The Patient Looks at Us

A Historian Looks at Us

We Look at Ourselves
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Editorials

Handclasp and Bookshelf

A handclasp is a gesture of friendship. That is the meaning of Project Handclasp, a humanitarian function of the United States Navy’s People-to-People Program. Educational and good-will materials, and any donated relief, are transported on a space-available basis aboard U.S.N. ships. Navy personnel, when visiting foreign ports, distribute this material to orphanages, schools, universities, old folks homes, denominational missions, hospitals, and other charitable institutions and organizations. Project Handclasp is truly a way by which Americans extend the hand of friendship to their brothers overseas.

In accomplishing its world wide task in defense of our freedoms, the U. S. Navy is required to maintain large forces in foreign places. This results in a steady stream of ships from our shores to countries on the other side of the Pacific and the Atlantic. Each of these ships has space, much or little, that can be used to transport this necessary and valuable material to many people.

Americans, civilian and military, are becoming increasingly concerned and eager to be a part of this People-to-People Program. This eagerness is providing hundreds of tons of cargo to fill the space in these ships.

Recently included in this cargo have been several hundred pounds of dental journals, dental books, and dental equipment being sent to missions and dental schools overseas. The enthusiastic response by the recipients has stimulated the Committee on Project Bookshelf of the American College of Dentists to formulate a plan for the expansion of this humanitarian endeavor.

Plans are in the making for each Section of the ACD to collect, package, and send as much usable material as can be acquired, to the ports of embarkation of Project Handclasp—Norfolk, Virginia, and San Diego, California. More specific information as to the time,
quality, and destination of shipments will be forthcoming shortly from the Central Office at St. Louis.

The drive behind Project Handclasp, and subsequently Project Bookshelf as it applies to us, is the natural concern of Americans to know and to help human beings who need help. Favorable publicity will result, but that is not the goal. This is not a cold war tactic; it is just the opposite. This is not really a program at all; it is a spontaneous act of friendship. Can we count on your help, you men of dedicated service to the dental profession, both national and international?

JAMES P. VERNETTI

Dr. Vernetti is Chairman of the Committee on Project Bookshelf of the American College of Dentists.

**Giving for Education**

The American Fund for Dental Education was incorporated ten years ago. The sole purpose of the Fund is to aid dental education. This is being done by fostering, improving, broadening, upholding, and otherwise aiding and assisting in the growth, development, and advancement of dental education.

In the first decade of the Fund’s existence much has been accomplished. Nearly 2,000 loans to dental students have been made. In-service teacher training programs have been initiated. Curriculum evaluation studies, faculty workshops, educational workshops, and educational research have been promoted. Programs of the American Association of Dental Schools have been furthered. Over 100 fellowships have been awarded for teacher training and to aid dental hygienists, assistants, and technicians. Close to two million dollars has been given to dental education. Last year, dental education grants totaled $330,310.

In 1965 the most support came from the American Dental Trade Association and its members in the amount of $136,893. (This group has made available $874,681 since 1956.) Also last year, national business and industrial corporations contributed $84,677; the
National Association of Dental Laboratories, $6,348; and the Dental Manufacturers of America gave $6,305.

The American Dental Association, individual dentists, dental hygienists, dental assistants, and dental organizations provided $107,755 in 1965.

Impressive and heartening as these figures are, much more money is needed to help dental education meet its mounting responsibilities. As with everything else in our economy, there has been a marked increase in the cost of improving dental education.

There are a number of ways dentists can support the Fund. Direct and individual contributions will be thought of first; but other ways can be suggested.

Gerald D. Timmons, chairman of the 1966 campaign, has quoted Jose Ortega y Gasset, the Spanish philosopher: “The Educated Man is one who understands and appreciates the intellectual traditions which produced him, and is willing to give of himself, in his lifetime, in order that he might preserve and extend those traditions.”

Every dentist owes an intangible debt to the past members of the profession who made possible the present status of dentistry. In turn, every dentist has an obligation to contribute his “bit” to the future. With this in mind, that great group of essayists and clinicians who receive honorariums for presentations before dental societies might consider signing over this money to the Fund (after costs and expenses, of course) for credit to themselves and to the organizations supplying the honorariums.

Now, and in the next few years, many dental associations and societies will be having Centennial Celebrations. Here is an opportunity for Fund contributions. Just last year the Missouri Dental Association observed its centennial, and several groups wished to make a presentation to the Association. Officials of the Association suggested that these groups send their checks to the Fund. The Chicago Dental Society, Dentists’ Supply Company of New York, Illinois State Dental Society, and the Tennessee State Dental Association did that—and four checks for $100 went to the Fund. Other celebrating associations might well follow the Missouri idea.

The Fund has established a Living Memorial Fund. When one wishes to offer consolation to a bereaved family on the loss of a colleague or friend, memorial contributions may be made. The details
regarding this method of contributing may be obtained by writing the American Fund for Dental Education, 211 East Chicago Avenue, Chicago 60611.

May is "American Fund for Dental Education Month." Increased support from dental personnel is needed. Less than 4 per cent participation is not a good average, and less than $50,000 from over 100,000 dentists leaves a lot to be desired. Here is a chance for the dental profession to show that it believes in what the Fund is trying to do. By giving in May, you can *Keep Dentistry Moving Up.*

T. McB.

**Dentists and the New Health Laws**

Essentially, the recently enacted health legislation of the 89th Congress is an attempt by government to provide health care for the American people. A policy statement approved by the House of Delegates of the American Dental Association in 1949 reads, in part, "Dental care should be available to all regardless of income or geographic location."

The profession should now be helping to set the standards of care and methods of administration involved in the implementation of these laws. It is important to realize that while we will be providing for the "medically needy," we could possibly be establishing standards and policies for the total dental practice of the future.

Individual dentists will react to this planning in varied ways. One: ignore it and have nothing to do with it. In view of the potential magnitude of the program, this would be a most unwise position. Two: accept whatever program the government offers and get what one can out of it. Perhaps too many would be willing to do just that.

Or three: cooperate with the program planners and continually attempt to institute desirable changes to make the program most efficient for the care recipients and most acceptable to the profession. This seems to be the only reasonable and professional attitude. It will take courage, wisdom, ability, and patience to assume this position. But for a health profession there is little alternative.

**BILLY F. PRIDGEN**

Dr. Pridgen is the dental representative on the Health Review and Program Council of the Health and Welfare Agency of the State of California.
The Patient's Image of The Dentist

E. JEAN McKEITHEN, Ph.D.

IN WHAT terms do patients evaluate the dentist? What qualities do they consider most desirable for a dentist to possess? How do they describe the worst dentist they can imagine? What factors are considered to be most important in choosing a dentist?

To find the answers to these questions and to investigate other aspects of patient reaction to dental practice and the value of dental health procedures, 400 men and women were interviewed in their homes. The basic data of the present report consist of the replies to three of these questions which were designed to examine the patient's conception of the ideal dentist and the relative importance placed upon several factors which could possibly influence the choice of a dentist. A description of a fantasied dentist (both the best and worst imaginable) was requested for it was felt that under these circumstances respondents would be more likely to give meaningful answers in terms of their own fears and desires than if asked to describe an actual dentist.

CHARACTERISTICS OF THE SAMPLE

All of those interviewed were members of Group Health Association, a voluntary medical plan composed primarily of employees of the federal government in the Washington, D.C. area. Typically, the family breadwinner held a white collar job, and the education of the respondent and the income of the family of which he was a member were considerably above the national average.

*This study was conducted when Dr. McKeithen was a research psychologist in the Social Studies Branch of the Division of Dental Public Health and Resources, USPHS. She is currently teaching general psychology at Montgomery Junior College at Takoma Park, Maryland.*
THE IDEAL DENTIST

The first two of these three questions asked for the respondent’s description of an ideal or fantasied dentist. Respondents were asked: Try to think of the best dentist you can imagine. What would he be like?

Answers to this question were then categorized according to the relatedness of the concepts given by the respondents. The most frequently given characteristics in the description of the ideally good dentist may be seen in Table 1. Since the average number of responses per person was between two and three these percentages total over one hundred.

<table>
<thead>
<tr>
<th>Professional ability</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally competent</td>
<td>30</td>
</tr>
<tr>
<td>Skillful; technically competent</td>
<td>22</td>
</tr>
<tr>
<td>Well-trained</td>
<td>10</td>
</tr>
<tr>
<td>Modern; progressive; uses latest equipment and techniques</td>
<td>9</td>
</tr>
<tr>
<td>Well-informed</td>
<td>3</td>
</tr>
<tr>
<td>Experienced</td>
<td>3</td>
</tr>
<tr>
<td>Intelligent</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional attitudes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspires trust; confident</td>
<td>13</td>
</tr>
<tr>
<td>Careful; conscientious</td>
<td>12</td>
</tr>
<tr>
<td>Sincere interest; altruistic; professional integrity</td>
<td>8</td>
</tr>
<tr>
<td>Reasonable rates; not exorbitant</td>
<td>6</td>
</tr>
<tr>
<td>Does only necessary work; not mercenary</td>
<td>5</td>
</tr>
<tr>
<td>Calls in specialist when needed</td>
<td>3</td>
</tr>
<tr>
<td>Misc. professional attitudes</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personality and attitudes toward the patient</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasant; friendly; sociable</td>
<td>33</td>
</tr>
<tr>
<td>Understanding; sympathetic</td>
<td>26</td>
</tr>
<tr>
<td>Not impersonal</td>
<td>3</td>
</tr>
<tr>
<td>Misc. personality attributes</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manner of working</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to reduce fear and pain</td>
<td>41</td>
</tr>
<tr>
<td>Gentle</td>
<td>21</td>
</tr>
<tr>
<td>Reassures patients; talks to keep mind off pain</td>
<td>11</td>
</tr>
</tbody>
</table>
The personality of the dentist, including his attitudes toward the patient, and the professional ability of the dentist were the two most often reported groups of response. Fifty-nine per cent of those interviewed mentioned some aspect of the dentist's personality; 58 per cent referred to his professional ability. A third factor, the dentist's ability to reduce fear and pain, was considered important by 41 per cent. This interest in the dentist's personality and his ability to reduce fear and pain constitute a surprising emphasis upon factors other than the dentist's professional competence. This was especially obvious when our results were contrasted with those of Kriesberg and Treiman (1962). These investigators, using a nationwide sample, asked for the most liked characteristics of an actual dentist (either regular dentist or the one last seen). Their respondents placed major stress upon the competence and the skill of the dentist, whereas the respondents of the present study regarded the personality of the dentist as equal in importance to the dentist's professional ability. The comparison between the two studies would seem to indicate that when thinking of the ideal, as opposed to the actual, patients are likely to place additional emphasis upon the dentist's personality characteristics and his ability to reduce fear and pain and to deemphasize relatively his professional ability (1).
In addition to these three factors, Kriesberg and Treiman also included a fourth—reasonable fees—in their list of significant criteria upon which the public evaluates the dentist. Reasonable fees, as shall be discussed later, assumed much more consequence in the present study when an actual choice of a dentist was being contemplated than in the ideal dentist descriptions.

In order to examine more closely the meaning to our respondents of these general concepts, such as professional ability and the personality of the dentist, an attempt was made to set up separate categories whenever several responses appeared to express the same idea. This made it possible to look at these characteristics in more detail and more nearly in the words of those interviewed.

**Professional Ability**

As mentioned earlier, the professional ability of the dentist was one of the two most important response groupings. The largest and most general category under this overall heading was that of "competent," which encompassed many facets of the dentist's work, including such general statements as "capable," "knows his job," "does good work," "fine dentist," and "professionally competent." Thirty per cent of the interviewees gave responses which fell into this category (2).

Twenty-two per cent referred more specifically to the dentist's technical skills, seeing the ideal dentist as one who was skillful and a superior craftsman. This emphasis upon the technical aspects of the science of dentistry was also seen in the 9 per cent of the respondents who described the best dentist as progressive and up-to-date. This was usually expressed by such words as "uses modern techniques," "uses up-to-date methods," or "would be aware of and use all recent developments in the science of dentistry." Other attributes of professional ability, each of which was mentioned by four or more respondents, referred to the dentist's training, present knowledge of the field of dentistry, experience, and general intelligence.

**Personality of the Dentist**

Equal in importance to the dentist's professional ability was the personality of the dentist. A third of the group visualized the ideal dentist as one who was pleasant or sociable, or who possessed a good sense of humor. However, three respondents expressed a preference
for a dentist who was quiet and didn’t talk too much. A fourth of those interviewed wished for an understanding, sympathetic dentist, one who was warm, patient, kind, or considerate. The dentist’s personal interest in the patient, stressed by 3 per cent, was the only other personality attribute mentioned with any degree of frequency. Such qualities as “good personality” or “good with people” were among those placed with miscellaneous personality attributes.

Manner of Working

*Ability to Alleviate Fear and Pain.* The dentist’s ability to reduce fear and pain was the third major category of group response. The importance of this characteristic was illustrated by the large proportion (21 per cent) who spoke of the gentleness of the dentist. Since gentleness is a general term, it was difficult to know whether respondents were referring to the overall manner of the dentist, or more specifically to the way in which he spoke and interacted with his patients or perhaps even to the way in which he carried out his work. The next two categories, completing the bulk of the responses in this general classification, were more specific and referred to the way in which the dentist dealt with his patients. Eleven per cent wished for the dentist to be reassuring, to talk to distract them from pain, or to use other psychological techniques of reducing fear. Nine per cent expressed a desire that he answer questions and explain to them what he was doing.

Only 7 per cent mentioned the idea of pain in any way at all, with an additional 2 per cent specifying the use of novocaine, and another 2 per cent wishing the dentist to be concerned with the comfort of the patient in the dental chair.

It can be seen that only a small percentage of those interviewed made actual reference to pain or discomfort. The major emphasis was upon the dentist’s manner and how he interacted with his patients.

That respondents did not regard receiving dental care as a pleasant experience may be inferred from the fact that when asked, as a part of the total interview, what they liked best about going to the dentist, the most typical response given was “leaving the dental office.” The next most frequent answer was “knowing that your teeth are in good order.”
Perhaps pain was so seldom mentioned because it is matter-of-fact-ly accepted as a necessary adjunct to receiving dental care, or it is felt that the dentist is unable to reduce pain. Possibly, with the advent of new techniques of "painless" dentistry, pain has become a less important part of the total dental experience. Evidence in this study indicates that upper income groups were less concerned with pain in describing the ideal dentist than were lower income groups. Possibly, upper income groups have had more experience with newer dental techniques, more "painless" dentistry and, therefore, are less inclined to mention pain in describing the ideal.

Whatever factors are responsible for this lack of emphasis upon pain, there is little evidence in the present study to support the feeling found by Quarantelli (1960) among dental students that the public has a negative image of the dentist due to the experience of pain associated with dental treatment.

It would seem from our data that respondents do not so much desire for the dentist to reduce pain as to assist them by making the dental experience as pleasant as possible. At least, in describing the ideal, they concentrate on factors such as his manner and how he interacts with his patients rather than upon his ability to relieve pain itself.

**Professional Attitudes**

The fourth major group of factors referred to the dentist's professional attitudes. The most frequently mentioned of these attitudes were his confidence, including his ability to inspire trust in the patient (given by 13 per cent), and the care and conscientiousness with which he performed his work (given by 12 per cent).

It is interesting to note that only 6 per cent of the group emphasized reasonable fees in discussing the ideal dentist, especially since this factor greatly increased in significance when respondents were presented with a limited number of factors for rating in terms of their importance in making an actual choice of a dentist (§).

**Other Aspects of the Dentist and His Manner of Working**

A number of additional attributes were mentioned by the group, all of which, with the possible exception of cleanliness, referred to the dentist's manner of working. Included here were such considerations as whether the dentist worked speedily, was efficient, explained
what dental work was needed, provided dental education, stressed the preventive aspects of dentistry, kept appointments on time, and refrained from rushing or pushing people around. They have been listed in Table 1 in the order of the frequency with which they occurred in the replies of the group.

**SUMMARY OF THE IMPORTANT CHARACTERISTICS OF THE IDEALLY GOOD DENTIST**

The personality of the dentist including his attitudes toward the patient, and the professional ability of the dentist were the two most frequently emphasized characteristics of the ideally good dentist. The third and most important factor was the dentist's ability to relieve fear and pain, followed by emphasis placed upon the dentist's professional attitudes.

While the largest group of responses included under professional ability described the general competence of the dentist, others referred to the dentist's technical abilities and skills and to his use of modern methods and equipment. References were also made to the dentist's training, experience, intelligence, and knowledge of the field of dentistry.

In describing the personality of the ideal dentist, a third of the group expressed a desire for a dentist who was pleasant or sociable; a fourth of the group wished for him to be kind, patient, or understanding. The dentist's personal interest in the patient was mentioned by a few respondents.

With reference to the dentist's capability and interest in relieving fear and pain, a fifth of those interviewed described the ideal dentist as one who was gentle. Of the remaining responses concerned with this ability of the dentist, only a small percentage actually referred to the reduction of pain or discomfort. The major emphasis was upon the dentist's manner and how he interacted with his patients (whether or not he was reassuring, answered questions, and explained what he was doing).

Two aspects of the professional attitudes of the dentist were emphasized more than the others. These were: his confidence including his ability to inspire trust in the patient, and the care and conscientiousness with which he performed his work. It is interesting to note that only a small percentage of the group referred to reasonable
fees, a factor which became much more important when respondents were asked to rate a limited number of factors in terms of their importance in choosing a dentist.

Worst Dentist Imaginable Compared With the Best

How, then, does this picture of the best dentist compare with that found when the worst dentist is described? Is the worst dentist the mirror image of the best? Do reverse characteristics, for example, competence vs. incompetence, remain of major importance? Or are there other characteristics which become more significant in the worst dentist description? In order to explore further the patient's reaction to the dentist, a second question was asked: Try to think of the worst dentist you can imagine. What would he be like?

Method of Comparison

It has been assumed that when the patient describes the best dentist imaginable he is, in some degree, reflecting what he desires the dentist to be. Conversely, it can be assumed that when he describes the worst dentist imaginable, he is presenting his fears and concerns relative to the dentist and the dentist-patient interaction.

It was felt that both the fears and desires of the patient would be most clearly revealed by a comparison of responses describing best and worst dentist. In interpreting these comparisons, three possibilities were considered: a characteristic could be equally stressed in both the best and worst dentist descriptions, emphasized more in the best dentist picture than in the worst, or emphasized more in the worst dentist picture than in the best. The following meanings were given to these three situations:

1. Where a characteristic was stressed equally in both descriptions, it was felt that a stable interest in this characteristic was indicated, the degree of interest being determined by the size of the response. This seemed to be an appropriate way of looking at the emphasis placed upon the professional ability of the dentist. An approximately equal number of respondents in both the best and worst dentist descriptions put professional ability in the position of being one of the most important characteristics a dentist could possess.

2. Where a characteristic assumed more importance in the best dentist description than in the worst, it was felt that while respondents might prefer for the dentist to possess a particular quality, they either did not expect the reverse to be true, or were not distressed
by the possibility. This interpretation was given to the fact that respondents were not as likely to describe the dentist as being unpleasant or non-sociable in the worst dentist description as they were to mention a pleasant, friendly dentist in the best.

3. Where a characteristic assumed more importance in the worst dentist description than in the best, it was felt that these characteristics, in particular, reflected patient fears, complaints, and concerns. One example was seen in the increased number of persons concerned with the professional attitudes of the dentist. More particularly, this increase was found in relation to whether or not the dentist was mercenary and financially unscrupulous, and whether or not he was careless in performing his work.

One special difficulty presented itself in comparing the frequency of responses in the best and worst descriptions. This was that fewer responses per person were given in answer to the second question. The number of these responses were only 79 per cent of those given in the best dentist picture. Logically, then, the best dentist figures for each of the code categories had to be decreased to 79 per cent of their original values, so that meaningful comparisons between the best and worst descriptions could be made. These are the figures which are seen in parentheses in Table 2. They are referred to as expected figures since they are those which would be expected if the worst dentist picture were the exact reverse of the best, with comparable emphasis upon similar characteristics. By comparing these figures with those which were found in the worst dentist description, also given in Table 2, it was possible to determine whether a certain characteristic was equally stressed in both descriptions, stressed more in the best dentist picture than in the worst, or more emphasized in the worst than in the best (2).

Since it was felt that the best use which could be made of these comparisons would be to suggest areas for possibly fruitful further research, no attempt was made to test the significance of these differences.

**Professional Ability**

The professional ability of the dentist continued to be a matter of primary concern in the worst dentist description as well as in the best. The emphasis placed on various aspects of professional ability closely paralleled that given to similar characteristics in the best dentist picture.
<table>
<thead>
<tr>
<th>Professional ability</th>
<th>%</th>
<th>%*</th>
<th>Professional attitudes</th>
<th>%</th>
<th>%*</th>
<th>Personality and attitudes toward the patient</th>
<th>%</th>
<th>%*</th>
<th>Manner of working</th>
<th>%</th>
<th>%*</th>
<th>Other aspects of the dentist and his manner of working</th>
<th>%</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally incompetent</td>
<td>26</td>
<td>(24)</td>
<td>Doesn’t inspire confidence; unsteady hands</td>
<td>5</td>
<td>(10)</td>
<td>Unpleasant; grouchy; rude; temperamental</td>
<td>13</td>
<td>(26)</td>
<td>Not gentle; including 3 per cent sadistic; brutal; butcher</td>
<td>21</td>
<td>(17)</td>
<td>Unsanitary; sloppy</td>
<td>17</td>
<td>(6)</td>
</tr>
<tr>
<td>Awkward; clumsy; technically limited</td>
<td>14</td>
<td>(17)</td>
<td>Sloppy work; not thorough</td>
<td>14</td>
<td>(9)</td>
<td>Not understanding; inconsiderate</td>
<td>21</td>
<td>(21)</td>
<td>Does not put patient at ease</td>
<td>4</td>
<td>(9)</td>
<td>Slow</td>
<td>3</td>
<td>(6)</td>
</tr>
<tr>
<td>Untrained; unqualified</td>
<td>5</td>
<td>(8)</td>
<td>Unconcerned; indifferent; not interested in work</td>
<td>8</td>
<td>(16)</td>
<td>Impersonal</td>
<td>5</td>
<td>(2)</td>
<td>Uninformative</td>
<td>4</td>
<td>(7)</td>
<td>Inefficient; disorderly</td>
<td>1</td>
<td>(5)</td>
</tr>
<tr>
<td>Uses outdated techniques and/or equipment</td>
<td>6</td>
<td>(7)</td>
<td>Unreasonable rates; exorbitant fees</td>
<td>3</td>
<td>(5)</td>
<td>Misc. unprofessional attitudes</td>
<td>14</td>
<td>(4)</td>
<td>Painful; hurts unnecessarily; not sympathetic to pain</td>
<td>7</td>
<td>(5)</td>
<td>Does not make patient comfortable</td>
<td>3</td>
<td>(2)</td>
</tr>
<tr>
<td>Poorly informed</td>
<td>1</td>
<td>(2)</td>
<td>Does more work than necessary; mercenary</td>
<td>14</td>
<td>(4)</td>
<td>Frightens you</td>
<td>1</td>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td>Does not explain what work needs to be done</td>
<td>3</td>
<td>(5)</td>
</tr>
</tbody>
</table>
THE PATIENT'S IMAGE OF THE DENTIST

Does not advise regarding care of teeth .......... 2 (2)
Not interested in preventive aspects ............ 2 (2)
Late for appointments .......................... 1 (2)
Rushed; too busy ............................... 5 (2)
Pulls teeth instead of trying to save them ...... 3 (1)

Miscellaneous .................................. 8 (11)
Responses too infrequent to total 1 per cent N=394

* These figures represent 79 per cent of those reflecting comparably opposite values in the Table 1 attributes of best dentist.

PROFESSIONAL ATTITUDES

An increase in the number referring to some aspects of the dentist's professional attitudes (40 per cent as opposed to the expected 30 per cent) gave indication of patient concern in this area. This evidence of patient fears came from two sources. Those mentioning the possibility that the dentist might be mercenary or even attempt to exploit the patient financially, increased in number (14 per cent as opposed to the expected 4 per cent), although fewer respondents referred to the question of fees in the worst dentist description. This was accompanied by an increased concern with whether or not the dentist was careless in the performance of his work (14 per cent as opposed to the expected 9 per cent). This stress on the possibility that the dentist might be mercenary or do unnecessary work, and the concern with the care with which he performed his work was thought perhaps to reflect the patient's dependence on the dentist in judging whether or not dental work is necessary, and in evaluating that work once it has been performed. It is possible that this is an important area of misunderstanding between dentist and patient. In certain situations, the patient, not understanding the significance of the dentist's advice in relation to the long-term maintenance of teeth and supporting tissues, may show caution in accepting the dentist's recommendations. The dentist may misinterpret this caution as a lack of interest in obtaining the best dental care possible, or an undue emphasis on fees, or perhaps even an unreasonable suspicion of the dentist's professional competence.

PERSONALITY AND ATTITUDES TOWARD THE PATIENT

On the whole, respondents were not nearly as inclined to show concern in relation to the worst dentist's personality as they were to emphasize its importance in describing the ideally good dentist. All
of this decrease in interest was found in relation to one aspect of the dentist's personality, his pleasantness, or sociability. While in the best dentist description a third of the group expressed a desire for a dentist who was pleasant, friendly, or sociable, only 13 per cent were concerned with the possibility that he might be rude, unpleasant, or temperamental. On the other hand, understanding and considerateness remained as important in the worst dentist description as in the best, the expected 21 per cent mentioning this attribute. Interest in whether or not the dentist was too impersonal did not diminish, with 5 per cent, slightly more than expected, mentioning this characteristic.

**MANNER OF WORKING**

*Reduces Fear and Pain.* No increase was seen in the emphasis placed on the dentist's ability to reduce fear and pain. This apparently indicated a continuing concern but no great anxiety in relation to the dentist's ability and interest in this area. Gentleness remained an important factor, with one-fifth of the group stressing this characteristic (19 per cent as opposed to the expected 17 per cent). However, an additional 3 per cent used such words as sadistic, brutal, or butcher in describing the worst dentist (4). For this reason, it was felt that while the majority of respondents might give little evidence of anxiety, to a very small proportion of the group, the idea that the dentist might not desire or be able to relieve pain appeared to be a possibility, and therefore, perhaps a source of actual fear.

*Other Aspects.* Greater weight was placed on whether or not the worst dentist was unsanitary or sloppy than on cleanliness in the best dentist description. Seventeen per cent were concerned with whether the worst dentist was slovenly and unsanitary as compared with the expected 6 per cent (5). Cleanliness, then, would appear to be a characteristic which a number of respondents take for granted and make judgment on only in its absence (6).

**FACTORS GOVERNING THE ACTUAL CHOICE OF DENTIST**

Following the two free response questions to which respondents gave a fantasied description of the dentist, an effort was made to discover the relative importance placed upon certain factors when an actual choice of a dentist was being considered.

In order to do this, respondents were told: “I am going to read a
list of five characteristics which could apply to a dentist. You may consider all of these important. However, in choosing a dentist, which two of these characteristics would you give most consideration to? Which two would you find least important?” The five characteristics were presented in the same order as they are given here: pleasant personality, high degree of skill, reasonable fees, comfortable dental office, and use of anesthetics (see Table 3).

**TABLE 3**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Most Important</th>
<th>Moderately Important</th>
<th>Least Important</th>
<th>Total Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>High degree of skill</td>
<td>98</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Reasonable fees</td>
<td>45</td>
<td>25</td>
<td>29</td>
<td>100</td>
</tr>
<tr>
<td>Pleasant personality</td>
<td>33</td>
<td>29</td>
<td>39</td>
<td>100</td>
</tr>
<tr>
<td>Use of anesthetics</td>
<td>22</td>
<td>33</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
<td>Comfortable dental office</td>
<td>4</td>
<td>4</td>
<td>92</td>
<td>100</td>
</tr>
</tbody>
</table>

“High degree of skill” was chosen by 98 per cent of the group as one of the two most important factors. This was followed by “reasonable fees,” considered of primary significance by 44 per cent of the group. “Pleasant personality” was placed foremost by 33 per cent, while 22 per cent considered “use of anesthetics” of major importance. Only 4 per cent put “comfortable dental office” into this category. It can be seen that over twice as many respondents placed high degree of skill first as mentioned any other factor.

Comparison of the emphasis placed upon these five factors with that given to similar characteristics in the fantasied dentist descriptions proved interesting.

Professional ability, considered comparable to high degree of skill in the choice-of-dentist ratings, was one of the two most important characteristics given in the best dentist description and was emphasized more than any other in the worst. However, the proportion of respondents (58 per cent in the best, and 45 per cent in the worst dentist description) fell far short of the 98 per cent who considered high degree of skill of major importance in evaluating an actual dentist. This agrees with the results of Kriesberg and Treiman (1962),
who found that, in describing an actual dentist, respondents placed more stress upon the competence and skill of the dentist and less upon his personality or manner of handling patients than did the respondents of the present study in describing the ideal. It gives added support to the idea that in thinking of the ideal, as opposed to the actual, respondents tend to place additional emphasis upon characteristics other than the dentist's professional competence.

It is possible that professional competence is taken for granted by a number of people so that it does not figure prominently in the expressed desires and fears, as reflected in the fantasied dentist descriptions, but does come forward as a most important characteristic when the actual choice of a dentist is being contemplated.

In considering the 33 per cent who judged the pleasant personality of the dentist of major importance in choosing a dentist, it was difficult to know whether the appropriate comparison in the ideal dentist descriptions was in relation to those who referred to any attribute of the dentist's personality, or to those respondents who referred specifically to his pleasant personality. Since, in the choice-of-dentist ratings, only one aspect of the dentist's personality was presented for rating, it is possible that some respondents may have considered "pleasant personality" more broadly to represent other facets of the dentist's personality such as his understanding, sympathy, and personal interest in the patient.

However, in the best dentist description, references to pleasantness alone were sufficient to make it one of the more important characteristics given, and although the number concerned about whether or not the worst dentist was pleasant decreased in these descriptions, emphasis continued to be placed upon other aspects of his personality, with 40 per cent mentioning at least one personality attribute. Therefore, while comparisons were difficult, it was possible to conclude that the personality of the dentist was an important consideration in describing the fantasied dentist as well as in making a judgment about an actual dentist.

Except for possible references to the cleanliness of the dental office there was nothing in the fantasied descriptions even roughly comparable to the "comfortable dental office" variable in the choice-of-dentist ratings, so that no comparisons could be made with respect to this factor.
Emphasis upon the use of anesthetics was not a major factor in terms of the number of those who thought it of first significance in selecting a dentist. However, even though it was fourth in the rankings of the five attributes considered in the choice-of-dentist ratings, 22 per cent did judge it a factor of prime importance as compared with the less than 10 per cent who gave any mention to pain or its alleviation in the ideal dentist descriptions.

As with the dentist's professional competence, it is possible that standard measures to alleviate pain are taken for granted so that they are not the object of much concern (they are not mentioned with any degree of frequency in the ideal dentist descriptions) but do become more important when the choice of an actual dentist is being considered.

It was in relation to reasonable fees that the greatest difference between the contemplation of the ideal and the actual was discovered. Reasonable fees ranked second in terms of the number of people considering it of prime importance in the choice of dentist ratings, with 40 per cent of the group giving it a place of major importance. However, in neither the best nor the worst dentist descriptions were fees mentioned with any degree of frequency. Six per cent of the respondents mentioned fees in the best dentist characterization and 3 per cent in the worst. Even when those stressing the possible mercenary or dishonest motives of the dentist were included, there was found in the fantasied descriptions nothing comparable to the emphasis placed here upon reasonable fees. It would appear from this that practical factors do become more important when an actual rather than an ideal situation is being contemplated.

**Implications for Further Research and for the Dental Practitioner**

An attempt has been made to examine those attributes which are important to the patient when he thinks of the dentist, both in relation to his fears and desires and also in relation to the emphasis placed upon certain factors when the actual choice of a dentist is being considered. One major purpose has been to identify and define those variables which proved to be significant in the free response descriptions of the dentist. By asking the respondent what he himself feels is important, it was possible to avoid some of the pitfalls inher-
ent in presenting a previously selected list of characteristics for respondent rating. Under the latter circumstances, a factor of importance to a number of persons may be completely overlooked. For example, some respondents were fearful that the worst dentist might have a primarily mercenary interest in the patient and might even possibly engage in financially unscrupulous practices. This sort of fear probably would not have appeared to be important to examine in the present study in view of the fact that three-fourths of the group received their dental care at a clinic, where the advantages of the dentist's following such a mercenary interest, had he been so inclined, were non-existent. While non-clinic respondents were more likely to emphasize this characteristic (17 per cent mentioned it in the worst dentist description), 12 per cent of the clinic members also did so in describing the worst dentist. This appears to be evidence of a rather stable emotional response on the part of some respondents, possibly derived from previous dental experience or possibly from family attitudes toward dentistry. On the other hand, this may be an example of a type of fear which is always prevalent when persons are asked to depend upon the honesty of an authority, with little evidence available upon which to make their own judgment. This concern, while not typical of the total group, is worth considering in terms of its origin and meaning, for it seems that some of the possibly unfortunate consequences of this reaction could be avoided if it is understood by the dentist.

In addition, there are other attributes of the dentist, known to be significant, the meaning of which to the respondent may not be so obvious. Since it was felt that the personality of the dentist was often involved in the patient's choice of a particular dentist, "pleasant personality" was one of the factors selected for use in the choice-of-dentist ratings. However, evidence from the free response descriptions indicates that this was perhaps not the best selection of a personality variable. Pleasant personality is a term which means different things to different people, to some a sociable dentist, to others one who is quiet. Also, pleasantness seems to be an attribute of the dentist's personality which is not considered by the respondent to be as necessary as are some others, such as sympathy and understanding. While 33 per cent of the group expressed a desire for a pleasant dentist, only 13 per cent were concerned that he might not be. On the other hand, sympathy and understanding remain as important in the worst
dentist picture as in the best, with at least a fifth of those interviewed showing interest in this characteristic in both descriptions. In this respect, sympathetic understanding and gentleness appear to be two of the most significant characteristics where the personality of the dentist and his manner of dealing with the patient are at issue.

Not only is the relative emphasis placed upon these characteristics of the dentist important, but it also is worthwhile to consider how this emphasis changes in relation to such respondent characteristics as income, sex, and education. As may be seen in a later report, significant results were found when such an analysis was made and indicate the need for performing studies of a similar nature with other groups of potential patients.

As important as it is to look at the way the characterization of the dentist varies in relation to socio-economic characteristics, it is also worthwhile to examine the way in which specific respondent fears and desires or certain patterns of emotional attitudes affect patient behavior, such as the frequency of dental visits. Kegeles (1963) found that the presence of certain emotional attitudes, which he called "barrier variables," was related to infrequent trips to the dentist for preventive dental care. One of these variables was called the "negative appraisal of the dentist," another "fear of pain." The findings of such studies, as well as the results of the present one, indicate the value of future research using more refined measures to evaluate particular patient fears and desires, as well as the need for more precise ways of measuring the characteristics of the actual dentist and the image of the dental profession as a whole.

It is hoped that by identifying factors important in the patient's thinking about the dentist and exploring the meaning to him of these factors, the resulting knowledge can be used as a basis for the development of a more precise, valid, and reliable means of measuring these variables.

While this type of information may be of value to future research, it is also hoped that it will be of interest and benefit to the dental practitioner as well. Previous investigation, such as that of Simpson and Simpson (1960), comparing public reaction to the dental profession with that to other professions, has dealt with the question of prestige. These investigators found prestige to be related to two groups of attributes: the first, responsibility including the amount of authority or control over others, and the second, a group
concerned with training, education, and skill. These last three attributes are considered here as aspects of the dentist's professional ability. The first factor is probably implicit in many of the other characteristics given by the respondents in the present study. Both the present research and that of Kriesberg and Treiman (1962) as well as that of Simpson and Simpson, indicate that the dentist's professional ability is only part of the total picture. Personality characteristics, his manner of handling the patient, and his attitudes toward the patient and his profession are also of importance to the patient. Perhaps by being aware of some of these factors and understanding their significance to the patient, the dentist may be able to persuade him to accept a superior kind of dental care which he might not otherwise appreciate or desire.

In addition, consideration of the results of this study can lead to speculations of interest to both the researcher and the practitioner. A number of conjectures of this sort have been presented and there are other provocative questions which might be raised. Why, for example, are there so few responses concerned with pain in the free descriptions of the dentist? There are many indications that pain is generally assumed to be associated with thoughts of the dentist and dental care. That dental students consider this to be so was seen in the previously mentioned study by Quarantelli (1960), who reported the feeling among dental students that the pain involved in dental treatment contributed to a negative image of the dentist. Robbins (1962) in exploring the meaning of various illnesses found that dental problems were typically seen in terms of two factors, pain and necessary treatment. Kegeles (1963), using an index composed of a number of questions, found far more references to pain and fear of pain than are found at present (7).

Other results of the present research tend to lead to the conclusion that pain is not considered by this particular group as an important aspect of receiving dental care. Why is greater stress placed upon the use of anesthetics in the choice-of-dentist ratings than upon pain and its alleviation in the free descriptions of the dentist? Can it be that the use of standard measures to relieve pain is taken for granted by a number of those interviewed so that it does not figure prominently in the expressed fears and desires but does become more important when the use of an actual dentist is being considered? It is interest-
ing to note in this regard that the majority of references in the worst dentist description were not concerned with whether or not the dentist used anesthetics but whether or not he used enough. Has the use of anesthetics become to this particular group a necessary but expected part of receiving dental care? Has “painless” dentistry, the use of high speed drills and other modern techniques, eliminated much of the fear of pain usually thought to be typical of a trip to the dentist? Is the dentist, as suggested earlier, no longer looked upon as a prime purveyor of pain, but as someone who can make the experience of receiving dental care more pleasant? The emphasis placed upon the ways in which the dentist responds to the patient would seem to indicate that the patient feels this to be true and is sophisticated enough to appreciate the efforts of the dentist in this direction.

There is no doubt that this is a group which places a high value upon the services of the dentist. A further analysis of the present data indicates that clinic users, composing three-fourths of the group, are more likely than non-clinic users to stress the professional ability of the dentist. In addition, one-half of the respondents have chosen to budget monthly a portion of their income for dental care.

Is it possible that the dental care experiences of this group have been such as to lead them to a low expectation of pain? Could it be that because of the value placed upon the services of the dentist, these people go to the dentist more frequently and, therefore, their dental problems have typically been treated preventively before serious and, perhaps, more painful problems could arise? Have more frequent visits also meant more recent dental experience and for this reason more contacts with modern dentistry with its emphasis upon the relief of pain? Could the stress placed upon the dentist’s professional ability also lead these respondents to seek out a dentist who uses newer and less painful techniques, a circumstance which might also contribute to a lower expectation of future pain in relation to dental treatment? (8-9).

If so, this would indicate that fear of pain in the dental situation is one which can be modified by a certain kind of dental experience. In addition, it would indicate that in a very important way the image of the dentist today is changing, and can be changed further.

By better understanding the patient, his needs, and emotional attitudes, it may be possible for the dentist to make receiving dental
care a more pleasant experience for the patient, and for himself as well. In addition, by appreciating some of the negative attitudes of the patient he may be gratified further by his ability to provide a superior kind of dental care which the patient might not otherwise accept.

FOOTNOTES

1. It is possible that differences between the groups interviewed in the two studies could also account for differences in results. However, as noted before, the educational and income level of the present group is considerably higher than that of Kriesberg and Treiman. Data from the present study indicate that the higher the educational level of the person the more likely he is to mention professional competence. There is also evidence which suggests this may be true for income as well.

Therefore, unless other factors not considered here, are operating to lower interest in professional ability, the makeup of the present group would tend to increase the number stressing professional ability as an important characteristic instead of decreasing it.

2. Certain semantic difficulties were also encountered. Some characteristics in the worst dentist description were the opposite of those in the best dentist description in only a very general sense. In addition, the lack of a certain characteristic was not always the same as the reverse of that characteristic. For example, not considerate is slightly different from inconsiderate and not competent is not exactly the same as incompetent. An attempt was made to recognize these differences and to take them into account in setting up the response categories and interpreting the results.

3. It was felt that the lack of emphasis on fees could reflect the fact that three-fourths of the group used the dental clinic for dental services and so might see fees as an attribute of the clinic rather than of the dentist. However, when the non-clinic members were considered separately, it was found that 16 per cent of the group stressed fees, more than the 3 per cent found for the clinic groups, but not comparable to the 45 per cent who stressed the importance of fees in the actual choice of dentist situation.

4. These responses were included in the “not gentle” category in Table 2, making a total of 21 per cent for this category.

5. Whenever the sloppiness of the dentist’s work was specifically mentioned, this was coded under professional attitudes and, as indicated earlier, this category also received increased emphasis when the worst dentist was being described.

6. It is interesting to note that only 3 per cent of the respondents spoke of bad breath as being an attribute of the worst dentist, and less than 1 per cent mentioned good breath in referring to the best. There appears to be little evidence that this is a source of major concern to the patient.

7. Since Kegeles and Robbins both used respondents from a socio-economic group considerably lower than the present sample, it would be logical to infer that fear of pain is a factor related to education and income. Some evidence to support this idea was found when the free descriptions of the dentist data of the present study were analyzed according to the income level of the respondent.

It is well documented that persons of higher socio-economic status not only see the dentist more frequently (Friedson and Feldman, 1958; Koos, 1954; U. S. National Health Survey, 1960, and other studies), but also are more likely to see him for preventive care (Kriesberg and Treiman, 1960; U. S. National Health Survey, 1960), even when these services are without cost (Kegeles, 1963). Obviously, the experience of those who go to the dentist for preventive purposes is different from those who go to the dentist only after difficult problems arise. It could be assumed that these experiences are less painful and, therefore, would probably lead to a lower expectation of future pain in relation to dental treatment. However, when Kriesberg and Treiman
(1960), using a national sample, analyzed the free responses to the question of how respondents felt about going to the dentist for dental treatment, they found no significant relationship between acknowledged fear of pain and social class. It is difficult to account for this negative finding in terms of the above reasoning. It is, of course, possible that such a relationship does exist but that sufficiently sensitive measures have not as yet been used to evaluate it.

8. Kriesberg and Treiman (1960) have found that, regardless of income level, those respondents who report that their dentist has a high speed drill are also more likely to report preventive dental experience, indicating a relationship between the use of modern techniques and preventive dental care. In addition, those who report that their dentist has a high speed drill are less likely to express great fear or great expectation of pain in regard to dental treatment (Kriesberg and Treiman, 1962).

9. Using interview data to investigate the etiology of dental fears among dental patients, Shoben and Borland (1954) found that from among a number of variables examined, two factors, unfavorable family dental experience and unfavorable family attitudes characterized fearful as opposed to non-fearful subjects.

What is suggested at present is that regardless of the origin of these fears, certain experiences associated with dental treatment may be effective in reducing the expectation and, therefore, the fear of pain, involved in receiving dental care.

REFERENCES


This paper presents a summary of the findings and some implications obtained from a questionnaire study among the Fellows of the American College of Dentists in 1964. The study was undertaken by the Committee on Education. In the interpretation of the results you are cautioned that the American College of Dentists may not represent the dentist population at large.

Dental Career Guidance, Manpower, and Social Prestige

LOUIS G. TERKLA, D.M.D. and K. H. LU, Ph.D.

EARLY in 1964, the Committee on Education of the American College of Dentists felt that “grass roots” information on national and local guidance career programs in dentistry was lacking and decided to continue its study of dental career guidance (recruitment) and manpower problems by undertaking a one-page questionnaire study of all American and Canadian members of the College. It was hoped that each Fellow would make a sincere effort to answer the questionnaire in an objective manner, and the chance of a favorable percentage of returns seemed relatively assured.

The objectives of this survey were:
1. to assess the current opinions on the various phases of dental career guidance and future dental manpower among the Fellows of the College as a whole;
2. to assess differences of opinions due to factors such as age, location, academic levels, types and years of practice;

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3. to assess the impression of dentistry as a profession, in terms of social prestige, as viewed by the Fellows of the College. The underlying assumption was that the impression of those in the profession would have a direct bearing on their views toward dental career guidance.

A total of 3,229 questionnaires were mailed and 1,837 were returned (57 per cent). Of those returned, 72 were disqualified because they were incomplete or arrived too late to be processed.

The total responses analyzed were 1,765 or 55 per cent of those mailed.

**METHOD OF ANALYSIS**

Analyses of data were performed on the following categories:
1. *The entire sample*—per cent responses and number of responses at each level of each question were reported;
2. *Geographic location*—per cent responses and number of responses at each level for seven geographic areas in the United States and for all provinces in Canada grouped together were reported;
3. *Academic degrees*—comparisons of responses were made between Fellows who have the dental degree only (or a dental degree and bachelor's degree) on the one hand, and those who have a Master's and/or Ph.D. degree in addition to the dental degree on the other;
4. *Age*—comparisons were made between the responses of five age groups (30-39, 40-49, 50-59, 60-69, and 70-up);
5. *Type of practice*—group comparisons were made between the responses of those Fellows in general practices with those in specialized or limited practices;
6. *Years of practice*—comparisons were made between the responses from five “years of practice” groups (10-19, 20-29, 30-39, 40-49, 50-up).

Since the purpose of the survey was to assess the opinions of the Fellows of the College, the analyses dealing with the entire sample and geographical locations were necessarily descriptive in nature. Tests of significance were performed only in the analyses of the influences of academic degrees, age, type and years of practice. The Kolmogorov-Smirnov test was used to test the difference in distribution between two groups. The statistic

\[ D = \text{Max} \left[ S_{n_1} (x) - S_{n_2} (x) \right] \]
was computed, where $S_{n1}(x)$ and $S_{n2}(x)$ were the observed cumulative step functions of Sample 1 and Sample 2 respectively.

Since the sampling of distributions of the D's were known, the significance of a D value could be determined from tabular values (1, 2, 3).

In the social prestige ranking, the weighted rankings of the professions were obtained as follows:

The quantity $\sum R_i f_i$ for each profession was first computed, where

- $R_i$ = the $i$th rank given to a profession, and
- $f_i$ = the frequency of $R_i$ assigned to a given profession.

The professions were then arranged according to the ascending order of their $\sum R_i f_i$'s, the smallest sum corresponding to the highest ranking profession.

**SUMMARY OF FINDINGS AND IMPLICATIONS**

On the basis of this analysis, the following conclusions were drawn:

1. The largest number of respondents were between 50 and 59 years of age. The average age was 56 years. The average age of those respondents with graduate degrees in addition to dental degrees was 51 years. Most of the respondents with graduate degrees appeared in the younger age groups. It has been recognized for some time that fellowship in the American College of Dentists should be extended to a greater number of younger dentists. This is strengthened by the knowledge that 70 per cent of the respondents to the questionnaire are over 50 years of age. Also indicative of age is the fact that 83 per cent of the respondents have been in dental practice for 20 years or more. As shown by the data, perhaps indicating a desire for less competition, the youngest and the oldest feel most strongly that national emphasis on recruiting programs is adequate or excessive. The youngest ones also exhibit the highest percentage in expressing “worries about the influx” of new graduates into their areas.

2. Slightly more than half of the respondents are in general practice. As age increases, more general practitioners are noted. The remainder are in the specialties, limited practices, teaching, administration, and research, this group being composed of the younger Fellows of the College.

3. The majority attitude toward recruitment is not enthusiastic.
About 76 per cent of the Fellows feel that the predicted future dental care needs of the population are overestimated or about right; more than half of them feel the national emphasis on future dental manpower needs is adequate or excessive. Yet, curiously enough, only 40 per cent of the Fellows feel that national programs have been successful in attracting qualified young people into the profession. One interpretation of this seemingly paradoxical phenomenon might be that although the Fellows feel the current national programs are "adequate or excessive," such efforts really are not effective means in attracting potential recruits. The consensus supports the fact that indirect contacts are a weak influence on the choice of a career by a student. The Fellows are more in favor of local programs. This is supported by 49 per cent of the respondents who feel that there is not enough local effort; 58 per cent who are concerned with the quality of dental students; and 93 per cent who feel that individual dentists should assume some responsibility for recruitment. However, much of the above concern has not been translated into action; 62 per cent reported that there either was none or they were aware of no organized local activity; 55 per cent reported that there either was none or they were aware of no individual activity in their areas. The majority attitude toward recruitment is at best lukewarm, if not negative. This is supported by the finding that only 31 per cent of the Fellows reported that half or more of their colleagues favor recruiting programs.

The amount of dental career guidance activity at the individual level may be greater than that reflected in the questionnaire responses. Perhaps many dentists are effective at chairside career guidance activities which they conduct on a routine basis without considering them as a distinct part of the total career guidance picture.

It is interesting to note that, at the present time, the specialists are slightly more inclined to favor dental career guidance than the general practitioners.

4. Fifty-eight per cent of the respondents were concerned about dentistry's future as related to the quality of dental school applicants. This could mean that the remainder either do not care or have full confidence in the ability of dental school faculties to choose highly qualified students. The concern seems to be greater as the ages of the respondents increase.
5. Seventy-six per cent of the respondents feel that the predicted dental care needs of our future population are overestimated or about right. Significantly less respondents with graduate degrees felt this way.

The questionnaire should have distinguished between the need and the demand for dental care. Most respondents commented that future dental care needs probably will be high, as they are today, but the demand for dental care is the important consideration as far as the practitioner is concerned. Future predictions based upon demand would be nebulous, and many practitioners today are not as booked with appointments as they would like to be because the demand for dental care lags far behind the need. As long as this condition exists, one could assume that the dentists affected by it would not be enthusiastic about increasing dental manpower by large numbers.

If there were a greater demand for dental care by the public in the future, the respondents thought that the following measures would cope with the problem:

- 81 per cent for preventive measures
- 64 per cent for increasing the number of dentists
- 59 per cent for expanded use of auxiliary personnel
- 46 per cent for increased individual productivity
- 29 per cent for use of auxiliary personnel to perform limited procedures in the mouth

As age increases, there is less interest in increased productivity and the expanded use of auxiliary personnel. Most older dentists do not wish to work harder than they are, and they have confirmed their aversion to the employment of auxiliary personnel, to an increase in their numbers where employed, and to the use of auxiliary personnel to perform limited procedures in the mouth. A possible trend is indicated here in allowing auxiliary personnel to perform some oral services. There is an implication here that such practices may be employed in spite of state laws to the contrary.

The responses of the specialized versus the general practice groups were significantly different on the item of using auxiliary personnel to perform limited procedures in the mouth. Although the percentage of each group which favor this method are in the minority, a higher percentage of those in specialized or limited practice selected it as a means of meeting future dental care demands.
The longer a dentist has been in practice the less likely he is to feel that preventive measures, increased individual productivity, and expanded use of auxiliary dental personnel are the answers toward solving this problem. Older dentists do not want to work harder to increase production and the true practice of preventive dentistry seems to be more characteristic of younger than of older dentists.

6. In the ranking of social prestige "as the dentist sees it," the respondents placed the dentist in second place, after the physician. When they ranked "as they think the public sees it," the dentist was placed fifth, after the physician, banker, minister, and lawyer. Obviously, the Fellows of the College do not feel that the public holds them in as high esteem as they hold themselves. Such a feeling could make dentists reluctant to encourage youth into a profession which is felt to have a poor public image, if this is, in fact, a valid implication. It has been suggested that we may be so close to our profession that we recognize too quickly its faults and shortcomings and thereby tend to "downgrade" it in relation to other professions about which we have a much less intimate knowledge. However, the recent concern about the public image of the dental profession may indicate that it is not as good as it could be, and that measures should be undertaken to improve it. Whether dentists actually suffer an inferiority complex in relation to public opinion is a matter for conjecture. It should be noted here that the rankings of 90 occupations by the public in 1947 and again in 1963, as reported by the National Opinion Research Center (4), indicates that the prestige position of the dentist has risen from eighteenth in 1947 to fourteenth in 1963.

Those respondents with graduate degrees varied their rankings slightly by placing the professor second and the dentist third, "as they see it," and by placing the dentist sixth "as they think the public sees it." In the latter ranking, the professor also is placed ahead of the dentist.

7. The most pronounced differences in geographic responses occurred in the Southwest and Northwest United States and in the grouped provinces of Canada. The majority of dentists in the Southwest and Northwest feel that national efforts toward dental manpower needs are adequate or excessive. They also represent the highest percentages of respondents, geographically, who feel that
dental manpower needs are overestimated. They report the lowest number in favor of recruitment programs. The Northwest group reported the least amount of organized dental career guidance activity and the greatest number of dentists who are worried about an influx of new graduates into their areas. The exact reasons for these prevalent attitudes in the Southwest and Northwest United States are not clear.

The relationship of these attitudes to the dentist-population ratios in these areas is not helpful. The Southwest states of Arizona, New Mexico, Oklahoma, and Texas have populations per dentist of 2,452, 3,609, 2,425, and 2,723 respectively. The Northwest states of Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, South Dakota, Utah, and Wyoming have populations per dentist of 1,678, 1,979, 2,137, 1,817, 1,545, 2,150, 2,201, 1,539, and 2,007 respectively.

The Canadian respondents stand out because they feel more positively about dental career guidance efforts and dental manpower projections. It is probable that this difference is related to the more crucial dental manpower needs of Canada as compared to the United States and the threat of "denturist" legislation or the effects of such legislation which has already been enacted in some provinces. It is noteworthy that the Canadian respondents reported the highest percentage in favor of utilizing auxiliary personnel to perform limited procedures in the mouth.

8. A word of caution on the interpretation of the results would seem advisable. The American College of Dentists may not represent the dentist population at large. Any inference applied to the dentist population, by means of results from this survey, is subject to serious danger of biased sampling error. The attitude of the dentist population at large can only be answered by a similar survey.

The questionnaire analysis has pointed out clearly the need for a fresh look at dental career guidance endeavors at all levels, and perhaps has provided a clue to concentrate efforts at the local level. It has been suggested that dental schools consider plans under which alumni are invited to assume important roles in the evaluation and encouragement of prospective dental students.

Generally, dental career guidance efforts seem fragmented enough and ineffective enough to generate a profession-wide conference on the matter, with special emphasis on the opinions of average dental practitioners throughout the nation.
DENTAL HEALTH OF CHILDREN IN EUROPE

A report by two WHO dental consultants, who recently visited six countries in Europe (Austria, Bulgaria, Czechoslovakia, France, Greece, and the Netherlands), concludes that, owing to neglect, dental disease in European children has reached major proportions. The dental treatment services are inadequate for the needs and no widescale control methods have been introduced to reduce dental disease.

In all six countries, the authorities are seriously concerned about the situation. From the limited data available, it is estimated that 70%-90% of the children in these countries suffer from dental caries, 20%-30% have periodontal disorders, and 20%-30% suffer from malocclusion; extensive destruction of the primary dentition generally begins at the age of 3-4 years and is followed by destruction of the permanent dentition.

Bulgaria and Czechoslovakia are making great efforts to provide comprehensive dental health services for children of all ages, but all the countries visited find it difficult to provide dental treatment for pre-school children. Facilities for urban school children range from very good to inadequate, but children in rural areas are badly provided for, and even in the countries where services are relatively well organized the authorities feel that they are fighting a losing battle.

A striking feature of the situation is that there are rarely any dentists employed in the ministries or departments concerned with dental health services for children. In one country there is no official school dental service; in another the service can offer only very limited treatment.

Some investigations are in progress on the value of fluoride tablets and the topical application of fluorides in various forms, but the large-scale fluoridation of water supplies is being carried out in only two of the countries.

In all six countries efforts are being made to extend the dental health education of the public. Little has been done, however, to evaluate the effectiveness of this measure and there has been some disappointment with the results. All the countries are concerned about the shortage of dentists and are taking steps to remedy the situation.—WHO Chronicle, 20:74-5, Feb. 1966.
A Historian Looks at the Professions in America

JOSEPH C. ROBERT, Ph.D.

MY academic associates, both medicinal and non-medical, have been grossly indelicate in quizzing me about my part on this program. They are of a kind with Josephus Daniels’ mother, who said in amazement when informed that Woodrow Wilson had appointed her son Secretary of the Navy, “Why Josephus can’t even swim!” Yes, before this assembled aristocracy of professional talent I am merely a voice from the other side of the ivory curtain. Perhaps Wesley O. Young, in writing for the recent and monumental Survey of Dentistry, gave license to trespassers when he concluded that, “The major difficulties in the search for solutions to the dental health problem are those relating to social philosophies, not to mechanics” (1).

Let us begin by glancing at one or two professions in America other than dentistry.

Listen to a declamation in a little brick building about 20 miles north of where Harry Lyons and I now live. The orator condemned a whole class of professional men as “rapacious harpies,” who “would, were their powers equal to their will, snatch from the hearth of their honest parishioner his last hoe-cake, from the widow and her orphan children their last milk cowl the last bed, nay the last blanket from the lying-in woman!” (2). The speaker was Patrick Henry, the time was 1763, the place was Hanover Courthouse, and the professional people being denounced were the clergymen of the

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Established Church. I grant that the argument was partly intramural, but the flagellations given by Patrick Henry provide dramatic contrast to the respect accorded the group in ordinary times.

Truly, all the learned and scientific professions have had their moments of denigration, their seasons of glory.

What of Patrick Henry's own calling, that of law? According to the famous William Wirt, writing in 1803, "The bar, in America, is the road to honour . . .," (3) a verdict certified by the French observer Alexis de Tocqueville a generation later in his judgment that the legal profession was identified with our national aristocracy (4).

But hear the opposition. In town meeting the citizens of Braintree, Massachusetts, in 1786 protested that lawyers "tend rather to the destruction than the preservation of the town" (5). About the same time Crèvecoeur in his Letters From an American Farmer said "... they [the lawyers] are plants that will grow in any soil that is cultivated by the hands of others. . . ." They promote "litigiousness" and acquire great wealth through the "misfortunes of their fellow-citizens." "What a pity that our forefathers, who happily extinguished so many fatal customs, and expunged from their new government so many errors and abuses, both religious and civil, did not also prevent the introduction of a set of men so dangerous!" (6).

Now with these marginal hors d'oeuvres out of the way, to the main dish: Does the historian discover distinctive patterns in the annals of dentistry? Yes, I think so. The practice of dentistry accurately registers both the weaknesses and the strength of society at any given period. Dentistry is emphatically a child of its times. Its movement towards quality has been uneven; characteristically there is a pulsing forward, then hesitancy. And it is peculiarly American in its most triumphant developments.

In ancient and medieval days aching teeth were pulled, and some craftsmen, notably those among the Etruscans, did clever bridge-work (7). The Etruscans, you will recall, appeared in an Associated Press dispatch from Rome about a week ago as the latest, if somewhat improbable, answer to the currently popular game called "Who Really Discovered America?" There is a hint of the modern in Aristotle's query, "Why do figs, which are soft and sweet, destroy the teeth?" But the Stagirite slipped—and in a mathematical sense fell flat on his abacus—when he asserted that women had fewer teeth than men (8). For a thousand years apparently no investigator had
enough curiosity and courage to undertake a corrective oral audit.

The Father of Modern Dentistry, Pierre Fauchard, is a product of eighteenth-century France, chief center of the Enlightenment. Intellectual leaders were now emphasizing this world; fashionable people worshipped youth and beauty. Thus both science and esthetics encouraged improvements in dentistry (9).

A glimpse of the relatively advanced French techniques was offered the continentals during the American Revolution by French naval surgeons, who, by orders, had been trained in dentistry. In 1781 two of these medical officers with the French fleet at Providence, not only displayed their own talents, but carefully taught a Yankee youth, Josiah Flagg, who by virtue of this professional baptism has been awarded the title of first native-born dentist in America (10).

Others choose to honor for priority one Isaac Greenwood, Jr., of Boston. I adjourn the debate in order to complain about the son of this Isaac Greenwood, Jr. I speak of John Greenwood, one-time fifer-boy in the American Revolution, later credited with several dental innovations, including a foot-power drill, and spiral springs to control wayward dentures, to keep them intralabial, as it were (11).

When George Washington was sitting for the artist Gilbert Stuart in 1796, the president wore a spring-hinged set prepared by Greenwood. This denture, of improper dimensions, plus some cotton wadding created a sort of “grandmotherly” appearance, faithfully caught by the painter in the so-called Athenaeum Head (12). In these United States we have been suffocated by this Gilbert Stuart portrait ever since. Stuart ran off a new version with minor modifications every time his creditors were breathing down his neck, and this was quite often. (About 70 variations are now recorded.) When the picture, which hangs in every chalky classroom from Maine to California, is mentally bracketed with Parson Weems’ impossible cherry tree, the result is an unreal character, most frustrating to any historian trying to persuade young people, who desperately need a genuine hero, that Washington was a virile and a powerful and a thrilling man. Enough of my personal prejudices! Actually, John Greenwood was one of the pre-professionals deserving the title of master-craftsman, and he should be awarded a niche in any hall of dental fame if for no other reason than his guidance of Horace H. Hayden.
At the end of the fourth decade of the nineteenth century the times and the men fruitfully joined and produced all-important dental institutions. As for the times, remember that this was an age of unprecedented ferment and reform. This was the grand organizational era for anti-slavery, anti-liquor, anti-tobacco, and anti-war. Diet was to be reformed (witness the Graham bread movement); women’s costumes were to be made more functional (at this time the Bloomer girl appeared). John Humphrey Noyes and his followers, in an early version of “togetherness,” thought that selflessness could be enthroned by the sharing of wives, though rural New Englanders and New Yorkers (suspicious people!) saw something other than philosophical generosity in the creed, called “complex marriage” (13).

In that age of optimism the sick and the halt hoped for magic elixirs, and stout citizens who survived proprietary medicines, gratefully gave journalistic testimony. In thumbing through the newspapers of the key year 1839, I was greatly moved by the testimony of the Honorable Beverly Tucker, professor of law at that venerable institution, the College of William and Mary, who certified the efficacy of Beckwith’s Anti-Dyspeptic Pills. According to him he had “a diseased liver, a disordered digestion, and a constitution in ruins.” In sum, “A peevish patience of existence occupied my whole mind.” (I take it that this was even worse than “tired blood.”) But luckily the distinguished legal mentor discovered Beckwith’s Pills and all was well, at least so he said (14).

A later broadside claimed absolutely that “Dr. Hamlin’s Great Medical Wonder! The Wizard Oil!” would cure the toothache in one minute. It was more modest about rheumatism; for this ailment the patient should allow from one to six days (15).

The reform movements, highly organized, were teaching cooperative techniques to all who would look and listen. America was well on the way to becoming “a nation of joiners” (16). The times were ripe, but nothing happens until men are also ripe. As you have already guessed, I speak of Chapin A. Harris and Horace H. Hayden of Baltimore, the vigorous cultural center, where met north and south, agriculture and commerce. (I wish I had time to talk about Baltimore, the home of the clipper ship; a place where medical men early earned social status and self-confidence; a place of fine food; a place where, by report of foreign travellers, the women were glori-
ously beautiful, a fact which no doubt was the basis for the frontiersman's boast that *his wife was gonna be a Maryland gal* (17).

The years 1839-40 witnessed a triple assault on the combination of quackery and mediocrity which then characterized dentistry; an assault carried though largely by the efforts of these two men, who I believe may be truly termed the founding fathers of professional dentistry in this country. With the support of Eleazar Parmly and other New Yorkers, they led in establishing the first regular dental school, the first dental journal, and the first national dental organization (18). Dentists could now claim a systematic body of knowledge, an institution in which this could be taught, cooperative enterprises where practitioners might be refreshed and informed, and a philosophy of responsibility to the public. This last point, though not new, was underscored especially by Harris. If dentistry was not immediately recognized as an orderly profession, one of dignity and service, at least the foundations had been laid.

Neither topic nor time permits a stirring of the ancient fires of controversy over primacy in the matter of surgical anesthesia. Significantly, both Horace Wells and W. T. G. Morton were practicing dentists, and in the 1840's sought to draw the blessed curtain of insensibility over the exquisite agony of pain they saw in their patients. Each wrote readable treatises on dental care, documents of more than ordinary interest to the student of American cultural (and tangential) history. A small matter, but those specializing in linguistics might note that Horace Wells was the first, or one of the first, in America to fix in permanent print the sticky word *candy*, something of an Americanism, this in 1838. I quote from his *An Essay on Teeth*: “There is nothing more destructive to the teeth than a compound (sugar being a component part), sold at nearly every corner of the streets, under the name of candy; most of which contains ingredients which act chemically—removing the enamel as if by magic” (19).

As for W. T. G. Morton of “Letheon” fame, although he may not have discovered anesthesia, he seems to have discovered, in a sense, the modern patient. Read between the lines as he instructs the patient in the care and feeding of his dentist: “. . . go to him at least twice a year; allow him to do what he thinks best; pay him, and don’t stop to waste his time with long and useless relations of past calamities . . .” (20).
In the 1860's tragic needs of the battlefield partly erased old professional barriers; certainly in the Confederate army dentists with conspicuous success engaged in maxillo-facial surgery (21). To their advantage the dentists did not have to suffer that vicious Victorian prudery which embarrassed such intimate specialties as gyniatrics. By and large the new regulatory statutes were on the plus side. But the ascent from trade to profession had its detours and its frustrations.

A painful setback occurred in the state of North Carolina under the lash-like tongue of inimitable Judge Walter Clark. The story begins with a toothache. At least the witness before the court, Crow Stagg, under oath vowed that one Sunday in the year 1895 he had a toothache, went to a Dr. Smathers, dental surgeon, and suggested that whiskey was indicated, the catch being that intoxicating liquors could be sold on Sunday only under a physician's prescription. Stagg's pain barrier was so low, or his power of persuasion was so high, that he succeeded in getting Dr. Smathers to raise his initial offer of a half-pint prescription to a full pint. Then Stagg went to Robert McMinn, bar-keep, with this dispensation from Sunday prohibition, and received his liquor.

McMinn was prosecuted for selling without a proper prescription. Judge Clark affirmed the lower court conviction of McMinn, and defined dentistry as restricted to "manual or mechanical operations on the teeth"; thus its practitioners were ineligible to issue "physician's" prescriptions. If there were a broader definition said Judge Clark, "'toothache' would become more alarmingly prevalent than 'snake bite,' and that it would, with usage, become more dangerous is evident from the fact that the very first dental surgeon's prescription for toothache coming before us is for 'one pint of whiskey.' The size of the tooth is not given, nor whether it was a molar, incisor, eye tooth or wisdom tooth, and yet there are thirty-two teeth in a full set, each of which might ache on Sunday" (22).

In those rough days before World War I, social Darwinism provided philosophical excuses for man's greed in counting house and factory. Dentistry as part of the national scene had its fierce controversies over patents and proprietary rights. There were intrigues, combinations, systems of spying, and at least one murder, all a part of dental history (23). (Parenthetically, when dealing with patents
the social historian must note that Vulcanite did democratize the making of false teeth.)

But in those hectic years techniques and devices, whether proprietary or public, had their faults. Some oral architects were blind to common sense (and deaf to Lister), and the Brooklyn Bridge, new wonder of that age, had its rivals in tens of thousands of mouths. Old-time sailors would probably have called much of it "dental scrimshaw." In 1910, William Hunter of London, speaking at McGill University safely north of the border, charged that "American Dentistry," as he called it, had erected "mausoleums of gold over a mass of sepsis" (24). It was a worthwhile reminder of the intimate relationship between dental operations and general health, but the shock of Hunter's accusation and the profession's own inventory of practices, carried procedures too far the other way for awhile. According to critics, blacksmiths in white coats pulled teeth like a farmer shells corn. Then came equilibrium. The attack of Hunter, plus the contagious example of the Flexner report on medical education published that same year (1910), resulted in a series of brilliant studies, the titles of which are familiar to you all (25).

An infallible signal of maturity in an individual, a profession, or indeed a whole society is its willingness to undertake the painful exercise of self-examination, of looking in a magnifying mirror. By this standard, surely dentistry has come of age. Parenthetically, I remind you that excessive preoccupation with its own image is an index of a profession's adolescence, not of its maturity. Here I draw a sharp distinction between undue concern about what the public thinks of dentistry as a profession—the prestigious aspect—and what society thinks about the services which the profession performs, where in the scale of values it puts dental health. Certainly an operation giant-step is warranted to close the shocking gap between what people need, and what the financially solvent are willing to go out and buy. Sometimes I think that the two-car suburban family is waiting for an orthodontic do-it-yourself kit for assembly on a rainy weekend.

Children of all ages, from one to 100, nowadays are fascinated by cowboy dramas containing the thrilling phrase, "Meanwhile, back on the ranch..." (This phrase, I assure you, is advanced with no political connotation!) I say, "Meanwhile, back in the dental chair..." These words might well be a new text, a precautionary text as
it were, in an era which threatens to become ultra-professional. A cryptic neighbor of mine vows that, “Every profession contains within itself the seeds of its own destruction.” Yes, confirming Durocher’s hint of yesterday, I say that the dental profession can become so absorbed in specialized activity, can become so enamored of itself, that it will forget the human being quivering in the dental chair, whose teeth need fixing, or, more probably who needs to be told how to care for his teeth so that they won’t need such radical repair. (Yes, despite current progress, the great Dismal Swamp of dentistry is still the area of preventive medicine.) “Human being in the chair,” did I say? Ah, there’s a problem, coping with such. On several scores scientists naturally prefer hamsters to humans. But hamsters of themselves rarely pay their bill; humans sometimes do.

As the preceding speakers have brilliantly certified, present issues call for statesmanship of alpine qualities. For better or for worse, you are part of a society which, in effect, is saying more loudly by the hour, “Health is too important to be left only to the doctors!” Whether you and I like it or not, innovation is the watchword, and if you are wise you will assert the sort of leadership which will point these departures in directions best for society and best for the profession. Claiming a difference between General Motors and general dentistry, I see no contradiction between the two objectives if definitions are properly made. To develop authentic leadership one must honestly identify himself with the best in cultural and philanthropic and, if need be, political movements. (Incidentally, by philanthropy I don’t mean just marking off bad debts that you couldn’t collect even if you wanted to.) All of us must have the courage to face realities; and we don’t get grit in our craw by sticking our heads in the sand.

Isaak Walton in his classic, The Compleat Angler, spelled compleat c-o-m-p-l-e-a-t, meaning in its archaic sense, finished, accomplished, fully-equipped. Today what is The Compleat Dentist? Here I give but feeble echo of Harry Lyons’ handsome, very handsome, charge of this morning. Perhaps we should assume basic technical competence; else how explain graduation and licensure? But in truth, for The Compleat Dentist “school is never out.” And bringing a practice up to date is something more than throwing away those old National Geographics and substituting slick issues of Esquire and
Vogue. You senior men—shall I call you “old China hands”?—you senior men are quite right in reminding your juniors that they must study their journals, enroll in refresher courses, and attend professional meetings. Don’t let sneers about the “organization man” deceive these neophytes. Today in the particular field of practicing dentistry, the lone wolf is professionally nothing more than a dead duck.

Dentistry is the prince of the interdisciplinary sciences; it is the nexus of a multitude of diverse efforts in natural philosophy and the arts. When I invite you to enjoy the humanities, emphatically I do not mean merely to arm yourself for small talk. No. Here I recall with appreciation the title of a volume, To Hell With Culture (26), the point being, at least in part, that if culture is merely for special show occasions, and does not become a part of our way of living, I quote, “To Hell With Culture.” Dentists, first of all, are people, and for their own growth they must nurture personality.

The Compleat Dentist possesses the mind of the scholar, the fingers of the artist, and the soul of the humanitarian. He is not too big to do little things, and not too little to do big things. A wise friend who plays with paradoxes said to me recently that success does not depend so much on what a man knows as on what he believes. His words recalled that oxygenic book, Walden, wherein Thoreau pleads for self-respect and for self-emancipation. “Public opinion is a weak tyrant compared with our own private opinion. What a man thinks of himself, that it is which determines, or rather, indicates, his fate” (27).

Like other persons I do not enjoy being told what my duty is. Before I left home a friend informed me that it was my duty to summarize all I had learned in a lifetime of studying history and to pass this nugget along to you. This is ridiculous, but I’ll make one desperate try. A man if he is so minded can surmount obstacles and can direct movements which will modify the course of human events. Despite Gilbert Stuart and John Greenwood, George Washington was a real man, and he changed history. One feeble woman, Dorothea L. Dix, changed the whole course of America’s treatment of the indigent psychotic. And believe me there are other and genuine heroes and heroines. Yes, man inspired by lofty ideals can master his own fate and he can even influence our modern, monstrous, com-
plex society, which may be (God forbid) holding only short-time lease on simple existence.

Today the times are again ripe for masterful direction. Where shall the art of dentistry, this profession which I deliberately label noble, look for its leaders if not to the group before me today? To this ideal of The Compleat Dentist, one technically competent, professionally loyal, and socially sensitive, I believe that the Fellows, old and new, might with clean conscience dedicate themselves today.

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The Professional Gentleman:
His Responsibilities

HARRY LYONS, D.D.S.

The President of the College, Dean Harry Lyons of the School of Dentistry of the Medical College of Virginia, here in his Presidential Address refers to the major aims of the College. The ACD is an organization that serves "certain purposes over and beyond the scope of other existing organizations." And it has come about that these purposes "relate mainly to the broad social aspects of the health service professions. . . ." The new social concepts of government and society present a challenge; the College accepts the call and seeks solutions.

Among the many privileges related to the office of president in the American College of Dentists none is cherished more than the pleasure of addressing this Convocation, and offering certain remarks directed especially to the distinguished men and women who are scheduled for induction to Fellowship.

The founders of the American College of Dentists had a twofold motive. They recognized that the profession of dentistry needed an organization of nonpolitical complexion to serve certain purposes over and beyond the scope of other existing organizations. These purposes relate mainly to the broad social aspects of the health service professions and their mission in the interest of our people. In addition, certain internal problems seem always to confront a profession. These problems challenge and demand the best minds for solution. The founders reasoned that these two objectives could be served only by members of our profession who had already displayed competence and dedication, and whose attainments to date indicate that they would continue to labor effectively and unselfishly

This address was read at the Las Vegas Convocation of the American College of Dentists, November 7, 1965.
Such members of our profession merit special recognition and citation. The founders conceived the American College of Dentists as the organization which would recognize persons of distinguishing attainments, cite them for their accomplishments, and then utilize their talents and skills in the promotion of the objectives established as goals for the College. The implementation of this dual concept has been most successful. The American College of Dentists has earned a position of nobility in the crucible of experience. Much has been done; many goals have been attained. More remains to be done.

As our society grows more complex in a more complicated world, larger problems cry out for solution and difficult questions demand answers. These tasks are assigned to all men in proportion to their intelligence, their education and their skills. On this basis those deemed worthy of Fellowship in the American College of Dentists carry major responsibilities to society. Your charge related especially to the health services must be met. Abdication or failure would spell disaster to our profession and to our American society. The Convocation programs, the special projects, and the committee assignments of the College are devoted to these major issues.

As the dean of a dental school I have the thrilling experience every September of greeting an entering class of dental students at the beginning of an orientation session. This occasion offers me an opportunity to set forth the basic considerations which differentiate a health service profession from a trade or a craft. To emphasize the point, I address the dental neophytes as “professional gentlemen” and then proceed to define this term. The salutation of “professional gentlemen” is a striking and sobering charge. It appears appropriate that I direct this charge, by definition, to this assembly of old and new Fellows of the College.

A professional gentleman is a gentle man who possesses all the attributes connoted by the adjective “gentle.” He is a gentle man who professes certain things. He professes that he is educated beyond and above the general level of his community. He professes that he possesses special knowledge and unique skills and that he applies his knowledge and skills in the interest of his fellowman. He professes that he always gives more than he receives. He professes that as he
labors in the vineyard of his calling he will enrich the vine and its fruits by contributions that will add to their basic sustenance. These and many other professions of this gentle man are accepted by his fellowman as facts. This faith and trust add to the lustre of the gentle man but charge him with responsibilities that match his position of trust and its related privileges. (A comparable definition applies to the term "professional gentlewoman.")

As Fellows of the American College of Dentists, both old and new, I recognize in you all of these fine characteristics of a professional gentleman, and I so salute you. At the same time I charge you with the responsibilities inherent in your status. These responsibilities, I am sure, you will recognize and discharge in the same fine manner which has characterized your previous contributions to our profession and which has led to your recognition and citation as Fellows in the American College of Dentists.

The privilege of serving this past year as president of the American College of Dentists has been a truly magnificent experience. Mine has been an honor accorded few persons. I trust that I have discharged the duties of this office with reasonable skill and becoming dignity.

For the privileges and the honor which have been mine this past year and for the untiring cooperative efforts of so many associates among the officers, regents, the secretary and the Fellows of the College I am everlastingly grateful and indebted.

CONFORMITY AND CREATIVITY

Our society places such high value on conformity that creativity is discouraged. The stereotype, the habit, the unchanged and unwritten policy, the desire not to stand out from the crowd, the reluctance to communicate in anything but well-worn cliches—all these are limiting forces which prevent us from coping with the state of constant change we live in. This is true in the military, in industry, business, government at all levels, in diplomacy . . .

If we could take as our motto "Nothing necessarily has to be the way it is," for even a few minutes a day, we might break the spell of unimaginative routine.—Francis A. Cartier, Medical Science, Dec. 10, 1957.
In these inaugural remarks by the President-elect of the College, attention is directed to the important role of the dentist at the chair-side. He, more than any other professional, has a continuing "precious contact" with people. The influence of his "entire developed personality" can be deep and broad and lasting in enhancing the image of dentistry. Or his influence can merely intensify the impression that dentists are but skilled artisans. Truly, the dentist has a tremendous responsibility.

The Dentist in Private Practice: Our Image

PERCY G. ANDERSON, D.D.S.

WHEN I was elected to be president of the American College of Dentists, I recognized the magnitude and the responsibilities of the office—and my own limitations. Every occupant of this office must have realized, as I do, that there comes with it an unusual awareness of accountability. Unusual, because the College is a select group. Select, because of the conditions that qualify its members for Fellowship.

Some time ago, I listened to a North American educator talk about the "disquieting symptoms among our people, especially the young people—the wildness, self-centeredness, self-expressionism and the rebellion against authority." I know that one can find some justification for such an indictment in our day and generation, but this is nothing new. I quote from an earlier observer:

"The world is passing through troubled times. The young people of today think of nothing but themselves. They have no reverence for parents or old people. They are all impatient of all restraint. They talk as if they alone knew anything and what passes

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for wisdom with us is foolishness with them. As for the girls, they are forward, immodest, and unwomanly in speech, behavior and dress.” This is taken from a sermon by Peter the Hermit in 1274 A.D.

In the eighteen century, there appeared this observation on the flyleaf of a Dictionary of Everyday Wants: “In these days of steam when every man is jostling and crowding his neighbor in the race for wealth and independence, every hour, every minute has its money value. To economize time—to save money—to relieve perplexities that are ever occurring in our daily plans for life, to promptly offer remedies when sudden death is threatened, these things will be found to be embodied in this book, and so be an aid to the progressive hurrying spirit of the age.”

And then, after the turn of the twentieth century, in what is now referred to as editorial comment, this statement appeared: “We are in a new era and don’t know what to do.”

Graphic sketches of this nature are recited day by day from almost every podium and yet, in the present cycle of time, as each decade merges with the next, we are constantly in a new era.

In our complex society we perhaps at times appear almost incapable of facing the problems about us. Broad issues are settled in a parochial or piecemeal fashion. Decisions are made on the basis of political expediency, with an eye to sectional or group interest. As people we are, at heart, charitable. We help others when they are in need. It is characteristic of human beings that they take an interest in their fellow men.

It would be difficult to visualize, and describe in a convincing manner, the civilization which is to come. The world has not simmered down; it is seething like a chain of volcanoes and every once in a while erupts quite unpredictably. In many areas, gains of one year are lost the next. One can only hope that given time, the world will find its appropriate and tempered totality. In the meantime, one can only work toward those ends that will allay the fears and doubts of men and will not arouse again the instincts inherited from the primitive and the savage.

In the complex in which we live, the professions are much on trial. Right or wrong, what a man believes about his professional advisor be he a dentist, a physician, an engineer, or a lawyer, cannot be ignored. Public relations advisors spend tremendous sums trying
to discover and shape public opinions. By virtue of this dependence upon public opinion, politicians are quick to follow it.

Whether we like it or not the professions are being asked a lot of questions. How well do we serve the public need? Are our services always readily and economically available—and so on.

Large organized bodies are responsible for a great deal of our social reform. The voter today who has the ear of the successful politician is one who wants reform and knows how to unite to get what he wants. In the eyes of large organized groups there perhaps is nothing hallowed or consecrated about the health servant, or any other professional man for that matter, for they too have highly trained and skilled servants among their ranks.

In a free world which is dedicated to the welfare of the individual, we believe the state exists only to serve the individual. We boast of our way of life. But in this free world, large groups are without means or the facilities for adequate health and care. Of what use is the talk of freedom, if not all men can afford to discover and protect their rights and privileges in a complex society; and what good is it to them to know that they could receive advice and assistance if they could pay for it. Soon this sense of injustice starts to rankle, and all too frequently we find in these minds a fertile field for those doctrines so repulsive to our way of life.

The man in private practice is indeed in the front line of this dilemma. He is the one the public meets and through whom the profession is judged. He is our image. Now it must be remembered that from the day of graduation, new developments, scientific and social, occur with amazing rapidity. If this ideal general practitioner keeps up to date and reads everything he receives which pertains to his practice, his ethics, his organized professional affairs, and if he goes to every continuing education seminar he should attend, to keep up to date professionally and organizationally, he would have little time to practice—and even less for his family. If he is alert and seeks other professional help, and it is available, then all is well. But what if he doesn't recognize and communicate the danger signals?

I submit that it is not an accident or coincidence that today there exists a spirit of integrity that has given character and substance to our profession for so long a time, that it is as vital in so many respects as the practice of a profession. Practice is essential, honorable
and necessary, for that is the means by which we live. But practice alone does not and can not set the total standards of value by which a profession lives or survives among professions.

You will agree that all that we are today is dependent upon the work and efforts of our predecessors, and of learned men in every sphere of activity and every age. But it is an idle pride that lives and thrives only on the achievements of the past.

It is not fitting here that we should propound our philosophies; but no man, whatever his ability or disability or his strength or weakness may be, should be denied opportunity if the knowledge for his improvement is available anywhere. We must realize that all our educational and social resources are absolutely barren and useless, unless they can be humanly related to the efforts, interests, and the activities of others.

Referring once again to the professions, one can not help but ask the question: To what end will professional men direct their energies and abilities? Under the American system, professional men—of which dentistry is part—in large measure set the pattern of national life. The image, or the character of that pattern, depends not alone upon technical ability nor yet upon whatever ability these men may have in dealing with human and social situations. It also depends, and depends very critically, upon their attitudes; upon the way they look at things.

Outside the clergy there is no profession in our society where people are so constantly in contact, over so long a period of time and so regularly, as the dental profession. And how are we using this precious contact?

Consider professional men as a group. The lawyer sees his client only when the client is in need of legal advice, but he rarely sees the client regularly over a lifetime, or, as with us, twice a year. The physician sees his patients when they are sick, but the patient will go for years without medical attention. The engineer does not have regular visits with units of families who may approve or disapprove of his deportment. The architect sees even fewer people than the others. The teacher—probably the most significant of all the professionals—has profound impact on the life of the child and young man, but he loses touch when the student graduates. The dentist, however, is in contact with the child, the boy or girl, the husband
and wife, the father and mother, the family throughout their entire careers.

Now then, what influence, what impression, what stimulation has been left with them? Is it only that he was a skilled artisan? Or has he left something of himself—a professional man possessing an advanced degree of educational standard—that would label him not only as an able diagnostician and skilled operator, but as well—as Gilbert Highet of Columbia University has so fittingly described it—an entire developed personality that would in the name of dentistry help develop well, an image or a pattern in our national life. These are the personnel, the professional men and women, the graduates and postgraduates of our university environment and discipline, who are equipped to assist less fortunate colleagues to weigh the consequences of good or of bad decisions.

Perhaps it doesn't matter very much what the pioneers and early architects thought during the birth and growing pains of our profession, and perhaps it doesn't matter very much what the devoted men of these later decades have thought, but what does seriously matter is what present generations and their graduates will think, when guiding the destinies of a profession steeped in tradition, but yet vulnerable to the ills and weaknesses of mankind.

What every Fellow thinks about the American College of Dentists is a personal thing which he alone must rationalize. But if we are to continue to enhance the image the College has created, then it becomes increasingly necessary with each succeeding year, to accelerate still more the spirit of effort which is guiding and has guided our capable and devoted predecessors.

So, in common with all those who have at heart the “guiding of the destinies” for years ahead, may I prevail upon you now to nourish with greater affection the virtues which embodied you in Fellowship in the American College of Dentists, so that through your efforts, the stature of the College and the profession of dentistry may grow with lustre and distinction.
The 1965 Convocation

SUNDAY, NOVEMBER 7, 1965
FLAMINGO HOTEL
LAS VEGAS

THE MINUTES

The morning session convened in the Mead Room of the Flamingo Hotel. President Lyons presided. The invocation was asked by Dr. William J. Updegrave, Philadelphia.

President Lyons read his President’s Address (see this issue) and the Indoctrination Charge.

Dr. James S. Dailey, Los Angeles, chairman of the Necrology Committee, gave the report. The following Fellows died since the 1964 San Francisco Convocation. (An * indicates that the date of death was received in the Central Office late.)

Harold E. Albaugh, Army (retired), December 3, 1964
Howard Alexander, Ft. Lauderdale, Fla., July 31, 1965
Irwin Beechan, Oakland, Calif., January 5, 1965
J. M. Binns, Columbus, Ga., July 3, 1965
Charles F. Bodecker, Mullins, S. C., February 11, 1965
Thurlow Weed Brand, Carmel, Calif., September 16, 1965
Wilbur F. Browne, Brunswick, Me., January 11, 1965
George A. Bunch, Columbia, S. C., April 11, 1965
William H. Canavan, Boston, Mass., October 1, 1965
Harve E. Cannon, Lynwood, Calif., February 26, 1965
Frank M. Casto, La Jolla, Calif., April 29, 1965
George B. Clendenin, Bethesda, Md., November 16, 1964
Joseph Lee Cleveland, Buffalo, N. Y., June 15, 1965

Alfred V. Cogan, Boston, Mass., June 5, 1965
Lloyd A. Crabb, Dallas, Texas, August 30, 1965
J. Stier Cunningham, Houston, Texas, September 13, 1965
Philip Dear, Cannes, France, March 21, 1965
Charles H. Down, Melbourne, Australia, April 29, 1965
Lawrence W. Ford, Columbus, Ohio, March 28, 1965
Ferd E. Garrison, Fort Worth, Texas, September 27, 1965
M. Monte Garrison, Wichita Falls, Texas, June 15, 1965
Edmund T. Glessner, Denver, Colo., May 4, 1965
Frederick W. Herbine, Reading, Pa., April 9, 1965
Isador Hirschfeld, New York, N. Y., February 5, 1965
Harlan H. Horner (Honorary), Albany, N. Y., February 13, 1965
Max H. Jacobs, Brookline, Mass., January 28, 1965
Joseph H. Jaffer, Tucker’s Town, Bermuda, May 16, 1965
Charles R. Jefferis, Clamont, Del., February 2, 1965
Glover Johns, Army (retired), August 12, 1964*
Reginald H. Johnson, Port Huron, Mich., December 6, 1964
Frederick S. Kagihara, Honolulu, Hawaii, October 11, 1965
Oscar J. Kenck, Augusta, Mont., June 18, 1965
Louis F. Krueger, Toronto, Canada, July 4, 1964*
Henry C. Lee, Knoxville, Tenn., January 26, 1965
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. Treasurer F. A. Pierson presented his report. (See the Minutes of the Board of Regents in this issue.)

Dr. Carlton H. Williams, chairman, submitted the Report of the Nominating Committee, and recommended the following for the several offices:

- President-Elect—Carl J. Stark, Cleveland, Ohio
- Vice-President—Stanley A. Lovestedt, Rochester, Minn.
- Treasurer—F. A. Pierson, Lincoln, Neb.
- Regents (4 years)—J. Lorenz Jones, Beverly Hills, Calif.; P. Earle Williams, Dallas, Texas

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

Dr. Preis presented the amendments as published in the *ACD Reporter*, v. 8, No. 4, August 1964, and moved their adoption. This was seconded. President Lyons called for a vote. The changes were approved unanimously.

**ARTICLE II—CONSTITUTION**

(The Board of Regents suggested a
re-wording of the Preamble: Purposes and Objectives, and a change in the order of listing of the objectives; certain advantages would thus result in the projecting of the purposes. This now reads):

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

(a) To urge the development and use of measures for the control and prevention of oral disorders;
(b) 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;
(c) To urge broad preparation for such a career at all education levels;
(d) To encourage graduate studies and continuing educational efforts by dentists;
(e) To encourage, stimulate and promote research;
(f) To improve 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.
(j) In order 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 other areas that contribute to the human welfare and the promotion of these objectives—to confer Fellowship in the College on such persons properly selected to receive such honor.

ARTICLE XI—CONSTITUTION

(In order to establish the principle of mail balloting for elective positions, this Article was amended to read):

Section 1. Amendments to this Constitution may be made by a three-fourths majority of the vote of Fellows, expressed in the mail ballot, provided that the proposed amendment shall have been submitted in writing to the Committee on Bylaws and the Board of Regents in accordance with the rules outlined in Article X of the Bylaws and that the Secretary 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 followed on the general theme of "Health Care for the American People." Mr. Hal M. Christensen, Director of the Washington Office of the American Dental Association, related "What Is Happening in Washington, D. C.?") Dr. Kenneth J. Ryan, chairman of the Council on Dental Health of the American Dental Association, presented a "Health Care Plan by the Dental Profession."

(A These two papers were published in the January 1965 Journal.)

A fellowship luncheon was served in the Nevada Room of the Flamingo
Hotel. This was under the auspices of the Fellows in Nevada with Dr. Harold Cafferata presiding. The invocation was pronounced by the Reverend Tally Jarrett, Christ Church Episcopal, Las Vegas. Following the introduction of guests, Larry Storch, star of “F Troop” (CBS Television), entertained in an unusual manner.

The Convocation convened in the Mead Room. Dr. Jay H. Eshleman, Philadelphia, Orator of the College, asked the invocation. The Convocation speaker was Dr. Joseph C. Robert, Professor of History, University of Virginia. His address was “A Historian Looks at the Professions in America.” (See this issue.)

THE FELLOWSHIPS

Fellowships in the American College of Dentists were conferred on the following:

G. Shuford Abernethy, Hickory, N. C.
John E. Aldrich (in absentia), Columbus, Ohio
Leslie T. Allen, Lethridge, Alberta, Canada
John R. Allison, Chicago, Ill.
Robert E. Applegate, Cincinnati, Ohio
William J. Armstrong, Los Angeles, Calif.
Louis J. Atkins, Blountstown, Fla.
Charles Edward Barker, Oakland, Calif.
J. Roy Bass, Lake Charles, La.
Seymour Birnbach, Queens Village, N. Y.
Orren A. Bolt, Grand Rapids, Mich.
Randolph R. Brantley, Angleton, Texas
Wade H. Breeland, Belmont, N. C.
Sebastian A. Bruno, Jackson Heights, N. Y.
Russell W. Buchert, St. Louis, Mo.
Robert V. Bryan, Arcata, Calif.
T. Mitchell Bundrant, Monroe, N. Y.
J. Menzies Campbell (in absentia), Glasgow, Scotland
John W. Camphouse, Glendale, Calif.
Wesley A. Carr, Augusta, Ga.
Phil Leonard Chain, Peoria Heights, Ill.
Joseph P. Chancey, Jr., Fort Smith, Ark.
Gerald T. Charbeneau, Ann Arbor, Mich.
Ashur G. Chavoor, Washington, D. C.
Robert A. Clappison, Toronto, Canada
Everett C. Claus, Littleton, Colo.
Ira S. Colby, Pittsfield, Mass.
Hugh Cooper, Jr., Ann Arbor, Mich.
Bernard J. Conway, Chicago, Ill.
Willie D. Crockett, Richmond, Va.
Attilio J. Costa, Lyndhurst, N. J.
Paul Cunningham, Houston, Texas
George D. Dore, Jr., Seattle, Wash.
Oras Lamond Dotson, Newport, Ark.
Pierre R. Dow, Seattle, Wash.
Wayne R. Dunnom, Elmwood Park, Ill.
Philip Edelman, New York, N. Y.
Marvin Eisenberg, Irvington, N. J.
Donald J. Elder, Miles City, Mont.
John M. Faust, Hattiesburg, Miss.
Elliot Feinberg, Scarsdale, N. Y.
Roy A. Fettermann, South Pasadena, Calif.
Thomas M. Flath, Williston, N. D.
Daniel J. Formosa, Teaneck, N. J.
Samuel Friedman, New York, N. Y.
Dominic J. Galdieri, Morristown, N. J.
Donald J. Galagan, Iowa City, Iowa
Samuel S. Gerandasy, Detroit, Mich.
S. Berton Gerstner, New York, N. Y.
Joseph A. Gibson, Jr., New York, N. Y.
Ralph R. Gibson, Jr., Denver, Colo.
Donald B. Giddon, Boston, Mass.
Arnold C. Gilmer, Bemidji, Minn.
Richard E. Gladzieszewski, Syracuse, N. Y.
Jacob J. Goldman, Newton, N. J.
Irving Gordon, Miami Beach, Fla.
J. Burton Gregg, Fort Smith, Ark.
H. Roy Green, Wheeling, W. Va.
Irving Grenadier, Bronx, N. Y.
Arthur Grieder, Ridgewood, N. J.
Joseph R. Grisanti, Yonkers, N. Y.
John H. Guion, Charlotte, N. C.
Richard W. Hallberg, Los Angeles, Calif.
Richard C. Harriott, Watertown, Mass.
Livious D. Herring, Raleigh, N. C.
Earl A. Hershman, Long Beach, Calif.
Alvin Hirschberg, Elizabeth, N. J.
Maurice A. Hoghaug, Grand Forks, N. D.
Francis W. Howell, La Jolla, Calif.
Frank J. Hudson, Memphis, Tenn.
Charles M. Hughes, Harrisburg, Pa.
William J. Jasper, Hampton, Va. (U. S. Navy)
David R. Jordan, U. S. Air Force Base, Wright-Patterson A.F.B., Ohio
Francis R. Jurdy, Spokane, Wash.
Walter F. Jusczyk, West Warwick, R. I.
Olan B. Kibler, Evanston, Ill.
William D. King, U. S. Navy, Charleston, S. C.
Benjamin Kletzky, Denver, Colo.
Arthur M. La Vere, Chanute Air Force Base, Ill.
Howard Rivers Lady, Washington, D. C.
James E. Lancaster, U. S. Army
Harry Langa, New York, N. Y.
Frank M. Lapeyrolerie, East Orange, N. J.
Rachel Harris Larson, U. S. Public Health Service, Bethesda, Md.
Carl W. Lattner, St. Louis, Mo.
Emil Lentchner, Jamaica Estates, N. Y.
Milton A. Levy, Middlesex, N. J.
DeWitt T. Lewis, Jackson, Miss.
Joseph H. Ligon, Jr., Raleigh, N. C.
Alfred C. Long, Columbus, Ohio
Francis J. Loughlin, Jamaica, N. Y.
Leonard Z. Lyon, Los Angeles, Calif.
William J. McIlwain, Pasadena, Calif.
Thomas J. McIntyre, Bellevue, Wash.
Edwin T. McMannis, Santa Rosa, Calif.
Ignatius S. Maddi, Binghamton, N. Y.
Lewis I. Malinak, Temple, Texas
John L. Manning, Chicago, Ill.
Paul E. Mehus, Seattle, Wash.
Charles W. Mesick, Syracuse, N. Y.
Arthur L. Milbourn, Hamilton Air Force Base, Calif.
Herbert D. Millard, Ann Arbor, Mich.
Charles W. Miller, Columbus, Ohio
Robert M. Miller, Manchester, N. H.
Harry E. Moore, Owensboro, Ky.
Robert L. Morrison, Las Vegas, Nev.
Leland E. Morshheimer, Rochester, N. Y.
Charles W. Moses, Toronto, Canada
Robert L. Moss, Veterans Administration, Pittsburgh, Pa.
George Mumford, Indianapolis, Ind.
William A. Musgrave, Pasadena, Calif.
Irving Nedelman, Lansing, Mich.
J. Howard Oaks, Boston, Mass.
Kurt J. Odenheimer, Buffalo, N. Y.
Ingram Wesley Ogden (in absentia), Bethesda, Md.
Tomás C. Pablos, U. S. Navy, San Diego, Calif.
John S. Pfeifer, Green Bay, Wis.
Claibourne W. Pointdexter, Greensboro, N. C.
Burton R. Pollack, Baltimore, Md.
Bernard Z. Rabinowitch, Beverly Hills, Calif.
R. Hunter Rackley, Millen, Ga.
Robert W. Rafferty, Willimantic, Conn.
Leonard Rapoport, Baltimore, Md.
Charles W. Reiley, San Antonio, Texas
J. Marvin Reynolds, Richmond, Va.
Richard E. Richardson, Chapel Hill, N. C.
William A. Richter, Portland, Ore.
Henry M. Rosenberg, Chicago, Ill.
HONORARY FELLOWSHIP

Honorary Fellowship was conferred on Joseph C. Robert, the Convocation speaker. The citation was read by Harry Lyons, as follows:

Joseph Clarke Robert personifies the rare combination of the intellectually curious student and researcher, the inspiring teacher, and able academic administrator: A man of varied talents whose personal charm adds a glowing warmth to his influence on all who are privileged to labor with him in the classroom and larger community.

Born and reared in the South, Dr. Robert was educated at Furman University, Duke University, and Harvard University. Honorary degrees have been bestowed on him by Washington and Lee University, Furman University, and the Medical College of Virginia.

Dr. Robert has held faculty appointments with three universities as a teacher of history. He served one university as associate dean of its graduate school and two colleges—Coker College and Hampden-Sydney College, as their president. He apparently found the stratosphere of academic administration devoid of sustaining ingredients for his fertile mind as evidenced by his repeated insistence on returning to the lecture hall and laboratory.

Dr. Robert is an authority on the history of slavery in the Confederacy, the tobacco industry, and other phases of the history of the South. He is currently on leave from the classroom and is engaged in a historical research project in North Carolina. Dr. Robert
is the recipient of honors too numerous to recite and is widely acclaimed as a lecturer and community leader.

Mr. President, I present Dr. Joseph Clarke Robert for Honorary Fellowship in the American College of Dentists.

THE GIES AWARDS

The William John Gies Award was given to two men. First, to George C. Paffenbarger. The citation was read by Henry A. Swanson:

George Corbly Paffenbarger was born at McArthur, Ohio, on November 3, 1902, the second son of a pioneer Ohio dentist, Andrew Wolf Paffenbarger. He was graduated with honors from the College of Dentistry, Ohio State University, in 1924. Twenty years later, his Alma Mater recognizing his distinguished career as a scientist, conferred the honorary degree, Doctor of Science, upon him.

He was associated with his father in the practice of general dentistry for two years at McArthur in 1924 and 1925. He was an extern at the Paloma Settlement Dental Clinic, Honolulu, Hawaii, the following year. Upon returning, he served as an instructor in clinical dentistry at Ohio State University. In 1929 he began a most successful scientific career in dental research, having been appointed a research associate of the American Dental Association assigned to the National Bureau of Standards, Washington, D. C. This assignment was interrupted in 1942 by a Navy appointment as Lieutenant Commander. This was a most important appointment because his scientific and practical knowledge of dental materials was most essential and needed by the Dental Corps of the Armed Forces during the period of World War II. He rose to the rank of Commodore, becoming the first Reserve Dental Officer to attain flag or general rank in all the Armed Forces. He now holds the U. S. Navy Reserve Rank of Rear Admiral (Retired).

He returned to his duties at the Bureau of Standards in 1946 and has been in continuous service. At present he is the Senior Research Associate of the American Dental Association.

Dr. Paffenbarger exemplifies the highest ideals of a scientist. As a member of a small clinical group in Washington, which was called upon to aid in the early studies of dental materials, I had the opportunity of observing his indoctrination into research on dental materials. On one occasion when I called at his office I found him engrossed in the study of an article published in a German scientific journal. His knowledge of scientific German at that time was somewhat limited, so that the scientific dictionary was consulted in an almost word for word translation. This persistence was evidence of his basic philosophy, which has proven to be the reason for the excellency and thoroughness of his scientific research. He is considered a world authority in the science of dental materials and his scientific publications are in excess of 125. He is the co-author of a book with Dr. Wilmer Souder on The Physical Properties of Dental Materials. He has lectured on his science all over the world; he served as the Prelector in Dentistry on the Faculty of Medicine, St. Andrews University (Scotland) in 1957; and in 1961 was visiting professor in dentistry at Nihon University, Tokyo, Japan.

The dental profession has recognized the tremendous value of his contributions to the practice of dentistry by honoring him many times. He has had more than 30 honors bestowed upon him, among them, Ohio State University; Honorary Master Dental Science degree from Nihon University; the Henry Spenadel Award, First District Dental Society of New York; Wilmer Souder Award, International Association of Dental Research; the Calahan Award of the Ohio State Dental
Association, and the Alfred C. Fones Award, Connecticut Dental Association. Several dental organizations have honored him by election to the highest offices of their respective organizations. As formidable and meritorious list of honors as his biography indicates, it does not in any sense present the full stature of George Paffenbarger.

He is a gentleman of the first order, always pleasant, most gracious, has a keen sense of humor, loyal to his friends who are legion, ever ready to help those in need and he and his lovely wife, Rachel, are most charming as companions on every occasion.

His biography states that he has two hobbies, silhouettes and farming. Time does not permit elaboration of either but to see the results of the restoration of a 200-year-old farmhouse and the construction of a fieldstone fence of some 350 feet is indicative of the stamina, fortitude, and scientific persistence of this most honored gentleman.

The College has called upon him many times to serve on important committees and he has always rendered most valuable service.

Dr. Paffenbarger, for the many services you have rendered your profession, for your research in dental materials, for many other achievements, for the advancement of dentistry and last but not least, for your representation of the highest ideals of the profession of dentistry, the Officers, the Board of Regents and all the Fellows of the College take great pleasure and honor in granting to you the William John Gies Award.

His dedication to his profession and its many professional affiliated organizations, and his service to mankind, that have been his goal over the years mark him as a true professional gentleman deserving of our recognition.

A graduate of the George Washington University School of Dentistry in 1920, he started his dental career by establishing the first dental clinic for the underprivileged and dentally uneducated Eskimos on the Pribilof Islands in the Territory of Alaska. This initial service to others instilled in him the desire to become, as far as possible, a man dedicated to the profession of dentistry in its fullest meaning.

Long active in dental affairs, Dr. Swanson served with distinction through many offices of the District of Columbia Dental Society, culminating in his election to the office of President in 1930. Realizing that service to one's profession should not be complete at this level, he went on to serve at the national level.

An early assignment was his appointment in 1933 to the Committee on Museum of the American Dental Association, in which capacity he served as Chairman from 1941 to 1953. Later, he served as Chairman of the reorganized Council on Museum and Dental Registry until its dissolution. At that time the activities in this area were encompassed in the newly developed Armed Forces Institute of Pathology established at the Walter Reed Army Medical Center in Washington, D.C. He has had service as consultant in numerous areas involved in the Institute and has had the distinguished privilege of serving as the first and only dentist on the scientific Advisory Board of the Armed Forces Institute of Pathology. He is now serving his fourth year appointment to this governmental agency.

In the federal service he has served as a member of the Committee on...
Dentistry of the National Research Council.

For service on his state licensing Board as first a member and later as secretary, he moved on to long and active service in the American Association of Dental Examiners. In 1948, in recognition of his dedication and service in this organization, he was elected President.

Since his election to the American College of Dentists in 1935, he has always endeavored to advance the aims and ideals of the College through service in its many activities. He is well known to all Fellows of the College through his outstanding record as President in 1962. His service has not ceased with this, for he continues to serve as its Historian.

For his contribution to the practice of dentistry as well as for his distinguished record of organizational activities, which has reflected great credit on his chosen profession, the College is proud to present the William John Gies Award to Henry A. Swanson.

A reception was held before the dinner. The invocation was pronounced by the Reverend Walter W. Hanne, First Presbyterian Church, Las Vegas.

President Lyons introduced several in attendance, and installed the newly elected Officers and Regents. President-Elect Anderson presented the Service Key to retiring President Lyons. Dr. Anderson then read his inaugural Address (see this issue).

It was unfortunate but unavoidable that the Lennon Sisters were unable to appear as entertainers. However, "Bobby and Barbara" of the Lawrence Welk television program, were present. Their program of dancing and singing was enjoyed by the guests.

NEW COMMITTEES APPOINTED

Committee on Communications
T. F. McBride, Chairman, 4236 Lindell Blvd., St. Louis, Mo.
Wesley J. Dunn, Univ. of Western Ontario, London, Canada
Robert I. Kaplan, 1 South Forge Lane, Cherry Hill, N. J.
Michael T. Romano, Univ. of Kentucky, College of Dentistry, Lexington, Ky.
Isaac Sissman, 4041 Jenkins Arcade Bldg., Pittsburgh, Pa.

Consultants
Mrs. Velma M. Child, 211 East Chicago Ave., Chicago, Ill.
Leland C. Hendershot, 211 East Chicago Ave., Chicago, Ill.

Committee on Dental Health Service
Roy T. Durocher, Chairman, Univ. of Pittsburgh, School of Dentistry, Pittsburgh, Pa.
Billy F. Pridgen, 800 C Street, Antioch, Calif.
David R. Wallace, Health-Agriculture Bldg., Trenton, N. J.

Consultants
Donald J. Galagan, Univ. of Iowa, College of Dentistry, Iowa City, Ia.
B. Duane Moen, 211 East Chicago Ave., Chicago, Ill.
Albert H. Trithart, Cordell Hull Bldg., Nashville, Tenn.
Board of Regents Meeting
NOVEMBER 4, 5, 6, AND 8, 1965, LAS VEGAS

MEMBERSHIP

Fellowship was conferred on 186 persons at the Las Vegas Convocation. The total membership (corrected to January 31, 1966) is 3,614.

Of note: there are 88 Fellows in Canada, and 144 in other countries; 29 men hold Honorary Fellowship.

TREASURER’S REPORT

As of November 1, 1965, securities held by the First National Bank and Trust Company, Lincoln, Nebraska, amounted to $114,000. These are in the form of U. S. Treasury Bonds, U. S. Savings Bonds, and U. S. Treasury Bills. The bank balance on that date was $28,905.86.

Securities .............. $114,000.00
Bank balance ............ 28,905.86

Total ................... $142,905.86

SMITHSONIAN INSTITUTION

The Hall of Dentistry in the Medical Science Division of the Museum of History and Technology, Smithsonian Institution, will feature exhibits portraying the history of dentistry. Included in the display will be the operatories of G. V. Black, C. Edmund Kells, and Edward H. Angle; early dental memorabilia from the Baltimore College of Dental Surgery are expected to be transferred to the Institution.

Technical assistance was needed to classify, catalogue, and label items of equipment, instruments, and collections. The Board approved a contribution of $1,500.00 to the Institution for that purpose.

MISCELLANEOUS ACTIONS

Two new standing committees were created. A Committee on Dental Health Service was charged with a study of the dental programs that will result from the provisions of the recent major public health laws that have been enacted. A Committee on Communications will make a broad study of communications media and their use in the dental field.

Committee reports were received and action was taken on a number of recommendations. These will be reviewed in forthcoming issues of the ACD Reporter.

The Board endorsed a proposed plan for a symposium on the Teaching of Dental History. This will be under the sponsorship of the American Academy of the History of Dentistry and the Smithsonian Institution.

The following policy on a nomination procedure was established: In the event a nominee for Fellowship moves to another state while his nomination is being processed, the necessary correspondence regarding the nomination shall be carried on with Fellows in the state of origin of the nomination.

A number of matters having to do with the personnel and facilities at the Central Office were considered. Secretary Brandhorst reported that spacial requirements were adequate for the near future, and that the administrative duties could be carried on by himself, an Assistant Secretary (Tom McBride was appointed to this position), Miss Fern Crawford, and a stenographer-secretary (to be employed).

Plans for the Dallas meeting and Convocation were discussed; the program will be considered by several of the committees and suggestions offered to the Regents. The general theme will be “The Challenge of Wise Reform.” The dates: November 12 and 13, 1966; the headquarters: Baker Hotel.
The Objectives of the American College of Dentists

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

(a) To urge the development and use of measures for the control and prevention of oral disorders;
(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 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;
(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;
(j) In order 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 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.

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