Opportunities for the Professional Man
Dentistry "On Stream"
Workshop on Dental Manpower
Potential Models in Europe

JANUARY 1969
the Journal of the American College of Dentists

A QUARTERLY PRESENTING IDEAS IN DENTISTRY

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MR. VICE-PRESIDENT, fellow officers, members of the Board of Regents and candidates for fellowship in the College, and honored guests.

As we meet here in this convocation today, we are observing the 48th anniversary of the founding of the American College of Dentists. Two years hence in Las Vegas will be the 50th anniversary celebration which marks a half a century of progress and service to the dental profession, a milestone we look to with pleasure and pride.

A year ago I stood before you, your newly elected President and stated that I was fully aware of my own limitations. I had no intention of competing with my great predecessors.

I expressed my complete confidence with your help, that the administration then started would fully measure up to the high standards of the College.

I base that confidence on the assistance that has come from the past presidents, the officers, the Regents, the committees, the sections; and above all, from you, the fellowship at large.

I am profoundly grateful to those of you who have helped me serve you and serve the College, especially am I grateful to Dr. Brandhorst, Dr. McBride and Miss Crawford for their assistance and encouragement.

The annual convocation of the College is the only time during the year when the entire fellowship has an opportunity to be together. Custom dictates that the President of the College at that time deliver a message of his own selection.

I shall attempt to present some of my observations concerning some of the many problems we are facing today. Dentistry is based on social, moral, economic and revolutionary changes in a changing world. These create some complex problems for the profession.

*Presented at the Annual Meeting of the American College of Dentists, Miami Beach, Florida, October 27, 1968.*
and affect each of us as practitioners as well as the service we render to our patients.

As always in the past, the College is making every effort to help find solutions to these problems. The essential meaning of the College is not found in the material results of its accomplishments.

The organization which devotes itself solely to material accomplishments and leaves behind a record of work done for the material welfare of its profession deserves well of its time and place, but that organization whose ideals of service create in its fellowship a high conception of individual responsibility to the profession, a conception of service to its patients, and its community as expressed in the everyday affairs of life, then that organization earns the lasting gratitude of all men.

In the American College of Dentists today, we have to try very hard to do this for it requires the same devotion and foresight possessed by our founders 48 years ago.

The four men who met in Cedar Rapids, Iowa and organized the American College of Dentists were builders in the truest sense. The visible evidence of their efforts is an institution set up on a hill whose light cannot be dimmed. This has helped to guide the destiny of the dental profession since that day.

This is no ordinary organization, no ordinary meeting. These are no ordinary times; 30 years ago, yes, even 20 years ago, it would have been beyond the wildest dreams to conceive that today we would be living under the changes which have come about.

Today we face many changes, economic, health trends, demands, needs, regulations, third party dentistry and many others.

Since I was a freshman in dental school, I have heard of panel dentistry, socialized dentistry, third party dentistry, et cetera, all of which practices were then opposed by organized dentistry.

We were told and encouraged to believe all of those programs were unrealistic and would be detrimental to the health of the public and the profession as such, and they would destroy professional initiative and encouragement.

Whether the opposition was the program itself or to change, I do not know.

What was then considered radical has now become reasonable and will tomorrow be conservative, but let there be no mistake about it. We have third party dentistry today under many names, whether we like it or not.
Since we are stressing individual responsibility this year, it is my hope that it is in some way called to the attention of each Fellow that there is more to Fellowship in the College than paying annual dues and carrying a membership card.

There are certain inescapable responsibilities and obligations which everyone has assumed before becoming a Fellow.

I call on each of you here today to fulfill your responsibility in such a manner as to motivate others to the acceptance of responsibility. We cannot retreat from the responsibilities of professionalism.

It has been well said, by whom I do not know, that the best way to be nothing is to do nothing.

While the College is now doing all it can to promote its objectives, are we as individual fellows, doing everything we can to help? We should at least concern ourselves about what the College is doing.

The sections have excellent opportunities to promote the objectives at the local level. If we are to go forward and reach the goals we have established, it must be done from the section level.

This is where each individual Fellow has an opportunity to assume responsibility and make contributions toward this forward movement. I know a gap exists between our goals and our accomplishments.

This gap can be closed if we work more closely together. No matter what the problems may be, there is always present everywhere an essential element for safeguarding our progress and that is in cooperation and teamwork; whether it be in one field or another, at the section level or the College level, nothing can be accomplished today without the cooperation of all concerned.

This points up the need for all Fellows in the College to assume Individual Fellowship Responsibilities, the theme for this year.

The policies, rules and regulations, under which the College operates are clearly defined. They are positive and are strictly enforced. They apply to all alike. They are not made for the other Fellow but for each of us. They are not flexible. Pressure nor Influence do not deter their application.

During the years I have been associated with the official family and the Boards of the College, the one thing which has been more disturbing than any other to the governing body is violations of some rules and regulations.
This particularly applies to nominations of candidates for Fellowships, and the secrecy which is a requirement above all which must be observed. Every Fellow must familiarize himself with the policies and the regulations of the College and strictly abide by them so it can function according to plans.

When we look at the state of the dental profession, the progress which has been made, the problems yet to be overcome, it is clear that the scarcity of trained dental manpower for dental health services is an urgent problem.

It is a main factor in the consideration of any plan for the expansion or improvement of such service. The dentist is the central figure around whom dental health services are built and function, but the efficiency and productivity of the profession depend on the personnel who support him.

The need for that support has become so great that teamwork is now an essential factor in dental health care.

The day of the singlehanded dentist trying to provide all forms of dental care for patients has long passed. As important as they are, dental auxiliary personnel cannot function without the dentist; therefore, it is obvious that there first be more dentists to meet the demand for care.

The committee on Social Characteristics early last year realized the tremendous need for dental services and felt the profession should be alert to this need, so plans for consideration of "Dental Care for the 1970's" were started resulting in the workshop in St. Louis on December 10 and 13, 1967.

While the studies of the workshop were extensive and valuable, they led to recommendations suggesting more utilization of dental auxiliary services as the main factor to the solution in the shortage of dental manpower.

We cannot have dental auxiliary services without first having the dentist, so the real need is to develop ways and means to produce more dentists.

This, of course, suggests recruitment, dental student recruitment, perhaps, and the establishment of more dental schools for the production of more dentists as a basic solution to this important problem.

The core of the problem of establishing dental schools is long and drawn out, and is going to take a lot of money and a lot of time to do, so we still have a great problem.
Dr. Ralph Ireland, the President of the American Association of Dental Schools at the 48th Annual meeting of that organization, pointed out that freshman student enrollment in the 49 dental schools in the United States in 1967 was a 3.7 percent increase over 1966.

The total dental school enrollment increased 3 percent last year. This seems encouraging, but it is estimated that by 1975, there will be an increase in demand for dental services far in excess of the increase of dentists, so there must be some way found to bridge this gap.

The manpower problems have been discussed, and actions have been recommended which now must be implemented if the profession is really interested in providing the total dental care for all the population.

This responsibility will be demanded as time passes.

What will or what can the profession do to expand its responsibilities when we consider the changes that will come, which at present cannot even be foreseen nor predicted. Do we have something constructive to offer? Or will we sit by to see what happens?

If we move on the assumption that dental manpower is now available to care for the needs of the dental services, there are still those who are not financially able to obtain those services.

Then the questions arise: How can this service be rendered? Who will pay for it? Who qualifies for service? What treatment will be provided? How much will it cost? If rendered through dental health programs, who will administer the program?

We now have Medicare, Medicaid and Headstart. With the health plans now in operation, and there will be, no doubt, others in the future, all of which include or should include dentistry. That portion which involves dentistry should be directed by the dentist to insure the effectiveness of service.

We should keep alert to the development of these programs and make certain they are under the proper direction. While many of the present health programs are sponsored by government, labor unions and insurance companies, they should be directed by the health professions and not be allowed to become involved in politics nor commercialism.

It is estimated that approximately one and a half million people
in America are presently covered by dental insurance. If the rate of increase continues, as it has in the past, we could expect 15,000,000 or more to be dentally insured by 1975.

Of all of these present health programs in operation, the one most desirable seems to be the Dental Service Corporation which provides a choice of dentists by the patient and is administered directly by the dental society in the state in which it operates.

Dr. Henry Swanson has said, and I quote:

“As envisioned by the public minded members of the profession, dental health for the future has a much broader concept of care than has ever confronted the profession before.

With the trend of federal legislation and the conditioning of the profession to accept the resultant connection, one can realize the enormous change that will or must come in the status of the profession.”

Institutionalized or group practice in the future, while this trend is developing, will probably not affect practice in the rural areas as much as in the urban centers.

Will the individual practice be lost or will the profession arise to the challenge and develop ways and means to meet it?

With the demand for dental care increasing, patients are visiting dental offices today who have never had dental treatment before. This results from the influence of public dental health education through public health programs, public school programs, health educational programs by local, state and national organizations as well as TV and radio commercials.

Improved economic conditions of the country stimulate this demand, also the increasing population is certainly having an effect.

In spite of this greatly increasing demand for dental service, I have recently read that approximately 60 percent of our population never request dental care, but only seek emergency relief of pain.

If there is accuracy in the statement, it is obvious that these programs have not reached their full potential and the demand will be much greater in the future.

If we are to meet the demands of those who do not have dental care available, we must look to research, to prevention, to health education and to specialists in nutrition.

The clinical procedures are important and necessary, but alone they are not sufficient; therefore, research becomes most essential.
If the results of prevention ever become positive, then people could be treated in large numbers instead of individually as is now practiced. Fluoridation has accomplished much, but we must seek additional and newer methods if total prevention ever becomes a reality. If prevention could be stressed and practiced more, we could look to a brighter future. In dental research, there will be some interesting developments, progress and growth, in the not too distant future with probably some major breakthroughs.

It is possible that a vaccine could eliminate caries from the entire population. While work is being done on this possibility at present, it is impossible to know if the vaccine can be produced; and if it can, to know its effectiveness.

Research is, hopefully, developing a restorative material that is truly adhesive which will meet all necessary specifications. You will probably hear, before you leave Miami, something on this. It is possible that we will be able to have a truly adhesive restorative material within the near future. Commercial agencies are making contributions in this research.

The thermograph may make the x-ray obsolete as an aid to diagnosis. These are important possibilities, at least, to which we can look with some hopes in the future.

It is anticipated that the effect of fluoridation will reduce the incidence of caries 40 per cent if it can reach all communities and all people. This subject was so ably presented last year at the convocation in Washington that I will only mention that it was pointed out that we have not yet learned the use of fluoride to its maximum effectiveness.

When this is done, the anticipated 40 per cent reduction may be much higher. Some investigators have reported that by varying conditions and methods of treatment, clinic tests indicate the reduction has been as high as 75 to 80 per cent.

The growing importance of continuing education for the dental profession is being recognized to the extent that some states are considering making evidence of it as a requirement for renewal of licensure.

Hospitals with dental departments anticipate enlarging the dental service when it can be used effectively.

Teaching institutions, dental journals, dental societies and
study groups are important factors in continuing education, but we cannot continue to depend solely on them for the information so necessary to keep us informed of the progress being made in science, technology and research.

We must seek other methods and means of communication to convey benefits of this progress to all dentists so these benefits can be passed on to the patients.

Utilization of the methods of programmed instruction used in other fields certainly merits our consideration for continuing education in dentistry.

I think that was demonstrated here yesterday afternoon, and I think we should look toward something like that for more of our programs in continuing education.

We, as a profession, are responsible for the dental care and dental welfare of the population, and we are licensed by the state for that purpose. Only those who are licensed are permitted to render the dental service. There are those who would like to eliminate licensure and examining boards. However, we know licensure is very important for the protection of the public.

If it does become necessary that the powers of legislation and the examining boards be used to force self-improvement through continuing education, then it is even more necessary that the unscrupulous person be regulated and any abuse of his privileges as a professional man be dealt with directly.

The state examining boards are the only agencies with legal authority to do this. It is, therefore, most essential that they be continued, otherwise their loss could be detrimental to the health of the public primarily, and to the dental profession as well.

There are constant changes in subject matter and methods of teaching. College curriculum content will need to be adjusted to meet the needs of dental health, production of manpower, continuing education and research. There are several basic concepts which are involved and will have important influence on curriculum change.

There should be more emphasis placed on preventive dentistry. Dental education has improved and it is improving in quality each year. Graduation from dental school is only a foundation on which to build a continuing education.

Dental schools should assume more of the responsibility for
continuing education in the future than they have in the past. Dr. John Millis stated in his address at the Washington Convocation last fall, and I quote:

"The universities abandoned any responsibility for medical education beyond the MD degree over 40 years ago, and the teaching hospitals took over this phase of graduate medical education, which means higher education known as apprenticeship still exists."

He also stressed the importance of dental education at the graduate level remaining in the universities to insure academic responsibility for the highest level of education.

These statements were made as advice and warning to the dental profession, but it should be heeded. We may ask ourselves, "How are we going to meet these situations?"

First, there must be guidelines set up with full cooperation, not only for the Fellows of the College, but from all members of the dental profession. There must be teamwork, pulling together to go forward. With clear thinking and careful planning, we should be able to forestall any of the problems which may confront us.

We can never cure problems with indifference. They must be solved responsibly. We solve problems with programs which help us in action. We cannot answer tomorrow's challenges with yesterday's answers.

And finally, how is the American College of Dentists meeting these situations?

First, through the objectives of the College. Basically, the objectives of the College would meet them. These objectives are stipulated in the preamble of the constitution and presented on the inside cover of the Journal of the American College of Dentists.

Second, through the activities of the committees of the College whose duties are to make studies and recommendations for solutions to problems assigned to them.

Third, through the Institute for Advanced Education in Dental Research. The American College of Dentists sponsors the Institute and is aided by a grant from the National Institute for Dental Research.

The Institute for Advanced Education in Dental Research is to provide an opportunity to bring prominent investigators into
dentistry in relationship with senior scientists and basic researchers who are making significant contributions in their fields.

Fourth is through workshops such as the one held in 1965 and again last year on Dental Manpower.

Fifth, through panel discussions as those held at the convocation, the ones yesterday were an example of this; and sixth, through seminars, conferences and study groups.

Fellows of the College should have no fear that these problems will not be met and brought to a fitting solution. The spirit of the College will guide our ship through the dangerous waters and escape the chaos which now threatens to engulf us.

No one can leave an office such as the Presidency of the American College of Dentists without a keen sense of high privilege, of having been permitted to serve such an institution in that capacity.

As I leave this office, it is with confidence that other hands will carry forward its requirements with an increased measure of success.

To the new President, I extend a cordial greeting and pledge my full support. Thank you.
Responsibilities and Opportunities for the Professional Man*

ANDREW D. HOLT, A.B., M.S., PH.D., LL.D., LITT.D., Sc.D.†

MR. PRESIDENT, I am honored and delighted to be with you for several reasons. One of them is that I like dentists (laughter). Despite what you do to me in your chair and my pocketbook, I still like you (applause). I am highly honored to be here on this occasion.

I regularly participate in nine graduations each year. I have been doing that for 40 years, and I have never been to any that was half as impressive as this occasion has been thus far. Of course, it declines considerably as of this moment (laughter).

The main reason I'm glad to be here is that I have a chance to do a favor for Frank Bowyer. He is one of the most influential members of the board which hired me (laughter). More important, he is one of the most influential members of the board which has a right to fire me (laughter). And, then, he is the member of the board upon whom I call when my chestnuts get in the fire. That is where they usually stay.

He has three children who graduated from our institution. Those three children married three children who graduated from our institution. He straightened the teeth of my two lovely daughters, and, on top of that, I am in love with his wife (laughter and applause).

Is Mrs. Frank Bowyer in the audience back there (laughter)? If she is, I would like for her to stand to let you see why I am in love with her. He made her stay home because I was coming, you see (laughter). Well, if you know Doris Bowyer, you are in love with her.

I imagine that the reason Frank Bowyer used his influence to get me on this program was because he wanted me here to tell you two or three stale jokes.

I thought of one last week when we had a little difficulty with

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† Dr. Holt is President, University of Tennessee, Knoxville, Tennessee.
Alabama. We played Alabama in football. When you say that you play Alabama, that is a lie. You never play Alabama, you work at it (laughter). We had one boy who almost lost the game for us. He boo-boooed, and that reminded me of a story I had not thought of in a long time.

It is about this loyal alumnus who was promoting a local high school quarterback. He went to see the coach and said, "You must get this fellow. He's the greatest player you have ever seen." The coach broke down and gave the quarterback a scholarship.

The boy showed up very well in practice. Then he got into his first season of play, and he came up to the big game of the year—the homecoming game—which was nip and tuck all the way. Finally, the other team made a touchdown and an extra point, and the score was seven to nothing going into the last five minutes.

Then this quarterback caught fire. He started passing the ball. He ran the ball down to the one yard line, first down, goal to go, one minute left to play. So he called his play.

He pulled back and threw a beautiful pass—which was intercepted and run all the way back for another touchdown by the opposing team. That meant they lost the game.

Well, sir, you know how embarrassing that must have been to the alumnus who had persuaded the coach to give the quarterback a scholarship.

He squirmed, trying to think of something to say, and finally he said, "Well, I guess Bill must have lost his head." The coach looked at him and said, "Head, hell, he ain't got no head" (laughter). He said, "His neck just growed out and haired off" (laughter).

If you happen to come from the Tennessee country, you will appreciate this next story.

It was about the city fellow who drove out into the country one hot August day. He got thirsty, looked over at a farm yard, and there was a farmer.

He lowered his window and yelled, "Could you give me a drink of water?"

The farmer said, "I sure could. Get out and come in."

As the city fellow approached, he noticed that the farmer had been chewing tobacco. You folks from the cities would not understand this, but tobacco is a substance which, when chewed, sometimes overflows down on the chin—not a very delectable sight. The
tobacco-chewing farmer took the city fellow by the arm, led him down to the old spring house, and picked up the gourd dipper full of cool water.

The city fellow got the dipper right up to his lips; then he glanced over and saw the ambeer on the farmer's chin, and he lost his taste for water. But, being a polite person and not wanting to hurt the farmer's feelings, he quickly turned the dipper around and drank out of the opposite side, a little bit awkwardly.

When he got through, the farmer said, "I'll be John Brown. You're the first fellow I ever seen drink out of the same side of the dipper I do" (laughter).

And the only health story that I could think of was one of the older ones I know about the mountaineer from Gatlinburg who got sick.

His neighbors got up a collection to send him to Arizona.

He stayed a couple of weeks and died anyhow. Well, they brought him back to the mountains to bury him, and you know how we handle our funerals in the mountains. Before we put them under, we lay them out for a couple of days and look them over.

Three of his friends were standing over the corpse. One of them said, "Old Joe sure looks nice."

The second one said, "Yes, Joe does look nice."

The third one said, "Joe does look nice. Them two weeks in Arizona shore helped him, didn't they?" (laughter).

Now, as your chairman announced and as you might have noticed in your program, I have a rather highfalutin subject today. My subject is "Responsibilities and Opportunities for the Professional Man."

I am going to address my remarks to you initiates. The rest of you can stay if you want to, but I will be talking exclusively to these initiates.

I want to remind you, right off, that for the first time now, you have become professionals. You have been a member of a profession all along, but not all members of the dental profession are professionals.

According to Webster's dictionary, "A professional is one who goes above and beyond what others are required or expected to do."

Now, because your elders here think that you have gone above and beyond what others are expected to do, they have made you...
members of this august body. I am going to suggest to you four areas in which, from here on out as members of this group, you can justify your membership by going above and beyond what others are expected to do.

We will begin with the matter of knowledge. You are supposed to have more knowledge than anybody in your profession from here on out.

Of course, you had to have a good bit of knowledge to get into the dental profession. I know. Because of my position, people of distinction often insist that I help their sons get into dental college, even though they have only average grades. Thus far, I have been unable to convince Shailer Peterson and his staff that special consideration should be given to the admission of any young man of average intelligence but outstanding personality—whose father happens to be a member of the Legislature.

You had to know a lot before you got into dental school. Then you had to work day and night for three or four years in order to cram enough knowledge into your craniums to enable you to graduate from dental college.

And then, you folks who have gone into specialties had to take from two to three years additional in order to pass the college board. That is a long time to be in school, but even that is not enough. Before we will give a degree in dentistry, the graduating student has to sign a pledge saying, “I am going to promise you that I will go back and take a refresher course every two or three years.”

Really, what that diploma amounts to is a hunting license which says, in effect, “I now have the background that will enable me to learn how to practice dentistry.” And you must spend the rest of your lives acquiring that knowledge.

You are going to have to read all of those journals your various organizations put out—and I never saw a profession that puts out as many journals as yours does.

I get all of them, because Frank Bowyer got me on the mailing list for all dental journals. He wants to be sure I do not underestimate dentistry.

You are going to have to read those journals, because you must know about new research and better ways of doing things. You have to keep right up to the minute from here on out if you are going to be a professional.

You have workshops and seminars and forums to attend—at
which you can talk with each other about what you have learned. I can think of no better way to keep up with what is going on.

That is one charge I give to you initiates; namely, that you must go above and beyond the knowledge that other folks have.

Now, another area in which you have got to go above and beyond what is required and expected of other people is in the realm of refinement and polish.

You are to have a degree of polish that other people do not have. You are supposed to look like professionals. Keep your hair combed and cut, if you have any (laughter). Keep your teeth clean—true or false (laughter). And do not let those grapefruits get in your knees.

Do not let your pants get shiny. You are supposed to look like a professional. Select the right kind of tie with the suit you wear.

You are supposed to look just a little bit sharper than most people. Keep yourself looking like a professional, and you will want to act like a professional.

I know some people who claim to be professionals but do not act the part. Be polite to ladies. Stand up when they come into the room. Hold their chairs for them when they go to sit down. Step around and open the door of the car and help them in, particularly when the neighbors are watching.

Practice good table manners. Don't put too many peas on your knife at one time. Don't cool coffee in your saucer. And find something about the meal about which you can say complimentary words, even if it is nothing more than the shape of the salt shaker.

Be polite at all times, under every circumstance. Once when a dentist was working on one of our young daughters he struck a nerve and she bit him, rather enthusiastically. Instead of reprimanding her, he said, "I am so sorry you accidentally bit my thumb." That was no accident. She intended to bite his thumb, but he was polite enough to refer to the incident as an accident.

Then, as a pro, you are supposed to have a degree of culture that other people do not have. You are supposed to speak correct English.

I was interviewing a fellow for a vice-presidency for the University of Tennessee not long ago, and he said, "Dr. Holt, just between you and I, I think you have a great institution."

Well, you do not say, "Just between you and I." That ain't correct (laughter). The professional is supposed to speak correct English.

He is supposed to be interested in literature and history and
science and art and the humanities and drama and everything else related to culture. That is, so long as it does not interfere with your fishing or golf.

You are supposed to have a polish and culture that others do not have.

Now, the third charge I would like to make to you initiates is that you should have a professional pride above and beyond that which others have, because you are in a truly great profession. You ought to brag about your profession. Do it subtly; do not make it too obvious. Do like Frank Bowyer.

For example, if Frank is in a crowd of people and somebody asks, "Mr. Bowyer, what do you do?" Frank does not answer immediately. Instead, he says in a loud, clear voice, "Will you please repeat that question?" Then, when he is sure everybody is listening, he will tell them, "I am a Doctor of Orthodontics in the field of dentistry." And he says it out loud so that everybody can hear it.

This is good. You ought to be proud of your profession. If you are not proud of it, who will be?

So be just as proud of your profession as a grandfather is of grandchildren. By the way, I just happen to have some pictures of my grandchildren here that I will be glad to pass around (laughter).

Then, as a professional, you should be on the lookout for other recruits to come into your profession. Back in the old days I was trying to get a dentist to support our College of Dentistry. I said to him, "I want you to help us to get good students in our College of Dentistry."

He said, "Why should I want good students in dental college when they will be my competitors after they graduate?"

Wasn't that a broad-minded view to take? I am glad we do not have that attitude to contend with now.

There is no question in any intelligent mind that we are going to need all the dentists that we can get in the years ahead; we are not going to be able to meet the demand. You are going to work yourself to death in the years ahead with Medicare, Medicaid and all of the other programs coming along that will demand more dental care.

Every dentist should feel that he has a particular responsibility to recruit outstanding young people for his profession. You should
know that there is terrific competition from other professions to get the most capable students into their chosen fields. Physicians, lawyers, engineers, and other professional people are conducting intensive and continuous campaigns to lure the brightest high school graduates into their fields. You should do the same for your profession, because your profession will be no better than the people who enter it.

As soon as you initiate get back home and get caught up with your work which accumulated during your absence, invite your high school principal to lunch with you and ask him to give you the names of a half-dozen of the best students in his high school. Then, start cultivating the young people he recommends. And the earlier you start cultivating them, the better—because many young people have made up their minds about their profession before they get to high school. If your college of dentistry is not putting out the kind of graduates you like, it is probably because you are not sending your dental college the right kind of students.

Support your dental college. It is yours. If you do not support it, nobody else will.

A few years ago a deep chasm developed between our College of Dentistry and our dental profession. Members of our dental profession were saying horrible things about our College of Dentistry, and members of our College of Dentistry staff were saying horrible things about our dentists. Both sides were probably right, to a certain extent.

The situation got so bad that the agency which accredits colleges of dentistry sent a committee, headed by Shailer Peterson, down to look us over. The committee put our College of Dentistry on confidential probation. Being on confidential probation means that nobody knows about it except everybody.

We decided the best way to remedy this situation was to hire Shailer Peterson as our Dean. With the help of Frank Bowyer, that is just what we did and ever since that time we have had a congenial relationship between our College of Dentistry and our dental profession in Tennessee.

Our dentists now realize, as never before, that in order for their profession to keep up-to-date, their College of Dentistry must have a continual program of significant research. And members of our dental profession are "putting their money where their mouths
are" in helping to finance a program of expanded research at our U.T. College of Dentistry.

Your presence here is ample evidence that you recognize the importance of supporting your professional organizations. I am quite certain there is no organization in the state of Tennessee which receives such dedicated support from its members as does the Tennessee State Dental Association. It has meetings of some sort going on all of the time. I know, because I am invited to them. And I have never been to one of your meetings which was not well and enthusiastically attended.

It is more important now than ever before that you support your professional organization, because every other group in our nation is becoming organized and many of them are not particularly bashful about letting their voices be heard. And, usually, the organization whose voice is listened to is the one which speaks with a single voice on truly important matters. This does not mean that you should not disagree among yourselves—as has been my observation, you do so quite freely. But I have also observed that on matters of great significance to the dental health of our nation, your national organization speaks with a single voice. So, support your professional organization—local, state, national, and international.

My fourth charge to you as a professional is that you go above and beyond what others do in service to their fellowmen. Not long ago Dr. Roy Elam did some dental work for me, and you are the first audience in the United States of America which has been privileged to see my new lower plate. Isn't it a beauty?

Roy did a superior job, as he always does. But he doesn't deserve any particular credit for doing a good job, because that is what I paid him to do.

However, he does deserve credit for calling me long distance (at his own expense) the night after he had done all of my work and saying, "Andy, I just got to thinking that maybe your gums were hurting and I have called Jimmy Gentry (your pharmacist) and asked him to send you a prescription." This is what I mean by going beyond the call of duty.

You are rendering service beyond the call of duty when you do as Wayne McCulley does. He spends every Thursday doing free dental work for the children in an orphans' home near Cleveland, Tennessee.
But "service beyond the call of duty" should not stop with your profession. You have an obligation to your community that few people have, because your community has been pretty good to you. Furthermore, you are particularly qualified to render outstanding service to your community. You have a better education than most of your fellow citizens. You are probably better off than most. You have the intelligence and personality to exert real leadership.

Hence, you should join your Chamber of Commerce and help to get new industry into your community. You should join the Rotary Club. If you cannot get in the Rotary Club, you should join one of the less important clubs—the Lions, Civitan, or Exchange Clubs, for example (laughter).

You should vote in every election and, at one time or another, you should run for some public office. Why shouldn't we have dentists in public offices? We have a pharmacist now running for President of the United States. Some of our best legislators, school board members, city councilmen, and other public servants have been dentists.

If people like you do not offer yourselves for election, the public offices will probably be held by people who do not have anything else to do.

Our democracy will flourish only to the extent that people like you will study public issues, vote their convictions, render service to their government, and encourage others to do likewise.

Most important of all, you should render service to our Master. All of our genuine service to our fellowmen really stems from a belief in God. If we believe in God, we must love our fellowmen—all of them. That is the part of the scripture I don't like. Some people I want to love, but some I want to resent—and a few I like to hate. But the Bible does not say that. It says that I should love all men, particularly those who need my love the most. That is what religion really is.

Your initiates will have many difficult decisions to make in the years ahead. What should you do about Medicaid and Medicare? What should you do about that proposed bond issue for a new school building? What should you do about this program, that program, the other program?

If you would like for all of your decisions to have a sound foundation, just ask yourself, "What will this do to the people I am sup-
posed to be serving?” If your only motive is to render maximum service to your fellowmen, most of your decisions will be relatively simple.

My mother taught me what the benefits of service can be to an individual.

My mother lived to be 89 years of age. At the age of 88, she was sitting with me on the front porch of her home in Milan, Tennessee. She was rocking and crocheting bootees for a newborn baby. For 50 years my mother tried to crochet a pair of bootees for every new baby born in Milan. She did pretty well until the storks started flying in covies (laughter). And then she started getting a little behind.

She looked up from her crocheting and said, “Son, people in this town wonder why I don’t get old.” That was a peculiar observation for her to be making at the age of 88, but I had never thought about her getting old because she was always busy doing something for somebody else—crocheting bootees for newborn babies; baking cakes for old folks; collecting clothes for poor folks; or giving advice to young folks. It had never occurred to me that she was getting old. So I said, “Mother, why don’t you get old?”

She replied, “Son, every morning when I wake up, before I get out of bed, I pray a prayer. I have prayed the same prayer every morning as long as I can remember.”

I wondered what that prayer was, because there were a lot of prayers she could have prayed. She could have prayed for that old farm at Gwinn Switch to bring in a little more money. She could have prayed for her rheumatism to stop hurting. She could have prayed to become president of the Milan Garden Club. But she didn’t pray for any of these things.

She said, “Son, every morning I pray, ‘Oh Lord, this day give me the opportunity to do something for somebody who needs my help.’”

She added, “There has never been a day in my life that the good Lord didn’t answer that prayer. And when you spend your life helping people who need your help, you will never grow old.”

That is what makes your profession truly great—you dentists spend your lives helping people who need your help.

Thank you.
Dentistry "On Stream"

STANLEY A. LOVESTEDT, D.D.S.*

CONTEMPORARY business terminology includes the expression "on stream," which means different things to different people. Industry uses the term to indicate that a facility has been developed and has become operational. This implies that the knowledge was available, the market needs and demands had been determined, the sources of materials and manpower established, the engineering, planning, and construction carried out, distribution and marketing arranged—all this, and more, including a pilot plant set up; then production starts and the first unit "rolls off the line."

To apply this "on stream" analogy to dentistry is dangerous but interesting, and is done to invite participation in this speculative exercise. Without proposing rational logistics, but following the foregoing loose outline, we could start by considering that the basic scientific knowledge and the state of the art are sufficient to qualify dentistry as being able to supply dental health services. At least each member of the dental profession agrees as to his own excellence in the art of dentistry, but the science of dentistry is too often considered to be oriented within the walls of academic and other institutional environs. A few breaks are to be found in these walls, but registration fees, tuition, and a stereotyped format of subject matter and "teachers" serve to control participation in many continuing educational enterprises.

But how do we explain to our Board of Directors, our stockholders or licensing body, lay people or scientists, educators or philosophers, that after one and a third centuries of formal dental education there still is no acceptance of a uniform numerical designation, or identification, of teeth? Or agreement on a uniform practice of mounting radiographs? Or agreement on the importance or the methods of teaching oral hygiene, or support of fluoridation, or of what constitutes preventive dentistry—let alone its

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* Dr. Lovestedt is President-Elect of the American College of Dentists. This address was delivered on Sunday morning, October 27, 1968 at the Miami Beach, Florida, Convocation of the College. Dr. Lovestedt is associated with the Mayo Clinic, Rochester, Minnesota.
practice? Or why so many people in this affluent land seek only emergency dental treatment? Or why dental hygienists are limited in what they can and cannot do? Or why hygienists are not on elementary school staffs teaching oral care and doing dental checks? Is this less important than checking students for hearing or visual defects, giving inoculations and taking temperatures, giving aspirin tablets and putting on Band-aids? How does one explain why he doesn’t, or why others don’t, take emergency dental calls? Or why handicapped children, the residents in nursing and retirement communities, and the chronically ill patients in hospitals can’t have dental care—not just the removal of teeth, but dental care? Or why is state licensure such a difficult problem—with its political overtones of reciprocity, specialty boards, and continuing education? What continuity exists in a mobile society for health care, or dental care, just to mention the simple matter of health records, or histories—similar to the old 201 file of service days? Can we consider our answers to such questions more than excuses?

To revert to the outline originally suggested, we could next consider the market and demands. If dentistry were considered as a marketable item, we’d have as consumers all the people in the whole wide world. And, in addition, we’d be assured of a continual replacement of any who die, and, in fact, we’d expect an increase in numbers of consumers. Knowledge is at hand to delineate the dental health needs of each person, the influence of time on uncared-for dental needs, and the availability of dental services. So the need for dentistry is known, but the demand varies. The demand may be on an individual basis, a family basis, an institutional basis, and now even on a fringe-benefit basis, insurance basis, or third-party basis. This increase in the “marketability” of dental care, oral health, and general well-being isn’t exciting to some segments of dentistry, but it is to others within the profession. And this latter group is concerned about the materials and manpower resources available.

Dental manpower depends on the motivation the student has to enter dentistry, the desire to work in the health field as a dentist, a hygienist, or dental auxiliary because of preference for the type of work and the rewards, both personal and remunerative. We tend to overlook the fact that the greatest untapped resource
in manpower is womanpower. Another factor that may influence the manpower problem is the type of practice-opportunity and its appeal such as solo, or group, or association practice. The federal services have turned in the greatest experience in this field; for many dentists their first experience outside their own "four walls" was in the military service. Professional association, consultation, and sharing of problems and successes became possible for many while they served in the military where the organization and opportunity for group practice existed. Manpower is one thing, efficiency is another, but reward for extra effort and hours of work is often limited because of tax restrictions or application of the law of diminishing returns attending increased effort and work.

The engineering, planning, and construction features of our "on stream" analogy extend from the motivation of students to undertake the study of dentistry to establishing the physical facilities for all levels of dental training, from preprofessional through professional training and to the postdoctoral period, covering as well the needs for research and continuing educational facilities. In these facilities, opportunities for clinical and applied research also must exist. Few organizations in business retain their original budget outlay, work practices or patterns, social responsibilities, marketing or distribution programs. Those who are unchanging find themselves failing and being replaced by more efficient and productive programs. The format of dental practice has been too long unchanged, and often the method of practice advocated under the banner of modern practice teachings has the inherent danger of producing monocular vision. The danger rests primarily in the practice of measuring the results in terms of dental income, or decreased physical output with increased monetary intake, without keeping the big problem of dental needs, social demands, and professional obligations in proper perspective. None escape dental problems and all have dental needs—there are so few to do so much for so many. This could bring us back to our original outline and to marketing.

Who is interested in dentistry and dental services? The public, the same people who provide for the licensing of dentists. Their desire for services depends on an appreciation of dental care and their recognition of need for it. As in any other ideology, the children must come first. This is why dentistry should advocate
(and this could be a College Section project across the country), urge, and support the principle and practice of having dental hygiene, or oral hygiene, as part of the curriculum of every elementary school. If children aren't taught and made acquainted with the principles of oral health, it is unlikely that the need for this will be met in the home or that oral hygiene will be practiced by the untutored youth or adult. From the dentist's viewpoint, one can't help feeling that the philosophy of prevention has pretty well bypassed the children in school. Before a claim to being "on stream" can be made, lay dental health education is going to have to become more of a reality.

Another feature related to the analogy of marketing would include the matter of payment. How do we answer the assertion that people can't afford dentistry? People can afford what they want. If it is boating that appeals, then they have boats; if automobiles are paramount, then it's automobiles they have. And so on. If dentistry isn't made attractive, it will never progress beyond being a choice of necessity. And if this is true, then there will continue to be needs unmet. The indifference of adults to dental needs is hard to understand, but the adults' indifference to children and their dental needs is shameful.

Without making an issue of whether health services, dental health included, are fringe benefits or not, there should be some attention to trends in this field. If there is a continued extension of third-party participation in dental care, then one can either ignore it and deal with it on a compulsory level only, or—if it is to be one way the public receives dental care—help to direct it and make certain that it is just and fair for all involved. There is no excuse for two-level dentistry, either in insurance-funded care—or in any other third-party arrangement. The issue is not so much whether dental service is closed-panel or open-panel care as whether it represents the very best care. With health service becoming more and more community or area-centered, we should exhibit more than a passing interest in dentistry's ability to fulfill its role as a member of the health team in the fullest professional manner, or else remain a peripheral supportive technical asset to health groups. If we subscribe to the dentist's ability to care for the patient's oral needs, fine; however, if we just take care of his teeth, then continued drifting may well see specialty groups
in medicine continue to move into dental areas other than oral surgery. What little experimentation is going on in the field of providing oral health services deserves commendation, and unless progress is made in providing more oral and dental care for more and more people the voluntary opportunity to do so may pass from our hands. Rather than oppose experiments and efforts in providing care, more experimental programs should be devised and tried. There must be more than one way to practice dentistry.

Do we really have the knowledge our “business” demands? Are we putting enough into research and development? Is our distribution problem solved? The “market” is there—how satisfied are we with our caring for it?

Do we talk a language that will help us to function in the community health centers of the next generation?

Can dentistry ask to be structured into the health team as a participating member—or will we continue to hold to isolationism?

Can we suggest that dentistry is “on stream”? 
Summary of the Workshop on Dental Manpower*  
"Meeting the Dental Needs in the 1970's"

JAMES H. SIMMONS, D.D.S.†  
Fort Worth, Texas

PRESIDENT ALFORD, members of the college and candidates. The proceedings of the "Workshop on Dental Manpower" were published in the April 1968 JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS.

I would strongly recommend that those of you who have not reviewed these proceedings that you do so because they may have a tremendous impact on the practice that you now have.

The manpower workshop resulted from action by the Board of Regents on April 14, 1966, on the following recommendations:

Recommend that the American College of Dentists sponsor a workshop on dental manpower to explore all of the possibilities that will have to be considered when all of the current legislation, the enacted amendments thereto have been implemented and dental health is considered an essential part of total health.

After several meetings of the Committee on Social Characteristics and many coordinating efforts by the central office, the plans for the workshop were formulated, the participants invited, and December 10 through 13, 1967, were the dates selected for the meeting in St. Louis.

The workshop was supported in part by the United States Public Health Service, Department of Health, Education and Welfare.

One of the significant problems generated by the current health
legislation and by the ADA dental health program for children, was to develop means for getting sufficient dental manpower to provide the services required by the rapid population growth. Recommendations were made to (1) evaluate the continued education of the dentist, the dental student and the auxiliaries; and, when appropriate, delegate to committees the evaluation of education and the distribution of dentists as these factors affect dental manpower. (2) examine communication techniques within the profession and communication to the public and make realistic recommendations for improvement. (3) alert the profession to the future requirements of dental practice, to consolidate thinking of the profession in this and other related areas then to refer certain of the recommendations for consideration and, hopefully, for implementation to the specific groups or agencies principally involved with the recommendations.

The December weather in St. Louis was certainly a stimulus for our effort since it was anything but what might be desired for getting the 135 participants to the meeting.

The workshop consisted of 50 general practitioners, 12 specialists, 28 educators, 10 ADA staff members, nine dental administrators, six members of the state health departments, six from the United States Public Health Service, four dental hygienists, three from the military service, two from the Veterans Administration; two dental assistants, two laboratory owners and one dental student.

Some of the general practitioners and some of the specialists were also members of their state boards of dental examiners. Thirty-four states and the District of Columbia were represented.

The membership of the workshop was properly balanced to meet the purpose for which it was called. Nine essayists presented papers during the general session. These were designed to offer challenge and impetus to our considering the manpower problems of the 70's and to correlate assignments with the study groups. The essayists also acted as consultants to the five study groups.

Study group one was charged with the development of a reasonable estimate of the dimensions of the task being presented to the dentists in the United States and supplying the services that will be required by 1975.

Study group two was to develop recommendations for motivat-
ing a greater and more effective output of quality services for more people.

Study group three was to describe ways in which group dental care programs and community health programs can be developed and implemented more rapidly to meet the demand in the 1970's.

Study group four was to explore present and past techniques for achieving effective communication of information. Recommendations were to be made on methods of communication and information to the dentists, the supervising agencies, auxiliary agencies and to the recipients of dental care.

Study group five was to make recommendations whereby the dental health team can provide improved dental health services for more people. The dental health team was described as the dentist, the hygienist, the assistant and the laboratory technician.

The Federal legislation passed by the Congress during 1965 and 1966 is more than sufficient to alert the profession to the tremendous impact it will have for the future practice of dentistry.

The Vietnam war and an economically minded Congress has permitted the profession some additional time for planning.

It must be assumed, however, that the reasons for these delays will pass and that the people will once again call upon the Congress for implementation of health legislation.

One fact that will have an impact is that federal funds from TITLE XIX must be matched by each state appropriation in a comprehensive program of services initiated not later than 1975, otherwise the state will lose the federal funding available.

Study group one provided the workshop with some realistic and impressive projections on need, demand and availability of all health services, and while I realize that statistics can be somewhat tortuous for the listener, and we will try to limit these to the best of my ability, some of them are necessary to understand this impact.

Population growth alone is estimated to increase demands for dental services by 15 per cent during 1965-1975, accelerating to 25 per cent by 1980.

Increase in family income during these same periods is expected to produce additional demands of 23 and 35 per cent, respectively.

With the addition of developing dental programs, it can be anticipated that the total increase in demand for dental services by
MEETING DENTAL NEEDS IN 1970's

1975 will be 50 to 75 per cent above that of 1965; and by 1980, 75 to 100 per cent.

The projected increase in the number of dentists by 1975 is only by 15 per cent to meet the increased demand for dental services during the same period; by 1980 the estimated increase in the dental population is 25 per cent and this is to meet the projection of demand of 75 to 100 per cent by that year, in the demand for services.

These figures, relating to the production of dentistry by the dental schools, are based on the assumed fact that the number of schools now in existence or about to come into existence will prevail. This projection certainly could be questioned since a number of dental schools now find their existence in jeopardy. Currently, at least 12 universities have studies underway to determine whether or not their school of dentistry should continue.

The United States Bureau of Census estimated that by 1975, there will be approximately 58 million school children in the age group five through eighteen years. The number of children eligible for dental care through government programs is estimated to be eight million plus. The assumption is made that of this number, only six million would actually receive some dental service in a given year.

Of the number receiving comprehensive services, there would be only two and a half million. This estimate is based on the assumption that complete dental care would be provided except for orthodontic care. This exclusive is made because it is fully recognized that a sufficient number of orthodontists will not be available in 1975 to meet the demand for that service. The number of children eligible for dental care through private resources is estimated to be 48½ million or all the children not from indigent families.

The assumption is made that 39 million children actually would receive some dental service each year. Of this group, 15½ million children could be expected to receive comprehensive quality dental service, exclusive of orthodontists.

Assuming placement of hygienists and assistants, the number of dentists needed to provide comprehensive care for 18 million children age five through 18 years under both governmental programs and private resources and based on a total of 23 million
hours required for care would be 14,244 dentists. This estimate assumes that dentists will work approximately the same number of hours per year at the chair as they do now; that is, 1,643 hours. It should also be understood that this number of dentists would represent the number which would be required if they devoted full time to the age groups being considered.

The increase in number of dentists will take care of only 15 percentage points of the anticipated 50 to 75 per cent increase of the demand by 1975.

The percentage difference between the increased demand and the increase in number of dentists will have to be met by increased productivity per dentist, since the social trend is to less work rather than more work.

The question that has been asked is: is the package this neat? Would the average dentist want to work only at the chair, and would the average dentist want to operate a multipersonnel office?

A review of some of the goals stated for dentistry indicates that the dentist must be more productive, must direct a larger staff, must have more time for patients and must take time out of his office to participate in continuing education.

Again, I ask you: is the package this neat?

In order to solve this coming crisis, the workshop made some 62 recommendations of varying degrees of probability and possibility. The committee on social characteristics in a two-day meeting, reduced these to 40 by combining those with similar intent, scope and suggested action.

These 40 recommendations were approved with minor modifications by the Board of Regents at their spring meeting.

During this same meeting the Board referred certain of the recommendations for consideration and hopefully for implementation to specific groups and agencies involved in the planning designated in the recommendations.

Some were referred to more than one group or agencies as the circumstances indicated.

In studying the discussion of the workshop group of the recommendations that were made and the essays presented during the general session, it is recognized that there are many areas that need further investigation.

The area of communication of health messages is of prime im-
MEETING DENTAL NEEDS IN 1970'S

portance and worthy of a further study in depth by the College.

More attention can be given to the effect of research on man-
power. The distribution of dental personnel and incentives for
practice requires much more study.

In addition, it may be the responsibility of the American Col-
lege of Dentists to develop an educational workshop for dentists
and their personnel in more effective utilization of auxiliaries, for
orienting recipients of federally integrated dental programs in the
70's, for orienting local agencies that will have to cooperate and
for dentists to learn dentistry for children in the repair of maloc-
clusion, restorative work and prevention of oral disease.

Certainly this workshop has pointed out to many of those who
participated in it during those cold December days that there is a
tremendous amount of educational activity that will be demanded
of the profession.

Dr. Brandhorst wrote the following after a study of the pro-
ceedings of the dental manpower workshop:

"I think more constructive thought and consideration should
have been given toward educating more dentists, finding ways to
solve the economic situation in dental education, saving the den-
tal schools now threatening to close since it requires eight to ten
years to bring these schools in, production developing plans for
additional new schools and expansion of existing schools which
will, no doubt, be needed; suggestions as to how to get the pro-
fession to respond favorably to the pressures and demands that are
ahead when the tendency today is for shorter hours and more
leisure; and solving the many other problems that will need study
and long range planning."

Neither one study nor several will solve all of the problems fac-
ing the profession during the 70's, but the first few steps will help
to fill in the total pattern.

The needs of the past have been met in a most worthwhile man-
er, and there is every reason to believe that we dentists of today
in all areas of the profession, whether in private practice, educa-
tion, administration, research or public health dentistry are the
key individuals who will and should work out the solutions to the
demands and needs for the dental health services in the 70's and
beyond.

Thank you very much.
MEETING

The American College of Dentists

SATURDAY AND SUNDAY, OCTOBER 26 AND 27, 1968
DEAUVILLE HOTEL, MIAMI BEACH, FLORIDA

The following program was presented:

Saturday, October 26
Napoleon Rooms 1 and 2, Deauville Hotel

Morning Meeting—9:00 O'clock

Presiding
Frank O. Alford, President
Charlotte, North Carolina

Invocation

Henry A. Swanson, D.D.S.
Washington, D.C.

Panel Discussion

"The General Practitioner and the Specialist"

Moderator

Paul E. Boyle, D.M.D.
Dean, Case-Western Reserve University, School of Dentistry, Cleveland, Ohio; Chairman, Committee on Specialties and General Practice

Panelists:

Albert L. Borish, D.D.S.
Associate Director, Department of Continuing Education, Temple University School of Dentistry, Philadelphia, Pa. Chairman, Council on Continuing Education, Academy of General Dentistry.

Dean-Elect, University of Louisville School of Dentistry, Louisville, Ky. Diplomate of the American Board of Oral Surgery.
Roland R. Hawes, D.M.D., M.S.
Head, Department of Pedodontics, Eastman Dental Center and Assistant Clinical Professor of Dentistry, University of Rochester School of Medicine and Dentistry, Rochester, New York.

Donald A. Kerr, A.B., D.D.S., M.S.
Professor of Oral Pathology, University of Michigan, School of Dentistry, Ann Arbor, Mich.

C. Hanford Lazarus, D.D.S., Centerport, New York
Vice-Chairman, Council on Dental Education, American Dental Association.

Alton W. Moore, D.D.S., M.S.
Professor of Orthodontics, School of Dentistry, University of Washington and Chairman of Council on Orthodontic Education, American Association of Orthodontics, Seattle, Washington.

Walter J. Pelton, B.S., D.D.S., M.S.P.H.
Professor and Chairman of Community Dentistry, University of Alabama, School of Dentistry and Professor, Dept. of Public Health and Epidemiology Medical College of Alabama, Birmingham, Ala.

Gustave J. Perdigon, D.D.S.
Member, American Board of Prosthodontics, Tampa, Fla.

Carl J. Stark, D.D.S.
General Practitioner, Cleveland, Ohio.

George G. Stewart, B.A., D.D.S., M.S.
Professor of Oral Medicine, School of Dental Medicine University of Pennsylvania, and Secretary, American Board of Endodontics, Philadelphia, Pennsylvania.

Stanley R. Suit, D.D.S., M.S.
Professor of Periodontics and Preventive Dentistry, Cleveland, Ohio.

The panelists addressed themselves to the following questions:

Why dental specialties?

What is the significance of American Board of Certification in the Dental specialties?

In this age of sophisticated specialization, should a limitation of scope of dental practice be imposed on the general practitioner or should he be permitted to continue to define his own perimeters of responsibility and treatment?

Do we have too many dental specialties? Is there sufficient overlapping so that several specialties could be combined?

Should the generalist be considered a specialist also and should he be required to take training beyond the undergraduate level—internship?

Should the undergraduate dental curriculum be altered to facilitate
and abbreviate the specialty training programs in dentistry and if so, how?

What are the advantages and disadvantages of state specialty licenses?

What are the advantages and disadvantages of beginning specialty training at the undergraduate level?

To what extent should general practitioners be given access to partial training in the specialty fields (a la the orthodontic controversy)?

How can communication vis-à-vis general practitioner and specialist be improved?

Should the qualifying authorities require that specialists show evidence of participating in continuing education programs?

Should all general practitioners be required to show similar evidence of continuing education? Should there be a specialty board for general practitioners?

Should state boards require periodic re-examination for continued licensure?

Some general practitioners undertake a percentage (20-50-80%) of one or more fields (e.g., endodontics, periodontics, oral surgery) and refer the balance (especially difficult cases) to a specialist. How do the specialists feel about this?

Is it desirable that a general practitioner attempt uncomplicated tooth removal, minor tooth movement?

Is there a tendency to limitation of practice with concomitant referral of 100% of cases to one or more specialists?

If so, is this trend likely to continue and increase? Or, is a reverse trend foreseeable?

Can the dental schools educate and train their graduates so that they acquire the judgment, experience and skill to select those cases for treatment which they themselves can handle competently and successfully and those cases which should be referred to a specialist?

Should this be an objective of dental education?

Should there be an opportunity for undergraduate dental students to select electives in the dental specialties?

Should dental schools adopt a three-year program of eleven months each, followed by a fourth year of closely supervised general or special practice? The fourth year could be on a salary—after state board licensure. This would meet some of the objections of low income patients (neighborhood health centers, etc.) to having their dentistry performed by "students." Dartmouth has proposed a rather similar program for medical education.

Specialists have the opportunity of seeing the quality of dentistry practiced by those general practitioners who refer patients to them. What is their experience and judgment regarding the level of competence of general practitioners?
How does a specialist react when a general practitioner repeatedly calls him in as consultant to "bail him out" of situations in which the general practitioner has shown poor judgment or lack of competence?

Quality control is already a problem in New York, Massachusetts and presumably will become so in other states under medicaid, prepayment plans, etc. What can our profession do to set and control standards and thus obviate the likelihood of control by outside agencies?

What is the general attitude of the general practitioner toward the specialist? Does he have any gripes? If so, what are they?

How can a better understanding between the general practitioner and the specialist be brought about? Would more frequent conferences and discussions of the patient be helpful?

Audience Participation.

Summary by the Moderator.

Afternoon Session—2:00 P.M.

Presiding

Frank O. Alford, President

A Panel Discussion

"Continuing Education"

Moderator

Alvin L. Morris, D.D.S., Ph.D.
Assistant Vice-President of Medical Center, University of Kentucky, Lexington, Ky.

Special Presentations:

"Legislation and Social Pressures for Continuing Education"
John H. Moxley, III, A.B., M.D.
Assistant to the Dean, Harvard Medical School, Boston, Mass.

"The Dentist and Continuing Education—Attitudes and Motivations"
Dean W. Darby, D.D.S., M.S., Ph.D.
Deputy Chief, Continuing Education Branch, Division of Dental Health, U.S. Public Health Service, San Francisco, Calif.

"Administration and Evaluation of Continuing Educational Programs"
Ben D. Barker, B.S., D.D.S., M.Ed.
Assistant Dean, Academic Affairs, University of North Carolina, School of Dentistry, Chapel Hill, N.C.
PANELISTS

"Qualifications of Dentists Under the New York State Medicaid Program"
David B. Ast, D.D.S., M.P.H.
Associate Director, Division of Medical Services, New York State Dept. of Health, Albany, N.Y.

"How Does the American Academy of Dentistry Rate Courses?"
"How Does It Give Credits?"
"How Does It Cooperate With Groups That Serve as Auspices for Courses?"
S. Sol Flores, D.M.D., D.D.S.
Associate Professor of Prosthodontics, University of Illinois, College of Dentistry, Chicago, Ill.

"What Is the Position of the American Board of Dental Examiners on Continuing Education as a Requirement for Re-licensure?"
John E. Dalton, D.D.S.
Member, Florida State Board of Dentistry, West Palm Beach, Fla.

"What Is the Attitude of the American Association of Dental Schools on Continuing Education, Particularly as a Requirement for Re-licensure?"
Charles A. McCallum, Jr., D.M.D., M.D.
Dean, University of Alabama School of Dentistry, and President-Elect, American Association of Dental Schools, Birmingham, Ala.

"What Is the Present ADA Situation?"
"What Will It Ask the House of Delegates to Do With Pending Resolutions to Be Submitted?"
Reginald H. Sullens, M.Ed.
Assistant Secretary for Educational Affairs and Secretary, Council on Dental Education, American Dental Association, Chicago, Ill.

"What Is the Consumer's Viewpoint?"
"Should He Have a Voice in Program Planning?"
James P. Vernetti, D.D.S.
General Practitioner, Coronado, Calif.

SUMMARY BY THE MODERATOR

Saturday Evening, October 26

An informal discussion meeting of representatives of the Sections of the College was held in the Baccarat Room of the Deauville Hotel.
Sunday, October 27, 1968

Napoleon Rooms 1 and 2, Deauville Hotel

Morning Meeting—9:00 A.M.

PRESIDING
Frank O. Alford, President

INVOCATION
William J. Updegrave, D.D.S.

EXECUTIVE SESSION

Address of President
Frank O. Alford, D.D.S.
Charlotte, N.C.

Indoctrination Address
Jay H. Eshleman, D.D.S.

Report of Necrology Committee
H. Royster Chamblee, D.D.S.
Raleigh, N.C.

Report of Secretary
O. W. Brandhorst, D.D.S.
St. Louis, Mo.

Report of Treasurer
F. A. Pierson, D.D.S.
Lincoln, Neb.

Address of President-Elect
Stanley A. Lovestedt, D.D.S.
Rochester, Minn.

10:30 A.M.

SUMMARY OF THE WORKSHOP ON DENTAL MANPOWER

"Meeting Dental Needs in the 1970's"
James H. Simmons, D.D.S.
Chairman, Committee on Social Characteristics, American College of Dentists, Fort Worth, Texas.
“Methods of Group Practice”
Harvey Sarner, LL.B.
Secretary, Judicial Council, American Dental Association, Chicago, Ill.

Luncheon—12:15 P.M.
Richelieu Room
(Under auspices of the Florida Section of the American College of Dentists)
Dr. Robert L. Kaplan, Chairman, Presiding

INVOCATION

INTRODUCTION OF GUESTS

ENTERTAINMENT

Mr. Shearen Elebash, a gifted speaker and entertainer.

THE CONVOCATION—3:00 P.M.

Napoleon Rooms 1 and 2, Deauville Hotel

INVOCATION

Jay H. Eshleman, D.D.S., Orator of the College

ADDRESS

“Responsibilities and Opportunities for the Professional Man”

SPEAKER

Andrew D. Holt, A.B., M.S., Ph.D., LL.D., Litt.D., Sc.D.
President, University of Tennessee
Knoxville, Tenn.

CONFERRING OF FELLOWSHIPS

PRESENTATION OF AWARDS

Evening Meeting
Deauville Hotel

Reception—Napoleon Room No. 3—6:30 P.M.

Music—Art Freeman's Orchestra

Dinner Meeting
Napoleon Rooms No. 1 and 2—7:30 P.M.
Fellowship in the American College of Dentists was conferred upon the following persons at the Convocation on Sunday afternoon, October 27, 1968:

Howard Aduss, 64 Old Orchard, Skokie, Ill.
Homer C. Alexander, 3070 Mayfield Road, Cleveland Heights, Ohio
H. William Allsup, 401 Peachtree St. N.E., Atlanta, Ga.
Fred Robert Alofsin, 42 Spring St., Newport, R.I.
Morton O. Alper, 2401 Calvert St. N.W., Washington, D.C.
Donald B. Amend, 650 S. Front St., Salem, Kan.
Dale W. Amundson, 1021 East First St., Duluth, Minn.
Gordon C. Amundson, 1021 East First St., Duluth, Minn.
Saul B. Arbit, 3975 N. 68th St., Milwaukee, Wis.
James R. Avann, 2609 Welborn, Dallas, Texas
Bibb Hunter Ballard, 5232 Forest Lane, Dallas, Texas
Morris L. Barrington, 2713 34th St., Lubbock, Texas
Herbert J. Bartelstone, 111 East 79th St., New York, N.Y.
James D. Battaglia, 590 Westfield Ave., Westfield, N.J.
Julio A. Battistoni, 6557 West North Ave., Oak Park, Ill.
Alfred Traxler Baum, 10921 Wilshire Blvd., Los Angeles, Calif.
Joe Dudley Bell, 3298 Prince George, Memphis, Tenn.
Morris Berger, 85-20 Elmhurst Ave., Elmhurst, N.Y.
Frank C. Besic, 950 East 59th St., Chicago, Ill.
Russell W. Bickley, University of Louisville, College of Dentistry, Louisville, Ky.
Carl Blacharsh, 680 Howard Ave., West Hempstead, N.Y.
Morris Bradin, 1555 Haddon Ave., Camden, N.J.
Dan E. Brannin, 2105 E. 21st St., Tulsa, Okla.
James L. Bullard, 3731 Bissell Ave., Richmond, Calif.
Frank A. Burdick, Jr., 1101 Allendale Blvd., Lee's Summit, Mo. (Veterans Administration)
Allyn D. Burke, Qtr. 314, Presidio of Monterey, Calif. (Army—regular)
Albert E. Burns, 4133 10th St., Riverside, Calif.
Joseph Cabot, 14444 W. McNicholas, Detroit, Mich.
John B. Carmichael, 1710 Main St., Woodward, Okla.
Edward H. Carriker, 5153 River Oaks Blvd., Ft. Worth, Texas
Walter A. Caruso, 21 St. Mark's Place, Mt. Kisco, N.Y.
James L. Cassidy, 380 Spring St., Macon, Ga.
Frank V. Celenza, 444 Community Drive, Manhasset, N.Y.
Howard H. Chauncey, 8802 Daimler Court, Potomac, Md. (Veterans Administration)
Blaine S. Clements, 1300 University Dr., Menlo Park, Calif.
Harold P. Cobin, 30 East 60th St., New York, N.Y.
Louis S. Cobin, 1955 Bonnycastle Ave., Louisville, Ky.
Alfred I. Coleman, 2501 W. Santa Barbara Ave., Los Angeles, Calif.
Leo King Cooper, P.O. Box 626, Gadsden, Ala.
Herman Corn, 1510 Frosty Hollow Road, Levittown, Pa.
Harley E. Courtney, Farmington, Iowa
Alfred M. Cupelli, 3515 5th Ave., Pittsburgh, Pa.
Bruno A. DeRose, 1560 Bonforte Blvd., Pueblo, Colo.
John L. Devney, 1495 S.W. 84th Ave., Portland, Ore.
Ralph A. Dickson, State and Wall St., Alton, Ill.
Richard Wm. Dinham, 395 Alexander Young Bldg., Honolulu, Hawaii
Gordon L. Doering, 704 Stuart St., Helena, Mont.
Nathan Lewis Dubin, 18 Asylum St., Hartford, Conn.
Zeno L. Edwards, Jr., Brown and 11th St., Washington, N.C.
Paul Ehrlich, 925 West 34th St., University of Southern California School of Dentistry, Los Angeles, Calif.
Solon A. Ellison, State University of New York School of Dentistry, 4510 Main St., Snyder, N.Y.
Richard Paul Elzay, 3413 Scottview Dr., Richmond, Va.
George A. Englert, III, 67 Hooker Ave., Poughkeepsie, N.Y.
George Lawrence Englert, 139 N. Vermilion St., Danville, Ill.
James M. Fairchild, University of California, San Francisco Medical Center, School of Dentistry, San Francisco, Calif.
Eldon Monroe Farber, 180 S.E. 5th Ave., P.O. Box 220, Delray Beach, Fla.
Jack Feder, 324 Scotland Road, South Orange, N.J.
William B. FitzHugh, Hill Davis Medical Bldg., 3500 Kensington Ave., Richmond, Va.
Charles F. Fletcher, 201 Lincolnia Road, Alexandria, Va.
Harold Ward Fountain, 921 West Kilgore Road, Kalamazoo, Mich.
Alfred Louis Frank, 6335 Wilshire Blvd., Los Angeles, Calif.
Gerson A. Freedman, 6700 Park Heights Ave., Baltimore, Md.
Walter Neal Gallagher, Qtrs "F" U.S. Naval Training Center, Bainbridge, Md. (Navy—regular)
Lester C. Gallen, 510 Medical Arts Bldg., Baltimore, Md.
H. William Gilmore, 1121 West Michigan St., Indianapolis, Ind.
Thomas J. Ginley, 211 East Chicago Ave., Chicago, Ill.
Robert Gluck, 1704 Morris Ave., Bronx, N.Y.
Robert A. Goepp, 950 East 59th St., Chicago, Ill.
Maurice Goldberg, 1 Hanson Place, Brooklyn, N.Y.
Joel Franklin Goodwin, Sr., 422 Medical Arts Bldg., Dallas, Texas
Donald C. Gordon, 1414 Drummond St., Montreal, Can.
Charles Kenneth Gray, 400 South 16th St., Ft. Smith, Ark.
Sébastian J. Greco, 70 North El Camino Real, San Mateo, Calif.
William Jesse Greek, 445 Iles Park Pl., Springfield, Ill.
Henry Green, 15438 Harper Ave., Detroit, Mich.
Orrin Greenberg, 917 South St., Chestnut Hill, Mass.
Carl Frank Gugino, 7 Englewood Ave., Buffalo, N.Y.
Herbert C. Gustavson, 64 Old Orchard, Road Skokie, Ill.
Richard Hugh Hamilton, 4301 Huntoon St., Topeka, Kan.
Max S. Hart, 727 Beach St., Flint, Mich.
Lee C. Hermann, 5250 Wayzata Blvd., Minneapolis, Minn.
Southern P. Hooker, 117 Fitzgerald Dr., Travis AFB, Calif. (Air Force—regular)
John Thomas Hughes, P.O. Box 237, Pittsboro, N.C.
Max S. Hart, 727 Beach St., Flint, Mich.
Lee C. Hermann, 5250 Wayzata Blvd., Minneapolis, Minn.
Southern P. Hooker, 117 Fitzgerald Dr., Travis AFB, Calif. (Air Force—regular)
John Thomas Hughes, P.O. Box 237, Pittsboro, N.C.
Max S. Hart, 727 Beach St., Flint, Mich.
Lee C. Hermann, 5250 Wayzata Blvd., Minneapolis, Minn.
Southern P. Hooker, 117 Fitzgerald Dr., Travis AFB, Calif. (Air Force—regular)
John Thomas Hughes, P.O. Box 237, Pittsboro, N.C.
Norman R. Nathanson, 29 Lincoln St., Framingham, Mass.
Milton Neger, 59 South Orange Ave., South Orange, N.J.
Edmond Anthony Nicotra, 154 South Jefferson St., Kittanning, Pa.
Richard D. Norman, 1121 West Michigan St., Indianapolis, Ind.
Carlos J. Noya, 904 José Marti St., San-turce, Puerto Rico
Richard C. Oliver, 1799 Waterman Ave., San Bernardino, Calif.
William Huntley Oliver, 1915 Broadway, Nashville, Tenn.
Donald Eugene Ore, University of Illinois, College of Dentistry, 808 S. Wood St., Chicago, Ill.
Luther L. Paine, 2550 Spenard Road, Anchorage, Alaska
Patricia Anne Parsons, 9827 Clayton Road, St. Louis, Mo.
Harold B. Pattishall, Jr., 437 St. James Bldg., Jacksonville, Fla.
Raymond F. Paul, 5400 Arsenal St., St. Louis, Mo.
Walter Elmo Penley, 1104 Emerson Dr., Denton, Texas
Sigmund A. Perlowski, 312 Harper Road, Kerrville, Texas (Veterans Administration)
James A. Phillips, Gateway Professional Bldg., Chattanooga, Tenn.
John Sanders Pike, 3162 Piedmont Road, N.E., Atlanta, Ga.
Kenneth F. Pownall, 230 St. George St., Toronto, Canada
Robert N. Price, 1200 High Ridge Parkway, Westchester, Ill.
Edward S. Prorok, 715 West Lake St., Oak Park, Ill.
George Quiros, 5011 Geary Blvd., San Francisco, Calif.
Irving Rappaport, 9833 Brentwood Dr., Santa Ana, Calif.
John S. Rathbone, 2780 State St., Santa Barbara, Calif.
James H. Ridlen, 1052 Hillgrove, Western Springs, Ill.
Lincoln C. Lewis Riley, 400 North Mac-lay, San Fernando, Calif.
Gerard A. Ripp, 406 Fulton St., Troy, N.Y.
Dennis R. Roberts, 312 Medical Arts Bldg., Jackson, Miss.
John E. Robinson, Zoller Clinic, University of Chicago, 950 East 59th St., Chicago, Ill.
Joseph C. Rogers, 119 Cannon, Travis AFB, Calif. (Air Force—regular)
Harry Rosen, 3545 Cote Des Neiges Road, Montreal, Canada
Glenn O. Sagraves, 1121 West Michigan St., Indianapolis, Ind.
Prem Prakash Sahni, 12 Curzon Road, New Delhi, India
Thomas H. Schuler, 601 Coppin Bldg., Covington, Ky.
William Schunick, 408 Medical Arts Bldg., Baltimore, Md.
Robert W. Schurmer, 8920 Wilshire Blvd., Beverly Hills, Calif.
Marvin Paul Sheldon, 9605 Alta Vista Ter., Bethesda, Md.
John A. Sherman, 170 Bloor St. West, Toronto, Canada
Gordon W. Shupe, 115 West 3rd St., Wayne, Neb.
Harold W. Sidwell, Jones Bldg., Villisca, Iowa
Maurice Eugene Simpson, Naval Dental Clinic, Norfolk, Va. (Navy—regular)
Freeman C. Slaughter, 201 Professional Bldg., Kannapolis, N.C.
Marcel J. Smith, 3218 21st St., San Francisco, Calif.
Vernon Day Smith, Jr., Downtown Professional Bldg., 822 Marquette Ave., Minneapolis, Minn.
Jack B. Snowden, 939 E. Park Row, Ar-lington, Texas
Edwin Maurice Speed, University of Alabama, School of Dentistry, 1919 Sev-enth Ave., So., Birmingham, Ala.
Conrad J. Spilka, 2012 West 25th St., Cleveland, Ohio
Robert D. Splain, 5700 Connecticut Ave., N.W., Washington, D.C.
Richard M. Stamm, 1757 West Harrison St., Chicago, Ill.
Paul E. Starkey, 1121 West Michigan St., Indianapolis, Ind.
William B. Stocker, 1927 Sunset Dr., Springfield, Mo.
Donald H. Stormberg, 2410 S. 73rd St., Omaha, Neb.
Daniel Strong, 140 East 54th St., New York, N.Y.
William F. Stutts, 313 Preston Royal Medical Center, Dallas Tex.
Honorary Fellowship in the American College of Dentists was conferred upon:

Dr. Andrew D. Holt, A.B., M.S., Ph.D., LL.D., Litt.D., President of the University of Tennessee, Knoxville, Tenn.

Dr. S. Richard Silverman, Ph.D., Director of the Central Institute for the Deaf, St. Louis, Mo.
In behalf of the Board of Regents, Dr. Frank P. Bowyer, presented the following citation for Dr. Holt:

"Dr. Andrew D. Holt is a native Tennessean who has disproved the Biblical adage that 'a prophet is not without honor, save in his own country.' While rising to the Presidency of the University of Tennessee, he has earned national and international distinction in the field of Education, and also has been accorded high honors in a wide scope of other civic, economic and professional areas—including dentistry. Dr. Holt was born December 4, 1904 in Milan, Tennessee and grew up in this small town where his father was justice of the peace, mayor and postmaster. Upon reaching college age, he enrolled at West Tennessee State College (now Memphis State University) and later transferred to Emory University in Atlanta, with thoughts of becoming a lawyer. However, while still a college student he took a summer job as an elementary school teacher in Tennessee, and this experience convinced him that his future was in the field of education. He earned the Bachelor's degree at Emory, and later completed the Master's and Ph.D. at Columbia University in New York. In his educational career—all in Tennessee—he was, successively a high school teacher and coach, a demonstration school principal, a college professor, and a high school supervisor for the State Department of Education, the Executive Secretary of the Tennessee Education Association, then an Administrator at the University of Tennessee, president since 1959. Under Dr. Holt's leadership, the University of Tennessee has grown substantially in size, programs, and prestige, becoming the twenty-third institution of higher education in the nation. It is composed of twenty colleges and schools offering programs through the doctoral level, and it is recognized as one of America's leading research and graduate student centers.

"While ascending the educational heights in his native Tennessee, Dr. Holt won the highest honor that the nation's teachers can bestow upon a colleague—president of the National Education Association. Among other national and international educational offices he has also been chairman of the Board of Visitors of the U.S. Air University, president of the Southern Association of Land-Grant Colleges and Universities, a member of the Council of Advisors of the U.S. Commissioner of Education, and he led the American Delegation at the World Organization of the Teaching Profession held in Switzerland. Currently, he is president of the Southern Association of Colleges and Schools and a member of the National Steering Committee of the Education Commission of the States.

"In addition to the high positions in education, Dr. Holt has received noteworthy honors related to the economic life of America. He is on the Board of Directors of the South Central Bell Telephone Company and of the Life Insurance Company of Kentucky, and he is a former director of the Nashville Branch of the Federal Reserve Bank in Atlanta. He has served on the Educational Advisory Council of the National Association of Manufacturers, the Joint Committee of the National Education Association and the Magazine Publishers of America, and the Advisory Committee of the Air Transport Association.

"His religious and civic activities include: steward in the Methodist Church; member of the National Council of Boy Scouts of America; Ad-
visory Branch of the Southern Highland Handicraft Guild; Committee on Education of the American Legion; Board of Visitors of the Baptist Memorial Hospital in Memphis; and former president of the Tennessee Division, American Cancer Society. During World War II he directed the Army's Pre-Induction Training Branch, mustering out as a major.

“Even with all of his leadership activities, in other fields, Dr. Holt has contributed richly to the dental profession. He is a trustee of the American Fund for Dental Education, Inc., and was a member of the National Advisory Dental Research Council. He has long been a trustee of the L. G. Noel Memorial Foundation created by the Tennessee State Dental Association, and his services to the Foundation earned for him an honorary membership in that Association.

“Three universities have recognized Dr. Holt’s eminence with honorary doctoral degrees. Numerous national and regional business and professional organizations across America have honored him as a featured speaker at their annual meetings.

“He is truly a prophet with honor even in his own country, and it is our distinct pleasure to recognize his contributions to dentistry and to the progress of mankind in many other endeavors by electing him to an Honorary Fellowship in the American College of Dentists.”

Dr. William S. Brandhorst presented the following citation for Dr. S. Richard Silverman:

“Dr. S. Richard Silverman is the Executive Administrator of Central Institute for the Deaf in St. Louis, Missouri, which position he has held since 1947. This Institute not only devotes its efforts to the hard of hearing but also to speech pathology and its correction. In these relations, Dr. Silverman has recognized the contribution which dentistry can make to the speech handicapped person and is a staunch supporter of the dentist as a member of the rehabilitation team.

“Dr. Silverman received his A.B. degree from Cornell University; his M.S. and Ph.D. degrees from Washington University in St. Louis. He is Professor of Audiology at Washington University School of Medicine. He received a Doctor of Literature degree from Gallaudet College in 1961.

“He served on the Advisory Council on Speech and Hearing of the Department of Health, Education and Welfare from 1957 to 1960; Social Planning Council of St. Louis, 1957 to 1960; and has been a member of the Advisory Council, on Handicapped Children of the Southern Regional Conference.

“It is a pleasure to recommend him for Honorary Fellowship in the American College of Dentists.”

THE WILLIAM JOHN GIES AWARD

The William John Gies Award was conferred upon the following Fellows of the American College of Dentists:

Dr. Carl J. Stark, D.D.S., Cleveland, Ohio
Dr. Samuel Pruzansky, D.D.S. M.S., Skokie, Illinois
In behalf of the Board of Regents, Dr. J. Lorenz Jones presented the following citation for Dr. Stark:

"Dr. Carl J. Stark received his dental training at Western Reserve University (now Case Western Reserve University) at Cleveland, Ohio. After serving his country in World War I, he returned to Cleveland to enter the general practice of dentistry.

"During his career, he has not only served his constituents well professionally but has given freely of his time and talents to both his profession and his community. Among these contributions may be mentioned:

Appointed dental surgeon, Marine Hospital, Cleveland by U.S. Public Health Service, 1919-21.
Visiting dental surgeon to Lakeside Hospital, 1920-25.
Dentist to Cleveland Protestant Orphanage, 1919-36.
For many years, member of the Board of Trustees of Cleveland Child Health Association, now a part of the Cleveland Health Council.
Member, Cleveland Welfare Federation Health Planning and Development Committee.
Co-Captain, Physicians and Dentists Team of Cleveland Community Fund, 1931-47.
Participant on Governor's White House Conference for Children, 1941-42.
Participant on White House Conference for Aged and Nursing Home, 1959, Washington, D.C.
Past President, Cleveland Dental Society.
Honorary Citation, 1967.
Past President, Northern Ohio Dental Association.
Past President, Ohio Dental Association, 1959.
Recipient of the Centennial Citation in 1966.
Chairman, Centennial History Committee.
Recipient, Supreme Chapter, Distinguished Service Award of the Delta Sigma Delta Fraternity, 1956.
Member (former Chairman) Callahan Award Commission of the Ohio Dental Association.
Member, Omicron Kappa Upsilon Honor Fraternity.
Former member, Council on Dental Research, American Dental Association.
Former member, House of Delegates, American Dental Association.
Member, Board of Trustees, American Fund for Dental Education, Inc.
Fellow of the Cleveland Medical Library Association.
Founding member, Advisory Committee of the Cleveland Health Museum.
Past President, American College of Dentists.
Former member of the Board of Regents, American College of Dentists.

"It is evident that Dr. Stark has served his profession and his community well and I recommend him for the William John Gies Award of the American College of Dentists."

Dr. Harvey S. Huxtable presented the following citation for Dr. Samuel Pruzansky:

"In behalf of the Board of Regents it is a pleasure to present Dr. Samuel Pruzansky for the William John Gies Award.

"Dr. Pruzansky received his D.D.S. degree from the University of Mary-
land and his Bachelor of Science degree from the College of the City of New York and his Master of Science degree from Tufts University, Boston.

"He received his graduate training at the University of Illinois in 1945, where he also served as a U.S. Public Health Service Research Fellow from 1950 to 1953. At present he holds the title of Professor of Dentistry at the University of Illinois Medical Center, where he is Director of the Center for Craniofacial Anomalies. He is a Diplomate of the American Board of Orthodontics.

"He is a member of many professional organizations and a liberal contributor to the profession's literature. He is a consultant to many federal, state and foreign groups and has received many honors for his unusual service.

"When the American College of Dentists established the Institute for Advanced Education in Dental Research he contributed time and knowledge for its advancement. Again, when the College initiated the Research Lectureship, he again contributed time and energy toward its establishment.

"Dr. Pruzansky richly deserves the William John Gies Award."

Rear Admiral Frank M. Kyes presented the following citation for Dr. Dixon:

"It is a pleasure to present Dr. Russell A. Dixon, D.D.S., M.S.D., LL.D., D.Sc., Dean Emeritus of the College of Dentistry, Howard University for the William John Gies Award of the American College of Dentists, in recognition of his many contributions to the advancement of the dental profession, particularly in the field of education.

"He became Dean of Howard University, School of Dentistry, in 1931 and served as such until 1966—a period of 35 years. In that period he developed a staff which grew from a total of 12 full-time teachers and 3 non-teachers in 1931 to 64 full-time teachers and 55 full-time non-teachers in 1966, more than half holding graduate degrees.

"During that period, the student enrollment grew from 40 in 1931 to more than 800 in 1966. Again, during this period, he has guided the education and training of more than half of the nation's negro dentists graduated in that period.

"His interests were not limited to educating dentists. He had additional interests to which he gave attention, which guided him in offering guidance not only to students but organizations, federal commissions and many others. He served many professional organizations officially. Also, he received several significant appointments and recognitions, not only the least of which was the four year appointment as Regent of the National Library of Medicine, by the late President John F. Kennedy in 1968.

"Similarly, Dr. Dixon was active in the civic affairs of the district and the religious activities of the community.

"He has published numerous articles pertaining mostly to the education of the professional man.

"Dr. Dixon retired from active administration and teaching in 1966, but he continues as a Consultant in residence of the National Library of
Medicine and as special consultant to the Assistant Medical Director for Dentistry, Department of Medicine and Surgery of the Veterans Administration, which has promise of further suggestions and guidelines from this man.

"Mr. President, I present Dr. Russell A. Dixon for the William John Gies Award."

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**The Conferring of the Award of Merit**

The Award of Merit of the American College of Dentists was conferred upon:

*Mrs. Velma Child,* Secretary of the Council on Journalism of the American Dental Association, Chicago, Ill.

*Mrs. Grace Parkin,* Secretary of the Council of National Board of Dental Examiners, American Dental Association, Chicago, Ill.

Dr. P. Earle Williams, presented the following citation for Mrs. Child:

"Mrs. Velma Child's outstanding service to the dental profession and through the profession to society spans a third of a century. Her contributions in the field of dental health and dental journalism date back to September, 1935 when she joined the secretarial staff of the newly established Bureau of Chemistry of the American Dental Association. One year in that capacity earned her a promotion to the position of Secretary and later Executive Assistant to the Director of the Association’s Bureau of Public Relations, a position she held for ten years. During those years the Bureau experienced phenomenally successful growth. It adapted every ethical means to improve dentistry's communication with the public, radio broadcasts, newspaper articles, motion pictures, slide lectures, exhibits, graded dental health literature, poster contests and the encouragement of Children's Dental Health Day.

"In all those activities, Mrs. Child was deeply involved and worked intelligently and tirelessly for their success.

"In 1946, she was transferred to the editorial department where she became production manager for the *Journal of the American Dental Association*, the *Journal of Oral Surgery* and later, *Dental Abstracts*. There she not only continued to give of her best, but to inspire the best in those employed with her.

"From 1949 to 1960, she also served in an advisory capacity to the acting secretary of the Association's Council on Journalism—a position she herself assumed in 1960. By 1963, the increased activities of the Council required the services of a full-time secretary and Mrs. Child was the logical choice. Under her guidance, the Council on Journalism has worked closely with the American College of Dentists and the American Association of Dental Editors to effect improvement in dental communication by developing publication policies for the guidance of dental societies and by establishing programs for continuing education in journalism for dental editors."
Dr. William E. Brown, Jr., presented the following citation for Mrs. Parkin:

"Mrs. Grace Parkin is Secretary of the Council of the National Board of Dental Examiners of the American Dental Association, where she has served for the past several years. Prior to this, she served as Director of the Dental Aptitude Testing Program.

"Her education and training have fitted her well for the tasks involved and have enabled her to make unusual contributions in these fields.

"Mrs. Parkin received her A.A. degree from Blackburn Junior College at Carlinville, Illinois; her B.A. degree from the University of Illinois, with honors, majoring in mathematics and physics. In 1944, she received a B.S. degree in Engineering from the University of Illinois.

"After a number of years devoted to further training, teaching and experience in counselling, she came to the American Dental Association, where she is serving the profession so well.

"She is a member of the American Association of Dental Schools and holds honorary membership in many other organizations, attesting to the esteem in which she is held.

"It is a pleasure to recommend Mrs. Parkin as a worthy recipient of the Award of Merit of the American College of Dentists."
There is considerable ferment within the profession in this country relative to a changing role for the dentist. The essence of the anticipated change is a shift in emphasis to more professionally-demanding challenges such as directing a team of oral health personnel, the care of soft tissue and osseous diseases, the treatment of orofacial abnormalities of development and growth, and screening for systemic disease. These services presuppose an education and training more similar to that of a physician.

Typical of the ferment are discussions which have occurred within the past year among leaders within dentistry and other health professions. As an example, for the 1967 Annual Workshop of Dental Examiners and Dental Educators the following question was formally structured within the program by the Liaison Committee of the American Association of Dental Examiners and the American Association of Dental Schools: "It has also been presumed that the dentist of the future will have a role as a diagnostician or 'screener' for personal health analogous to that of the general medical practitioner of today. What additional educational experience will permit the dental graduate to fulfill this role effectively?" The response of the workshop group assigned this question was as follows: "The dentist of the future may be faced with serving as the primary screener for general health because of a reduction in the numbers of general practitioners of medicine. . . . It is important that . . . dental students receive instruction in physical diagnosis and internal medicine" (1).

*Dr. Roy T. Durocher, University of Pittsburgh, was granted an American College of Dentists Fellowship to study curriculum design and teaching methods for diagnosis and oral medicine in Switzerland.
Again, at the 1967 Annual Conference of Dental Deans which was attended by medical deans and vice-presidents of health centers, there was much discussion relative to the greater medical orientation of the future dentist. To emphasize this expectation, but by way of citing an extreme position, the following statement by Kenneth Penrod, Vice-President of Health Affairs, Indiana University, is quoted: "Medicine is beginning to recognize the stomatologic aspects of many medical diseases, and I am confident that the two professions will come together in our lifetime" (2).

In the opinion of this observer, there are reasons to believe that dentistry as a profession should and will remain autonomous. However, it may well be that in the late twentieth century there will have evolved a person who is neither physician nor dentist as we know each of these today in terms of traditional concepts and semantics in this country.

The interest in a modified role for the future dentist has necessarily led to a reexamination of the dental curriculum. At least ever since the days of the Gies report, there has been a universal recognition in dental education of the biological aspects of dental practice, and furthermore in recent years dental schools have offered medical clinical courses such as internal medicine and physical diagnosis. Nevertheless, it is generally agreed that the application in dental practice of the biological sciences and of the medical sciences closely related to dentistry has been short of what was hoped for. This circumstance, coupled with an emphasis on the dentist's new role mentioned earlier, has directed the attention of dental educators not only to new content but also to a restructuring of the curriculum.

Dental education in this country has been rather independent and perhaps even provincial in regard to its curriculum concepts. Quite likely this attitude stems from the high esteem which United States dental practice has enjoyed because of its technical competency. Differences in society and culture notwithstanding, it has been the opinion of the author that dental education in other parts of the world deserves the attention of dental educators in this country.

If in fact the future dentist in this country will be the director of a team of oral health personnel in his office, if this team will be concerned with comprehensive care, if indeed soft tissues and
osseous diseases will be treated, if problems of development and growth will be managed, and if the dentist will play a more active role in protecting total health, then he will need to be more competent in dealing with the whole human. To draw the line will be difficult, but assuredly the future dentist will need to be "more like a physician." Indeed, he may be an "oral physician." It behooves U.S. dentistry, therefore, to investigate professional systems and educational programs wherein there has been experience with a greater medical orientation for dentists.

In 1966, in the interest of oral health in Latin America, the Pan American Health Organization and the World Health Organization appointed a consultant to study educational philosophies, curriculum organization, and pedagogical methodology in Europe. Although medical schools and pedagogical institutions were also visited, the focus of the survey was on dental schools. Much experience and many ideas were found to be of potential value not only for Latin America but also for North America as well (3). One of the observations made, on the basis of a very brief visit, was an apparent greater medical orientation of the dental curriculum in Switzerland.

For this reason, and also because technical competence had been observed in the restorative departments of one of the Swiss dental schools, Switzerland was considered to be a good source for a curriculum study of greater depth.

Although this survey includes visits to the dental institutes (schools) at the University of Basel and the University of Zurich, the in-depth study was conducted at the University of Geneva over a period of one month. The general structure of the system reported here refers to all the schools inasmuch as the system and the curriculum are a matter of national law. Possible differences in regard to details have been rechecked by virtue of the fact that prior to publication the manuscript for this paper was sent to each institution visited.

Information was obtained by (1) extensive interviews with several faculty members, including two immediate past "directors" (deans) and the incumbents; (2) personal observation in clinics, laboratories, and at some lectures; (3) participation in the teaching program through lectures, seminars, and chairside assistance in the department of stomatology at Geneva; (4) analysis
of printed material related to the educational program; (5) cursory interviews with a few practicing dentists (who are also part-time teachers).

As with most European countries, the entire national educational system, the university faculty structure, and the dual paths to dental practice are so different from what is found in the United States that concepts were difficult to comprehend and are therefore not easy to describe. Fortunately, one of the past directors at the University of Geneva is very well-informed in regard to the United States system and the incumbent director at the University of Zurich had just completed a site-visit study of dental education in this country. These individuals were therefore able to make comparisons more lucidly for the author.

The student who will ultimately enter dental school matriculates in the university after twelve and one-half years of education which begins at approximately six years of age. Generally, in French speaking Switzerland he will become either simply a médecin*-dentiste or a docteur en médecine* dentaire. In the German section of the country he will be a Zahnarzt* or a Doktor der Zahnheilkunde. There are a few instances in which the doctor of dental medicine also obtains a medical degree, in which case he is referred to as a médecin-stomatologiste in the French-speaking section of the country. As a matter of fact, by law the chief of oral surgery in the dental schools must have both doctoral degrees.

Although the curriculum for the doctor of dental medicine is of greater pertinence to the purpose of this study, the course which the médecin-dentiste pursues is of interest for comparison and for a point to be made later. In either case, the first year—referred to as the premedical year at the university—is spent in the Faculty of Sciences for chemistry, physics, zoology, botany, and in some cases, mathematics. The student then enters the Faculty of Medicine, at which time he need not identify his choice between medicine and dentistry. For one and one-half years those who will enter the medical profession and those who will enter the dental profession take the same basic medical sciences together

* Note here the use of the French and German terms for physician, not surgeon. This is one of several points to be mentioned which reflect the historical orientation to medicine.
(anatomy, physiology, histology, embryology, biochemistry). It is well to note that in either profession, one may become either a "physician" or a "dentist" without a doctoral degree. In each case, if the student wishes ever to become a candidate for either doctorate, he must have taken special qualifying examinations in the basic medical sciences. The student then selects medical school or dental school. And until the student actually attends courses in the dental institute—which is still technically a function of the Faculty of Medicine*—he is not considered to be a dental student. Consequently, the dental curriculum for the non-doctoral candidate is considered to be only of two and one-half years duration, the period of time he spends with the dental teachers.

During this time, in addition to all the "dental" subjects—to which, note, the Swiss would refer as courses in dental medicine—the following courses in "general medicine" are taken: general pathology, microbiology, pharmacology, general surgery, internal medicine, dermatology, and otorhinolaryngology.

The person who wishes to become a doctor of dental medicine must study an additional one to one and one-half years† in repeating‡ the above courses, but in greater depth. It is this pathway which seemed to hold a potential lesson for medically orienting a dental curriculum. Further details therefore are particularly pertinent.

General surgery, pharmacology, microbiology, general pathology, and otorhinolaryngology are taken with the medical students, and except for otology, examinations are required. In at least one school, the examination in pathology is given only on the oral aspects of the course. Although internal medicine and dermatology also are repeated—again in greater depth—examinations are not required. The course in dermatology and one in cardiac auscultation provide experience with patients.

The year or year and one-half during which the above subjects are studied occurs after the two and one-half years in the

* Although there is considerable autonomy, the dental teachers are members of the Faculty of Medicine.
† Depending on the school.
‡ However, in one school most of these courses for the doctorate can be taken during the two and one-half years of the "undergraduate" dental curriculum. Then the additional one to one and one-half year period is needed for the preparation of the doctoral examination and a thesis.
dental institute, and the requirements culminate with the presentation of a thesis. The awarding of the doctorate is considered an academic act of the university, whereas the médecin-dentiste diploma is looked upon mainly as a federal award.*

The extent to which students pursue the doctoral degree varies among the schools. The experience seems to be from fifty to eighty per cent.

The clinical program in dentistry is the same for all students in any one school. However, it is in this area that there seems to be a greater difference in details among the schools. There are very few differences in course titles, but there is a rather significant contrast in technic and clinical experience. For example, with respect to the former there is a range from 14 restorations in operative dentistry in one school to 35 in another. Clinical requirements in operative dentistry in these two schools consist of 83 restorations in the one to 116 in the other. It was the latter school the investigator visited for one month. The technical competence observed was comparable to that seen in schools in the United States.

In prosthodontics, in two schools approximately ten clinical dentures are required. Yet, in one of these institutions, only one complete upper and one complete lower technic dentures are required; while in the other school, only one complete and one partial denture are constructed in the preclinical course. (Although there are other exercises, such as the taking of impressions on each other and occlusal analyses.)

In one school, requirements at which appear to lie in between the minimum and the maximum of the technic courses of all the schools, hours devoted to exercises on phantoms are as follows: operative dentistry, 170; fixed prosthodontics, 100; removable prosthodontics, 85; and orthodontics, 25.

For comparison with United States schools, beginning with the one and one-half years in the Faculty of Medicine, the curriculum for the non-doctoral dentist consists of approximately 3970 hours—920 of which are for lectures in what are commonly referred to in the United States as the basic sciences,† 530 for basic science

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* The universities are functions of the state.
† Human anatomy, histology, embryology, physiology, biochemistry, general pathology, oral pathology, microbiology, pharmacology.
laboratory, 145 for medical lectures, 120 for medical clinics, 375 for dental clinical lectures, 380 for dental technics, and 1500 for dental clinics.

In view of what was earlier indicated in regard to the expectation that the future dentist will be “more like a physician,” it would appear that a specific discipline through which this modification should particularly occur is diagnosis, a field of personal interest for this investigator. Consequently, this study included participation in the didactic and clinical teaching program of the department of stomatology which is responsible for diagnosis-oral medicine (clinical oral pathology), periodontology, oral surgery, and all emergencies.

An interesting sidelight of this experience, especially at a time when several United States schools are discussing the “generalist” and “integrated clinic” as new approaches to patient care and clinical teaching, was seeing the same clinical teachers providing services and teaching in oral diagnosis-oral medicine, oral surgery, periodontology (including osseous surgery), and emergencies of every description. Furthermore, some of the teachers of the stomatology department were seen also teaching in the restorative clinics.

A number of details related to a medical orientation were observed. The use of certain words are an example. The term médecin-dentiste (rather than chirurgien-dentiste) has already been cited. Docteur en médecine dentaire and stomatologie are other examples. The clinical terminology is also more scientifically oriented. Bridectomie for the “pushback” procedure is an example. Weekly clinical operations are posted in a manner similar to the posting of operating room schedules in hospitals. Drugs are commonly used. Before beginning any procedure which will create a wound, a dental prophylaxis is required. Hospital in-patients are constantly seen for possible oral-systemic relationships. The professor’s assistants play much the same role as that of residents in United States hospitals.

There are some other points to be made in regard to a medical orientation in Switzerland, as well as other parts of Europe. It was pointed out, for example, that traditionally there has been an attitude of conservatism which quite likely stems from the viewpoint that a tooth is not a mechanical unit which is easily re-
placed. As a matter of fact, the department which teaches what is termed "operative dentistry" in this country is referred to as the department of conservative dentistry. Its outlook is highly biologically oriented. Not only is the cutting of a tooth viewed with pulp protection in mind, but there is great emphasis placed on the opinion that extension for prevention can be overdone—that even part of the tooth structure is not easily replaced. The extent of this conservative attitude was succinctly summarized in two opinions that were expressed to the author: "A root is better than an implant"; "Surgery is an approach of the Middle Ages."

All who were interviewed who are familiar with both the Swiss and American dental curricula stated that their system which leads to a doctorate has a greater biomedical orientation. Simply on the basis that the candidate for the dental doctorate takes the very same basic medical sciences and several medical clinical courses with the doctoral candidate in medicine, the statement cannot be refuted. However, the ultimate pertinent question for any educational program relates to the outcome. The question is: "What happens in private practice?" All but one of those who were questioned agreed that as a whole the individuals who have the doctoral degree essentially do not practice any differently than the other graduates. As one of the professors stated it: The medical program (in the curriculum) has not been an advantage to the private practice of dentistry." It seems that there is a lesson to learn here.

The reason most commonly given is not difficult to understand. There are too many technical services required for the non-doctoral dentists to provide, so that doctors of dental medicine cannot avoid them. Patients expect these services of their dentist, whether he is a doctor or not. As one individual put it: "Patients go to the dentist for tooth care."

There was reason, however, to ask whether the answer to the nature of the doctor's practice might also lie in the fact that the

* The author of this statement of course was not denying that surgery is at times indicated.
† It is important to note that oral hygienists are not trained in Switzerland. There is discussion about changing this, but it appears that their utilization will be limited to those tasks which hygienists have traditionally performed in the United States. At the time of this study, there were approximately 50 U.S.A. or Canadian hygienists employed in private practice.
medical orientation is virtually limited to theory courses and not prevalent in practice in the dental school clinics. All interviewed on this point were in agreement that this suggestion is quite likely an additional answer. As one professor put it: "Theoretically, it (the medically oriented program) is a good one, but its application is not. There is too much to do (which involves the use of hands—including laboratory procedures) and to assimilate and apply it in school." It was also pointed out that the "medical" courses are not sufficiently made relevant to dentistry.

There is dissatisfaction in Switzerland with the present system, and so a new curriculum is being sponsored by the dental segment of the university faculties. The major issues seem to revolve around the opinions that (1) the present program is too medically oriented* for what the dentist is called upon to do in private practice, and (2) for the same reason, there should be a longer period of time spent in the dental school in order to better develop knowledge and skills specifically required of the dentist. The new proposal is intended to preserve a biomedical orientation but yet to exclude "absolutely unnecessary material" which is required only of the medical doctor. On the other hand, within the dental school proper there will be a broader integrated approach to oral health care. For example, the focus of teaching will go beyond the teeth and oral cavity to the orofacial complex.

In the new program there will be virtually only one curriculum for anyone wishing to pursue a career in the practice of dentistry. There will still be an option in regard to the doctoral degree, the only different requirement for which will be a thesis.

The time spent for the basic medical sciences within the Faculty of Medicine will eventually be reduced from one and one-half years to one (for both dental and medical candidates). Within this period, there is still unresolved the dental faculties' request that the anatomy course be oriented for the prospective dental students.

After passing into the dental school, the student's education and training will be extended to three years. In the first, the following courses will be offered: general pathology, microbiology, internal medicine, immunology, psychiatry, and psychology, all of

* Including too much depth in the natural sciences and an insufficient orientation or integration of medical teaching toward the needs of dentistry.
which will be taught by the medical faculty. There will also be courses in oral pathophysiology, and a “dentally” oriented course in pharmacology, both of which might be given by dental faculty. “Dental” courses will include technics in conservative dentistry, prosthodontics, orthodontics, and materials, and courses in stomatology and oral surgery. The second and third years will include dermatology, otorhinolaryngology, radiology, oral surgery, maxillofacial surgery, periodontics, pedodontics, social dentistry, and practice management.

The features of the new program then will be (1) a streamlining of the basic medical sciences; (2) a greater oral orientation of some biomedical subjects; (3) no significant change in experience with clinical medicine; (4) an increase of the amount of time for “dental” subjects—technic and clinical combined; (5) one curriculum—with the exception of the thesis requirement—for all dental candidates which will include the biomedical courses presently required only of the doctoral candidates.

In very broad terms, behavioral objectives can be inferred from the final examinations which are contemplated for the new program. Practical examinations will be conducted in examination of the oral cavity, stomatology (oral medicine-oral diagnosis), oral surgery, conservative dentistry, fixed and removable prosthodontics, periodontics, children’s dentistry. There will be theory examinations in general surgery, otorhinolaryngology, general and oral radiology, and oral pathology.

A comparison between the dental curricula in Switzerland and the United States was perhaps adequately summed up in a discussion between the author and a former director of the Institute of Dental Medicine at the University of Geneva. Many of the Swiss believe that they have placed too much emphasis on general medicine (in theory courses) and not enough on technical skills. Many in the United States believe that the curriculum of the future here must be more medically oriented, and that although technical skills will continue to be extremely important for the oral health of patients they can be developed in auxiliaries. In a word, it appeared to both parties that the scale has been lowered and raised in respectively opposite directions, and that both countries must strive to achieve a balance. In striving for that balance the two countries can learn from each other.
The author wishes to extend his appreciation to the Officers and Board of Regents of the College for the grant-in-aid which made this study possible. He also wishes to acknowledge the invaluable assistance of his Swiss hosts: Professors A. J. Held, J. N. Nally, L. J. Baume, H. Freihofer, and K. H. Rateitschak.

REFERENCES

Report of the Necrology Committee

H. ROYSTER CHAMBLEE, D.D.S., Chairman
Raleigh, N.C.

We are gathered here this day to pay tribute to the Fellows of the College who have passed away since we last met.

"We mourn their passing. We are heartened in the feeling that their lives have contributed immeasurably to the relief of human suffering.

"In their memory, these flowers have been placed upon the altar as a token of affection and esteem.

"Sometime ago, Dr. Matthew Mitchell, one of those who has passed away, penned these words:

"When I have passed away"
When I have passed away,
Please do not grieve for me,
But say: "There lies one
Who loved life and lived it
Not as fully perhaps as many
But with a glad and joyous heart
And love for all his fellowmen;
One who tried in his small way
To serve others, always before self;
And who never purposely did a wrong
Or used another's name in malice;
One who loved: the glory of nature
In all its form and beauty;
The constant pursuit of knowledge;
The happiness of a family working together
And the great joy of work well done."
I wish to be remembered—if remembered,
For these things above all else.

—Matthew Mitchell

"May we stand for prayer in memory of our departed brothers."

List of those who have passed away since the Washington, D.C. Convocation:

63
Francis A. Arnold, Jr., U.S. Public Health Service, December 3, 1967
Hugh M. Averill, Augusta, Ga., October 26, 1968
Joseph W. Bailey, Corpus Christi, Texas, August 14, 1968
Dickson G. Bell, San Francisco, Calif., January 30, 1968
Lester W. Boyd, Chicago, Ill., December 22, 1967
Marion Lee Brockington, Florence, S.C., August 2, 1968
Alvin W. Bryan, Iowa City, Iowa, October 25, 1968
Norman Henry Denner, Cleveland, Ohio, December 30, 1967
R. Frank Denney, Pompano Beach, Fla., December 30, 1967
Zeno Lester Edwards, Sr., Washington, N.C., April 26, 1968
Arthur M. Elam, Bowling Green, Ky., September 16, 1967
Frampton W. Farmer, Macon, Ga., June 5, 1968
George Joseph Figlear, Bethlehem, Pa., January 17, 1967
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Steve A. Garrett, Atlanta, Ga., May 12, 1968
George A. Gomes, Brooklyn, N.Y., August 15, 1968
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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.