensure or registration. He proposes to publish this and an article by one of the members of the New Jersey Laboratory group in the next issue of the Journal in order to give our members both sides of this controversial subject.

It seems to me therefore, that I can comply with both requests, and kill two birds with one stone in a manner of speaking, by sending Dr. Harper a copy of the enclosed brief (6A herewith). Unless, of course, you find some objections to publication and will write me at once to that effect [it is for your use].

Knowing that many officials of the A.D.A., past-presidents and others, have gone "all out" in support of licensure or registration or both, and that some states have actually adopted registration at least, I approached the preparation of the brief with no little temerity. But I believe that the aforementioned gentlemen, no matter how sincere and well-intentioned, to be wrong. The statements made in the brief can be backed up by documents, most of which are in my possession.

I want in particular to call your attention to the Transcript of the Hearings at Washington, D. C. before the N.R.A. in 1933, on the question of granting a code to the "Dental Laboratory Industry" mentioned in the brief. In my humble opinion, its reading is a must for every member of your committee and for the trustees of the A.D.A. I say "must" because, what may have been just a vague suspicion as to the intentions of the laboratory group toward our profession is rudely dissipated. Very clearly, and without mincing any words, they testified that prosthetics was *their* field and monopoly and suggested ways and means to make it illegal for dentists to do their own prosthetic work! I believe a copy may be obtained from the Government Printing Office, or from Dr. Charles F. Harper, 148 Belmont Av., Jersey City 4, N. J.

I cannot resist the temptation of pointing out that many of our worthy members are influenced to refrain from opposition to licensure or registration, or even to active support, because of their fear of certain "trigger" words used by some of the proponents, such as "reactionary" and "vested interests".

It's an old political device to label all opposition to a change, even a change for

the worse, as reactionary and hence, illiberal. Understanding it as a trick or tactic, it may be dismissed.

As for the charge made by the proponents of licensure or registration that the opponents are behaving like a vested interest, selfishly striving to preserve the status quo, it should be met by the frank statement that "Of course we are!" Our interest is both proper and legitimate and is vested in us by each of our forty-eight states. But we, the dental profession, are also charged with the responsibility of maintaining standards of service to the public. No other group has this interest or is so charged.

Hoping that the enclosed will contribute something of value, I am

Sincerely yours,

(signed) Louis Brach, D.D.S.

5A. THE BRIEF

WILL LICENSURE OR REGISTRATION OF TECHNICIANS BE GOOD FOR THE FUTURE OF DENTISTRY?

Louis Brach, D.D.S.

As with so many others, no answer to this question can be found on the basis alone of the principles involved. It is first necessary to delve into the back-ground of the leading proponents of licensure or registration, namely, the state and national commercial dental laboratory groups. What is their purpose, their ultimate goal, if any? And above all, do they, the laboratories, come into court with clean hands?

At a time when large metropolitan newspapers carry full page advertisements by the laboratories attempting to enlist public support for licensure or registration, and when dentists are receiving letter after letter from the same source pleading for *their* support, and in view of the coming meeting of the Board of Trustees of the A.D.A. at which time a policy in this matter is likely to be decided, the membership of the A.D.A. should know more of the profession's side in the controversy now raging. Such knowledge will lead to definite instructions of delegates to the House of Delegates, and will be helpful to the Trustees of the A.D.A. in that the decisions they may make in October will accurately express the wishes of the profession which elected them as their representatives.

Up to date, excepting only an occasional editorial or article in a dental journal, the average dentist's contact with the question of licensure or registration has been chiefly through laboratory propaganda and advertisements in newspapers and scary articles in magazines. He has read the claim of the laboratories that the public's health was being endangered by illegal practitioners and junky prosthetics and that only licensure or registration would eradicate these evils. Many are so impressed by the simplicity of the solution advocated that they are inclined to say, "Sure, if that's all we have to do, let's do it."

Surely the future and security of dentistry are sufficiently important to warrant the Council on Dental Trade and Laboratory Relations printing a brochure on this question and sending it to every member of the A.D.A.

And now, what is the back-ground and what are the facts? Those dentists old enough to remember the first Roosevelt administration will undoubtedly recall the

excitement caused by the National Recovery Act, the N.R.A. Each industry was asked to organize vertically and apply for a code of fair practice. The National Laboratory Association, then a relatively weak and unrepresentative body, was bitten by the prevailing bug. Each state group of laboratories was asked to send delegates to form the national group and help to draft a code. Dentists were not only not invited, but the first code distributed to the laboratories had printed on it the admonition, "Don't show this to a dentist!"

Fortunately, a friendly technician did exactly that, and the reason for the lack of invitations to dentists to sit in on the drafting of the code and the reason for the admonition became very clear. The code, crudely though effectively, arranged for the emasculation of the practice of dentistry by severing prosthesis from it. The resulting furore caused the laboratories to hurriedly recall the code already distributed; it was revised and refined somewhat, and the A.D.A. Committee on Legislation and Correlation was approached with a request that a joint meeting of that committee and the laboratory groups be held for the purpose of passing on the new code.

The request was granted and the meeting held. Historically, the letter broadcast to the profession by the chairman of that A.D.A. Committee is certain to be recorded as one of the greatest blunders ever committed by any committee of the A.D.A. The letter stated the purpose of the meeting and very naively dwelt on what nice fellows the laboratory committee were. It found no objection to a code in principle, and only to one provision, namely, the proposed closing of the laboratories on Saturdays. Aside from this, the code had the Committee's approval and blessing.

It was not long however, before men who had read both old and revised codes, aroused the profession to the danger. The A.D.A. Committee promptly reversed its position but the fat was in the fire. The laboratory group, realizing that the dental profession now knew that the purpose of the code was to legally establish the alleged fact that prosthesis was a monopoly of the laboratories and not an integral part of the practice of dentistry, abandoned the idea of cooperation with dentistry and frankly stated its determination to apply to the N.R.A. for a code on its own.

A day for a hearing before the Administrator of the N.R.A. in Washington, D.C. was set. Time being of the essence, the Hudson County Dental Society of New Jersey asked for and received from the president of the A.D.A. permission to employ legal counsel and present the profession's position at the hearing.

The profession's argument was that the laboratories were an adjunct to dental practice and, as such, should be exempt from the operation of the N.R.A., as were both medicine and dentistry. Further, that the laboratories bore the same relationship to the practice of dentistry as did the pharmacists to the practice of medicine and fulfilled the same function, namely, filling prescriptions. That they differed from the pharmacists only in that they rendered their services to dentists exclusively and not to the public and hence, needed no licensure.

The laboratories, on the other hand, argued that they were an industry, separate, apart and distinct from the dental profession and hence, entitled to a code. To support their claim, representatives of the country's largest laboratories testified as to the importance of the technician's work in the dental scheme of things. One testified that dentists were unskilled and incapable of producing a prosthetic appliance,

and that the appliance's success and the health of the patient depended entirely upon the technician's accuracy in constructing it, so exactly that a miss of a "millionth part of an inch" spelled failure.

Directly and indirectly, they expressed their conviction that prosthesis was a monopoly of the laboratories. They especially fought for that clause in their code which held it illegal for any dentist to even solder a bridge in his *own* laboratory after 7 P.M.! These and other arguments convinced the administrator and the laboratories won. A code was granted. It cost the Hudson County Dental Society \$1500.00 (which cost incidentally, the A.D.A. never offered to assume or even share) but it was worth every dollar of it! The transcript of that hearing is now a matter of public record, (which the laboratories now never mention) clearly revealing that the goal of the laboratories is the full control of prosthesis and its legal separation from the practice of dentistry.

Once the code was granted, some of the heads of the laboratory group gloatingly boasted to their members that it "wouldn't be long now" before they would be taking impressions and making prosthetic appliances without having to kow-tow to dentists. But their triumph was short lived; the N.R.A. was set aside, and the code ceased to be a threat and became only the symbol of frustrated ambition, of an empire almost conquered. Obsequiously, and considerably chastened, the leaders of the laboratory group, now no longer arrogant and militant, fell over themselves in professing their loyalty to the dental profession.

Some years passed and, quite suddenly, the Legislative Committee of the New Jersey State Dental Society was asked by the New Jersey laboratories to hold a joint meeting for the purpose of gaining the State Society's sponsorship of a bill to license technicians which the laboratory group proposed to introduce in the Legislature. The request was granted.

The laboratory group opened their talk by pleading for a better understanding between the two groups. After all, they argued, were not the laboratories a part of dental practice, an adjunct of the profession? And did they not bear the same relationship to dentistry as did the pharmacists to medicine? What better way to wipe out illegal practice and raise the standard of prosthetic service than to have the New Jersey State Dental Society sponsor their bill to license technicians?

Very fortunately again, one of their own members, loyal to the profession, had provided the committee with an early draft of the proposed bill. Briefly, a college was contemplated, to give a three or four year course to train technicians in prosthesis. The graduates were to be examined by a new State Board consisting of seven members, of which total the laboratory group graciously conceded two places to dentists. They were a little uncertain on the matter of curriculum, but very definite on the point that graduates were to receive the degree of D.D.P., or Doctor of Dental Prosthetics!

Methodically, the Legislative Committee met the arguments of the laboratory group. It was agreed that they were adjuncts of the dental profession and did bear the same relationship to it as the pharmacists did to medicine, differing only in that pharmacists dispensed their drugs directly to the public and were justifiably licensed, whereas the technicians and laboratories rendered their services to dentists ex-

clusively and needed no license because the public's health and welfare were not involved.

They were reminded of their testimony at the N.R.A. hearing in Washington, D.C. in 1933 (or thereabouts) and how they had testified that they were not adjuncts of the dental profession but an industry, separate and apart from it.

This was too much for the laboratory group. Upon being pinned down and told that they were neither fish nor fowl nor good red herring, they found no reply. And when they learned that the committee was in possession of a copy of the first draft of their proposed bill for licensure, the meeting broke up.

From then, until recent years, the laboratories were not heard from. And when they became active again, licensure was dropped as their temporary goal, at least in most states, and registration substituted. Their arguments for the latter however, remained unchanged. Unselfishly, and with almost fanatical zeal, they still wanted to help (sic) the profession, eradicate illegal practice and raise the standards of prosthetic service. Philanthropically, they have spent and are spending thousands of dollars in advertising and other propaganda to force the profession to accept that help. Wisdom dictates that the gift horse be looked in the mouth.

In all fairness, it must be stated that the rank and file of technicians and smaller laboratories throughout the country have been, and still are, faithful servants of the dental profession and loyal to it. The ones who have led the moves for control of prosthesis, by one means or another, have almost invariably been the heads of the largest laboratories. They suffer from the curse of Bigness. They have big plants and must keep them going. Any drop in the economic line, a recession or depression, literally forces them to seek ways and means to bolster the demand for their services. With inexorable logic, they reason that if only they could render their services *directly* to the public, their chances of maintaining volume and, incidentally, increasing profit margins, would be greatly improved.

Then too, and this must be recognized by the profession, they feel that socialization of the professions is almost a *fait accompli*. With a completely organized laboratory group, whether by licensure or registration is relatively immaterial to them, they envisage the possibility of Big Business with the Health Administrator. If, during the war, the Army could contract with them for the construction of thousands of dentures, using dentists only for impression work and adjustments, why wouldn't a Health Administrator? And how long before the laboratories would attempt to convince the administrator that such work could be done at a much *lower* cost to the Government if only dentists were eliminated as "middle men".

This is only part of the back-ground to the question, but lack of space forbids more. One can ask very reasonably whether that back-ground was known to the President of the Board of Dental Examiners of the State of New York when he recently wrote: "The honest laboratories, and there are many, are not interested in getting into dentistry. Many dishonest ones are in now." Are the hands of the laboratories even reasonably clean?

But licensure can and should be opposed on the basis of principle alone. To begin with, a license is a device employed by the State to protect the public, its health and welfare, from any unqualified person who has a *direct* connection with it. Such licensure is granted to an applicant only by a State Board set up for that purpose, which

examines him, and only when his qualifications are considered adequate for the protection of the public is the license issued.

That is the principle of licensure; that is how a dentist obtains his. To advocate licensure for technicians and laboratories, who serve the dentist and who render their services to him alone and not directly to the public, is to question the competency of the dentist or the integrity of the Dental State Board which passed upon his qualifications, or both. It further implies that the public is not now adequately protected.

For the dental profession to sponsor licensure of technicians and laboratories would be a tacit admission that these implications are valid.

Licensure would be defensible only if technicians rendered their services *directly to the public*, and in order to adequately protect the public. But as long as a dentist, whose qualifications have been passed upon by a Dental State Board of Examiners, stands between the public and the technicians and laboratories to screen the prosthetic services they render, licensure of the latter is a senseless duplication because it *adds nothing to the protection of the public.*

Registration of technicians and laboratories seems, on the surface, to be a reasonable compromise. Yet, this too can be shown to be unwise, inadequate in meeting the problems it proposes to solve, and dangerous to the future of dentistry.

It is unwise, because of the deeply rooted conviction held by so many dentists that the ultimate goal of the large laboratories is the separation of prosthesis from the practice of dentistry. A conviction that is supported by overwhelming evidence.

Inadequate, because it cannot possibly eradicate the two things stated by the laboratories as their reason for wanting registration, namely illegal practice and low quality of prosthetic service.

Illegal practice will always be with us just as there will always be violators of our dental code of ethics. Withdrawal of registration is not the 100% deterrent it is claimed to be. Even hanging and electrocution have not eradicated murder. Besides which, laboratories have been, and still are, guilty of contributing in a large measure to the total of the illegal practice they are burning to cure. They have been and are running schools for training technicians, encouraging as many young men as possible to take the course, without any consideration as to the market that can employ and absorb them. That between the tuition fees and the charges for supplies, these courses have been profitable, not even the laboratories will deny. Would they give this up under registration?

As for raising the standard or quality of prosthetic service, the laboratories here reach the height of absurdity. Ours is still a competitive economic system. If the technician's or laboratory's product does not satisfy the dentist upon whose prescription it is made, the dentist will automatically turn to another technician or laboratory. To state, as they have only recently done with brazen effrontery in their advertisements in the daily press, that the public health was being seriously menaced because of the tremendous amount of junky prosthetic appliances made by partly trained technicians, is to indite the dental profession, its training and its integrity. What the advertisements deliberately fail to mention, and thus add to the confusion of the reading public, is that between that poorly trained technician

and the public, there stands the dentist to guard it against the alleged menace to health.

The future of dentistry? Of course dentistry has a future, exactly as it has had a past, as an integrated whole, capable of rendering a *complete* dental service to the public. Not Otherwise.

6.

BALTIMORE COLLEGE OF DENTAL SURGERY

Baltimore, 1, Md.

June 1, 1949

Dr. Earl M. Eaton
1101 American Building
Cedar Rapids, Iowa
Dear Dr. Eaton:

It is my judgment that the dental profession should oppose any attempts to license dental technicians in any of the states. Obviously, dental licensure is meant to protect the public from incompetent persons who might aspire to practice dentistry and thus endanger the health and the lives of the people.

The dental technician does not render a direct service to the patient, never comes in contact with the public, and, because of the position occupied by the dentist between technician and patient, is never a threat to the health and welfare of members of society. The technician is directly responsible to the dentist who is licensed under the law to render health care in accordance with the high standards established by dental education and dental practice in the United States. The dentist assumes all the responsibility for the consequences that may be involved in the use of dental appliances passed on to him by the technician. If an appliance is faulty the dentist can recognize such defects, and it is his moral and legal responsibility to ensure competent service to the patient.

I can see where there is justification in the certification of dental laboratories. The purpose of such certification is to establish standards of competency in the dental laboratory industry which may be fixed by organized dentistry as a protection to the dentist. Certification of technicians by organized dentistry should be resorted to only for the purpose of assuring the dentist that the laboratory which he may patronize is equipped, manned and administered in a manner that will protect the dentist from deceit and abuse. Salutary agreements may be reached between the representatives of organized dentistry and the agents of the laboratories which would insure the proper conduct of dental laboratories, such as good working conditions, adequate equipment and competent personnel. Standards of service if established under these conditions would guarantee that the dentist would receive from the laboratory a satisfactory quality of service.

The suggestion that the licensing of laboratory technicians will prevent them from practicing intra-oral prosthetic dentistry is, in my judgment, a foolish argument. The technician who will violate existing dental laws for illgotten gain will find a way to violate a direct law designed to regulate the conduct of technicians. It is not possible to legislate morality into the character of unscrupulous men. Recogni-

tion of ethical standards and the vigilance of conscientious dental technicians themselves are the only secure means of preventing abuses.

To require licensure of the technician in order to qualify him to serve the dentist would be a first and most effective step toward licensing the technician finally to do intra-oral prosthetics. To license the technician would be interpreted by the public as a sanction of qualifications he does not possess and of a responsibility he cannot assume, and the impressions created by such an arrangement would go far toward convincing the lay mind that the technician is competent to perform all the steps in a complete prosthetic denture service.

I would urge you, under all circumstances, to avoid such a complication. The well-organized, highly respected laboratories now serving the dental profession do not want licensure.

Very truly yours,
(Signed) J. Ben Robinson, D.D.S., Dean

7.

AMERICAN COLLEGE OF DENTISTS

June 7, 1949

Dr. Frederick W. Herbine,
801 Medical Arts Building,
Reading, Pa.

Dear Dr. Herbine:

I am sending to you the enclosure in response to the invitation dated May 20, 1949, received from Dr. Earl M. Eaton, a copy of which was forwarded to you by him.

I hope the enclosure, (7A), made brief, direct and comprehensive, will be helpful.

Yours sincerely,
(signed) Wm. J. Gies

Enclosure, 7A.

Comment on the question: "Will licensure or registration of technicians and laboratories be good for the future of dentistry?"

(The writer understands that "*registration*"—in the question stated above—is intended to refer (a) to *voluntary* enrollment of dental technicians and dental laboratories, *under A.D.A. auspices*; also (b) to associated certification, *by the A.D.A.*, of the ensuing accreditations.)

Every dentist has been educated, trained, and licensed to perform all established dental health-services that may be needed by any person.

A dentist may obtain the cooperation of a technician to produce—in a laboratory, in accord with the dentist's specifications—any device which the *dentist* plans to fit in the mouth of a patient.

Owing to lack of education, training, and licensure, for the practice of dentistry, a technician cannot lawfully take the place of a dentist to *fit* any dental device in the mouth of any person.

The public welfare is safeguarded by these conditions: (a) Guided by a dentist's specifications, a technician can construct, modify or repair, in a laboratory, any

dental device for use in the mouth of the person for whom the device was projected by the dentist. (b) This device may be *fitted* in that person's mouth *only by a dentist*, who, to assure continued helathful use, then makes all necessary dental adaptations of the device by applying to it, directly in the *fitting* process, his understanding, skill and responsibility.

Registration is a procedure for accredited identification and classification. Licensure is a procedure of legal authorization and control.

Registration of technicians and of laboratories would not intrude undesirable conditions into dental practice; would facilitate selections, by dentists, of reliably efficient technical assistants; and should promote cordial relations between dentists and accredited technicians (and laboratories).

Licensure of technicians and of laboratories would *result* in giving technicians freedom to perform *intra-oral* dental health-care, for which technicians have not been educated and trained, and thus to proceed beyond the scope of their proficiency. Technicians who have not become licensed dentists cannot be regarded as competent to give reliably acceptable *intra-oral* dental health-service.

Until current prevalence of dental diseases can be greatly reduced by preventive measures, there will be cumulative need for oral health- service. This growing need can be met most effectually, *in the public interest*, not by lowering the quality of that service and by multiplying degraded applications of it, but *instead*, by augmenting the number—and by improving the distribution—of dental schools and of dentists; and by furthering legitimate cooperation by auxiliary personnel, with dentists.

General conclusions. *Registration* of technicians and of laboratories *would be* "good for the future of dentistry."

Licensure of technicians and of laboratories *would not be* "good for the future of dentistry".

8.

W. O. TALBOT, D.D.S.
Fort Worth, Texas

June 12, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Penn.

Dear Dr. Herbine:

In the latter part of May I received a letter from Dr. Earl M. Eaton, Secretary, Dental Trade and Laboratory Relations Council of the American Dental Association, requesting my opinion on the subject: "*Will licensure or registration of technicians and laboratories be good for the future of dentistry?*"

Dr. Eaton stated that Dr. C. A. Nelson, Chairman of the Committee on Prosthetic Dental Service, American College of Dentists, suggested my name. Dr. Eaton requested that I write you my opinion on this subject before June 15. I have been away from home more than a week and have just gotten back to consideration of this very important subject, in which I am very much interested.

To answer the question pointedly, first, I would say no National or state *license*

should be granted to dental laboratories or technicians. Second, all dental laboratories and technicians should be required to *register*, annually, with the State Board of Dental examiners, in each state in which they attempt to operate. They should be approved or recommended by the State Laboratory Guild, or furnish satisfactory evidence of their ability to perform all techniques of dental laboratory work in a satisfactory manner. For cooperation, efficient service and compliance with the dental law, I would rather risk the Guild's enforcement of their Constitution and By-Laws and code of ethics than to attempt to control their actions with a separate laboratory law.

Last February, in Chicago, I attended the conference between the A.D.A. Council on Dental Trade and Laboratory Relations and the Laboratory Guild, and heard their discussions of the dental laboratories and how they should be operated. As I understood the trend it was favorable to control on the State level.

About a month later I attended a Texas State Executive Committee meeting of the Laboratory Guild in Fort Worth, with a number of the leading laboratory operators of the state present. They were free in their discussion of their relations to the dental profession and their desire for full cooperation and compliance with the dental laws of the state, but were opposed to any law requiring registration or licensing. They called attention to the habit of many dentists in Texas sending their patients direct to laboratories for repair work, which they could hardly refuse, without losing the dentist's business. They also objected to being called to the dentist's office in consultation at the chair over a patient's difficult case.

At our state meeting in Houston in May, action was taken favorable to registration or licensing of laboratories, with the consent and approval of some of their members. The subject was referred to several committee groups for action.

An influence that should not be overlooked is the continued effort of one of the strongest national labor unions in the nation to organize the dental laboratories of the United States into one union under national control; which would mean from Washington.

We are now having considerable difficulty in Texas in enforcing the Dental Law as it is supposed to apply against Laboratories. A recent decision of a District Court Judge declaring positive patient witnesses for the prosecution, as being "accomplices" in the crime, if followed by other courts will make it exceedingly difficult to secure conviction in any case of practicing dentistry without a license.

If Laboratories are licensed to do dental work or to perform mechanical dentistry, it may be even more difficult than now to keep them from being classified and working as "mechanical dentists" for the patients direct.

If the present Socialized Medicine and Dentistry plans now before Congress should pass during this or any near future session, and there is found a shortage of personnel to care for all of the free dentistry needed, it would be a simple matter for the Congress to authorize the Health Department to employ any and all licensed Laboratory Technicians to take over all the Mechanical Dentistry that may be provided for or authorized by the powers that be.

Such a procedure may seem extreme for the United States, but it has happened in Germany, England and other European Countries and it could happen here.

Sincerely yours,

(signed) W. O. Talbot

CC: Drs. E. M. Eaton

C. A. Nelson

Addendum. July 18, 1950:

An act of the Texas Legislature passed June 14, 1949, provides that "upon a trial or hearing for the violation of the statutes of Texas . . . pertaining to dentistry, the representatives, agents, or members of the State Board of Dental Examiners of Texas shall not be held or considered *accomplices*, and their uncorroborated testimony shall be sufficient to support a conviction."

9.

NEW YORK UNIVERSITY COLLEGE
OF DENTISTRY
New York 10, N. Y.

June 13, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pennsylvania

Dear Doctor Herbine:

In response to your letter of May 21, I send you a brief statement on licensure or registration of technicians.

1. I regard licensure or registration as the same since both imply action by the state.
2. I am opposed to both because the technician would be legalized to do the laboratory procedures in dentistry which are now delegated to all dentists in present Dental Practice Acts. As soon as technicians had been granted legal permission to do this work we would be surprised at the devious ways which they could devise to keep the dentists from doing it. The result would be that dentists might ultimately be compelled to send their laboratory work to technicians. This happened in Italy before the late war.
3. Licensed technicians would be in a most favorable position to help the Federal, or State government in any project of dental health service. A few dentists in a large dental laboratory, or clinic would be able, with the help of many technicians, to supply dentures, etc., wholesale. Further development along social lines might even find the technicians taking the impressions also.
4. In England, when Panel Dentistry was adopted some years ago, technicians then serving the profession were given license to practice dentistry. This split the practicing dentists into two groups: the trained dentists, and the technician dentists. Recently, when Britain's Universal Health Service program was submitted to the professions, Dentistry was divided into three groups and failed in their bargaining power with the government because the government bargained with each separately and won its point.

5. Patterns have been established abroad and they are influencing dental technicians in this country. We, in New York, are convinced that licensure is only the first step in an effort to take over prosthetic dentistry by technicians. Technicians have been licensed three times and each time the profession has been fortunate in having the bill vetoed. Radio broadcasts are being conducted regularly by laboratories and technicians, and the public is being told about the price which the technician receives as compared with the fee which the patient pays. The other day I spoke with a man prominent in politics who expressed his sympathy for the public and favors legislation that would make it possible for the people to get their dentures at laboratory prices.
6. Unless the profession unites in an effort to prevent licensure of technicians, it appears inevitable. We should do several things:
 - a.) Push the A.D.A. Plan of Accreditation and go to the limit to make it work effectively.
 - b.) Dentists should secure the services of technicians to assist in the dentist's own private laboratory. This will tend to bring laboratory procedures back under control of the profession instead of being controlled by commercial laboratories.
 - c.) The profession should use its influence to prevent the training of more technicians in the many technical schools which have been established to get the G.I. money. These technicians cannot find employment in commercial laboratories so they will set up their own little labs and later become potential competitors of the profession.
 - d.) Dentists should cultivate their skill in the laboratory phases of dentistry and equip their own laboratory, so as not to be coerced into approval of licensure of technicians should technicians decide to strike in order to get the sympathy of the public.

Sincerely yours,

(signed) Walter H. Wright, D.D.S.
Dean

10.

DR. EARL W. SWINEHART
DR. D. ROBERT SWINEHART
Baltimore 1

June 13, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pennsylvania

Dear Doctor Herbine:

I have a letter from Dr. Earl M. Eaton requesting that I submit to you a brief of my opinions concerning the question "Will licensure or registration of technicians and laboratories be good for the future of dentistry?"

In reply, I wish to state first that I do not understand why I have been chosen to participate in the discussion. I am less qualified than most men because I have not been interested in making a thorough study of the subject. During all but the beginning years of my practice, I have had laboratory technicians, trained by

myself, in my office. Commercial laboratories have been patronized only for processing vulcanite and the acrylics in the interest of office cleanliness. Thus, I have had far less than ordinary opportunity to learn at first hand of the relationships that have developed between the profession and dental laboratories—the increasing aggressiveness of the latter and the growing dependency of the former.

However, I do have deep concern for the welfare of dentistry and am sending along a few opinions about the subject which I hope may be of some benefit to your Committee. At least, coming from a personally disinterested spectator but sincere well-wisher, some of them may be different from the run of the mine. In tackling the subject at this late time, your Committee certainly has one of the toughest jobs in the field. As I see it, the fight cannot be won finally by wishing or by trying to bull the thing through. You have a big problem of human relationship involving the public, the Profession and business concerns. The only hope of solving such a complex problem with some permanence is to dispassionately and logically analyse the rights and privileges of all parties concerned, trace the good and bad in the development of the system and then seek to make equitable adjustment by advancing the good and discouraging continuance of what is bad. That is a big order as it involves satisfying the conflicting desires of these three groups each with its yen to "get while the getting is good."

In direct answer to the stated question, I am strongly opposed to State and Federal licensure or certification of laboratory technicians for the following reasons:

(a) Prosthetic dental work is truly a health service. When installed, its object is to promote health in the human mouth and throughout the body. In order to accomplish its purpose, it must meet the individual biological as well as mechanical requirements of the case. The states have set up dental schools and have made it necessary to study these requirements and their implications for six or more years before examination for licensure. Standards no less than these should be exacted from laboratory technicians if they desire to practice dentistry.

(b) Once licensed, the next logical step would be to permit them to deal directly with the public. If permitted to deal directly with patients in doing prosthetic work, it would be most difficult to limit them to that service alone. In fact, many cases would need additional dental service in order to make the prosthetic appliances meet the aesthetic and biological as well as the mechanical requirements. Practicing for the public, even despite the lack of full professional training, they might be arbitrarily raised to full dental status as occurred in Germany and other countries in times of stress.

(c) Dental laboratory technicians providing prosthetic service would probably continue in many cases as individual employees of commercial dental laboratories. Whether the dental anti-advertising laws would apply is a question.

(d) The progress of dentistry requires that in order to attract and hold the right kind of men, the dentist's income must be high enough to compensate for the six or more years of study and the thousands of dollars spent in preparation, in addition to the exacting requirements of practice. Prosthetic work is the most lucrative part of dentistry. Serious inroads into it by technicians would seriously impede future dental progress.

Now to deal briefly with some of the major factors of the analysis mentioned above. Also, as stated, these must be dealt with frankly if solution is to be expected.

The Public in the past has done little to initiate measures for improving its own health service. In the main, it has taken what has been thought up and handed to it by the Professions. From time to time the Professions have drafted laws and have seen that they were enacted by the legislatures. Over all, they have improved the health services, even though it must be confessed that they further strengthened protection of the men of the Professions. This continued assumption of initiative and passive acquiescence by the Public has established a misconception of the real situation. The Professions have come to be looked upon as entities self-created. In reality, they are but agencies, created by the Public in its own interest through action taken by its legislators.

Unfortunately, this misconception which obtains, also, in discussing the question of Compulsory Health Insurance, has resulted in the Professions being charged with self-interest and opposed to the welfare of the Public. It must not be forgotten that the Public can be master in both of these situations if it chooses to forego allowing the professions to decide for it. There is plenty of evidence it is being stirred toward action by vote-getting politicians. The greatest protection the Professions can secure is by going to the Public, not as bosses but as advisors, and educate it.

The Dental Profession, in the main, has been noteworthy, in the service it has rendered to the Public. In consequence, it stands unusually high in the confidence of the Public and its legislators. However, it must be confessed that the wholesale delegation of prosthetic work to commercial firms with little or no professional supervision does not make for the highest professional service possible in that phase of work.

It may be argued that as the result of utilization of dental laboratories, dental service has been extended to more people. It is quite probable that the same expansion could have occurred with more profit to both the Public and the dentists if laboratory assistants in offices of men or groups of men had been utilized.

Three very unfortunate situations have developed that will challenge the best efforts of your Committee to unravel:

(a) When going before legislative committees on this question, the Profession is in a poor strategic position. If asked whether the laboratory can do the work better than the dentist, and the answer is yes, the question naturally arises as to why then should not the public go directly to the laboratory at a much lower fee. If stated that the dentist can do it better than the laboratory, yet sends it there, it would seem that he is deceiving the patient for his own gain.

(b) Many dentists have lost the art of prosthetics and few of the younger men have learned it. It is understood that even some dental schools employ laboratories to relieve the students in the interest of language or collateral science courses. Real education in such an art comes only through thoughtful and conscientious practice. Thus, the loss through lack of invention as the result of trial and error has been great. It probably is safe to say that most of the advance that has been made has come through those who do the work in their own offices.

(c) The loss of professional independence amounting in many instances to

subserviency to laboratories is deplorable. Much could be said on this from psychological and economic standpoints. In seeking to solve your problems, it deserves careful analysis.

The Commercial Dental Laboratories are run by smart business men, unhampered by the Hypocratic oath and professional ethics. They are organized and know what they want viz. more business at higher prices. They know they hold a trump card—the unwillingness of dentists to do their own prosthetic work, coupled with the desire for easy profit. It should not be forgotten that the dentists started the system and have fostered it. Can you men win? Well, you cannot put out a fire as long as the oil that has fed it is being poured on.

Sincerely

(signed) E. W. Swinehart, D.D.S.

11.

AMERICAN DENTAL ASSOCIATION

July 13, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building,
Reading, Pennsylvania.

Dear Dr. Herbine:

I am very sorry, indeed, that the letter from Dr. Earl M. Eaton under date of May 21st, was misplaced in my office during my absence in Cleveland. It just came to my attention this week.

The question: Will licensure or registration of technicians and laboratories be good for the future of dentistry? Personally, I would definitely say no, for the following reasons:

1. It would require new legislation in several of the States.
2. I don't believe the American Dental Association or the State Boards are prepared to police the conduct of laboratories.
3. I think South Carolina has had some experience along this line which has not been satisfactory at all.

Again, I am very sorry for this great delay, and I do hope this opinion might reach you in time that you may quote my opinion.

With very kindest regards, I am

Yours sincerely,

(signed) Holly C. Jarvis, D.D.S.

12.

AMERICAN DENTAL ASSOCIATION

May 3, 1949

Dr. F. W. Herbine, Chairman
Council on Dental Trades and Laboratory Relations,
801 Medical Arts Building,
230 N. Fifth Street,
Reading, Pa.

Dear Dr. Herbine:

I have submitted the question "Will licensure or registration of technicians and

laboratories be good for the future of dentistry?" to the several members of my Committee, for their opinions and I quote from their letters to me.

- I. "I think that registration or licensure might be of benefit to dentistry, provided that, adequate and enforceable legislation be enacted by the several States".
- II. "Some form of registration should be used so that we and the various governmental agencies should have a place to start, in reducing illegal practice".
"The A.D.A. should develop a standard plan, which might be followed by a goodly number of States."
- III. "The registration of technicians and laboratories will be good for the future of dentistry, if control is left in the hands of dentists—preferably the State Boards. Proper controls could be thus exercised to prevent any infringement on the field of dentistry proper."

The above opinions are from three members of the New York State Prosthetic Service Committee, located in New York City, Buffalo and the central part of the State; so these opinions should be representative of the entire State.

My own opinion is that registration of dental laboratories will not only be beneficial to dentistry, but is necessary to effectively control the large amount of illegal practice that is being done at present, in many laboratories, especially in New York City. This practice is encouraged by many dentists who introduce the public to the laboratory by sending them directly to the laboratory for repair of dentures. Registration of laboratories would effectively control this practice. Control of such registration must be in the hand of the dental profession so that maximum standards may be maintained.

Licensure of technicians should not be considered until such time as a program has been developed for the proper training of technicians in dental schools or State educational institutions, as advocated by the American Dental Association.

If and when this program is effectuated, graduates of such schools of laboratory technology would then be qualified for licensure. Here again, any legislation licensing the laboratory technicians must be surrounded by safeguards, which would effectively prevent invasion into the field of dental practice.

New York State is divided into two segments—the dentists in New York City and environs, numbering some 8000, and about 5000 in other parts of the State. The majority of New York City dentists are opposed to any recognition of dental laboratory technicians whatever, fearing that such recognition would lead to further infringement on dental practice and possibly, eventual legislation establishing a lesser qualified sub-profession. However, I believe that opinions throughout the entire profession of the State would be about equally divided on this question.

Legal recognition of dental laboratory technology, as an integral part of dental practice, is inevitable. The danger is that such legal recognition may be obtained by the efforts of the various laboratory groups in such a way to remove control of the practice of dental laboratory technology from the hands of the profession, which might lead to the setting up of a sub-profession, which those men in New York City fear. It is the duty of the dental profession to institute all legislation in this respect,

and to see that control and supervision of the practice of dental laboratory technology is safely placed in the hands of organized dentistry.

Sincerely yours,

(signed) Stanley G. Standard, D.D.S.
Chairman Prosthetic Service Committee
of the New York State Dental Society.

The following memorandum, 12A., should be interesting, perhaps revealing, and no doubt, valuable:

12A.

12A-MEMORANDUM*

To the Legislative Committee, Dental Society of the State of New York, Annual Meeting, Buffalo, N. Y., May 9-13, 1949

The dental profession in Metropolitan New York is dealing with two distinct though closely interrelated problems directly involving the *professional status* of dentistry and the socioeconomic welfare of dental practitioners. A satisfactory solution of these problems will result in direct benefit to the health and welfare of the public and will enhance the prestige of dentistry in the public mind.

These problems refer to (1) the *illegal practice* of dentistry by unqualified persons or commercial processing laboratories, and (2) the *relationships* between the dental profession and the commercial laboratory craft. The Joint Committee is studying these problems in their (a) *educational-professional*, (b) *public relations* and (c) *legislative* aspects. The following recommendations are submitted with a view to solving these problems.

Last year the State Dental Society accepted and approved three bills drawn by the Joint Committee of the First and Second Districts designed to strengthen the Dental Practice Act. These bills were carefully drafted after full consultation with various State Agencies. In final form, the bills were approved as to draftsmanship and content in a conference between the Office of the Counsel to the Governor and members of the Committee. The First and Second Districts had engaged as their counsel, Mr. Jack N. Blinkoff, an expert in the field of legislation, who had been employed by the Law Revision Commission of the State of New York, the Judicial Council of the State of New York and by the Governor of the State of New York to draft important legislation. These three bills were introduced late in the 1949 legislative session and were sponsored by the Dental Society of the State of New York.

At the request of the State Dental Society officers, the First, Second and Tenth Districts left the entire matter to the State Society. The Department of Education approved and endorsed these bills. The bills were, however, opposed by the Dental Laboratory Association of the State of New York on the ground that they would put "Every laboratory owner in jeopardy of conviction for offenses forced upon him by his dentist customers." In other words, the commercial processing laboratories

* By the Joint Dental Trade and Laboratory Committee of the First, Second and Tenth District Dental Societies of the Dental Society of the State of New York.

called this "punitive legislation". The three bills related to *dental legislation* died in the Committee of the Assembly. They had not been introduced into the Senate.

We feel that it is essential that this dental legislation be enacted. The support of the Department of Education and the opposition of the dental laboratory processing craft and industry to these bills only serves to demonstrate the importance of such legislation to strengthen the Dental Practice Act and its enforcement. This is clearly essential as the proper method to curb the illegal practice of dentistry, particularly by commercial processing laboratories.

After careful study and extensive research, we offer the following recommendations:

1. The bills introduced last year should be introduced both in the Senate and Assembly at the 1950 Legislative Session. (We attach copies of these bills).
2. Last year the First and Second Districts offered additional legislation which the State Society agreed to consider in the future. We feel, from our experience, that this additional legislation is now more essential than ever and, accordingly, urge the adoption of the additional bills which will further strengthen the Dental Practice Act. These bills are tentative. We welcome constructive suggestions as to any changes or additional legislation to effectuate the major objectives of the dental profession. (We attach drafts of these bills).
3. Concrete steps should be taken to regulate the commercial dental processing laboratory craft and industry through accreditation on the State level. The Dental Society of the State of New York in this way will be able to regulate and assist in self-regulation of laboratories.
4. The Joint Dental Trades and Laboratory Committee of the metropolitan district in cooperation with similar committees of the State Dental Society and other District Societies should jointly alert the entire dental profession and the public of the importance of this dental legislation, and the need for the enactment of the proposed bills for the prevention of illegal dentistry and the protection of the dental and oral health of the public. This joint activity along educational and public relations lines should be carried on systematically and continuously throughout the year through means deemed most feasible and practical.

(Tentative Forms of Proposed Dental Legislation Attached)

13.

WISCONSIN STATE DENTAL SOCIETY

June 7, 1949

Dr. Frederick W. Herbine, Chairman
Council Dental Trade and Laboratory Relations
American Dental Association
801 Medical Arts Bldg.
Reading, Pennsylvania
Dear Dr. Herbine:

This is in reply to your recent request for opinions on the question: "Will licensure or registration of technicians and laboratories be good for the future of dentistry?"

My opinion is that the licensure or the registration of technicians and laboratories will not be good for dentistry.

It is indeed unfortunate that conditions warranted a survey of opinions on this question at this particular time, because:

1. Many states are now in the process of establishing a National or a State Level Accreditation Program for dental laboratories. *Confusion Retards Progress.*

2. It is possible that your questionnaire may have been directed to some individuals in the various states who have not had the opportunity to study this important problem, therefore their opinions become personal opinions and not a studied opinion of the problem.

3. It is possible that your questionnaire may have been directed to some individuals in the various states that have strong personal opinions that "Legislation" is the only solution of the problem. This is evidenced by the attempts at/or enactment of legislation in the states of New York, Washington, Michigan, Connecticut and South Carolina and only through the efforts of the "grass-root" or "Rank and File" dentists in those states was the repeal of this legislation effected.

The recent veto of the bill to curb dental laboratories in the state of Connecticut is convincing proof of the dangers to the dental profession in any attempts at legislation during the period of social changes and political philosophies.

On December 4, 1948, the Prosthetic Dental Service and Legislative Committees of our state met to discuss the following subjects:

1. Unionization of dental laboratory technicians
2. Self-Regulation
3. Accreditation
4. Legislation

Emanating from these discussions and study was the Committee's Report on Legislation. This Committee Report is enclosed and contains the reasons why Wisconsin is opposed to licensure.

On April 19, 1949, the House of Delegates of the Wisconsin State Dental Society approved the principle of accreditation for dental laboratories.

In 1939 the House of Delegates of the American Dental Association approved a resolution opposing the licensure of dental laboratories and dental laboratory technicians. This resolution is still the policy of the American Dental Association.

In 1942 this question was again debated by the House of Delegates and the position of the former House of Delegates was reaffirmed.

In 1947 this question was discussed at the Conference in Chicago, of Chairmen of Committees on Prosthetic Dental Service of the various states. At that time, the states which were considering the registration or licensure of dental laboratory technicians and dental laboratories were requested to present their proposed bill to the Prosthetic Dental Service and Legislative Committees of the American Dental Association for study before introduction in their respective State Legislatures.

As of this date, only one state has passed a licensure law and they evidence regret in that action. This state had been counseled by proper officers in the American Dental Association not to pass this law.

Generally the Dental Practice Acts of the individual states are adequate for the

control of the illegal practice of Dentistry. Should the Dental Practice Act of a state not be adequate, the Dental Practice Act may be amended to safeguard the public.

The careful study that has been given to the Prosthetic problem by many well informed individuals in the various states, during the past two decades, has provided sufficient evidence to warn the dental profession of the dangers of registration of dental laboratories and licensure of dental laboratory technicians.

The interests and objectives of these informed individuals have only been concerned with maintaining the ideals of the profession and preserving the present unified practice of dentistry.

The American Dental Association is dedicated to the Principles of the Accreditation Program for dental laboratories as adopted by the House of Delegates in 1944.

Current reports indicate that all states which have established an Accreditation Program for dental laboratories, either at the National or at the State Level, are enjoying a satisfactory relationship between the dental profession and the dental laboratory craft.

Trusting that the foregoing statements and the enclosed Committee Report will assist the Council on Dental Trade and Laboratory Relations in their deliberations, I am

Most sincerely,

(signed) C. A. Nelson, D.D.S., Chairman
Prosthetic Dental Service Committee
Wisconsin State Dental Society

14.

FRANK F. BLISS, D.M.D.
Providence 3, Rhode Island

June 24, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory
Relations, American Dental Association
801 Medical Arts Building
230 N. Fifth Street
Reading, Pa.

Dear Dr. Herbine:

The two communications that our Council has received from you during the present year are very excellent. The summary of the status of the Prosthetic Dental Service Program is very valuable in trying to explain to the uninitiated the background of the present situation, and the bulletin that came later is absolutely necessary to an understanding of the current situation. May I suggest that there should be more of these bulletins.

As you should know from previous reports of our Council to yours, there is absolutely no chance of placing an accreditation program into effect in Rhode Island. While the relationship of the dental laboratories to the dental profession has lain dormant during the last twelve months, since accreditation was definitely turned down, it appears that we shall be facing further problems in the future.

These problems will revolve around legislation which is desired by the small laboratories who are seeing their businesses fall to or below the subsistence point, and who are grasping at any straws to survive. Since the small laboratories control the association, their attitude is very important.

We have received the question "Will licensure or registration of technicians and laboratories be good for the future of Dentistry?". We do not know how to answer it. We agree with the policy of the A.D.A. in the past, that the dental laboratory and technician should not be controlled by legislation wherever their position with respect to the dental profession and to the public is harmonious.

However, we are afraid that the dental laboratories as a group are becoming too powerful. Created out of the natural growth of dentistry to be servants of dentistry, they have grown in size and in power until they are now asserting an independence disruptive to dentistry. An important new factor has entered the picture recently, with the emphasis that is being placed upon socialized medicine. Presuming that a health act similar to Great Britain's were to be passed in the United States, there is no question but that there would develop a tremendous demand for dental services, a demand that the dental profession could never fill. It is conceivable that there then would develop pressure from the laboratories and technicians that they be allowed to work with patients and produce full and partial dentures. It might be far easier to resist this pressure if the status of the dental technician and the dental laboratory had already been defined under state law, than if we were forced to establish their status under the pressure of public opinion and of political medicine.

We feel that circumstances may thus force dentistry into the path of legislation, even though dentistry would much prefer the status quo. Accordingly, we feel that more study should be given to the forms of legislation, to its objectives and to the details involved, and that the Prosthetic Service Committees in the various states be kept informed of this study, as well as of developments in the various state legislatures, through more frequent and more detailed bulletins of the type that you sent us recently.

Very truly yours,

(signed) Frank F. Bliss, D.D.S.

Chairman, Council on Dental Trade
and Laboratory Relations, Rhode
Island State Dental Society.

15.

NEBRASKA STATE DENTAL ASSOCIATION
Lincoln, Nebraska

May 25, 1949

Dr. Earl M. Eaton, Secretary
Dental Trade & Laboratory Relations
American Dental Association
1011 American Building
Cedar Rapids, Iowa.
Dear Dr. Eaton:

In reply to your letter of May 21, 1949, you are advised that up to the present

time the Nebraska State Dental Association has not approved either licensure or registration of technicians and laboratories.

According to the Chairman of the Prosthetic Dental Service Committee in Nebraska there seems to be no necessity at the present time for any such action as we have had practically no difficulty with technicians or laboratories in this State.

I can understand that under certain circumstances it might be necessary to have some control over technicians and laboratories which we do not have at the present time.

Sincerely yours,
(signed) F. A. Pierson, D.D.S.
Secretary.

16.

MICHIGAN STATE DENTAL SOCIETY

May 11, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
230 N. Fifth Street
Reading, Pennsylvania
Dear Dr. Herbine:

I have delayed a reply to your letter to Presidents, Secretaries, etc., until I knew when the proposed amendment to the Michigan Dental Law would be published. I am informed that it will be in the June issue of the Journal of the Michigan State Dental Society. The proposal was not completed soon enough to get it before this session of the Michigan legislature. It is being published as a matter of record that the Michigan State Dental Society and the Michigan State Dental Laboratory Association have agreed upon legislation which would give the laboratory owners the same status as other ancillary services under the state licensing board and the state dental law. 1

Enclosed is a statement of the principal items of the amendment to the dental law relating to laboratories. If you do not receive a copy of the Journal for June let me know and I will see that you get one. There is a short prelude to the proposed amendment which is somewhat explanatory of our position. If, however, there is any further information that I can supply that will help to find the correct answer to the perplexing question of the laboratories, let me know. We feel here that the acceptance of the dental law and state dental board by the state laboratory association, as the basis for administration, is a constructive step which, if enacted into law, will aid our licensing board in its enforcement of the dental law, and the further development of the craft by the state dental society.

Sincerely yours,
(signed) Marcus L. Ward, D.D.S.

16A.

The principal features of the bill

1. It amends the title of the dental law to include a provision for the registration of dental laboratories, and,

- It deletes article 6, of Section 13 of the dental law, so as to make the registration of dental laboratories a part of the dental law.
2. It defined a dental laboratory.
 3. It defines a dental prescription.
 4. It authorizes the Michigan State Board of Dentistry to make regulations relating to registration of laboratories under the same conditions as for the practice of dentistry as provided in Section 2 of dental law.
 5. It provides for penalties for violations under Section 20 of the dental law.
 6. It exempts dental offices from the provisions of the bill.
 7. It provides for the automatic registration of all laboratories that have been in actual operation for four years, or an equivalent of such period in the discretion of the board.
 8. It obligates the profession to assist in the maintenance and further development of the laboratory craft.

17.

OKLAHOMA STATE DENTAL ASSOCIATION

Tulsa, Okla.
April 30, 1949.

Dr. Frederick W. Herbine,
230 North Fifth Street,
Reading, Pa.

Dear Dr. Herbine:

Your letter of recent date, regarding the problems of Dental Laboratories received and contents noted.

In answer to your queries, I must state that our special Laboratory Committee was not reappointed at the recent meeting of our State Association, since there had been no activity along the lines of accreditation during the past year, and we assumed that it had been dropped.

I am able to report to you on the status of legislation introduced by two Oklahoma dentists who are members of the legislature at the present session. This bill, which would have provided for licensure of technicians, and laboratories, and which would have placed the entire responsibility for its enforcement in the hands of members of the Laboratory Association, instead of having any supervision by the Board of Governors of Registered Dentists, was given a half-hearted approval by our legislative committee, but was not approved by the general Assembly. The author of the bill would not consent to withdraw it, and it was brought up in the House for a vote on April 28, and defeated. Our present State Dental Act provides for good control over laboratories, but we are not always able to enforce conformity to this law in the courts. In general, there is good cooperation between the better laboratories and our Dental Association, but there are still problems that are unsolved, and we shall no doubt find it wise to again have an active Laboratory Committee.

We shall always welcome suggestions and help from your Council, and shall cooperate in any way possible.

Sincerely,
(signed) R. M. Dunn, D.D.S.
President.

OHIO STATE DENTAL ASSOCIATION

April 13, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pa.

Dear Doctor Herbine:

I wish to thank you for, and compliment you on, the recent News Letter regarding the laboratory situation and the activity of the various Prosthetic Dental Service Committees. We have sent several copies of the Experience Charts to Dr. Eaton, and have thought that you had received one. I will enclose some for you.

I will attempt to give you my thoughts regarding legislation as you have asked for them. I do not believe that inquiry of this sort will amount to very much, for the reason that there are so few of those to whom you have addressed the inquiry who are sufficiently informed to have an adequate basis for their judgment.

The problem of registration and licensure for dental laboratories or their technicians is primarily a State problem. However, the effect of it in the national picture will be seen when and if any State inaugurates this action. Therefore, any State considering it should consider not only their own situation, but the effect it will have on the rest of the country as well.

Registration of laboratories or of technicians can only determine their location. This will be of little value to the dental profession. It will not help in law enforcement. It will not help the standards of quality of dental laboratory service. Registration can not be denied those asking for it. Neither can it be withdrawn for violation of the dental practice act. It will produce a further step toward the practice of prosthetic dentistry by laboratories by giving them a legal status which can, and I think, will be grabbed by the proponents of social security for all. Law enforcement of existing laws is a responsibility of some existing agency of each State. The dental practice acts are violated where these agencies do not fulfill their duties for one reason or another. The laboratories which intend to practice dentistry illegally, will not ask for registration with the State Governments. They will proceed as they do now, thus making it more difficult for them to be located. The suggested penalty of withdrawal of necessary registration is of the type most difficult to have imposed.

Licensure for laboratories or technicians is even worse. As you know, it is the next logical step after registration. It recognizes a craft which has had no standards set for it, and which has set no standards for itself. There are no standards for experience, training, or education for dental laboratory technicians. It is a certainty that no licensure of either technicians or laboratories should be established until after the dental profession has established minimum standards.

The removal by the courts of a license from any individual in any field for any misdemeanor is a most difficult thing to accomplish. Licensure will, thus, not prevent illegal practice.

There is no reason to expect that the radical socially minded people will not grab the opportunity to assign prosthetic dental service to licensed dental labora-

tory technicians, if given the opportunity. The experience in England is bearing this out. (See J.A.D.A., p. 377.) Legislation is being attempted at the moment in New York State to expand the activities and the responsibilities of dental hygienists. If dental laboratory technicians are licensed, this same action will be attempted by them. A consideration of the above facts leads me to the conclusion that legislation for the regulation of the dental laboratory industry and craft would be bad for the dental profession, and for the health of the public. The activities of the American Dental Association and the State Associations should be directed toward strengthening the dental practice acts by making provision for adequate enforcement.

Sincerely yours,

(signed) Carl O. Boucher, D.D.S., Chairman
Ohio Prosthetic Dental Service Committee

19.

OREGON STATE DENTAL ASSOCIATION

29 July 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory Relations
American Dental Association
Reading, Pennsylvania

Dear Doctor Herbine:

In reply to your recent questionnaire concerning licensure or registration of dental laboratory technicians and dental laboratories, it is my opinion that licensure is unsound until educational standards can be required and educational facilities can be created. The present demand on the part of *dental laboratory owners* for licensure is not based on a desire for the public good, but for a legalized maintenance of their present status. The question then resolves itself to a judgment of their present status and its effect upon dentistry now and in the future. Most of the larger dental laboratories have an affiliation with some national franchising organization who licenses the laboratory to use a certain chrome alloy or denture base material, etc. They also prescribe various techniques designed to use the materials which they sell. All this has been condoned by organized dentistry until now these "national" laboratories are selecting various techniques in prosthetic dentistry and sponsoring clinicians to educate the dentist. In their efforts to promote the sales of their member laboratories, they have attempted to relieve the dentist of the necessity of treatment planning and advertise to him that they will design his partial denture cases.

If licensure is forthcoming and socialized dentistry is around the corner, will not the dental laboratory technician be called upon, because of the resultant shortage of dentists, to perform prosthetic services for the patient direct? This happened in Germany under their socialized dentistry.

At our recent session of The Oregon State Legislature, the laboratory association presented a bill for licensure. This bill was prevented from being reported out of committee by the determined efforts of our President and the Prosthetic Dental Service Committee.

The arguments presented before the committee were as follows:

1. The dentist is the intervening party between the technician and the public and assumes all the responsibility to the public. Quoting Dr. Marcus L. Ward, member of the Council on Legislation of American Dental Association: "A licensing of one group under another just does not make sense, and in the opinion of our council, is difficult, if not impossible, to enforce. Moreover, our council is of the opinion that to enforce a license we should have to show to the courts the necessity for it, as long as there was a dentist between the public and the technician. The laboratory craft has generally advocated a license, apparently not knowing the difference between a license and registration. I am inclined to believe that this is the case with your group. The spirit of your proposed law does not indicate an attempt to work independent of the profession. It appears to be like almost every other group who want to regulate; they think of a license as the only way to do it.

2. Restriction of free enterprise.

a. The creation of a master technician who alone would be licensed to own and operate a commercial laboratory.

b. The qualifications for a license as a master technician are so great that only a very few trained technicians could meet the requirements.

c. Because of the methods used to train technicians on the job, there will be an elimination of the master technician. The trainees on the job are used as operators on a specific piece of dental work and are not given an over-all training which would ultimately allow them to become a trained technician as specified in the requirements for a master technician.

3. Commercial dental laboratories are lacking in responsibility. They have no representative organization. They are divided by the conflict of the interest of the employed technician and the owner technician. They have no educational standards. They have no educational institutions. Since it is agreed by the sponsors of this bill that "for every good laboratory, there is a bad laboratory" this legislation would provide a licensure for as many bad laboratories as there are good laboratories.

4. A monopoly is created. A man must be a resident of this state for a year before he may apply for licensing. It would hold out good men who would be an asset to the commercial laboratory industry by this monopolistic creation. Inasmuch as there is doubt in our minds if any of the present laboratory owners could qualify under the requirements for a master technician, this in itself would practically eliminate the chances of an outsider qualifying for this rating. It would be an impediment to the progress of the technical skill. Having a monopoly, they would not find it expedient to improve the type of work that dentists demand, nor would they find it expedient to hire the better trained dental technicians. Rather they would tend to dictate the type and procedures used in the construction of prosthetic appliances. With a monopoly they would have a lever for price control which would increase the price of dentistry to the public.

5. The bill does not provide for the execution of the educational program outlined.

In conclusion, it is our sincere conviction that the public and the dental profession is best served by allowing American Dentistry to maintain its leadership in

the world by cooperating with the ancillary bodies independent of licensure for dental technicians until a satisfactory, workable educational plan can be instituted.

Sincerely yours,

(signed) S. C. Robinson, D.D.S.
Chairman, Prosthetic Dental
Service Committee
Oregon State Dental Association

CC: Dr. Earl M. Eaton, Secty.
1011 American Bldg.
Cedar Rapids, Ia.

20.

CHASTAIN G. PORTER, D.D.S.
Kansas City, Missouri

June 1, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pennsylvania
Dear Dr. Herbine:

In reply to the question recently submitted by Dr. Earl M. Eaton, "Will Licensure or Registration of Technicians and Laboratories be good for the future of Dentistry?", I wish to reply as follows:

I do not favor such a move at this time. I believe that legal recognition and separate legal status might eventually lead to legal allocation of all prosthetic procedures to laboratories and technicians under some possible future form of socialized dentistry. This has been the case in some foreign countries and must be carefully guarded against here.

The plan of accreditation offers a much more easily controlled solution and should eventually result in sufficient restriction and supervision. It will react for the greatest benefit of the public, the dental profession and the laboratory workers themselves, without the threat of the relegation of prosthesis to a sub-professional level. Laboratories must continue to be regarded only as adjuncts to the profession and must carry on only such procedures as delegated and prescribed by the individual members of the dental profession.

Very truly yours,

(signed) Chastain G. Porter, D.D.S.

21.

ILLINOIS STATE DENTAL SOCIETY

July 5, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory Relations
American Dental Association
801 Medical Arts Building
230 N. 5th Street
Reading, Pennsylvania
Dear Doctor Herbine:

Several months ago you wrote to me as chairman of the public policy committee of the Illinois State Dental Society. The question which you addressed to me was,

"Will licensure or registration of technicians and laboratories be good for the future of Dentistry?"

I have discussed this matter with men in the dental laboratory trade and I've always insisted that no one should be registered at the present time and, maybe, in the future, except the operator, the owner, the responsible person for the operation of the laboratory. I do not mean three persons. I mean one person who can be held financially responsible for the actions of that manufacturing establishment.

A session of the Illinois State Legislature just closed, the first of this month. The Illinois State Dental Society did not sponsor any legislation. The above statement of policy is my own personal opinion; I can see where the registration of a laboratory might help the non-advertising dental lab and the dental profession, to know who his competitors and co-workers are. I am,

Yours truly,

(signed) James C. Donelan, D.D.S.
Chairman, Public Policy Committee
Illinois State Dental Society

22.

ILLINOIS STATE DENTAL SOCIETY

July 14, 1949

Dr. Frederick W. Herbine, Chairman,
Council on Dental Trade and Laboratory Relations,
Medical Arts Building,
230 North Fifth Street,
Reading, Pennsylvania.

Dear Doctor Herbine:

It seems that I am delinquent in answering correspondence to you, but I beg to advise that either I did not receive your questionnaire or the same was lost in my files. In reply to your question "Will licensure or registration of technicians and laboratories be good for the future of dentistry?" my reply would be that registering of laboratories (not technicians) would be preferable to licensure.

I am heartily in accord with your statements concerning the breach of ethics and law violations that the dentist himself is responsible for, and I wish to say that we have many complaints in our own state concerning this.

It might be well to relate present conditions in the state of Illinois. As you no doubt know, the state administration was changed due to the results of the election last November. As a result, the State Department of Registration and Education has a new director and new attorneys.

During conferences with the attorneys of the previous administration, it was ascertained that the latter were desirous of amending or clarifying the Illinois Dental Practice Act.

In recent conferences with the new officials of the department, they have stated emphatically that the operation of illegal dental laboratories can be stopped if the Illinois Dental Practice Act is properly enforced.

Time, of course, will tell whether or not our aims will be accomplished. If, after a reasonable trial period, it is determined that the present Dental Practice Act will not accomplish the desired results, we propose to introduce legislation requiring registration of dental laboratory operators.

I hope that the above information will give you the information you desire concerning our situation in Illinois. If there is anything further you would like to know, kindly let me hear from you.

With kindest personal regards, I am

Most sincerely,

(signed) Lloyd H. Dodd, D.D.S., Chairman
Prosthetic Dental Service Committee
Illinois State Dental Society

23.

JOHN E. TYLER, D.D.S., F.A.C.D.
Worcester, Mass.

June 3, 1949

Dr. Frederick W. Herbine
801 Medical Arts Bldg.
Reading, Pennsylvania
Dear Dr. Herbine:

In reply to the letter from Dr. Earl M. Eaton, Secretary, Dental Trade and Laboratory Relations A.D.A.; it is my opinion that a comprehensive survey should be made consisting of present laws and contemplated laws from all the State Societies. In this way duplication could be avoided and a more uniform action could be adopted by the A.D.A.

It may be necessary to consider conditions that may have a bearing on certain localities or geographic areas.

Some of the laboratory men have organized and have adopted, Code of Ethics and these should be studied and considered.

I have consulted a number of men and it is their opinion that registration is the better way than licensure as the latter has a broader implication and may result in the laboratories or laboratory men to legislate for their own Board of Examiners.

The A.D.A. should encourage the laboratory men to organize and adopt a Code of Ethics which would be in harmony with the A.D.A. principles. In this way we would have a great deal more of influence and a certain amount of control over this service to dentists.

I hope I have been helpful with my limited knowledge of the subject.

Sincerely,

(signed) John E. Tyler, D.D.S.

24.

TENNESSEE STATE DENTAL ASSOCIATION

June 27, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory
Relations American Dental Association
801 Medical Arts Building
230 North Fifth Street
Reading, Pennsylvania
Dear Dr. Herbine:

In reply to your question "Will licensure or registration of technicians and

laboratories be good for the future of Dentistry?" I will say that I have heard this question discussed on many occasions and the question has usually been reduced to the thinking of at least most of those with whom I have discussed the problem that to attempt to license or register dental technicians and dental laboratories is not practical.

We have no definite standard that could be followed. The technicians are not graduates of recognized institutions for training. There is no method by which it would be possible to measure a technician's knowledge other than by his practical skill and even that would be extremely difficult. Dental technicians are not professional people but rather are skilled workmen. I can refer you to the experience that West Virginia has had in licensing dental technicians—it is my understanding that they now feel they have made a grave mistake.

I am very much in favor of the dental offices using more and more private technicians. We have a great many in our town and I am personally enjoying this having had the services of capable and well trained technicians in my office for the past twenty years. While my technician is a college graduate, he is not a graduate from a dental school but having education has been helpful to him to better apply the necessary skill to produce the highest type of service in his field.

I think it might be well for the dental laboratories to have their own state society as we have in Tennessee, or some type of organization that might be helpful in stimulating a better service to advance methods, etc., and to keep them encouraged in their work for advancement but I do not believe we should attempt to license them.

Sincerely,

(signed) James J. Vaughn, D.D.S.
Chairman—Legislation

25.

LOUISIANA STATE DENTAL SOCIETY

July 16, 1949

Dr. F. W. Herbine, Chairman
Council on Dental Trades and Laboratory Relations
Reading, Pennsylvania
Dear Dr. Herbine:

I received your letter of recent date in which the question is asked, "Will licensure or registration of technicians and laboratories be good for the future of dentistry?" I do think that some control should be placed on the laboratories, whether it be in the form of legislation or a mutual agreement between the dentists and laboratories. Personal contact between the laboratory and the patient certainly should not exist. To my knowledge, I do not think that this practice takes place in our state.

Dr. L. A. Legett, Chairman of our Prosthetic Dental Service Committee, is doing a wonderful job, and any action taken will come directly from his Committee, and presented to our Board of Directors. Always ready to cooperate, I am

Sincerely,

(signed) Wm. G. Vernon, D.D.S., President
Louisiana State Dental Society

26.

DR. M. LYMAN JARRELL
Chattanooga, Tenn.

July 16th 1949

Dr. F. W. Herbine
230 North Fifth Street
Reading, Penna.

Dear Doctor:

The laboratories of this state have never presented a plan for accreditation. The Prosthetic Service Committee has met with the Laboratory Guild several times and it was discussed, but they have never submitted a plan.

We have assured them that the Prosthetic Service Committee is ready and willing to aid them in producing a plan that would be acceptable to the A.D.A. and the laboratories alike.

There is a feeling among some members that the larger laboratories would gain control of organization and prevent smaller or individual laboratories from being accredited and this would increase the tendency for small laboratories to do bootleg dentistry.

Sincerely yours,
(signed) M. L. Jarrell, D.D.S.

27.

FRED B. OLDS, D.D.S.
Los Angeles, Cal.

June 16, 1949

Dr. Frederick W. Herbine,
801 Medical Arts Building,
Reading, Penn.

Dear Dr. Herbine:

I have been asked by Dr. Earl M. Eaton to submit to you my views on the licensing or registration of dental technicians, which you will find enclosed.

Trusting that these ideas may be of some value to you, I am

Yours truly,
(signed) Fred B. Olds, D.D.S.

27A. ENCLOSURE

The question of licensure or registration of technicians can best be answered by examining its component parts.

First, let us discuss the problem of licensure. In my opinion, licensure of dental technicians would be very bad for the future of Dentistry, for these reasons:

1. Once the technicians became licensed, it might be comparatively easy, at some future date, to secure the enactment of legislation permitting them to take impressions. They could argue that they now make most of the partials and full dentures for the dentists and that they could take as good, or better, impressions than most of those submitted to them for processing. Also, we

must keep in mind that the personnel of our legislature is constantly changing and their attitude, a few years hence, might be favorable to such legislation. Let's not let the bars down now, for fear we cannot control the situation later.

2. There is no real need for licensure. It would not aid in the control of technicians any better than measures they could initiate within their own ranks. Furthermore, most legislatures, I believe, look with disfavor on the licensing of any group that does not deal directly with the public.

In the matter of registration of technicians the question arises "registered by whom"? If registration by state or national authorities is meant, the answer should be a definite "no" for the same reasons advanced against licensure. If registration by dental associations on local, state, or national level is meant, then the answer should be "yes". The registration of technicians is a procedure that can be, and has been, in many areas, worked out to the mutual advantage of the profession and the technicians, entirely within their own ranks. By such mutual agreement, the technicians, with the aid of the dentists, are eliminating, to some degree at least, the objectionable "kitchen mechanic" and other undesirable elements. This registration, of course, is done by the dental organizations, not by any political body. It also is bringing about closer cooperation between the dentists and the technicians and is making the dentist conscious of his obligation to supply a prescription for the construction of all dental appliances. Registration of technicians by the State Board of Dental Examiners is almost as potentially dangerous as licensure and for the same reasons.

The dental laboratories in the larger centers, at least, are confronted with a real problem in ridding their ranks of the unethical technicians, the untrained or dishonest or poorly equipped technicians and the "fly-by-night" technicians. Mutual cooperation between the dentists and the laboratories can solve this problem in due time without resorting to state control of laboratories. It will take time and patience to accomplish results but the effort will be well worthwhile to all concerned.

(signed) Fred B. Olds, D.D.S.

28.

J. H. CARTER, D.D.S.
Cohoes, N. Y.

June 11, 1949

Dr. Frederick W. Herbine
801 Medical Arts Building
Reading, Pennsylvania

Dear Dr. Herbine:

At the request of Doctor Eaton, I am hereby offering a brief summary of my opinion of the controversy of the Dental Society of the State, versus, in particular, the group largely responsible for the agitation. This is a continuous and tightly held body of the larger commercial laboratories of the Metropolitan area, a soundly financed and administrated organization, not at all concerned with improved relationships or the rights of the technician, except to control them. Not once was it charged that the profession was unfair in their dealings, nor at any time was it suggested in the joint sessions of the profession and the committee of the owners,

just how conditions would be improved by licensure or registration. Their motive was entirely selfish as they were well aware of the considerable part of the dental income that accrues from the service the laboratory renders the dentist. The distrust on the part of the profession is well founded and has existed since 1929 when this same organization of laboratory owners, brazenly introduced a bill in the legislature, establishing under their own supervision and control a sub-strata division of the dental practice act. The bill became a law that year, but was found inoperable and was repealed the next year before it could be amended. It has been reintroduced with only minor changes many times without success.

The pattern for this type of coup was undoubtedly taken from the success of the optometrists, who officially came into existence in 1908 in New York State, to take the eyeglass business out of the department and the chain operated groups. By 1929, they had taken over 95% of the eyeglass business of the state where it has remained. This comparison is fair, inasmuch as optometry is a non-clinical procedure being entirely mechanical as is the service rendered.

There is a secondary phase of the problem confined to a large extent to the Metropolitan area but existing to a lesser degree throughout the state, wherein the laboratory employee in after-hours, with or without the knowledge of his employer, carries on a denture service direct to the public. In addition there is the unsatisfactory former employee and the itinerant who sets up full time catch-all operation in his bathroom or basement. To apprehend these violators, has proved very difficult and costly to New York State. Licensure or registration would have very little effect on this group as they are underground. While the loss both to the profession and the public is considerable, the cost of ferreting them out would be greater. This condition is a sort of Frankenstein that has grown out of the current environment of a large city and is confined to the low income or the shopping-minded individuals many of them later returning to the dental office for more satisfactory service. It is not, however, a threat to the division of our practice act, as are the activities of the laboratory owners.

New York State as of June 1, 1949, had over 13,000 registered dentists of whom 9,000 practice in the greater New York area consisting of the 1st and 2nd District Societies, where we have $\frac{2}{3}$ of our total membership. It is from these two groups that the opposition to licensure or registration of either the technician or the laboratory as an industry, is most persistent. Their determined objection to the latter was responsible for the veto of the bill registering the laboratory, copies of which are enclosed. (Not submitted for publication.)

In the environment in which the majority of these members practice, the problem becomes social and economic. Further they contend that any group separated from the dental office, with the legal right to use the word "dental", when, where and how they please, in conjunction with any skill or service would be immediately destructive to their welfare. The public could certainly not be expected to discriminate between "dentist" and "dental technician" or between "dental office" and "dental laboratory". It is a matter of record that they did not in the question of the "oculist" and the "optometrist". Many of the dentists referred to above, had their very best income years while in war service. At this particular time this is an important consideration.

It is refreshing to salute the simple wisdom of our forebears in the wording of the Charter given by the Ninety-First Session of the New York State Legislature on April 7, 1868.

The PREAMBLE reads as follows: "An act to incorporate Dental Societies for the purpose of improving and regulating the practice of dentistry in the state . . . which society shall be named 'The Dental Society of the State of New York'."

Any official lessening of either the privileges or the responsibilities of this mandate would seriously affect the morale of the profession and serve no purpose except the greed of the laboratory owners.

Philosophically, we can decide it was an error to allow the rapid and extensive development of the commercial laboratory. However, as we live in a realistic world, the future of dentistry would be best served by keeping the profession intact.

Respectfully submitted,
(signed) John H. Carter, D.D.S.

29.

MINNESOTA STATE DENTAL ASSOCIATION

August 4, 1949

Dr. Frederick W. Herbine
Medical Arts Bldg.
230 N. 5th St.
Reading, Penna.
Dear Dr. Herbine:

The reason I have not written you sooner in regard to your inquiry on licensure or registration of technicians and laboratories is because the Minnesota State Dental Association does not have a dental trades and laboratory committee.

Last night my council and committee chairman met and the situation was discussed. We are of the opinion there is no immediate problem in our state and we would like to be better informed before submitting an opinion.

I plan to discuss the matter with our Board of Trustees at our next meeting and probably a recommendation will go to our house of delegates suggesting a dental laboratory and trades committee to make a study of all available material.

Our delegates will be most interested in your report in San Francisco.

Sincerely,

(signed) Joe M. Pike, D.D.S.
President, Minn. State Dental Assn.

30.

DONALD D. HAWLEY, D.D.S.
Sioux Falls, S. D.

August 12, 1949

Frederick W. Herbine, D.D.S.,
Reading, Penna.
Dear Doctor:

Concerning your second request for an opinion as to licensing dental laboratories,

I will try to state the results of a meeting of our State Society Laboratory Committee with the laboratory operators at our meeting last year.

The Society went on record as being against any form of licensure at this time.

A lot of the ills known to exist are not important in South Dakota and surrounding territory and these men feel that one of the reasons is that our advertising law restricts laboratory advertising to sealed communications to the profession if prices are mentioned and no advertising to the public. They feel that the first step is to correct this fault in other states as the first step and leave the policing to the laboratories until other legislation is proven necessary.

There seems to be too many instances of laboratories serving the public directly by the dodge of taking in a licensed dentist, and thus being within a seemingly effective law.

Very truly yours,
(signed) D. D. Hawley, D.D.S.

31.

KARL F. RUND, D.M.D.
Lancaster, New Hampshire

April 25, 1949

Frederick W. Herbine
801 Medical Arts Building
230 N. Fifth Street
Reading, Pa.

Dear Sir:

In reference to your letter of a few days ago relative to the question of licensure of dental technicians I believe the following sums up the opinion of the dentists in my area and myself.

Such regulation may be desirable if it did not create the possibility of monopoly by the larger laboratories to the subsequent detriment of the small laboratory or private technician.

I favor some standardization of technical responsibility and procedure, and believe that it could benefit dentistry.

Sincerely yours,
(signed) Karl F. Rund, D.M.D.

32.

JACK D. MOORE, D.D.S.
Ada, Oklahoma

July 15, 1949

Council of Dental Trade and Laboratory Relations,
American Dental Association,
Chicago, Illinois.

Dear Sir:

In reply to the question "Will licensure or registration of technicians and laboratories be good for the future of Dentistry?", the answer is "yes".

Here in Oklahoma the Legislative Committee of the State Dental Association and the P.D.S.C. Committee are working toward legislation to support the accreditation plan. We hope to establish the program as soon as possible.

Sincerely yours,

(signed) Jack D. Moore D.D.S.
Chairman, Oklahoma P.D.S.C.

33.

NEW HAMPSHIRE DENTAL SOCIETY

Dr. F. W. Herbine
801 Medical Arts Building
230 N. Fifth St.
Reading, Pa.

Dear Doctor:

I like the idea of registering better than licensure. It would seem to me that by registering you would have the control desired. By licensure you would tend to be paving the way to permit laboratory men to work directly on patients.

I believe the dentist should remain the top man in the team and all other assistants necessary to dentistry should be subservient to him. I do not mean by this that this position should be used in an autocratic sense. I simply mean that he is best trained for the position. In all organizations there has to be a head and in this case the dentists should be it.

In Medicine, the nurses, technicians, etc. respond to the call of the physician, why should it be different in dentistry?

Sincerely,

(signed) F. J. Mullin, D.M.D.
Chairman, N.H.P.D.S. Com-
mittee on Prosthetic Service

P.S. Personally I think the main issue is to make the Dental Examiners of the various states do their jobs. The above is just an addition allowing some of the rest of us help them do their job. F.J.M.

34.

NORTH CAROLINA DENTAL SOCIETY

April 25, 1949

Dr. Frederick W. Herbine, Chairman
Dental Trade and Laboratory Relations
American Dental Association
230 N. 5th St.
Reading, Pa.

Dear Dr. Herbine:

Your communications relating to the meeting of the Board of Trustees of the American Dental Association of February 7th received. The resolution as you recalled concerned the licensure or registration of technicians and laboratories.

My reaction to this question is that individual states have their own peculiar

problems. Something applicable to North Carolina might not be the best approach in another state.

It appears to me that our present set up of accrediting laboratories is working out very well down here and I would, therefore, be reluctant to advocate licensure in North Carolina at this time.

Sincerely yours,
(signed) C. C. Poindexter
Chairman

35.

IOWA STATE DENTAL SOCIETY

April 14, 1949

Dr. Frederick W. Herbine
801 Medical Arts Bldg.
Reading, Pennsylvania
Dear Dr. Herbine:

I have read with interest your manuscript material.

May I suggest that you contact Dr. Earl M. Eaton, 1011 American Trust Bldg., Cedar Rapids, Iowa, as he is the Chairman of the Prosthetic Dental Service Committee in Iowa.

If there is anything we can do, please call on us. (Note 36A, herewith)

Cordially yours,
(signed) Harry I. Wilson, D.D.S.
Secretary

35A.

ENCLOSURE: COUNCIL ON DENTAL TRADES AND LABORATORY RELATIONS, AMERICAN DENTAL ASSOCIATION

We, the undersigned, wish to go on record as being opposed to legislation which would grant the licensure or the registration of dental laboratory technicians and/or dental laboratories, for reasons described herein.

It is our belief that the intent of and the requirements for legislation, as applied to dentistry, are the enactment of State Dental Laws which are adequate and which should be effectively enforced by the State Agency:

(a) Licensure or a license to practice dentistry is the legal authorization by the State, thru the State Board of Dental Examiners, for a dentist who is qualified according to standards of educational training in the physical and biological sciences, and who is qualified by his fitness in performance to render a direct dental health service to the public. Therefore, State Dental Laws should clearly define the professional responsibilities of the duly licensed and registered dentist in providing a direct dental health service to the public.

(b) Organized dentistry recognizes the ethical dental laboratory technician and/or the dental laboratory as essential adjuncts of the dental profession, but in no sense does it recognize them as independent agencies capable of rendering a direct health service to the public. Therefore, State Dental Laws should clearly confine the services of the dental laboratory technician and/or the dental laboratory to their

legitimate sphere, namely, to render technical laboratory services only to duly licensed and registered dentists regularly engaged in the practice of dentistry. Such regulatory measure should not imply professional status for the dental laboratory technician and/or the dental laboratory.

(c) The fact that the dentist is regulated by State Dental Laws automatically establishes that the regulation of the dental laboratory technician and/or the dental laboratory be at the State Level and the enforcement of that regulation be by the State Agency. Any form of regulation of the dental laboratory technician and/or the dental laboratory will fail unless these State Dental Laws are sternly and effectively enforced by the State Agency.

In conclusion, it is our firm conviction that State Dental Laws must clearly define the professional responsibilities of the dentist in his relationship to the public; must clearly define the responsibilities of the dental laboratory technician and/or the dental laboratory in their relationship to the dental profession; and must be effectively enforced by the State Agency. Therefore, for the protection of the public and to safeguard the ideals, the achievements, and the unified practice of dentistry, we unanimously oppose legislation which would grant the licensure or the registration of the dental laboratory technician and/or the dental laboratory.

Harry G. Bolks, D.D.S., President
Iowa State Dental Society
Maxy R. Kadesky, D.D.S., Vice-Pres.
Iowa State Dental Society
Earl M. Eaton, D.D.S., Chairman
Prosthetic Dental Service Committee
Iowa State Dental Society

Ivan M. Lemley, D.D.S., Pres. Elect
Iowa State Dental Society
Harry I. Wilson, D.D.S., Secretary
Iowa State Dental Society
J. M. Lynch, D.D.S. Chairman
Public Policy Committee
Iowa State Dental Society

36.

J. PAUL WINTHROP, D.D.S.
Wilmington 9, Delaware

April 22, 1949

Dr. Frederick W. Herbine, Chairman
801 Medical Arts Building
230 N. Fifth St.
Reading, Pa.

My dear Dr. Herbine:

The Legislative Committee of the Delaware State Dental Society has met and discussed at length the matter of laboratory relations as outlined in your recent memorandum to me. You have asked for an opinion on this question: "Will licensure or registration of technicians and laboratories be good for the future of Dentistry?" The opinion of the Delaware group is that it will not be good for the future of dentistry.

All of us are in accord with the thought that such a move will be the first step towards establishing complete independence of laboratory technicians and that ultimately we will be faced with the same problem that has occurred elsewhere in

the world, i.e., laboratory technicians doing prosthetic dentistry directly for patients, as even today they are doing, subrosa.

This matter has come before our group before and we instructed our representative to the association that we opposed as a state, any such action. It is our measured thought that the profession and the public, and especially the public, will be better protected if laboratories are kept in the present state, doing their work on order from a graduate dentist. Were it possible to license these men as a special group and keep them within bounds, this might be fine. Our experience has been that once a step is made in this direction, we will have on our hands a large organized group beating at our doors demanding they be allowed to use their rudimentary training to practice dentistry, which the public has placed in the hands of graduates of accredited dental schools and licensed to practice by the state. The opinions expressed in this letter are the opinions of the Legislative Committee of the Delaware State Dental Society and the opinions are unanimous.

Very truly yours,

(signed) J. Paul Winthrop, D.D.S.
Chairman, Legislative Committee

C C : Dr. Richard Weir, Pres.

Dr. M. E. Boone

Dr. Wm. Nelson

Dr. J. D. Brown.

37.

AMERICAN DENTAL ASSOCIATION

Raleigh, N. C.

April 25, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory
Relations, American Dental Association
801 Medial Arts Building
Reading, Pennsylvania

Dear Doctor Herbine:

Your letter of recent date which asked the question: "Will licensure or registration of technicians and laboratories be good for the future of Dentistry?"

Of course this question is a left handed way of asking the question: "Should we have accreditation of Dental laboratories and laboratory technicians or should they be licensed?" This whole question has been discussed for many years and each time the A.D.A. has decided against licensure and in favor of accreditation.

The Dental laboratories, the technicians and the members of the Dental profession are very definitely divided in many directions over the issue. I am of the opinion that the accreditation plan, where the Dental profession and the laboratories work together, is much better at this particular time, than it would be to set up an independent licensure or registration board.

In fact, the accreditation plan has never been given a fair chance. Sometime it has met opposition at the national level and at other times at state level. This condition is true in both the A.D.A. and the Dental Laboratories Organization. The licensure plan is offered in place of accreditation, but no one seems to know just how

it would work. Except in the main we would be creating another profession before proper standards have been set up.

With all of its faults, I still believe accreditation is better for the future of Dentistry than licensure or registration.

I appreciate you have a hard job, but I believe if you will stick by your guns it will work out.

I am,

Sincerely,

(signed) H. O. Lineberger, D.D.S.

38.

DR. L. O. EDGAR
Spokane, Washington

May 16, 1949

Frederick W. Herbine, Chairman
Council on Dental Trade & Laboratory Relations
American Dental Association
230 North Fifth Street
Reading, Pennsylvania

Dear Dr. Herbine:

The following remarks in answer to your letter of recent date concerning licensure of technicians and laboratories are the personal views of the writer and not necessarily of the Washington State Dental Association.

We have had some discussion with the Washington State Dental Laboratory Association concerning licensure at some time in the future. It is our opinion that a man, in order to own and operate a dental laboratory, must be a licensed technician. In order to take the examination, a man must have served at least four years' apprenticeship, credit to be given for time spent in an accepted school. There has been no discussion relative to licensing technicians in order for them to work in a laboratory. I believe that licensure in the State of Washington would work out to the advantage of all concerned and, personally, I am for it.

Sincerely yours,

(signed) L. O. Edgar, D.D.S.

Chairman, Dental Prosthetic Service
Committee

39.

KANSAS DENTAL BOARD

May 5, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory Relations
American Dental Association
Medical Arts Building
Reading, Pa.

Dear Doctor Herbine:

I have studied your form letter relative to your Committee work and I have called a meeting of our Committee to meet with a like Committee of our State group of dental laboratory men.

We will meet at the time of our State meeting and discuss these matters and I will then send you notes relative to the meeting.

Sincere yours,

(signed) Gordon L. Teall, D.D.S.
Sec.-Treas.

40.

5 August 1949

Dr. C. C. Poindexter, Chairman
Prosthetic Dental Service Committee
North Carolina Dental Society
Greensboro, North Carolina

Dear Dr. Poindexter:

In reply to your letter of August 8, the Oregon State Prosthetic Service Committee has not made much progress with the accreditation plan for the following reasons:

1. There is no truly representative organization of Dental Laboratory Owners. The present organization consists of only one-third of the existing laboratories.
2. There is no independent organization of dental laboratory technicians. An organization of this type has been discouraged both by laboratory owner operators and dentists because of the possibility of unionization of dental technicians.
3. The existing Dental Laboratory organization is determined to obtain legislation for licensure. It proposes to secure this licensure with or without the good will of the dental profession.
4. The laboratory association will consider the accreditation plan only if dentistry will endorse their legislative bill for licensure.
5. The training of apprentices as dental laboratory technicians is under the auspices of the Oregon Apprenticeship Council. This Council is composed of an equal number of representatives from employers and employees. The dental profession is represented only by a single non-voting member.

Sincerely yours,

S. C. Robinson, D.D.S., Chairman
Prosthetic Dental Service Committee
Oregon State Dental Association

C.C.: Dr. Frederick W. Herbine
Dr. Earl M. Eaton

41.

ALFRED J. ASGIS, Ph.D., D.D.S.
New York

July 1, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory
Relations, A.D.A.,
801 Medical Arts Building,
Reading, Pa.

Dear Doctor Herbine:

I am enclosing a brief (41A) with comments titles "Looking Backward and For-

ward in Dentistry-Laboratory Relations", as requested by Dr. Eaton, Secretary of the Council.

Although the Brief was scheduled for June 15, it was impossible to complete it in time. Dr. Eaton informed me that an extension of time would be granted.

The bibliography, appendix VII, Table I and few minor notes will be forwarded to you next week.

I shall be glad to hear from you.

Sincerely yours,

(signed) Alfred J. Asgis, D.D.S.

41A.

THE BRIEF: THE DECALOGUE OF LABORATORY LEGISLATION

In reference to the resolution submitted to the Board of Trustees of the American Dental Association to the Council on Dental Trade and Laboratory Relations, "*Will licensure or registration of technicians and laboratories be good for the future of dentistry?*", we herewith wish to go on record that it will not only be a detriment to the dental profession, but it would also prove to be a menace to the public welfare, and a threat to the future of dentistry, for the following reasons:

1. Licensure or registration by State Education Departments is limited or restricted exclusively to professions, to individuals possessing higher education and professional training, such as dentists, physicians, veterinarians, engineers, etc., who deal directly with the public.

"Registration and licensure of laboratories and technicians has many of the details and provisions accompanying full fledged professions". Governor Thomas E. Dewey, in his veto message of the 1948 Laboratory Registration Bill in the New York State Legislature.

2. Commercial laboratories and technicians are both a business and a craft, *and not a profession*, in the true sense of the term. Webster defines a profession as "an occupation that involves a liberal education, and mental rather than manual labor". Licensure or registration of technicians and laboratories would set up a business or a craft as a new professional category, which is contrary to all accepted criteria for the status of professions. It would elevate a business or a craft to the level of an educated profession in the dental field in the minds of the public, for which they are not qualified, either by education or professional training.

3. The granting of such professional recognition, in common with other professions, by licensure or registration, will not prevent the illegal practice of dentistry by technicians and laboratories, for which such laboratory legislation is supposedly designed. On the contrary, it will encourage the illegal practice of dentistry by laboratories and technicians, due to public confusion; a little by-line, reading "Certified by the State Education Department", would be sufficiently misleading and confusing to the public, and would imply professional status.

Attention is directed to a most interesting event which took place recently in the State of Connecticut, where the commercial laboratories and technicians are rendering prosthetic service directly to the public, advertising it in the public press, in defiance of the will and wish of the dental profession. In May 1949, the Connecticut State Dental Society sponsored amendments to the State Dental Practice Act

in the State Legislature, to curb such illegal dental practice, which were passed by both Houses. The Governor of the State vetoed the Bills. The newspaper headlines featured the veto as "Governor Bowles Vetoes Bills Curbing Dental 'Labs'".

The National Dental Laboratories Association, in an editorial in their official publication, "hailed this veto as a great victory against organized dentistry". The dental profession will please take note that this editorial comment comes from a national laboratory organization which professes an interest in legislation to curb illegal dental practice. The inference from this should be very clear in the minds of the profession and the American Dental Association whether licensure or registration of technicians and laboratories would be good for the future of dentistry!

4. Registration or licensure of laboratories and technicians would give the laboratory processing craft a legal status. This would eventually be an entering wedge for the ultimate excision of dental prosthesis from the dental profession, which would not bode well for the future welfare of dentistry.

It is apparent from all history connected with submarginal outside groups who are ancillaries to, or auxiliaries of, various professions, that in seeking legislation for some form of registration or licensure, their first, or initial step, in all proposed limited status legislation, is to get their foot in the door, so to speak; the second step is usually an attempt to gain further privileges, and ultimately, full professional status. This developmental process should be borne in mind, and anticipated, when contemplating approval of licensure or registration of laboratories and technicians.

5. Registration or licensure of laboratories and technicians would bring about a condition of the co-existence of two groups engaged in the same area of dental service, viz., oral prosthesis. This would be an anomalous situation for the dental profession, and would be most dangerous for the future welfare of dentistry.

6. Registration of licensure of laboratories and technicians would eventually result in a direct encroachment on, or invasion of, the dental profession, or the possible future encroachment on dentistry by the laboratory processing craft. This would endanger the culture pattern of dentistry by lowering the qualitative standards of dentistry, thus affecting the dental health of the public.

7. Such professional status, if granted, by licensure or registration of the laboratory craft, would make such encroachment on dentistry more readily possible under a socialized, compulsory, or voluntary dental health insurance plan, in that they would agitate to allocate to themselves a major part of the field of dental prosthesis. This has already taken place under somewhat similar circumstances, in some foreign countries.

8. The fact that commercial laboratories are opposed to any form of accreditation, on a national or state level, as recommended by the American Dental Association, and insist only on registration or licensure, is conclusive evidence that they are more concerned to gain legal, professional status for themselves, than to curb illegal dental practice by laboratories and technicians. Their arguments, that only registration or licensure will prevent the illegal practice of dentistry, are specious, fallacious, and a mere subterfuge,—a subterfuge to obtain professional status.

9. From the above, let us restate the question in summary form: "*What is the purpose of registration or licensure of laboratories and technicians*", and "*Will it be good for the future of dentistry*"?

Ostensibly, the purpose is to prevent the illegal practice of dentistry by laboratories and technicians. Actually, the aim is to obtain some form of professional recognition, in common with other professions, particularly the dental profession. We cannot too strongly emphasize the fact that the laboratories and technicians are a business and a craft, and by no stretch of the imagination can anyone adduce logical proof that they are qualified for licensure or registration in a state department of education, which privilege is limited exclusively to professions.

Registration or licensure of laboratories and technicians by State Boards of Dental Examiners would be regarded by the craft as a grant of partial, or semi professional status. Once they are so certified, they would not be contented for long to remain in an abridged status. Soon, the legislative mill would be invoked and set in motion, and the next step would be to propose new amendments to existing laboratory legislation, with the aim to gain further privileges, and ultimately, full professional status.

10. If this comes to pass it will mark the beginning of the disorganization and decline of the dental profession, and will constitute a most serious threat to the future of dentistry. Therefore, we emphatically assert that *Registration or licensure of laboratories and technicians will not be good for the future of dentistry.*

42.

WALDO H. MORK, D.D.S.
New York

June 8, 1949

Dr. Frederick W. Herbine
801 Medical Arts Bldg.
Reading, Pennsylvania

Dear Doctor Herbine:

At the request of Dr. Earl M. Eaton, Secretary of the Council on Dental Trade and Laboratory Relations of the American Dental Association, I am sending you herewith a brief in answer to the resolution passed on February 7, 1949 by the Board of Trustees of the A.D.A. and sent to your Council.

This brief was prepared by Dr. Maxwell A. Heckler and Dr. Alfred J. Asgis. I am in thorough accord with the sentiments expressed therein and it is for that reason that I am sending it to you.

I would, however, like to add one sentence which may not be in direct answer to the question submitted to your Council but I think it is relevant thereto, viz. that the licensure and registration of technicians and laboratories would not be for the best interest of the public.

Sincerely yours,
(signed) Waldo H. Mork, D.D.S.

C.C.: Dr. Earl M. Eaton

43.

COLLEGE OF PHYSICIANS AND SURGEONS OF SAN FRANCISCO

May 31, 1949

Dr. Frederick W. Herbine, Chairman
 Council on Dental Trade and Laboratory Relations
 American Dental Association
 801 Medical Arts Building
 230 N. Fifth Street
 Reading, Pennsylvania
 Dear Doctor Herbine:

Doctor Earl M. Eaton has requested me to prepare a brief regarding my opinion of "Will licensure of technicians and laboratories be good for the future of Dentistry?" and forward it to you.

I am enclosing a copy of the letter sent to you by Dean Sloman in which he expresses not only his opinion but mine and many in the profession regarding the question of certification of dental laboratories and technicians.

Sincerely,

(signed) Jack Werner, D.D.S.

44.

OHIO STATE DENTAL ASSOCIATION

April 14, 1949

Dr. Frederick W. Herbine, Chairman
 Council on Dental Trade and Laboratory Relations
 230 North Fifth Street
 Reading, Pennsylvania
 My dear Dr. Herbine,

We in Ohio are quite cognizant of the progress made in the accreditation of dental laboratories. Drs. Boucher and Steffel have done so much in our own state working on the theory that greater good can come by cooperation than by misunderstanding.

It has been my privilege to attend several of the joint meetings and the enthusiasm shown by the laboratory men in their attempt to inaugurate their program has been very encouraging.

With best regards,

(signed) Earl G. Jones, D.D.S.

Secretary

45.

SOUTHERN CALIFORNIA STATE DENTAL ASSOCIATION

(Joint Legislative Committee)

May 20, 1949

Dr. Frederick W. Herbine, Chairman
 Council on Dental Trade & Laboratory Relations
 American Dental Association
 801 Medical Arts Building
 230 North Fifth Street
 Reading, Pennsylvania
 Dear Doctor Herbine:

Since writing to you under date of April 28, 1949 regarding licensure or registra-

tion of dental technicians and laboratories I presented yours to me and a copy of my reply to you to the Joint Legislative Committee of the California State Dental Association and the Southern California State Dental Association at its meeting on May 12, 1949.

My purpose was to have the Committee confirm the policies as enunciated in my letter to you.

Doctor Allison G. James who is a member of your committee brought out some fine (and indeed excellent) distinctions as related to certification, accreditation, licensure, and registration. Because of this I agreed to rewrite my letter to you corrected on the basis of these differentiations. Therefore, attached find a substitute for mine of April 28, 1949.

May I suggest that perhaps it would be well to destroy the original so as to avoid the chances of later confusion.

Very sincerely yours,
(signed) Ernest Sloman, D.D.S.
Secretary, Joint Legislative Committee

46.

JOINT LEGISLATIVE COMMITTEE
CALIFORNIA STATE DENTAL ASSOCIATION AND SOUTHERN
CALIFORNIA STATE DENTAL ASSOCIATION

May 19, 1949

Dr. Frederick W. Herbine, Chairman
Council on Dental Trade and Laboratory
Relations American Dental Association
801 Medical Arts Building
230 N. Fifth Street
Reading, Pennsylvania
Dear Doctor Herbine:

Your recent letter addressed to Presidents, Secretaries, etc. and State Legislative Committees was referred to the undersigned by the President of the California State Dental Association. In this you ask for opinions and comments regarding licensure or registration of dental technicians and laboratories.

Legislative policies for dentistry in California are the immediate concern of the Joint Legislative Committee of the California and Southern California State Dental Associations which acts jointly for both of these Associations.

After consultation with Dr. Allison G. James (a member of our Joint Legislative Committee and of your Committee) it is concluded that certification and accreditation are nearly equivalents and that neither presupposes changes in state laws. It was concluded in addition that licensure and registration are also nearly the equivalent of each other but that these do imply changes in state laws. The answers to your questions are therefore conditioned accordingly.

(1) Certification and Accreditation.

The Joint Legislative Committee looks with favor in experimenting in certification or accreditation of dental technicians and dental laboratories.

(2) Licensure and Registration.

The Joint Legislative Committee looks with disfavor on any and all plans for licensing dental technicians.

Licensing occupations was and should remain primarily a device to protect the public against incompetents. A by-product of licensing laws is in that they tend to create monopolies for the licensed groups. In most instances the good or public protection feature outweighs the bad, i.e., the monopolistic by-product which must be tolerated simply because of the obvious baneful effects of being without licensing regulations in certain fields.

Today one need but review the legislative requests from non-licensed occupational groups to be regulated by licensing procedures to realize that more groups are asking to be licensed at each legislative session than were licensed during the prior fifty years. Nearly all such groups seek only the monopolistic advantages of the licensing procedure. If it is agreed that licensing processes are to protect the public then we need but ask the question with respect to the problem of licensing technicians, "Does the public need to be so protected?" The answer to that question is "No" for the simple reason that dental technicians and laboratories serve licensed dentists and thus the public only through persons who are morally and legally responsible to the public. If dental laboratories and dental technicians are not to serve the public directly but to serve dentists instead then we need but ask the question, "Do dentists need a protection afforded through licensing dental technicians?" The answer is obviously "No" and I do not believe it needs any supportive argument in this communication. The hackneyed argument that we can control "bushwhacking" through licensing is without merit for surely the responsible technicians and laboratories do not break our current laws and irresponsible technicians and laboratories would be even more likely to "bushwhack" after their licenses have been suspended or revoked for illegal practice of dentistry.

Very sincerely yours,

(signed) Ernest G. Sloman, D.D.S., Secretary
Joint Legislative Committee

AMERICAN COLLEGE OF DENTISTS

DIRECTORY OF SECTIONS

1949-1950

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- New England*—Chairman, Jas. H. Maycock; Secretary, Francis H. Daley, 15 Bay State Road, Boston, Mass.
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- St. Louis*—Chairman, Jas. E. Templeton; Secretary, Holmes T. Kighton, 4559 Scott Ave., St. Louis, Mo.
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- Texas*—Chairman, Roland Lynn; Secretary, K. A. Crabb, 1213 Medical Arts Bldg., Dallas, Texas.
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- Washington, D. C.*—Chairman, Harry Kaplan; Secretary, C. Willard Camalier, 1726 Eye St., N.W., Washington, D. C.
- Sou. California*—Chairman, Harve E. Cannon; Secretary, Jack S. Rounds, 603 Wilshire Professional Bldg., Los Angeles, Calif.
- New Jersey*—Chairman, John F. Burke; Secretary, E. J. H. Schneider, 519 Prospect St., Maplewood, N. J.
- Kansas City Mid-West*—Chairman, Francis M. Calmes; Secretary, Eugene K. Arnold, 258 Plaza Bank Bldg., Kansas City, Mo.
- Ohio*—Chairman, Clyde H. Hebble; Secretary, Frederick W. Black, 835 Doctors Bldg., Cincinnati, Ohio.

Tri-State-1—Chairman, O. M. Jamieson; Secretary, R. S. Vinsant, 1726 Madison Ave., Memphis, Tenn.

Philadelphia—Chairman, Thomas P. Fox; Secretary, J. W. Forbes, 1420 Medical Arts Bldg., Philadelphia, Pa.

Carolinas—Chairman, J. M. Fleming; Secretary, John R. Pharr, Professional Bldg., Charlotte, N. C.

Louisiana—Chairman, Major Brooks Varnado; Secretary, W. M. Nicaud, 805 Maison Blanche, New Orleans, La.

Nebraska—Chairman, Loren T. Hunt; Secretary, Howard Yost, 402 1st Natl. Bank Bldg., Grand Island, Neb.

Georgia—Chairman, J. Russell Mitchell; Secretary, Herbert D. Janes, 1031 Candler Bldg., Atlanta, Ga.

BOOK ANNOUNCEMENT

Introduction into Dental Medicine by PROFESSOR G. AXHAUSEN, Munchen, Germany.

This is a book of two hundred forty-three (243) pages, with two hundred twenty-seven (227) illustrations. It is well-printed and on good stock. The author is said to have had a very broad experience and his book would indicate a mastery of his subject. The fore-part of the book is devoted to a discussion of problems in treatment and prognosis while the latter part is more technical in nature.

Histology, Textbooks of, by E. V. COWDRY, Professor of Anatomy, School of Medicine, Washington University.

This is the fourth edition of this book. It consists of six hundred forty pages, with an index. It is thoroughly revised, printed on good paper and is well illustrated—some in color; published by Lea & Febiger, Philadelphia 6; Price—\$8.50.

Principles of Orthodontics by J. A. SALZMAN.

This is the second edition of this book. It is a book of eight hundred eighty-seven pages with five hundred thirty-three illustrations (some in color) and an index. It is printed on good stock with a splendid division into chapters; published by J. B. Lippincott Co.; Price—\$15.00.

Human Physiology, Elements of, by MIRIAM SCOTT LUCAS, B.S., Ph.D., Assistant Professor of Biological Science at Michigan State College.

This is the second edition of this book. This consists of three hundred fifty-seven pages including index and with one hundred fifty-eight illustrations (two in color); published by Lea & Febiger, Philadelphia; Price—\$4.75.

Oral Histology and Embryology by F. B. NOYES, D.D.S., Sc.D., edited now by ISAAC SCHOUR, D.D.S., Ph.D., Professor of Histology and Associate Dean, College of Dentistry, University of Illinois and HAROLD J. NOYES, D.D.S., M.D., Professor and Dean, University of Oregon, Dental School.

This is the sixth edition of one by the same title. The book is comprised of 443 pages with 284 illustrations and 15 plates including 11 in color. All the authors are well known in the profession hence

the authoritativeness of this book is at once recognized. It is printed on good stock and is easily read. Published by Lea & Febiger. Price \$7.50.

A Text-book of Orthodontia by ROBERT H. W. STRANG, M.D., D.D.S.

This is the third edition of this book by the author who is Director of Extension Courses in the Extension Teaching Department of Temple University, consisting of 825 pages with an index and 1050 illustrations with some in color.

It is well printed on a good quality of paper and set in type which is easily read. The text pages are a little larger than usual but this is probably done to keep the total pages down to some extent. Published by Lea & Febiger, Price \$15.00.

Anatomy and Physicology, (second edition), by CARL C. FRANCIS, A.B., M.D., Assistant Professor of Anatomy, Western Reserve University, Cleveland, Ohio, and G. CLINTON KNOWLTON, Ph.D., Assistant Professor of Physical Medicine, Emory University, Medical School.

This is a book of 624 pages with an index, including 365 illustrations and 31 color plates. Price \$6.25. Published by C. V. Mosby and Company.

Strong—Carter Dental Clinic reports for the year ending August 31, 1949.

Published by Palama Settlement, 810 North Vineyard Street, Honolulu 17, Hawaii. This report covers the work done by this dental health progress, with which members of the profession are already quite familiar. The copy may be had for the asking.

Oral Hygiene and Preventive Dentistry, edited by RUSSELL W. BUNTING, D.D.S., Professor of Dentistry and Dean of the School of Dentistry, Michigan, and prepared by seven collaborators.

This is a book of 240 pages with an index including 134 illustrations and one color plate. It is written by men and women well known in the profession. Published by Lea and Febiger. Price \$5.00.

Acrylic, Inlays, Crowns and Bridges, by IRWIN ROBERT LEVY, D.D.S. Assistant Dentist, Mt. Sinai Hospital, New York City.

This is a book of 128 pages with an index and 151 illustrations. Published by Lea and Febiger. Price \$3.75.

Bacterial Infection; (fourth edition) (special reference to dental practice); by J. L. T. APPLETON, B.S., D.D.S., Sc.D., Professor of Bacteriopathology and Dean, The Thomas Evans Museum and Dental Institute School of Dentistry, University of Pennsylvania.

This book is thoroughly revised with 108 illustrations and 5 plates, four in color and an index. It consists of 644 pages, well printed. Published by Lea and Febiger. Price \$10.00.

Oral and Facial Cancer by BERNARD G. SARNAT, M.D., F.A.C.S., Professor, Oral and Maxillofacial Surgery, College of Dentists, University of Illinois, and ISAAC SCHROM, D.D.S., Sc.D., Professor Histology and Associate Dean, Postgraduate Studies, University of Illinois.

This is a new book put out by these two well known authors, especially the latter, within the dental field. It consists of 300 pages with an index, a list of references, appendix, a list of 76 questions for students, and is well illustrated including many color plates.

There is a foreword by Dr. Andrew C. Ivy, Vice-President in charge of the Chicago Professional Colleges of the University. It is published by the Year Book Publishers, Chicago, Illinois. Price \$6.00.

The First Anesthetic by FRANK KELLS BOLAND, M.D., Professor of Clinical Surgery, Emory University School of Medicine, and President, Crawford W. Long Memorial Association.

This is a book of 160 pages with a bibliography, reference and an appendix. As is indicated in the title, this book represents an attempt to show conclusively the date and conditions of the first anesthetic administered. It is well illustrated, well arranged and should be in all of our libraries bearing upon the history of this important subject.

The book is published by the University of Georgia Press, Athens, Georgia. The price is \$3.00.

Zoology—General Outline in Laboratory Procedure by POTTER.

Published by C. V. Mosby Company, St. Louis, Missouri. Price \$2.85.

Humanizing Our Great Profession by HERBERT ELY WILLIAMS, D.D.S.

This is a nice little story of 287 pages of the life of a man well known especially along the Atlantic Coast, and who has enjoyed his life and work. It may easily be considered a bit of philosophy.

The book is published by Dr. Williams and may be secured by addressing him at Red Bank, New Jersey.

The Council on Dental Health of the American Dental Association announces the availability of three new booklets:

S5 Your Teeth—How They Grow;

P11 Orthodontics: Questions and Answers;

G7 Your Guide to Dental Health.

Announcement is also made of a supplement to the 1950 Catalog of Dental Health Education Material, including new slides, new publications, material out of stock, and new prices.

Konservierende Zahnheilkunde (Operative Dentistry).

This is a book of 584 pages including an index. It is well illustrated and well printed, on good stock, bound in linen, and in German. The author, Dr. Hans-Hermann Rebel is Professor of Operative Dentistry, University of Tubingen, both he and his book bearing a high reputation, therefore, authoritative. Published by Carl Verlag, Munchen, Germany. Price 37 DM., approximately, \$10.00.

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