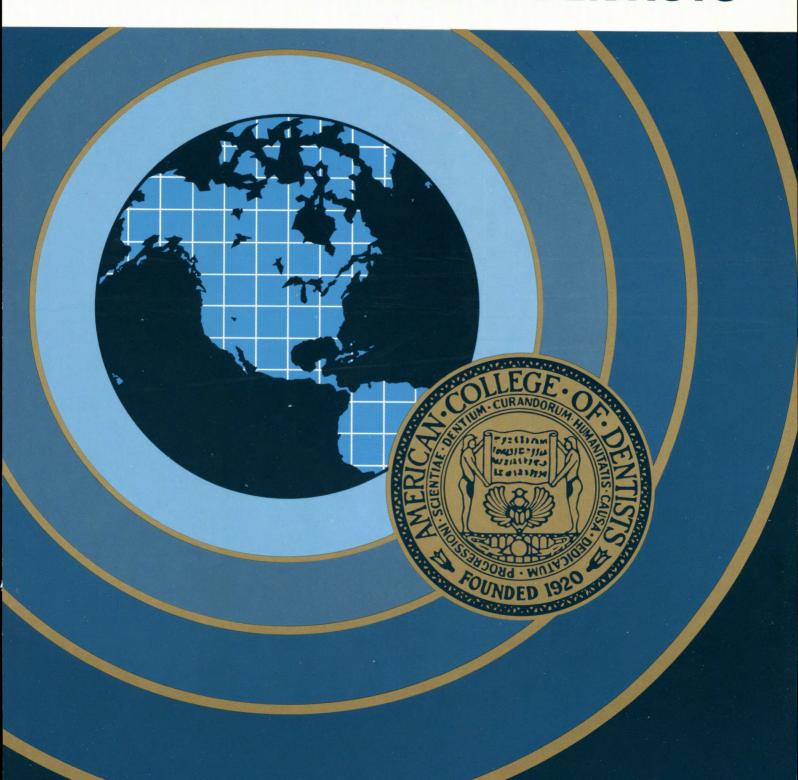
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BJECTIVES of the AMERICAN COLLEGE of DENTISTS

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) 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;
- (h) To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
- (i) To encourage individuals to further these objectives, and to recognize meritorious achievements and the potentials for contributions to dental science, art, education, literature, human relations or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.



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A Quarterly Publication Presenting Ideas, Advancements and Opinions in Dentistry

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Deserving of FACD

Just Overlooked and Never Nominated

FROM THE EDITOR'S DESK

Almost every Fellow of the College has had the experience of observing colleagues at dental meetings who appear to have many of the qualifications that would make them deserving of Fellowship in the American College of Dentists. They appear to be the epitome of the kind of dentists who belongs in the College: well-respected leaders who are highly regarded in their dental community, both personally and professionally. Yet, they are not ACD members because they have never been nominated.

These colleagues may be "truly outstanding" as dental leaders, educators, writers, editors, researchers and practitioners, or for being active in their community affairs. It is appropriate that their accomplishments and achievements are recognized by their local peers, but to be honored with a Fellowship in the College, they have to be nominated to the ACD by those Fellows who observe their work.

At this time there may easily be over five thousand dentists in the United States who may be deserving of ACD membership, but have never been nominated. It is difficult to believe that only about three per-



Keith P. Blair

cent of the dentists in our country are qualified to be Fellows of the ACD. Therefore, one has to assume that there are many potential candidates for Fellowship that have been overlooked from year to year, and eventually forgotten.

It is unfair to the deserving dentist not to be nominated, and it is unfair to the College not to have such deserving dentists as Fellows.

Some Fellows are able to nominate a new candidate every year be-

cause they make a determined annual effort to find a worthy candidate to present. Other Fellows have never nominated anyone: they consider that filling out the nomination form is too difficult a task and that they do not wish to take that responsibility (fortunately, the Fellows who nominated them did not feel that way). All Fellows should consider it their responsibility to nominate worthy colleagues and to encourage other Fellows to do likewise. This includes considering the younger dentist who may demonstrate early leadership capabilities and great potential for future contribution to the dental profession.

Our current members of the College can either be the open door through which deserving new Fellows have the opportunity to enter the College, or they can be the bottleneck to future membership.

We cannot leave nominations to the *chance* that they will be made. The nomination process is too vital to the future of the College to be left to chance.

And, most of all, we must try to eliminate the "Overlooked and Never Nominated" category.

Keith P. Blair

FORUM

Letters From Readers

Dear Dr. Blair:

I read your editorial, "Where We Stand With AIDS" with great interest. I share your concern about the HIV epidemic and agree that we as a people should be making more of an effort to curb this epidemic as expeditiously as possible. You discuss the importance of educating the public about prevention. You state, "Prompt and serious action is urgently needed." And ask, "Can it be done? Will it be done?"

As I perceive it, these questions can be answered in part by the dental profession. I propose that dentists (and other healthcare professionals) provide brochures and/or other materials pertaining to HIV infection, its modes of transmission and the prevention thereof in their reception areas for their patients' perusal. In my opinion, we should seize every opportunity to educate the public as to how they can protect themselves from this dreaded disease. Empowering people with the knowledge necessary to enable them to do so is paramount, especially considering that though incurable at this point in time, HIV is highly preventable.

I feel that it is incumbent upon the profession to do its part to help win the war against HIV/AIDS. In addition to focusing on the detection of HIV infection and AIDS, it is my opinion that dentists should make more of an effort to promote prevention. I reiterate the importance of providing educational materials to patients as one means of attaining this goal. I believe that it can be done. It is my hope that you are inclined to help ensure that it will be done. If possible I would like to be instrumental in this effort. I eagerly await your reply.

Yours truly, Susan Luria Scarsdale, N.Y. Dear Ms. Luria

I am pleased that you read the editorial on "Where We Stand With AIDS" that was based on an address to the American College of Dentists by Dr. June E. Osborn, and which was published in the same issue of the JOURNAL.

As you obviously understand, it is vitally necessary to educate the public regarding how the AIDS virus can be transmitted and dentists certainly can help by providing that information to their patients.

The bigger challenge is that majority of the public which rarely seeks health care and which is generally less informed. These are the people who must be reached through other channels such as school and community programs.

If you wish to be instrumental in helping to fight AIDS, it is suggested that you organize other interested persons in your community and form projects to develop AIDS education programs.

Editor

Dear Dr. Blair:

The Journal of the American College of Dentists can be counted upon to consistently contain more that a few meaty ideas. I congratulate you for your drive to bring consistently high quality to the Journal. I find that keeping current with my professional literature is a constant challenge, but the JACD always is read; later if not sooner.

Yesterday, I ran into a surprising article in the winter 1992 issue. I was amused, then set the issue aside thinking, "Well, surely many people already have noted the inaccuracy and I don't want to bear bad tidings." Then I thought, "What if every other reader thought the same as I and the statement continued in print unquestioned?" Thus, this note. I hope some comment is transmitted to

the members of the Gies Awards, and perhaps to Dr. David Chambers....or perhaps you can advise me if I am misunderstanding.

I believe that:

Chambers D. The eighth specialty of dentistry: ignorance. J Am Coll Dent 1992; 59(4):31, should have been titled "The ninth specialty...." and text modified accordingly inasmuch as the American Dental Association has for decades recognized eight specialties. These are:

Dental public health Oral pathology Oral surgery Endodontics Pediatric dentistry Periodontics Prosthodontics Orthodontics

Sincerely, Robert Mecklenburg, DDS, MPH Potomac, Maryland

Dear Dr. Mecklenburg

You are correct in your observation that, indeed, there are eight recognized specialties in the dental profession. However, usually only seven specialties are taught in the dental schools, since dental public health is taught elsewhere.

Perhaps others also noted this seeming error in Dr. Chamber's award-winning editorial that was reprinted in the JOURNAL.

Dr. Chamber's responds with the following explanation:

"I believe that it was Mark Twain who said, 'When the clock strikes thirteen, it casts doubt on the hour and the preceding twelve as well.' Dr. Mecklenburg is correct in pointing out that there are eight specialties. My point in labeling ignorance as the eighth specialty was to underscore how guarding dental knowledge as the privileged possession of any one diminishes us all."

Editor

Contributing Editors Appointed To The JOURNAL Staff



Gardner P. H. Folev



H. Barry Waldman

Dr. Gardner P.H. Foley, BA, MA, D.Sc, of Baltimore, MD has been appointed as a Contributing Editor for the ACD JOURNAL.

While not a dentist, Dr. Foley is an elected Fellow of the American College of Dentists and a Professor Emeritus of Dental Literature and Dental History who taught for over 40 years at the Baltimore College of Dental Surgery, which is now the University of Maryland School of Dentistry.

He is an experienced writer and dental editor who JOURNAL readers will recognize as the author of *A Treasury of Dentistry* that has regularly appeared in the JOURNAL for over the past 10 years, recalling interesting events from dental history and the dentists who were involved in these events. His *A Treasury of Dentistry* has also been published as a book with the same title.

Prior to his joining the ACD JOURNAL Staff, for many years his work was a regular feature in the *Journal* of the American Dental Association under the title of "Foley's Footnotes," which older readers will remember.

Dr. Foley was one of the Founders of the American Academy of the History of Dentistry and is a Past President of that organization. He has presented many papers and published scores of articles, and he has received many honors and awards in recognition of his accomplishments.

Dr. H. Barry Waldman, BA, DDS, MPH, PhD, has been appointed as a Contributing Editor for the ACD JOURNAL.

Dr. Waldman will be responsible for a new department of *Dental Demographics* in the ACD JOURNAL in which he will provide information of current interest and importance concerning dental demographic subjects.

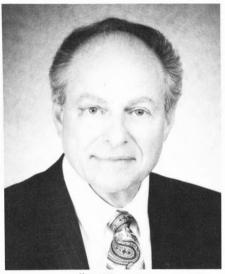
As the Chairman of the Department of Dental Health for the School of Dental Medicine at the State University of New York at Stony Brook, NY, he is eminently qualified and experienced to gather, analyze and present statistical information into meaningful articles for JOURNAL readers.

Dr. Waldman has been a prolific writer, with over 400 articles published in major dental publications, including many in the ACD JOURNAL in recent years where his presentations are already familiar to our readers.

As a journalist and expert reviewer of manuscripts, he is a referee for several other prominent dental journals. He is widely respected for his expertise and his wealth of information. He has received many honors and awards for his academic contributions, as well as for his considerable accomplishments as a writer and author. Dr. Waldman is a graduate of New York University College of Dentistry.

The JOURNAL is pleased to present this new department as a regular feature of our publication.

1992 - 1993 BOARD OF REGENTS



Albert Wasserman

PRESIDENT Albert Wasserman

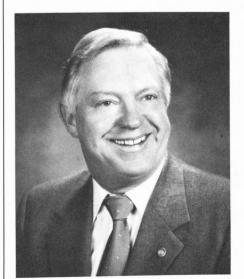
Dr. Wasserman is a former President of the Academy of General Dentistry, founding President of the California Academy of General Dentistry and the founding President of the Academy of Dentistry International. He served as President of the California State Board of Dental Examiners and as President of the San Mateo County Dental Society as well as President of the University of California Dental Alumni Association, where he was awarded the Gold Medal of Honor. He was named the Outstanding General Dentist of the Year by the California Academy of General Dentistry. A member of the Organizing Committee for the World Dental Congress in Nice, France, he has been the recipient of several international awards in recognition of his services. He has served the College as Chairman of the Northern California Section, as Regent and as Treasurer.

President-Elect Chris C. Scures

Dr. Scures is in the private practice of Pediatric Dentistry. He has been President of the Southeastern Society of Pediatric Dentists, President of the Florida Society of Dentistry for Children and Chairman of the ACD Florida Section. He was Florida Dental Association Dentist of the Year, Vice Chairman of the Florida Board of Dentistry and has been a Florida Delegate to the ADA House of Delegates for the past ten years. His daughter is a dentist.



Chris C. Scures



Thomas W. Slack

Immediate Past President Thomas W. Slack

A former President of the Colorado Dental Association, Dr. Slack practices General Dentistry in Colorado Springs. The son of a dentist and the father of a dentist, he has been involved with the dental profession for his entire life. He has served on the American Dental Association's Council on Dental Care Programs and has served in the ADA House of Delegates for twelve years. He is a Clinical Professor at the University of Colorado School of Dentistry.

Vice President Juliann S. Bluitt



Juliann S. Bluitt

Dr. Bluitt is the Associate Dean for Student Affairs at the Northwestern University Dental School. She is currently the President of the Chicago Dental Society and has served in all of the offices of that organization. She served as Secretary-Treasurer of the ACD Illinois Section for seven years and was elected Regent for Regency 4 for the 1988-1991 term. She became ACD Treasurer in 1991. Dr. Bluitt has many recognitions and awards for outstanding service to her community and the profession, most notably, being recently inducted in the City of Chicago Women's Hall of Fame. She has served an extended tenure on the SELECT Oversight Program sponsored by the American Dental Association and the American Association of Dental Schools. She is currently on the Legislative Committee for the American Association of Dental Schools.

Treasurer Charles V. Farrell

Dr. Farrell practices General Dentistry in Bellingham, Washington and was Secretary and President of his District Dental Society. He was on the Executive Council of the Washington State Dental Association and was involved in committee work, serving as chairman of the Dental Care Committee. He was Secretary and President of the Washington State Board of Dental Examiners. He is a Past Chairman of the Washington Section of the ACD and currently serves as Secretary of the Section. He has been an active member of a Gold Foil Study Club, serving as President of the Associated Ferrier Study Clubs. He is a clinical instructor at the University of Washington Dental School. He was a Naval Aviator before attending dental school.



Charles V. Farrell

Editor Keith P. Blair

Dr. Blair has been a dental editor for over 30 years, first with the San Diego County Component, then with the California Dental Association and he has been Editor for the College since 1981. He is a former President of the San Diego County Dental Society and a 30-year member of its Board of Directors. He has been actively involved with the American Association of Dental Editors and is in the private practice of General Dentistry.

Executive Director



Sherry Keramidas

Sherry Keramidas

Dr. Sherry Keramidas assumed her duties as the new Executive Director for the College on January 1, 1993.

Dr. Keramidas has an extensive background in managing health professional and research organizations and foundations, and has gained recognition for her skills and accomplishments in association management, strategic planning, professional education, research planning and grantsmanship, and communication.

Dr. Keramidas received her Ph.D from Purdue University and has earned the designation of Certified Association Executive.



Keith P. Blair

Regents



Richard B. Hancock

Richard B. Hancock

Dr. Hancock is in the private practice of General Dentistry and was the President of the San Diego County Dental Society. He has been involved with California Dental Association affairs as a long-term Trustee, with committee appointments and as a 14-year Delegate from California to the ADA House of Delegates. He has been a three-term Chairman of the ACD Southern California Section. His community activities have included a 20-year continuing involvement with the Boy Scouts. He is the immediate past Chairman of the Board of Directors for Delta Dental Plan of California.

Richard J. Haffner

Dr. Haffner is in the private practice of General Dentistry. He was President of his South District Dental Society as well as the President of the Greater St. Louis Dental Society. He has served as chairman of several Missouri State councils and committees. As a Delegate from Missouri to the ADA House of Delegates, he became a national spokesman for dental insurance. He is the Chairman of the Board of Directors of Delta Dental Plan of Missouri and is a charter member and First Vice President of the American Association of Dental Consultants. He was the Founder and Chairman of the Board of the Mid-East Health Care Company. In his community, he is currently involved with aiding the rural poor and private extended care of the mentally retarded in Missouri.



Richard J. Haffner

Alston J. McCaslin, V

Alston J. McCaslin, V

Dr. McCaslin practices Pediatric Dentistry in Savannah, Georgia. He is a Past President of the American Academy of Pediatric Dentistry, a Past Chairman of the ACD Georgia Section, and a Past President of the Georgia Dental Association. He is a Delegate to the ADA House of Delegates and served on the ADA Special Committee on Professionalism and Ethics. He is an author of several published articles and served as Head of the Department of Dental Hygiene at Armstrong State College. He is a Director of the Savannah Chapter of the American Cancer Society and serves as Mentor for Education for Ministry for the University of the South School of Theology.

Edward C. McNulty

Dr. McNulty is on the Board of Governors of the W.J. Gies Foundation for the Advancement of Dentistry. He was President of the Greenwich Dental Society and on the Board of the First District (N.Y.) Dental Society for 11 years. He has served as President of the New York Academy of Dentistry and Chairman of the ACD New York Section. Engaged in the private practice of Orthodontics, he is author of a number of publications on Orthodontics. His community service includes being President of the Rotary Club of New York and Vice-President of the Greenwich Council Boy Scouts of America.



Edward C. McNulty

James T. Fanno

Dr. Fanno is an orthodontist in his home town of Canton, Ohio. He is a former President of the Ohio Dental Association and has been Speaker of the Ohio Dental Association's House of Delegates for the past 10 years. Dr. Fanno is a Registered Parliamentarian. He has been a member of the American Dental Association House of Delegates for 15 years and is Chairman of the ADA Council on Ethics, Bylaws & Judicial Affairs. He is also active in community affairs and is President-Elect of the Alumni Association for Case Western Reserve School of Dentistry.



James T. Fanno



Walter N. Johnson

Walter N. Johnson

Dr. Johnson is a periodontist in Astoria, Oregon and is the Mayor of the town of Seaside, Oregon where he resides. He is a full professor in the Department of Periodontics at the University of Oregon School of Dentistry and has been active in the Oregon Dental Association. Previous to being in private practice, he retired from a career with the Navy Dental Corps. He has published articles on periodontics and has presented numerous clinics and programs throughout his career. He is a former Chairman of the ACD Oregon Section.

Richard E. Bradley

Dr. Bradley is the Administrative Advisor to the University of Nebraska College of Dentistry. Formerly, he was the Dean of the Nebraska College of Dentistry from 1968 to 1980 and was the Dean of Baylor University College of Dentistry from 1980 to 1990. He is a past President of the American Association of Dental Schools and a past President of the American Fund for Dental Health. He has published numerous articles and has contributed to several books in his field of periodontics.



Richard E. Bradley



James N. Palmisano

James L. Palmisano

Dr. Palmisano is a former President of the New Jersey Dental Association and a former Chairman of the ACD New Jersey Section. He is a Trustee for the University of Medicine and Dentistry of New Jersey and very active in community affairs in the city of Roseland, New Jersey where he lives and practices General Dentistry. He has been involved as an expert on dental insurance and alternate benefit systems, has presented many lectures and workshops on the subject of insurance and has also published articles on dental insurance.

Address By the President-Elect

CHALLENGES OF THE 1990'S

Albert Wasserman*

Fellows of the College and Guests. It is my great privilege to greet you as President-Elect of the American College of Dentists. I am acutely aware of the tremendous responsibilities that go with being chosen for this office, and I humbly accept the challenges that are part of being involved with this elite organization.

I wish to take this opportunity to congratulate those of you who are candidates for Fellowship. You have been chosen because of your unusual attainments and outstanding accomplishments. You represent the top three percent of dentists in the United States and less than two percent from other countries.

Since the founding of the College in 1920, 72 years ago, and for approximately 50 years before this College was instituted, dentistry has been faced with a multitude of problems.

At first, dental education and dental jour alism were dominated by commercialism. Guidance was needed in reorganizing the curriculum of dental schools for better teaching. In 1910, the Flexner report was issued by the Carnegie Foundation for the Advancement of Teaching. This landmark study ultimately led to better dental education in the United States. The report, which

Albert Wasserman

evaluated medical education, made dental educators aware of the need to develop better dental education programs

In 1926, William J. Gies, Ph.D. was chosen to head a similar commission to study dental education. His report, entitled, "Dental Education in the United States and Canada," resulted in the complete reorganization of dental education in these countries. Dr. Gies, although not a dentist, was closely identified with the American College of Dentists from 1933 until 1956. He served as Editor of the College and in various official capacities during this period. Because of his work in the College and in the field of dental education, Dr. Gies has been closely identified with the evolution and the creation of dentistry as a learned profession. He founded the Journal of Dental Research, organized the International Association for Dental Research, and helped form the American Association of Dental Schools, as well as the American Association of Dental Editors. In 1937, Dr. Gies was honored as this profession's benefactor.

As a result of William Gies' efforts, and those of the American College of Dentists, dentistry became a true profession and a new era was born. The transformation of the dental profession since the College was founded has been remarkable. The ideals and goals of the founders have guided the College through the years and have stood the test of time. We have faced many challenges and have provided leadership to the profession to help solve the serious problems it has faced.

One of the important challenges faced by the College in the 1990's has been the issue of professionalism and ethics. There has been a constant erosion in ethical matters for several decades and this has become more evident in recent years. The College has always placed a great deal of emphasis on ethics and professionalism for its Fellows. This is the glue that keeps our profession strong, and the thread that continues to weave itself throughout the history of the American College of Dentists. Dr. Robert Biddington, Past President of the College and Past Dean of West Virginia

^{*} Alber Wasserman, DDS President-Elect American College of Dentists

University School of Dentistry, represented the College at the American Association of Dental Schools, and was instrumental in seeing that courses in ethics would be taught in our dental schools.

Last year the College initiated an ethics workshop entitled, "Ethics and Professionalism and the Dental Practitioner." This workshop, lasting several days, was co-sponsored by the American Fund for Dental Health. the American College of Dentists and the American College of Dentists Foundation. Ten ethicists were involved in the workshop sessions. Participants from a number of Sections of the College attended. They were given the tools to return to their respective parts of the country so that they, in turn, could present what they had learned to their colleagues. Thus, a number of new teachers resulted from this intensive program, who are able to teach others the newest developments in the ethics field.

The winds of change continue to have a tremendous impact on our profession. There is increased regulation by State and Federal bodies. Because of the AIDS crisis, more strictures have been placed on us. This is a cause for much concern. In some respects, new state and federal regulations are an "overkill" and make it increasingly more difficult and more expensive to operate a dental practice. To implement the conditions imposed by OSHA, dentists, clinics, and teaching institutions must now modify their settings to conform to rigid requirements. Violations, however minor, can result in excessive fines and financial ruin. These new regulations extend the parameters of a practitioner's training, as well as those of auxiliaries, and broaden their scope of responsibility. The increased

cost of operating a practice, due to barrier technique and hazard control requirements, as well as additional staff training and record keeping, unfortunately will result in an escalation of the cost of dentistry which, in turn, will inevitably be passed on to the patient.

It appears that present practitioners as well as the dentists of the future must be willing to adapt and conform to ever increasing and more rigid governmental intervention.

Another area that continues to affect us as professionals is that of licensure. The history of licensure is of interest because this is also an area of regulation, in this instance, by state authorities. Licensure first began in the dental profession in Alabama in 1841. In 1868 Ohio, Kentucky, and New York also adopted legal restrictions to the practice of dentistry which later extended to the other states in the nation.

Until 1850, almost all prominent dentists were medical doctors who had chosen dentistry rather than medical practice as their vocation. Others who practiced dentistry were the local blacksmith and the barber. Because there were few standards and the education system was uneven or lacking in the dental field, there were many entrepreneurs and promoters who were, in essence, tradesmen with limited vision for health care.

Therefore, regulation through licensure afforded the assurance to the public that certain individuals met minimal standards of practice. This was a means of protecting the public. The system of licensure has been strengthened through the years. It has evolved into a method that assures the public that a dentist is competent.

In recent years, there has been an

ongoing concern expressed by some practitioners regarding the way licenses are issued by various states. Basically, there are two viewpoints. There are those who advocate licensure by credentials, who stress the right to freedom of movement throughout the United States. These advocates feel that uniformity of examinations nationwide could be a means of providing assurance of equal and uniform competency.

Opponents to licensure by credentials stress states rights as a constitutional privilege. A number of states have established an examination process that is said to test applicants at a higher level of competency. Adherents to this method of testing feel the public is best served and protected by more stringent and intense examination mechanisms.

It is difficult to say whether or when universal licensure will be forthcoming, since advocates of states rights are strongly determined to resist changes to the licensing systems in their states.

When I was a student at the University of California School of Dentistry in San Francisco, the Dean was Willard J. Fleming. Dr. Fleming later became Chancellor of UCSF Medical Center. He served as Regent and as President of the American College of Dentists and later was a recipient of the prestigious Gies Award.

We've all had role models in the profession and Bill Fleming was a person I respected. I remember him as a kind, sincere and caring individual who personified the true professional.

Dr. Fleming believed in change. One of his enduring statements was, "Almost anything a man can imagine can be achieved - or will be." He was also involved as Special Commissioner for the 1960 "Survey of Dentistry in the United States." He was one of the first to recognize the social, political and economic changes which were rapidly overtaking the profession.

Among the trends that Bill Fleming articulated in 1966 was that people in this country recognized, that in addition to food, shelter and clothing, there was a fourth necessity in life—health services for all the people. He also said that the professions are the only ones that can provide the guidance to develop national health care programs on a quality basis.

It is uncertain whether a health care system in the United States would be capable of incorporating dental care as part of the system. The aging of 80 million Americans born during the post-World War II baby boom could prompt a health care crisis that will dwarf current problems in the nation's medical system. Authorities forecast that the number of people 65 and older will more than double over the next four decades from 30 million to 65 million.

Problems of spiraling costs and insufficient resources are also likely to set off an unprecedented competition for resources among baby boomers and younger generations. With the current recession and associated competition for available federal dollars, the future of dentistry's involvement in any projected plan appears uncertain.

Twenty-six years after Willard Fleming urged the professions to offer guidance to the health care system so that quality care could be assured, the nation has still not solved any of its problems relating to health care, and those looming on the horizon seem to be almost insurmountable.

Inevitably, if Americans want to

reform their health care system, it will involve an increase in taxes or an increase in insurance premiums, neither of which the public seems to want.

Three crucial problems are said to afflict the U.S. health care system: uncontrollable costs, the growing number of people without health insurance and the lack of a long-term care program. Congress is considering more than 30 health care reform proposals. Among these are marketbased proposals, to assist some people now without insurance to purchase it; plans whereby employers either provide insurance to employees or pay taxes to finance an alternate public system, and proposals for a health care system like the Canadian health plan.

It is my hope that dentistry will be cautious in exploring whether to become involved in any national health care system. There may be many unexpected pitfalls. Also, can we afford more regulation in our profession?

It is becoming apparent that we will continue to have many challenges as well as opportunities in the 1990's. We must be prepared to deal with increasing government intervention and intrusion in the practice of dentistry.

Before my closing remarks, I would like to tell you about the "Campaign of the 90's". The purpose of this Campaign has been to collect contributions from Fellows to purchase a facility that would serve as our national headquarters. It has become imperative that we find some means of controlling escalating costs, and the purchase of our own facility has been most beneficial. I am happy to say that the College has moved into its own home in Gaithersburg, Maryland, just a short distance from Wash-

ington, D.C. The Campaign is almost completed and, with your help, we can finish this drive and reach our goal of \$750,000. This will enable the College to furnish and equip the new facility properly. This has been a College activity, with no assistance from outside sources. The hero of this College effort has been Dr. James Harrell, Sr., Past President. We owe him a vote of thanks and appreciation, along with Dr. Robert Elliott, Dr. Charles Fain, Dr. Curtis Hester, and Dr. Norman Olsen, who are all Past Presidents of the College.

The move to our new facility has been a major change and opportunity for the College and for the Fellows. This will benefit us as more funds will become available for future programs, projects and activities of the College.

Another change taking place in January 1993, will be the retirement of our esteemed Executive Director, Dr. Gordon H. Rovelstad. Gordon has had many years of service in the College, as Regent, as President, and as Executive Director. He has done much toward keeping the College viable and in a position of leadership. He has also been responsible for the transition to our new facility in Gaithersburg. We will miss his expertise and wish Gordon, and his lovely wife, Barbara, a happy and well-deserved retirement.

I would like to close with these remarks made by Reverend Martin Luther King, Jr.: "I just want to do God's will, and He's allowed me to go to the Mountain. And I've looked over, and I've seen the Promised Land."

You, the candidates for Fellowship, will reach the mountain top when you are inducted today as Fellows. The promised land is the future of the dental profession, which is in your capable hands.

DENTAL DEMOGRAPHICS

ECONOMICS OF DENTISTRY: PRACTITIONER INCOME AND EMPLOYEE WAGES

H. Barry Waldman*

The economics of recession in the early 1990s, the impact of OSHA regulations, the "other ADA" (Americans with Disabilities Act) and the continuing media exposes on AIDS and dentistry, are but a few of the realities bombarding dentists beyond the "usual" complexities of maintaining a practice in the ever changing environment of third parties, commercial forms of dental practice and upward spiraling overhead costs, often related to employee demands for increased remuneration and benefits.

It may well be all but impossible for practitioners to maintain currency with all of the developments which seem to impact with the frequency of the arrival of the morning newspaper and the evening television news. But while the vicissitudes of the "outside world" seem beyond the control of individual dentists, at least in the economic arena, it is possible for practitioners to maintain some perspective on the developments outside the confines of one's own office.

Toward this end, the following presentation will review national dental expenditure and business receipt data. dental practice and laboratory employee wages at the state level, and the evolving (and possibly related) availability of dental auxiliaries.

H. Barry Waldman, BA, DDS, MPH, Professor and Chairman, Department of Dental Health, School of Dental

Medicine, State University of New

York at Stony Brook.

Sources of data

Reports from various government agency and dental profession sources were used to develop the data for this review. It should be noted that numerical differences in some of this information reflect the particular populations surveyed and the sampling procedures carried out.

Practitioner reports on dental economics

The Survey of Dental Practice is carried out by the American Dental Association on an annual basis (in the past it was carried out every two or three years). A random sample of dentists known to be engaged actively in private practice is developed by the Bureau of Economic and Behavioral Research. The 1990 survey was sent to four percent of practitioners (specialists are oversampled to ensure adequate numbers for statistical analysis). Two follow-up mailings and a telephone follow-up of non-respondents were carried out. In 1991, there was a 50 percent response rate.1 In evaluating the results from the Survey it should be noted that:

> "The dental profession has learned some valuable lessons from corporate America. The name of the game is to get the money into (sic) the overhead of the practice - health benefits, vacations, the company

car, tax shelters, IRAs, Keogh Plans. Dentists have learned to place these items into overhead and make it tax deductible." 2*

National health expenditures

National health expenditure information is developed by the Health Care Financing Administration, an agency of the Department of Health and Human Services. The agency issues annual reports on health expenditures based upon data from a variety of federal agencies (e.g. the Bureau of Labor Statistics, the Internal Revenue Service, the Social Security Administration and the Bureau of Government Financial Operations), as well as the American Hospital Association, the American Dental Association, the American Medical Association and other health related organizations.4 This broad range of data sources provides a comprehensive analysis of national expenditures for health services.

Employment and earnings

Employment and earnings data are developed by the Bureau of Labor Statistics, an agency of the De-

For a more detailed review of the difficulties associated with the development of practitioner net income and related information, see an earlier presentation in the Journal of the American College of Den-

Table 1. Population expenditures for dental services: 1980, 1985, 19904-6 1980 1985 1990 National expenditures (billions) \$14.4 \$23.3 \$34.0 226.5 238.2 248.7 National population (millions) \$136.71 \$97.82 Expenditures per individual \$63.58 Dental price index (1982-84 = 100) 80.1 114.3 155.8 Constant dollar expenditures per \$79.37 \$85.58 \$87.75 individual Health Care Financing Administration

cases in the sample; response error; definitional difficulties; different interpretations of questions; and recording errors.)

Practice Income Based on population expenditures

Between 1980 and 1990, current and constant dollar (i.e. removing the effects of inflation) per capita expenditures for dental services (as reported by the Health Care Financing Administration) continued to increase (Table 1). While current dollar expenditures per profession-

partment of Labor. Information on employment, hours worked and earnings are generated from: an ongoing random survey of 60,000 household units (about 2,600 are contacted each month by the Bureau of the Census); state employment security agencies; and monthly mailed questionnaires to a sample of 350,000 establishments with non-farm wage and salary workers.

U.S. Bureau of the Census

Business receipts

The Bureau of the Census conducts an ongoing sample of employer businesses that make Social Security payments for employees. Failure to respond to the mailed questionnaire may subject employers to fines.

(Note: in all sources of information, in addition to sampling errors, a series of nonsampling errors may affect the data, including: inability to obtain all the information about

Table 2. Dental practice income based on national expenditures: 1980, 1985, 1990^{1,4,5,7-9}

(010011000, 1000, 1000			
	<u>1980</u>	<u>1985</u>	1990
National expenditures (billions)	\$14.4	\$23.3	\$34.0
Number of professionally			
active dentists	120,483 *	134,201 *	140,699
Expenditures per dentist	\$119,518	\$173,620	\$241,650
Net income as a percent of			
gross receipts	40.1%**	36.0 *	33.2
Net income	\$47,927	\$62,503	\$80,227
Consumer price index			
(1982-84 = 100)	82.4	107.6	130.7
Constant dollar net income	\$58,163	\$58,088	\$61,382

^{*} Estimate based on ADA data

Note: The number of professionally active dentists includes dentists employed in active private practices, as well as dental educators, administrators, researcher, etc. (many of whom are engaged in part-time practice). While this approach will result in a conservative estimate of dental care provider income, it does provide a simplified approach to follow the evolving relationship of dental expenditures and the changing numbers of dentists. American Dental Association Survey of Dental Practice

Health Care Financing Administration

^{** 1981} datum

Table 3.

Dental practice income based on business receipts: 1982, 1985, 1990^{1,5,10}

	<u>1982</u>	<u>1985</u>	1990	
	(dollars in 000s)			
Practice receipts *	\$16,071	\$20,377	\$29,674	
Number of facilities *	91,286	96,137	101,140	
Receipts per facility	\$176.1	\$211.9	\$293.4	
Net income as a percent of				
gross receipts	39.9 %	36.0%**	33.2%	
Current dollar net income	\$70.2	\$76.2	\$97.4	
Consumer Price Index				
(1982-84 = 100)	96.5	107.6	130.7	
Constant dollar net income	\$72.8	\$70.9	\$74.5	

^{*} Includes only those practices with employees

Note: Net income figures may be somewhat elevated as a result of the exclusion of smaller practices with no employees

U.S. Bureau of the Census

ally active dentist increased throughout the period, inflationary factors and multiplying overhead expenses (reaching approximately two-thirds of practice revenues by the end of the 1980s¹) impacted significantly on practitioner income. In terms of expenditures per professionally active dentist, while current dollar net income improved, constant dollar net income remained level in the mid 1980s, but did increase somewhat in 1990 (Table 2).

Based on business receipts

Current dollar practice receipt data for dental offices with employees (as reported by the Bureau of the Census) increased between 1982* and 1990. Once again, reflecting inflationary factors and increases in overhead costs, constant dollar practitioner net income decreased in the mid 1980s. Practitioner net income did increase to higher levels in 1990 (Table 3).

Based on dental practitioner reports

Current dollar median net incomes (as reported in the ADA Survey of Dental Practice) indicate increases throughout the 1980s. However, in terms of constant dollars, after marked increases in the first half of the decade, there were minor changes through the end of the period (Table 4).

Table 4. Independent dentist median net income: 1981-1989^{1,5}

Year	Current dollars	Consumer Price index (1982-84 = 100)	Constant dollars
1981	\$50,000	90.9	\$55,005
1983	60,000	99.6	60,240
1986	69,000	109.6	62,956
1988	75,000	118.3	63,398
1989	80,000	124.0	64,516
1990	85,000	130.7	65,034

Note: As compared to mean income data, median income data are affected less by high and low income extremes.

American Dental Association Survey of Dental Practice

^{**} Estimates based on ADA Survey of Dental Practice

^{* 1982} is the first year for which dental practice employee wage data are available at the state level and therefore are used for comparative purposes.

Summary of Practice Income

The findings generally indicate 1) a slowing or leveling off in constant dollar net income during the mid 1980s, and 2) some indications that just prior to the recession of the early 1990s, practitioner constant dollar net income was improving.

Dental employee wages Reports by the Department of Labor

In dental offices

Between 1982 and 1990, the number of employees in dental offices increased from almost 387,000 to more than one-half million. 11 During this period, current dollar wages of employees increased. However, in terms of constant dollars,

1) at the national level, there were no changes in wages through the mid 1980s and an upturn in wages in 1990.

2) at the state level, wages in 22 states were lower in 1985 and/or 1990 than in 1982 (Table 5).

In dental laboratories

Between 1982 and 1990, the number of employees in dental laboratories increased from almost 39,000 to almost 41,000 employees. During this same period, current dollar wages of employees increased in dental laboratories. There were only minimal increases in terms of constant dollars. However, in 23 of the

Table 5.

Current and constant dollar average weekly wages of employees in offices of dentists by state: 1982, 1985, 1990^{5,11}

in offices of de	ntists by	state: 1	982, 1985), 1990		
Current Dollars Constant Do				llars		
	1982	<u>1985</u>	1990	1982	1985	1990
Total	\$289	\$323	\$429	\$299	\$300	\$328
Alabama	267	300	393	277	279	301
Alaska	473	386	386	490	359	295
Arizona	316	362	457	327	336	350
Arkansas	255	277	365	264	257	279
California	230	359	474	332	334	363
Colorado	296	340	423	307	316	324
Connecticut	299	350	519	310	325	397
Delaware	345	253	465	358	235	356
Dist. of Columbia	319	385	563	331	358	431
Florida	315	356	489	326	331	374
Georgia	303	349	461	314	324	353
Hawaii	318	348	490	330	323	375
Idaho	234	254	357	242	236	350
Illinois	316	340	432	327	316	331
Indiana	271	289	368	281	269	282
lowa	269	288	368	279	268	282
Kansas	276	311	393	286	289	301
Kentucky	254	272	340	263	253	260
Louisiana	289	314	359	299	292	275
Maine	227	275	418	235	256	320
Maryland	274	314	456	284	292	349
Massachusetts	249	290	448	258	270	343
Michigan	327	345	432	339	321	331
Minnesota	277	313	430	287	291	329
Mississippi	267	296	369	277	275	282
Missouri	275	308	405	285	286	310
Montana	241	258	317	250	240	243
Nebraska	249	276	342	258	257	262
Nevada	352	371	532	365	345	407
New Hampshire	237	283	411	246	263	314
New Jersey	286	328	484	296	305	370
New Mexico	255	293	373	264	272	285
New York	258	300	419	267	279	321
North Carolina	298	338	463	309	314	354
North Dakota	254	293	351	263	272	269
Ohio	286	317	416	296	295	318
Oklahoma	286	320	390	296	297	298
Oregon	272	301	407	282	280	311
Pennsylvania	279	304	405	289	283	310
Rhode Island	262	305	476	272	283	364
South Carolina	266	306	425	276	284	325
South Dakota	224	268	339	232	249	259
Tennessee	266	299	383	276	278	293
Texas	318	365	429	330	339	328
Utah	232	257	331	240	239	253
Vermont Virginia Washington West Virginia Wisconsin Wyoming U.S. Department of Lab	209	242	365	217	225	279
	299	340	461	310	316	353
	255	227	308	264	211	236
	235	252	306	244	234	234
	279	294	370	289	273	283
	226	259	314	234	241	240

Table 6.

Current and constant dollar average weekly wages of employees in dental laboratories by state: 1982, 1990 5,11

employees in dental laboratories by state: 1982, 1990 5,11							
	Curren	t Dollars	Constant I	Dollars			
	<u>1982</u>	1990	<u>1982</u>	1990			
Total	\$281	\$388	\$291	\$297			
Alabama Alaska	257	350	266	268			
Arizona Arkansas California	295 271 283	392 334 410	306 281 293	300 256 314			
Colorado Connecticut Delaware	290 286 269	379 - 310	301 296 279	290 - 237			
Dist. of Columbia Florida	270	361	280	276			
Georgia Hawaii Idaho Illinois Indiana	271 322 268 315 271	406 405 370 414 336	281 334 278 326 281	311 310 283 317 257			
lowa Kansas Kentucky Louisiana Maine	297 275 269 284 199	369 387 353 -	308 285 279 294 206	282 296 270 -			
Maryland Massachusetts Michigan Minnesota Mississippi	284 277 306 308	424 447 398 411 332	294 287 317 319	324 342 305 314 254			
Missouri Montana Nebraska Nevada New Hampshire	274 266 276 348 277	364 348 437	284 276 286 361 287	279 266 334			
New Jersey New Mexico New York North Carolina North Dakota	317 256 278 249	490 340 427 372 394	228 265 288 258	375 260 327 285 301			
Ohio Oklahoma Oregon Pennsylvania Rhode Island	251 292 311 250 253	346 375 367 365 449	260 303 322 259 262	265 287 281 279 344			
South Carolina South Dakota Tennessee Texas Utah	234 280 295 233	288 351 366 341	242 290 306 241	220 269 280 261			
Vermont Virginia Washington West Virginia Wisconsin Wyoming	280 279 266 297 246	336 402 340 305 358 269	290 289 276 308 255	257 308 260 233 274 206			
U.S. Department of Labor							

41 states (where comparative data are available) the wages of dental laboratory employees did not maintain parity with the rate of inflation (Table 6).

Reports by the American Dental Association

Despite increases in their wages from \$259 to \$309 per week, dental assistants earned fewer constant dollars in 1988 than they earned in 1981. Similarly, the wages of dental technicians (employed in dental practices) did not maintain parity with the rate of inflation.

Only dental hygienists increased their current dollar incomes (to \$608 per week in 1990 for full-time employees by independent dentists) and constant dollar incomes in the second half of the 1980s. 1.5,11,12

Summary of Employee Wages

National averages tended to mask the reality that in many states the wages of employees in dental offices and dental laboratories did not keep pace with the rate of inflation, except for dental hygienists in the latter half of the 1980s.

Changing practice configurations

The increasing number of employees in dental offices can be a significant contributing factor in the overhead costs of practice. Between 1980 and 1989, the number of dental establishments increased 20 percent. However, the number of smaller

dental facilities (i.e. with less than five employees) decreased, while the number of larger facilities with 5 to 9 and 10 to 19 employees increased by 57 percent and 134 percent, respectively. Nationally, there was an increase from an average of four employees per dental facility in 1980 to five employees in 1989 (Table 7). However, during the 1980s, there were dramatic decreases in the number of graduates from allied dental programs (approximately a one-third or more decrease in the numbers of dental assistants and dental technicians, and an 18 percent decrease in the number of dental hygienists). During the 1990s, there have been some increases in the number of graduates (Table 8).

While more recent decreases may be equated with the fear that, "Dental office visits: (may be a) high-risk behavior... for HIV infection," the reality is that the downturn in the number of trained auxiliary graduates began before the hysteria over the AIDS epidemic. It would be difficult not to consider the wages of dental employees as a serious factor in considering the causes of the decreases in the number of graduates from allied dental training programs.

Trapped in an accountant's ledger

Overhead costs have reached twothirds of practice receipts (and OSHA regulations continue to add even further expenses). Practitioner net income was showing some improvement during the first stages of the recession of the early 1990's (after a

Number of employees in dental establishments and percent change: 1980, 1989¹³

Number of dental establishments

Number of	Number mber of		Perc	Percent change in number	
<u>employees</u>	<u>1980</u>	1989	<u>1980</u>	1989	<u> 1980 - 1989</u>
1-4 5-9 10-19 20-49 50+	59,207 21,877 4,000 548 59	58,248 34,370 9,399 1,158 104	69.1% 25.5 4.7 0.6 <0.1	56.4% 33.3 9.1 1.1 0.1	-1.6 % 57.1 134.9 111.3 76.2
Total	85,691	103,279	100%	100%	20.5 %
Employees per establishment U. S. Bureau of the	4.09	4.97			

Table 8.

Allied dental program graduates: selected years 1980-1991^{14,15}

Number of graduates			Annu	al percent c	hange	
Year	Dental assist.	Dental hygiene	Dental tech.	Dental <u>assist.</u>	Dental hygiene	Dental tech.
1980 1985 1990 1991	5,958 5,855 3,940 3,999	5,184 4,024 3,953 4,229	1,068 986 596 655	- < 0.1% - 6.5 1.5	- 4.5% - 0.3 6.9	- 1.5% - 7.9 9.9
				Doro	ont change 1	080-1001

Percent change 1980-1991 - 32.9% - 18.4% - 38.7%

American Dental Association Division of Educational Surveys

period in the mid 1980's when practitioner income either decreased or, at best, "leveled off"). Surely, the

need to increase employee wages would seem beyond the realm of reason—despite the relative decline in wages and decreases in the numbers of graduates from schools of training.

But, in addition to varying and improving working conditions and the potential for advancement (much of which is limited in many dental offices and laboratories), the need for improved financial remuneration for most auxiliaries may become a necessity. The added competitive dimension of increasing numbers of women seeking employment in a wide range of fields beyond the traditional "assisting" categories, will limit the numbers willing to settle for the lesser paying positions in dental practices.

No doubt the impact of the recession in the early 1990s will add to the financial dilemma faced by many dentists, as many past and prospective patients put off needed dental services. Employee demands for increased wages may have been tempered by the realities of the tight employment market. With a return to more favorable economic times, practitioners will be faced with the question of whether employee rising financial expectations will be offset by sufficient increases in practice activity.

As individual practitioners consider the financial realities within and beyond the confines of their own practices, one significant change which bodes well in the general economic environment for the future delivery of dental care should be emphasized. There were dramatic decreases in the production of dentists during the last decade. Between 1980 and 1991 the annual number of

graduates decreased by almost one quarter, from 5,256 to 3,995 graduates.¹⁷

Most assuredly the environment for the delivery of dental services has changed. The reality is that dental practices (and dentistry in general) have become dependent upon increasing numbers of employees in practices and laboratories. Practitioners and owners of dental laboratories rightfully must continue their concern with overhead costs. Yet do we really have any other choice but to draw our attention to the needs of our employees?

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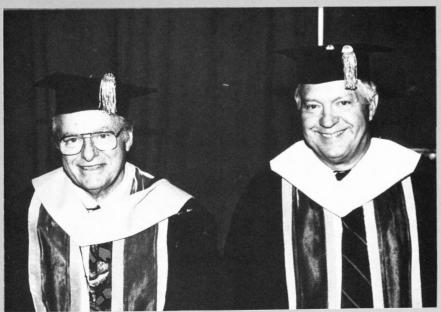
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Stony Brook, NY 11794-8715

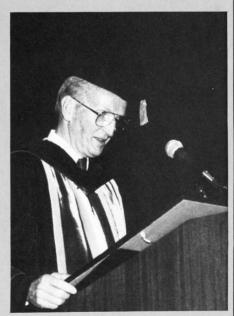
1992 Convocation Orlando, Florida



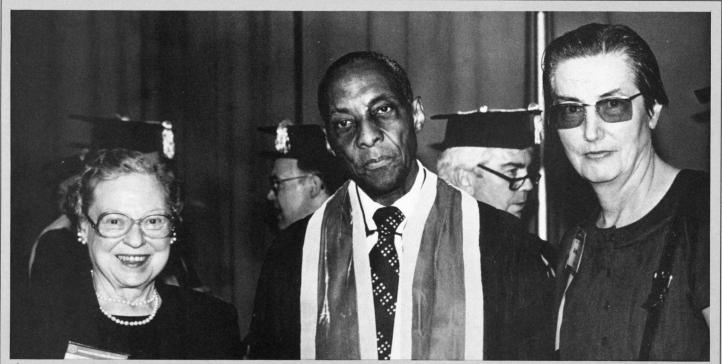
The 1992-1993 American College of Dentists Board of Regents: Seated, left to right, are Immediate Past President Thomas W. Slack, President-Elect Chris C. Scures, President Albert Wasserman, Vice President Juliann S. Bluitt and Treasurer Charles V. Farrell. Standing, left to right are Editor Keith P. Blair, Regent Walter N. Johnson, Regent Richard B. Hancock, Regent Richard E. Bradley, Regent Richard J. Haffner, Regent James T. Fanno, Regent James L. Palmisano, Regent Edward C. McNulty, Regent Alston J. McCaslin, V and Executive Director Emeritus Gordon H. Rovelstad



President-Elect Albert Wasserman, left and President Thomas W. Slack



Retiring Executive Director Gordon H. Rovelstad expresses his appreciation for the plaque presented to him in recognition for his many years of service to the College.



The Convocation Award Recipients: Phyllis Hart Davis, left, received the Award of Merit; Clifton O. Dummett, center, received the John W. Gies Award and Aletha A. Kowitz, right, received an Honorary ACD Fellowship. Not pictured is Thaddeus V. Weclew, who also received a Gies Award, but was ill and unable to attend the Convocation.



The 1991-1992 ACD Officers: Seated, left to right, are President-Elect Albert Wasserman, President Thomas W. Slack and Immediate Past-President Robert E. Doerr. Standing, left to right, are Vice-President Chris C. Scures, Editor Keith P. Blair, Treasurer Juliann S. Bluitt and Executive Director Gordon H. Rovelstad.

Dinner Dance



ACD President Thomas W. Slack, left and ADA President Geraldine T. Morrow



Dr. Margaret Seward, President of the British Dental Association, addresses the large dinner crowd.



President-Elect and Mrs. Albert Wasserman.



Vice-President and Mrs. Chris C. Scures



Immediate Past President and Mrs. Robert E. Doerr



Treasurer Juliann S. Bluitt and husband Dr. Roscoe Foster



Editor and Mrs. Keith P. Blair



President and Mrs. Thomas W. Slack, with Disney friends, preparing to enter the Fantasia

Dinner Dance



Regent and Mrs. Prem S. Sharma



Regent and Mrs. Richard J. Haffner



Regent and Mrs. Edward C. McNulty



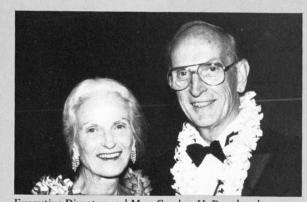
Campaign for the 90's Chairman and Mrs. James A. Harrell, Sr. $\,$



Regent Ruth S. Friedman and husband William Friedman



Regent and Mrs. Richard B. Hancock



Executive Director and Mrs. Gordon H. Rovelstad



Regent Alston J. McCaslin, V

Section Representatives Assembly



 ${\it Jos\'e E. Medina, Chairman-Elect of the Florida Section and ACD Executive Director Gordon \ H. \ Rovelstad.}$



ACD President-Elect Albert Wasserman addresses the Section Representatives





Speakers addressing the Assembly on issues of concern to the Sections and to the College.





A portion of the large group which attended the Section Representatives Meeting.

Photos By Edward F. Leone VOLUME 60 NUMBER 1

Section Representatives Assembly



Regency 1 Representatives



Regency 2 Representatives



Regency 3 Representatives



Regency 4 Representatives



Regency 5 Representatives



Regency 6 Representatives



Regency 7 Representatives



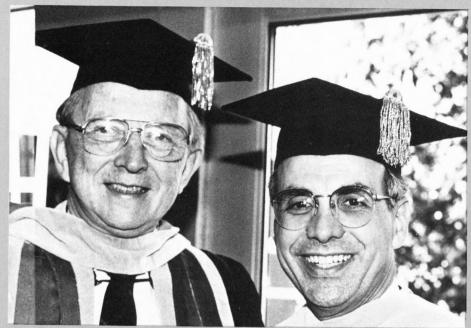
Regency 8 Representatives



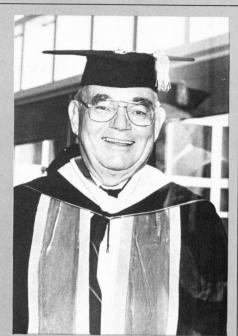
The Ceremonial Personnel: Seated, left to right, are Mace Bearer Jacob M. Eisenson, Torch Bearer David H. Werking, Orator Stephen H. Leeper and U.S. Flag Bearer Norman H. Olsen. Standing are ACD Flag Bearer Lawrence Meskin, left, and President Thomas W. Slack. Not pictured are Marshal Prem S. Sharma and Assistant Marshal Richard B. Hancock.



Past Presidents of the American College of Dentists who were present and participated in the Ceremonial Procession of the Convocation: Seated, left to right, are Gordon H. Rovelstad, Richard J. Reynolds, Frank P. Bowyer and William C. Draffin. Standing, left to right, are Thomas W. Slack, Charles W. Fain, Jr., Norman H. Olsen, Robert E. Doerr and H. Curtis Hester.

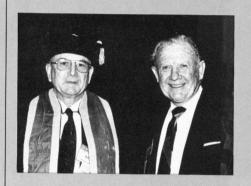


Regent Walter N. Johnson, left and Regent James T. Fanno



ACD Past President Charles W. Fain, Jr.

Faces in the Crowd



















Faces in the Crowd



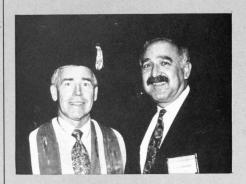




























Photos By Edward F. Leone

Faces in the Crowd































American College of Dentists Foundation Report

The American College of Dentists Foundation was formed by the American College of Dentists and the first meeting of the members of the Foundation was held on March 31st, 1973, in Bethesda, Maryland. At this meeting the Articles of Incorporation were presented and the Bylaws were adopted. The first Directors were elected and they included: Ralph A. Boelsche, Walter H. Mosmann, Joseph B. Zielinski, Gordon H. Rovelstad, and Robert J. Nelsen. Ralph A. Boelsche was subsequently elected to be the first President and presided over the first meeting.

Dr. Boelsche, as the first President, was instrumental in organizing the Foundation as well as collecting the original contributions in order to establish this new venture for the College.

The second meeting of the American College of Dentists Foundation Board of Directors was held on July 19, 1974, in Bethesda, Maryland. Dr. Walter Mosmann of Ridgewood, New Jersey, chaired that meeting which included Doctors Gordon H. Rovelstad, Henry J. Heim, and Robert J. Nelsen. Dr. W. P. Humphrey was unable to attend but provided written support for the meeting. Policies established during this meeting included:

1. Funds could be accepted from any person, corporation, trust, fund or foundation.

2. Gifts to the Principal Fund would not be accepted if encumbered in any manner that would be contrary to the principles, objectives, or purposes of the Foundation.

3. Unless otherwise directed by the donor, the programs of the Foundation shall be funded out of investment income of the Principal Fund.

4. Gifts for specific purposes, not contrary to the principles, objectives, and purposes of the Foundation, may be accepted but will be held as a special fund for the stated purposes.

PURPOSES AND OBJECTIVES OF THE FOUNDATION

TO CARRY ON THE FOLLOWING:

EDUCATIONAL, LITERARY, SCIENTIFIC AND CHARITABLE purposes or any of them, both directly and by the application of assets to the use of the American College of Dentists, for charitable, scientific, literary or educational purposes, or to any other corporation, trust, fund or foundation whose purposes and operation are charitable, scientific, literary, or educational.

(a) TO FOSTER and maintain the honor and integrity of the profession of

(b) TO STUDY, improve and to facilitate dental health care;

(c) TO PROMOTE the study of dentistry and research therein, the diffusion of knowledge thereof, and the continuing education of dentists;

TO CAUSE to be published and to distribute addresses, reports, treatises and other literary works on dental subjects;

TO PROMOTE suitable standards of research, education, communications, and delivery of dental health care.

Provided, however, that no part of the net earnings of the corporation shall inure to the benefit of any private member or individual, and provided further that no substantial part of its activities shall involve the carrying on of propaganda, or otherwise attempting to influence legislation.

ALL CONTRIBUTIONS ARE TAX-DEDUCTIBLE.

- 1. All contributions to the American College of Dentists Foundation are taxdeductible as charitable gifts.
- Individuals, Associations and Foundations are all eligible to support the work of the Foundation through tax-deductible gifts.

The American College of Dentists Foundation is classified as a Section 501(c)(3) organization under the Internal Revenue Code.

- 4. The Foundation has material available to substantiate the tax deductibility of your contribution.
- 5. The types of programs which will be reviewed for Foundation support shall be kept flexible but not in conflict with Article 1 of the Foundation Bylaws.

6. Direct appeals for Funds shall be kept within the American College

of Dentists.

7. A listing for ACD Foundation contributions shall be provided on the annual dues statement of the American College of Dentists.

Additional policy statements were given during the second meeting that related to publicity, means to increase funds, procedure for review of proposals, and management of funds. Thus, the Foundation as an organization to carry on educational, literary, scientific and charitable purposes both directly and by the application of assets to the use of the American College of Dentists, for charitable, scientific, literary or educational purposes or to any other corporation, trust, fund, or foundation whose purposes and objectives are charitable, scientific, literary, or educational was

A list of contributors to the Foundation during the 1992 year are listed on the next pages.

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Update on Scholarship Among Dental Faculty

James P. Scheetz *
Robert W. Mendel **

A survey of dental deans was conducted to determine the rate of publication by full-time faculty in United States and Canadian dental schools. The current study is an update of a study published several years ago. The findings of the current study indicate that the rate of publication has increased at all faculty ranks. In addition, the number of publications needed to achieve tenure has increased. The findings from this study suggest that dental schools require faculty to be more active in the area of scholarship than in the past. It may be inferred that universities are requiring dental faculty to devote a greater amount of effort to scholarly activities. It is no longer acceptable to be only a teacher with no interest in contributing to the enhancement of knowledge.

In an earlier paper published in the *Journal of the American College* of Dentists¹, the authors presented the results of a survey that focused on the publication activity of dental faculty. In that article it was reported that faculty being considered for tenure authored three to five papers. Further, the number of publications increased with higher academic rank and the number of advanced education programs. The authors recently published a report² on the status of the tenure process in dental schools. In comparison with a previously published paper,3 it was concluded that a shift in emphasis has occurred with more emphasis being placed on research and scholarship while instructional activity has decreased in importance. This shift in emphasis has taken place concurrently with a concern by university administrations that dental faculty generate research funding and contribute on a level comparable to the faculty in other academic units.

Proposals have been made to modify the tenure system for dental faculty because many of them do not possess the research training associated with traditional faculty positions. Kalkwarf has suggested modification of the present system to reward educational activities as evidence of scholarship or to create a dual track tenure system with a track that does not emphasize research. Both modifications would place more emphasis on educational activities and less emphasis on research

with an expected lessening of the rate of publication by dental faculty. In an investigation of the relationship between research productivity and faculty characteristics, Harrington and Levine⁵ concluded that productivity was related to the following factors: interest in research, holding a Ph.D., number of journal subscriptions, amount of time spent on consulting, and time allocated for research. Student contact and the number of articles authored were inversely related although this relationship was not statistically significant.

Kennedy⁶ has also proposed revisions in the tenure system to take into account the unique aspects of dental education. His proposals include fixed term renewable contracts of varying length with renewals being based on the results of periodic evaluations, removal of the up or out rule to give faculty more time to meet tenure requirements, the establishment of tenure quotas, and mandatory review of faculty after they receive tenure. These proposals might make it easier for dental faculty with heavy teaching assignments and little interest or skills in research to receive tenure. However, these proposals are counter to the trend of evaluating dental faculty by the same criteria applied to faculty in other academic units. In a subsequent paper, Kennedy⁷ conducted a study that identified several trends

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Table 1
Publications by Tenure Recipients

Number of Publications	Number of Schools	Percent of Schools	
0-2	1	1.7	
3-5	12	21.0	
6-8	20	32.3	
9-11	9	15.0	
12-14	7	11.7	
15 or more	11	18.3	
TOTAL	60	100.0	

that have emerged in recent years. He found that some schools have developed dual track systems in which clinical faculty are not subject to the same review by which other faculty are evaluated. In addition, he found that the percentage of faculty with non-tenure track appointments had increased. He concluded that higher expectations for scholarship exist for faculty with tenure track appointments when compared with expectations in previous years.

Although some authors have proposed changes in the tenure review process to accommodate the unique aspects of dental faculty assignments, it appears that universities do not support this approach and will require dental faculty to meet the tenure requirements imposed on faculty in other academic units. The purpose of this paper is to present information gathered from a survey of dental school deans regarding faculty publication rates. More specifically, the purpose is to present information related to:

- 1. number of publications by faculty who were awarded tenure;
- 2. publication rates by academic rank, and;
- 3. assessment of the publication rate as influenced by the number of advanced education programs.

METHODOLOGY

A questionnaire was developed that sought information regarding publications authored by faculty at various academic ranks and also sought information relative to faculty who received tenure in the current academic year. In 1990, the survey was sent to the deans of all United States and Canadian dental schools. Consistent with the previous study. the information requested was the number of publications that appeared in refereed journals. No attempt was made to identify other types of scholarly activity. Thus, publication of books, chapters in books, and monographs were not included in the current study. Further, no attempt was made to assess the quality of the journal articles.

In order to assess the effect of advanced education programs on scholarly activity, the dental schools were divided into two groups based on the number of advanced programs. The median number of advanced programs was five; therefore, the schools were divided into two groups: those with five or less advanced programs and those with more than five programs. The differences in publication rates were assessed between the two groups by the Kolmogorov-Smirnov (K-S) two sample test. The comparisons were the publication rates of tenure awardees and the number of publications by academic rank.

RESULTS

Sixty-three of the 65 questionnaires were returned for a response rate of 97 percent. However, when responding to questions related to the number of publications, some of the deans did not answer all of the questions. The number of responses are indicated in the tables.

The deans were asked to indicate the number of publications in refereed journals by tenure awardees for the current year (Table 1). There was a wide variation among the responses, with one dean indicating the range for tenure awardees as 0-2 publications. However, 11 deans indicated that those receiving tenure had authored 15 or more publications. Approximately one-third of the deans stated that tenure awardees had 6 to 8 publications.

Table 2
Publications of Full-Time Faculty by Academic Rank

	Number of Schools			
Number of Publications	Instructor	Assistant Professor	Associate Professor	Full Professor
0-5	29 (96.7%)	23 (54. 8%)	1 (2.3%)	1 (2.3%)
6-10	1 (3.3%)	18 (42. 8%)	20 (46.5%)	3 (7.0%)
11-15		1 (2. 4%)	12 (27.9%)	12 (27.9%)
16-20			6 (14.0%)	12 (27.9%)
21-30			4 (9.3%)	7 (16.3%)
31 or mor	re			8 (18.6%)
TOTAL	30(100.0%)	42(100.0%)	43 (100.0%)	43(100.0%)

The number of publications increased as the academic rank became higher (Table 2). At the assistant professor level, 23 deans indicated that faculty authored 0-5 publications while 18 deans stated that assistant professors authored 6-10 articles. Twenty deans stated

that associate professors authored 6-10 publications while 12 deans stated that associate professors authored 11-15 articles. At the full professor level, 12 deans indicated that faculty authored 11-15 articles, and 12 indicated they authored 16-20 publications.

Table 3
Influence of Number of Advanced Education
Programs on Publication Activity of Tenure Recipients

Number	Number of Schools			
of Publications	5 or Less Programs	6 or More Programs		
0-2	1 (3.7%)			
3-5	8 (29.6%)	3 (9.7%)		
6-8	8 (29.6%)	12 (38.7%)		
9-11	3 (11.1%)	6 (19.4%)		
12-14	2 (7.4%)	5 (16.1%)		
15 or more	5 (18.6%)	5 (16.1%)		
TOTAL	27 (100.0%)	31 (100.0%)		

The K-S two sample test indicated no difference in the publication rate between those with five or less programs and those with six or more for tenure awardees (Table 3). For the academic ranks of assistant, associate, and full professor, there were no differences in publication rates by rank as indicated by the two sample K-S test (Table 4).

DISCUSSION

A comparison of the number of publications by faculty who received tenure with the data from our previous study of faculty publication rates suggests that faculty members who receive tenure today have more publications than faculty who received tenure at the time of the original study. In particular, only one dean reported that faculty who received tenure had two or less publications today compared with eleven deans who reported two or less publications in the original study. Twentyone percent of the deans in the original study reported that faculty who received tenure had 12 or more publications; that figure has increased to 30 percent today. Thus, it is evident that faculty who receive tenure today have more publications than those who received tenure in the past. This may be due to increased requirements for scholarly activity or the enhanced ability of faculty to engage in scholarly activity. In summary, the trend appears to be increased activity in the area of scholarship leading to publications in refereed

A comparison of the data in Table

Table 4

Influence of Number of Advanced Education Programs on Publications of Full-Time Faculty

FIVE OR LESS PROGRAMS

Number of Schools

Number					00.100.0	
of Publications	Instructor		Assistant Professor		ssociate rofessor	Full Professor
0-5 6-10 11-15 16-20 21-30 31 or more	16(94.1%) 1 (5.9%)		(65. 2%) (34. 8%)	1 13 7 2 1	(4.2%) (54.1%) (29.2%) (8.3%) (4.2%)	1 (4.2%) 2 (8.3%) 7 (29.2%) 6 (25.0%) 3 (12.5%) 5 (20.8%)
TOTAL	17(100.0%)	23	(100. 0%)	24	(100.0%)	24(100.0%)

SIX OR MORE PROGRAMS

Number of Schools

Number of Publications	Instructor	Assistant Professor	Associate Professor	Full Professor
0-5 6-10 11-15 16-20 21-30	13(100.0%)	7 (36. 8%) 11 (57. 9%) 1 (5. 3%)	7 (36.8%) 5 (26.3%) 4 (21.1%) 3 (15.8%)	1 (5.2%) 4 (21.1%) 7 (36.8%) 4 (21.1%)
31 or mor	e			3 (15.8%)
TOTAL	13(100.0%)	19 (100. 0%)	19 (100.0%)	19(100.0%)

2 with similar data from the original study indicates that faculty publication rates have increased at the ranks of associate and full professor. Although the publication rate has increased at the assistant professor rank, the increase is not as evident as is the increase at the other two ranks. The change in publication rates may be due to the emphasis on scholarly activity in dental education in many dental schools. As enrollments have declined, the time available for scholarly activity has increased. This

change may account for the increased publication activity. In addition, our study of the tenure process² indicated that dental deans perceive an increased importance of scholarly activity for dental faculty.

The effect of the number of advanced education programs shows the same trends that have previously been discussed, that is, increased numbers of publications. When considering tenure awardees, the publication rate has increased for those schools with five or less advanced education programs as well as for those with six or more programs. Therefore, it is evident that the number of advanced education programs has had an equivalent effect on schools regardless of the number of advanced education programs. When considering the number of publications by academic rank, the publication rate has increased in all schools regardless of the number of advanced programs especially at the ranks of associate and full professor. Therefore, it is concluded that the publication rate does not differ according to the number of advanced education programs, but compared with the original study the publication rate has increased for schools with few advanced education programs as well as for those with greater numbers of advanced programs.

The literature reviewed in this paper suggests that the nature of tenure may be changing. Several of the cited articles indicate that the traditional approach to tenure may be outdated and in need of revision. Dental schools are now appointing

faculty to non-tenure track positions in order to provide more flexibility for the institution to more quickly react to changing conditions. As these faculty are not eligible for tenure, the requirements imposed on those who are in tenure track positions may change. We suggest that the amount of scholarly accomplishments required to receive tenure in the future will increase as faculty who are evaluated for tenure are expected to perform at a higher level than those who are not in tenure track positions. This expectation, in turn, will result in tenure track faculty devoting less time to instructional activities and a desire to spend more time pursuing scholarly activities so that teaching will be relegated to second-class status. Teaching will be the responsibility of faculty who lack the skills or ability to engage in scholarly activities and part-time faculty who are employed solely to provide instruction. The part-time faculty may have no interest in activities traditionally expected of faculty such as service to the institution and the community.

The implications for dental education of a dichotomy of faculty between those in tenure track positions and those in non-tenure track positions are threefold. First, it has been suggested that less status will be accorded those faculty who are not in tenure track positions resulting in a two-tiered system of dental education with emphasis and rewards favoring non-teaching activities. Second, a higher level of accomplishment will be expected of those in tenure track positions forc-

ing dental schools to hire faculty who demonstrate a high level of potential for research and publication. Third, the continuity of instruction provided by full-time faculty who are primarily teachers may be compromised as more instruction is provided by part-time faculty who are not available to counsel and tutor students if they encounter problems that arise as part of the learning process.

SUMMARY

A study was conducted to gather data from dental deans regarding the publication rates of faculty in dental schools. An analysis of the findings suggests that when compared with a previous study the rate of publication has increased. For tenure awardees, the number of publications has increased when the findings of the current study are compared with the original study. At all academic ranks, the publication rate has increased. The increase is more pronounced at the ranks of associate and full professor. The effect on the publication rate is the same for those schools with small numbers of advanced education programs when compared with schools that have larger numbers of advanced programs.

The changing nature of dental education has resulted in an increased emphasis on scholarly activity involving a shift away from teaching and toward scholarship. This shift is evident in faculty publication rates when the findings of the

two studies conducted by the authors are compared. In the future, it may be expected that dental faculty may be required to contribute to the professional literature at a rate equivalent to or greater than is required at the present time.

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NEWS OF FELLOWS

Jesse T. Bullard Chair of the Department of Operative Dentistry was recently named Chair of the Department of Restorative Sciences at the Baylor College of Dentistry. Dr. Bullard joined Baylor's faculty after retiring from the U.S. Army Dental Corps with the rank of Lt. Colonel. A Diplomate of the American Board of Prosthodontics, Dr. Bullard is a Past-President of the Federation of Prosthodontic Organizations and current Vice President of the Academy of Fixed Prosthodontists.



Jesse T. Bullard

Gordon J. Christensen of Provo, Utah was recently honored by the Pierre Fauchard Academy with the presentation of the annual Pierre Fauchard Academy Gold Medal. Dr. Christensen is founder and co-director of Clinical Research Associates.



Gordon J. Christensen



Carlton H. Williams

Carlton H. Williams of La Mesa, California was recently honored by the Pierre Fauchard Academy with the presentation of the Academy's Distinguished Service Citation. Dr. Williams is a past-president of the ADA and the Federation Dentaire International. This is only the sixth time that the Pierre Fauchard Academy has presented this prestigious award in its 56 years history.

Arthur A. Dugoni was recently elected Treasurer of the Federation Dentaire Internationale. A Past-President of the California Dental Association and the American Dental Association, Dr. Dugoni is the Dean, University of the Pacific School of Dentistry in San Francisco.



Arthur A. Dugoni

Theodore T. Fortier recently received the "Dentist of the Year Award" from the Southern California Academy of General Dentistry. A Past-President of the Los Angeles Dental Society and of the Southern California Academy of General Dentistry, Dr. Fortier is in the private practice of dentistry in Los Angeles.

Peter H. Jacobsohn was recently appointed Associate Professor and Head of the Curriculum in Oral and Maxillofacial Surgery at Marquette University School of Dentistry. Dr. Jacobsohn is the President of the International Federation of Dental and Anesthesiology Societies as well as Vice President of the American Academy of the History of Dentistry.



Peter H. Jacobsohn

Baxter E. Johnson, Jr. Associate Professor and Director of the Postgraduate Program in Orthodontics has been named Chairman of the Department of Orthodontics, Pediatric and Geriatric Dentistry at the University of Louisville School of Dentistry. Dr. Johnson is certified by the American Board of Orthodontists and served in the Army Dental Corps retiring from active duty in 1987.



Baxter E. Johnson, Jr.



Theodore T. Fortier

Paul Goldhaber and Harald Löe were recently honored with the presentation of the Harvard Dental Medal for their contributions to dental education, research and patient care. Dr. Goldhaber is Dean Emeritus and Professor of Periodontology, Harvard School of Dental Medicine and Dr. Löe is Director of the National Institute of Dental Research. The award ceremonies were held at a symposium and banquet marking the 125th year of the Harvard School of Dental Medicine. Also honored at the banquet were Per-Ingvar Branemark, M.D., Ph.D., founder and head of the Institute for Applied Biotechnology, Goteborg, Sweden and Robert D. Sparks, M.D., President Emeritus of the W. K. Kellogg Foundation.

H. Martin Deranian recently received an Award for Excellence in Medical Communication and an Award of Distinction in a writing and audiovisual contest sponsored by the New England Chapter of the American Medical Writers Association. Dr. Deranian's winning entries were a television videotape segment produced for the National Institute of Dental Research entitled, "The Changing Faces of Dentistry," and a booklet, "The Origins of Dentistry in America," written for the Massachusetts Dental Society. A Past-President of the American Academy of the History of Dentistry, Dr. Deranian is in the private practice of general dentistry in Worcester, Massachusetts.



H. Martin Deranian



Photographed at the Harvard School of Dental Medicine's 125th year celebration are from the left: Dr. Robert Sparks, Dr. Harald Löe, Dr. R. Bruce Donoff, Dean of Harvard School of Dental Medicine and Dr. Paul Goldhaber.

Erwin C. Lubit has been named to direct The Cleft Palate Group established at the New York University College of Dentistry. The Cleft Palate Group provides comprehensive onsite diagnosis and treatment of cleft palate patients and is co-directed by Dr. Stuart Super, Director of the College's Center for Dentofacial Deformities and Associate Professor of Oral and Maxillofacial Surgery. A Diplomate of the American Board of Orthodontics, Dr. Lubit is a Clinical Professor of Orthodontics at the NYU College of Dentistry.



Erwin C. Lubit

Ronald B. Marks is serving as President and Chairman of the Board of Trustees of the American Association of Oral and Maxillofacial Surgeons. A Past-President of the Louisiana Dental Association and of the Southeastern Society of Oral and Maxillofacial Surgeons, and a Diplomate of the American Board of Oral and Maxillofacial Surgery, Dr. Marks practices in Alexandria, LA.

Martin Naimark of Farmington Hills, Michigan was installed as President of the Pierre Fauchard Academy during the ADA meeting in Orlando. A past Vice-President of the Michigan Dental Association, Dr. Naimark has served as a Trustee of the American Fund for Dental Health and was a recipient of the Michigan Dental Association's Dentist of the Year Award, as well as the Alpha Omega Fraternity's Meritorious Service Award.



Martin Naimark



Ronald B. Marks

Michael C. Matzkin recently completed his term as President and Chairman of the Board of Trustees of the American Association of Oral and Maxillofacial Surgeons. A Past-President of the Connecticut Society of Oral and Maxillofacial Surgeons, Dr. Matzkin is in private practice in Waterbury, CT.



Michael C. Matzkin

Sanford S. Scheingold was the recipient of the Ohio Dental Association's 1992 Distinguished Dentist Award for his extensive and outstanding service to dentistry. Recognized twice by the Ohio State Legislature as the recipient of the "Outstanding Citizen Award of the State of Ohio" Dr. Scheingold has served as President of the Ohio Dental Association and was in the private practice of Oral Surgery until 1990.



Sanford S. Scheingold

Linda C. Niessen was appointed Chair of the Department of Community Health and Preventive Dentistry at Baylor College of Dentistry. A Past-President of the American Association of Public Health Dentistry, Dr. Niessen is a member of the Department of Veterans Affairs Advisory Committee on Geriatric and Gerontology Education. She received the 1990 Distinguished Alumni Award from Harvard School of Dental Medicine and the 1986 Geriatric Dental Health Care Award from the American Dental Association.



Linda C. Niessen

Earle F. Cote is serving as President of the American Association of Orthodontics and the recipient of the Distinguished Service Award of the Orthodontic Alumni Society of Columbia University, Dr. Cote has practiced Orthodontics in Greenwich, CT since 1957.



Earle F. Cote

William F. Wathen has been named Associate Dean for Institutional Advancement and Community Affairs at Baylor College of Dentistry. Dr. Wathen has served as Editor-in-Chief of the Journal of the American Dental Association and the Texas Dental Journal. He was named Texas Dentist of the Year in the 1988 by the Academy of General Dentistry.



William F. Wathen

Donald G. Woodside was the recipient of the Canadian Dental Association's 1992 Distinguished Service Award. Professor and Head of the Orthodontic Department, Faculty of Dentistry, University of Toronto, Dr. Woodside received an honorary doctorate from the Karolinska Institute in Stockholm, Sweden in 1989 and the Ketcham Award from the American Association of Orthodontists in 1990. Dr. Woodside is also a Diplomate of the American Board of Orthodontists.



Donald G. Woodside

Ronald D. Woody, Professor and Director of Graduate Prosthodontics at Baylor College of Dentistry is presently serving as the President of the American College of Prosthodontists. A Diplomate and current examiner of the American Board of Prosthodontics, Dr. Woody is a Past-President of the American Academy of Fixed Prosthodontics.



Ronald D. Woody

Geraldine T. Morrow, Immediate Past-President of the American Dental Association, recently visited the National Headquarters of the American College of Dentists in Gaithersburg, MD. Dr. Morrow is photographed in front of the ACD national office with Dr. Gordon H. Rovelstad, ACD Executive Director Emeritus.



Dr. Geraldine T. Morrow, right, with ACD Executive Director Emeritus Gordon H. Rovelstad at the new ACD National Headquarters.

SECTION ACTIVITIES

EUROPE

The European Section published its annual newsletter edited by Section Secretary/Treasurer Juan Serrano of Menton, France. The newsletter provided its Fellows with a summary of the year's activities.

The Section held its annual meeting in Vilamoura, Portugal on June 23rd and elected the following officers: Chairman Gil Alcoforado, Vice Chairman Frank Braun and Secretary/Treasurer Juan Serrano. The Section increased its dues from \$5. to \$20. U.S. dollars and Dentsply International agreed to continue the sponsorship of the Harold Hillenbrand Memorial Lecture. The 1992 Hillenbrand Lecture was to have been delivered in Portugal by Dr. Harold Loe. Dr. Loe was unable to attend and was replaced by Dr. Kenneth Rudd.

During the Annual Luncheon, the European Section presented Dr. Runo Cronstrom with a Certificate of Appreciation for his efforts while serving as Chairman of the European Section for the past two years. Although unable to attend, the fol-

lowing Fellows were honored for 25 years of Fellowship in the College Dr. Adrian Cowan and Dr. George Rousieres. Honored for 15 years of Fellowship were Dr. Jose-Manuel Losada and Jan Ahlberg.

During the F.D.I. Annual meeting in September in Berlin, Vice Chairman Frank Braun hosted a reception in his hotel suite for European Section Fellows.

The European Section inducted the following Fellows into the College in Orlando: Drs. Andrew Macdonald (England), Jean-Claude Chaussy, Michel Kadouch, Claude Lemoine, Peter Pre' (all from France), Aidan O'Reilly (Ireland) and Heinz Erni and Peter Guldener (Switzerland).

The European Section also held a meeting at Orlando during the ACD Annual Session. Present at this meeting were: ACD President-Elect Dr. Albert Wasserman, Regency #2 outgoing Regent Ruth Friedman and incoming Regent James L. Palmisano. Dr. Friedman was recognized and thanked for her excel-



Photographed at the meeting of the European Section in Orlando are from the left: Dr. Paul Feinman, ACD President Albert Wasserman, Drs. Ajax Menekratis, Peter Pre', Ruth S. Friedman, Michel Dupuytout, Michel Kadouch, James Palmisano, Juan Serrano, Peter Guldener, Pierre Marois, Runo Cronstrom, and Claude Lemoine.

lent service to the European Section.

The European Section noted with pride the honor bestowed upon its past Chairman Dr. Pierre Marois when he was decorated by French President Francois Mitterand who promoted Dr. Marois to Officer of the French Legion of Honor.

The next meeting of the Euro-

pean Section will be held during the Annual Meeting of the American Dental Society of Europe in Budapest, Hungary June 22 - June 25, 1993.

COLORADO

The Colorado Section completed a successful 1992 with several well-attended activities. The Section started the year with ACD President Thomas W. Slack addressing the Fellows at the Denver Mid-Winter Meeting. In the month of May the Section Fellows entertained senior dental students from the University of Colorado School of Dentistry at the "Thomas Slack Annual Picnic." In June the Colorado Section held a combined breakfast with the ICD and the Pierre Fauchard Academy at the Colorado Dental Association Annual Meeting. In September, Section Chairman David L. Drake presented a course in Ethics at the School of Dentistry and the following day the Section held its Annual Fall Brunch at the Denver Country Club. Dr. Donald Klier was the speaker and gave an update on the School of Dentistry.

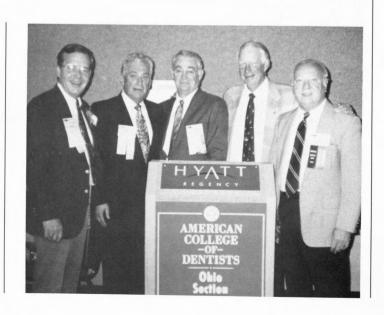


Photographed at the January meeting of the Denver Section are from the left: Chairman David L. Drake, and two distinguished members of the dental profession and Fellows of the College, Dr. Miles R. Markley and Dr. Wilmer B. Eames.

OHIO

The Ohio Section held its annual meeting in Columbus and installed the following officers for the 1992-93 year: Chairman James F. Claypool, Chairman-Elect L. Don Shumaker and Secretary/Treasurer C.J. Cavalaris, ADA Seventh District Trustee James F. Mercer was the featured speaker and discussed current issues and concerns of the ADA. The Ohio Section donated \$100 to the student loan funds of the Ohio State University and Case Western Reserve University dental schools. Additionally, the section contributed \$1000 to the ACD Campaign for the 90's.

Photographed at the Ohio Section's meeting are from the left: Chairman-Elect L. Don Shumaker, Immediate Past Chairman Irvin N. Kaplan, ADA Seventh District Trustee James F. Mercer, Chairman James F. Claypool and Secretary/Treasurer C. J. Cavalaris.



MARYLAND

Maryland Section held its Annual Business Meeting December 16 in the historical Farrett-Jacobs Mansion in Baltimore. Dr. Joseph H. Seipp, Jr. and Dr. Gerald M. Bowers received 25 Year Membership Awards and Dr. Laurence (Bud) E. Johns gave a report on the Section Representatives Meeting held in Orlando. The Maryland Section installed the following new officers: Chairman Stanley E. Block, Vice Chairman John F. Patterson, Secretary John M. Grewe, Treasurer George F. Buchness, Past-Chairman W. Michael Kenney and Editor Harry W. F. Dressel, Jr.



Gordon H. Rovelstad, Executive Director of the American College of Dentists, installed the new officers of the Maryland Section. Photographed from the left are: Harry W. F. Dressel, Jr., Editor, John M. Grewe, Secretary, George F. Buchness, Treasurer, John F. Patterson, Vice Chairman, Stanley E. Block, Chairman, and Gordon H. Rovelstad.

NEW YORK

The New York Section held a meeting at the Harvard Club with Dr. John Calamia from the New York University College of Dentistry speaking on Etched Esthetic Restorations.



Photographed from the left are Regency 1 Regent Edward O. McNulty and Fellow Terence J. McGrath.



Photographed at the New York Section's meeting are from the left: Dr. Chester R. Redhead and Dr. Andrew M. Linz.

OREGON

The Oregon Section held its Fall meeting in conjunction with a meeting of the Oregon District of the International College of Dentists. ACD Fellow George A. Ronning and Mrs. Jean Ronning presented a slide and music tour of Eastern Europe which was greatly appreciated and enjoyed by all present. The Section also welcomed its new Fellows Drs. Thomas Dumont, Dale Canfield, James Fratzke and Marion Ratliff.

The Oregon Section will again conduct its very successful Lunch for Learning and 17 Fellows have volunteered to lead table discussions.

Section Vice Chairperson Evelyn M. Strange presented the Section's Student Award to a graduating senior during the Oregon Health Sciences University School of Dentistry Senior Convocation.



Photographed from the left are: Oregon Section Chairman Richard Bates, ACD Regency 8 Regent Walter N. Johnson, Section Vice Chair Evelyn M. Strange and Section Secretary/Treasurer Barton G. Cross.

WESTERN NEW YORK



Western New York's Section Chairman Henry E. Bembenista presented a check for \$1000 to Dr. William Feagans, Dean, SUNY at Buffalo School of Dental Medicine as a contribution to the school's centennial celebration. Photographed from the left are: ACD President Thomas W. Slack, Dean William Feagans, Western New York Section Chair Henry Bembenista and Regency 1 Regent Edward O. McNulty.



The Western New York Section also contributed \$1000 to the ACD Campaign for the 90's. Photographed from the left are ACD President Thomas W. Slack, Regent Edward O. McNulty, WNY Section Chair Henry E. Bembenista and Vice Chairman James R. Orcutt.

	NOMINATION FORM REQUEST	
Name		F.A.C
Address		
City	State	Zip
	Signature	
A nomination portfolio to be used in nomina	ting to Fellowship is obtained from the Executive Office upon	the signed request of any Fellow in good standing.

January 15 — Closing Date for Nominations. Send the form to the American College of Dentists, 839 Quince Orchard Blvd., Suite J, Gaithersburg, MD 20878-1603

INFORMATION FOR AUTHORS

INTRODUCTION

The Journal of the American College of Dentists is published quarterly 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. It is the official publication of the American College of Dentists which invites submission of essays, editorials, reports of original research, new ideas, advances and statements of opinion pertinent of dentistry. Papers do not necessarily represent the view of the Editors, Editorial Staff or the American College of Dentists.

EDITORIAL POLICY

The editorial staff reserves the right to edit all manuscripts to fit within the space available to edit for conciseness, clarity, and stylistic consistency. A copy of the edited manuscript will be sent to the author. All manuscripts are referred anonymously. Only original articles that have not been published and are not being considered for publication elsewhere will be considered for publication in the Journal unless specifically requested otherwise by the Editor.

The primary author must ensure that the manuscript has been seen and approved by all co-authors. Initial receipt of all manuscripts submitted will be acknowledged and, at the conclusion of the review procedure, authories will be notified of (1) acceptance, (2) need for revision, or (3) rejection of their papers.

PREPARATION OF MANUSCRIPTS

Papers should be in English, typed double space on white 8-1/2 X 11 paper. Left hand margins should be at least 1-1/2 inches to allow for editing.

All pages, including Title Page, Tables and Figure Legends, should be numbered consecutively in the top right-hand corner. The first page should list title of manuscript with the first letters of the main words capitalized (do not use Part I, etc.), author's (or authors') initials and name(s) in capitals (no titles or degrees), complete professional address(es) (including ZIP or Postal Code), a short title of NOT more than 45 characters in block capitals, and, as a footnote, any change in corresponding author's address since the paper was submitted. With multiple authors, relate them to their respective institutions by superscript numbers. The first author is assumed to be the one to whom correspondence and reprint requests should be directed unless otherwise stated.

The second page should be an abstract of 250 words or less summarizing the information contained in the manuscript.

Authors should submit an original and four copies of the manuscript and three original sets of illustrations to: Dr. Keith P. Blair, Editor.

Dorlands' Illustrated Dictionary will be used as the authority for

anatomical nomenclature. The American Heritage Dictionary will be used as the authority for spelling nonmedical terms. The American English form of plurals will be used where two are provided. The Index Medicus and Index to Dental Literature serve as authorities for standard abbreviations.

CORRESPONDENCE

Address all manuscripts and related correspondence to: The editor, JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS, 839 Quince Orchard Blvd., Suite J, Gaithersburg, MD 20878-1603.

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A list of references should appear chronologically at the end of the paper consisting of those references cited in the body of the text. This list should be typed double space and follow the form of these examples.

- Smith, J.M., Perspectives on Dental Education, Journal of Dental Education, 45:741-5, November 1981.
- White, E.M., Sometimes an A is Really an F. The Chronicle of Higher Education, 9:24, February 3, 1975.

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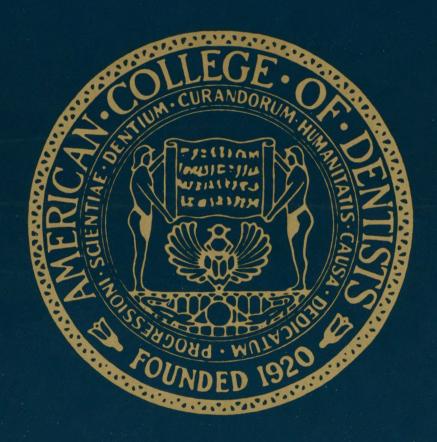
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