Journal American College of Dentists

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Objectives

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.

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(b) Research Fund for Emergencies, available for aid in the event of loss of equipment, animal colonies, needed repair and the like.

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Continuing Education—Efforts and Opportunities

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—A Curse or a Blessing?

Moderator
GEORGE W. REDPATH, D.M.D.
Portland, Ore.
Opportunities in a Continuing Educational Program for the Profession

GEORGE W. REDPATH, D.M.D.
Portland, Ore.

There are many suggestions for a continuing educational program as outlined by our committee on Continuing Educational Effort, divided as follows:

1. Sustaining the need for such a program
   a. New advances in dentistry
   b. Classification of known knowledge
   c. Acquaintance with and use of preventive and control measures
   d. Community responsibilities
   e. Sharing the knowledge and experiences of others
   f. New techniques
   g. New treatment methods
   h. New instruments and equipment
2. The projection of the study hour—"My Study Hour" as a slogan
3. The formation of study clubs, seminars, workshops, etc.
4. Encouraging scientific meetings
5. Providing for graduate and postgraduate opportunities
6. Encouraging an inquiring attitude and thus suggesting studies in any area that will broaden the knowledge of the dentist.

"Sharing the Knowledge and Experiences of Others" and "My Study Hour" are topics that will be discussed by two of our members on this panel.

To me study clubs are one of the great opportunities in a continuing educational program. As outlined by me last year before this group, there are many study clubs operating today throughout the country, and we are especially proud of our groups in the Northwest.

At the meeting of our committee held in May of this year, the matter of an enforcement program was discussed, recognizing the importance of a continuing educational program in order to provide the best service to the patient and the tendency on the part of some...
not to recognize the responsibility that rests upon the professional man. The committee gave general approval to such efforts but agreed it was a bit early to suggest an enforcement program at this time. Nevertheless there is a group called the Academy of General Dentistry with headquarters in Chicago that endorses this plan. To be eligible for membership a candidate must be a graduate of an approved dental school, a member of the American Dental Association, licensed to practice dentistry in the state of his residence, and must have spent at least two days in college postgraduate work the preceding year or at least six days the preceding three years. The Academy requires a candidate to have been engaged in the general practice of dentistry for at least three years prior to the date of his application. The basic philosophy is: improved standards and quality in general practice and the acceptance of postgraduate work as a means to this end.

The objects and purposes of the Academy as set forth in its constitution are as follows:

1. To promote and maintain high standards in the general practice of dentistry
2. To preserve the right of the general practitioner to engage in dental procedures for which he is qualified by training and experience
3. To assist in providing postgraduate study courses for general practitioners and to encourage dentists to enroll in these courses.

Local chapters are encouraged to form in every state. The president of the local group in Portland, Oregon told me that the amount of benefit gained from this type of affiliation stems directly from the local organization, its officers, members, basic philosophy, and the caliber of its programs.

In order to become a member of the Oregon group a man must maintain at least 75 hours of postgraduate education and at least 75 hours of study club work during a three year period. These requirements are higher than asked by the Chicago Academy. The local group has a tentative program for three years covering the major divisions in dentistry. This year they decided on the subjects of periodontics and prosthetics. They have one meeting a month for nine months, the session being from 1:00 to 5:00 P.M. followed by a dinner and discussion. Each man will be able to clinic before the group on what he knows on the subject of periodontics, for example. At the end of a certain time they feel that all men will be at an
acceptable level in that particular field, and then they will call in an expert for a three to five day course in the subject. By this method of preparation they will obtain the maximum in useable information per unit of time expended. After the course each man will use the clinical material at office level for one month. At the next monthly meeting they will discuss the good and bad points. They feel at the end of three years their group will have a broad perspective in general dentistry.
The Importance of Continuing Educational Program for the Professional Man

JOSEPH P. HARRIS, Ph.D.
Dallas, Texas

On October 4, 1957, Russian scientists successfully launched their Sputnik zemli (Companion of Earth) and severely jolted the complacent attitude of Americans. Suddenly we realized that we had lost our position of leadership in this field, and were galvanized into action to try to regain our lost advantage. We all looked around for someone to blame for our uncomfortable position: variously, we placed the blame upon the government, the unions, the public, the teachers, the school system, the lack of scientists, the professional men; and so on. We heard of the so-called superiority of the Russian education system, and of the implied fumbling-bumbling inferiority of the American education system.

Out of all the pro and con discussion, some facts emerged so clear-cut that they hardly need itemization, and certainly not much elaboration.

We have finally concluded that the Russians do not have the perfect educational system—and even if they have, we do not want any of it, or of its end product.

We have also discovered that our own survival, our freedom, depends upon our educational system. In spite of its many shortcomings, the American educational system has proven effective in providing not only for our survival, but also for our survival in comfort and prosperity. Compared with an ideal situation, I suppose our educational system is relatively inefficient. In spite of this relative inefficiency (which has placed America in the most envied position of all modern nations) increasing numbers of technically and professionally trained workers are available to business, industry and science. As a result, progress is rapid, progress is great. An accelerated technology is enriching the lives of all. Think for a moment, if you
will, of the changes which have been accomplished during the last fifty years. From a primarily horse-drawn, agricultural economy we have changed to a jet-propelled or atomic-energy-powered economy using plastics and materials that were not even dreamed of fifty years ago. Our technology has gotten ahead of our capacity to assimilate and use it in many areas. We are almost in the position of the fond mother who bragged that her son had discovered cures for which there were no known diseases.

We have re-discovered that even in an age where technology is of paramount importance a mere technical training is not enough. We must have leaders in all fields, and especially in the professions, trained in the liberal arts, in the humanities, in moral responsibility. We cannot entrust direction and leadership to narrowly trained persons who are incapable of good thinking, firm resolve, or civic judgement. And equally as important as having trained leaders is having literate, well-trained followers!

This point of view is well-expressed in the following quotation:

“A preparation begun in pure science may end in correct practice, and the early habits of student life may follow the professional man throughout his career; but a preparation begun in practice will end there. The routine of professional duties often tempts the scholar to sink into the mere practitioner; it is rare indeed that one reverses the order of nature and sets aside the claims and emoluments of practice, to acquire slowly those habits of study so easily learned in youth. It requires the broadest literary and classical education of boyhood to counteract the necessarily narrowing influence of the professional studies of manhood; and it demands the largest possible infusion of purely scientific teaching, during professional pupilage, to correct the matter-of-fact influence of the practice. In this lies the great error of American practical systems of education. They teach boyhood to take a utilitarian view of every lesson learned, and encourage young men to neglect studies in which they cannot see some prospective pecuniary value. It is the application to science and art, of that philosophy of life which subordinates mind and body to the one idea of making a living; that spirit of trade, which regards classical study a waste of years, in which plastic youth can best be molded into the mercantile idea of Profit and Loss. Limitation, first in the amount of mental culture, secondly in its direction, is thus made to combine with the inevitable influence of all exclusive pursuit: whether of science or business, the result is a rapid increase in all professions, of men whose vision is limited by the narrow horizon of their special occupation, and who possess none of that large-minded liberality, which is the outgrowth of a generous education. It is by such early restriction of thought and action within the narrow grooves of life’s future pursuits that a merchant so often loses all power to enjoy the fruit of his toil, a physician is unknown beyond the sick room, a surgeon contributes nothing to the cause of science, and a dentist holds no social position. This inevitable tendency of purely practical education was recognized by Lord Brougham when he recommended Dante as a textbook to an inquiring student of law.”
You may be surprised to hear that this quotation is taken from a textbook on “The Principles and Practice of Dentistry” written more than a hundred years ago by Philip H. Austin, D.D.S., University of Maryland 1849.

It seems to be a safe assumption that everyone here is concerned with the future. Basically, this concern for what the future may bring explains our worry over Russia usurping the leadership in the missiles race. Will Russia rule the world? Will my properties increase in value? Will I live? What will the old home town look like? Who can tell the answer to all these things, and others? In trying to foresee our individual futures, some of us go in for horoscopes, Dow-Jones averages, carloadings, stock markets, insurance, or other devices.

What will tomorrow be like? It’s doubtful if any one of us actually wants to know the future in detail—think how dreadful it would be to know just when you or your loved ones will die!

May I venture to tell you what the future will be like? Look earnestly at yourself and at your neighbor; look in the cribs, in the schools, in the places of play and in the places of work; look in the places of worship. The future will be very like the present—it scares you, doesn’t it? Though our children, and even some of us, may rocket to the moon or beyond, the next generation will be disgustingly like their parents! You simply cannot push farther than you can reach; so we cannot expect our next generation to do much better than we have done.

The burden then falls squarely upon our shoulders. The future is all around; the future is here; we’ve got it, for good or evil. A skilled brain or a trained hand may produce a highly competent worker in any field. But it is not enough to be merely competent. The gifted and fortunate few, which those of you assembled here so ably represent, bear an extra burden of responsibility. Because of your professional strength you must literally carry the load for those who are weaker; and all the while, you must strive to improve those who are “weaker,” if for no other reason than that, in time, you will need to be replaced. We must continue to grow.

The professional man must embody in his daily living the same high standards of excellence that he applies in his profession; only by so doing can he become truly great. He must continue to grow through continuing education in his profession, in his religion, in his humanity; for when growth stops, death begins.
Sharing Knowledge: An Earmark
Of the Profession

LESTER E. MYERS, D.D.S.
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It is strange but true, the code of Ethics of the business and the professional man are both honorable and upright, yet vastly different. The objectives of the business man is to find a new and different way to market his product, and he guards it closely. The professional man, if he has a new idea, is willing and eager to share it with his professional brethren. Both are proper, yet traveling, so to speak, in different directions. Both are dealing in services to mankind, the one in material things, the other in health-giving services.

Quoting from the Oath of Hippocrates, it says, “I will look upon him who shall have taught me this Art even as one of my parents. I will impart this Art and knowledge to those not so well informed.” We are taught to share from early childhood. From the early days of professional training the emphasis is on sharing. It is the Christian way of life in a free world. Sharing is part of the American way of life. If a family or community is stricken with difficulty, neighbors come to their rescue either personally, through the Red Cross, or some other charitable organization. While it is part of the layman’s way of life, it is even more so with the professional man’s way of life.

Sharing professional knowledge, not only affects the profession, but also the public. Dr. G. V. Black once said, “A professional man has no right to be other than a continual student.” Sharing knowledge is a benefit to both giver and receiver. Preparing to share knowledge one cannot help but grow in mental stature and judgment.

Dr. C. E. Woodbury about a half a century ago, writing on the
subject of Gold Foil, said, “the ideas I am giving you are not original with me but were ideas gathered and systematized by Dr. G. V. Black, who added them to his experiments and experiences and gave them to us to use.” We all know the effect of Dr. Black’s sharing of knowledge to a few men imbued with true professional spirit, who themselves, were willing to share the knowledge they had received, adding them to the experiments and experiences they already had and passing them on to their colleagues who desired to learn.

Had it not been for Dr. Black and other dedicated men who followed, where would dentistry as a profession stand today? The willingness of men in all branches of our profession, and those of other branches of the healing arts, have brought America to the fore in the care of the afflicted, in both medicine and dentistry.

Dr. Lee Roy Main said, “He who graduated yesterday, stopped learning today, is uneducated tomorrow.”

In Dr. Willard Ogle’s report in 1956, he began with this statement, “If any man entertains doubt that the tempo of today is fast moving he has but to stop, look and listen, to remove such doubt.”

A few years ago the officers and Regents of the College realized there is a part they can take in encouraging and suggesting direction of continuing educational effort, and appointed a committee to discuss and plan a more systematized effort in sharing knowledge with our fellow members and dentists.

Your committee on Continuing Educational Effort has been studying and discussing how this sharing of knowledge can be projected best to the profession, and has arrived at some conclusions which might be of value.

There was a book of suggestions for a program of Continuing Educational Effort, presented in a report of the Regents last fall in Miami. This book, large and comprehensive though it is, was favorably received. The committee agreed that it should be smaller, containing basic information, but less detailed and to be developed for use at this meeting. It could later be distributed to the Fellows of the College, the dental schools, libraries and the new men entering the profession, focusing their attention on the importance of continuing educational effort.

Besides the distribution of this booklet it was suggested a direct by mail contact with Fellows of the College and “new dentists,” encouraging their educational effort. It was agreed that the best meth-
od of projecting such a program was by encouraging group lectures, study clubs, seminars, workshops, etc., under proper auspices and guidance. Proper literature in properly sponsored journals, in a method that will reach most, with a "corner" titled "My Study Hour" with changing topics for reading, and the development of a bookmark with references to the need of continuing educational program printed thereon.

A group of lecturers will deliver the American College of Dentists' Lecture in the different schools, to the dental students, particularly the freshmen, covering the ideals of the profession and impress upon the student the obligation he will have as a professional man to keep abreast with the fast moving developments of the profession, and to be prepared to share his knowledge with his professional colleagues, thereby contributing to the health and welfare of mankind.

Our thinking is expressed so well in a quote from "Medical Education 1870?"—"The rung of the ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher."
My Study Hour

EDWARD J. COOKSEY, D.D.S.
Houston, Tex.

IN TRYING TO fulfill the requirements of a good continuing education program, the College is proffering a thought for your consideration. That thought carries the title, “My Study Hour.” The word “My” is in there for one purpose and that is to convey the idea that a study hour is a very personal thing.

Would you reflect back for the moment on your days of youth? Think of the days when you were in school and the amount of time that was needed for your personal study. Keep in mind that this personal study was almost a necessity in order to keep up your work in school and to pass your studies. Also think how many years you did this and how it became a regular part of your life.

It has always been my contention that if a person would give one-tenth of the time to study after he finished school that he did while in school, then the progress of the world would be unlimited. And this could well be in any profession or business. Too many people are inclined to stop any study effort the day after graduation.

A good long time ago I was chastising one of my own classmates from dental school for not attending our local dental meetings. He replied quickly that he had gone to school all his life and that when he finished dental school and passed his state board he took a vow that he would never go to another meeting nor spend any more time on the books! He vowed that he was in the position of not having to attend lectures nor read scientific material for the rest of his life, if he didn’t want to. Needless to say he has pretty well kept up that vow. I have wondered to myself so many times if he is really happy. I seriously doubt it.

I wonder just how happy so many men are who have taken that position. It takes a lot to satisfy the ego of some people and I don’t believe any of the Fellows of the American College of Dentists could
have their ego satisfied if they did not have a little curiosity about the new concepts and new developments in dentistry.

Now let's be a bit practical—most program chairmen of dental groups do their best to present us with varied programs to keep us abreast of times. If we have the inclination to attend dental meetings, and will attend enough of them, we will sooner or later be exposed to modern day dentistry.

In my opinion the written message is here to stay in spite of all attempts to replace it.

While attending the Joint Conference of the Council on Journalism and the American Association of Dental Editors this spring, I heard speakers from the faculty of Medill School of Journalism of Northwestern University. They did a good job of convincing me that by the greatest stretch of imagination, perhaps not over 3 per cent of our dental journals were completely read. Then we spent the rest of their part of the program listening to their explanation why. One of the many reasons was—no planned time for reading.

Your committee on Continuing Educational Efforts is strongly suggesting and urging that you plan your day such that you can set up a period known as "My Study Hour." You can set whatever hour you like. At home or at the office. Wherever you prefer it, if you would plan it for five days a week, you would be amazed at what you could accomplish.

I was relating to a group not long ago that my professor in Ethics and Jurisprudence in school did such a good job in his course that I distinctly feel his presence in my treatment room to this very day. I can imagine his examining all the dentistry that I do—I can imagine his listening to every word that I tell my patient. I don't believe I could go to sleep at night unless I feel that I was offering my patients my best ability. That "best" implies that I am staying abreast of times—that I am staying informed.

You may ask—now just what do you expect me to read during my study hour? I don't believe it makes a whole lot of difference. The main thing is to have some planned time—if you do that then I feel that at least you will open your journals and glance through them. If you want to use it to increase your knowledge of major league baseball, to study the financial structure of your church, or to review your Rotary Club activities, or to review your insurance program—that is your privilege. It is our feeling that with the planned time you
will eventually stay pretty well informed on many aspects of living.

The public has a right to expect that their dentist is an informed person. One of the aspects of being informed calls for reading and study. I believe you will find the creation of a regular study hour will answer this challenge. Let’s put it this way—try staying informed the planned way. Plan your study hour and then stick to it—all it takes is a determination that you will do it. I believe you will find yourself a much happier person if you will give our plan a try.
Home Effort: Literature and Libraries

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Minneapolis, Minn.

Editor's Note: Dr. MacQueen graduated in 1923 from the University of Minnesota School of Dentistry. He has been Editor of the Minneapolis District Dental Journal for 15 years and an Associate Editor of North-West Dentistry since 1948. He is a past-president of the Minneapolis District Dental Society and a trustee of the State Dental Society. He is also a past-president of the American Association of Dental Editors.

Subjects for one's home reading of the scientific dental literature are so numerous today that it is impossible to cover them except by systematic home effort. We who practice dentistry are too busy in our offices to study and evaluate any dental literature that comes to us there.

Most digging and research in preparing a topic for one's dental society or his dental publication must of necessity be done at home. There is no easy way to prepare a manuscript—time to study and time to think and write are possible at home, after office hours, and is very essential for favorable results.

An article written for publication will appeal to more readers if proper effort is made to produce it so it will be clear, concise and interestingly told.

The ADA Abstract journal has many worthwhile summaries of scientific dental articles affording the home reader an opportunity to improve his knowledge of world wide dental progress.

The ADA journal's pages of information, news, comments, reports, official data, and scientific articles cannot be read or fully appreciated except by home effort. This journal is growing and is becoming more comprehensive and valuable to our dental literature.

Reading at home regularly is good discipline for anyone. Dentists should plan their home reading and study to include the local, state and regional dental journals. When we read our own dental literature in our own official ethical dental journals we know what is going on in our profession.

Reader interest has to be stimulated for more enthusiastic home effort. No one relishes extra work which is unenjoyable and un-
interesting. Home reading and study have to share a limited time with T.V., radio, newspapers and magazines.

A commercial kind of dental journalism has survived since the days when there was only that kind to mark the progress of dentistry in the world. This kind of dental literature reaches every dentist in America whether he is a member of organized dentistry or not and is not subscribed for. The limited time one has for home effort in reading or writing other dental literature is shortened if he reads these unsolicited “give-away” magazines.

The dentist who struggles to produce a manuscript on a phase of dentistry so that it will be valuable to publish and distribute would be unjustified in submitting it for publication to a commercial dental journal instead of an ethical non-proprietary one.

Every dental student should be thoroughly informed about the value of supporting and contributing to ethical dental literature. And when he begins his dental society career he should be cautioned again about his responsibility to his profession in regard to ethical dental literature.

The younger members of our profession should be encouraged to greater home effort in reading and study of worthwhile literature including dental material. One way to encourage greater interest in our dental literature among all ages of dentists is to plan local dental meetings so more society members take an active part in the scientific programs. This can be done by the program committee’s success in procuring the essayist’s paper prior to its presentation, and having several members prepare a discussion of the paper after its presentation.

This discussion could be very valuable and interesting to those at the meeting. It would stimulate regular attendance at dental meetings. The challenge to search the literature for more facts and information about the subject to be discussed would be met by some definite home effort.

Those attending the dental meeting would be more interested to consider a similar assignment for the good of the profession when they are called on. If this activity in our society is recognized and properly encouraged the enthusiasm for better essays and more intelligent discussions will follow.

The questions of: How Can We Improve the Quality of Ethical Dental Literature?; How Can We Make the Virtues of Our Dental
Journalism More Fully Appreciated? How Can We Remedy the Inadequacies so the Further Development of Dental Journalism Will Be a Source of Pride and Inspiration to Dentists Everywhere?

All these questions can be answered by admitting that there is no substitute for hard work and study. No individual keeps up his enthusiasm for any endeavor without encouragement. Our membership and its activities must keep pace with the growth and progress of our profession. Our library at home should supply us with some of the classics, some periodicals, some scientific dental literature for daily reading at home. Other material should be available for home reading and study from the local dental society library or the public library.

The spirit has to be stronger in the individual to serve his fellow dentists than it is for them to serve him. Only then will our society grow and our literature make us proud.
Courses for Profit and Self-Aggrandizement—
A Curse or a Blessing?

HARRY LYONS, D.D.S.
Richmond, Va.

The title of this questioning assignment might lead one to expect a positive answer: that courses for profit and self-aggrandizement are either a curse or a blessing; that the answer is either black or white; that no shades of grey exist or are to be tolerated. Those who expect such an answer from this author will be disappointed. The problem is not as simple as some may suspect. The ethical or moral issues are not so finely drawn as to warrant such a simple conclusion. Historical precedents in dental education and an evaluation of some of the courses under current criticism justify an extended analytical appraisal.

In the light of severest criticism some of these courses may be labeled as having a proprietary aspect. This aspect is, of course, the main target of critical evaluation—and properly so. However, certain circumstances related to this so-called proprietary aspect may reflect not so much on this type of course as upon those among our professional contemporaries who have offered nothing or little more than criticism which some would label “encouragement.” This contention may serve as a useful basis for philosophic discussion.

If you were confronted with a question as to whether proprietary undergraduate dental schools would be a blessing or a curse in this day and age your answer would no doubt be an unanimous and unqualified “curse.” But was proprietary dental education always an unqualified curse? Was it so in the very beginning of our profession’s history? Did it not give legitimate birth to formal dental education when the “high and almighty” stood aloof? Surely it had its faults, its weaknesses and its leeching charlatans in instances, but it was creative and dynamic under leadership which in many instances was as
idealistic as any existent today. From it ultimately evolved the world’s best dental educational system. Were it not for the proprietary origin of dental education how much would our profession have been delayed in its development? For fear of misinterpretation, be it recorded that I am not a sponsor nor an advocate of proprietary dental schools but I do contend that, in a frame of historical reference, they were not altogether a black curse and that some of them, in their day, carried banners of acceptable shades of grey bordering on the symbolic white of a blessing. This appraisal, it should be emphasized, must be oriented to an historical background. As a basis for dental education today we would, of course, all view proprietary schools with complete disdain.

A directly analogous discussion may be offered on the question of whether commercially sponsored and controlled dental journalism was or is now a blessing or a curse. I would be among the first to agree, and do agree, that commercially sponsored and controlled journalism should not be viewed with approval today. However, I am nevertheless aware that our professional journalism had its beginning under commercial sponsorship and control. It required almost a century for a handful of the leading figures in our profession to recognize that the profession itself should sponsor and control its professional literature. It is apparent that many of our professional contemporaries today are not yet fully convinced of the merits of this position. Again, we might ask ourselves how much longer our professional literature would have been delayed in its birth and its development were it not for the commercial sponsorship under which it was born and under which it flourished for so many decades. In a frame of historical reference, commercially sponsored and controlled journalism in many instances carried a banner of acceptable shades of grey in bygone days. Today, we properly attach darker shades to the symbolic designation of commercially sponsored and controlled journalism.

These comments with reference to proprietary dental schools and commercially sponsored and controlled dental journalism are offered as a background against which we may discuss the question of whether courses for profit and self-aggrandizement are today a curse or a blessing. We are now able to view the former two aspects of our profession in retrospect. We can appraise them comparatively in light of our current status after a hundred and twenty years of ex-
experience during which time many evolutionary changes have occurred. However, courses for profit and self-aggrandizement present a relatively new problem. I have no doubt that a century from now we shall view courses for profit and self-aggrandizement in the same light that we now accord to proprietary dental education and commercially sponsored and controlled journalism. The question is: “What view shall we take of them today?” I believe most of us would agree that there is much good in some of these courses. I believe, however, that it is safe to say that there are features of some of these courses that are not generally approved as altogether in the best interest of our profession. Who is to be blamed for this? Shall we blame only the individuals of special competence in staging these courses and who promote them with enthusiasm? Shall we censure only the individual who has something to offer and who does so with a modest profit to himself in return for his talents and extended energies? What of the individuals who see the merits of these courses in their selfish interests and who are willing to pay for the privilege of attendance but who never make any type of contribution whatsoever themselves? These, no doubt, are in much larger number than those who offer courses for profit and self-aggrandizement. Which group constitutes the greater evil?

There are, of course, many who are quick to say that dental schools should have offered these courses from their beginning and should offer them now on a continuing basis. I would agree with this concept in principle. However, as the dean of a dental school, I have a very pertinent question to ask in this connection: “With what?”

The bylaws of the American College of Dentists include a number of prohibitions. For example, Fellows of the College are advised specifically not “... to give, promote, or participate in courses of instruction ... under any auspices other than those of a recognized dental society, an approved dental school, or other non-profit professional or organizational agency ...” and not “... to demand exorbitant fees for courses of instruction in dentistry under any auspices. ...” These prohibitions are altogether appropriate and in the best interests of our profession. While the prohibitions in our bylaws are spelled out in specific terms it may noted that the admonitions on the positive side are worded in the language of generalities. This, too, is appropriate and characterized by dignity. However, there are occasions when the positive admonitions might be detailed in simple
and widely understood language. For example, the purposes and objectives of the College include the following: “To encourage graduate studies and continuing educational effort by dentists” and “to encourage, stimulate and promote research” (italicized by author). What is meant by the admonition that we encourage the continuing educational effort by dentists? Is the term “encourage” in this context to be compared with the encouragement which a sports fan gives to a prize fighter by applauding him to suffer a brutal beating from a superior contestant? It is easy enough to encourage another to shed his “blood, sweat and tears” but what about a contribution of something more tangible on the part of those who offer only their applause as encouragement? Particular reference is made here to the encouragement which all dentists and especially Fellows of the College, are expected to give dental schools. The dental schools of this country are capable of doing anything and everything that may be expected of educational institutions provided that they are afforded the financial means. It is good to hear dentists say that only dental schools and other non-profit health agencies should give courses for the continuing education of dentists. This point is widely voiced and fully appreciated. But most of the same voices are notoriously silent on the subject of providing schools with the necessary means. It would appear that the time has come when all dentists, and especially Fellows of the College, should recognize their indebtedness to dental education and encourage it with some of their means, be it large or small.

It is significant to note that many dental schools in this country have no endowment whatsoever and only a few have very limited endowment support. Would it not be in order for those of us who profess superior status as Fellows in the College to recognize that whether courses for profit and self-aggrandizement are a curse or a blessing depends more on our own conduct in relation to the support of dental education than on those who offer these courses? The answer to this questioning assignment in terms of black, shades of grey or white, should be asked of ourselves, preferably when standing in front of a mirror!
Professional Relations

Fundamentals in Public and Professional Relations
Aris Mallas, Jr., M.P.A., Austin, Texas

Professional Cooperation in Human Interest

Human Interest at the Chairside

World Problems—Our Concern?
Donald W. Gullet, D.D.S., Toronto, Ontario

Personal Conduct—The Keystone to Professional Relations

Moderator
JAY H. ESHLEMAN, D.D.S.
If you are as I am, very often the front page of the evening paper with its story of conflict, problems and crime proves too much for the average day. When this happens, I turn to the comic strip and Pogo. If you, too, are a Pogo fan, you will remember that early in 1958 it was brought to his attention that in the Chinese calendar this was the "year of the pig," and that we humans were most concerned with outer space. Pogo decided that the animal kingdom should have its calendar and its main theme of interest. After much discussion, it was decided that in Pogoland it would be the "Year of Man" and they would be concerned with "inner space." A subtle way, gentlemen, of getting across a human deficiency. Today, let us explore some of that inner space.

Note the key word in the title of this paper is "fundamentals." Because of this, we are not concerned at this point with public relations techniques, skills or fads. While these play a role, they are at best part of the superstructure, and we are interested here in the foundation upon which this superstructure rests. This foundation is human relations.

What are human relations? The April 1957 edition of your ACD Reporter gives a simple, yet very adequate definition: "... those personal relations that an individual has toward others. In dentistry they are characterized by many of the following qualities—kindliness, integrity, empathy, character, morality, etc." Let us use this definition in our discussion.
There has been much interest in human relations during the past generation, but unfortunately much of the activity in this field has not been concerned with true fundamentals. Too often human relations enthusiasts in working from the context “since professions are composed of people, if we improve people we improve professions,” have tried to devise simple potions to solve individual problems. By and large they have found that human relations problems are not simple and tend not to stay “solved” when fundamentals are disregarded.

We have learned that human behavior is not governed by simple skills which can be heard, read and easily applied. Also, we realize now that we cannot change the emotional behavior of the individual in general, but only in relation to his job, family, social status and his own individual problems. His human nature—if you will, his inner space—develops in a social context, and any worthwhile and lasting change needs to occur in relation to that context.

Thus, today, when we discuss improving individual human relations we are thinking—or should be—in terms of insight into the fundamentals of human behavior—an understanding of an individual’s motives, frustrations, compensatory ways and even pathological behavior. We try to understand the social roles of the individual in his work group as well as in his other relationships. If we are on our toes when human relations problems are found, we attempt to discover methods which will allow the individual to change naturally and grow emotionally into more positive relationships. Sometimes we can assist as individuals, friends and professional associates, other times it will take the strength and wisdom of the profession collectively to devise and invoke change. These to me are important fundamentals.

In my article on “Human Relations” in the March 1958 issue of your JOURNAL I stated that “rather than the profession being created by its members it is created in the mind of society and maintained by its members. The fact that each of you in your day to day work deals with basic human values determines the status of your profession in the eyes of people. This then is the all important bridge between good human relations being not your choice, but your responsibility.” This to me, gentlemen, is a fundamental. It is obvious you recognize it as such since in the same issue of your JOURNAL the Committee on conduct reported: “Fellows of the College will remain con-
stantly conscious of the values of the high public esteem in which the profession is held. . . . They will be constantly aware of the fact that public esteem for the dental profession and respect for the dentist is largely determined by the character and conduct of the dentists themselves."

You will note that this is a two-way street. While adequate human relations on the part of the practitioner enhances and preserves the profession, it is the responsibility of the profession to assist its individual members in practicing good human relations. In this regard I think you are far ahead of many professional groups—your thinking has been more basic, your insight more focused, and your efforts more sustained. Consequently, today your profession is stronger than ever before . . . with results accruing not only to yourselves as individuals, but to the public you serve as well.

If we probe deeper into our "inner space" we will find that four qualities must exist if we are to have good human relations. While they can vary to some degree, they must all be present. They are:

Respect for human beings
Competence
Integrity
Primary concern with service, not with prestige or profit.

What is your box score? Why not examine yourself as others see you. What do your patients, your associates, the community in general think of you and your actions? Does your patient see you as a person so intent on seeing large numbers of patients that you do not have time for simple courtesies or explanations; or a person so intent on gain that the most expensive, not the most suitable procedure is always suggested; or a person so inflexible that new equipment, techniques, and drugs are considered "just a fad"? Do your professional associates see you as the person too busy to lecture to public groups on dental care; too busy to write up new techniques and observation for the benefit of all; too unconcerned to participate in professional affairs? Does the community see you as too busy to attend civic meetings, help in community projects, run for political office, serve on public boards, or advise on matters pertaining to dental health? Are you the first to criticize community federated giving, but the last to suggest a better method? I hope none of these is true of you, but if they are, some "inner space" re-examination is in order.

The last fundamental I want to present to you this morning is the
need for broadness of professional insight and flexibility of professional attitude. We are in a period of great and rapid change. A leading industrialist recently predicted that during the next ten years man will make more scientific progress than he has in the last hundred. Coupled with this is the fact that what happens to us, both as individuals and as professionals, no longer truly lies completely within our control. Today government, the greatest monopolistic force of our time, tends to be concentrated farther and farther away from the people. In each session of Congress issues are being decided—usually without our knowledge or participation—which severely affect what we and our children will do. It is difficult to find any phase of daily life that does not reflect governmental control and action. I ask you, will the world of tomorrow be one in which government is the basic purchaser, trainer and policer of professional services? If you think it cannot happen, then I suggest you look back 25 years and see the trends that have taken place in that time—I think you will find them disturbing.

On the threshold of the world of tomorrow we can visualize some of the positive changes that will affect your profession. For example, average family incomes should continue to increase to the point where the vast bulk of the population can afford dental care. Increased average educational attainment should provide a population that can understand the need for and value of proper dental care. Better selection of new professional members, continued high standards of professional education and effective professional “policing” will mean that you can offer even better services to your fellow man. You must, however, approach this ever-changing world of tomorrow with an awareness of trends, an understanding of issues, an alertness to change, and above all a desire to improve yourself and your profession. You must never lose your professional insight—in fact, you must broaden and deepen it. You must continue to develop a flexibility of professional attitude so that you can solve the problems of tomorrow with the thinking of the world of tomorrow.

These, gentlemen, are only some of the fundamentals. It is important that you think about them and analyze yourself in relation to them. Because your field of endeavor is vital and your professional impact significant, you can do much to shape our world of tomorrow. What can you, a handful of dedicated persons do? Forty years ago communism was confined to a rented room in Zurich and a handful
of dedicated men. Today it straddles 4/5 of the earth's land mass and decides the destinies of 2 billion people. There is more than enough talent in this room to serve as a positive lever to change the course of history. Men of dedication, insight and energy can do much—to improve themselves, to improve their professions, to improve our very way of life. The future is yours, but time is notoriously impartial—it favors only those who know how to use it.
Professional Cooperation in Human Relations

JAMES E. JOHN, D.D.S.
Roanoke, Va.

To study ways and means for developing a better cooperation between the health services is one of the four stated objectives of the Colleges’ Committee on Health Relations.

A brief summary of what has been accomplished and something about future plans should be of interest to the College membership.

Reference 1. In 1926 Dr. Gies made this statement: “Dentistry is a health service equivalent of a specialty of medicine.” (His way of saying that dentistry is a part of medicine and that physicians and dentists should work together in caring for their patients.)

Reference 2. In 1956 Dr. I. J. Berlove made this observation: “Although many systemic diseases have oral manifestations and many oral diseases have systemic manifestations, the dental and medical professions are not doing all they should to bring about a closer relationship. In many instances this is unfortunate for the patient.”

There should exist between the practitioner of medicine and dentistry an intelligent cooperation and a desire to study and understand each other’s problems. These references are made to:

a. Emphasize the importance of inter-professional relations.

b. Support the action of the committee in preparing a list of oral manifestations of systemic disease (Osmun) and two articles, “The Importance of Dental Health to General Health,” and “The Importance of General Health to Oral Health.” (Brock)

Many articles have been written dealing with inter-professional relations. No formula, if applied, would solve all problems involved, but the dental profession will occupy an improved position when its
members are cognizant of the systemic relationships of all oral conditions, that they may converse and cooperate with the physician in the best interest of the patient. With the increase of knowledge will come appreciation and cooperation.

With the increase in hospital, institutional and military dental services have come greater responsibilities associated with greater opportunities. The responsibility of developing a dental service plan is dentistry's obligation. The problems incident to this development have been and will be many for at least three reasons.

1. Few dentists are interested in hospital or institutional services on either a part-time or full-time basis.
2. The lack of standardized procedure particularly in smaller hospitals and institutions.
3. The majority of dentists now practicing have had no hospital training.

In this connection your Committee on Health Relations is proposing in its annual report that dental schools provide courses in orientation to hospital services for dentists contemplating hospital staff or service connection and needing such orientation. With these responsibilities come opportunities to develop greater mutual respect for health services, to develop a closer relationship between medical and dental practitioners in hospital service, and to cooperate by participating in community health planning. These are but a few of many opportunities for development.

In a recent address to the Arkansas Medical Society, President W. R. Alstadt emphasized the importance of close cooperation between the health services by calling attention to the following: Medicine and Dentistry should and must cooperate more closely than ever before in meeting and solving problems created by such developments as the following:

1. The fifteen billion dollar labor-management welfare funds with their promise of all health services as fringe benefits.
2. The huge in-patient and out-patient programs of the Veterans Administration.
3. The expansion of Blue Cross-Blue Shield programs.
4. The trend in industry for management to provide medical and dental services through company-employed physicians and dentists.
5. The recent government report of a model plan for national health insurance.

Because of the magnitude of these proposed programs, the health
professions will be faced with mutual problems which can be more readily solved with unity of purpose.

After forty-six years of effort in the advancement of local health services, these facts have come to my attention. Medical and dental health services are inseparable—they yield to the same techniques of detection, referral and follow-up. They both entail tremendous teaching and demonstration effort and they both pose the need to provide adequate facilities for the correction of discovered abnormalities.

There now exists between the practitioners of medicine and dentistry an intelligent cooperation in establishing health programs and a desire to study and understand each other's problems.

In the inter-professional relations, never yet have we justly appraised the value of friendship!

BIBLIOGRAPHY

1. McCall: Journal, American College of Dentists; March, 1957.
Human Interest at the Chairside

HAROLD H. HAYES, D.D.S.
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The topic assigned to me, Human Interest at the Chairside, is a topic that, no doubt, anyone in this room could talk long and well on extemporaneously. Although elementary and fundamental, this subject is not out of place in this audience of mature practitioners and College members, but rightfully, I should be directing these remarks to recent dental graduates or senior students.

The message of the Human Relations Committee is a gospel message: “Do unto others as you would have them do unto you.” Our only way to spread the message is to bring it to you and trust you in turn will become converts and talk too, and influence those in practice around you at home.

The definition of Human Relations is—Human Relations are those personal relations that an individual has toward others. Texas is a huge state. Everything comes big in Texas. And this morning I had an experience that proves it. I was sitting in the Hotel lounge and overheard two elderly, well dressed, matronly ladies chatting as they passed away the time. One of them turned to the other and suddenly said: “Ellie, what would you do if you were walking down the street and suddenly found a million dollars?” “Well,” said Ellie, without much hesitation, “I’d find the owner, and if they were poor folks, I’d return it to them.” So you see, Ellie had a Texas brand of human relations.

Why this emphasis on human relations at chairside or anywhere? The period from 1929 to the present day has been a period of great changes in the world as well as in dentistry. Concentrated efforts have been directed toward fields of research—public health dentistry, and
in general methods and means by which the dental needs of a greater segment of the population can be served.

New materials, new equipment, new concepts, better techniques, are constantly being improved upon. A graduate today has no trouble establishing a practice and soon finds himself in a multiple chair office with several auxiliary personnel, more patients than one man can take care of properly. He permits the demands upon his time to become so great that there is no room for a friendly chat and personal interest so necessary if we are to keep DENTISTRY AS A REAL PROFESSION INSTEAD OF A DENTAL MILL.

We in dentistry are not alone in realizing the need for better and continued human relations. Medicine is trying to recapture the “Old Family Doctor” relationship. Dr. A. Carleton Ernsten, in an article in the Archives of Internal Medicine says that, “The habit of taking time to explain the nature of the illness and rationale, management and prognosis, is an essential part of practice and the most effective way to secure cooperation. It is the most convincing way of manifesting personal interest in the patient comparable to that given by the family doctor.”

The National Bar Association and several engineering organizations have set up national committees on Human Relations because they, too, realize our present technology is divorcing them from the Human Element. They, too, must preserve the ideals of ethics of their profession.

Let us begin with the entrance of the patient to our office. Their reactions and feelings are materially affected, initially by the reaction to the impressions they receive from your reception room atmosphere. Seldom does the patient approach the dentist in a normal frame of mind. Most have some degree of apprehension. Much good will and well being is accomplished if your dental assistant is friendly and well liked. She can often give them the feeling and comfort that she is on “their side.”

Cleanliness in the office and neatness of appearance of all personnel is a must.

The doctor’s friendliness in greeting at the chairside, and while seating the patient unhurriedly gives the patient a feeling of importance and ease and also makes them aware of your personal good manners. Short pleasantries exchanged before starting work at the chair and maybe a little flattery may ease the tension and give some measure of relaxation.
I like to make dental friends of my patients. At least, I try to become better acquainted with them and I find that they in turn show an interest in me. This eases my tensions and I am permitted to work in a friendly atmosphere.

Practicing, as many of us do, in a metropolitan area, we seldom meet our patients outside of our offices; so it is a bit more important to spend time at the chair to get to know them. I find it relaxing to take a break and chat for a few moments with the patient. This helps us to know one another more intimately, and thus he feels freer to seek our advice and counsel.

At chairside many accomplishments are possible, such as mutual respect, good will and understanding. Our integrity is soon established as our contacts with our patients unfold. It doesn't take a highly intelligent person to detect our sincerity and devotion to service, if it is truly there.

In discussions at the chair you can make your patient feel your devotion to service in dentistry. Let them know you are willing to serve them at all times. Often a patient will apologize for bothering you when they are in trouble. I always hasten to assure them that my job is to help them at any time. We have pledged to serve when needed and be ever ready to relieve suffering.

Frank discussions of plans for treatment and related costs and arrangement for payment plans, if desired, make for fine relations and much good will. Speak and explain in terms the patient can understand. Do not try to impress them with your technical terminology. Fees should be reasonable to each individual patient. Certainly some may be able to afford the best and others can choose the best for them. By giving the patients confidence much good is gained.

Colwell says, “The professional man must base all his human relations on respect for human beings. He must earn the respect of society by accepting his professional responsibilities. He will gladly accept the responsibility of deciding what is best for each patient and will try to persuade him to take that course of treatment. He will make his particular decisions for some other reasons than the difference in the margin of profit. And he will always remember that every man, however poor, however repulsive, merits his finest efforts.”

**What Human Relations Means**

1. Be a gentleman always.
2. Be courteous at all times.
3. Have a gentle manner and pleasant smile.
4. Be temperate in your social activities.
5. Be positive and let modesty guide your opinions of yourself.
6. Inspire your patients and the public with confidence.
7. Be understanding of your patients' problems—be human—be tolerant and sympathetic.

Someone has said, "The most lovable quality that any human being can possess is tolerance. It is the vision that enables us to see things from another's viewpoint. It is generosity that concedes to others the right to their own opinions and their own peculiarities. It is the bigness that enables us to let people be happy in their own way instead of our way."

8. Be an ambassador of goodwill and respect the dental profession.
9. Let the patient tell his story; give him an attentive ear.
11. Make the chairside chat the opportunity for dental health education.

The quality and effectiveness of our public relations rise or fall as the individual dentist-patient relationship is good, bad or indifferent. Good intentions at group level will become effective only with cooperation at the individual level.

Conserve your patient's time as well as your own. Avoid lengthy phone conversations while your patients are waiting to be served.

Be a good leader and you will have followers. Give some of your time to the advancement of your profession. Your debt to it has not been paid. Practice the Golden Rule. Certainly if half of what I've said can be accomplished at chairside, you and the patient and dentistry will be benefited.

A service dedicated to the relief of human suffering makes good human relations and is rewarded by public appreciation and esteem.

Dr. C. N. Johnson, the third President of the College, many years ago wrote: "The greatest need of the hour in dentistry is not so much the consummation of a better technique, better filling, inlays, crown and bridges or dentures. The fundamental need is to save the soul of dentistry, to preserve the ethics and ideals of our profession, to stand four-square to the world in the establishment of those principles that gave us professional status at the beginning, to prove the faith that is in us for maintenance of a high ethical concept that should create a sharp distinction between our policies as a profession and the practices of the market place. The worship of mammon has no part in the scheme of real professional life."
"The exaltation of an ethical faith—the consecration of our energies to the service of the poor and rich alike—these things are the need of the hour in our profession. All else will be added unto us if we but stand fast and proclaim our conviction before the world."

As Gerald Timmons, our President in 1957, said in his presidential address, after quoting Dr. Johnson, "And I also say so today! That these truths are more true today than ever before and the thoughts expressed are the very essence of the purposes and objectives of the American College of Dentists."

"... all else will be added unto us if we but stand fast and proclaim our conviction before the world."
World Problems—Our Concern?

DONALD W. GULLETT, D.D.S.
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EDITORS NOTE: Dr. Gullett is the Executive Secretary of the Canadian Dental Association, having served in that capacity since 1940, when he gave up practice for administrative work. His dental degree was awarded by the Faculty of Dentistry, University of Toronto. He has served his profession and our College with distinction in many capacities and is presently a Regent of the College.

He is an Honorary Member of the American Dental Association and the British Dental Association.

IT HAS BECOME trite to say that our neighbouring confreres in Spain or Sweden have moved closer to us. Speed in transportation has washed out the time interval, made possible the rapid development of world organizations and broadened the scope of action for practically every vocation. What Joe Doakes presents to the Mid-town Dental Society today may be put to practical application tomorrow in Norway. In reverse, what happens in some far-off land can and does affect us more than we as individuals perhaps realize. Isolation has become a most difficult art to practise.

The pride of science in general has been to ignore international boundaries. This wide international exchange of ideas in the scientific world has lead to advancement which would have been otherwise impossible. The free availability of knowledge makes progress for all. Dentistry can ill afford to be narrow in concept. Realizing the obligations and with a desire to function beneficially on a widened horizon, the College has initiated expansion of its activities to other countries.

The College by the nature of its activities is probably in a unique position to create international good-will among dentists. The College has nothing to sell, no axe to grind and no prejudices to serve. The only objective is to create fellowship on the highest level and through that fellowship inculcate the ideals of true professional life.

Through such relationship, opportunity is offered for the dental profession to make some contribution in a world-wide sphere. Probably those who have had the privilege of attending international meetings will have concluded that dentists have a great deal in common the world over. Indeed one observer at a recent international
meeting remarked that if the great international problems of the day could be submitted here they would be settled quickly and amicably. Such is the experience when professional men from widely separated countries gather together, and in this way much can be accomplished toward the common good.

True, a wide variation exists from country to country in the way dentistry is practiced today. Most representatives are quick to admit their deficiencies and ask for assistance. On the other hand, all have something to contribute to dental science and it is our loss if we fail to provide receptive means for acquiring such knowledge.

The whole concept of relationships has altered within the lifetime of many in this audience. Originally dentists saw little need for more than a loosely formed local society, but the day came when the necessity for strong state organizations became apparent. Subsequently the need for strong representation on the national level became a real necessity. This same process has been developing in all countries of the world. Of course, some are more advanced than others in the organization of dentistry. During recent years the desirability and need of international understanding has become more and more apparent.

The exchange of ideas on the international level can be conducive to advancement of the profession as a whole. The brains of dentistry are not located entirely in one or two countries. All will agree who have investigated the dental profession in other lands that each one has much to contribute. To this extent we are the gainers in seeking to establish a closer relationship with our confreres. However, this should not be our primary aim. The objective should be to contribute from our source of knowledge, from our experience and from our entire resources in a genuine spirit of international goodwill.

The establishment of a committee on World Relations is a practical approach for the College to make some contribution toward solution of existing problems in dentistry on a world-wide basis. By careful selection of fellows, by holding high the ideals of the College and by establishing relationships in various countries, benefits can accrue to all.

Generally speaking all worth-while efforts are bounded by certain difficulties and this one is no exception. Customs and attitudes vary from country to country. The methods and objectives of the College quite possibly may not be understood in like manner in all coun-
tries. However, these are not reasons for hesitation but simply illustrate the need for careful consideration. Taking such situations into consideration the Committee has established the following steps of procedure:

1. To develop a definite plan of approach and move ahead cautiously.
2. To develop a flexible plan which will accommodate special or changing situations.
3. That the plans provide for an educational approach to bring an understanding of the purposes of the College in upgrading the benefits to the profession and downgrading the idea of a drive for membership.
4. That a plan for using any funds from membership fees and/or dues within the area from whence derived be developed and projected.
5. That educational opportunities be made the nucleus of the plans for the use of those funds.

The next Convocation of the College is to be held in conjunction with the 100th Anniversary meeting of the American Dental Association in New York City. This meeting is to be international in character and in the opinion of the committee the occasion will be most appropriate for College action in extending its frontiers of fellowship. Specifically the Committee proposes to:

a. Make contact with key individuals in other countries to obtain their approval and/or suggestions of the plan at an early date.
   b. Encourage, through such cooperation and understanding, the processing of nominations of desirable persons at the earliest possible time.
   c. Extend invitations to selected persons, with the hope that they will attend the A.D.A. and F.D.I. meeting at New York.
   d. Plan an indoctrination of such persons in details related to the College at the time of the Centennial Meeting in 1959 through a special workshop set up for this purpose.

World problems are our concern. Admitted by all, the College has made real contribution to the progress of the dental profession on the national level. World relationships have altered greatly during recent years. This effort is to extend the influence of the College and in turn that the College may become cognizant of problems related to dentistry on a world-wide scope.
Personal Conduct—The Keystone to Professional Relations

FRITZ A. PIERSON, D.D.S.
Lincoln, Neb.

EDITOR'S NOTE: Dr. Pierson is a graduate of the College of Dentistry, University of Nebraska. For 27 years he served as Secretary of the Nebraska State Dental Association except for two years when he served as President-Elect and President.

He is a member of the faculty of his alma mater, has served as second and third vice-president of the American Dental Association, as President of the American College of Dentists and on numerous committees of these organizations.

A CASUAL REVIEW of the JOURNAL of the American College of Dentists for the last few years reveals the fact the the subject assigned to me for this short discussion, PERSONAL CONDUCT—THE KEYSTONE TO PROFESSIONAL RELATIONS, is a most important topic in the opinion of the Fellows of the College. More papers have been published concerning the subject of conduct and ethics than have been devoted to any other single subject. This is quite appropriate, as among other qualifications expected of every Fellow of the College are a high regard for ethical conduct in all phases of life and an appreciation of such conduct wherever found.

In the light of previous dissertations on this subject by most capable writers and speakers, and since the subject is of such interest to all persons, particularly to those who lay claim to being professional persons, a few of the more important points will be discussed.

Definitions of the words of the title are here dispensed with, with one exception. To me the word PROFESSIONAL implies a way of thinking and acting in relation to other persons, and not to simply acquiring a degree which entitles one to practice one of the recognized professions. If the latter is correct then it can be proved that many who are engaged in business and commercial ventures are professional persons and conversely, some in the practice of a profession are not, unfortunately, truly professional persons.

In the matter of fees, which is usually the first thought in a discussion such as this, I believe no one would deny that one practicing a profession is entitled to receive reasonable compensation for his
services and investment. A proper balance between the service rendered, the charge made therefor, and the ability of the patient to pay should be attained.

Without exception the truly professional man will be governed in the treatment or other service rendered by what is best for the patient, client, or whatever the recipient of the service may be called, regardless of the financial possibilities in the case.

From the very earliest times there have been codes of behavior or conduct. The TEN COMMANDMENTS outline the basic conduct for people. If these were fully understood and followed there would be no need for additional codes of conduct. Other codes have been adopted by groups of people since early times. In general they emphasize honesty, integrity, unselfishness, respect for the rights of others, etc. The basic principles never change but their application may be modified. This variance in application is illustrated in the many changes that have been made in the Code or Principles of Ethics of the American Dental Association over a period of years. The application of the Code of Ethics to the changing times makes it necessary that the details be SPELLED OUT but I emphasize the fact that the basic principles do not change.

The American College of Dentists has adopted rules for the conduct of its Fellows. The details are found in the GUIDE TO CONDUCT and some additional information on the subject may be found in the A.C.D. REPORTER for December 1957. While rules of conduct are made for all, professional persons, because of their educational and social advantages, should set examples. In our dealings with the public we have the advantage by rendering a service which in most cases cannot be evaluated accurately by the recipient of those services. This places on the professional person the responsibility of rendering always the service which is best for the recipient. Very often the difference between the good and honest and the inferior and dishonest service cannot be determined by the non-professional person until some time has elapsed and further damage may have been done.

In our professional relations we have further reason to examine our conduct critically. It has been said that one of the differences between professional and non-professional groups is that professional groups are largely self-governing. This being true it imposes the responsibility of self-discipline. If professional groups are to retain
self-government it is important that they interest themselves in the conduct of their members, as unprofessional conduct on the part of even one member may bring discredit on the entire profession in the eyes of many. Public esteem is the result of public experience with the profession and represents the sum total of the efforts of the members of the professions in their dealings with the public. Society has permitted self-government by the professions. It is therefore imperative that the majority of the members see that a few in their profession be not permitted to bring discredit upon the whole group and thus jeopardize the privilege of self-government. It is unfortunate that some in the professions accept the accompanying advantages but not the responsibilities.

All Fellows should conduct themselves so that no act of theirs will in any way detract from the esteem in which our profession is held.

A willingness to contribute to organizations which have as their aims the betterment of dental education, raising the standards of dental service, and aiding in making dental services available to all persons should be a characteristic of all members of our profession. Everyone cannot contribute equally but every member of our profession owes his support to these organizations. Everyone can make some contribution to these worthy causes. Further, a truly professional person will not be discouraged if his efforts to achieve better health for the public are misunderstood or not comprehended. He is patient and persistent in striving for attainment of the desired aims. Patience and persistence will eventually overcome non-comprehension and misunderstanding.

The ideal relationship between members of a profession is based on mutual respect. Respect is earned. It cannot be forced. Since graduation from college every professional person has learned much from his confreres. If this were not true we would all be hopelessly out of date, for methods change very rapidly and no one can live to himself. Fortunate is he who has the opportunity for close association with his fellow practitioners, as through them we are frequently beneficiaries of timely information.

A professional person should cooperate willingly with his colleagues. He should always speak kindly of them and be most tolerant when apparent differences of opinion arise. We are sometimes prone to judge one of our colleagues on the basis of statements made by others. It is important that we know the facts before rendering judg-
ment. Very often statements made by a third person do not convey the whole truth and may be colored by hearsay or prejudice. When differences of opinion arise between colleagues they should be resolved without the injection of personalities. Having been resolved they should be forgotten.

In conclusion, let us accept and meet our responsibilities as members of one of the great professions. Let us so live as to merit the prestige accorded members of OUR profession. Let US BE professional persons.
The Editor's Passport

"The Editor stood 'fore the Heavenly Gate,
    His features pinched and cold.
He bowed before the Man of Fate,
    Seeking admission to the fold.
'What have you done?' St. Peter asked,
    'To gain admission here?'
'I was the College Journal's editor, Sir,
    For many a weary year.'
The Pearly Gates swung open wide
    As Peter pressed the bell.
'Come in and choose your harp,' he cried;
    'You've had your share of Hell!"

As I conclude my five year term as Editor of the American College of Dentists, I am impressed anew at the speed with which time passes!

And despite the implications of the above, appropriated, verse, I have truly enjoyed working with the Membership at large, the Officers and Regents of the College the past five years; with an especial nod to my indefatigable, efficient commissar and friend, Otto Brandhorst, who, with his amanuensis, Fern Crawford, has guided me and helped when the burden was oppressive.

I trust that my service to the College will not end with the termination of my editorship, and that I shall one day meet again with its Officers and Regents to further the aims of our organization.

ALFRED E. SEYLER
A Survey of Current Dental Periodicals—II

T. F. McBRIDE, D.D.S.*
O. W. BRANDHORST, D.D.S.**

Addendum—Part I

The first portion of this statistical survey (J. Am. Col. Den., 26: 51-64, March 1959) outlined the procedures in compiling the data and presented three tables. Table A was a list of periodicals by title with the owning group; Table B presented a grouping of periodicals according to type; and Table C gave the number of periodicals of each type.

Since the publication of Part I, 13 more periodicals have been included in the survey; these are noted on the next two pages.

Statistical Data

The 1932 Report of the Commission on Journalism of the American College of Dentists contained the statement: "Your Commission was astounded to find that during the period between January 1928 and December 1931, there were published 132 periodicals."

Periodicals being published as of August 1959 (see Table C—Revised above) total 188.*

In Table D are listed all these periodicals together with general data regarding their date of first issue, frequency of issuance, size of page, average number of pages per issue, average circulation per issue, basis of distribution, and geographic distribution.

As the table indicates, every style and size of dental periodical now being published has been included in this study. Some that are little more than program announcements or informational releases carry volume and serial numbers, and therefore rate as periodicals.

Attention is directed to the manner in which these data were obtained: by having the current editors (1956-1959) complete a questionnaire. The figures in Table D are theirs; the authors did not examine each periodical.

* Consultant, Committee on Journalism, American College of Dentists.
** Secretary, American College of Dentists.
* Although diligent effort was made to obtain a list of all periodicals being published, a few may have escaped notice. The authors will appreciate information concerning periodicals not included.
### TABLE A—Addendum

*List of Periodicals and Owning Group*

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<td>American Association for Cleft Palate Rehabilitation</td>
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<td>Association of Family Dentists</td>
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<td>Lancaster County Dental Society</td>
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<tr>
<td>Mehari-Dent, The</td>
<td>Ewell Neil Dental Society, Meharry Medical College</td>
</tr>
<tr>
<td>Montefiore Hospital (New York City) Dental Department, Bulletin of.</td>
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<td>School of Dentistry, University of Pittsburgh</td>
</tr>
<tr>
<td>Trodent</td>
<td>Alumni Association, School of Dentistry, University of Southern California</td>
</tr>
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<td>Valley Dental Society</td>
</tr>
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TABLE B—Addendum

List of Periodicals Grouped According to Type

Constituent:
New Hampshire Dental Society Newsletter

Component:
Chester-Delaware County Dental Society (Pa.), Bulletin of Handpiece, The (Lancaster County Dental Society, Pa.)
Valley Dental Society (Calif.) Bulletin

Specialty and Ancillary:
Cleft Palate Bulletin
Family Dentist Record, The
Montefiore Hospital (New York City) Dental Department, Bulletin of Orthodontic Record, The

Dental School:
Alma Mater, The
Meharri-Dent, The
Pittsburgh, University of, Dental Journal
Troden

Atypical:
c) house organs:
Cal Magazine

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TABLE C—Revised

Number of Periodicals by Type

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| Atypical:
  a) independent subscription publications      | 1      |
  b) national publications distributed free     | 4      |
  c) house organs                                | 4      |

TOTAL                                           | 188    |
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**SURVEY OF CURRENT DENTAL PERIODICALS**
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1. The year when the periodical was first issued is as given by the current editor (1956-1959). Obvious inaccuracies were checked against the 1932 Report of the Commission on Journalism, American College of Dentists, and are so footnoted. When no year was given, the figure used is that from the 1932 Report; this is also footnoted. Other pertinent explanations are included in the footnotes.

2. The abbreviations used to show the basis of distribution indicate: “M”—owning society membership; “SS”—solicited subscription; “F”—free.

3. Indicated by: international, national, regional (two or more states), state, province (Canada), and local. Apparently, with a number of periodicals, if any issues were mailed out of the United States editors stated that distribution was international, although essentially they were in one of the other categories.

4. Editor stated “approximately” or “?”. 

5. Editor states issued irregularly 1916-1939, quarterly since 1939.

6. Known to have been issued prior to given date.


9. "The editorial and advertising departments of [these] publication[s] are separate physically and in function. Material is accepted for publication solely on its editorial merit and at the complete discretion of the editor. Editorial schedules are not known in advance to members of the business office staff, and advertising schedules are not revealed to the editor. None of the owners or members of the staff of Dental Digest [and Oral Hygiene] is engaged in the business of manufacture, sale, or distribution of dental equipment, supplies, or pharmaceuticals."


11. Editor states Nebraska Dental Journal was published monthly 1913-1918; Nebraska Dental News was published quarterly 1921-1925 and 1930-1931; and Journal of the Nebraska State Dental Association has been published quarterly since 1931. The 1932 Report gives date of first issue as 1918.

12. The 1932 Report states the present journal appeared in 1931 continuing the Bulletin of the 1st District Dental Society (N. Y.) which was first issued in 1912.

13. Continuing The Dentogram first issued in 1915 according to the 1932 Report.

14. Editor states discontinued in 1924 and resumed publication in 1934.

15. In present form.

Selection. Answers to the question "How is the editor selected?" (186 replies out of 188) indicated that the choice was made chiefly by one of three methods:

1) appointment by the president of the owning group—37 per cent;
2) appointment by a governing body of the owning group (such as Executive Board, Council, or Committee; Board of Trustees, Directors, or Regents; Publication Committee; Editorial Board)—33 per cent; and

3) elected by the membership—21 per cent.

Miscellaneous methods: 12 editors were selected on the basis of qualification or willingness; 4 became editor by virtue of another office held (usually secretary, in one instance vice-president); and 2 were "volunteers."

Tenure. The replies (181 out of 188) concerning the length of appointment indicate that 46 per cent of the periodicals had a stated policy of a one year appointment, but were "usually re-appointed." Also, 24 per cent stated that the appointment was "continuing"; apparently once these editors were appointed they continued automatically year after year. It could not be determined how often an editor was "re-appointed" or how long he "continued." Some periodicals, 12 per cent, had no policy or the appointment was "indefinite" or "indeterminate." Editors of five periodicals had a tenure of 5 years; fifteen, of 3 years; ten, of 2 years; and two, for "life."

Remuneration. Of the 188 editors, 109 received no remuneration. Sixteen editors received $1,000 or more annually as follows (the figure in parentheses denotes the number receiving that amount):

$16,000 (1), $12,000 (1), $10,000 (1), $8,000 (1), $6,000 (1), $3,500 (1), $3,000 (1), $2,400 (1), $2,160 (1), $1,800 (1), $1,500 (2), $1,200 (4), $1,000 (1).

Thirty-eight editors received sums of less than $1,000 as follows: $900 (1), $800 (1), $600 (4), $500 (5), $450 (1), $400 (3), $300 (7), $250 (1), $200 (8), $175 (1), $100 (4), $50 (1), $25 (1).

Thirteen editors stated they received remuneration but did not disclose the amount; four received expenses; three were given remuneration by virtue of another office held; two reported they received transportation to the meetings of the American Dental Association; two said they received an honorarium "sometimes"; and one shared the profit.
Time Devoted. The replies to the query regarding how much time was devoted to editing a periodical were generally inconclusive. Almost 33 per cent gave no estimate or stated “varies,” “no record,” “as required,” “many hours,” “considerable,” “unbelievable,” “plenty,” and the like. Another group of replies were so obviously incorrect or unthinking guesses that they could not possibly be considered in any statistical tabulation.

Only about 50 per cent of the replies could be used to obtain even a general informative idea regarding the approximate time an editor gave to his editorial duties.

On the basis of those replies, it was estimated that an editor devoted an average of 26 hours to the preparation of each issue of his periodical (minimum 1 hour per issue; maximum 200 hours per issue).

Annually, editors gave an average of 125 hours (minimum 12 hours; maximum 480 hours). Nineteen editors spent from 200 to 400 hours annually, and six spent 400 or more hours per year. Four editors stated definitely they devoted full time to editing, and another four stated half-time.

Assistance. Because of the nature of the replies in this instance—vague and incomplete—only a general statement can be made regarding how much assistance and what type editors had.

About 25 per cent had not assistance; 25 per cent had an executive secretary or business manager aiding in publication duties; 25 per cent relied on the “editorial staff” for help; and 25 per cent had some type of secretarial assistance. It appeared that about one-half of the latter utilized their private office personnel. The larger periodicals had paid organizational personnel and staffs.
Book Reviews


This book was written for the dental student or the man in general practice. The field of periodontics has grown so extensively that within the last five years many excellent textbooks on this subject have been written or revised. However, too frequently they discourage the practicing dentist who recognizes for the first time the scope of periodontics and realizes the need for basic knowledge and experience and the book invariably becomes part of the dust-collecting group which is going to be read “as soon as he has time.”

The book reviewed herewith is different. First, the reader is not overwhelmed by its size, secondly, the material presented is within the scope of the person being introduced to the subject, which would include the student, the dentist who has not participated in postgraduate courses or even those who were not taught the subject in undergraduate school.

The bibliography has been carefully prepared to encourage the use of the selected references. The outline of the chapters is logical and in good sequence. The illustrations are plentiful and clear.

The recent interest in gingivoplasty, osteoplasty and osteoectomy along with muco-gingival surgery is well discussed, along with indications and results in the chapter on Therapy of Marginal Lesions.

The review of anatomy, histology and physiology is brief, but for the postgraduate student it is adequate and the undergraduate student is provided with such information in other courses.

The chapter on classification of periodontal diseases follows the accepted terminology set forth by the American Academy of Periodontology.

The other chapters are well written and easily read. If one is to accept this book as a text it should be supplemented by more advanced texts. If the book is used for the purpose intended, to stimulate in the student and the practitioner an interest in periodontics, then it very definitely fulfills its objective.

DONALD K. POKORNY


This is the second edition of this book consisting of 280 pages with an index. It is well illustrated, well printed, and on good paper. The sub-title of the book is A GUIDE FOR DENTAL AUXILIARY PERSONNEL. There are contributions by some half dozen dentists headed by the well known Lester W. Burket.

On the whole there are some very good points to be remembered, or to be learned by the beginner. Specifically, this reviewer believes that books of this nature had better be left to the parent profession or member thereof, to develop. One may be reminded of the old saw—“The tail wags the dog.” Appointment cards printed on “pastel-colored stock” should have no place in the professional man’s paraphernalia. Neither should a folded sheet bearing the appointment and all the material as indicated on pages 82-83 be distributed among the lay
public. This harks back to the days of pamphlet distribution, and today might
easily fall within the area of the unethical. The fact that the author's name
appears on the illustration of this appointment sheet may be only illustrative—
it might have been better judgment to have used the proverbial, John Doe.
And once more the book would be better off had chapter 3, “Tested Phrases
for Personnel,” been omitted. Plain, simple words, politely spoken make for
a better impression. “Be Yourself” is a good rule for the individual.

JOHN E. GURLEY

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CALENDAR OF MEETINGS

CONVOCATIONS

October 16, 1960, Los Angeles, Calif.


October 28, 1962, Miami Beach, Fla.

October 13, 1963, Atlantic City, N. J.

November 8, 1964, San Francisco, Calif.
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