

APRIL 1965

*the Journal*  
*of the*  
*American College*  
*of Dentists*

Dental Nurses Here! Why Not?

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More Federal Aid! Why Not?

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The ACD's Role in the Future

# *the Journal of the American College of Dentists*

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A QUARTERLY PRESENTING IDEAS IN DENTISTRY

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APRIL 1965

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# Editorials

## Dentists and Moral Principles

The need for a delineation of the influence of moral principles on the practice of dentistry has been felt by many for some time. This need is manifested in at least three forms: (1) the pleas of the profession for adherence to a "code of ethics" *relatively* have been fruitless; (2) the attitude of dental students, as strongly suggested by "personality inventories," leaves much to be desired; and (3) many questions asked by conscientious fellow practitioners of each other connote moral overtones in choosing whether or not to do this or that.

There has been so much concern in regard to the first point that some state licensing boards require that examinees have read to them the Code of Ethics of the American Dental Association and their respective state dental laws, in an effort to deprecate the common plea of ignorance on the part of violators. Discussions of the problem are abundant in the literature. From January, 1955 to October, 1964, there was a total of 210 articles pertaining to ethics listed in the *Index to Dental Literature*.

In regard to the second point, a study sponsored by the Commission on the Survey of Dentistry in the United States had this to say: "On the Social Scale [of the Allport-Vernon-Lindzey Study of Values], which reportedly measures a concern for and interest in one's fellow man, . . . the students in dentistry seem to have relegated any such value . . . to a netherly position (1)." Paradoxically, the same personality studies indicate that the dental student ". . . definitely values his religious beliefs and practices, and concern with religious matters seems to be one source of meaning and satisfaction." There seems to be an inconsistency between the dental student's (dentist's?) religious convictions and his relationship to his fellow man.

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1. Heist, Paul. Personality Characteristics of Dental Students. *The Educational Record*, p. 246, July 1960.



Not long ago, in two successive years, institutes for dental teachers were conducted at which 16 and 12 schools respectively were represented. The matter of greatest concern to the participants of these meetings was the attitude of the dental student. On close examination, it was evident that this attitude referred to the student's sense of values in regard to his fellow man and his profession.

The greatest need for a study of the influence of moral principles on dental practice perhaps is reflected in discussions which arise among conscientious dentists. Many have found themselves in situations which, by their own convictions, called for moral guidance. In one metropolitan community a group of dentists became quite disappointed when local retreats scheduled for them did not provide a means for discussing moral problems that arise in the dental office. Interestingly enough, many laymen and clergymen have expressed surprise at the idea that there are moral aspects to dental practice which can be problematic for the practitioner. There is a need for a *source* to which dentists can turn to find the correlation between moral principles and practical situations.

This source would enunciate the rights and duties of the dentist and the patient in their interpersonal relationships. It would serve as a guide in rendering justice to the patient (which can mean better dentistry) and to the dentist (which can mean a more fruitful life). Interprofessional ethics should also be considered.

Much has been said and written about so-called professional ethics. Many dental schools present formal courses on the subject. However, in these instances the problems of ethics are usually placed purely at the social level. An action is scrutinized to determine whether or not it violates state statutes; whether or not it is the conforming thing to do; seldom whether or not it is right in terms of the moral law.

Such courses should be concerned with the application of the basic principles of ethics to the practice of dentistry. But discussion in ethics should go beyond *social "ethics,"* and draw upon *moral philosophy*, and then *moral theology*. The issue of ethics then would be looked upon in the light of the existence of God, the ultimate sanction which confirms a code of true ethics arrived at dialectically.

An additional function of the source would be an appeal for the supernaturalization of the dentist's services to humanity. From this

would flow a discussion of the need for the development of virtues, other than justice, in the practicing dentist.

ROY T. DUROCHER

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(Dr. Durocher is Assistant Dean, School of Dentistry, University of Pittsburgh.)

## ACD Committee on Journalism

In 1928 the American College of Dentists created a Commission on Journalism "to survey the present situation in dental journalism." The findings were published in 1932 titled, "The Status of Dental Journalism in the United States." This stimulated thinking and action that led to improvement in dental periodical literature.

The Commission then became a standing Committee whose purposes were to continue the work of the Commission and to implement the recommendations. In 1955 the Committee initiated a new survey and study of dental journalism in the light of current problems. Long-term and continuing undertakings were projected, and many methods and plans for betterment were suggested and promoted.

Since then, the American Association of Dental Editors and particularly the Council on Journalism of the American Dental Association, by increasing their activities and assuming more responsibility, have carried forward most of the suggestions of the ACD Committee on Journalism. This is as it should be.

Its objectives achieved, its work undertaken by other groups, its role of catalyst completed, the Committee on Journalism was discontinued by the College at San Francisco last year.

The Committee will be reappointed at any time a situation in dental journalism warrants the need for its counsel, guidance, or action.

T.McB.

*There has been much discussion and wide comment about the New Zealand School Dental Nursing Service. The pens have been sometimes dipped in hysteria and fear. The author, long acquainted with the working of the Nursing Service, calmly presents impersonal facts and figures showing how a country provides complete dental treatment service for its school children. The dental profession in New Zealand has not been unwilling to accept assistance from both government and auxiliaries. The profession there is justly proud of the School Dental Nurse.*

## The Dental Nurse

Sir JOHN P. WALSH

IN his presidential address to the American College of Dentists in 1962, Henry A. Swanson (1) quoted from the Aims of the Charter Members of the College: "To cultivate and encourage . . . a keener sense of social responsibility throughout the profession." He went on to say that the oath of Fellowship in this College is "an obligation of loyalty, responsibility, and a commitment to service."

We must never forget these high ideals and purposes. Indeed they are more than high ideals and purposes today—they are a practical necessity if the dental profession is to survive. As Douglas (2) has said, a revolution is upon us; alongside the teaching of technical skills is an increasing awareness of dentistry's place in society. We must think in terms of meeting the dental needs of the public.

Leatherman (3), after summarizing the trends in dental health throughout the world, concludes, "the trend of dental practice in the

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Dr. Walsh is Dean, University of Otaga Dental School, Dunedin, New Zealand. He has received many degrees: K.B.E.; M.B.; B.S.; D.D.Sc. (Melb.); F.D.S.R.C.S. (Eng. & Edin.); M.D.S. (Hon.) (N.U.I.); F.R.S.N.Z.

This address was read at the San Francisco Convocation of the American College of Dentists, November 8, 1964.



future must be as part of a public health service rather than a private service for those who can afford to pay for treatment. We dentists have to realize that dentistry has a franchise from the people granting it the right and privilege of practice, but this monopoly will only be accepted by the people as long as it can be shown that it is for the good of the majority. The profession the world over must ask itself whether it is fulfilling its prime responsibility of taking care of the health of the world's population."

Closer to home, Fleming (4) says this: "Dentistry cannot expect to be regarded as a true profession until it stops expressing public concern about its own welfare. First and most important, it must start expressing an honest and serious interest in the dental health of all areas of the population." Yet Blum (5) states that six out of ten Americans, that is 108 million people with 700 million untreated cavities, never see a dentist except to have a painful tooth removed.

Terry (6) has pointed out that society grants the dentist an obligation as well as the privilege of practice, to serve to the best of his ability the people entrusted to his care, and to serve his community, his country, and mankind. As Sir Douglas Robb (7) of New Zealand has said, referring to medicine but his remarks are equally true for dentistry: "Let us keep our feet firmly on the ground of human needs, lest we be overthrown."

The Survey of Dentistry of the American Council on Education (p. 21) states that a United States National Health Survey found that 28 per cent of five to fourteen year olds had never visited a dentist. This is the group cared for by the nurses in New Zealand. The Survey (p. 50) also says that dental treatment programs conducted for school children, no matter under what auspices, present a unique opportunity to school systems to develop a dental health teaching unit or project around the child's treatment experience.

Dentistry is a health service. The ultimate goal of dentistry is better dental health for all people everywhere. The private practitioner's concept of dental service is that his services are available on demand by each individual patient who is willing to pay for this service. That is, the service is based on demand and ability to pay. But what about the dental needs that are not being met? What about the dental needs of children? Who is to assess the dental needs of a child who may not even know that dentists exist? Who indeed, if the dentist says that this is not his responsibility; that he is only re-

quired to treat patients who come to him and request his services and are willing to pay his fees. Surely it is the professional responsibility of the dentist not only to assess the needs of his patients, but also to offer his service to the children and his advice to the community, even though this latter responsibility is not always recognized and accepted by the dentist or the community.

I have been asked to comment on the New Zealand School Dental Nursing Service and it is from the foregoing viewpoint that I speak. I do not intend to go into details already well covered by others including Fulton (8), the General Dental Council's report (9), and most recently by Berman (10), and the New Zealand Health Department (11).

New Zealand is a welfare state and has been so for many years. The School Dental Service began 44 years ago, with the appointment of five dental officers to the staff of the School Medical Service. It arose directly out of pressure upon the government by the dental profession who had for some time been concerned about the dental needs of the children. The first director of the service was T. A. Hunter, a man of high distinction in the profession. He took up an earlier idea of using female nurses to care for children's teeth, as a solution to the problem created by the vast amount of work to be done and the shortage of dental manpower to do it. After considerable discussion the dental profession accepted his proposals.

It must be emphasized that the dental nurse from the conception of the idea was not a kind of low-grade dentist, but an auxiliary worker with professional status in her own right. She is not a partly trained dentist, she is fully trained for the work she does as a dental nurse.

Colonel, later Sir Thomas Hunter, retired in 1930 and the next director was J. L. Saunders. Under him the School Dental Service expanded greatly and when he retired in 1956, 695 treatment centers had been created. Out of the 2,423 primary and intermediate schools in New Zealand no less than 2,385, that is over 98 per cent of the primary schools in New Zealand, were being reached by the School Dental Service (12). Fig. 1 shows the increasing proportion of the total child population treated by dental nurses.

In the most recent annual report (13) the number of nurses in the field was 978. There are over 1,000 treatment centers in which nearly

## New Zealand School Dental Service PROPORTION OF TOTAL CHILD POPULATION TREATED AT SCHOOL DENTAL CLINICS

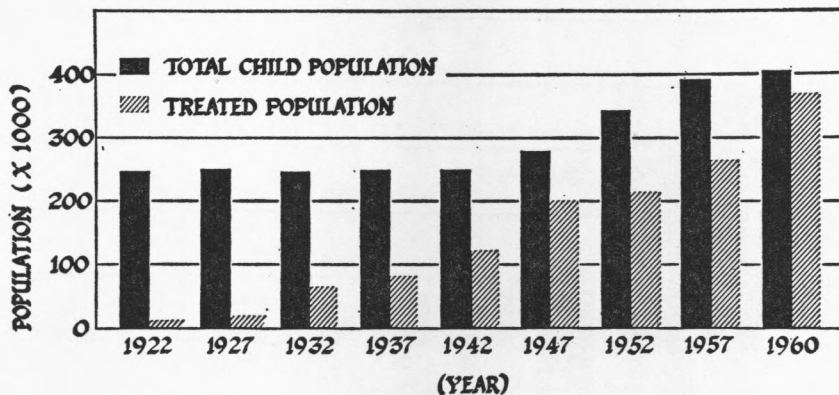


Figure I

half a million school children are receiving dental treatment; over 2,300,000 fillings were placed in the year 1963. The ratio of extractions per 100 fillings has fallen from 73 per cent in 1925 to 7.5 per cent in 1945, and 3.6 per cent in 1964. Fig. II shows the number of extractions per year per 100 patients.

The School Dental Nurse cares for children at primary school, that is to approximately 13½ years of age, and the service is given mostly in clinics which are situated in the primary schools themselves. This is one of the strengths of the scheme. The girls are employed by the government and have no right of private practice. They work under the supervision of dentists but decide on the course of treatment themselves. The work done includes fillings in both primary and permanent teeth, extractions under local anaesthesia, prophylaxis, and topical fluoride applications. Copper amalgam (in primary teeth), silver amalgam, and silicates are used. Work beyond the scope of the nurse is referred to a dentist.

Dental health education of children and parents is a feature of the service, and the 1963-64 report shows that nearly 12,000 lectures to parents and children were given by the nurses. In 1963-64, the cost of the service was approximately £1,580,000 or \$10 a head.



## New Zealand School Dental Service NUMBER OF EXTRACTIONS PER YEAR PER 100 PATIENTS

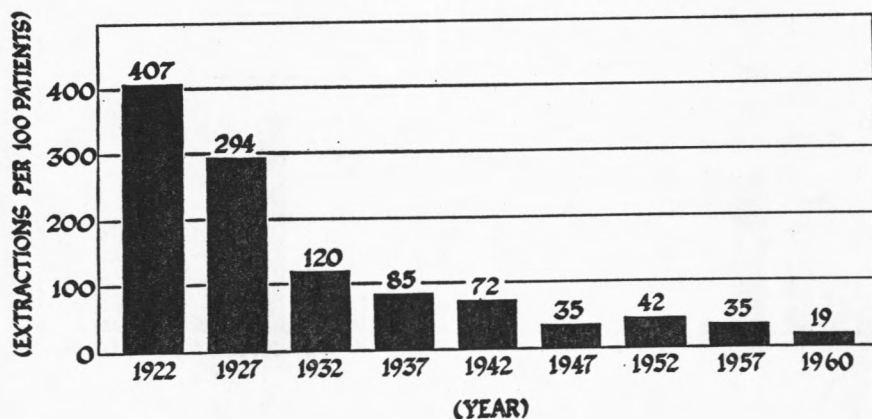


Figure II

In addition to the School Dental Nurse Service, the state provides an adolescent dental service for children from 13½ to 16 years. This is mostly carried out by private practitioners under a Social Security "fee-for-service" scheme. In 1963-64, 185,000 children received treatment from private practitioners who were paid £1,167,000 or roughly \$18 per patient in fees for this service.

It is doubtful if any country anywhere provides a more complete dental treatment service to all its school children than New Zealand does. As a result, in spite of a high caries prevalence, an increasing number of young people are growing into adult life with all their own teeth. In 1952, 29 per cent of 18 year old military recruits were wearing or needed some dentures, but this figure had fallen to 11.4 per cent by 1958 (14) (Fig. III).

Beck (unpublished) has compared the dental health of New Zealand and United States children. DMF surfaces per cent in each case were similar but the amount of treatment done for the children was quite different. Whereas the average ratio of filled to DMF teeth (F:DMF) for New Zealand was 82.8 per cent, the figure for the United States was 38.4 per cent (Fig. IV).

From the viewpoint of preventive dentistry progress has been

## PERCENTAGE OF 18-YEAR OLD NEW ZEALAND MILITARY RECRUITS WEARING OR REQUIRING DENTURES.

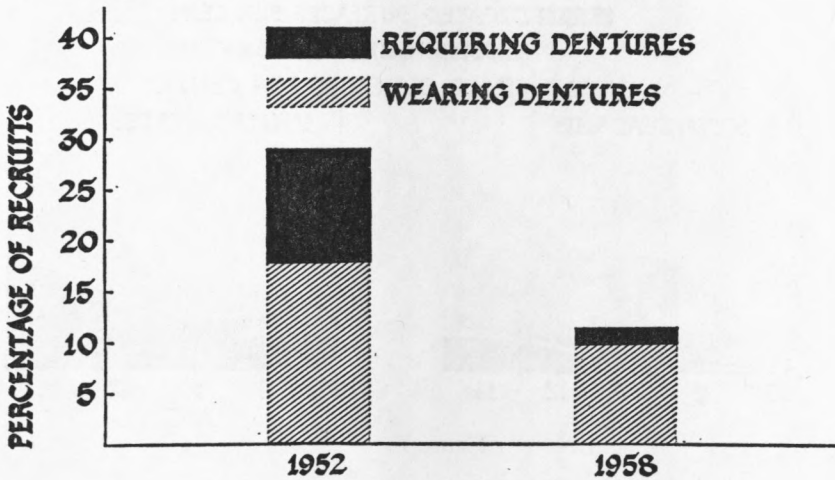


Figure III

slower. Dietary habits have perhaps improved a little in the past 50 years. Oral hygiene is better than it was, but the credit for this should most likely be given to toothpaste advertising. However, the use of fluorides as a preventive measure is growing rapidly throughout New Zealand. At the present time approximately 200,000 people in New Zealand are drinking fluoridated water, and city authorities covering another 800,000 have decided to fluoridate. Approximately 40 per cent of the population are, or soon will be, drinking fluoridated water.

In addition, the Plunket Society or Infant Welfare nurses have adopted a policy of instructing pregnant young women in the use of fluoride tablets for themselves and their children in order to reach those not already taking fluoridated water. There is evidence that the preventive work is producing some results. Children enter the School Dental Service at 5 years of age and average decayed teeth per child on entry have fallen in the period 1940-1960 from 8.5 to 6.1 (Fig. V). The next decade should show a much greater rate of improvement.

In New Zealand, the state also provides dental care to patients in

# DECAYED, MISSING & FILLED PERMANENT TOOTH SURFACES PER 100 SURFACES IN CHILDREN IN NEW ZEALAND & THE UNITED STATES.

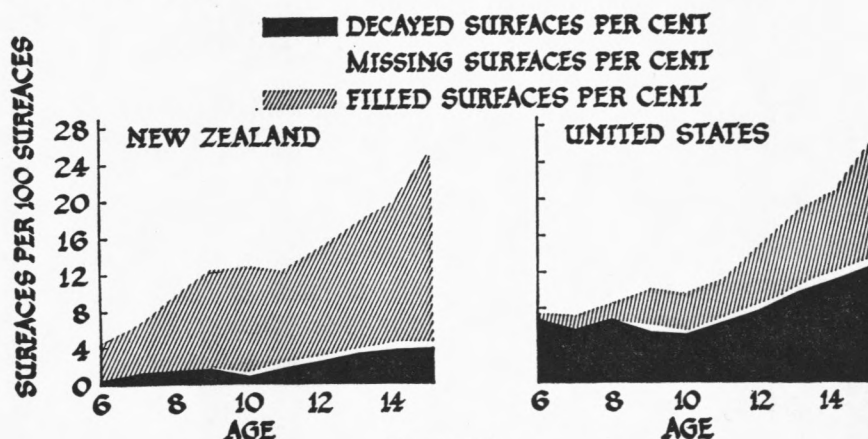


Figure IV

## New Zealand School Dental Service DENTAL CONDITION OF 5 YEAR OLDS PRESENTING FOR INITIAL EXAMINATION

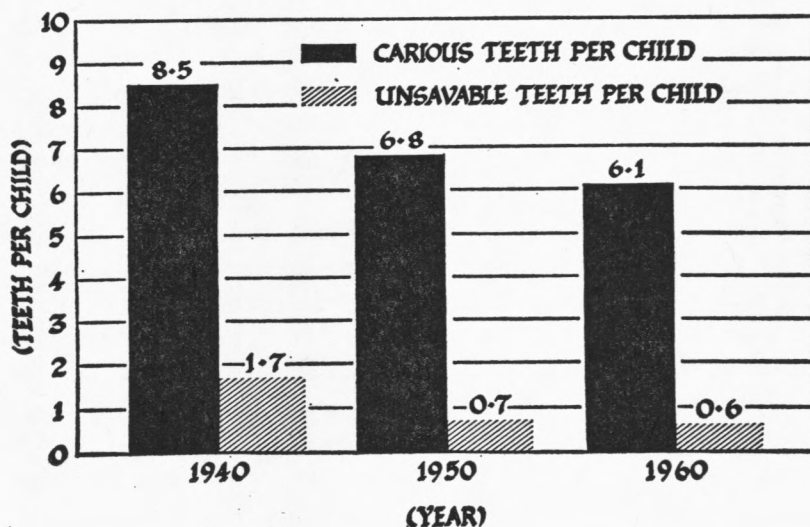


Figure V



mental hospitals, to the Armed Services, and to patients in some general hospitals. It might be asked what effect has all this government expenditure had on the private practice of dentistry. I can assure you that private practice flourishes in New Zealand. Out of the 850 registered dentists in New Zealand at present, approximately 750, or 88 per cent, are private practitioners and their average income is about £2,800 per year, comparable with the earnings of other professional groups in the community.

The standard of dental health in the New Zealand community is rising steadily, and the dental profession can feel that it has made an honest attempt to meet the dental needs of all the people, particularly the children. The profession has not been unwilling to accept assistance both from the state and from auxiliaries. We in New Zealand are justly proud of the School Dental Nurse.

(The references in this paper will be found on page 128.)

## TWO APT QUOTES

Change cannot be brought to a halt. To try to halt change is to court an explosion. The constructive way of dealing with the inevitability of change is to make changes voluntarily before they impose themselves. The earlier we take action, the wider will be our range of choice.—*Arnold Toynbee*.

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We are clinging to old myths in the face of new realities.—*Senator J. W. Fulbright (Arkansas)*.

*The President of the College, Jack S. Rounds of Los Angeles, reviews here in his Presidential Address, 1964, some of the various considerations and actions of the Board of Regents. He expands on the activities and philosophies of the total College, and projects what will be offered and planned in the next few years. The announcement is made of a full day Saturday program discussing "Optimum Health for the Individual in the Social Order," at Las Vegas in November, 1965.*

## The College Today and Tomorrow

JACK S. ROUNDS, A.B., D.D.S.

IT HAS LONG BEEN the custom for the President of the College to impart a message of his own choosing to the membership at the annual meeting, as it is the only occasion of the year when Fellows of the College are encouraged to assemble together.

There will be no attempt to render this message as an academic address. It will actually be a report on some of the considerations and actions of the Board of Regents and activities and philosophies of the College as a whole, with a projection of what the near future may have in store for us.

These remarks will be directed to all of you, but what is said should be of special interest to those present who will be inducted into the College this afternoon and will thereafter be active in its affairs. The addition of over 200 persons to the College membership today will add new blood and additional power to our great organi-

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This address was read at the San Francisco Convocation of the American College of Dentists, November 8, 1964.

zation thus strengthening the purpose of the attainment of its many objectives. Members often are asked, "What is the American College of Dentists?" The answer cannot be given quickly nor in one sentence, but a Fellow should always be prepared for the question. The answer is written as simply as it is possible to explain in Article II of the Constitution which every member should occasionally review. Between the lines many volumes could be written. Philip E. Blackerby, Jr., in his address at the Atlantic City meeting in 1963 spoke on "The Mission of the College." Henry A. Swanson in his address in 1962 at the Miami Beach meeting gave a thorough and comprehensive address entitled "Legion of Honor" which covered the philosophies, functioning, and activities of the American College of Dentists from its founding through the present and on into the future.

In the preparation of the material for this presentation, contributions of views and thinking of many Fellows of the College were incorporated. Some feel that self importance has caused many in the profession today to develop the role of "prima donna" with a lessening of tolerance of colleague's techniques causing the formation of "splinter groups" within the profession.

Oral rehabilitation, full mouth reconstruction, surgical periodontal treatment, and other extensive procedures carried on successfully by dentists today have done much toward the comfort and health of dental patients. These dental services, when indicated and undertaken by competent, well trained, skilled dentists in their particular fields have placed our profession on a higher plane. There is no question however that far too many members of our profession today are doing "quadrant dentistry," "sculpturing gums," and "raising bites" without proper training and skill and with only personal monetary gain in mind, and even worse are following such procedures when there are few, if any, indications that such type of treatment is necessary. The College has always stressed the promotion of higher standards in dental care but the emphasis of too many members of the profession on financial gain alone has made the job harder.

Continued education is one of the greatest needs of the dental profession today and must be constantly emphasized. This is evidenced by the lag between the time of technological break-through and clinical application of that knowledge. We must be prepared



to accept and to build upon improved changes in techniques and research findings that will benefit service to humanity.

In order to gain better understanding and respect of the public, dentists today must develop leadership in their communities as so well projected by Frank P. Bowyer in the July, 1964, JOURNAL. If social and civic interests are not shown by our profession in the areas in which we practice and live, the people of these communities surely will not be interested in us. The image which we present will not bring about the understanding of dentistry that we are striving so hard to attain.

Dental recruitment or career guidance is of major importance to our profession and to the College. Outstanding young men with enthusiasm for good dentistry and the service that it can render to humanity in the total health picture has long been an objective of the College but needs ever increasing stimulation and promotion.

*Purpose* has been the College theme for this year. In appraising the accomplishments of the College over the last twelve months it is obvious that the theme has been exemplified in the planning and activities of the Sections, Committees, and the Board of Regents. The reports of the Section Representatives given during the meeting at the Central Office on April 8-9 in St. Louis, indicated that most Sections had established worthwhile activities and were enthusiastic in planning and working toward their objectives.

The Committee on Social Characteristics has worked diligently in preparing plans for a workshop on the "Image of Dentistry" which shows promise of revealing to the College and to dentistry new concepts and approaches toward establishing a better image to the dentist himself, to other professions, and to the public. A brief indication of the *purpose* and the specific objectives of this workshop were given in the October, 1964, *Reporter*.

The Committee on Research met in Los Angeles in May during the session of the American Association of Dental Schools. Enthusiasm and purpose were exhibited by the committee members and consultants as further plans were made. There was a thorough discussion of potential and eligible candidates for the Institute for Advanced Education in Dental Research for the approaching year.

The Committee on World Relations at its February meeting in Chicago established new policies in respect to granting Fellow-

ship in countries other than Canada and the United States. Comparable differences in the economic status of many countries abroad, and the great difficulty in sending money out of such countries, has incurred exceptional hardship upon some well deserving individuals who have labored long and hard and are well deserving of Fellowship. It was suggested that in special instances the Board of Regents has the power to waive membership fees when desirable and that in some cases dues could also be waived. It was the feeling however, that general policy should be to assess dues for such expenses as the JOURNAL and certain mailing costs.

In discussing world relations it should never be forgotten that matters pertaining to international or geographic dentistry do not end with the mere awarding of Fellowship in the College for men deserving such recognition; it must be remembered that Fellowship in the College, with all its implications, is not limited to the United States and Canada but extends into many other countries of the world. The purposes and objectives of the American College of Dentists are not limited by international boundaries.

The Committee on Operation Bookshelf, with Norman O. Harris as Chairman and Walter J. Reuter as Co-chairman, has formulated plans for more extensive distribution of dental literature and texts that will fulfill a great need in various countries abroad. With increased interest and development of Little Bookshelf, person-to-person communication should stimulate stronger international friendships and the interchanging of ideas among our many colleagues in other areas of the world. An uncertain situation arose during this past year in the status of the U. S. Book Exchange in Washington, D. C., which has affected the Operation Bookshelf Committee's plans, but the cooperation of the Navy's "Operation Handclasp" and a minor reorganization in planning by the Committee, give a very encouraging outlook to the future accomplishments of their goals.

The Committee on Education asked for and received support of the Board of Regents for distribution of a questionnaire to the Fellows of the College, designed to assess certain attitudes toward dental recruitment. Since the American Association of Dental Schools has shown an interest in developing plans for continuing educational opportunities, the Committee recommended that the

American College of Dentists assume the role of cooperation and develop some baselines for guidance in the future development.

The Committees on Health Service and Professional Relations have outlined jointly and in detail a full day program on Saturday at the Las Vegas Convocation in 1965, under the title "Optimum Health for the Individual in the Social Order." It was pointed out that many outstanding personalities would be involved in such a program, which should provide real leadership possibilities for the College. The general plan was given sanction by the Board of Regents so that early planning, including budgetary requirements, could be developed.

Although the recommendation of the Committee on Future Development of the College was published in the October, 1964 *Reporter*, liberty will be taken to repeat the recommendation made by the Committee for fear that some of the Fellowship failed to read it or perhaps overlooked the article.

Fulfillment of the requests of the Committee may modify many phases of the organization of the College which *should be of vital interest to all Fellows*. In recent months many suggestions and helpful criticism from outstanding persons vitally interested in the health welfare of the public, the dental profession, and the College have been received and studied by the Board of Regents. Special consideration and thought were given these, incorporating the realization and recognition of rapidly developing social environments relating to the dental profession. These expressions resulted in the Committee presenting the following to the Board of Regents on April 11, 1964:

It is recommended that some time, money and effort be expended in bringing together at the Central Office, *appropriate men, expert in their fields*, in the membership of the College and outside the profession, to examine all the College has to offer, to examine possibilities normally not dreamed of by professional men, to examine possibilities of sociological structures in which dentistry may now or eventually be involved, and to examine other areas as yet unidentified in the every day pattern of the practitioner's concern, *and then coupled* with the experience and wisdom of our Officers and Regents help us to plot a course for the future activities of the American College of Dentists.

At a subsequent meeting of the Committee on Future Development in St. Louis, June 22-23, an organizational expert was called

in to review the recommendation with the Committee members and to submit his opinion and appraisal of the project. His constructive views and remarks will be valuable in the future studies of the recommendation.

The future of the American College of Dentists depends upon dedicated men who sincerely believe in the best possible health service to humanity; who believe in the purposes and objectives set forth in the Preamble of our Constitution. I repeat what I said in my inaugural address at Atlantic City, "the success of our efforts now and in the future depends significantly upon the recognition of all Fellows of the College of the value of our goals." Challenges of the present and the future can only be met by the steadfastness to follow through along the courses that we know are right. Conflicting philosophies and opinions often lead to confusion and indecision which can only be prevented by logical thinking and understanding by the College membership so that our aims and reasons for existence may be even more vital to us than they have been in the past.

Much adverse criticism has been directed toward the Survey of Dentistry by members of our profession. Objections to the personnel appointed to make the Survey and report upon it, as well as to the findings and conclusions of the Commission have been made by certain segments of the dental profession. Differences of opinion and beliefs are healthy and desirable, providing that animosities do not destroy unity. The Survey of Dentistry, with the conclusions of the Commission, has never been made a "policy" of the American Dental Association although reference has often been made to it as such. It was compiled by representative citizens for the purpose of establishing guidelines for dental thinking in a time of rapid changes and acceleration in all phases of life.

There are approximately 100,000 dentists in the United States today. This comparatively small per cent of the total population of the United States, representing the dental profession, cannot afford to be separated into groups disagreeing and opposing one another. The services of dentistry to humanity are far too important for our great profession to be divided.

As Fellows of the American College of Dentists we have pledged ourselves to assume many responsibilities in the promotion of dental



care to humanity which means that a constant vigilance must be maintained as to what is needed. Knowing what is needed, there must ever be the willingness to serve.

### ACADEMIC PARADOXES

The modern state university aspires to, is under pressure for, and needs improved teaching, better research capabilities, more and superior faculty, higher quality students, and academic status among the top universities of the country. These multiple goals generate some interesting paradoxes:

1. In addition to his commitments for teaching and research, the productive scholar finds his calendar under pressure not only from students (both graduate and undergraduate) and colleagues for his advice and counsel but from Federal and State agencies for service as an advisor, from publishing concerns for editorial service, from his professional organizations for assistance on committees and boards, from his chairman and dean for committee assignments, from industry for consulting services, and so on.

The paradox is that the professor is so many things to a few knowledgeable people, yet to undergraduates and to the general public he is only a teacher whose supposed "flight from teaching" is fast becoming a cause celebre.

2. There is a tremendous pressure for more and better trained masters and doctorates from industry, from government agencies, from private foundations as well as from the academic community itself. The education of the graduate student requires an awesome investment of a professor's time, yet the undergraduate, who only a year or so ago was a member of the "silent generation," apparently has found his voice and is demanding more of the tenured faculty in his freshman and sophomore courses to improve the quality of that instruction.

The paradox is that so much is being asked of so few for so many. This Churchillian phrase should bring to mind that while in the original it lifted the morale of the population, the heart of the city was, in fact, destroyed.

3. Finally, the goals of the modern state university, cited above, are not independent; rather, there are both obvious and subtle interrelations among these goals such that a change in one results in changes for the others as well. The paradox is that recent public debate, over the supposedly poor quality of undergraduate instruction, treats the goals defining a major university as if they are independent. Therefore, before we go too far in public espousal of this or that nostrum for improving undergraduate instruction, it would be wise to consider most carefully the non-independence of these goals.—*O.S.U. Research News*. Office of Research, The Ohio State University. Vol. 3, No. 3. March 5, 1965.

# The Essentials for a Good Life

HARRY LYONS, D.D.S.

*Food, clothing, and shelter were long considered the essentials for a good life. Then, as democratic societies progressed, another was added: education. Now, as the 1965 President of the College points out, changing social concepts suggest a "fifth essential"—health. Dr. Lyons states that history and current trends indicate that the federal government will play a progressively major role in providing health care for those unable to pay for this service. The dental profession must be enlightened in the realm of sociopolitical philosophy.*

I acknowledge my installation as President of the American College of Dentists and I accept the responsibilities of this office with full awareness of their magnitude and scope. I commit myself publicly to the duties of this office and pledge to you my best efforts toward fulfilling the obligations related to it.

## COLLEGE—ITS DEFINITIONS AND CHARGE

There are at least eleven published definitions of a "college." The definition of a "college" applicable to the American College of Dentists reads as follows: "An organized body, guild, society or group of persons engaged in a common pursuit, having common interests or a common duty or role and sometimes a charter or special rights and privileges." (Merriam-Webster Dictionary, 1961 edition.)

The American College of Dentists is, indeed, a society of Fellows engaged in a common pursuit—that of dental health for all mankind. We have common interests and a common duty in this worthy humanitarian effort. Moreover, the Fellows of the College enjoy special privileges and rights. These, however, carry with them concurrent responsibilities and duties.

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This address was read at the San Francisco Convocation of the American College of Dentists, November 8, 1964.

The profession of dentistry, in common with other professions operating under licensure, enjoys a monopoly. In this country only members of the dental profession may practice dentistry. This is a high privilege conferred upon us by the people through their appropriate legislative channels. The rights and privileges of our monopoly are counterbalanced by duties and responsibilities. These must be fully discharged if we are to retain our rights and privileges. In these connections related to our monopoly, it is important to bear in mind that what the people give they may take away, or modify in light of their experiences. This is our challenge, a challenge made all the more intriguing in our changing social order.

Another definition of a "college" indicates that it is a community of scholars. As Fellows of the American College of Dentists we are admonished to be continuing students. We should study our challenge in all of its aspects and facets. It appears appropriate that we delve into this subject for the next few moments. Throughout the coming year I trust that we shall all devote much of our time to an analytical study of our challenging obligations in the hope that solutions may be evolved.

#### CHANGING SOCIAL ORDER AND CONCEPTS AFFECTING HEALTH CARE

In the early days of man's history and of our current civilization, the essentials of a good life were considered to be three in number: *food, clothing, and shelter*. Man could survive with these three essentials; and survival, then as now, was man's over-riding and all-consuming fundamental aspiration. However, the histories of all early democracies revealed by their failures that man in democratic societies needed another essential for survival; namely, *education*. It became apparent to wiser men that if democracies or representative forms of society were to survive and prosper, the populace must be literate and enlightened to the point of being able to count in the populace at least one more wise man than fool. Our forebears in this country were quick to recognize education as an essential element in the lives of our people if our representative republic were to develop to maturity and prosper. Accordingly, education at public expense was established, generally on a compulsory basis to certain age levels. A new social concept developed to add education as a public necessity and a human right of all people in our country. Now recognized as a responsibility of tax-supported government

at one or more levels, it is important to note that private enterprise in education under church or private sponsorship also still prevails and prospers. I daresay that no socially conscious, responsible citizen would suggest that our dual system of education, public and private, in this country is not part and parcel of our national welfare and strength.

Changing social concepts appear to be suggesting that we are now in the course of adding a fifth essential for a good life and as a human right; namely, *health*. Before anyone labels this as "socialism" it might be wise to appraise a few facts; some political, others economic, and still others semantic.

The verb "to socialize" has several interesting definitions, one being "to adapt to the social needs of people." We have "socialized," according to this good concept, fire and police protection, national defense, education, sanitation, and preventive medicine.

How may we properly equate health and education? Is education more important than health or are they equal in value in the good life?

Several things are becoming increasingly more apparent. The people of this country want health care in all of its aspects, dentistry included. Furthermore, they want it within the bounds of their ability to pay. For those who are unable to pay for health care, it is obvious that both major political parties in this country are interested in having more of this service supplied by the federal government under one program or another. We may have varying judgments as to a method of preference, but history and the current trend indicates clearly that the federal government will play a progressively major role in providing health care for the indigent, the medically indigent, and the aged. It is obvious that the status quo will not suffice in the future, irrespective of which of our major political parties may be in power. Whether we, as health servants, like it or not seems to be a minor issue to those in power.

It is difficult to argue that a healthy population is not in the interest of our nation's welfare. We may, however, debate the methods by which this objective can be obtained, while at the same time preserving the private practice principle of health care under which health care in this country has developed so magnificently.

In light of these fundamental considerations it appears that the health professions are faced with some new important responsibili-



ties. We should be leaders rather than followers in the field of dental health care. We should ponder, promptly and extensively, the functions and dimensions of such leadership both within and beyond our profession.

There are all sorts of new voices being heard in the field of health care. For example, until recent years only certain diseases were deemed to be of public concern. These were, in the main, the contagious diseases categorized within the purview of so-called "public health" at all levels: the local community, the state, and the nation. The use of the term "public health" might indicate that some health or disease problems are public and others are private. There is a growing concept that there are no such entities as "private diseases" of personal concern alone. This concept reasons that illness of any sort suffered by any of our citizens is a matter of public concern.

In this connection we might cite some facts pertaining to our military draft. In order to win World War II and preserve our American way of life it was deemed necessary to put 22 million men in uniform. To induct this number of military people a system of selective service and the military draft were instituted. In selecting the physically and mentally fit to bear arms in the defense of our country, an enormous number of young men were called by local draft boards for examination. It is of concern to dentists to note that a large percentage of those rejected because of physical defects were rejected because of dental defects. The dental requirement for a physically fit draftee at one time was that he have six healthy teeth, three in the maxillary arch occluding with three in the mandibular arch. The appalling revelation in this connection is that in order to find 22 million men physically fit to bear arms in the defense of our country it was necessary to eliminate the dental requirement. In the course of time young men totally edentulous or potentially edentulous were put into uniform. One might wonder what the situation might have been had it been necessary to put 30 million men in uniform to defend our way of life.

In our civilian life it is of interest to note that dental disease currently accounts for 15 million man days of labor lost annually in our industries. In arithmetic equivalents this represents a loss of 60,000 workers absent each day from jobs because of dental disabilities. Measured in terms of national welfare, as well as human misery, it is difficult to subscribe to the old concept that the dental

diseases are purely personal problems and have no bearing on public welfare.

The main question before us is, "How may dentistry as a profession meet its total obligations now and in the future?" It is an easy matter to ask questions. The development of appropriate answers will require the combined wisdom of all members of our profession.

We must be enlightened in the realm of socio-political philosophy. It may well come to pass that knowledge in the discipline of socio-political philosophy may have equal weight with our technical knowledge in the survival of our profession as we know it today. As dentists we are highly knowledgeable of the sciences and skills required for the dental health care of our people. It is important that we place our knowledge and our skills in the context of our changing social order and make sure that they remain compatible with all the other prevailing factors. Only by this means may our profession, in common with all the other health service professions, survive to the end that our benefactions may be made available to all of our people under our long-cherished basic enterprise system.

#### EPILOGUE

This is the task, then, to which all of us must dedicate our efforts in the immediate years ahead. Only by doing so may we claim that we constitute a "college" and are members of a society engaged in common pursuit with special rights and privileges.

So, we begin another year in the life of the American College of Dentists. I challenge all of you to join me in the studies and the actions which the times demand of us. We shall need the assistance of every Fellow to the end that next year the torch and the gavel may be passed on to others with the lustre of the College a bit brighter.

# The American College of Dentists: Origin, Purposes, Objectives

OTTO W. BRANDHORST, D.D.S.

*It has become traditional at the Convocations of the College, when Fellowships are conferred, to present an Indoctrination Address. The aim is to further acquaint the new Fellows with the objectives of the College. The long-time and able Secretary, Otto W. Brandhorst, gave the address at the 1964 Convocation. Here he sketches the broad purposes, the organizational structure, some of the achievements, and the coming activities. The meaning of the College becomes apparent.*

In the early Spring of 1920, at Cedar Rapids, Iowa, six men—Arthur D. Black, John V. Konzett, H. Edmund Friesell, Milus M. House, Ervin A. Johnson, and Albert L. Midgley undertook the task of formulating the initial steps for the establishment of the American College of Dentists. Several months later, on August 20, at Boston, the organization was officially effected. The objectives were simple, but broad in scope: "to elevate the standards of dentistry and to encourage graduate study." The importance of group action in the attainment of these goals was recognized, and an organization of those who had and would devote their best efforts in these endeavors became an important part of the project. It was decided to develop a membership plan that would honor those persons who had devoted themselves to the attainment of these goals, and these should be recognized as Fellows of the American College of Dentists.

The principles set down in these early days have survived the passage of time and continue to guide us in our present endeavors. Broader training and increased knowledge has enabled us to broaden our visions and bring more and better service to those who need our ministrations; yet the objectives are the same.

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This Indoctrination Address was read by Secretary Brandhorst at the San Francisco Convocation, November 8, 1964.

Consider what our Constitution says of the purposes and objectives of the College:

The American College of Dentists, in order to promote the highest ideals of the dental profession, advance the standards and efficiency, develop good human relations and understanding with our patients, and extend the benefits of dental health services to the greatest numbers, declares and adopts the following principles and ideals as ways and means for the attainment of these goals:

(a) To encourage qualified persons to consider a career in dentistry so that the public may be assured of the availability of dental health services now and in the future;

(b) To urge broad preparation for such a career at all educational levels;

(c) To encourage graduate studies and continuing educational efforts by dentists;

(d) To encourage, stimulate, and promote research;

(e) To urge the development and use of measures for the control and prevention of oral disorders;

(f) To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient through sound public dental health education;

(g) To encourage the free exchange of ideas and experiences in the interest of better service to the patient;

(h) To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public; and

(i) To urge upon the professional man the recognition of his responsibilities in the community as a citizen as well as a contributor in the field of health service.

To give encouragement to individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions in dental science, art, education, literature, human relations and all the other areas that contribute to the human welfare and the promotion of these objectives—by conferring Fellowship in the College on such persons properly selected to receive such honor.

Henry A. Swanson, in his Inaugural Address in 1961, said:

In forty-one years as an organization, the College has proven the hopes and beliefs of its Founders that "there was need for an organization that would be imbued with the highest ideals of the profession and would lend its influence to every movement having for its purpose the advancement of professional objectives and the betterment of dental service to humanity.

Dr. Swanson went on to say:

The College is not just another group; it is something special for its members are elected to Fellowship because they have rendered superior service as professional people. The College has stated objectives and because of those objectives it is a working organization, prepared and ready to serve wherever and whenever the occasion arises. Its Committees are in continuous study of current problems, and the knowledge gained from



such activities is made available to those who have positive responsibility for action. . . .

The *Why* of dentistry is *Service*: the service you render to your patients, that which is rendered to the profession, that which is rendered to yourself. . . . Leadership is our birthright and our objectives are a measure of our ideals and standards.

Philip E. Blackerby, Jr., in his Presidential Address to the College in 1963, commenting on "The Mission of the College," said:

. . . the primary purpose—the real mission—of the College is *leadership* "to promote the highest ideals of the dental profession," as stated in the Preamble to the Constitution. . . .

The College must be a *symbol* of the ideals that have made our profession great—as Fellows it is our duty to uphold and promote those ideals. The College should be a *catalyst*, stimulating and facilitating intra- and interprofessional reactions that serve the cause of progress. . . .

. . . The College should be a *stabilizer*—helping to provide the weight of solid truth and objective judgment that will balance the forces of extremism that can threaten the solidarity and the future of our profession. And the College should be a *resource*, a court of appeals in a sense, to which the profession can turn for guidance in matters of ethics, of philosophy, of principle—based on the experienced judgment of the mature professional men who typify the membership of the College.

Dr. Blackerby continued:

And though the College be a symbol, its mission goes far beyond the symbolic role. It must be an active, rather than a passive, force in the forward march of dentistry.

. . . And it has become crystal clear, in our increasingly complex and rapidly changing society, that the challenges confronting dentistry, and hence the College, require a kind of professional statesmanship and broadgauged leadership that reflect a wholesome and exquisite balance between technical competence and social conscience. We have come a long way toward perfecting our technical skills in dentistry, but we have made considerable less progress in the acquisition of comparable knowledge, judgment, and ability in the area of social responsibility and citizenship.

And therein lies a great challenge to the College—an emerging need that is perhaps a "natural" for this organization: leadership in dentistry's efforts to respond wisely to the need for sound adjustment to the demands of a changing society, while maintaining its traditionally high standards of professional service.

Donald W. Gullett, discussing the "meaning of the College," in his Inaugural Address in 1959, stated:

What the College means really becomes a personal thing. Probably the College means something slightly different to each Fellow. I submit that this difference depends greatly on how much interest each individual has in his profession in general and the College in particular. The founders of

the College exhibited the highest professional ideals, and their successors have obligation to hold high the true ethical concepts of professional life.

Society has established several levels of conduct. First, there are the legal demands. For observation of the law no individual or group of individuals receive much credit, for it is expected of all to abide by the law. Then there is a disciplinary level where, in addition to the law, there exist certain recognized rules or regulations some of which the individual imposes on himself. Again it is taken for granted that all professional men will observe proper discipline. On a step higher we find codes of ethics and here the man of ideals, in obedience with his code, becomes recognized as a man of honesty and honour. We look upon this level as being that of the true professional man. A higher level exists which might be termed the level of integrity. Integrity draws a finer line of demarcation than legality, discipline, or even ethics, being one of the highest virtues. To practice with integrity requires courage and unselfishness, denoting the highest of principle. It is on this level that we think of the College and its Fellows.

Dr. Gullett elaborated further:

One appeal to me of the College is that little is to be found in it which can be measured in dollars and cents. The only visible yardstick is that of good will for the elevation of professional life. Idealistic as the objectives may sometimes appear, the need for an organization to hold principles high is great. Particularly is this true in the society of today where there seem to be so many efforts to pull down or level off instead of elevating.

Earlier I referred to the honour of fellowship which is real and true. However the College effort is based on honour with contribution and every fellow is expected to do his share. This is a commendable distinction between the College and some other honorary institutions. The record for service established by the College rests largely on this point.

All of the foregoing indicates that the American College of Dentists is not just another organization. It was established with high purposes, and is organized and conducted to attain these goals. Accordingly, it invites into Fellowship persons who have demonstrated a desire, willingness, and ability to support these ideals. Nominations are made by two Fellows of the College, residing or functioning in the same state or Service area. These nominations are made on a form which calls for broad information as to the nominee's activities and accomplishments.

A Board of Censors, aided by local consultants, evaluates the qualifications and recommends qualified persons to the Board of Regents for Fellowship. In turn, the Board of Regents, aided by the Section Officers, approves such recommendations, and the Secretary of the College then extends the invitation.

In other words, Fellowship in the American College of Dentists must be earned. It is by invitation and not by application.

The organizational structure of the College consists of the Officers, the Board of Regents, the Board of Censors, the Committees, and 36 Sections of the College, covering most of the areas in the United States and Canada.

The President, the President-Elect, the Vice-President, the Secretary, the Editor, the Historian, and eight elected Regents constitute the Board of Regents.

Five Fellows, each elected for a five year term, make up the Board of Censors. One goes off the Board each year.

Committees are authorized by the Board of Regents and appointed by the President, with the approval of the Board. These committees meet regularly in the Central Office, study their special area of interest, plan approaches to problems, recommend procedures for surveys and studies and report annually to the Board of Regents, which then approve programs, studies, projects, etc., and authorizes the necessary funds.

Sections of the College are approved by the Boards of Regents for the purpose of carrying forward the work of the College at the local level.

Because the College makes its studies objectively and without bias, always in the best interest of the public whom we are privileged to serve, and for the advancement of the profession, its leadership is broadly recognized. The fact that the College numbers in its membership the best minds in the profession, its recommendations are given every consideration wherever and whenever projected. Many times the College functions as a catalyst, urging action or speeding up endeavors. It is one of the principles of the College to encourage other groups with favorable intentions to take over ACD interest and activities, thus enabling the College to give its time to other matters.

The College does not hesitate to take a courageous stand on matters of importance. The College will battle to the very end if fundamental principles are attacked.

An effective method of accomplishment is the projection of base-lines for guidance, urging their application in the solution of problems. Thus, in the past, the College has set up such guidelines in the following areas:

Dentistry as a Health Service: Guidelines in Practice  
Proper Auspices for Continuing Educational Efforts

Publication of Dental Literature  
Responsibilities in Health Service  
Keeping Abreast of Development and Progress  
A Dental Health Plan for the American People; and many others.

As early as 1928, the College manifested an interest in the sociologic aspects of dental service when it supported a study by Nathan Sinai of European conditions, which resulted in a book, "The Way of Health Insurance." In 1943, the College conducted a study of service costs, which resulted in a book, "The Cost of Dental Care for Adults under Special Clinical Conditions" by Dorothy Fahs Beck. When the program for dental care for children was projected on the Pacific Coast by the ILWU-PMA group, the College made a study of this program to determine the soundness of the Service Corporation idea. In 1961 at Philadelphia, the College presented "A Dental Health Service Plan for the American People."

In the early 1930's, the Committee on Dental Prosthetic Service, under the leadership of Walter H. Wright, gave continued attention to the problems associated with prosthetic dentistry, including laboratory relations, until the American Dental Association took over this activity some ten or twelve years later.

Dental education has always been one of the prime interests of the College, and from the very beginning the committees have devoted much time and effort in studying the many problems associated therewith. William J. Gies and Albert L. Midgley were the key persons in these activities for many years. The general objective was always to strengthen the foundation on which dentistry rested, and to broaden the concepts of its responsibilities as a health service. The need for proper training of auxiliary personnel was recognized. Baselines were suggested for limitations that needed to be established in the patient's best interest.

Teacher-training Fellowships are offered to help persons to obtain a broader background in teaching methods.

The need for a continuing supply of qualified applicants for dental schools was recognized, and recruitment plans were developed and projected; a study was made of the motivation for dentistry of the freshman students in the dental schools of the United States in 1958, and a further survey of their attitudes at graduation four years later. Two books by Douglas M. More resulted. They appeared in the JOURNAL: "The Dental Student," and "The Dental Student at Graduation."

At present a survey is being made by the Committee on Education to determine the attitude of the dentist himself on recruitment methods.

Research has also been one of the key interests of the College. The *Journal of Dental Research* had just been established by William J. Gies when the College was organized, and became a center of interest to the College. In the 1930's and into the 1940's, the Committee on Research, under the able leadership of Paul C. Kitchin and Albert L. Midgley, worked hard to sustain researchers with grants-in-aid in meager sums of \$50.00 or even a few \$100.00, because research funds, as such, were not available. This Committee kept plugging, and the Board of Regents gave it every support. At one time—at a crucial moment—the Board pledged its total resources. This broke the barrier. Recognition of the need for support for dental research was recognized and substantial funds shortly became available.

The next research interest of the College was the availability of qualified personnel to conduct dental research and the areas that offered fertile fields for studies. Lists were developed and published and caution sounded that only quality work would sustain present interest and that funds must be well spent.

Several years ago the College was asked to consider the establishment of an Institute for Advanced Education in Dental Research; the purpose being to bring about a cross-fertilization of basic disciplines in the various research fields. This is the *first effort* of this kind that has ever been attempted. I am pleased to report that two groups of dental researchers have participated in this unique effort and that everyone is highly enthused with the results. It is hoped that after several years of accomplishment, the Institute will become permanent, supported with ample funds by some foundation.

While the American College of Dentists, as an organization, was not active in the Survey of Dentistry conducted by the American Council on Education, a few years ago, it has taken a keen interest in the resulting recommendations and their activation. In an effort to consolidate the opinions of the several groups, the College has formulated and published guidelines, which will, if applied, keep the final decisions on a high plane.



Looking ahead to some of the activities already visible on the horizon, the College sees:

(a) The projection of the idea of optimum health and dentistry's part in it;

(The Committee on Professional Relations and the Committee on Health Services plan a three-year program that will project the idea of optimum health and how it can be obtained. One objective, among many others, will be a closer cooperation between the various health professions.)

(b) Steps to give assurance to the public that ample qualified dental personnel will always be available to meet public demand;

(c) Broader interest in the development of service methods and the care of the indigent, the handicapped, and the aged;

(d) Creating a more favorable image of the dental profession.

(A Workshop on the Image of Dentistry has been planned for January 18-21, 1965, in St. Louis, under the direction of the Committee on Social Characteristics.)

(e) The evaluation of the possible application of the principles governing the Common Market; and what effect this may have on international relations as well as local activities.

(f) Broader understanding of and cooperation in the dental health problems in the various countries of the world.

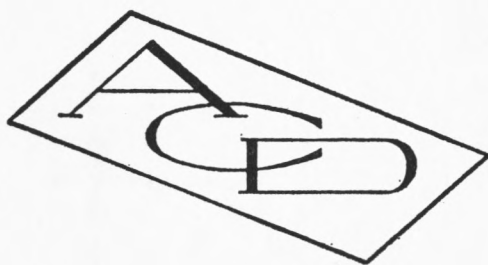
Time does not permit further projections. Opportunities are limited only by our desire to contribute to the welfare of people in need of our services.

These many activities suggest the atmosphere and environ of the American College of Dentists, of which you, the Fellows of 1964, are now a part. They portray a picture of high ideals and a recognition of the responsibilities which every professional person must not only recognize as his heritage to nurture and defend, but to emulate and improve if we are to meet our full responsibilities.

Your Fellowship should not be considered only as a recognition won and an honor conferred, but also as an opportunity and an obligation to join others in an effort to place dentistry on the highest possible professional plane and its services on the highest level.

It is hoped that you will dedicate yourself anew, today, to contribute your fair share to the solutions of the many problems yet to be solved, and to give your support to the high ideals that motivate the members of this organization.

We welcome you as Fellows of the College and hope that you will not only enjoy your Fellowship but that you will find opportunity for continuing your contributions for the advancement of dentistry as a health service.



*An Exchange Fellowship Plan between the United States and Great Britain, sponsored and financially supported by the American College of Dentists, has been in operation since 1962. The most recent Exchange Fellow is Associate Surgeon, Division of Oral Surgery, Henry Ford Hospital, Detroit. He spent three months at the Queen Victoria Hospital in Sussex. Some of his observations and experiences are related.*

## The ACD Exchange Fellowship

JAMES R. OOSTING, D.D.S., M.S.

IN REPORTING on my three-month Exchange Fellowship, I wish to thank the American College of Dentists for making this program possible. My three months' stay at the Queen Victoria Hospital in East Grinstead, Sussex, England, was unquestionably the high point of my professional career to date, and provided a stimulating and constructive climax to my training program.

Mr. Terence G. Ward, C.B.E., consultant oral surgeon and Chief of the Dental Department at the Queen Victoria Hospital was a wonderful host, teacher, and friend. He and his excellent staff treated me as a full member of their department and provided me with a fine educational experience. Their efforts enabled me to see numerous challenging cases and to take an active part in their treatment.

The Queen Victoria Hospital in East Grinstead came into prominence during World War II as a center for oral surgery and plastic surgery cases resulting from war injuries. The maxillofacial staff of the hospital has included such famous men as Sir William Kelsey Fry and Sir Archibald McIndoe. It was interesting to find that the operating rooms for the oral surgery and plastic surgery cases were built from funds contributed by American civilians during the war

years and were appropriately named the American Operating Theaters.

Under the direction of Mr. Ward, the Dental Department today represents an excellent training environment by any standard. The permanent staff members and the registrars in training treat a wide range of oral surgery cases on both an in-patient and out-patient basis. The hospital serves as the main maxillofacial unit for several outlying hospital districts, and patients are treated under the National Health Act as well as privately.

Traumatic injuries and extensive facial fractures represent a large percentage of the patient load treated in the Oral Surgery Department. Many of the fracture cases are treated by a cast silver splint technique not commonly used in the United States. This is frequently combined with open reduction and interosseous wiring when necessary. The dental laboratory technicians at the Queen Victoria Hospital play an integral part in the treatment of facial fractures by the cast silver splint technique. Their excellent work makes it possible for splints to be constructed in a matter of 3-4 hours. I was fortunate to be able to follow many of the fracture cases throughout their entire treatment and I was impressed by the shortness of the time required.

An uncomplicated mandibular fracture, with no teeth in line of fracture and free from infection, is usually maintained in normal occlusion for a three-week period by the use of cast silver splints and intermaxillary fixation. At the end of this time the splints are removed and the patient is placed on a soft diet regimen for an additional ten-day period. The patients managed in this way had excellent results, and I observed no problems of malunion or non-union of bone fragments.

Many patients are referred to the Dental Department for the removal of impacted third molar teeth. These patients are usually admitted to the hospital and operated on under general anesthesia. The mandibular third molars are removed by chiseling away a generous segment of the lingual cortical plate along with the impacting bone on the distal aspect of the third molar in such a manner as to permit the impacted molar to be elevated distally and lingually. This is a rapid technique and results in healing with little post-operative edema. Although the inferior alveolar or lingual nerves are

commonly exposed by this technique, I observed no post-operative complications with them.

The Anesthesia Department at the Queen Victoria Hospital provided many educational experiences. Observing the hypotensive anesthesia techniques for major oral surgery and plastic surgery cases was very interesting and in sharp contrast with accepted anesthesia techniques in this country. It might be said that the Anesthesia Department at the Queen Victoria Hospital is the home of hypotensive anesthesia techniques. Through the use of the ganglionic blocking agents, the systemic arterial pressures are dropped to the range of 71/50 to 80/60 mm. of mercury for as long as an hour. Under these conditions the surgeon is provided with a dry surgical field and is thus freed from time consuming tying off of capillary and soft tissue bleeding normally faced. My impression of this dramatic technique was that it is an excellent addition to medical knowledge in patient treatment and that it places challenging demands on both the anesthesiologist and the surgeon. This technique is not used on a routine basis but only on selected patients after careful screening, and the surgeon is obligated to work as rapidly as possible. However, the freedom from routine bleeding difficulties enables him to carry out the necessary procedures at a much more rapid pace than is ordinarily possible.

There were a minimal number of cases of cancer related to the jaws and oral cavity treated at the Queen Victoria Hospital. The majority of tumor patients are routinely referred to the large centers dealing strictly with malignancies. This is a common feature of the hospital system in England where the various centers become specialized to some extent and as the head and neck trauma cases are handled at East Grinstead, so are many of the malignancy cases treated at various other specified treatment centers.

Temporomandibular joint problems also represented a large percentage of the patients seen in the Dental Department. It was interesting for me to be able to make a comparison in the management of the difficult temporomandibular joint cases inasmuch as we see a large number of these cases at Henry Ford Hospital. The acute temporomandibular joint case is routinely treated by conservative methods initially. This treatment consists of occlusal equilibration and the construction of bite splints if necessary. If the patient is



wearing prosthetic appliances, the occlusal discrepancies which may be present are corrected, and other alterations are carried out in an attempt to bring about a cure employing the more conservative techniques only. The injection of steroids into the joint space is not commonly used at the Queen Victoria Hospital. The cases that progress to surgical treatment are treated by the blind Kosteka procedure and this was most interesting to observe. This technique employs the use of a Gigli wire saw to cut the condylar neck below the capsule from posterior to anterior until only about 1 mm. of bone remains intact. The condyle neck is then fractured in a forward direction and the area is allowed to heal without intermaxillary fixation. Some bleeding difficulties have been encountered with this technique but they are usually handled effectively by application of pressure. It is thought that by repositioning the condyle in the articular fossa, the abnormal movements and functions of the affected temporomandibular joint are eliminated.

It was a pleasure for me to be able to enjoy excellent relationships with the registrars in training at the Queen Victoria Hospital both in the Dental Department as well as the various other Departments. The oral surgery trainee pursues an educational program significantly different from that typically followed in the United States. Following his dental education and usually following military service, the trainee spends six months to a year in the Department as the dental houseman. During this period he learns various oral surgery techniques and familiarizes himself with routine hospital operation. His next training position is that of a registrar. During this year his work load and responsibilities increase and continue to point more exclusively towards oral surgery training. Following this period it is common for the trainee to undertake four years of medical training. He then returns to the Oral Surgery Department and assumes the position of a senior registrar. During a three to four year period, he trains exclusively in the field of oral surgery and personally manages the patients; in the later years he operates with minimal direct supervision on appropriate cases. The British oral surgery trainee is indeed well trained and fully capable of managing patients with systemic complications resulting from various causes. Following his senior registrarship, the trainee usually becomes a consultant in oral surgery at one of the various hospitals throughout the country. In

this consultant status, he may practice either full time or part time under the National Health Act depending on his wishes. It was my pleasure to work daily with the senior registrars at East Grinstead and I enjoyed close relationships with them. I am particularly indebted to Mr. Michael Awty and Mr. John Wolfe.

One of the highlights of my three-month exchange period was my meetings with Mr. Patrick James, who had spent a three months' exchange period at Henry Ford Hospital, under the auspices of the American College of Dentists in 1962. It was a delightful experience to exchange ideas with Mr. James, both of us being in the unique position of having trained at each other's parent institution. Mr. James continues to employ the techniques he learned during his stay in the Oral Surgery Department at Henry Ford Hospital and considers, as do I, that his three-month Exchange Fellowship was the high point of his training program.

During my stay in England, I visited various other hospital areas including Hastings, Maidstone, and the Edinburgh Dental College in Scotland. Several days were spent in the pleasant company of Professor Bertram Cohen at the Royal College of Surgeons, Department of Dental Research. I enjoyed exchanging various research ideas with him and also enjoyed meeting his excellent staff. I was fortunate to be able to attend the meeting and formal dinner of the British Association of Oral Surgeons at the Royal College of Surgeons in London.

Prior to returning to the United States, I enjoyed an eight day visit on the Continent meeting with Dr. Pierre Cernea in Paris, and Professor H. Obwegeser in Zurich. I also spent some time with Dr. W. Donald MacLennan in Edinburgh.

In returning to the United States, I feel that I have had my outlook on oral surgery broadened considerably by my exchange training program. I am indeed looking forward to putting into practice and discussing with my colleagues here the various surgical techniques and over-all patient management problems that I learned during my visit abroad. Based on my experience and the experience of Mr. Patrick James, I urge the American College of Dentists to continue and perhaps even broaden this extremely worthwhile program. It cannot help but have a constructive and beneficial effect in the interchange of ideas and techniques.

# The 1964 Convocation

SUNDAY, NOVEMBER 8, 1964  
FAIRMONT HOTEL  
SAN FRANCISCO

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## THE MINUTES

The morning session took place in the Gold Room of the Fairmont Hotel. President Rounds presided. The invocation was pronounced by LC DR Davis A. Thomas, CHC, U. S. Naval Hospital, Oakland, California.

President Rounds on behalf of the College, accepted two flags—the American flag and the flag of the American College of Dentists; these were presented by Secretary Brandhorst on behalf of an anonymous donor.

Dr. Rounds read his Presidential Address. This was followed by the Indoctrination Address given by Secretary Brandhorst.

Dr. John H. Bajuk, Alameda, California, Chairman of the Necrology Committee, gave the report. The following Fellows died since the 1963 Atlantic City Convocation. (An \* indicates that the date of death was received in the Central Office late.)

Henry A. Anderson, Pittsburgh, Pa.,  
September 3, 1964

Leslie L. Anderson, Clearwater, Fla.,  
April 20, 1964

William H. Banks, Montezuma, Ga.,  
April 13, 1964

Julian S. Barnhart, Shreveport, La.,  
March 13, 1964

Monte M. Bettman, Portland, Ore.,  
December 10, 1962

Joel W. Chambers, Mercedes, Tex.,  
May 10, 1964

Page P. A. Chesser, Phillippi, W. Va.  
(Army, retired), May 20, 1964

Louis A. Cohn, New York, N. Y.,  
December 12, 1962\*

William H. Crawford, Minneapolis,  
Minn., February 20, 1964

Leland T. Daniel, Orlando, Fla., No-  
vember 13, 1963

Albert D. Davis, San Francisco, Calif.,  
May 30, 1964

Oscar T. Dean, Seattle, Wash., June  
23, 1964

Reuben L. Fowkes, Los Angeles,  
Calif., February 11, 1964

Val H. Frederick, St. Louis, Mo.,  
June 21, 1964

Sir Kelsey Fry, London, England, Oc-  
tober 25, 1963

Leon J. Gauchet, Buffalo, N. Y., No-  
vember 15, 1963

Raymond L. Girardot, Birmingham,  
Mich., July 7, 1964

William G. Goodale, Iowa City, Ia.,  
July 7, 1964

Edward M. Grevatt, Montclair, N. J.,  
September 3, 1964

John F. Harkins, Wesleyville, Pa.,  
March 17, 1964

William H. Hatcher, St. Petersburg,  
Fla. (Vet. Adm.), October 5, 1963

B. Carl Holder, Cuero, Tex., March  
5, 1963

Herbert Hoover (Honorary), New  
York, N. Y., October 20, 1964

James T. Ivory, Binghamton, N. Y.,  
April 15, 1964

Arthur C. Klaffenbach, Iowa City, Ia.,  
December 9, 1963

Robert S. Knauff, New London, Conn.,  
July 10, 1964

Sidney M. Kronfeld, New York, N. Y.,  
September 5, 1964

- Robert M. Leggett, Menlo Park, Calif., May 18, 1964
- Rufus Wood Leigh, Salt Lake City, Utah, August 24, 1964
- J. Clarence Longfellow, Bellefontaine, Ohio, July 2, 1964
- William R. Loper, Wheeling, W. Va., July 8, 1964
- James A. Loughry, Cleveland, Ohio, March 11, 1964
- Robert E. MacBoyle, Park Ridge, Ill., October 9, 1964
- George W. Mackay, Millinocket, Me., October 24, 1963
- Henry A. Merchant, Omaha, Neb., October 10, 1964
- Leroy M. S. Miner, Boston, Mass., April 19, 1964
- Edward L. Mitchell, Indianapolis, Ind., July 11, 1964
- Lawrence L. Mulcahy, Sr., Batavia, N. Y., February 23, 1964
- Arne G. Nielsen, San Francisco, Calif., September 12, 1964
- John J. Ogden, Memphis, Tenn., December 29, 1963
- Walter L. Oggesen, Baltimore, Md., May 29, 1964
- Harry E. Osborn, Washington, D. C., August 13, 1964
- Robert L. Platner, Grants Pass, Ore., September 15, 1963\*
- G. Thomas Quigg, San Francisco, Calif., November 3, 1963
- Thomas P. Regan, Helena, Mont., July 7, 1964
- Jay G. Roberts, Buffalo, N. Y., July 22, 1964
- Paul C. Salisbury, Chicago, Ill., November 7, 1963
- Arthur R. Sample, Memphis, Tenn., February 20, 1964
- Isaac Schour, Chicago, Ill., June 5, 1964
- John H. Shackelford, Detroit, Mich., February 27, 1964
- Erwin J. Shields, Pittsburgh, Pa. (Vet. Adm.), December 22, 1963
- Otto W. Silberhorn, Park Falls, Wis., August 5, 1964
- Charles M. Smith, Peoria, Ill., December 12, 1963
- Louis F. Snyder, Lake Stevens, Wash. (Navy, retired), April 24, 1964
- Grover C. Taylor, Billings, Mont., September 26, 1963\*
- Wilfred H. Terrell, Pasadena, Calif., August 11, 1964
- George A. Thatcher, Brockton, Mass., April 30, 1964
- Clarence B. Vaughan, Boston, Mass., May 23, 1964
- James J. Vaughn, Sr., Nashville, Tenn., April 3, 1964
- Rufus B. VonKleinSmid (Honorary), Los Angeles, Calif., July 10, 1964
- J. Lewis Walker, Norfolk, Va., July 18, 1964

The audience was asked to stand in silence for a few moments in memory of the departed Fellows.

A brief Secretary's Report was given by Dr. Brandhorst. The Treasurer's Report was read by Treasurer Pierson. (This may be found in the Minutes of the Board of Regents in this issue of the JOURNAL.)

Dr. Gerald D. Timmons, Chairman, presented the Report of the Nominating Committee, and recommended the following for the several offices:

President-Elect—Percy G. Anderson, Toronto, Canada

Vice-President—Robert W. McNulty, Los Angeles, Calif.

Treasurer—F. A. Pierson, Lincoln, Neb.

Regents (4 years)—Frank M. Kyes, Washington, D. C., Lon W. Morrey, Glenview, Ill.

There being no nominations from the floor, on motion and vote, these men were elected by acclamation.

The Report of the Bylaws Committee was given by Chairman George W. Teuscher, Chicago; he presented the proposed amendments to the Con-

stitution. It was announced that action on these would be taken a year hence, at the Las Vegas meeting.

Dr. Teuscher then presented the amendments to the Bylaws as published in the August, 1964, *ACD Reporter*, and moved their adoption. This was duly seconded. President-Elect Lyons, on behalf of the Board of Regents, offered an amendment to the prevailing motion: a) that the proposals pertaining to the Executive Secretary be deleted (the suggestion having been found unnecessary); and b) an editorial revision of the second paragraph of Article IX of the proposed Bylaws. These amendments were approved. President Rounds called for a vote on the Bylaws as amended. The changes were approved unanimously. The amended Bylaws read as follows:

#### ARTICLE I. FELLOWSHIP SECTION 5. ELECTION

After a nomination for active Fellowship has received the approval of the Board of Censors, he may be elected by a majority vote of the Board of Regents.

However, before the invitation to Fellowship is extended by the Secretary, the name of the nominee shall be submitted to the Officers of the Section in which the nominee resides, to enable these officers to interpose possible objections, details of same to be supplied. If valid objections are offered, the nomination shall be returned to the Board of Censors for further investigation.

Responses to the Secretary's letter must be made within 10 days of his letter submitting the names to be considered.

#### ARTICLE I. SECTION 9

##### *Code of Conduct Governing Forfeiture of Fellowship*

Fellowship in the College shall be

subject to forfeiture by Fellows who:

(a) give, promote, or participate in courses of instruction, study clubs, seminars or similar projects in dentistry under any auspices other than those of a recognized dental society, an approved dental school or other non-profit professional or educational agency; or

(b) demand exorbitant fees for courses of instruction in dentistry under any auspices; or

(c) contribute articles to, or become affiliated in official title or interest with dental publications whose standards do not meet eligibility for membership in the American Association of Dental Editors; or

(d) acquire patents and/or copyrights, the holding of and remuneration from which tend to restrict research or dental practice, or which tend to restrict the benefits of the patented or copyrighted materials; or

(e) are guilty of unethical or unprofessional conduct or moral turpitude; or

(f) are in any way in violation of the Principles of Ethics of the American Dental Association or the equivalent representative organization in the country in which they practice and hold membership; or

(g) are in arrears for two years in the payment of annual dues, or voted assessments, unless reason therefor is presented to the Board of Regents and the delay is approved by the Regents.

#### ARTICLE II. OFFICERS

##### *Section 1. Elective Officers*

The President-Elect, the Vice-President, and the Treasurer shall be elected annually by mail ballot as provided in Article X of the Bylaws. Election shall be from nominations made by a Nominating Committee or by petition; or by write-in, as provided. Each shall be elected to serve for a



period of one (1) year or until his successor is elected and qualified.

At the end of his period of service as President-Elect, he accedes to the Presidency automatically, to serve for one year or until his successor is elected and installed.

### ARTICLE III. BOARDS

#### *Section 1. Board of Regents*

(a) Composition: The Board of Regents shall consist of the President, the President-Elect, the Vice-President, the Secretary, the Treasurer, and eight additional active Fellows. The Secretary shall be an ex-officio member of the Board, without vote.

(b) Election of Regents: Following nominations presented by the Nominating Committee, or by petition, or write-in, two members of the Board of Regents shall be elected annually, each to serve for a period of four (4) years.

(c) Vacancy on Board: In the event of a vacancy, for any reason, such vacancy shall be filled, for the remainder of the unexpired term at the subsequent election in the manner provided in Article X of the Bylaws.

(d) Eligibility for Re-election: For at least one year after the completion of a four year term, the retiring Regent shall be ineligible for re-election as a Regent.

### ARTICLE IV. DUTIES OF OFFICERS AND BOARDS

#### *Section 1. Duties of Officers*

(f) Editor: Under the direction of the Board of Regents, the Editor shall be responsible for the publication of the *Journal*. He shall be an ex-officio member of the Board of Regents, without vote.

(g) Historian: The Historian shall prepare historical documents related to the dental profession and the College, as directed by the Board of Re-

gents. He shall be an ex-officio member of the Board of Regents, without vote.

### ARTICLE VII. FINANCIAL

#### *Section 1. Membership Fee*

The Membership fee shall be two hundred and fifty (\$250.00) dollars.

#### *Section 2. Annual Dues*

The annual dues shall be thirty-five (\$35.00) dollars.

#### *Section 3. Assessments*

The Board of Regents may recommend special assessments to the Fellowship for specific purposes, but no assessment may become operative until approved by a majority of the Fellows, as recorded by a mail ballot, as described in Article X of the Bylaws.

#### *Section 4-c.*

A Fellow in good standing shall be continued without dues on January 1, following his attainment of seventy (70) years of age.

### ARTICLE X. MAIL BALLOTING

#### *Section 1. Election of Elective Officers and Regents*

The selection of the elective Officers and Regents shall be made from names submitted (a) by the Nominating Committee; and/or (b) by petition signed by twenty-five (25) Fellows in good standing; or by writing in the name in a space provided on the official ballot for each elective office.

Nominations for the various elective offices must be submitted to the Secretary of the College at least ninety (90) days prior to the annual meeting. The official ballot carrying the names of these nominations will be sent to the members within sixty (60) days of the annual meeting and must be returned within thirty (30) days to the Secretary of the College.

The ballot should be returned to the Secretary in the sealed official ballot envelope, which is to be placed in another envelope with the voter's name on the outside envelope, so that his eligibility may be established. The sealed ballot envelopes will be turned over to a Certified Public Accountant. The accountant will open the ballots and record the votes and make a written report to the Secretary of the College at least 15 days prior to the annual meeting.

#### Section 2.

Amendments to the Bylaws shall also be made by mail ballot, in the manner outlined in Section 1 of Article X of the Bylaws. In order to provide ample time for review and preparation by the Bylaws Committee and the Board of Regents, proposed changes in the Bylaws must be submitted to the Secretary of the College at least six (6) months prior to the annual meeting.

### ARTICLE XI. AMENDMENTS

#### Section 1.

Amendments to the Bylaws may be made upon the recommendation of a two-thirds majority of the recorded vote of the Fellows, as expressed in the mail ballot, provided that the proposed amendment shall have been submitted in writing to the Board of Regents and the Committee on Bylaws in accordance with the rules outlined in Article X of the Bylaws and that the Secretary of the College shall have notified by mail, the Fellowship of the College of the proposed amendment at least thirty (30) days prior to the date of the effective voting period, which would be ninety (90) days prior to the date of the annual meeting.

This concluded the executive session. A program depicting "Dental Health Service Around the World,"

particularly in the Asian-Pacific area, followed. ("A Missionary Dentist in the Congo," by Sandy C. Marks, Sr., and "The Dental Caries Problem in the Philippines," by B. B. Erāna and Luz C. Macapanpan, were published in the January, 1965, JOURNAL. "The Dental Nurse," by Sir John Walsh, appears in this issue. "Dental Health in the Republic of China—Past, Present, and Future," by Eric S. W. Cheo, will appear in a later issue.)

Luncheon was served in the Grand Ballroom of the Fairmont Hotel. About 700 persons attended. This was held under the auspices of the Northern California Section of the College; Dr. Charles A. Scrivener, Chairman, presided. The invocation was pronounced by Lt. John C. Mignone, CHC, U. S. Naval Hospital, Oakland, California.

Chancellor J. B. de C. M. Saunders, University of California, entertained with a description of "Lighter Episodes in the Early Development of Medicine and Dentistry on the Pacific Coast."

The Convocation convened in the Gold Room of the Fairmont Hotel. Dr. Robert W. McNulty, Orator of the College, pronounced the invocation. President Rounds presided.

The address of the afternoon, "Dentistry in the Scientific Era," was read by Dr. Russell S. Poor. (This was published in the January, 1965, JOURNAL.)

#### THE FELLOWSHIPS

Fellowships in the College were conferred on the following:

Benjamin Harrison Ackerman, 7616 Bay Parkway, Brooklyn, N. Y.  
Bruce Kirke Adams, 607 N. Central Ave., Glendale, Calif.  
James Perry Addison, 8400 Douglas, Dallas, Tex.

- William E. Allen, 700 East Walnut St., Pasadena, Calif.
- Morgan L. Allison, 305 West 12th Ave., Columbus, Ohio
- Clement Carl Alpert, 1531 New Hampshire Ave. N.W., Washington, D. C.
- Stewart A. Anderson, 10231 Santa Monica Blvd., Los Angeles, Calif.
- Lloyd Matthew Armstrong, 3422 Anderson Road, Kensington, Md.
- Leon H. Ashjian, 5225 Wilshire Blvd., Los Angeles, Calif.
- James Knuckey Avery, Univ. of Michigan, School of Dentistry, Ann Arbor, Mich.
- George Forsyth Baker, 624 North Van Ness Ave., Fresno, Calif.
- Robert E. Baker, 1044 Lowry Bldg., St. Paul, Minn.
- Kenneth H. Baldwin, 810 Med. G., Fairchild AFB, Wash.
- Eugene Rushbrook Ball, 510 Madison Ave., New York, N. Y.
- Fred Palen Barnhart, 802 Cobb Medical Center, Seattle, Wash.
- Vincent A. Barr, 670 East Main St., Frankfort, Ky.
- James W. Bawden, Dental Research Center, Chapel Hill, N. C.
- Rollie A. Bennett, 517 Anderson Bank Bldg., Anderson, Ind.
- Alfredo H. Berguido, Carrido, P. O. Box 4115, Panama, Republic of Panama
- Narendra Nath Bery, 13 Curzon Road, New Delhi, India
- Raymond L. Blancheri, 490 Post St., San Francisco, Calif.
- Samuel B. Bleadon, 2827 Franklin St., San Francisco, Calif.
- Harry M. Bohannon, Univ. of Kentucky, College of Dentistry, Lexington, Ky.
- Albert L. Borish, 7048 Sherwood Road, Philadelphia, Pa.
- Rolf Braun, Universitätsstrasse 73, Köln, Lindenthal, Germany
- Marion Brown, 413 N. University, Little Rock, Ark.
- James Titus Cabler, 108 Pearl St., Snow Hill, Md.
- Angelo C. Cacciatore, 1 Hanson Place, Brooklyn, N. Y.
- Sebastian J. Campagna, P. O. Box 283, Letterman General Hospital, Presidio of San Francisco, Calif.
- Rudolph A. Campbell, Jr., 473, High Point Terrace, Memphis, Tenn.
- Charles Edward Carara, 1266 Cortez Ave., Burlingame, Calif.
- Harold T. Case, P. O. Box 314, Santa Maria, Calif.
- F. Carl Cerine, 5522 Inverchapel Road, Springfield, Va.
- John M. Coady, Apt. 13D, 1550 Lake Shore Drive, Chicago, Ill.
- James Lilburn Coffee, 4550 North Blvd., Baton Rouge, La.
- Bertram Cohen, Dept. of Dental Science, Royal College of Surgeons of England, Lincoln's Inn Fields, London, England
- Geoffrey F. Collins, 307 W. Eighth St., Los Angeles, Calif.
- Raymond Maurice Contino, 688 E. Union St., Pasadena, Calif.
- Albert Cope Cook, 72 Pershing St., Cumberland, Md.
- Warren Evan Costigan, 644 Los Altos Rancho, Los Altos, Calif.
- Raymond L. Cummins, College of Dentistry, Ohio State University, 305 West 12th Ave., Columbus, Ohio
- Thomas A. Curtis, 2300 Durant Ave., Berkeley, Calif.
- W. Howard Davis, 14343 Bellflower Blvd., Bellflower, Calif.
- Paul J. Davidson, 435 N. Bedford Drive, Beverly Hills, Calif.
- H. Martin Deranian, 9 Walnut St., Worcester, Mass.
- Otto J. Dick, 634 N. Grand Ave., St. Louis, Mo.
- James H. Dirlam, 127 Mountridge Drive, San Antonio, Tex.
- Harry Louis Dougherty, 14434 Hamlin St., Van Nuys, Calif.
- Clifton Orrin Dummett, Chief, Dental

- Service, Veteran's Hospital, Tuskegee, Ala.
- Donald W. Edwards, 701 Federal Securities Bldg., Lincoln, Neb.
- Edgar E. Edwards, 206 Bank of Commerce Bldg., Sheridan, Wyo.
- Paul B. Eib, 1992 Tewksbury Road, Columbus, Ohio
- Frank A. Farrell, 757 W. 79th St., Chicago, Ill.
- Joel Robert Fertig, 10 Voorhees Road, New Brunswick, N. J.
- William Hill Fields, 788 Starks Bldg., Louisville, Ky.
- Marvin L. Fishmann, 433 Bellevue Ave., Trenton, N. J.
- Paulo Da Silva Freire, SESP Foundation, Caixa Postal 1530, Rio de Janeiro, Brazil
- Harold Milton Fullmer, National Institute of Dental Research, National Institutes of Health, Bethesda, Md.
- Waldo G. Gamba, 2311 S. 21st St., Philadelphia, Pa.
- Charles Kirk Garver, 269 S. 19th St., Philadelphia, Pa.
- Harold Gelb, 157 West 57th St., New York, N. Y.
- Benjamin H. Genn, 77 Wendell Ave., Pittsfield, Mass.
- James M. Gentilly, 724 Rose Bldg., Cleveland, Ohio
- E. B. Gernert, 303 Caroldale Lane, Middletown, Ky.
- Bryce A. Gilbertson, 1132 Lowry, Medical Arts Bldg., St. Paul, Minn.
- Ray Francis Gilby, 2782 Eugenie Lane, Cincinnati, Ohio
- Dudley H. Glick, 239 S. La Cienega Blvd., Beverly Hills, Calif.
- Herbert W. Goodman, Lovejoy Medical Center, 1920 N.W. Johnson, Portland, Ore.
- Daniel F. Gordon, 1906 North Broadway, Santa Ana, Calif.
- Robert Gottsegen, 37 Park Ave., New York, N. Y.
- Nathaniel Dea Griffith, VA Hospital West Side, 820 S. Damon Ave., Chicago, Ill.
- Jerome S. Grosby, 225 South Meramec, Clayton, Mo.
- Frank Donald Grossman, 6031 Chatsworth Lane, Bethesda, Md.
- Haskell Gruber, 3910 Longridge Drive, San Antonio, Tex.
- Frederick C. Haderler, 853 Middlefield Road, Palo Alto, Calif.
- George A. Hamm, 1545 Union St., Schenectady, N. Y.
- Laverne Hanson, 603 Granite Exchange Bldg., St. Cloud, Minn.
- Ewald Harndt, Knesebeckstr 68, Berlin, Germany
- Oliver E. Hartman, 914 The Alameda, Berkeley, Calif.
- John Bolivar Hayes, 516 Fleming St., Key West, Fla.
- Raymond Lewis Hayes, 3107 14th St. N.E., Washington, D. C.
- David William Haymes, 3611 21st St., Lubbock, Tex.
- Charles M. Heartwell, Jr., Medical College of Virginia, School of Dentistry, Richmond, Va.
- Sampson S. Hecht, 33 West 42nd St., New York, N. Y.
- Posey Grant Hedges, Jr., 1405 Sterick Bldg., Memphis, Tenn.
- James Warner Henderson, 11th and June St., Hood River, Ore.
- Joseph Louis Henry, 35 Gallatin St. N.W., Washington, D. C.
- Ben L. Herberg, 1606 Hinman Ave., Evanston, Ill.
- Dale A. Hills, 3925 37th Ave. N., Minneapolis, Minn.
- Henry Silvan Holand, 907 California St., Mountain View, Calif.
- Lloyd N. Hollander, 25100 Euclid Ave., Cleveland, Ohio
- William A. Holloway, 400 E. Orangeburg Ave., Modesto, Calif.
- Morris Mac Hudis, 509 Madison Ave., Yonkers, N. Y.
- Paul Roach Huffstutler, 618 Woodward Bldg., Birmingham, Ala.

- James Luther Hughes, Orr Bldg., P.O. Box 229, Albertville, Ala.
- Wilbur Robert Hughes, Jr., USAF Hospital, Wright-Patterson, Ohio
- John Ide Ingle, University of Southern California, School of Dentistry, Los Angeles, Calif.
- Harold G. Jacobs, 1162 Beacon St., Brookline, Mass.
- Paul Edward Jaffe, 2488 Grand Concourse, New York, N. Y.
- Victor Nevitt Jaffe, 1314 18th St. N.W., Washington, D. C.
- John Paul Jarabak, University of Oregon, School of Dentistry, Portland, Ore.
- Max C. Johnson, 402 4th St., Dell Rapids, S. Dak.
- Benedict H. Joestes, 1715 W. 95th St., Chicago, Ill.
- Henry J. Kalwaic, Route 5, Lebanon, Pa.
- Peter Theodore Kalenos, 406 Union Trust Bldg., Providence, R. I.
- Louis D. Kaplan, 1800 Eye St. N.W., Washington, D. C.
- Robert I. Kaplan, 1 South Forge Lane, Cherry Hill, N. J.
- Paul Hathaway Keys, National Institute of Dental Research, National Institutes of Health, Bethesda, Md.
- Vinyard Louis Kies, 202 North Missouri, Jackson, Mo.
- Wagn Riis Klausen, 1, Alhambravej, Copenhagen, Denmark
- Albert A. Krevitt, 145 East 16th St., New York, N. Y.
- George D. Kudler, 1 Hanson Place, Brooklyn, N. Y.
- Robert E. Lamb, 5415 Forrest Lane, Dallas, Tex.
- William R. Laney, Section on Dentistry, Mayo Clinic, Rochester, Minn.
- Remy Langlois, 401 Grande Allee West, Quebec, Canada
- Franciscus Lankhof, 11, J. W. Brouwersplein, Amsterdam, Netherlands
- Joseph J. Larson, 2115 South Broadway, Rochester, Minn.
- Aubrey Morton Lauterstein, 64 Old Orchard, Skokie, Ill.
- Frank Ewart Lawton, 55 Woolton Hill Road, Liverpool, England
- C. Hanford Lazarus, 5 Fort Salonga Rd., Centerport, N. Y.
- Harvey Spencer Leach, 3780 Wilshire Blvd., Los Angeles, Calif.
- Harold J. Levine, 123 West 57th St., New York, N. Y.
- Roland L. Lindserom, 603 Lowry Medical Arts Bldg., St. Paul, Minn.
- John George Locke, 13 Wall St., Raritan, N. J.
- Kenneth L. Longeway, Asst. Director, Dental Dept. (9112) NAVADCOM, U. S. Naval Training Center, San Diego, Calif.
- James N. Lynch, 1580 Sherman, Evanston, Ill.
- William D. McClelland, Jr., 405 Park Bldg., Pittsburgh, Pa.
- John Rush McCoy, 3839 Wilshire Blvd., Los Angeles, Calif.
- William Lester McDaniel, 321 South Wailoa Ave., La Grange, Ill.
- J. Henry McGowen, 3525 Yale Ave., Abilene, Tex.
- Alexander James McKechnie, Jr., 19 N. 24th St., Camp Hill, Pa.
- John S. McKenzie, 2161 McGregor Blvd., Ft. Myers, Fla.
- Bruce A. McRae, Medical Arts Square, Albuquerque, N. Mex.
- Luz Celis Macapanpan, 6 A Spring St., San Miguel Village, Makati, Rizal, Philippines
- William G. Maison, 760 Market St., San Francisco, Calif.
- William Johnston Mansfield, Jr., 208 Don Allen Road, Louisville, Ky.
- Lewis J. Marchand, Dental Arts Bldg., Gainesville, Fla.
- Alexander L. Martone, 909 Norfolk, Medical Tower, Norfolk, Va.
- Robert Armitage May, 700 Lamar Life Bldg., Jackson, Miss.
- Fali Sorabji Mehta, India House, Camballa Hill, Bombay, India



- Roger William Miller, 3186 Harrison Ave., Cincinnati, Ohio
- B. Duane Moen, 222 East Superior St., Chicago, Ill.
- Robert Lansing Moore, 106 Forrest Ave., N.E., Atlanta, Ga.
- Wallace J. Morlock, 828 Lowry Medical Arts Bldg., St. Paul, Minn.
- Charles R. Morris, Box 655, USAF Hospital Wiesbaden, APO 220, New York, N. Y.
- Louis Franklin Munro, 1133 Maison Blanche, New Orleans, La.
- George Elliott Myers, Univ. of Michigan, School of Dentistry, Ann Arbor, Mich.
- Maria Ines Navarra, Colonia 914, Montevideo, Uruguay
- Frank Wellington Nelson, USPHS Hospital, Baltimore, Md.
- John Orlando Neufeld, Loma Linda University, School of Dentistry, Loma Linda, Calif.
- Harold H. Niebel, 3333 University Blvd. W, Kensington, Md.
- Abraham E. Nizel, 26 West St., Boston, Mass.
- John Humfreys Nolen, 1477 Peck St., Muskegon, Mich.
- Carmen M. Nolla, University of Puerto Rico, School of Dentistry, San Juan, Puerto Rico
- Rolf Wang-Norderud, Morgedalsveien 21, Oslo, Norway
- Marie Ussing Nylen, National Institute of Dental Research, National Institutes of Health, Bethesda, Md.
- Colin Porter Osborne, Jr., Medical Arts Bldg., Lumberton, N. C.
- Thomas W. Palmer, 111 Lake Ave., Tuckahoe, N. Y.
- Robert L. Parrish, 220 S. Claybrook, Memphis, Tenn.
- Everitt V. Payne, 416 North Bedford Drive, Beverly Hills, Calif.
- Billy M. Pennel, 847 Monroe Ave., Memphis, Tenn.
- James Pepper, 1st National Bank Bldg., Rawlins, Wyo.
- Harold T. Perry, Jr., 100 E. Chicago St., Elgin, Ill.
- Ray G. Perschbacher, 3705 E. Colfax Ave., Denver, Colo.
- Wilbert Iver Petersen, 1275 California Drive, Burlingame, Calif.
- Lloyd J. Phillips, 903 Hume Mansur Bldg., Indianapolis, Ind.
- Jens J. Pindborg, Brodjoj 2, Gentofte, Denmark
- Donald K. Pokorny, 1238 Berkshire, Grosse Pointe Park, Mich.
- Ignatius N. Quartararo, 246 Westminister Road, West Hempstead, N. Y.
- Harry Quint, Jr., 9200 Colima Road, Whittier, Calif.
- Edward Charles Raffetto, Dental Division, Bureau of Medicine and Surgery, Navy Dept., Washington, D. C.
- Carl W. Rasmussen, 3701 Stocker St., Los Angeles, Calif.
- H. Vernon Reed, 847 Monroe Ave., Memphis, Tenn.
- Clarence Newton Reiersen, 1845 Medical Arts Bldg., Minneapolis, Minn.
- Dario Restrepo-Gallego, 1501 New Hampshire Ave. N.W., Washington, D. C.
- Bruce Horace Rice, 3909 Van Buren Blvd., Arlington, Calif.
- Robert D. Richards, 255 Washington S.E., Grand Rapids, Mich.
- Gilbert N. Robin, 3519 Fifth Ave., Pittsburgh, Pa.
- Michael Thomas Romano, University of Kentucky, College of Dentistry, Lexington, Ky.
- Edwin J. Ropes, 100 North Palm, Woodlake, Calif.
- Lester E. Rosenthal, 1020 Grand Concourse, Bronx, N. Y.
- Francis Barrington Rudine, 655 Homer Ave., Palo Alto, Calif.
- Timothy E. Ryan, Jr., 217 Wisconsin Ave., Waukesha, Wis.
- Henry C. Sandler, 436 Beach 131st, Bell Harbor, N. Y.
- Arje Scheinin, Kaskentatu 4 b18, Turku, Finland

- Henry William Scherp, National Institute of Dental Research, National Institutes of Health, Bethesda, Md.
- Leonard K. Schreiber, Route 2, Box 1012, Augusta, Ga.
- Alfred Schuchard, 1155 University Drive, Menlo Park, Calif.
- Robert Julius Schulstad, 8201 S.W. 19th St., Portland, Ore.
- Walter Schwartz, 14 Westfield Ave., East Roselle Park, N. J.
- Peter Alfred Sciullo, 63 Old Clairton Road, Pittsburgh, Pa.
- Leonard C. Scribner, 719½ Main St., Stevens Point, Wis.
- Andy Wison Sears, 2705 Atlantic Ave., Jacksonville, Fla.
- David Seligson, 2102 Broderick Tower, Detroit, Mich.
- Alvin D. Senter, 2844 Summit St., Oakland, Calif.
- Raymond W. Shaddy, 3341 N. 48th St., Omaha, Neb.
- William H. Silverstein, 53 East 66th St., New York, N. Y.
- F. Marion Slack, Jr., 800 5th Ave., Ft. Worth, Tex.
- Donald E. Smith, 1201 N. E. 7th, Grants Pass, Ore.
- Mulford Smith, 214 Professional Bldg., Long Beach, Calif.
- Roy Martin Smith, 4947 Dee Road, Memphis, Tenn.
- Peter G. Sotiropoulos, 6919 State St., East St. Louis, Ill.
- Stuart Charles Stanhope, 13012 Manchester, St. Louis, Mo.
- Emmett Martin Stanton, Jr., 205 Third Ave., San Mateo, Calif.
- Joseph G. Stewart, 240 South Ripley St., Montgomery, Ala.
- Robert H. Stiff, 4601 Doverdell Drive, Pittsburgh, Pa.
- Jacob Stork, 3 Zandvoorteweg, Aerdenhout, Netherlands
- Elaine A. Stuebner, 25 E. Washington St., Chicago, Ill.
- Leo Werner Söffert, Faculdade de Odontologia de P.Alegre, Alegre, R.S. Brazil
- Henry Adolph Sutro, 4226 Park Blvd., Oakland, Calif.
- Marjorie Swartz, 1121 W. Michigan St., Indianapolis, Ind.
- William H. Tade, State University of Iowa, College of Dentistry, Iowa City, Ia.
- James B. Taylor, 239 Driftwood Rd., Corona del Mar, Calif.
- J. Harold Thomason, 643 S. Wilton Place, Los Angeles, Calif.
- Henry Clay Thompson, III, Madigan General Hospital, Tacoma, Wash.
- Edmund Alfred Travaglini, 708 Woodlane Drive, Pittsburgh, Pa.
- James LeRoy Trone, Sr., 103 Park Circle, Elkton, Md.
- Marvin Alfred Tuckman, 599 Broadway, Paterson, N. J.
- Julio C. Turrell, Soriano 1105, Montevideo, Uruguay
- Michael Turoff, 1 Hanson Place, Brooklyn, N. Y.
- Ruth Vann, 1225 Park Ave., Rochester, N. Y.
- William Frederick Via, Jr., Henry Ford Hospital, Detroit, Mich.
- William O. Vopata, 21 N. Delaplaine Road, Riverside, Ill.
- Donald J. Walden, 1100 E. 18th St., Denver, Colo.
- David R. Wallace, 211 East State St., Trenton, N. J.
- Richard A. Walle, 1023 Maison Blanche, New Orleans, La.
- Yoshio Watanabe, Dept. of Oral Surgery, Okayama Medical School, Okayama City, Japan
- Ernest Chas. Watkins, 646 Los Altos Rancho, Los Altos, Calif.
- Robert L. Weiss, Dental Health Center, 14th and Lake Sts., San Francisco, Calif.
- Frederick W. Wertheimer, 14234 Rutland Ave., Detroit, Mich.
- Leslie Edward Wilde, 159 Elm Ave., Larkspur, Calif.
- David J. Wilson, Wilson Biles Bldg., Athens, Ala.

- Julian B. Woelfel, 445 W. 8th Ave., Columbus, Ohio  
 Lloyd W. Wolford, 108 W. 22nd St., Olympia, Wash.  
 Fred Wolfsohn, 209 Post St., San Francisco, Calif.  
 Howard Beaty Wood, 19 S. Liberty St., Cumberland, Md.  
 Joseph Ross Woodul, 6115 La Vista Drive, Dallas, Tex.  
 Willoughby R. Wright, 2200 Santa Monica Blvd., Santa Monica, Calif.  
 Hamilton R. Young, 4559 Scott Ave., St. Louis, Mo.  
 Leo Zach, 350 Central Park West, New York, N. Y.  
 Isadore Zipkin, National Institute of Dental Research, National Institutes of Health, Bethesda, Md.  
 Clarence J. Zimmerman, 301 Richards Professional Bldg., Ft. Myers, Fla.  
 Anthony Thomas Zukoski, 2001 Columbia Pike, Arlington, Va.
- Karikrishna D. Merchant, Sambava Chambers, Sir P. M. Road, Bombay, India  
 Clifford T. Nelson, 601 Medical Arts Bldg., Grand Rapids, Mich.  
 G. Rizali Noor, Indonesian Dental Association, Merdeka Barat 19, Dya-kartal/22, Indonesia  
 Ulf A. Posselt, Royal Dental School, Malmo, Sweden  
 Sigurd P. Ramfjord, University of Michigan, School of Dentistry, Ann Arbor, Mich.  
 Jacob Ramm, Vaekerveien 25, Bestun, Norway  
 Oscar Javier Restrepo N, Calle 52-43-70 Of. 201, Medellin, Colombia  
 Kanwar Lal Shourie, Office of the Dean, Government Dental College and Hospital, Bombay, India  
 Harcourt Morgan Stebbins, CMR Box 7, 7310 ABW APO, New York, N. Y. 09057  
 Robert J. Thomas, 74 East 18th St., Eugene, Ore.  
 Donald Lorne Truscott, 100 Fifth Ave. South, St. Petersburg, Fla.  
 Adriano Vilanova, Jr., Universidad de el Salvador, Faculdade de Odontologia, Salvador, El Salvador

## IN ABSENTIA

- Victor A. Boettner, Eligio Ayala 1050, Asuncion, Paraguay  
 Guillermo A. Ries Centeno, Avda Libertador Gral, San Martin 3088, Buenos Aires, Argentina  
 Antonio Adamastor Correa, Rua Tres Rios, 363, Sao Paulo, Brazil  
 John J. Cunat, 458 Brantwood Blvd., Snyder, N. Y.  
 George Neville Davies, University of Queensland, Dental College, Turbot St., Brisbane, Australia  
 Francisco Degni, Rua Marconi, 131 90 Andar, Sao Paulo, Brazil  
 Hurtle Thos. Jack Edwards, 282 Henley Beach Road, Underdale, South Australia  
 Gustav Korkhaus, Der Klinik-und Poliklinik for Mund, Zahn-und Kieferkrankeiten, Bonn, Germany  
 Alastair MacDonald, 6 Harcourt House, 19A Cavendish Square, London, England  
 J. Rodney Mathews, 2300 Durant Ave., Berkeley, Calif.

## HONORARY FELLOWSHIPS

Honorary Fellowship was conferred on Russell S. Poor, the Convocation speaker. The citation was read by Thomas J. Hill, as follows:

On behalf of the Board of Regents, I have the honor to present Dr. Russell Spurgeon Poor. Dr. Poor has had a distinguished career throughout which he has made outstanding contributions to the health sciences.

Trained as a chemist and a geologist, he has served on the faculties of Missouri Wesleyan, Illinois, and Birmingham-Southern Universities. In an administrative capacity he has been Dean of the Graduate School of the Alabama Polytechnical Institute, and

Director of Medical Center Studies of the University of Florida where he served as Provost for nine years. He was a member of the President's Commission on Employment for the Handicapped in 1956. He is the recipient of the honorary degree of Doctor of Science from Birmingham-Southern University.

It was due to his efforts that the facilities of the Oak Ridge National Laboratories were made available to scientists with University connections. He gave valuable service as the Associate Chairman of the Committee on Dental Health of the Survey of Dentistry by the American Council on Education. He has served with distinction as a member of the National Advisory Council on Dental Research of the National Institute of Health and now is Director of the Division of Nuclear Education and Training of the U. S. Atomic Energy Commission.

These are among his many activities and his many positions, but his career has been marked by his interest in the development of scientists and the direction of their efforts to problems of health and human betterment.

Because of his broad scientific background, his ability to make clear and analytical evaluations, his devotion to the immediate problems before him and his earnest interest in science and health he has distinguished himself in his association with all of the health sciences.

His contributions to dentistry as a lay member of the committees and councils on which he has served has broadened our concepts and raised our goals for greater service by our profession.

Mr. President, may I present to you that he may receive Honorary Fellowship in the American College of Dentists—Dr. Russell Spurgeon Poor.

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Honorary Fellowship was conferred

also on Dr. J. B. de C. M. Saunders. The citation was read by Willard C. Fleming:

Dr. John Bertrand de Cusance Morant Saunders, Chancellor of the San Francisco Medical Center: As a medical teacher, Professor of Anatomy, as an academician, Professor of Medical History, as a clinician, orthopedic surgeon, and as a scholar, librarian of the San Francisco Medical Center, yachtsman, golfer, and author. All of these achievements are singularly the results of his own efforts. One other achievement, which he considers of transcending importance, he has had to share with three other people, he is also a grandfather.

His mastery of the history of the health sciences has enabled him to project into the future of these sciences; thus he is largely responsible for the idea that the medical and health centers of the future will deal with human ecology; in other words, man and his total environment rather than man and his diseases.

This comprehensive program includes dentistry as an important part of the health picture and this broad interest is reflected in the support he has given to dental education and research. The American College of Dentists recognizes Dr. Saunders' particular interest in dentistry but more important, his vision and working plan to incorporate all health services in the total health of man.

I am pleased to present Dr. Saunders for Honorary Fellowship in the American College of Dentists.

#### THE AWARDS

The William John Gies Award was given to two men. First, to Emory W. Morris. The citation was read by Frank P. Bowyer:

It is my very real privilege to present Dr. Emory W. Morris for the William John Gies Award—the highest

honor that the College can bestow upon one of its Fellows. A distinguished dentist whose span of public service has ranged far beyond his immediate professional field, Dr. Morris has never lost sight of dentistry during the thirty-one years he has devoted to the administration of philanthropy.

A graduate of the University of Michigan in 1928, he left private practice after five years to become Dental Director of the W. K. Kellogg Foundation of Battle Creek, Michigan. Ten years later he was made President and General Director of the Foundation which, under his able leadership, has become recognized today as one of the outstanding organizations of its kind in the world. Among several thousand foundations in the United States, it ranks now as the fourth largest, and it is the only major foundation which has always included dentistry as one of its principal fields of interest.

Long active in dental affairs, Dr. Morris served as President of his local dental society, a member of the Battle Creek Academy of Medicine and Dentistry, member of the Executive Council of his state society, and first chairman of the American Dental Association Council on Dental Health. More recently he has been a member of the National Advisory Dental Research Council and a Director of the American Fund for Education.

In the broader area of health and public affairs, he has served as a member of the Surgeon General's Consultant Group on Medical Education, as a Delegate to the World Health Assembly in India (1961), as Advisor to the U. S. Delegation to the XVI Pan American Sanitary Conference, and as Consultant to the Senate Foreign Relations Committee on Foreign Aid to Southeast Asia.

Dr. Morris' statesmanlike guidance of the Foundation's contributions to

health, education, and agriculture has brought him recognition in the form of honorary degrees from Tufts, Loyola, Michigan, and Michigan State Universities. His honorary memberships include the American Dental Association, the American Association of Dental Schools, the American Hospital Association, and the American College of Hospital Administrators. In addition, the Foundation has received numerous citations and awards which are reflections, at least in part, of the vision and wisdom of his leadership.

For his contribution to dentistry, as well as for a distinguished record of public service generally, which has also reflected great credit on his chosen profession, the College is proud to present to Emory W. Morris, the William John Gies Award.

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The other recipient of the William John Gies Award was Thomas F. McBride, Editor of THE JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS. The citation was read by Percy G. Anderson, in the absence of Clarence W. Hagan:

Tom McBride received his dental degree, cum laude, from the University of Pittsburgh School of Dentistry in 1929. Following graduation he became a full time teacher at Pittsburgh, with continuing study in English, Journalism, and graduate work in Biology. The latter study was supplemented during several summers as a research investigator at the Marine Biological Laboratory, Wood's Hole, Massachusetts. During these several summers he attended courses at the Harvard School of Education and New York University.

In 1938 he entered a part time practice—general and hospital. He devoted full time to this practice beginning in 1945. And in 1955 he returned to teaching as a full time professor at



the Ohio State University. He is now Chairman of the Division of Fixed Partial Prosthodontics at that institution.

In addition to all of this time in education, research, and practice he gave still more of his efforts to dental journalism. To note briefly: for 15 years he was editor of *Dental Rays*, an outstanding student-alumni publication of the University of Pittsburgh (many of his editorials furthered the work of the College's Commission on Journalism); for 4 years a contributing editor to the *Annals of Dentistry*; for 4 years a contributing editor to THE JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS; for 6 years editor of the *Bulletin* of the Odontological Society of Western Pennsylvania; for 4 years editor of the *Pennsylvania Dental Journal*; for 2 years editor of the *Columbus Dental Society Bulletin*; for 2 years a member of the Publication Committee of the *Ohio Dental Journal*; and since 1959 the Editor of THE JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS.

He has been long active in the American Association of Dental Editors—a past president. He has been associated, for over 20 years, with the Committee on Journalism of the College.

It was his privilege to know William John Gies and to work with him on many committees of the American Association of Dental Editors. It can truly be said that he sat at the feet of Gies and learned early to apply Gies' philosophy to the problems of dental journalism and education.

In view of Dr. McBride's achievements, and background it is extremely fitting and proper that the Gies Award be given him. I so recommend.

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THE SCROLL OF HONOR

Otto W. Brandhorst, Secretary of

the College, was given this new award. He was completely unaware that such a recognition of his services had been planned and executed. The citation was read by Thomas F. McBride as follows:

In the early days of the American College of Dentists, Fellowship was conferred largely in recognition of past contributions to the profession. This is still a qualification for Fellowship. But as the College developed and its activities expanded, more consideration was given to the potentials and possibilities for continuing service of the persons nominated. This was a desirable and needed change as the College began to build a younger and more vigorous, active organization.

As the years went by and the College became more and more a potent force in the progress of the profession, through the continuous activities and leadership of its members, it was inevitable that additional honors be established to acknowledge and encourage unusual effort and accomplishments by Fellows.

So it came about that the William John Gies Award was originated to reward meritorious service to the College and to the profession. It was significant and appropriate to give the award the name of Dr. Gies: his long and untiring efforts in behalf of dentistry represented a life, a labor, and a love that warranted emulation. From its beginning in 1940, the Gies Award has been presented from time to time to Fellows who have made unusual contributions; some 25 Fellows have received this award.

There is yet another honor for Fellows, the Service Key. This is a replica of the Mace of the College, and traditionally is given to the retiring president. Occasionally the Key has been given to other deserving persons.

There have been these two honors, beyond Fellowship, that could be presented to members of the College. Now, this year, the Officers and Regents, with the invaluable advice and assistance of Miss Fern Crawford, have created a third award.

This has been designed in the form of a "Scroll." One of the dictionary meanings of scroll is: a roll, usually of parchment, with ornamental inscriptions or records. In many instances, scroll also carries the connotation of honor and esteem. Hence, the SCROLL OF HONOR OF THE AMERICAN COLLEGE OF DENTISTS.

This award has been created specifically to honor further a man who, like Gies, has given much of his life, labor, and love to the College. The Gies Award and the Service Key already are his. Now to him, this Scroll, that possibly will not again ever be awarded.

It would be redundant, and embarrassing to the recipient of this unusual honor, to recount his multitudinous accomplishments and virtues. I will only read the inscriptions on the Scroll.

But first, two quotations, one old in time and one just recent, both appropriate to the occasion and to the man.

To paraphrase a passage from Virgil's Aeneid: "While rivers run into the sea, while on the mountains shadows move over the slopes, while heaven feeds the stars, ever shall his honor, his name, and his praises endure."

And these words by Harold Macmillan when Winston Churchill was lauded in the House of Commons: "The life of the man whom we are honoring is unique. The oldest among us can recall nothing to compare with him, and the younger ones among you, however long you live, will never see the like again."

The Scroll, a handsomely leather-bound book, stated: "His name is here inscribed to be known forever. . . . Three Decades of Service, Achievement, Dedication. . . . Fellowship was conferred at the St. Paul Convocation, August 5, 1934. . . . There have followed thirty years of unselfish and untiring endeavours. . . . These years have been devoted to the promotion of the highest ideals of the dental profession. . . . These years have been devoted to the promotion of such ideals through the numerous activities of the American College of Dentists . . . as Fellow, Editor, Regent, Secretary . . . and since he has received the Service Key and the William John Gies Award. . . . In further recognition of this service and his many efforts on behalf of the dental profession and the American College of Dentists . . . this Scroll of Honor is now created, and the name OTTO W. BRANDHORST written thereon."

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There was a reception before the dinner in the Grand Ballroom of the Fairmont Hotel. Over 800 persons attended. The invocation was pronounced by Capt. Earl D. Sneary, CHC, U. S. Naval Hospital, Oakland, California.

President Rounds introduced the guests, and installed the newly elected Officers and Regents. Secretary Brandhorst presented the Service Key to Dr. Rounds, using the opportunity to explain its purpose, origin, and what it represented; the Key is a replica of the Mace of the College.

Incoming President Lyons read his Inaugural Address. (This appears in this issue of the JOURNAL.)

Following entertainment—"A Polynesian Festival"—adjournment was at 10:45 P.M.

# Minutes of the Meetings of The Board of Regents

NOVEMBER 5, 6, 7, AND 9, 1964, SAN FRANCISCO

## FIRST MEETING

The Board met Thursday, November 5, at 1:30 p.m. in the Fairmont Hotel, San Francisco. Thirteen members were present. Treasurer Pierson was absent because of American Dental Association activities; Vice-President Hagan was unable to attend because of illness. President Rounds presided. Historian Henry A. Swanson pronounced the invocation. The minutes of the April 10-11, 1964, meetings were approved. The report on the minutes by the Secretary was received.

*Reports of Officers:* President Rounds discussed his activities during the year, including correspondence, meetings attended, articles prepared and pub-

lished, conferences; he presented three specific recommendations:

1) That the Committees on Health Services and Professional Relations be combined;

2) That further consideration be given to the assignment of members of the Board of Regents to certain Sections in order to establish a closer relationship with the Sections;

3) That steps be taken to select an Assistant Secretary. (Reports on the recommendations appear later in these minutes.)

The Secretary presented the report of the Treasurer (as of October 30, 1964):

The Minutes have been abbreviated by the Secretary, O. W. Brandhorst.

Number	Type	Amount	Mature	Total
2710236	Treasury Bill	\$ 5,000	Dec. 10, 1964	
4869937	Treasury Bill	1,000	Dec. 10, 1964	\$ 6,000
MI9502K/4K	Series K Savings bond	2,000	June 1, 1966	2,000
V27180K	Series K Savings	5,000	June 1, 1967	
M331622/4K	bonds	3,000	June 1, 1967	8,000
M417945/8K	Series K Savings bonds	4 bonds 1,000 each	Aug. 1, 1968	4,000
30155-56- 57-58-59	Treasury bonds	5 bonds 10,000 each	Nov. 11, 1968	50,000
X2016765H	Series H Savings bond	10,000	March 1, 1971	10,000
1049K				
54309K/13C	Treasury Bond	5,000 (5 bonds 1,000 ea.)	June 15, 72/67	10,000
				90,000.00
Bank Balance October 30, 1964 .....				32,682.83
Total .....				\$122,682.83

The report of the Auditors for the fiscal year July 1, 1963, to June 30, 1964, was distributed by the Secretary. The Treasurer's Report was received.

Historian Swanson gave a detailed report of his activities. He called special attention to an exhibit, among the scientific exhibits of the American Dental Association (1964), titled "The American College of Dentists Honors William Shakespeare." Attention was also directed to an exhibit of the ADA, by C. Willard Camalier, describing the first wireless experiment, invented by a dentist—Mahlon Loomis—in 1850 preceding Marconi's invention.

The Secretary reported on the following: Ad-interim activities and polls; invitations to Fellowship extended; Central Office activities; and special correspondence.

In the latter item, the following was of special interest. A telegram was sent to Mr. Herbert Hoover on the occasion of his 90th birthday:

August 10, 1964  
The Honorable Herbert Hoover  
Waldorf Astoria Towers  
New York, N. Y.

The American College of Dentists joins your many friends in extending greetings to the world's greatest statesman and humanitarian on your 90th birthday. We are proud to have you as one of the Honorary Fellows of the College.

The telegram was signed by Dr. Brandhorst as Secretary and the reply follows:

August 31, 1964  
Dr. O. W. Brandhorst  
4236 Lindell Blvd.  
St. Louis, Missouri

Mr. Hoover wants you to know that your very gracious message was indeed a heart warming birthday remembrance. He is deeply grateful and sends his good

wishes to you and all of the members of the American College of Dentists.

Yours sincerely,  
Elizabeth Dempsey (Secretary to Mr. Hoover).

Secretary Brandhorst then reported on the deaths of Fellows since the April meetings of the Regents. (For a complete listing since the 1963 Convocation, see the minutes of the 1964 Convocation in this issue.)

President-Elect Lyons and Editor McBride gave brief reports.

*Reports of Regents:* Each reported and discussed his special activities, conferences, communications, and Section meetings.

The Secretary, on behalf of an anonymous giver, presented two flags to the College. One, the flag of the United States of America; the other, the flag of the American College of Dentists. The latter has a background of lilac (representing dentistry) and inscribed thereon the letters ACD in American rose, the color of the American College of Dentists. President Rounds accepted the flags on behalf of the Board of Regents.

*Unfinished Business:* The President and Secretary were authorized to appoint Ceremonial personnel and to make dual appointments when and where desirable. It was voted to conduct a pilot effort on the ACD Lectureship as suggested by the Secretary. The matter of preparing a Freshman Student Booklet was referred to the Committee on Communications.

#### SECOND MEETING

This meeting convened at 8:30 a.m., Friday, November 6. Again, all members, except Drs. Hagan and Pierson, were present.

*New Business:* The Ovid Bell Press, Inc., Fulton, Missouri, was again awarded the printing contract for the

JOURNAL in 1965. It was voted to increase the subscription price of the JOURNAL to \$10.00, beginning with the January, 1966, issue. An Ad-Hoc Committee of the Board was authorized to confer with Mr. Joseph Dickinson, of the American Fund for Dental Education, Inc., concerning the College's cooperation with the Fund. The Secretary was instructed to assign members of the Board to the various Sections, as suggested by President Rounds.

### THIRD MEETING

This meeting began at 1:00 p.m., Friday, November 6. The business was devoted primarily to hearing the reports of the various committees of the College. Important actions follow:

The Committee on Education recommended certain "Guidelines for the Development of Continuing Educational Opportunities in Dentistry." These were approved by the Board; the guidelines were published in the *ACD Reporter*, February 1965, and distributed to all Fellows.

The Committee on Conduct recommended that the statement on monetary interests, approved by membership vote with the adoption of the amendments to the Bylaws on November 8, 1964, be incorporated in the brochure, "A Guide to Conduct for Fellows of the American College of Dentists." The Board approved.

Following a recommendation of the Committee on Research, the Board voted to establish a special sub-committee of the Committee on Research to guide the further development of the Institute for Advanced Education in Dental Research. The sub-committee will consist of Drs. W. D. Armstrong, J. A. English, T. J. Hill, Samuel Pruzansky, and David B. Scott. It was further agreed that plans be developed to recognize publicly the participants of the Institute.

Plans for the functioning of the Committee on World Relations, and a statement of a new policy for Fellowship nominations from countries other than the United States and Canada were approved.

On recommendation of the Committee on Journalism, it was voted to de-activate this Committee. It was the consensus that the initial purposes of this Committee had been accomplished, and that items of journalistic interest were now being cared for adequately by the American Association of Dental Editors and the Council on Journalism of the American Dental Association. The 1964 Committee will conclude its activities with the evaluation of the 1965 Writing Award Competition.

The Committee on Operation Bookshelf presented a broad outline for activity. While approved, it was subsequently necessary for the Secretary to ask Sections to delay shipments, and possibly collections, until shipping difficulties had been overcome.

The Secretary, for the Committee on Professional Relations, presented an extensive program on "Optimum Health" planned for the 1965 Las Vegas and several subsequent Convocations. Later it was agreed that an effort be made to confine this program to the Las Vegas Convocation only.

The Committee on Health Services was de-activated, and the purposes were assigned to the Committee on Professional Relations.

The Committee on Social Characteristics outlined in detail the program for a college workshop on "Enhancing the Image of Dentistry." (The workshop was held in January, 1965, at St. Louis. Plans for the publications of the Proceedings will be discussed at the April meeting of the Board.)

The Committee on Specialization and General Practice presented a report that will be published in an early



issue of the JOURNAL. Chairman Willard C. Fleming was appointed to continue as Chairman and guide further studies of the Committee.

The several *Committees of the Board of Regents* reported; the actions taken follow:

The Committee on History presented an extensive report including the following: 1) The newly constructed Museum of History and Technology was dedicated and opened to the public on January 18, 1964; 2) It has been ascertained that Mahlon Loomis, a dentist, was the first person to take out a patent on wireless telegraphy; this superceded Marconi's discovery; 3) There is a need for specific rules and regulations in considering persons for honors and awards; and 4) There is a need for a questionnaire survey to obtain updated biographical material on Fellows.

These recommendations of the Committee on History were approved: 1) That a complete biographical sketch be furnished when nominations are made for honors and awards; 2) That nominations for awards and honors be submitted six months prior to the date of the Convocation when they will be presented; and 3) That each Officer and Regent urge their Sections, and other Sections in their areas, to complete the biographical questionnaire promptly.

It was agreed that the Committee on Future Development, Facilities, and Personnel give further consideration to the plans for development, and outline more specifically the

problems and steps toward their solution.

The Committee on the Survey of Dentistry was de-activated.

The Ad-Hoc Committees on Potentials, Reorganization of the American College of Dentists, and Nominations were discontinued.

The Ad-Hoc Committee on Communications was requested to study the matter of a Freshman Student Booklet and report at the Spring meeting of the Board.

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Several persons were interviewed for the position of Assistant Secretary.

#### FOURTH MEETING

This was held at 8:00 a.m., Saturday, November 7. The session was devoted mostly to a discussion of the proposed changes in the Constitution and Bylaws. Dr. Henry B. Fitch was selected as Assistant Secretary.

#### FIFTH MEETING

This, the first meeting of the new administration, took place on Monday, November 9, at 5:00 p.m. President Lyons presided. He expressed appreciation for the privilege of serving further the College, and reported briefly on plans for the coming year. Dr. Lyons was given the privilege of completing committee appointments in areas where vacancies existed. The Secretary reported that 820 persons were served at the dinner on Sunday, and 729 at the luncheon. The meeting adjourned at 6:00 p.m.



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## Correspondence and Comment

"SOCIAL DENTISTRY" IN EUROPE. Jess Hayden, Jr., D.M.D., Ph.D., Associate Professor, Schools of Medicine and Dentistry, Loma Linda University, California. (Dr. Hayden was a Fulbright-Hays Visiting Professor, Royal Dental College, Aarhus, Denmark, 1963-64.)

The purpose of this comment is to question the statement, "Social dentistry in Europe is a term used for government-supported dentistry. While it is not advertised, it implies inferior dentistry" (J. Am. Col. Den. 32:53. Jan. 1965). The professional respect which Dr. Salzmann has earned makes me approach this task with trepidation. My experience has been limited to observations made during the period of one academic year when I served as the Chairman of the Department of Pedodontics at the Royal Dental College, Aarhus, Denmark. Although Dr. Salzmann's remarks are in very general terms, I believe it is within context to refer to conditions in one European country.

In "social" Denmark, one may see community-supported dental health clinics which, since their inception in the 1930's, have served children in the 7-16 year age bracket with dental treatment which is not inferior in terms of restorative technics taught at western American schools of dentistry.

A department under this heading was initiated in Volume 1 (1934) of the JOURNAL by William J. Gies, then the Editor. It is being continued occasionally as circumstances permit.

Readers and Fellows of the College are invited to submit discussion for publication; letters to the Editor also will be considered. Because of space limitations, contributions for this department should be brief and direct. (T.McB.)

Specifically, I have observed in the Aarhus children's community dental health clinics that amalgam for amalgam, the restorations are not inferior; diagnosis for diagnosis, the many clinics depend on the physical aids of cephalometric, panoramix, and intra-oral radiography and laminographic services are available. The training of dentists is not on a graduate level, but it is competent. Orthodontics is on a specialty level. The director has a M.P.H. from the University of Michigan. Therefore, from the standpoint of general physical features and professional competence for restorative and orthodontic needs, these clinics provide a superior diagnostic service. Treatment plan for treatment plan—there is a difference! However, to what studies can one refer to determine what is superior or inferior when comparing dental services in the United States and Europe? One is staggered by the complexity of the problem within our own country.

As Moersch and I stated (So. Cal. Dent. A. J. 32:392, Oct. '64): A cross-cultural study is needed which might consider, among other things, the mutual relationship of dentistry to political structure, social system, economy, communications, network, and ideology.

I am not championing the proposal that the state pay for dental treatment. But, to state that such services always imply inferior dentistry is to lose the battle before presenting the first point in favor of private financing of dental care.

REPLY TO DR. HAYDEN. J. A. Salzmann, D.D.S., Editor of Reviews and Abstracts, *American Journal of Orthodontics*.

Thank you for the copy of your let-

ter . . . in which you question my statement as follows: "Social dentistry in Europe is a term used for government-supported dentistry. While it is not advertised, it implies inferior dentistry." You then present evidence of your own experience. There is no question in my mind that your own efforts and those of the Department of Pedodontics at the Royal Dental College at Aarhus, Denmark, were comparable with any dental service anywhere in the world including the United States. This is to be expected from a man with your background and from dentists in Denmark. I am personally acquainted with some of the faculty at the Royal Dental College and would expect from them no less than stated in your letter. . . . My remarks in general are based on personal observations in other European countries and on the opinions expressed to me by dentists who are actually participating in government-supported dentistry.

While I stand by my statements I can still conscientiously accept your experience with regard to the Royal Dental College at Aarhus, Denmark.

May I refer you also to my editorial in the *American Journal of Orthodontics* for March, 1965, pages 210-212.

HOW TO SUCCEED ON THE A.D.A. COUNCILS. Editorial in the JOURNAL, January, 1965.

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Percy T. Phillips, D.D.S., Secretary, Dental Society of the State of New York.

A large paper orchid for your excellent editorial, "How to Succeed on the A.D.A. Councils" in the January issue of the *American College*. There is contained much food for studied thought.

I have been privileged to serve at the A.D.A. level for quite a few years,

and during my tour of duty on the Board of Trustees, this problem was frequently and freely discussed by my confreres at that time, and I presume it happens today as well. For what I am sure are obvious reasons to you, no satisfactory alternatives seemed to evolve, and so the basic problem remains the same.

Again—a very forthright editorial.

William F. Swanson, D.D.S., M.S., Former Dean, School of Dentistry, University of Pittsburgh.

Splendid . . . your editorial in the January JOURNAL. You certainly hit the nail on the head, and drove it directly into a very vital spot.

S. Elmer Bear, D.D.S., Secretary-Treasurer, American Society of Oral Surgeons, Richmond, Virginia.

First and foremost, let me state that I feel that you have a lot of nerve. Secondly, let me state that I agree and admire you for your editorial in *The Journal of the American College of Dentists*. You are to be congratulated for your forthright statement and a rather brief but concise evaluation of a difficult problem.

The American Dental Association has certainly grown beyond the bounds of political patronage. The effectiveness of its Councils will continue to be minimal unless every effort is made to utilize the competent personnel around the country regardless of geographic location.

Whether or not your solution is the most effective means of accomplishing the above I cannot say, but certainly something should be done. One very forceful way of accomplishing the above would be for a trustee to present names for all vacancies that exist. If he has a competent name to present, he should totally ignore the patronage he now expects in return. Certainly whatever mechanism is worked out, the over-riding desire should be to put

men of competence on a Council rather than any other possible consideration.

Again may I tell you how much I enjoyed your comments and I hope that it will in time bear fruit.

*Edward C. Dobbs, D.D.S., Professor and Chairman, Pharmacology, Dental School, University of Maryland.*

. . . As a dues paying A.D.A. member, I have felt for a long time that this appointment procedure was keeping men on the Councils long after their usefulness can be justified or, conversely, by preventing young capable men with capacities for contributing off the Councils.

I believe that the College can contribute much to remedy the minor ills of the A.D.A. by disseminating this kind of information.

*Robert I. Kaplan, D.D.S., Editor, New Jersey State Dental Society.*

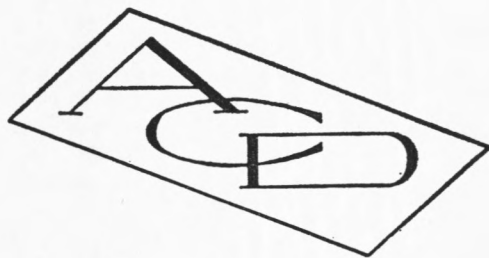
. . . You have called attention to a problem which certainly needs correction. The present method of making appointments to Councils and Committees of the American Dental Asso-

ciation is redolent of old time ward politics and deserves no place in today's professional world. The fact that certain Trustees control nomination to certain Councils, and that an accident of geography may prevent a capable man from ever filling an appointment for which he may be eminently suited, keeps the A.D.A. from functioning at its highest level of efficiency.

In this day and age some means should be sought that will allow more men of ability to serve where best needed, regardless of the Trustee district from which they come.

*Joseph H. Kauffmann, D.D.S., Editor, Bulletin of the New York State Society of Dentistry for Children.*

. . . congratulations to you for your timely, spirited, and important editorial in the January, 1965, issue of the JOURNAL. . . This editorial should be read by every member of the organization. . . If we can get more editors to speak up as they should speak up, perhaps we may yet live to see the day when the American Dental Association will operate at its optimal usefulness.





## Looks at Books

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**AN ATLAS OF CAST GOLD PROCEDURES.** By Russell W. Bassett, D.D.S., Rex Ingraham, B.S., D.D.S., and John R. Koser, D.D.S. 256 pp. Uni-Tro College Press, 5812 Beach Blvd., Buena Park, Calif. 1964. \$37.50.

Dentists in general practice and students in the profession have long had a need for a systematic and comprehensive treatise in cast gold procedures. Teaching programs have not been as thorough in this field as perhaps the subject matter demanded. Such an inadequacy in the teaching and learning processes stems from the fact that a concise book on the subject has not been available. The book, *An Atlas of Cast Gold Procedures*, has been introduced in the profession and will most definitely fill the existing void in understanding all phases of cast gold restorations.

This atlas is arranged in a rather unique fashion. It begins with a short but thorough chapter in diagnosis, treatment planning and temporary restorations. It ends with a discussion on the importance of tooth form and function. The reader can easily follow and understand that the first step in any dental service is to properly evaluate the patient and determine the required treatment procedure which, when executed, will produce the best results in maintaining and/or restoring function. In between the first and last chapters can be found the descriptions for the various types of cast restorations from a simple intracoronal casting to the more extensive restorative cast procedure. The direct and indirect methods of wax pattern construction are fully described, placing each method in its proper perspec-

tive. The authors have been extremely thorough in outlining the procedures involved in the development of cavity forms and finishing of the casting. Of course, investment technics are also covered in some depth. All in all, the entire book is a compilation of valuable data of extremely important clinical significance.

The atlas has been profusely illustrated with black and white and color photographs and drawings. The photography and art displayed are of the highest quality and they serve to provide visual assistance in understanding the multiplicity of procedures essential to cast gold restorations. Of particular interest is the development of a one-plane drawing of occlusal relationships depicting intercuspal positions in hinge occlusion and lateral excursion.

It should be pointed out that throughout this atlas emphasis has been placed upon the need for developing a high degree of proficiency in all dental services rendered. The contents of the text leave the reader with a sincere motivation to elevate his standards to a higher level of achievement. There is no doubt that this atlas will become a standard reference book for all undergraduate programs in operative dentistry, for it provides a much needed step-by-step approach to cast gold procedures. It will also serve as a source of reference material for all those actively practicing restorative dentistry. Drs. Bassett, Ingraham and Koser should be extended our heartiest congratulations for this beautifully illustrated and thoroughly documented practical approach to cast gold procedures. They deserve our most sincere thanks for providing the profession with this

contribution which will undoubtedly enhance the quality of restorative dental services.—José E. Medina, D.D.S., Professor and Head, Department of Operative Dentistry, University of Maryland.

**ORAL HISTOLOGY: INHERITANCE AND DEVELOPMENT.** By D. Vincent Provenza, M.S., Ph.D. 548 pp. Phila.: J. B. Lippincott Co. 1964. \$14.00.

This textbook and reference book contains a wealth of information and has over 600 illustrations, most of which are very good and many of which are excellent. The text is divided into four parts: Part I—*Inheritance and Development*; Part II—*The Tooth and Its Adnexa*; Part III—*Other Organs of the Para-oral and Paranasal Cavities*; and Part IV—*Histochemistry*.

Referring in his preface to the "importance of the mechanisms involved in inheritance and development" the author says, "When one considers that only about 25 per cent of the students entering dental schools have been thoroughly grounded in embryology, and even fewer in genetics, reasons for the neglect of these two basic areas of human biology are questioned." Indeed, this deficiency in training needs to be corrected, and the author has attempted to do this by incorporating into one volume the foundations of genetics, embryology, oral histology, and histochemistry. He set for himself a difficult task, and like many of us when we venture into uncommonly large undertakings, he has not been altogether successful. The treatment here of both genetics and general embryology covers many pages, but a student with sufficient background to read and understand this concentrated and relatively unexplained material probably has sufficient background not

to need these chapters. The concentration of information is so great that even the fairly well informed reader must do considerable reading between the lines to follow the thought.

Chapter 3, *The Development of the Tooth and Its Adnexa*, contains a fine collection of excellent illustrations, some of them original, some borrowed from other publications. The electron micrographs are numerous and beautiful. However, if this chapter is intended for a beginner in the field, the basic processes of development should be more clearly and simply described; if it is intended for the advanced student, the basic processes should be briefly reviewed, and the details of development dealt with more specifically and clearly.

The chapter on deciduous teeth, immediately following, might be better understood if it were placed toward the end of the book, since this chapter includes a comparison of the microscopic structure of deciduous and permanent teeth, and the microscopic structure of tooth tissues is not described until the following section of the book.

Part II, *The Structure of the Tooth and Its Adnexa*, and Part III, *Other Organs of the Para-oral and Paranasal Cavities*, are, on the whole, beautifully illustrated. The author describes and illustrates the microscopic structure of the tooth, the bone, the periodontal ligament, and the attached gingival cuff. The histology of the oral mucosa, salivary glands, tongue and tonsils, and the nasal cavity and sinuses is covered in detail. In all of these areas the material presented is valuable both for the undergraduate student and as reference material, and clearly the author has extensive knowledge of his subject. But, excepting a few isolated passages, the style of writing is elaborate, almost forced, and sadly distracting to the reader: "The cuticular

elaboration of the enamel epithelium in its definitive structure and functional role has achieved the highest form of expression to perform the tasks of crushing and grinding food and protecting the subjacent dentin." (Pages 194-195.) Judicious editing to remove excess words and put unnecessarily difficult sentences into simple and clear language could, without eliminating pertinent material, reduce the length of the book considerably and at the same time make it much easier to read and to understand.

At the end of Part III is a chapter on the temporomandibular joint, its gross and histologic structure, embryology, and function, written by Dr. Joseph H. Seipp. This is well presented, well illustrated, and valuable for both undergraduate students and for reference.

The last chapter, *The Use of Histochemistry in Oral Histology*, written by Dr. Harold M. Fullmer, is very informative and valuable as reference material and as general information for the undergraduate student. There are 10 color plates containing a total of 79 excellent photomicrographs of tissues stained with various histochemical stains.

It is too bad that this book, which contains so much excellent material, is not written in easy, comfortable language.—*Dorothy Permar, M.S., Associate Professor of Dentistry (Oral Histology and Dental Anatomy), Ohio State University, College of Dentistry.*

**ACCEPTED DENTAL REMEDIES,** 1965. By the Council on Dental Therapeutics, American Dental Association. 253 pp. Available from Order Department PL-48, A.D.A., 222 East Superior St., Chicago, Ill. 60611. \$3.00.

*Accepted Dental Remedies, 1965* is the thirtieth edition of a book that is internationally recognized as a hand-

book of dental therapeutics. It is prepared by the Council and Staff of the Council on Dental Therapeutics of the American Dental Association. Although the book is used extensively in dental schools, its principal function is to provide the practicing dentist with information on the usefulness of drugs in dentistry. It further serves to alert the dentist to special problems that may be encountered when a patient seeks dental service while receiving medication or treatment by a physician. Attention is given those patients with cardiovascular disease who require special consideration. In this connection, a suggested medical history form is included. Emphasis is placed upon the importance of cooperation between the dentist and the physician when the patient gives a history of diabetes, cardiovascular disease, or of medication with such potent drugs as the corticoids or the anticoagulants.

Emergency treatment is highlighted by the important section on closed chest cardiac massage with illustrations.

*Accepted Dental Remedies* has a new look this year because of the two-color scheme for the pages. Section I, "General Principles of Medication" and the "Appendix of Accepted Drugs" are in green. The remainder of the book is in white.

This revised edition continues the expanded sections on dental therapeutics and many of the monographs have been revised in the light of current scientific information. The book has been divided into three distinct sections: "General Principles of Medication," "Therapeutic Agents," and "Therapeutic Aids." The various chapters have been realigned to fit into these categories and the chapter "Nutritional Factors" has been rewritten into two: "Nutritional Factors and Dental Health" and "Drugs for Nutritional Disorders." The material on electric toothbrushes and dentrifies

has been expanded slightly and brought up to date.

The chapter on "Fluoride Compounds" including dentrifices, prescribing fluoride supplements and topical application of fluorides has been extensively revised. The chapter "Antibiotics and other Anti-infective Agents" is now titled "Antibiotics and Sulfonamides." It too has received considerable attention in the form of revisions. The discoloration of the teeth that follows the use of tetracyclines in certain instances is discussed. The section on mouthwashes was completely rewritten in 1964 and some of the new regulatory functions of the Food and Drug Administration are included.

The book also has sections of the structural formulas of the accepted products, tables containing pertinent information, illustrations of prescriptions, latest references, a general index, an index to distributors, and an appendix of accepted drugs.—*J. Roy Doty, Ph.D., Secretary, Council on Dental Therapeutics, American Dental Association.*

**THE DESIGN AND CONSTRUCTION OF REMOVABLE ORTHODONTIC APPLIANCES.** By C. Philip Adams, M.D.S., F.D.S., D. Ortho., R.C.S. Eng., F.F.D., R.C.S.I. 154 pp. Baltimore: The Williams and Wilkins Co. 1964. \$6.50.

In the words of the author, "It is the object of this book to try to establish a systematic approach to the construction of removable orthodontic appliances and at the same time to discuss their usefulness and limitations so that they may be placed in their proper relationship to the other means and techniques that are available for the mechanical treatment of irregularity and malocclusion of the teeth."

The organization and presentation of the material is clear and concise. It

is easy to follow and should be clearly understood by any interested reader. The illustrations are numerous and excellent, and the general production of the volume is of high quality.

A brief but fairly comprehensive statement of the mechanical principles of both removable and fixed appliances introduces the detailed presentation of removable appliances. Consideration is given to clasps for retention, baseplate outline, and anchorage from which springs, expansion units, and extraoral forces may be employed to produce single or multiple tooth movements. The theme is expanded to cover detailed instructions of design and utilization of the removable appliance in providing tooth movements within the range of the mechanism. These are generally labio- and buccolingual, mesiodistal, rotational, and arch relationship changes. In this third edition, a chapter on the concept and use of the functional removable appliance as presented by Andresen is added, as well as a chapter on the production of properly prepared diagnostic casts, and a brief summary of stainless steel wire standards, and usage as noted in the British Specifications. A final page on the use of cold-curing acrylic resins is an addition to the volume.

This book was originally offered for the use of students and dentists who might be expected to treat rather large numbers of patients, and for whom time and the demands of practice have not allowed comprehensive study in the field of orthodontics. It will, however, prove useful at times to dentists in limited orthodontic practice, and certainly it is a good reference work for the man in general practice. No great number of treated case records are included, and this is the one area that could be expanded.—*Robert E. Wade, D.D.S., Associate Professor, Or-*



thodontics, Ohio State University, College of Dentistry.

(This review also will appear in an early issue of *The Journal of Prosthetic Dentistry*. Permission to print it here has been graciously given.)

**SWENSON'S COMPLETE DENTURES.** Edited by Carl O. Boucher, D.D.S. 5th Ed. 798 pp. St. Louis: C. V. Mosby Co. 1964. \$14.00.

Merrill G. Swenson wrote this text on complete dentures 25 years ago. It went through four editions—in 1947, 1953, and 1959. Now Carl Boucher has edited a 5th edition; he has done a creditable job.

Each chapter has been revised with additions, the techniques have been modernized, and numerous new illustrations appear. One notes also the inclusion of methods for correcting errors in the occlusion of complete dentures, a modified relining procedure, and a description of new articulators. Greater attention is given to anatomy and physiology in relation to denture construction. The chapter on impression taking has been rewritten and expanded.

As one familiar with complete prosthodontics would expect, the terminology has been standardized in accord with current usage; a glossary of terms used in that area has been added. Obsolete or seldom used procedures have been eliminated. The extensive bibliography has been brought up to date.

Dr. Boucher, in this revision, aimed to evaluate, describe, and explain the changes in complete denture service since the book first appeared. Another objective was to perpetuate the teachings of Dr. Swenson in the light of modern prosthodontic progress. This edition testifies that he has succeeded beyond any doubt.—*T.McB.*

**DENTAL STUDENTS' PURCHASING GUIDE.** American Dental Association. 176 pp. Chicago, 1965.

This *Purchasing Guide* should be of great value to the dental student approaching graduation. There has long been a need for help in the initial selection of equipment and supplies. The book has just been published and distributed under the sponsorship of *The Journal of the American Dental Association*. The ADA deserves praise for preparing and making this book available to its newest members-to-be.

The *Guide* contains an alphabetical directory of manufacturers, and a classified directory listing essential items—from air compressors to X-ray machines.

The suggested checklist of equipment and supplies is a guide that will be of considerable help in the planning and purchasing preparatory to beginning practice. Price ranges, both minimum and moderate, are listed and explained. A geographical directory of dental dealers is included. This list consists of members of the Dealers section of the American Dental Trade Association and the Dental Dealers of America. The advertising pages in the *Guide* should prove of interest to the new practitioner.

The preparation of this book is still another service of the American Dental Association that should not escape the attention of the membership.—*T.McB.*

**SELECTED DENTAL FINDINGS IN ADULTS BY AGE, RACE, AND SEX.** National Center for Health Statistics. PHS Publication No. 1000-Series 11, No. 7. U. S. Department of Health, Education, and Welfare. Washington, D. C. 1965. Available from the Superintendent of Documents, U. S. Government Printing



Office, Washington, D. C. 20402, for 30 cents.

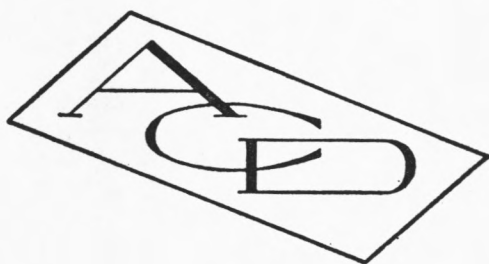
National estimates of dental conditions in adults, the first ever to be based on examinations from a probability sample of the U. S. population, have been released by the National Center for Health Statistics. The findings are reported in this current publication.

In mid-December, 1962, the U. S. Public Health Service completed the first cycle of the nationwide Health Examination Survey which it had begun more than two years earlier. Health examinations were given to 6,672 adults scientifically selected to represent the civilian, non-institutional U. S. population, 18-79 years of age. Dental examinations were a part of the two-hour long health examinations taken to obtain national estimates of

the prevalence and distribution of a number of diseases and conditions occurring in the U. S. population.

The dental examinations were conducted by five examiners carefully trained in a standardized examination procedure. Examinations were performed with a mouth mirror and explorer, without X-rays, and took on the average about 10 minutes to complete.

Estimates include: the number of lost teeth in the sample population; correlation of loss of teeth with age; comparisons of white adults with Negro adults; the average DMF rate in the sample, with comparisons between white and Negro adults; and the prevalence of periodontal disease was estimated.—(*Excerpted from a Release: U. S. Public Health Service, Forrest E. Linder, Ph.D., Director, National Center for Health Statistics.*)



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ROBERT THOBURN, 227 Orange Ave., Daytona Beach, Fla. ....	1967
WALTER J. PELTON, Univ. of Alabama, School of Dent., Birmingham, Ala. ....	1967

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JOHN R. ABEL, 10231 Santa Monica Bldg., Los Angeles, Calif. ....	1967
GEO. C. PAFFENBARGER, Boyds, Maryland ....	1968
LESTER W. BURKET, 4001 Spruce St., Philadelphia, Pa. ....	1969

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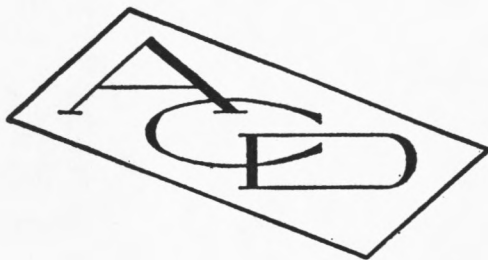
## CONVOCATIONS

LAS VEGAS .....	NOVEMBER 7, 1965
DALLAS .....	NOVEMBER 13, 1966
WASHINGTON .....	OCTOBER 29, 1967

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## *The Objectives of the American College of Dentists*

The American College of Dentists, in order to promote the highest ideals of the dental profession, advance the standards and efficiency, develop good human relations and understanding with our patients, and extend the benefits of dental health services to the greatest numbers, declares and adopts the following principles and ideals as ways and means for the attainment of these goals:

(a) To encourage qualified persons to consider a career in dentistry so that the public may be assured of the availability of dental health services now and in the future;

(b) To urge broad preparation for such a career at all educational levels;

(c) To encourage graduate studies and continuing educational efforts by dentists;

(d) To encourage, stimulate, and promote research;

(e) To urge the development and use of measures for the control and prevention of oral disorders;

(f) To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient through sound public dental health education;

(g) To encourage the free exchange of ideas and experiences in the interest of better service to the patient;

(h) To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public; and

(i) To urge upon the professional man the recognition of his responsibilities in the community as a citizen as well as a contributor in the field of health service.

To give encouragement to individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions in dental science, art, education, literature, human relations and all the other areas that contribute to the human welfare and the promotion of these objectives—by conferring Fellowship in the College on such persons properly selected to receive such honor.

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This is the Preamble in the Constitution and Bylaws of the American College of Dentists.

