NEW OFFICERS ELECTED

The mail ballot for the election of officers for 1975-76 showed the following results: President-Elect, James L. Cassidy; Vice-President, Charles F. McDermott; Treasurer, Henry J. Heim; Regent for Regency 4, Joseph B. Zielinski; Regent for Regency 7, Leon H. Ashjian; Regent for Regency 8, Arnol R. Neely. James P. Vernetti, current President-Elect becomes President automatically.

PACKAGE LIBRARIES AVAILABLE AGAIN

After considerable difficulty in assembling the materials, Executive Director Robert J. Nelsen has 200 sets of package libraries on dentistry available for distribution to high school or other appropriate libraries. Despite increased costs, the price is still $20. Fellows can order them through the Central Office in Bethesda, Maryland.

SECTION NEWS

Alabama Section

The 1975 Meeting of the Alabama Section of the American College of Dentists was held on May 13th at the Hyatt House in Birmingham, Alabama.

The business session was called to order by President Dan Meadows, who described the plans underway for conversion of approximately one half of the space on the sixth floor of the new School of Dentistry into a modern learning center. This area will include a reading room, four audiovisual self-study rooms, and an area for checking out videotape programs, slide programs or other learning aids. The self-study room will be equipped with videotape playback units and monitors, blackboards, and appropriate writing surfaces.
The Alabama Section voted to contribute $250 annually to the Learning Center of the U.A.B. School of Dentistry; these funds are to be used for periodicals and new books. Credit will be given to the College, in the Learning Center Area, in a manner decided appropriate by the section officers and dental school officials.

The Section voted to continue its contribution of $200 to the annual Student Clinic Day.

By unanimous vote, dues were raised to $20 to cover all commitments of the Alabama Section of the College.

The 1975-76 officers elected are: Dave Wilson, President; Ivan Smith, Vice President; and Randall Laffre, Secretary and Treasurer.

Western Pennsylvania Section

Regular meetings of the Western Pennsylvania Section, ACD, were held at the University Club on February 20 and in May 1975. The speaker at the February 20 meeting was Dr. Donald C. Kruper, Professor, Department of Behavioral Sciences at the School of Dental Medicine of the University of Pittsburgh. His subject was, "What is Your Patient Feeling?" The presentation was made with the showing of an excellent sound movie which was well received. The program for the May 8 meeting was in charge of the "Patient Relations Committees," of the Odontological Society of Western Pennsylvania. Speakers were Fellows Carl Flecker, Homer Butts, Marvin Sniderman, and Stephen Kondis. Much interesting discussion followed. At this meeting, Dr. Jerel N. Owens, the graduating 4th year student selected as best representing the ideals and principles of the ACD, was awarded a certificate and check.

Dean Edward J. Forrest, Vice-Chairman of the Western Pennsylvania Section and Dr. Mollie D. Foster, recipient of the Women's Alumnae Association University of Pittsburgh, Distinguished Alumna Award for 1975.
Fellow Mollie Davidson Foster, professor of preventive dentistry and public health, professor emeritus of pedodontics and head of the department at the School of Dental Medicine from 1962 to 1965, was recently honored by the Women's Alumnae Association of the University of Pittsburgh with their Distinguished Alumna Award for 1975.

Dr. Foster graduated from the School of Dental Medicine in 1922 and practiced pedodontics until 1947, combining instruction of that subject and radiology at her alma mater. Assistant professor from 1947 to 1949, she became associate professor of pedodontics and in 1959 was named acting head of the department. Named professor and department chairman in 1962, she also taught courses in her specialty to dental assistants at the school until retiring in 1965.

She was chief of pedodontics at Children's Hospital from 1959 to 1965, and a consultant at the Watson Home for Crippled Children, The Shadyside Hospital, the Arsenal Health Center, and the Dental Division of the Health and Welfare Federation of Allegheny County.

She is one of our outstanding Fellows, and we are very proud of her.

**West Virginia Section**

The annual breakfast meeting of the West Virginia Section was held at the Greenbrier Hotel in White Sulphur Springs on July 21, 1975. Most of the membership was in attendance plus seven guests. Our principal speaker was Joseph P. Cappuccio of Baltimore, who is the A.D.A. Trustee for the Fourth District. He
presented a very dynamic and valuable address on professional problems and objectives.

As section projects for the coming year, the membership decided to: (1) contribute to the dental student loan fund at West Virginia University, (2) contribute three more package libraries from the American College of Dentists to public libraries in the state, and (3) sponsor the Mini-Self-Assessment Program at the next meeting of the West Virginia Dental Association.

Elected as new officers for the next year were: Chairman, Donald E. Neil of Beckley; Vice-chairman, W. Robert Biddington of Morgantown; and Secretary-treasurer Robert E. Sausen of Morgantown.

**Colorado Section**

![Image of four men with a check]

*The Colorado Section of the American College of Dentists recently presented a check for $1000 to the Dental Foundation of Colorado for the Golden Brick fund-raising effort in behalf of the University of Colorado School of Dentistry. Pictured are (left to right): Rod Lister, Chairman, Colorado Chapter American College; Jack Nassimbene, Secretary; Bill Humphrey, Chairman, Golden Brick campaign; Mr. Leo Boyle, Executive Director, Dental Foundation of Colorado.*

(Continued on page 241)
Contents for October 1975

NEWS AND COMMENT ................................................. 181

EDITORIALS

NATIONAL HEALTH INSURANCE EFFORTS SLOWED .......... 189
PSRO'S—DEAD OR DYING? ............................. 190

CONFERENCE ON DENTAL JOURNALISM

Dental journalism has been a concern of the College since its inception, and certain policies have been established. Four papers present reasoned arguments for maintaining or changing these traditional policies.

THE REPORT OF THE COMMISSION ON JOURNALISM

Richard J. Reynolds, D.D.S. ................................. 193

THE JOURNALISM POLICIES OF THE AMERICAN COLLEGE
OF DENTISTS SINCE THE REPORT OF THE COMMISSION
ON JOURNALISM

Robert I. Kaplan, D.D.S. ................................. 197

WE SHOULD EITHER ABIDE BY OUR POLICIES OR CHANGE THEM

John H. Mosteller, D.D.S. ................................. 205

THE CONSTRUCTION OF DENTAL JOURNALISM

Robert J. Nelsen, D.D.S. ................................. 211

ETHICS IN THE PROFESSIONS

Arthur J. Goldberg ........................................... 218

An eminent jurist gives his views on some of the problems of the health professions.

STOMATOLOGY REVISITED

Thomas M. DeStefano, D.D.S. ................................ 224

The author proposes that dentistry become a specialty of medicine.

TOWARD SOLVING THE MANPOWER SHORTAGE IN
DENTAL EDUCATION—A LOOK AT RECRUITMENT

and Jerry D. Walker, D.D.S., M.A. .......................... 230

Some recommendations for the development of effective teacher recruitment programs.

ANNUAL INDEX ...................................................... 243
INDEX OF AUTHORS ................................................ 244
Dr. John A. Howard
Convocation Speaker
Rockford College President to Address Convocation

Dr. John A. Howard, president of Rockford College, Rockford, Illinois, will be the principal speaker at the Annual Convocation on October 25, in Chicago. He has chosen as his topic, "The New Wilderness."

Dr. Howard matriculated at Princeton University in 1939, and left for military service at the outbreak of World War II. Serving as an enlisted man with the 745th Tank Battalion, First Infantry Division, he was wounded twice, decorated twice with the Silver Star, and received a battlefield commission as an officer.

Following the war, he entered Northwestern University and earned a Bachelor of Science in Education, a Master of Arts degree in Counselling and Guidance, and a Ph.D. in French Literature. He joined the faculty of Palos Verdes College, Rolling Hills, California in 1947 as an Instructor, became dean of students two years later, and then served as president of the college for four years.

Dr. Howard was named to the presidency of Rockford College in 1960, and over the past fifteen years, he has earned the reputation as an outstanding educator and administrator. His intelligent and perceptive approach to the problems that confront modern society have won him renown on the speakers platform.

He is a past president of the American Association of Presidents of Independent Colleges and Universities, former cochairman of the Awards Committee of the Freedoms Foundation at Valley Forge, and has served on the White House Task Force on Priorities in Higher Education. He is a long-time member of the Rockford Rotary Club, the Chief Executives' Forum and the Philadelphia Club. He is also a member of Phi Beta Kappa. He serves on the Board of Trustees of Lincoln Academy, and he was a member of the Governor's Advisory Council and the National Commission on Marihuana and Drug Abuse. In 1972, Grove City College presented him with the degree of Doctor of Laws.

The American College of Dentists is honored to have Dr. John A. Howard as its convocation speaker and looks forward to hearing the message he brings.
National Health Insurance Efforts Slowed

The disarray that exists in the Congress of the United States over efforts to enact health legislation, causes one to wonder what the ultimate result will be. While government experts argue, there is still no clear cut idea of the shape such legislation will finally take. Proponents of a national health program that would offer benefits to everyone, rich and poor alike, under the Social Security administration have been embarrassed by the recent disclosure of incompetent handling of the Supplementary Security Income program that has cost the government millions of dollars. The confused management of the Medicare program has brought increasing criticism to Social Security. It is not likely that this agency in its unstable condition, will be trusted to administer a program of even greater magnitude.

An alternate proposal that would provide insurance only against catastrophic illness is favored by some congressional leaders, but is meeting strong opposition, particularly from labor groups who prefer the Health Security Act. If this act became law, it would virtually eliminate private health insurance. There is small likelihood that Congress would pass such legislation without a long and bitter fight.

Support exists for a plan that would require employers to provide comprehensive private health insurance for employees, with catastrophic and health coverage for the poor to be subsidized by the federal government. In some respects it resembles the bills favored by the Administration and the American Mental Association, and could emerge as the final plan if general agreement on its merit could be obtained.

However, a number of factors are working against a national health insurance program. Its anticipated high cost, coupled with the large deficit in the federal budget, and the present degree of inflation in the economy will further delay its development. President Ford, a foe of big spending programs has apparently decided not to push NHI this year. What will happen in 1976 is anyone's guess.

Some members of Congress have begun to have second thoughts about national health insurance, since public opinion polls indicate that it has a rather low priority in the interests of the public. There has been a relatively small volume of mail
supporting it, and lawmakers are beginning to suspect that "it lacks political sex appeal."

How does all this relate to dentistry? At the moment, not very much at all. The American Dental Association has stated its policies regarding the inclusion of dental care in national health programs. There is little else that we can do at present but sit and watch the gyrations and acrobatics in the legislative arena. The political considerations, and the various rivalries among individuals and agencies within the present administration make Congress-watching an interesting spectator sport. But it would be wise for us to wait until a pattern emerges before going back into the arena.  

PSRO's — Dead or Dying?

At the 1974 meeting of the American Dental Association in Washington, a number of persons were seen wearing buttons denouncing Professional Standards Review Organizations and calling for repeal of the law that established them. There has been a good deal of heated discussion over the advantages and disadvantages of PSRO's in both medicine and dentistry, and suggestions made for amending the law.

We learn now that all of the dialogue and debate may have been entirely unnecessary, if the prediction of Dr. Robert Hunter, a West Coast physician is accurate.

Speaking not long ago to the Illinois Academy of Family Physicians, Dr. Hunter stated that Congress, having failed to appropriate sufficient funds for the program, will let it die within the next few years.

The PSRO program is presently leaderless, each of its three previous national directors having resigned. There is uncertainty about whether physicians will be reimbursed for PSRO service and confusion about its ability to function adequately in the face of existing obstacles.

If adequate funding is not provided, Dr. Hunter, a former member of the Executive Committee of the National PSRO Advisory Council is convinced the program cannot survive.

We shall not comment on the merits or demerits of PSRO's. We believe, however, that the federal government ought not make laws that require funding without a thorough understanding of their cost in dollars and cents, and the willingness to make them viable through adequate support.
Conference on Dental Journalism

Opening Remarks

It is my pleasure to welcome you, in the name of the College, to this important conference.

The sacrifice you are making in terms of your time and personal convenience reflects a high level of professional commitment. I am reminded of an old Jewish legend or midrash about a servant who received a summons to appear before the king. He was terrified and desperate for the support of a friend who would accompany him. The first friend that was asked stated that he could not accompany him. The second friend said that he could go only as far as the gate. The third friend replied that he would gladly go with him and would testify in his behalf. Of course, the first friend represented his worldly goods, the second: his family, and the third: his good deeds. Your presence and your willingness to participate represent a good deed which speaks well for you and is very much appreciated.

As stated in our correspondence, it is our purpose to consider the position of the American College of Dentists relative to the participation of its Fellows in nonprofessional or proprietary publications.

The Code of Conduct states that a Fellow of the College "shall not contribute or participate by official or professional title with proprietary enterprises of journalism or commerce, or by title or copyright restrict research, education, or health care."

We have tried to make it quite clear from the outset that this is an internal affair and in our deliberation we will concern ourselves only with the collaboration of Fellows with commercial enterprises, the principles involved, and the reasons for the historical position of the College with respect to commercial periodicals.

It is our hope and expectation that out of this collective effort will come the development of recommendations to the Board of Regents to redefine the position of the College regarding proprietary journalism as well as to provide for an active role by the College in the furtherance of a vigorous, viable, and progressive professionally-controlled and professionally-supported journalism.

Richard J. Reynolds, Chairman
Committee on Journalism
The following Fellows of the College participated in the June 28, 1975 Journalism Conference in Chicago:

THOMAS H. ARMSTRONG
   Editor, Journal of the Tennessee Dental Association

GEORGE W. BURKE, JR.
   Editor, Virginia Dental Journal

WILLIAM DUNN
   Editor, South Dakota Dental Association Newsletter

COLEMAN GERTLER
   Editor, Journal of the Wisconsin Dental Association

BERNARD GORDON
   Editor, Journal of the Maryland Dental Association

RALPH L. IRELAND
   Editor, Journal of the Nebraska Dental Association

RONALD O. McWILLIAMS
   Editor, Journal of the Texas Dental Association

JOHN H. MOSTELLER
   Editor, Journal of the Alabama Dental Association

ROY H. REGER
   Editor, Journal of the Colorado Dental Association

MARTIN A. ROTHMAN
   Editor, Journal of the Connecticut Dental Association

MARVIN SNIDERMAN
   Editor, Journal of the Pennsylvania Dental Association

REX WITHERSPOON
   Editor, Journal of the Missouri Dental Association

STEPHEN S. YUEN
   Editor, Journal of the California Dental Association

WILLIAM C. DRAFFIN
   Regent, member of Committee on Journalism

RICHARD J. REYNOLDS
   Regent, chairman of Committee on Journalism

GORDON H. ROVELSTAD
   Regent, member of Committee on Journalism

ROBERT J. NELSEN
   Executive Director, Business manager of Journal

ROBERT I. KAPLAN
   Editor, Journal of the American College of Dentists
Since its organization in 1921, the American College of Dentists has stimulated the advancement of the dental profession, encouraged the elevation of its ideals, and sought opportunities for service to both the profession and the public.

The College is, and has always been, manifestly more interested in the furtherance of these ideals and objectives than in acclaim and recognition for its efforts.

In 1928 a resolution, adopted by the Regents and unanimously approved by the College, provided for the creation of a commission whose function was to survey the present situation in dental journalism and to report to the College within one year with respect to the amount of dental literature published, the proportion of the literature published under nonprofessional auspices, measures which might be taken to terminate nonprofessional publication of dental literature, and measures which might be taken to expand the capacity of professionally-controlled journalism.

In compliance with the provisions of the resolution creating the commission, an effort was made to secure all the pertinent facts regarding every dental periodical published in the U.S. during the period from January 1, 1928 to December 31, 1931. This, of course, was a gigantic undertaking.

When complete, the report was offered by the commission in the hope that a re-creation of interest in American dental journalism

---

would ensue to the end that the virtues of our dental journalism might be more fully recognized and appreciated, its inadequacies understood and remedied, and its development made a source of pride and inspiration to dentists everywhere.

The first dental periodical in America was the *American Journal of Dental Science*, published in 1839. It is significant that the dental profession established and controlled the first important dental periodical. However, the dental profession, poorly organized at that time, was not awake to the importance of supporting its own journalism. The dental trade houses, on the other hand, were quick to recognize the business advantages that would accrue from the creation of their own periodicals and the value of using them to advertise their products to the profession.

The rapid growth and success of the trade house publications with their low subscription price contrasted sharply with the experience of the sponsors of professionally-controlled publications. Inevitably, the profession became dissatisfied with trade-house control of dental journalism. Many strongly worded essays on the subject appeared protesting the stranglehold which trade interests had on dental journalism. Finally, after many years of controversy and desultory attempts by the profession to cope with the problem, a new wave of interest and activity was stimulated by the introduction of a new professionally-sponsored periodical in 1906. The lengthy and unwieldy title, *The Journal of the New York Institute of Stomatology, American Academy of Dental Science, Harvard Odontological Society, and the Metropolitan District*, was shortened by a series of name changes to *Journal of the Allied Dental Societies*.

Unfortunately, with the advent of World War I in 1918, the editorial staff became disorganized as most of its members were called into service and it was regretfully decided to discontinue its publication.

**THE INFLUENCE OF WILLIAM J. GIES**

Dr. William J. Gies of Columbia University, with altruistic financial support, brought forth the *Journal of Dental Research* in March 1919 and included in the name the subtitle *Continuing the Journal of the Allied Health Societies*. The profession will be indebted forever to Dr. Gies as editor for the tremendous role the *Journal of Dental Research* has played in the development of dentistry.

In 1913, the *Official Bulletin of the National Dental Association* was
published. In 1915, the second volume became the *Journal of the National Dental Association*, and in 1922 the name was changed to *Journal of the American Dental Association*. The establishment of the Journal was an extremely important development for organized dentistry, in the national sense, and was a new milestone in the progress of the dental profession.

In 1916, Dr. Gies wrote an essay entitled "Independent Journalism vs. Trade Journalism in Dentistry — an Irrepressible Conflict." This article stimulated a great deal of thought and discussion of the subject.

In 1917, Dr. Gies stated that he would no longer permit publication of his cooperative dental research in *Dental Cosmos*, a trade publication that served as the official organ of many dental societies and state associations including the Dental Society of the State of New York. Following Dr. Gie's statement, the Dental Society of the State of New York took action that provided for professional publication of their proceedings.

In the years that followed, a series of resolutions were adopted by various important dental organizations which transferred from proprietary to professional publications the right to publish their official proceedings.

In addition to usurpation of the prerogatives of the dental profession in regard to journalism, trade houses have unceasingly busied themselves in various other fields of activity that are fundamentally professional. One of them which cannot be condoned is the intrusion of the dental trade into postgraduate teaching of dental subjects. Professional men cannot be given postgraduate education under the auspices of any group that knows only the ethics of success as measured by financial gain.

Another serious problem has been created by biased editorial participation in fundamental professional matters and the attempt to influence professional opinion. The growing influence of the dental trade in professional matters has been manifested by the appointment or election of trade personnel to important offices in dental organizations. A glaring instance is found in the election in 1928 of the associate editor of *Dental Cosmos*, owned by S.S. White Dental Manufacturing Co., to the National Board of Dental Examiners.

**THE COMMISSION REPORT**

The commission on journalism recommended a program which,
if adopted, would go far toward correcting the deficiencies in dental journalism:

1. An immediate increase in the publishing capacity of nonproprietary journals through an increase in the size and frequency of the publications, merging of existing periodicals having small circulation and financial resources, and conversion of important trade house publications into nonproprietary journals through negotiation between owners and responsible professional organizations.

2. An organization of the editors of all nonproprietary periodicals which could mutually agree to insist upon a higher type of dental literature, disallow the reprinting by commercial interests of articles appearing in nonproprietary publications, create a high standard for the acceptance and publication of advertisements, and standardize the terminology in titles of professional periodicals.

After development of the foregoing program, the commission recommended the institution of procedures which would attack the problem from the level of dental societies, dental schools, dental essayists, and dentists generally.

Finally, the commission recommended that the dental profession declare a doctrine of independence that would contain:

1. An expression of cordiality toward the dental trade in their proper cooperative sphere and an appreciation of their scientific and artistic development of dental materials and equipment.

2. A declaration of the capability and inclination of dentistry to conduct all its professional affairs without trade-house interference or guidance.

Given this sketchy background, our task today is to determine whether we are to adhere to our professional principles or adopt a more pragmatic stance. If the cost to us as professional men and Fellows of the College is giving up the day in order to come here and successfully resolve this important issue, certainly the price should not be considered exorbitant.

906 Exchange Building
Memphis, Tennessee 38103
The Journalism Policies of the American College of Dentists

Since the Report of the Commission on Journalism

ROBERT I. KAPLAN, D.D.S.

The report of the American College of Dentists Commission on Journalism, dating back to 1930, stands as a landmark in the history of dental journalism. Just as a stone cast into a pool produces ripples which radiate for long distances across the surface of the water, so did the influence of the Commission report lead to changes which are still evident.

First of all, dental journalism underwent a cleansing that was much needed. Although commercialism was not eliminated completely, the influence of the commercial journals sponsored by trade houses declined rapidly. Many authors of scientific papers followed the example of Doctor William J. Gies and sought publication of their papers only in journals that had professional sponsorship. These journals grew in size and influence, and many new professional publications came into being since that time.

Secondly, the profession accepted the Commission’s recommendation that an organization of editors of nonproprietary journals be formed — an organization that would remove dental literature from commercial influence, place it on a truly professional plane and provide a forum for the discussion of its problems. In 1931, the American Association of Dental Editors was established. The AADE, as a child of the College, has done much to carry on the work of the Commission on Journalism in promoting the ideals of nonproprietary journalism and dental literature. One of the qualifications for membership in the AADE

was that "only persons or organizations, who are, or who have been interested in the development of dental journalism under the direction and control of the dental profession shall be eligible to membership. Persons affiliated with journalism other than in the above categories are not eligible and members automatically forfeit their membership in the AADE if at any time they become associated with publications not eligible to AADE membership."

Though never a numerically large organization, the AADE has had an effect out of proportion to its size. It has elevated the standards and been influential through its seminars, meetings and publications in improving the quality and content of publications in the United States and around the world.

Shortly after the AADE established its membership qualifications, the American College of Dentists specified in its code of conduct that "Fellowship in the College shall be subject to forfeiture by Fellows who contribute articles to, or become affiliated in official title or interest with, dental publications whose standards do not meet the eligibility for membership in the American Association of Dental Editors." Basically then, the ACD and AADE shared similar attitudes toward proprietary dental publications.

THE FIRST ADVERTISING CODE

The first advertising code of the AADE was adopted in 1934 and revised and expanded in 1940. It placed restrictions on the type of advertising which professional publications should carry. Dental publications in those days were expected to be self-supporting and not many dental societies subsidized their journals as they do today. It therefore required considerable strength of character for editors and business managers to eliminate or to refuse to accept advertising which did not meet the code.

The late Dr. J.M. Donovan of Wisconsin, who was president of the American Association of Dental Editors in 1943 and a Fellow of the College, was one of those who fought for higher principles. He said, in his president's address, "The failure of some of our publication members to properly interpret the advertising code has been discouraging. It is hoped that a persuasive pressure may be brought to bear on those who, for a price would prostitute the established policy of the American Association of Dental Editors. Some of the violations are due to a lack of familiarity with such policies and hence more education and information should be promulgated." Since the AADE had no means of implementing its
recommendations or enforcing its code, not too many dental publications accepted them.

In the intervening years, editors were educated to their responsibilities, and much improvement has taken place. But the current state of affairs is still less than perfect for many dental publications still do not adhere to an advertising code.

THE ADA COUNCIL ON JOURNALISM

In 1948, The American Dental Association, recognizing the need for an agency that would promote its interests in the growing field of dental periodical literature, created a Council on Journalism. This body has been responsible for guiding the Association in the development of its policies. Since its inception, the Council has worked closely with the American Association of Dental Editors, and in 1952, developed a set of publication standards which were approved by the ADA House of Delegates. These standards emphasized that "dental societies must have complete control of the contents, both advertising and editorial, of their official publication" and expressed disapproval of "any arrangement between dental societies and the publishers of their official publications in which complete professional control does not rest with the dental societies concerned."

The late Dr. Otto Brandhorst, in his history of the first 50 years of the American College of Dentists, commented on the relations between the three organizations. "The inter-related membership of the Council on Journalism of the American Dental Association, the American Association of Dental Editors, and the Committee on Journalism of the College produced a symbiotic relationship that should be noted. The influence of the Committee on Journalism in this respect was of prime importance.

The three groups maintained a wholesome cooperate attitude and came into agreement in aims and action, particularly in promoting an Advertising Code and establishing standards for dental periodicals."

SELECTION OF AN EDITOR

The ACD Committee on Journalism believed strongly that the quality of a dental periodical depended largely on the capabilities of its editor, and that the selection of an editor was one of the most important tasks that faced a dental organization. The Committee therefore suggested that a brochure on the selection of an editor would be useful to dental societies. A cooperative effort was
undertaken with Thomas F. McBride representing the College, Ralph Rosen representing the AADE, and Isaac Sissman representing the Council on Journalism. Their product, a brochure titled "Selecting an Editor — A Guide for Dental Societies," was published in the ACD Journal in 1961 and then reprinted for distribution to all interested organizations.

The ACD Committee on Journalism, paralleling the policies and practices of all College committees, endeavored to act as a catalyst to the aims and the projects of the AADE and the ADA Council. Believing that its main purposes were achieved, it was discontinued in 1965. Two years later, the need arose for further participation by the College as new problems had arisen, and a special committee on Journalism was formed.

THE SPECIAL COMMITTEE ON JOURNALISM

This committee, appointed by the Board of Regents, consisted of Lon W. Morrey as chairman, John E. Gilster, Kenneth V. Randolph, Charles T. Smith, George W. Teuscher, and John J. Hollister of the ADA staff as consultant. The charges given were these:

1. To review the present status of dental journalism;
2. To review the position of the College in the light of recent developments; and
3. To propose standards and criteria for the evaluation of dental publications that will be in the best interests of the public and the profession.

The Committee met twice with representatives of the ADA Council on Journalism and the American Association of Dental Editors: Dr. Donald W. Edwards, chairman; and Mrs. Velma M. Child, secretary of the ADA Council; Dr. Frank H. Compton, president-elect; and Mrs. Violet L. Crowley, secretary of the AADE.

At the first meeting the Committee reached several agreements and prepared certain recommendations. These were further refined at the second meeting after consideration by the other two groups.

As Doctor Thomas F. McBride, then editor of the ACD Journal, wrote in his report of the meetings:

The standards being recommended will contribute to the improvement of the health of the public and will advance the art and science of dentistry. The advertising standards will prohibit the acceptance of advertising of products affecting the health of the public, the safety and effectiveness of which have not been demonstrated, and the claims for which have not been supported
by scientific evidence. The *editorial* standards will require that scientific articles must be supported by adequate scientific evidence, that nonscientific articles must be in keeping with the aims and objectives of the profession, and that the format of the publication must in no way detract from the dignity of the profession.

Both the ADA Council on Journalism and the AADE were in agreement with these principles.

On the basis of such guidelines, acceptable publications could be determined, and an important and usable criterion for authors and editors would be available. Further, such guidelines would encourage publications in the dental field to establish an Advertising Code which would result in greater protection of the health of the public.

The Committee considered at length the question of who should evaluate publications in the dental field. If the ADA were to do this it would place the College in a position where an agency, and perhaps the House of Delegates, of the ADA could set standards and policy of the College. The AADE did not have adequate staffing or the means by which it could perform such evaluation. And at that time, according to College bylaws, the College was relying on the AADE through the exercise of its Eligibility Code to set standards for the College. The Committee did not think this was desirable, or that it should continue. The Committee urged the approval of the following ten recommendations.

1. That the present policy of the American College of Dentists that all publications in the dental field should be "owned and controlled" by a dental society be revised;
2. That the policy be adopted that all publications in the dental field be evaluated on the basis of their *standards*;
3. That the American College of Dentists support the principle that all publications in the dental field adopt advertising and editorial standards which would provide criteria for evaluating the professional status and acceptability of these publications;
4. That the American College of Dentists accept as standards the 1967 revision of "Guidelines for an Advertising Code" as recommended by the Council on Journalism of the American Dental Association and the American Association of Dental Editors. These guidelines are:
   A. The advertising code should provide that the publication accept no advertising which might encourage a dentist to neglect his professional responsibility or to delegate this responsibility to an unlicensed person.
B. The advertising code should provide that no advertising be accepted which might encourage a dentist to violate the codes of ethics to which he is expected to adhere.

C. The advertising code should protect the health and welfare of the public by demanding scientific evidence of the safety and effectiveness of the products advertised.

D. The advertising code should provide that advertising uphold the dignity of the profession. Advertising text or illustrations, whether for dental or nondental products or services, should not be blatant, in bad taste, or derogatory of other products or services.

E. The advertising code itself should not conflict with federal and state laws, including antitrust statutes and dental practice acts, and should provide that all advertisements comply with these laws.

5. That the American College of Dentists approve the editorial standards prepared by the 1967 Special Committee on Journalism. These standards are:
   A. The objectives of the publications should be to improve the scientific, cultural, informational, and philosophical standards of the readers for ultimate good of the public.
   B. The content should be in keeping with dignity and purposes of a scientific profession.
   C. The format should be in keeping with the content.

6. That the American College of Dentists approve the policy that all publications in the dental field copyright their contents for the protection of the owners, publishers, and contributors;

7. That the American College of Dentists approve the policy that all publications in the dental field establish regulations governing the sale and use of reprints. The purpose of this is to prevent the contents of a publication from being used for financial or commercial gain, self-exploitation and personal aggrandizement, and to protect contributors from being in violation of applicable codes of ethics.

8. That a Standing Committee on Journalism be reestablished for the purpose of (a) promulgating and implementing, as the case may be, the above recommendations; (b) evaluating the acceptability of publications in the dental field based on the standards recommended; and (c) conducting periodic reviews of the status of these publications.

9. That the American College of Dentists endorse the philosophy that its members help enrich the dental literature and raise the
standards of dental journalism by contributing their scientific and technical articles only to those dental publications that function under acceptable advertising and editorial standards;

10. That the Committee on Journalism establish procedures for action by the Board of Regents when Fellows disregard the philosophy endorsed in the above recommendation.

These recommendations were approved by the Board of Regents in 1967. The ADA Council on Journalism and the American Association of Dental Editors also believed that publications should be evaluated on the basis of their standards of editorial content and advertising rather than on the basis of ownership and control. The problem of evaluating publications in the dental field or their standards and making a periodic review of the status of these publications was left to the College.

The reestablished committee met the following year, and after lengthy discussion, concluded that the task of Journal evaluation would be of such magnitude and cost as to prove impossible. The project was therefore dropped and the committee later discontinued.

PRESENT STATUS

There are certain facts that we must now consider. It should be clearly understood that dental journalism is now big business. Instead of the “throw-away” publications fading out of the picture, they have grown in influence, increased in number, and attract a wider reader audience than most of the publications being produced by dental organizations. Their large advertising revenues have allowed them to develop interesting and attractive formats. Although their content of scientific material leaves something to be desired, their employment of professional writers and their attention to matters of practice economics make them interesting. They appear to fill a need in the professional life of many dentists as their success would indicate.

Can organized dentistry match their efforts? Possibly. The example of a number of newly designed and highly readable journals is noteworthy. These are attractive and interesting, but they are costly. Most dental societies now recognize that a publication should not have to be self-supporting, but few have the financial strength or the willingness to spend money on necessary improvement. The Journal of the American Dental Association, under its new editor, is trying valiantly to improve its style, but it still has a distance to go before it can compete with the major
"throwaways" on their own ground. Perhaps it ought not try. Perhaps what the ADA needs is a brand new publication, similar to the "Prism" of the American Medical Association, a highly attractive magazine containing articles on popular medically related subjects which would never be printed in their Journal.

The success of the dental "throwaways" has been aided frequently by Fellows of the American College of Dentists who write articles for these publications, serve on their editorial boards, and accept awards from some in complete disregard of their fellowship obligation to shun commercial journalism. Violations of this policy are frequent, and have been tacitly overlooked by College authorities. I submit that the time has come for the College to do one of two things. If it considers the admonition archaic and no longer necessary, it should remove it from its books. If on the other hand, it believes the principle still valid, it should enforce it by placing sanctions on the Fellows involved, even to the extent of removing them from Fellowship.

Before taking either step however, it should agree to reconsider the matter of evaluation of dental publications as of the present day. A system for evaluation needs to be redeveloped and then put into effect by a working committee of the College which will examine, measure, and judge each publication by the standards it adheres to. Only then can the College know which are the acceptable journals and which are not. It can then decide, on the basis of these ratings, what to do about the restrictions it places on its Fellows who are connected with commercial publications. If it is not willing to make such an evaluation, then the whole matter should be dropped and Fellows allowed to do as they please.

The American College of Dentists has always been known for its forthright and honest approach to its problems. It needs to take a hard look at dental journalism as it exists today. Shall it change its policies and move ahead with the times, as some would suggest, finding no harm in the present state of commercial journals, or shall it stand fast and maintain the principles and policies developed over many years by the founders and leaders of the College?

One South Forge Lane
Cherry Hill, New Jersey 08034
The Journalism Policies of the American College of Dentists

We Should Either Abide by our Policies or Change Them

JOHN H. MOSTELLER, D.D.S.

I have been a student of the dental literature for more than thirty years and editor of the Journal of the Alabama Dental Association for almost twenty. Nineteen years ago in 1956, I wrote an editorial entitled "No One Ever Told Me" which included the following:

The leaders of our profession realized that in order for dental literature to assume the dignity commensurate with a profession of the healing arts, it must be controlled by the profession rather than by commercial interests. In 1928, the president of the American College of Dentists recommended a Commission be appointed to study the dental literature and their report was published in 1932. This was an effort to promote an ethical concept in dentistry so that professional dignity and independence could be maintained in its literature. The previous year, the American Association of Dental Editors was formed to allow an exchange of ideas among the editors of all journals owned and controlled by the dental profession.

Most of the commercial journals have faded away; they served a purpose in the beginning but ideas and ideals change. There has been no open war between professional and commercial dental journalists for the last fifteen years. There are still two very strong throw-away journals in existence however, and the American College of Dentists, the American Association of Dental Editors and the Council on Journalism of the American Dental Association have not changed their attitude toward these magazines or their contributors.


205
Early in my career, I published articles in these journals because I knew they were popular. Many of my friends read them more faithfully than they do their state and national journals. I didn't know I was committing a sin. No one ever told me; that's why I am telling you.

CONGRATULATIONS TO THE AWARD WINNER

The editor of a more widely circulated dental journal copied this editorial quite well and received an award from the American Association of Dental Editors for the most outstanding editorial of the year, but that didn't bug me. I don't write editorials in competition with anyone or to win awards. I don't write to please others; I write to please myself. If others like it, I am glad provided the editorial satisfies me. And, if no one else likes it, I couldn't care less, provided again, the editorial satisfies me.

When I became an editor, very few of the nonproprietary journals featured a regular editorial page and most of those that did were about as exciting as the "letters to the editor" column in your local newspaper. Oh there were exceptions, of course. There was Willard Ogle in Texas and Almy Harding, followed by Al James in Southern California and a few others, but the most thought provoking editorials were usually written by Eddie Ryan in Oral Hygiene and Elmer Best in Dental Survey, two proprietary dental publications. Few dentists read and fewer discussed the editorials published in the Journal of the American Dental Association. When I wrote articles for the "throw-aways," I honestly didn't know proprietary dental journalism was evil.

My respect for the policies of the American Association of Dental Editors and my admiration for the ethics of the American College of Dentists prompted an effort to learn why these two organizations were so bitter toward the proprietary journals, their owners, and especially their contributors.

HISTORY OF DENTAL JOURNALISM

The history of dental journalism did disclose some instances of unprofessional promotion of products and procedures which were not in the best interests of either the public or the profession, however, the Report on the Status of Dental Journalism in the United States by the Commission on Journalism of the American College of Dentists revealed that many of the Commission's allegations were more imagined than real.
The most highly regarded and widely read dental journal in the world at that time was Dental Cosmos, which was ethically and gracefully published by the S.S. White Dental Manufacturing Company of Philadelphia. There were over three times as many nonproprietary dental journals in existence as proprietary ones, and yet most of the prestigious dental periodicals fell into the latter category. The American Academy of Periodontology was the only specialty group that published its own journal and it was in its infancy. The older specialties, oral surgery and orthodontics, recognized proprietary journals as their official publications as did numerous state dental associations.

Being a native Texan, I was impressed by the Texas Dental Association’s boast that their journal is the oldest dental periodical in existence. The Texas Dental Journal does date from 1883, but it was owned by the A.P. Carey Dental Supply Company until the mid 1930s. The Journal of the Alabama Dental Association is actually twenty years older as a nonproprietary publication.

When the American Dental Association finally published a monthly journal, do you know who they hired as editor? They hired Dr. C.N. Johnson, with five degrees behind his name including an F.A.C.D., who had edited the proprietary journal, Dental Review, owned by H.D. Justi and Sons which is now a subsidiary of the Williams Gold Company of Buffalo. Dr. Johnson was succeeded by D. L. Pierce Anthony, who had only four degrees including an F.A.C.D., but was the author of the universally accepted textbook on prosthetic dentistry and a former editor of Dental Cosmos, another proprietary publication and the model for all dental journals of that era. Dr. Martin Dewey had made a small fortune and become president of the American Dental Association by operating a proprietary postgraduate orthodontic school until the dental profession decided proprietary education was unacceptable, and then he was made editor-in-chief of the American Association of Orthodontists’ official journal which was a proprietary publication owned by the C.V. Mosby Company of St. Louis.

All of these things offended the sensitive five members of the Commission because they degraded the dental profession. It was right and proper for the Commission to admonish dentistry to accept the responsibility of its own literature, but a blanket condemnation of proprietary dental journalism was unjust. Evidently, they believed the best way to promote nonproprietary dental journalism was to make villains of all proprietary
publications, their owners, and particularly their contributors.

With all due respect to the members of the Commission, they were not the most progressive thinkers in history. Admittedly, they suggested the publication of a journal called Dental Abstracts, which the American Dental Association finally implemented almost 30 years later, and they incorporated the American Association of Dental Editors in the state of Tennessee. But their recommendation that the ADA send a journal free to all dentists in America, whether they were members or not, copied the methods of several proprietary publications they despised.

They thought dental supply houses were too large and too powerful in 1931. Imagine what they would think of the industry today. They resented any intrusion by industry into biological research and yet over 90 per cent of our antibiotics, steroids, and other helpful drugs were developed by pharmaceutical companies rather than by famous medical schools or the National Institute of Health.

They were appalled by the formation of the Dental Acceptance Corporation of Chicago that financed dental treatment for a service charge. And yet, Ralph Campbell of Detroit has been venerated across this nation for originating the "bank plan" in dentistry, and millions of patients have received dental treatment when needed and paid for it more conveniently over a period of time. The Commissioners would bruise their elbows, turning over in their graves, if they knew about the third party payment plans we now have in dentistry.

They opposed honorary memberships in professional societies for laymen, especially for those connected in any way with the dental trade industry. And yet, Henry Thornton is a highly respected member of the American Fund for Dental Education's Board of Directors, and Bill Getz, who was selling dental plaster out of a barrel in the trunk of his car at the time, has personally contributed over a million dollars to dental education.

This is not an effort to discredit the Commission, just a reminder that they were humans like us with less formal education, less professional recognition, and less social and economic status. My study thoroughly convinced me that all dental journalism sponsored by the profession has not necessarily been good, and all commercially sponsored dental journalism has not been bad. Some of the latter has been much better than some of the former.

I assumed other members of the American Association of Dental Editors had reached the same conclusion. Our bylaws prohibited
memberships to editors of proprietary publications, and yet Porter Sweet, editor of *Dental Radiography and Photography*, was a very active member. This journal is published by the Eastman Kodak Company to promote the sale of their products, but the periodical is beautifully done in the very best of taste and provides its readers with valuable information. Porter Sweet was a real "pro," as is his successor, Bob Silha, and he had much to offer the other members of the American Association of Dental Editors while we had nothing to offer him except respectability.

Notwithstanding the official policy of the American College of Dentists, I also assumed that the most prominent members of the College judge proprietary dental journals on their individual merits. No other dentist in the world is more admired than Maynard Hine. I have never loved and respected any man more than I did George Hollenback. (He phoned me at least once a month during the last two years of his life and made a substantial bequest to a West Coast dental school in memory of our son, who died ten years ago.) And, how many other dentists have had careers as distinguished as Al Morris's? I could name other celebrated Fellows with more prestige than the College itself who have enthusiastically cooperated with certain proprietary journals and their owners. They have gladly had their pictures appear on covers, written guest editorials and other manuscripts, been the subject of lengthy pictorial stories, granted extensive interviews, and accepted awards from these "outlaw" members of the dental journalism fraternity.

I do not criticize these friends, whatsoever. I do ask why it is acceptable for the greats in our College to consort with these publications while a contribution to their pages is still considered legitimate reason for denying Fellowship to a near-great or not-so-great.

**OBVIOUS CONCLUSION**

Any dentist with the credentials to warrant Fellowship in the American College of Dentists should be sophisticated enough to determine for himself which proprietary publications are done in good taste and which ones he wishes to have his name associated with.

Surely, an organization as prestigious as the American College of Dentists should either abide by its policies or change them. Both the American Association of Dental Editors and the Council on Journalism of the American Dental Association have changed
their attitude toward proprietary dental journalism and now judge a publication by its content, editorial policy, and advertising code rather than by its ownership. Our College spawned both of these groups and in the past they have usually followed our example, but now they are trying to lead us and we should follow — not with any embarrassment but with pride in the fact that, in spite of all its traditions, the American College of Dentists is flexible enough to change its policies when changes are indicated. Other institutions, much older and more hallowed than ours, have deteriorated because they refused to do just that.

1729 Spring Hill Avenue
Mobile, Alabama 36604

The remarkable thing is that it is the crowded life that is most easily remembered. A life full of turns, achievements, disappointments, surprises, and crises is a life full of landmarks. The empty life has even its few details blurred, and cannot be remembered with certainty.

Eric Hoffer
We are here to review the philosophy of the American College of Dentists regarding dental journalism. The American College of Dentists advocates professionalism in every dimension of dentistry including its journalism. The word "construction," as used in the title, has a meaning suited to the purpose of this essay. According to Webster, "construction" means "an act or result of construing, interpreting, or explaining a declaration or fact." Let us try for that and begin by setting forth further definitions of terms to be used.

In the context of this discussion, "professionalism" pertains to "that quality of conduct which accompanies the use of superior knowledge, skill and judgment toward the benefit of another person or to society, prior to any consideration of self-interest by the professional person or professional organization."

Society, in its obscure wisdom, has seen fit to grant special privilege to those who profess to place benefit of another person prior to their own self-interest and to maintain a quality control system which includes the criteria and extent of knowledge, skills and judgments necessary for admittance to these various privileged groups which are called the professions.

Of the three attributes of the professional — knowledge, skill and judgment — knowledge is the most important. Society requires that the first order of responsibility of a profession is to expand the knowledge of its mission, and further, it must protect this knowledge from abuse and error by those who do not possess adequate skills and judgments to apply it. Furthermore, it must make this knowledge consistently available to the emerging and the practicing profession. It must take careful care of professional
knowledge so that it is used for society's benefit and not as a means to self-interest or a vehicle for personal gain or corporate profit. Until recently, society has allowed the professions the privilege and has granted them the authority to establish their own standards and mechanisms of quality control in the delivery of care which is the ultimate purpose of professions. With such privilege and authority, there attends a concomitant responsibility. There are four special general areas of responsibility within each profession. Each area of responsibility is involved with knowledge which is the awareness of "order," or as some may call it — "truth." It has other implications depending upon how complicated one wishes to make a simple discussion. But for this purpose, knowledge is the awareness of order — an awareness of the predetermined scheme.

The four areas of each profession's responsibility which relate to its professional mission are:

1. Research — which is the development of new knowledge.
2. Education — which is the transfer of knowledge to the emerging profession and to the practicing profession.
3. Journalism and communication — which are the custody of knowledge and the exchange of ideas and ideals of a professional nature.
4. The delivery of care — which is the reduction, to the patient's benefit, of the science and art of dentistry through the knowledge, skill, and judgments of the clinician.

Of these four, our concern here is with journalism and communication and specifically whether Fellows of the American College of Dentists should or should not be a part of, or participate in, commercial journalism which has as its first purpose profit and which is not controlled by the profession.

The construction of journalism as editors are well aware, involves the custody of knowledge and the exchange of ideas and ideals of a professional nature. Professional journalism must offer, must test, and it must challenge both the ideas and ideals of the profession.

Of the four responsibilities of the dental profession, journalism has been most neglected. Our researchers, our educators and our exponents of care programs all stand in line ahead of the editor. Yet, it is the editor who must keep the dominion of dentistry in order. Perhaps it is best that he be at the end of the line as he is the watchman of the other three. It is his role that leads us to the discussion of professional versus commercial journalism.
In this discussion of dental journalism, the key word is "control." Statements have been made that control and not ownership should be the measure of acceptability of a dental publication. Now an owner who has a property or a business enterprise and does not exercise complete control over it will not continue as owner very long. He will lose the business. The owner's power to select an editor of his publication is certainly a control of that editor. An editor who is contrary to the owner's objectives is soon replaced. The control of a dental journal must be totally by the profession if it is to be considered a professional journal. The point is made in the proverb, "Whose bread I eat, his song I sing."

Now it can be taken that in this context, bread means money. But not always so. The strange nature of man is that he may look upon other rewards as being just as important. Visibility on a podium, on a mast head, a photograph on a cover, or any recognition in print can be to some persons highly rewarding. The commercial give-away journal offers such visibility as an inducement to contribute by the fact of its large free circulation. The smaller professionally controlled journals cannot offer such visibility. The editors of professional journals should be more aggressive in cultivating those of the profession who have the energy and talent for writing. Many "Letters to the Editor" often indicate a considerable ability with words and reflect the thoughts of an astute observer. Why not invite such a person to write a feature article on the subject. Much of our dental literature is produced by those in full salaried positions who have their time and resources subsidized and who in responding to the publish or perish requirements of their employment do not always reflect the private sector views on important issues within dentistry.

One of the greatest strengths of America resides in the pluralism of its people. If the professions are to consider their continued existence as important, this pluralism of both society and professions in all its dimensions must be maintained. One can look at any influx of federal subsidy and recognize that the first mission of the bureaucracy is to insist on conformity and sameness. Education has succumbed to this conformity and now recognizes the truth of "whose bread I eat, his song I sing." Subsidy programs are often a disguise for gaining control, which is the politician's profit. We are now on the verge of additional conformity by gradual surrender to yet another system of external control, that of the third party, whoever he might be. Whoever he is, eight per cent overhead and two per cent profit is the measure of
his cup at the fountain of private dental practice, and before the recent large sale of dental plans, that amount approximated $50,000,000 per year. This figure is arrived at by taking ten per cent of a total national dental bill of five billion dollars ($500,000,000) which is the amount of dental care provided under third-party "financing" at that time. The eight per cent overhead and two per cent profit takes ten per cent of the $500,000,000. This $50,000,000 is removed from the system of dental care. This amount comes from somewhere, either the patient or the dentist. The two per cent profit, $10,000,000, is considerably more than the American Dental Association is now using in its public relations program to holler hurrah for our private practice cottage industry. Our professional press should examine and report on the monetary catabolism of third-party grazing in the pastures of our cottage industry. Such vulgar information may be more useful than editorials on the pros and cons of standardized record forms.

Should you feel that I have wandered off my topic or fallen out of my tree, I have not. I wish to point out that controversy will not be found in editorials of commercial publications, for it is not their province nor policy to take up controversial issues. To this point, one may quote from the "Guide to its Advertisers" published by the Journal of the American Dental Association — the advertisement for Quintessence International — Dental Digest, which invites a subscription at $16.50 per year. The advertisement reads:

...written in an easy to understand, expansively illustrated, and always oriented to immediate practice application...Quintessence International — Dental Digest has no ax to grind, no political goals to reach, and no preconceived notion about what is good for you and your patients. You'll find no polemics about supporting one system of dental care delivery or another, and you'll find no political partisanship.

Now, what's wrong with that? There is no great wrong in what commercial journals do — other than to make free use of professional knowledge for profit. There may not be anything wrong with that either according to some. However, the great fault with commercial journalism is what it does not do. It does not present controversy; it does not get into issues; it will not, as true professional journals must do, contend with adversaries and detractors of professionalism both within and without the profession.

The plethora of give-away commercial journals crowds out reader interest in professional journals. By using attractive
subjects and titles and the photos of notables of the profession, the reader is enticed into its advertising pages. It offers attractiveness rather than substance. The reader becomes engulfed in the methodology of treatment in fabrication procedures in the materialism and economics of dental enterprise. Those of themselves are not wrong, but by themselves they lead the dentist to craft and trade orientation of his style of practice. Properly, along with the ideas of method, he must be served a constant measure of ideals. If not, he forgets the third dimension of his professionalism — judgment. The judgments he makes are value judgments — for his patient — not for himself. Because these judgments involve another person's well being, they become moral value judgments. The rendering of these moral value judgments is the basic determinant of professionalism and the sole source of the professional's unique privileges.

The practicing professional must be constantly reminded that his privileged position is sustained by, and only by, his making moral value judgments for another person, who by becoming the patient, surrenders his prerogatives to the professional allowing him to make those value judgments which he as the patient cannot make for himself.

Unfortunately, evidence abounds that the profession is attaining a craft and trade image. The latest Consumer Reports Magazine includes in its July 1975 issue in a banner headline “How to Judge a Dentist and Estimate Fees.” This is on a par with “Room Air Conditioners,” “Large Electric Fans,” “Small Outboard Motors,” “FM/AM Portable Radios,” “Add-on Bike Seats for Children,” and last but not least, “In Praise of Dried Beans, The Protein Rich Cheapstuff.”

There you have it. The consumer evaluates the provider and the dental industry now has a specification for the dentist himself along with a shopper's guide to piecework dentistry. However, the article did not point out that all patients are not alike, and therefore, all dentists should not be alike. Pluralism is the great adversary of political or industrial control of both the public and the professions. Pluralism in professional dental journalism is an absolute requirement for a free and responsible profession for it allows the contest of ideas out of which new knowledge generates. More importantly, it promotes the dispute of ideals out of which new judgments evolve. The practice of dentistry in New York City differs from that in Wahpeton, North Dakota and Butte, Montana. However, the principles of professionalism are the same. The
practice of professionalism by true professionals is the cement that holds our society together. Its practice is the only justification for a profession's existence and for its special privileges. The practice of valid professionalism is the only secure defense professionals have against encroachments from outsiders having political or economic self-interests. The profession's press is obliged to keep the dogma of professionalism constantly before the profession and to communicate these concepts to full public awareness.

The profession also expects its editor, the fellow at the end of the line, to prod those in front of him. Our researcher has not yet explained caries, our educator is not producing clinically competent graduates, our practitioner is enmeshed in the semantics of his relationships to other practitioners, to medicine, to state boards of examiners, and to third parties. He desires professional prerogatives and position, yet allocates duties to nonprofessionals while he becomes entranced with plaque control, a part of elementary orientation in personal hygiene which should be looked upon as a part of the bath. The editor of the professional journal must admonish as well as applaud the performance of the researcher, the educator, and the practitioner for that is his purpose.

The editors of professional dental journals should recognize their obligation to act responsibly and professionally in this area, for such is not possible within the commercial restrictiveness of proprietary journalism. As pointed out earlier, the hallmark of professionalism is the exercise of knowledge, skill and judgment for the benefit of another prior to one's own self-interest. This is a moral value judgment, and because it involves another person, it is a moral value judgment.

The researcher, the educator, and the practitioner all need to be appraised of their performance. The editor of the professional journal at the end of the line is in the best position to witness performance.

If he editorializes, he retains his professionalism as a journalist. If he does not editorialize when necessary, if he acts in protective self-interest, unwilling to take a stance, then he becomes proprietary, and his services reflect the trade and craft of publishing as he abandons his professional status.

The American College of Dentists' present position on dental journalism derives out of the great need for the attributes of the professional in professional journalism. It wishes to support and
strengthen the important role of professional journalism in the self-management of the dental profession. It has no ax to grind with private enterprise as long as it remains outside the profession. It has always urged its Fellows to contribute and support professional journalism for the very good reason that by directing their talents and energies toward a more vigorous professional journalism, they act directly to strengthen the profession.

7316 Wisconsin Ave.
Bethesda, Maryland 20014

There is a loftier ambition than merely to stand high in the world. It is to stoop down and lift mankind a little higher.

Henry Van Dyke
Public opinion polls demonstrate an increasing lack of confidence on the part of the public about the professional and personal integrity of all professionals — politicians, lawyers, doctors and members of your own profession. I would therefore, like to emphasize some basic truths concerning professional ethics.

There is no substitute for personal integrity and competence in a profession. Codes of ethics can establish guidelines which are valuable. However, they are no substitute for personal character and dedication to the proper discharge of professional duties and responsibilities.

President Ford, in a press conference, was asked this question: "Do you plan to set up a code of ethics for the Executive branch?" This was his answer: "The code of ethics that will be followed will be the example that I set."

I suspect, in light of the widespread adverse public reaction, that President Ford is having second thoughts about the example he set in issuing a blanket pardon to his predecessor before the processes of justice could take their normal course. Yet, the validity of President Ford's answer is not subject to challenge. Each professional must in his practice strive to be a model for others to follow. But codes of ethics can provide guidelines which are helpful to professionals seeking to practice honorably, honestly, and competently.

I trust you will not regard it to be presumptuous if I offer some observations about your profession. My credentials to do so are limited but nevertheless real. In addition to my experience about ethics in my own profession, government and the labor movement, I am a Trustee of the Kaiser Health Plan, the largest private health


*Former Justice of the United States Supreme Court
plan in the country. As a Trustee, I have a responsibility to ensure that the highest professional standards and ethics are followed by both Trustee and the professional staff — which, regrettably, includes all too few oral surgeons and dentists. It is no secret that, as a Trustee, I advocate inclusion of comprehensive dental care in the Kaiser Program; and you will be very glad to know that the Kaiser Plan is moving in this direction.

I believe that there is a basic commandment for all professional ethics. A great judge, Learned Hand, expressed it in reference to legal ethics in this way: "Thou shalt not ration justice." In terms of your and related professions, I would phrase it: "Thou shalt not ration health care." To put it in another way, the highest ethics for health care professionals is to ensure the rights of health care consumers.

The Fifth and Fourteenth Amendments of our Constitution say that no person shall be deprived of life, liberty, or property without due process of law. These articles of the Bill of Rights indicate that our founding fathers and forebears believed that safeguarding life is a fundamental obligation of government. Indeed, one of the truths declared to be self-evident in the Declaration of Independence is the "unalienable right of life, liberty, and the pursuit of happiness." This, the Declaration says, is a right endowed by our divine Creator.

I need scarcely remind you of the scriptural injunction:

I call heaven and earth to witness against you this day, that I have set before thee life and death, the blessing and the curse; therefore choose life, that thou mayest live, thou and thy seed. (Deuteronomy 30:19)

Now, I do not want to belabor the obvious: without adequate health care, there is no genuine choice between life and death. I am not going to assert that the Constitution by itself mandates adequate health care for all. But what our Constitution does not command, it may still inspire, and it inspires, as does the Bible, reverence for human life and its fulfillment.

THE HEALTH CARE CRISIS

You know better than I that the health needs of the people of this country — men, women, and children — are not being adequately met. Rather, on the contrary, we are facing a health care crisis. The crisis has many faces, but five features stand out.

First, there is the soaring cost of health care. Health costs are rising twice as fast as the cost of living. Hospital costs have risen
five times as fast. The Social Security Administration tells us that if things go on as they are today, the $80 billion we now spend for health care annually will rise to $200 billion by 1980.

Second is the drastic and worsening shortage of health manpower. Hundreds of counties and thousands of communities across America have no physician or dentist at all. Our medical and dental schools are not producing the needed professionals to fill these gaps, and we do not have sufficiently trained technicians and much needed paraprofessionals.

Third, the hospitals of this country have their own crisis. Faced with a burgeoning population and a growing awareness of the desirability of good health care, plus long overdue programs to help facilitate this, such as Medicare and Medicaid, their facilities are overburdened. And this situation is compounded by increasing costs of hospital care and insufficient personnel, both professional and paraprofessional. Scientific progress, in the medical and dental care area, as in almost all other areas, calls for greater investment and utilization of complex and expensive scientific facilities.

Fourth is the problem of the health care system itself — the archaic and inadequate techniques by which we provide health care for our people. Too often the system presents an obstacle course to the consumer instead of a pathway to better health.

The system is riddled with inefficiencies and contradictions. It attracts physicians and doctors where they are needed least; it provides incentives to keep patients in hospitals for an extra day rather than incentives to keep patients well and out of hospitals. There seems to be little reward under our present system for keeping people healthy or preventing disease.

Fifth is the crisis in the quality of our health care. Increasingly in our country the best health care is found side by side with bad health care. The quality of care which is rendered is, in some cases, uneven at best and dangerous at worst. Your organization has long recognized that the absence of quality controls means that many procedures are being performed that are too expensive, unnecessary, or inappropriate, and these are by no means limited to those in poverty.

One of our most serious problems in the quality of care is the lack of effective procedures to ensure the continuing competence of physicians and dentists in the practice of their profession. We periodically test the competence of airline pilots because their job involves the safety of many people. Why should physicians,
dentists, or, for that matter, any other profession, including my own, be immune to procedures designed to ensure their competence throughout their careers and practice?

Hospital certification and accreditation procedures also need to be examined and revised. The present system depends upon certification by the Joint Commission on Accreditation of Hospitals — the only organization which inspects hospitals on a national basis at the present time. The certification process is the only existing lever to establish quality controls on the care delivered in our hospitals. Yet, as Dr. John Porterfield, the Director of the JCAH points out, accreditation standards apply to "the physical plant, the organization and the procedures and records which are carried on.... It does not express any direct judgment on the [health] care itself."

One more point needs to be made about the health care crisis. We can talk all we want about costs, the manpower shortage, and the breakdown of the system; but until you leave the hearing rooms of Congress and the lecture halls of professional society meetings and travel into America to listen to the people, you cannot really see the magnitude of the health crisis. Every day across America real tragedies are happening because in the richest nation in the world we do not have the best health care. There is really no excuse or justification for this.

ALIENATION IN OUR SOCIETY

I believe that one of the great problems of our society is the alienation of the people from their government. Whatever your political affiliation, I do not believe any of you would gainsay that this alienation in our society is a prime factor in how the people at large are reacting to the political campaigns of this year.

I also believe that it cannot be gainsaid that an important factor in this alienation is the discontent of people with the manner, way, and expense in which our health cares are being met. This is highly understandable; health care by its very nature is a fundamental human problem.

What we desperately need in America is a system that will build on the best qualities of the health care profession — scientific knowledge coupled with compassion.

THE NEED FOR CHANGE

Your profession, I am sure, shares this concern about the need for change in the health care system. The health care
professionals are the present system's victims, not the villains. They are, by and large, highly trained and conscientious; they are overworked and compassionate. But they are trapped in a system that they cannot change alone. I believe that they can be enlisted to achieve the necessary reforms to ensure the best health care for all our people.

The real question confronting Congress, the health and related professions and the public is: Are we going to continue to pour tens of billions of dollars into the wasteful, inadequate, inefficient system of health care we have today? Or are we going to spend these funds in a system which gives us full value for our money and closes the gap between promise and performance in the delivery of high quality health care appropriate to the most affluent country in the world?

I believe in our free enterprise system and, particularly, in health care. But in both of these areas and others as well, there is a proper role for government as the protector of the public interest. We must be guided here, as in all areas of public concern, by ensuring the greatest good for the greatest number. This can only be done by the enactment of a proper national health insurance bill.

ELEMENTS OF A HEALTH SECURITY PROGRAM

We must fashion, in providing an adequate health care system in such a bill, a working partnership between the public and private sectors. For myself, I envision government and citizen financing, as in our Social Security program, private provision of personal health services through private practitioners, individually and in groups, private hospitals, and all the other good private resources of our health system. And I also envision provision for cooperative arrangements with existing health plans which do provide good health care. Indeed, the range and diversity of private arrangements for organizing and delivering health care services in the Act should be encouraged and not hampered by the program I support.

I do not envision a health security program which establishes a socialized national health service in which the government owns the facilities, employs the personnel, and manages all finances of the health care system. A socialized health service of this type simply is not compatible with the American character.

There is an enormous amount of dedication and knowhow in those, like yourselves, involved in our present health care system.
I believe that if we could enlist all of the men and women of good will now involved in its necessary reform, then we will indeed be able to solve the crisis and create a health care system worthy of our great country.

In contributing to the creation of such a system, your organization will indeed fulfill what should be the first Canon of your Code of Ethics:

The quality and indispensable health care which members of this Society are responsible for providing shall not be rationed or denied to any person.

EDITOR'S NOTE: Justice Goldberg expresses his thoughts in a reasoned and lucid style reflecting his many years in the legal profession. As one of America's leading jurists he has played a large part in molding legal opinion. We agree with much of what he has written. However, in the preceding article he follows the lead of the social scientists and takes some positions which are open to debate. Do we really have a health care crisis, or is the problem one of maldistribution of personnel rather than an actual shortage? One of the greatest problems the professions face is the apathy displayed by large segments of the population toward maintenance of good health. This will not be overcome by destroying the present system so that it can be rebuilt along lines devised by nonprofessionals.
Stomatology Revisited

The Solution for Professional Dentistry in American Society

THOMAS M. DE STEFANO, D.D.S.

Ever since dentistry emerged from the class of the skilled trades and took its place as one of the recognized professions, it has been slowly but surely approaching the crisis which now seems to be confronting it. Moreover, the judgments that are being made now as a result of the ongoing deliberations in dental education and practice will show the need for a historical foundation.

At the outset, let us make it abundantly clear that the feeling is steadily gaining ground that dentistry is and should be considered a specialty in medicine. It is my purpose to show that now is the time for the proper study to be inaugurated.

Recently I read of the misfortunes within the English economy, and it was stated that the root cause of all their trouble is a condition — if you will — termed the “English sickness.” The “English sickness” is the unbridgeable social division of management and labor which stubbornly persists in English society. Of this Benjamin Disraeli once wrote:

Two as ignorant of each others habits, thoughts, and feelings as if they were dwellers in different zones or inhabitants of different planets.

And so it is with Dentistry and Medicine both dedicated to the health of the individual and yet each oblivious or unmindful of the other, thereby providing an unmistakable image to the public of the dentists living on one planet and the physicians living on the other mutually ignorant of each other’s actions, thoughts, and feelings. This is what I term the “Dental sickness” — a condition emanating from and perpetuated by the concept of autonomy in dental education.

Paper read before the New Jersey Section of the American College of Dentists on April 17, 1975.
This autonomy is based on the precedent set in 1840 with the establishment of the Baltimore College of Dental Surgery. Although there existed many medical schools before 1840, none provided courses in dentistry. "Occasionally lectures were given in tooth extraction," as was the case at the School of Medicine of the University of Maryland. However, "any graduate in medicine who practiced dentistry as a specialty was not looked upon with respect but with disfavor." The need, therefore, for special facilities for education and training in dentistry was apparent to meet the difficulties of the times.

Thus, Professors Horace H. Hayden and Chapin A. Harris became the first president and the first dean respectively of the Baltimore College of Dental Surgery. Nonetheless, history shows that Professors Hayden and Harris were strong in the belief that dentistry should be promulgated as a branch of medicine, that it should be formulated according to the principles of science and medicine, and that above all the public health would be more adequately served if this course was followed. As members of the faculty of the School of Medicine, University of Maryland, they tried to incorporate within the medical curriculum the study of dentistry but were denied by the recalcitrance of the other members of the faculty.

Paradoxically, their achievement of establishing the first College of Dentistry established a precedent of autonomy in dental education and practice: the very concept Harris and Hayden opposed.

Autonomy and the subsequent proliferation of proprietary dental schools did not rest this concept of dentistry as a branch of medicine. The idea was propounded again — this time with considerable thrust in the 1920s, a period of significant upheaval in dental education.

It began in 1921 when Professor William J. Gies of Columbia University was appointed director of a Carnegie Foundation study to recommend changes in dental education. In 1921-22, he visited every dental school in the United States and Canada. He met every faculty as a group. Most of the schools were revisited (1922-26) by Professor Gies alone, and in 1927 he submitted his report to the Dental Educational Council, the body responsible for implementation of the recommendations. These were (a) establishment of preprofessional curricular requirements, (b) the elimination of the proprietary concept of dental schools, and (c)
university auspices for dental education. All of these recommendations were implemented.

Professor Gies published his Study on dental education entitled "A Survey of Dentistry and Dental Training" in a report to the Carnegie Foundation for the Advancement of Teaching. In the literature, therefore, references to Professor Gies' Study will be known as "The Carnegie Study" and "The Gies Report."

The 700-page study was published in 1927, and it represented an elaborate, patient, and sincere effort to do for dental education as it existed then what the Foundation undertook to perform for medical education — to survey the field, to state the essential facts as they existed, and to seek to draw such conclusions as might be helpful to those who were concerned with medical and dental education in the United States and Canada.

However, there was no recommendation for dentistry's annexation to medicine in spite of heavy pressures from dental school faculties and many dentists and physicians such as those represented by the American Stomatological Association founded by Dr. Alfred J. Asgis. Their voices were overridden by powerful interest groups, notably the heads of the proprietary schools and others who had a distinct interest in dental autonomy and who successfully convinced Professor Gies not only that dentistry could maintain a separate but equal coexistence with medicine but also that dentistry could maintain higher standards as an autonomous profession.

There were others such as Dr. Alfred J. Asgis who regarded dentistry as fully a specialty of medicine, the same as ophthalmology, otolaryngology, etc. — the mouth and teeth being just as definitely parts of the human body as are the eyes, nose and throat, etc. He also regarded an autonomous dental profession as possessing a vulnerability due to its public image and legal stature. (Doctors and Dentists is a common phrase in the vernacular. Dentists cannot sign death certificates.) This vulnerability translates today into the crisis the profession faces in regard to encroachments by the auxiliaries. Above all, however, Dr. Asgis maintains that public oral health is best served not by autonomous dentists but by the stomatologist whose total medical training will allow him to exercise a wider range of services and a higher degree of quality in patient care and treatment.

In pursuit of this idea, Dr. Asgis traveled and worked untiringly throughout Europe and was responsible in a great measure for establishing the stomatologic system of education in Italy, France,
Germany, Poland, Rumania, Czechoslovakia, Austria, Greece, and Russia.

The stomatological concept of the 1920s failed to materialize in the United States. Autonomy was once again re-emphasized with essentially little detriment to the profession or public. Today, however, the virtues of autonomy may not be as appealing to the same profession and public.

Dr. William K. Collins, Secretary-Treasurer of the Northeast Regional Board of Dental Examiners put it this way in his article “Trends in Dental Education” published in the January 1975 issue of our JOURNAL of the American College.

These matters which have in the past, and now in the future, promise to disrupt the tranquility are really the fruits of an unfortunate decision made over a century ago to create the separate profession of dentistry, distinct and apart from the profession of medicine. Whatever may have been the benefits of that separation, they have been short-lived, and dentistry today, now more than ever, is a branch or specialty of the medical profession.

Consider these developments.
— The role of the dental hygienist will probably be expanded to include operative and periodontal procedures. This training is now being done at five university dental schools. The success of this program will cast a foreboding shadow on the role of the dental practitioner as presently educated.
— The denturists succeeded in Canada. One can imagine the legions of dental technicians in the United States waiting their turn to enter the field of restorative dentistry.
— Skilled auxiliaries are now absorbing more and more functions of the practicing dentist. Will he eventually become an impotent figurehead of his profession?
— Finally, should a national health insurance plan take effect and concomitantly the cost barrier be removed, dentistry as presently constituted could not have the personnel to provide for the huge new influx of government-sponsored patients. This event would rapidly and logically lead to placement of ancillaries and technicians in dental practice where dentists were unavailable.

These are omens pointing the way to substandard dentistry and a decapitated dental profession. To overcome these two eventualities there is really one and only one solution. It was posited 135 years ago to transform dentistry from a crude trade to
a medical profession. This transformation was never fully effected because the solution was never fully applied. This solution was and is placement of dental education within the medical curriculum and dentistry within the medical sphere.

The resultant indispensable specialist, the stomatologist, can then surround himself with as many highly-trained hygienists and technicians as the need dictates and still feel as secure in his profession as any practicing medical specialist does today.

Only the stomatologist will administrate, consult, diagnose, prescribe, supervise, and perform highly-refined and mechanically-difficult restorative procedures. His complete medical background will allow him to perform confidently and enable him to intercept causative pathological processes which may or may not have their origin in the oral cavity. As such, he will be an irreplaceable asset to society and to the medical profession. He will accommodate increased public demands through unrestricted use of auxiliaries. He will be invulnerable because his role will be highly skilled, specialized, and expressly ordained for him and him alone. The public will be served. The profession will be saved.

To determine the feasibility of implementing the stomatological system and to examine the attendant effects, I propose that a comprehensive study be undertaken by an impartial group. This study would not only examine the systems of medical and dental education in reference to stomatology but also the medical and dental practices. The study group would then make final recommendations to the respective American Medical and Dental Associations as to whether stomatology could be realized and, if so, by what specific means this could be accomplished. Such a study would be inestimably useful and edifying to supporter and skeptic alike and could provide a sounding board for a host of other issues relevant to the health care of the general public.

CONCLUSION

Dentistry or Stomatology? What might appear as a choice is in fact no choice at all. In reality, it is impossible for dentistry to exist as a health profession autonomously separated from medicine. Nor can the dental-autonomous educational system evolve the present mode of dental practice, as an independent form of health service, to that of a health service of an "oral specialty of the practice of medicine." The dental autonomous doctrine is inherently antithetical to the stomatologic doctrine. Stomatology
is a branch of medical practice, and it should be made so in every respect in the future.

Moreover, of equal significance is the fact that the objectives of the survey carried out in “medical education” differed from those carried out in “dental education.” In the Report of 1927 of the Commission on Medical Education, considerable time had been devoted by the Commission to finding out the “needs of medical practice” to serve as a guide to “medical education.” The needs of the medical practitioner had thus been made a special point of consideration in medical educational problems. In contrast, therefore, the problems of dental practice received no attention by Professor William J. Gies, nor did the needs of the dental practitioner receive consideration. It was simply a survey of dental schools, their classification according to varying standards, buildings, personnel, equipment, administration, examination of students, problems of teaching, and the status of dentistry from the viewpoint of preprofessional and professional school preparation.

Finally, I should like to respectfully propose the inauguration of a survey or study to determine the feasibility of establishing stomatology (dentistry) as a specialty of medical practice by an impartial group representing the professions, the schools, and the public.

REFERENCES

1. Plain Truths, February 22, 1975, Pasadena, California.
Toward Solving the Manpower Shortage in Dental Education

A Look at Recruitment

MICHAEL J. TILL, D.D.S., Ph.D.
WILLIAM R. POSNICK, D.D.S., M.P.H.
JERRY D. WALKER, D.D.S., M.A.

The demand for dental educators has increased during the past few years to the point where it is common for a dental school to have several faculty vacancies. Although it is generally accepted that these vacancies are the result of a shortage of qualified manpower, there may be other more important factors involved. Foremost among these is that many dental educators are not effective in faculty recruitment There appears to be a general lack of knowledge regarding recruiting methodologies, including the channels of communication within the dental education labor market. The tendency is to recruit sporadically rather than develop long-range plans. Recruiters often give up before they thoroughly canvass the market and limit their search to only popular sources, thus leaving many potential faculty untapped.

Other areas of higher education have used a number of methods successfully for seeking out potential faculty. In addition, certain dental administrators have developed methods for maintaining the quality and quantity of their faculties which could benefit other educators. This communication will examine the potential sources of faculty available to dental schools or similar institutions and develop specific recommendations for faculty

Parts of the surveys upon which this article is based were supported by U.S.P.H.S. Training Grant No. DHO-2001-04.

Michael J. Till is Professor and Chairman of the Division of Pediatric Dentistry, University of Minnesota School of Dentistry, Minneapolis 55455.

William R. Posnick is Assistant Professor in the Department of Dental Ecology, University of North Carolina, Chapel Hill.

Jerry D. Walker is Assistant Professor in the Department of Pedodontics, University of Iowa School of Dentistry, Iowa City.
Recruitment that are suitable for a formal administrative rather than an informal individual approach. The recommendations have been developed from methods which are currently in use in other areas of higher education and industry and from extensive surveys concerning recruiting methods obtained from departmental chairmen and newly appointed faculty in dental education. Information gathered in the latter situations was reported anonymously and reference to specific individuals or schools will not be made.

CURRENT APPROACHES TO FACULTY RECRUITMENT IN DENTAL EDUCATION

Recruiting in dental education typically has been conducted via an informal approach with recruiters relying on personal contacts and professional meetings to solicit the names of candidates. The advantages and disadvantages of these methods has been previously documented. In general, these methods have not been effective for either the recruiter or the recruit, especially younger persons whose contacts within dental education may be limited. Till indicated that 75 per cent of departmental chairmen felt that they frequently were unable to locate the best candidate available for positions on their faculty. Posnick found that over 50 per cent of newly appointed faculty felt that they had not secured the most suitable faculty position available. In both instances, recruiters and recruits stated that they felt new methods for faculty recruitment should be developed.

SOURCES OF POTENTIAL FACULTY

The following major sources of candidates for faculty positions are suitable for recruitment via the formal method.
1. Dental undergraduate programs,
2. Graduate programs within universities and other institutions,
3. Data banks and professional listings of graduates and near graduates,

GRADUATE PROGRAMS

Presently, graduate programs provide the primary source of new dental faculty, although the potential of this source has not been fully realized. In the past, the training of graduate students, especially in the clinical disciplines, has not emphasized an academic career. Most clinical graduate programs provide the
graduate student with only limited training in the teaching. In contrast, graduate students in the basic sciences gain considerable experience as teaching assistants and frequently this provides a major source of their income during graduate education. More importantly, it often ignites the spark of interest towards an educational career. It is not unusual for students in other areas of higher education to embark upon an academic career following a period of time as a teaching assistant. The same could be true in dental education.

It seems reasonable to augment graduate dental programs with courses that would provide preparation for teaching. The duration of education required by most specialty boards, in comparison to the number of credit hours required for a Master's degree, leaves ample time for courses diverse from the clinical specialty. Departmental chairmen would do well to encourage or require their students to use some of this time to take courses in education. Moreover, they could make experiences in teaching both at the undergraduate and graduate levels mandatory for completion of the dental graduate program.

LISTING OF GRADUATE STUDENTS, NEAR-GRADUATES, AND VACANCIES

To date, the concept of ongoing listings or data banks of graduate students in dentistry and other individuals interested in careers in dental education has not been developed. Many other professional organizations currently are using these systems effectively, including the American Educational Research Association and the American Public Health Association. Many chairmen of basic science departments in dental schools indicated that their primary method of locating candidates was to list their vacancies with the Federation of the American Societies for Experimental Biology Placement Service or a similar service specific to their discipline. Furthermore, many of these chairmen expressed surprise at the reluctance of clinical chairmen to develop and use such systems.

Although the Council on Faculties of the American Association of Dental Schools in 1971 gave low priority to a faculty placement service, newer evidence indicates that there is considerable interest in a placement program among departmental chairmen. In a recent survey, more than 48 per cent of the departmental chairmen indicated that they favored this approach to faculty recruitment whereas only 17 per cent responded unfavorably. The
remainder were unfamiliar with this recruiting approach. It seems reasonable to assume that departmental chairmen would list their vacancies if the appropriate placement assistance was available.

The Pedodontic Section of the American Association of Dental Schools has instituted a program which could serve as a model for other disciplines. Chairmen of graduate and hospital residency programs are contacted annually for the names of students in their programs. These students in turn are contacted via questionnaire to determine their interest in an academic career, their geographic preferences, and if possible, specific schools that they would be interested in considering. This information is then provided to all departmental chairmen to serve as a starting point in their recruitment efforts.

Advertisements of faculty vacancies have been utilized in most areas of higher education" and are mandatory in many European countries. They are increasing in popularity in dental education in the United States as evidenced by the advertisements appearing in publications such as the Journal and the Bulletin of Dental Education, Journal of The American Dental Association, and the Journal of Public Health Dentistry. In addition, the growing impact of Affirmative Action on all aspects of society will compel dentistry to utilize formal advertisements in recruiting efforts.

FOREIGN DENTAL SCHOOL PROGRAMS

Recruitment of educators from foreign dental schools can be a very productive means of filling temporary faculty vacancies. This method has a second advantage in that it brings new experience and expertise to the existing faculty. Publicizing the availability of short-term faculty opportunities remains a problem, and to date most arrangements of this type depend largely upon personal contacts. At least one specialty group, the American Academy of Pedodontics, has recognized the mutual benefit to be gained and has established an ongoing program through its International Relations Committee. The Committee serves as the liaison for foreign educators who wish to obtain visiting academic appointments in the United States. Names of potential participants are solicited in various ways including announcements in foreign dental journals, letters to dental school administrators, contacts with foreign dental educators and direct letters to persons who the Committee feels would make a contribution to an American faculty. The names and curricula vitae of candidates are provided upon request to interested pedodontic departmental chairmen.
who are responsible for the follow-up.

Another productive use of foreign educators in American dental education includes a visiting professorship in one dental school which is endowed in honor of a former dean and awarded annually to a foreign dental educator. Departmental chairmen submit the credentials of foreign educators who they wish to have considered. The position is awarded competitively from among the nominees. This procedure insures that departmental chairmen nominate only very highly qualified candidates. As a result of this program, at least one department each year is supplied with a highly effective educator whose background and experience in most instances differs from the remainder of the faculty.

DISCUSSION OF THE PROBLEMS AND SOLUTIONS

Several reasons are commonly cited for the failure of dental students to pursue careers in dental education. Most frequent is the difference in income between private practice and education. Secondly, persons who enter dentistry are more attuned psychologically to individual enterprise, and they tend to look with disfavor on the typical dental school bureaucracy. It cannot be assumed that the failure of dental graduates to choose academic careers is the result of just these reasons. Another possibility may be that practically no attempt is made to interest and prepare students for careers in dental education. Graduates cannot be expected to choose a career about which they have no awareness other than the experiences derived from the typical undergraduate dental curriculum.

As in any field of endeavor, future dental educators must be identified during their early years in dental school. The selection process should begin as early as the first year and all instructors should be constantly on the lookout for promising students. These students should be provided with time during their education and be encouraged to take courses dealing specifically with methods and problems of education. Certain dental schools currently provide a limited number of courses in dental education for graduate students and for in-service training of faculty. It would seem a simple matter to open these courses to interested undergraduates. Since most dental schools are on a university campus such courses are readily available through schools of education. In addition, identified students should be provided with specific opportunities to learn teaching skills via presentations to peers, school groups, parent-teacher associations. Most dental
school curricula can also provide opportunities for advanced students to serve as clinical or laboratory instructors.

While it has been demonstrated that graduate programs in dentistry provide the most productive source of faculty, the problem remains that graduates frequently have little training in the methods and problems of education. The vehicle for providing teaching experiences is readily available in graduate education, especially in the clinical disciplines where students can be assigned to clinics together with more experienced teachers. The argument that graduate students do not have the knowledge and experience to be effective teachers does not hold up when one compares these same factors to part time clinical faculty, many of whom are recent graduates. This being the case it seems reasonable to augment these programs to provide preparation for teaching."

Inclusion of an education minor in the graduate program is an effective method available to graduate chairmen to introduce students to dental education. The disproportionate number of persons in dental education who are graduates of schools which encourage educational minors is testimony to the success of this approach. A minor in education on one's curriculum vitae also improves the candidate's chance for employment on the dental faculty of his choice.

Provision of financial support during education in return for an agreed teaching commitment is an excellent method of inducing graduate students to enter dental education. The American Fund for Dental Health and other similar programs which obligate students to a specified teaching commitment have been successful in attracting high calibre persons into academic careers. At least two dental schools have instituted this approach. In the latter programs, carefully selected graduate students who have indicated an interest in an academic career agree to join the faculty for a predetermined period following completion of their program. Their expected first year salary is prorated over the years of graduate study and one year of teaching. Following the obligatory teaching period, the candidates and departmental chairmen are free to negotiate in the conventional manner. As funding for graduate education becomes more difficult to obtain, additional schools may have to develop similar programs or provide other means of subsidization. An important feature of this approach is that it insures that the first gainful employment following graduation is in dental education. As there is little
shifting between full time academics and private practice during the early years following graduation," provision of an opportunity for faculty employment is of extreme importance. The possibility is good that these individuals will choose to remain in dental education permanently.

The availability of ongoing listings of graduate students would be an invaluable starting point for chairmen wishing to learn the career intentions of those about to graduate. A publication similar to the American Association of Dental Schools Directory of Dental Educators or the National Science Foundation Registry of Professional Scientists containing names, addresses and disciplines of graduate students should be made available each year. If brief biographic data, together with a statement of the candidate's geographic or employment preferences were included, a recruiting chairman could screen candidates and thus concentrate his efforts on those persons who seem to be most suitable for the position in question. Although it would be preferable for a roster of this type to be administered by a central organization in dentistry, it could also be done on a disciplinary or even individual basis. Academies, or American Association of Dental Schools Sections would be excellent vehicles for this approach. Lastly, an ambitious departmental chairman can maintain a personal roster of potential faculty through cooperation with chairmen of other advanced programs in his specialty.''

The development of a registry of faculty vacancies could also fill an acknowledged information void. Established faculty members usually have sufficient contacts which enable them to make known their interest in other positions, however, the same does not always hold true for other potential candidates. Graduate students, private practitioners, federal service retirees and other interested persons who compose the bulk of new appointees, frequently have minimal knowledge of the operation of the dental education labor market.'' Their choice is usually limited to their school or schools of previous education even though they may prefer a school in another region. A registry of faculty vacancies could fill this informational void. Such a registry under the auspices of an appropriate agency could operate without the negative connotation which many persons associate with open advertisements.

Although it may be inappropriate to expect an established educator to openly advertise his availability due to embarrassment
or fear of administrative repercussions at his present school, the same should not be true of faculty vacancies. Faculty vacancies should be widely advertised through a variety of professional journals and newsletters in order to maximize the number of potential contacts. Almost all departments are in need of additional personnel, and chairmen who make their needs known to the greatest number of people have the best chance of making successful appointments. Publicizing a vacancy can actually bring persons into the market who had not considered changing positions. In education, where overt job seeking is avoided, definite knowledge of job availability is a particularly important lure. While there is the possible disadvantage of receiving replies from unqualified persons the discerning recruiter can readily identify the best qualified candidates.

Recruitment visits to dental schools similar to those used in the military, public health services, or industry, could be valuable in dental education. Recruiters who have been specifically appointed to this task by a hiring institution could travel to recognized graduate centers with the expressed intent of recruiting faculty from among the graduate students. Sufficient time should be allowed for thorough interviews with all interested candidates as well as with persons who have been associated with them, such as teachers, fellow graduate students and undergraduate students. Whenever possible, the recruiter would be invited to attend a lecture or seminar presented by a candidate in whom he is particularly interested.

In order to minimize time and expense, the recruiter would be provided with specific directives from departmental chairmen at his own institution so that he could screen candidates on the basis of predetermined criteria. Subsequent to a field trip, chairmen would be provided with the names and curricula vitae of the most promising candidates together with the interviewer’s comments. The departmental chairmen then would assume the responsibility for following up the contacts.

Recruitment field trips have economic advantages over many of the other methods. A recruiter who is well qualified in personnel administration can save the institution the expense of transporting and entertaining candidates whose credentials appear satisfactory, but who would be unsuitable for the position. This would be a most profitable method of recruitment for an institution with several vacant positions.

Contact with representatives of hiring institutions could also be
provided via conferences on teaching careers. Periodic conferences could be held in conjunction with meetings such as the American Association of Dental Schools, Annual Session, the International Association of Dental Research, specialty Academy meetings, or at other appropriate times and places so that graduate students who are interested in academic careers could meet with representatives of various schools to discuss academic opportunities. Not only would these sessions help to answer some of the questions about educational philosophies or a particular institution, but also bring together recruiters and potential candidates in much closer contact than currently is possible. Some of the "shopping around" which currently takes place might be eliminated. A program as described above is also applicable to individual schools at both the graduate and undergraduate levels. Seminars intended to establish closer personal relationships between faculty and students to "sell" the academic way of life to the best students, should be part of any graduate or undergraduate curriculum.

The securing of foreign dental educators with backgrounds which differ considerably from the remainder of the faculty can bring considerable depth and fresh impetus to fellow faculty members. Frequently, foreign educators are on sabbatical leave and thus have partial support from their home institution. Also, since these positions are temporary they can, without objection, be paid from "soft funds." Equally important, foreign educators frequently are in a position to fill-in for a regular faculty member who is away from his university, thus protecting the position until the individual returns. Definite organizational efforts should be undertaken to locate foreign educators who wish to spend time on the faculty of an American dental school and to place these people on faculties where the appointment can be mutually beneficial.

SUMMARY

Four major sources of academic manpower which are available to dental educators have been described. Faculty recruitment in the past has been largely conducted on an informal, individual level by persons directly involved, such as departmental chairmen. This communication places emphasis on the role of dental school administration in the recruitment of potential faculty and develops seven specific recommendations. There is little doubt that in dentistry, as in other areas of higher education, persons who recognize recruitment as ongoing rather than sporadic process,
and effectively develop their skills in this phase of administration, will be the most successful.

RECOMMENDATIONS

1. Individual faculty and the dental school administration should place major emphasis on identifying and developing potential educators among undergraduate dental students.
2. Faculty responsible for specialty graduate programs should develop supportive programs designed specifically to prepare students for teaching careers in dentistry.
3. Innovative methods of funding graduate students should be developed.
4. Ongoing rosters and biographic data including career intentions of current graduate students should be developed and maintained by an independent organization.
5. Dental educators should utilize registries of academic vacancies, convention placement bureaus, educational placement offices, and formal advertisements of faculty vacancies.
6. Dental educational administrators should provide opportunities for contact with interested candidates via recruiters and conferences on careers in dental education.
7. Dental school administrators and organizations within dentistry should actively seek liaison with foreign dental schools in order to foster exchange of educators.

REFERENCES

New York Section

The next meeting of the New York Section is scheduled for November 30 in conjunction with the Greater New York meeting at the Hilton Hotel. Our guest lecturer, Clement E. Conger, is the chairman of the Fine Arts Committee of the Department of State and curator of the White House Collection. He will speak on "Masterpieces of Americana in the Diplomatic Reception Room." These rooms are used to receive visiting kings, queens, prime ministers and other dignitaries.

Collectors and those who appreciate fine art will be enthused by his talk. Fellows of the American College of Dentists, wives and guests are cordially invited.

NEWS OF FELLOWS

James P. Vernetti, president-elect of the American College of Dentists, has joined the faculty of the University of Texas Dental School at San Antonio as professor of general practice. Previously, he was associate professor at Loma Linda University and a lecturer at the University of Southern California and UCLA School of Dentistry.

Donald B. Giddon has been recently appointed as dean of New York University College of Dentistry at the Brookdale Dental Center. Dr. Giddon is presently professor of dental ecology and assistant dean for administration at Harvard University School of Dental Medicine. A former associate dean of Tufts University School of Dental Medicine, he is a pioneer in dental ecology, a relatively new discipline in dentistry which encompasses health care delivery, dental public health, practice management, and social sciences. At NYU, Dr. Giddon will hold dual professorships — one at the Dental College and the other as professor of psychology at the College of Arts and Science.

Marvin E. Revzin, former associate dean for hospital affairs at the University of Southern California School of Dentistry, has been named dean of the University of Missouri-Kansas City School of Dentistry. The new dean had served for the past eight years as director of dental education of Project Vietnam, which was an assistance program in dental education between the American
Dental Association and the United States Agency for International Development.

Jeanne C. Sinkford, associate dean, has been appointed dean of the Howard University College of Dentistry in Washington, D.C. A Phi Beta Kappa graduate from Howard with a B.S. degree, and an honor graduate of its dental school, Dr. Sinkford earned her Ph.D. from Northwestern University.

In addition to her current appointments, Dr. Sinkford has served as Research Coordinator and Cochairman of the Department of Restorative Dentistry until recently. Earlier, she served as Professor and Chairperson of Prosthodontics.

Ralph S. Kaslick has been appointed acting dean of the Fairleigh Dickinson University School of Dentistry. Prior to his appointment, Dr. Kaslick, professor of periodontics and oral medicine, served as the School of Dentistry's assistant dean for academic affairs and director of dental research.

Ernest T. Klein, Denver orthodontist, received the highest award of the Metropolitan Denver Dental Society, the Honos Maximus award, for outstanding service and contribution to the dental profession during a recent dinner of the Metropolitan Denver Dental Society.

Four Fellows of the College are among 41 newly elected members of the Institute of Medicine of the National Academy of Sciences. They are C. Gordon Watson of Chicago, ADA executive director; I. Lawrence Kerr of Endicott, N.Y., ADA Second District trustee; Noah R. Calhoun of Washington, D.C., chief of dental services at the Veterans Administration Hospital, and Jeanne C. Sinkford of Washington, D.C., dean of Howard University dental school.

The Institute of Medicine was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of medical and other professions for the examination of policy matters pertaining to the health of the public.

Ben D. Barker, professor and associate dean for Academic Affairs in the School of Dentistry at the University of North Carolina, Chapel Hill, will join the W.K. Kellogg Foundation staff as a program director. Dr. Barker's foundation responsibilities will include programming in the broad area of health with special emphasis in the area of dental education and service.
No. 1—January ............ pages 1-64
No. 2—April ............ pages 65-124
No. 3—July ............ pages 125-180
No. 4—October ............ pages 181-244

Alternatives in Oral Health Care—A Symposium ............ 18

Book Review ............ 62

Construction of Dental Journalism—Robert J. Nelsen ............ 211

Deceased Fellows ............ 61

Dental Education, A Commentary on the Mounting Cost of—Walter A. Wilson ............ 161

Editorials:
The Dilemma of Continuing Education ............ 16
Reciprocity—European Style ............ 71
A Limit to Criticism ............ 131
National Health Insurance Efforts Slowed ............ 189
PSRO's—Dead or Dying? ............ 190

Ethical Obligation, A New—H. Barry Waldman ............ 147

Ethics in the Professions—Arthur J. Goldberg ............ 218

Fellowships Conferred ............ 56

Future Trends in Dental Education—John M. Coady ............ 82

HMO Act of 1973—Jamie Binder Murray ............ 137

Honors and Awards ............ 40

In Memoriam—Otto W. Brandhorst ............ 59

Is Early Graduation Sacrificing Quality?—Surang Kowatrakul, Georgia McVay, Malcolm Robinson and Abraham A. Panackal ............ 153


The Journalism Policies of the American College of Dentists Since the Report of the Commission on Journalism—Robert I. Kaplan ............ 197

We Should Either Abide by our Policies or Change Them—John H. Mosteller ............ 205

Leadership and the Professional Ethic—Winfield C. Dunn ............ 74

Letters to the Editor ............ 188

Locus of Control as an Indication of Patient Cooperation—Marshall P. Duke and Burton Cohen ............ 174

Manpower Shortage in Dental Education, Toward Solving—Michael J. Till, William R. Posnick and Jerry D. Walker ............ 230

News and Comment ............ 1, 65, 125, 181

Perspective on Prevention—Nora French ............ 98

President of the College ............ 7

Presidential Address ............ 9

Prevention in Dental Education—Michael C. Wolf ............ 167

Professional Role Satisfaction in Dentists, A Study of—Bruce P. Murray and John F. Seggar ............ 107

Stomatology Revisited—Thomas M. DeStefano ............ 224

Teaching Jurisprudence to Dental Students—Elof O. Pettersson ............ 51

Trends in Dental Education—William K. Collins ............ 44
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coady, John M.</td>
<td>Future Trends in Dental Education</td>
<td>82</td>
</tr>
<tr>
<td>Collins, William K.</td>
<td>Trends in Dental Education</td>
<td>44</td>
</tr>
<tr>
<td>DeStefano, Thomas</td>
<td>Stomatology Revisited</td>
<td>224</td>
</tr>
<tr>
<td>Dunn, Winfield C.</td>
<td>Leadership and the Professional Ethic</td>
<td>74</td>
</tr>
<tr>
<td>Duke, Marshall P. and Cohen, Buron</td>
<td>Locus of Control as an Indicator of Patient Cooperation</td>
<td>174</td>
</tr>
<tr>
<td>French, Nora</td>
<td>Perspective on Prevention</td>
<td>98</td>
</tr>
<tr>
<td>Goldberg, Arthur J.</td>
<td>Ethics in the Professions</td>
<td>218</td>
</tr>
<tr>
<td>Kaplan, Robert I.</td>
<td>The Dilemma of Continuing Education</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>- Reciprocity - European Style</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>- A Limit to Criticism</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td>- National Health Insurance Efforts Slowed</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>- PSRO's - Dead or Dying?</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>- The Journalism Policies of the American College of Dentists: Since the Report of the Commission on Journalism</td>
<td>197</td>
</tr>
<tr>
<td>Mosteller, John A.</td>
<td>The Journalism Policies of the American College of Dentists: We Should Either Abide by our Policies or Change Them</td>
<td>205</td>
</tr>
<tr>
<td>Murray, Bruce P. and Sagger, John F.</td>
<td>A Study of the Professional Role Satisfaction of Dentists</td>
<td>107</td>
</tr>
<tr>
<td>Murray, Jamie Binder</td>
<td>The HMO Act of 1973</td>
<td>137</td>
</tr>
<tr>
<td>Nelsen, Robert J.</td>
<td>The Construction of Dental Journalism</td>
<td>211</td>
</tr>
<tr>
<td>Petterson, Elof O.</td>
<td>Teaching Jurisprudence to Dental Students</td>
<td>51</td>
</tr>
<tr>
<td>Till, Michael J., Posnick, William R. and Walker, Jerry D.</td>
<td>Toward Solving the Manpower Shortage in Dental Education</td>
<td>230</td>
</tr>
<tr>
<td>Waldman, H. Barry</td>
<td>A New Ethical Obligation</td>
<td>147</td>
</tr>
<tr>
<td>Wilson, Walter A.</td>
<td>A Commentary on the Mounting Cost of Dental Education</td>
<td>161</td>
</tr>
<tr>
<td>Wolf, Michael C.</td>
<td>Prevention in Dental Education</td>
<td>167</td>
</tr>
</tbody>
</table>
The Objectives of the American College of Dentists

The American College of Dentists in order to promote the highest ideals in health 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 extension and improvement of measures for the control and prevention of oral disorders;

(b) To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all and to urge broad preparation for such a career at all educational levels;

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

(d) To encourage, stimulate and promote research;

(e) Through sound public health education, to improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;

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

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

(h) To make visible to the professional man the extent of his responsibilities to the community as well as to the field of health service and to urge his acceptance of them;

(i) 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.

Revision adopted November 9, 1970.