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THE WORK of
THE COLLEGE

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excellence, ethics, professionalism,
and leadership in dentistry

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- 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 potential 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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Cover photograph: An organization that does not know its history is at risk of losing its identity.

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FROM THE EDITOR

IN PRAISE of Ambiguity

It is not the information that counts, but who can have it. The preferred method for squeezing the most out of secret useful knowledge is ambiguity.

We all know about Pythagoras and his clever little rule concerning hypotenuses.

But there is more to the story. Although a Greek, he established a religious community in southern Italy based on numerology. But he didn't know beans and forbid eating them because he thought they caused miscarriages. He was eventually driven out by the locals and died in obscurity.

We also have this interesting tidbit from Clement of Alexandria in the second century: "Hipparchus the Pythagorean, being guilty of writing the tenets of Pythagoras in plain language, was expelled from the school, and a pillar raised for him as if he had been dead" (*The Stromata*, Book V, Chapter X). The Masons were none too happy about Mozart's *Magic Flute* either, since it revealed some of their secret rituals. In the fourteenth through sixteenth centuries people killed each other over just how much direct access individuals should have to the foundations of their religious beliefs. With perhaps sufficient justification, many still embrace the comfort of the priesthood. This tradition remains in the casuist approach to ethics, which is part of the foundation for the ADA Code. Qualified experts are sought to provide the official interpretation. The white coat remains a potent vestment of mystery and authority.

Information has value, but trade secrets are worthless unless their use can be controlled. It is not the information that counts, but who can have it. Patents and copyrights afford legal protection, but this is a limited and expensive safeguard. The preferred method for squeezing the most out of secret useful knowledge is ambiguity. Hipparchus got the ax for communicating "in plain language."

Every profession erects a facade of argot. That is a plain English word that means hiding meaning by using words that are not plain English. Lawyers employ Latin phrases for that purpose. Street gangs, wine snobs, and social media mavens invent private languages faster than anyone can learn them. The charitable interpretation of argot is to say it affords precise understanding of nuanced concepts relative to specific contexts. Another function is to identify those who belong to the club and exclude others. Teens talk funny because they do not want parents and teachers to understand them, not because of any linguistic deficiency.

Based on years of publishing scientific papers in several disciplines and serving as a journal reviewer for even more, I have come to the conclusion that one of the critical factors determining acceptance of manuscripts is adherence to an exaggerated form of expression peculiar to each journal. I have had papers rejected with comments that I did not mention the eigenvalue of a factor analysis in the abstract or failed to alert readers to the location of the headquarters of the firm

that publishes the statistical software I used. (Everybody who cares knows that eigenvalues are above 1.0 unless otherwise stated and the value of a t-test is identical at the fifteenth decimal point for all statistical software programs, right?)

The current tussle between EBD researchers and clinicians is not really about how best to integrate science and practice experience with patient values. It is a standoff over whose language to use. To understand the importance of ambiguity, we need to consider the devastating consequences that would follow on an informed public. The number of lawyers would fall precipitously. There would be less work for television commentators who explain that unemployment figures and stock prices do not mean what they appear to mean. Informed consent would be about mutual choice rather than risk management.

In a recently published *JADA* paper, colleagues and I reported on the behavior of dentists in using precise diagnostic information (lab test results and demographics) to arrive at precise diagnoses. More than 10% of dentists volunteered that this was an unrealistic exercise because their diagnoses might not be right.

The issue is not whether a number is precise but whether one is better off knowing the number than remaining ignorant of it. What is at stake is who is allowed to interpret the numbers. If the

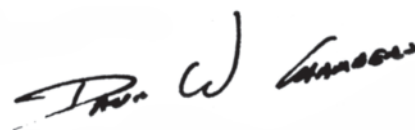
facts are there for anyone to use, interpreters lose status. Clerks can push out accurate numbers. Informed consumers can understand them. Professionals need to insert themselves between the numbers and the users. Because we cannot stop the numbers in this age of the Internet, those who want control must argue that the numbers are intrinsically ambiguous and not to be taken at face value.

The trap that professionals should avoid is offering their own precise interpretations. It would be too easy to compare the facts with the professional decisions and thus conclude that one or the other is wrong. The ideal circumstance for professionals is to reserve to themselves the privilege of interpreting facts and to speak in terms of ranges or possibilities with unnamed contingencies. The range must be workable for clients but large enough to cover the professional's reputation in the event of surprises.

You might enjoy trying the following little experiment. When making a point to others, be as precise as possible. Mention sources, quote exactly if possible, and above all, use specific numbers. "The vote was 67 to 60." "I am going off page 3 of the last set of minutes." Do this consistently for a week and pay attention to how much agreement and push-back

you notice. For the next week go to the opposite extreme. Be vague and general. "The vote was pretty close." "I think I saw somewhere..."

I have done this several times. If your experience is like mine, you should see much better acceptance of the ambiguous comments. Being precise restricts what others can think; it often comes across as controlling. We like to have room to make up our own mind, including the freedom not to comment if the other person seems to be better informed than we are or if the facts are inconvenient. It is part of our sense of freedom not to have to make up our minds when there is a risk of being wrong.



THE WORK OF THE COLLEGE

The history of American dentistry and the history of the College grew in parallel—with the College always being about a decade in front of the profession generally in terms of identifying and addressing emerging issues.

The American College of Dentists was founded in 1920 to assemble a group of dentists with the potential to strengthen a wobbling young profession of dentistry. It certainly has. During this almost 100 years, dentistry has coalesced from a general name for a conglomeration of self-identified purveyors of isolated craft services and a few men of high professional ideals searching for a common standard based in science to a highly regarded profession. In many respects, dentistry in 1920 was like naturopathic medicine is today.

This history of American dentistry and the history of the College grew in parallel—with the College always being about a decade in front of the profession generally in terms of identifying and addressing emerging issues. The College has never forced solutions on the profession and it has remained carefully “nonpolitical” in the sense that we do not hire lobbyists, support candidates for office, or agitate for a view of social reform. But the College has earned respect for being the first to react to unfolding challenges and opportunities and for its hosting the conversations that clarified the wiser paths forward.

The reason the College grants Fellowship to leaders in the profession is to bring together those with vision and broad influence. Fellows are expected to contribute to the professional, both through the policy initiatives of the College and in the other leadership positions they hold. Such contributions

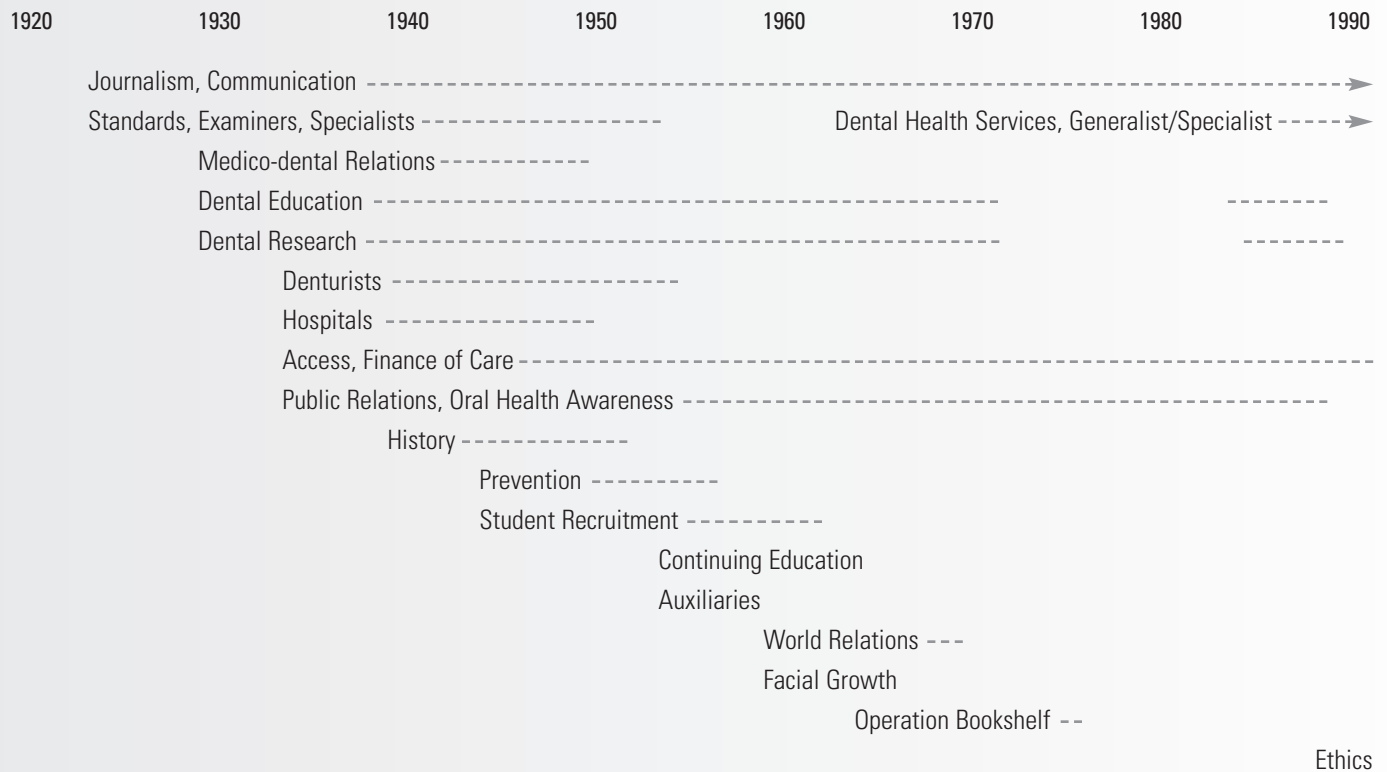
are expected both before and after induction to Fellowship.

The history of the American College of Dentists and the history of the dental profession are the same. What drew the attention of the College in 1920 emerged as the way forward in dentistry in the 1930s and so forth. The College has been similarly beforehand with concerns over commercial influences on the profession, denturists and other underqualified providers, prevention, standards for dental education, research and the scientific foundation of practice, and certainly ethics.

The figure on the next page is a timeline of the committees of the College during its first 75 years. Some of the committees have been in place across the entire history of the organization, although their names have changed to reflect the fashions of the day. Some had shorter lives because the problems they spoke to subsided. Each line on the chart represents a continuous focus of attention in dental policy formation by the College from the leadership within the Fellowship.

Early meetings of the College were given over to this kind of committee work, with expectations that Fellows would also make themselves available for inter-meeting correspondence and supplement their fact-finding and discussions as they gathered as leaders in other organizations. At a minimum, early committees generated eight-to-ten-page reports each year that filled the early issues of the *Journal*. Some committees went further. In the early 1930s the College published the report of its Commission on Journalism—a 350-page

FIGURE 1: TIMELINE OF ACD COMMITTEES DURING ITS FIRST 75 YEARS



book, rich in data and bristling with recommendations. In the 1940s the History Committee produced reports, including a 150-page investigation of Horace Wells. In the early 1960s, the College, under the auspices of the Committee on Student Recruitment, issued a 100-page study of *The Dental Student*, compiled by Dr. Douglas More, a sociologist.

A shift occurred in the 1960s with even more numerous standing committees, many of which had assigned consultants. Gradually, the topics of these committees drifted away from fact-findings and recommendations to planning panels for programs at the Convocation. By the 1980s, the large structure of standing committees was set aside. Currently, the College has only one standing committee that focuses on the relationship between the College and the profession or the public—Communications.

One way of demonstrating this relationship between the College and the profession is to review the President's

and President-elect's speeches through the history of the College. Eight such presentations are included in this issue, beginning with the first publication of the *Journal of the American College of Dentists*, and picking roughly one per decade up to the beginning of the tenure of the current editor.

The early speeches were given by the president, who summarized the accomplishments of the numerous standing committees during the past year. The early meetings of the College were intended to craft positions to influence the profession. There were no national convocations from 1942 through 1946 because World War II, and Sections were encouraged to induct fellows locally. Following the war, the major speech was given by the President-elect and it took the tone of alerting new Fellows to issues they should be informed about. ■

The early meetings of the College were intended to craft positions to influence the profession.

BISSELL B. PALMER, DDS, FACD

St. Paul, Minnesota
August 5, 1934



Bissell B. Palmer,
DDS, FACD

It is customary for the president of an organization such as this to deliver an address at the conclusion of his tenure of office. Your present incumbent is particularly gratified to have this opportunity to review briefly the developments within the College during the present administration, and to discuss some of the pressing problems of the day in dentistry and the possible leadership relation of the College to these problems.

I. DEVELOPMENTS WITHIN THE COLLEGE

A. Basic philosophy of the present administration. The basic philosophy of the present administration has been to strengthen the foundation for the continual development of the College. It has been recognized that desirable developments can be brought about only through deliberate, careful planning, the results of which will become cumulative through a succession of years. For this purpose additional standing committees have been appointed to cover various fields. The members of these committees have terms of from one to five years. The former Committee on Education, Research, and Relations, at the suggestion of its chairman, has been converted into two committees: one, the Committee on Research and Education; the other, the Committee on Relations. The Commission on Journalism has been augmented to consist of nine members. In addition to filling vacancies on the existing committees on Endowment and Legislation, the following new committees have been appointed: Dental Prosthetic Service, Editorial Medal Award, Hospital Dental

Service, and Socio-Economics. In choosing the personnel of these committees an endeavor has been made to select Fellows so equipped with ability, contacts, and experience as to enable them to contribute effectively to the specific requirements of each committee. It is confidently expected that the labors of these committees will result in important constructive developments of value to the dental profession.

B. *Journal of the American College of Dentists.* The first issue of the *Journal of the American College of Dentists* was published in January 1934. The birth of this *Journal* emphasizes in a practical manner the views of the College, as formally expressed, respecting the periodical journalism of dentistry. The *Journal* will serve two main purposes: It will act as a cohesive force by keeping the Fellows constantly informed of the activities of the College, and by giving them a forum for the expression of constructive views; and it will express an enlightened, progressive, and unselfish leadership in dental affairs, whenever and wherever such a leadership seems necessary or desirable. The Board of Editors of the *Journal* is composed of your Officers and Regents. The Executive Officer of the Board is the Assistant Secretary of the College, Dr. William J. Gies, whose literary ability, journalistic experience, and general knowledge of dental education and

research and the public and other relationships of dentistry eminently qualify him for such a post. The dental profession as well as the College is most fortunate in the continuing services of this intellectual and practical idealist. The first volume of the *Journal* is being published without financial assistance from advertisements. The importance of the *Journal*, however, and the evident need to increase the number of pages per volume, make it desirable to provide additional funds for its support. Accordingly, it is recommended that the quarterly issues be increased to 64 pages, and that a limited number of carefully selected advertisements be accepted on a basis conforming with the advertising code adopted by the American Association of Dental Editors. [Editor's note: *The Journal of the American College of Dentists* has never carried advertisements.]

C. Further European study of health insurance. In December 1933, a situation having arisen to make it desirable to recheck certain health-insurance information obtained in Europe by Simons and Sinai in 1930, under the sponsorship of the College, a second European study was undertaken by the College in collaboration with the Michigan State Medical Society. Under the financial sponsorship of both organizations, Dr. Nathan Sinai spent four weeks of intensive investigation of current conditions affecting the practice of medicine and dentistry in Europe, but particularly in England. The results of the study have been published in the *Journal of the Michigan State*

Medical Society. Dr. Sinai will discuss certain phases of his report at this convocation. [See the succeeding article in this issue.] In the years to come the American College of Dentists will assuredly derive deep satisfaction from its early and continuous contributions to the knowledge of medico-dental socio-economics.

D. Inauguration of all-day convocation. The rapidly developing activities of the College have made the customary brief convocation following an annual dinner inadequate for effective conduct of our affairs. It is expected that all-day convocations, similar to the one this year, will correct this difficulty.

E. Support of the *Journal of Dental Research*. In keeping with the expressed policy of the College to lend every possible support to the cause of non-proprietary journalism, and to help perpetuate the *Journal of Dental Research*, the Regents have voted \$1000.00 to the *Journal's* support during 1934, its first year under the ownership of the International Association for Dental Research.

F. Establishment of Sections of the College. The creation of local Sections has long been under consideration, as a natural development of the College.

Whenever developing trends indicate that dentistry must thoroughly study some vital problem, the American College of Dentists should be prepared to shoulder the early responsibility of such a study, if others do not.

We recognize the principle that the public does not exist for the benefit of the health-service professions, but, on the contrary, these professions exist for the benefit of the public.

Sections are expected to stimulate *esprit de corps*, and to maintain interest in the affairs of the College during the intervals between convocations. Under the intensive attention of the Assistant Secretary, Dr. Gies, accredited Sections of the College have been established as follows: Kentucky, Northern California, Maryland, Minnesota, New York City, and New England.

G. Increase in annual dues. The nominal dues of five dollars charged the Fellows annually since the organization of the College, in 1920, was sufficient during the period when activities were limited to an annual meeting and the bestowal of Fellowships. In 1928 the College undertook various activities that required expenditure of some of its surplus funds in addition to its annual income from dues. In 1930, the financing of the European study of health insurance and the subsequent publication of the related report required approximately \$16,000. The survey by the Commission on Journalism and the publication of its reports have further depleted our surplus funds. The remaining surplus, as indicated by the current report of the Treasurer, seems sufficient for all the ordinary purposes of such a fund. It would seem unwise, however, to deplete this surplus further by utilizing it to finance current activities, the cost of which are ordinarily met, in organizations, by income from dues. If the College is to maintain the important position it holds in the dental world, it is essential that its current activities and responsibilities be continued. It would seem the better part of wisdom to adjust our annual dues so that they will more closely approximate our current expenditures. Accordingly, it is recommended that the annual dues of the College be soon increased from five to ten dollars. It is confidently expected that the pride of the Fellows in the continuing accom-

plishments of the College will cause them to feel that even in these times such an increase is both justifiable and desirable.

II. DENTISTRY'S CURRENT PROBLEMS

Probably never before have so many perplexing problems confronted the dental profession. In this critical period, effective solution of these situations is essential if dentistry is to maintain not only its professional standing, but its very existence. The American College of Dentists must perform the services usually demanded of shock troops. We must have the concepts, the will, the resources, and the mechanism to meet any emergency. We must support the leadership and uphold the purposes of the American Dental Association whenever its leadership is adequate and its purposes sound in professional principles. If national dental leadership should be weak, deficient, or without vision, or should tend to divert dentistry from its path of destiny, the American College of Dentists must *temporarily* supply the necessary leadership, and resist untoward developments. Whenever developing trends indicate that dentistry must thoroughly study some vital problem, the American College of Dentists should be prepared to shoulder the early responsibility of such a study, if others do not. Such is my concept of the role of the American College of Dentists in the affairs of dentistry. If this doctrine is sound, the College must intensively interest itself in every important problem affecting the profession, for only in knowledge is there strength and the power to achieve advancement.

The importance of the College in dental affairs makes it desirable to record our position on several serious questions now confronting the profession.

Accordingly, the following principles as affecting current major problems are presented for your consideration.

A. Health-service socio-economics.

Important social and economic changes are currently taking place in the United States, and the health-service professions are not insulated against these changes. We recognize the principle that the public does not exist for the benefit of the health-service professions, but, on the contrary, these professions exist for the benefit of the public. This being so, it is logical to conclude that, in the changing order, the health-service professions must promptly present a comprehensive plan to provide their services to those large groups in the population that are economically unable to avail themselves of health-services under present conditions. In any such plan, however, the professions must protect the public in the quality of the services to be rendered, by equitable consideration of all practitioners who are to administer the services. With such objectives in mind, it is therefore necessary to incorporate, in any proposed health-service plan, the following provisions:

- (1) Adequate health-service for all low-income groups in the population
- (2) Limitation of the income-eligible group so that groups able to pay the proper fees of private practice will not be included.
- (3) Extent of services adjusted for the various age-groups, so that although *adequate* dental care shall be provided for all, special emphasis can be placed on the preventive phase for children and young adults
- (4) Adequate compensation for health-service practitioners
- (5) Control and operation of the plan by the health-service professions, with complete elimination of political interference and commercial exploitation

- (6) Free choice of practitioners by patients and free choice of patients by practitioners
- (7) Continuance of the private-practice system of health-service as opposed to a general clinic system
- (8) Elimination of cash payments to patients, benefits under the plan to be strictly limited to professional services
- (9) Provision in the system for periodic post-graduate courses, vacations, and pensions for practitioners
- (10) Maintenance of the attractiveness of health-service professions as careers, so that prospective practitioners possessing high coefficients of ability, character, intelligence, and ambition may, for the benefit of both the public and the professions, continue to enter and remain in the service
- (11) Retention of the fundamental American doctrine that provides for rewards in compensation, prestige, and position to individuals in direct proportion to their ability, industriousness, conscientiousness, and personal attributes. To forsake this principle for regimentation would put a premium on indolence, indifference, and inefficiency in health-service.

B. Dental education. For more than a decade the matriculation in dental schools has been annually decreasing. In this trend, a serious development in relation to the future of the profession must be recognized. That the later phases of this condition are not due solely to present economic conditions is indicated by the fact that the matriculation in medicine, and other professions, is still in a pronounced upward trend. In any consideration of causes of this develop-

ment attention must be focused on the minor differences existing in entrance and curriculum requirements at the schools for the medical and dental degrees. Sufficiently high standards of dental education are of course essential; but if our requirements are made so high that matriculants can obtain a medical degree with but little or no additional expenditure of money, time, and effort, they may find the privilege of practicing the whole of medicine—with its choice of many specialties—instead of the restricted field of dentistry, so attractive, that in a comparatively short period of time the public may be faced with a shortage of dental practitioners. Serious and intensive study of this problem, in the public interest, would seem to transcend in importance any other question now before the dental educators.

C. Prosthetic dental laboratories and technicians. Owing to continuous indifference and lack of practical understanding of the problem, the profession has allowed almost all phases of prosthetic dentistry to drift into the hands of prosthetic laboratories and their technicians. Today these groups have become highly organized, aggressive, insolent, threatening—and are beyond the control of the profession. We must develop a program of action that will return full control of prosthetic dentistry to the dental profession, regardless of any temporary sacrifice of personal convenience to practitioners that may be involved in the process. Cooperative laboratories under absolute professional control, with graduate dental management, is but one counteractive possibility. Union strikes and picketing against practitioners cannot be tolerated in a health-service profession, any more than similar activities can be permitted in the police

or fire departments, or other agencies related to the public safety.

D. Oral surgery not a part of medical practice. The Acting Dean of the Dental School of Columbia University, in his report for 1933 to the President of that University [Editor's note: Dr. Willard C. Rappleye became dean in 1933], stated that "Oral surgery is, of course, already recognized as a specialty of medical practice. It is primarily surgery, rather than dentistry, however, and the preparation for it should be on the basis of other surgical specialties, i.e., graduation from medicine, a hospital experience, and a sufficiently prolonged graduate training in the sciences and clinical aspects of the field in order that the oral surgeon may in fact be fully qualified to meet the responsibilities which may be placed upon him." The following facts are submitted in rebuttal of the statement made by the dean:

(1) Oral surgery is taught in dental schools; it is ignored in nearly all medical schools; and the few medical schools that give instruction in the subject, do so only casually or indifferently. This statement is borne out by the investigation conducted by the Carnegie Foundation in 1929-1930, and by a study of the current curricula of the dental and medical schools.

(2) In most hospitals, oral surgery is practiced by holders of the DDS degree.

(3) The American Society of Oral Surgeons and Exodontists is composed of dentists. The American Association of Oral and Plastic Surgeons is composed largely of practitioners possessing both

dental and medical degrees. There are no other national organizations of oral surgeons.

(4) Keen dental observation and investigation gave humanity surgical anesthesia. So also has dental ingenuity, study, and an ambition to develop an important field of health-service, produced the recognized dental specialty of oral surgery.

(5) The "School of Dental and Oral Surgery," the formal title of the Dental School of Columbia University, implies recognition of the fact that oral surgery is a part of dentistry.

(6) An intimate and thorough knowledge of dental and oral organs, conditions, and diseases is essential to the practice of oral surgery. Experience has repeatedly shown that even world-famous physicians have a very limited practical knowledge of oral diagnosis and oral surgery. Oral surgery has been developed by dentistry as a specialty to the point where apparently it now becomes attractive to medical practitioners, but this would not justify its appropriation by medical practitioners. It is believed that the best interest of the public will be served by continuing the practice of oral surgery as a part of the practice of dentistry. Any contrary development would be of vital concern to dentistry, for disintegration of the profession would rapidly follow the designation of oral surgery as a part of medical practice. If that were done, and oral surgery were so defined by statute, such orthodox dental procedures as removal of teeth, of cysts, and of epulides, treatment of fractures of the maxillae, etc., would be included in the definition. In any such raid on dentistry, orthodontia would obviously be included as the orthopedic branch of oral surgery. Would not "surgical curettage" in the treatment of periodontia be classified as a form of oral surgery? What then would be left for "dentistry"? If all these dental procedures should be considered as

oral surgery—and that a "specialty of medical practice"—and if prosthetic dentistry should be seized by the prosthetic technicians with the aid of astute but unscrupulous lay politicians, what would become of dental health-service and of the dental profession? It is urged that protective action be instituted wherever and whenever an attempt is made to grasp the dental specialty of oral surgery for medical practitioners.

E. Relationship of dentistry to medicine.

The College by resolution has already expressed its view that dentistry is autonomous, but should be made the full health-service equivalent of a specialty of medical practice (Resolution on autonomy of the dental profession: *J. Den. Res.*, 1931, 11 (cover page ii); Oct). It views the relationship of dentistry to medicine as one of the closest possible intimacy; and in this relationship we urge integration without subordination, and cooperation without humiliation. Dentistry and medicine are both health-service professions that diagnose, prescribe for, and treat, human ailments. One profession has a wider field than the other, but both are motivated by the same spirit of rendering health-service. European experience indicates that whenever dentistry loses its autonomy to medicine, its progress is impaired and its development is hindered. We believe it is to the public interest that dentistry should continue to develop as a separately organized profession.

F. Dental research. Recognizing that research is the power that produces progress in any scientific profession, the College should give every encouragement to those who are devoting their lives to this field in dentistry. Particularly should

we record our recognition of the extremely stimulating effect of the organization of the International Association for Dental Research in 1920, and the rapidly increasing momentum of its scientific contributions to dentistry since that date. [Editor's note: 1919 is usually given as the date for the founding by William Gies of the International Association for Dental Research.] It is recommended that, as a practical stimulant and encouragement to research workers, the College offer annually the sum of \$200.00 as the Research Award of the American College of Dentists to the dentist who, not having been graduated for more than ten years, shall submit the year's most important contribution to dental research, excepting research that may be conducted under commercial auspices or with commercial support.

G. Dental journalism. The views of the College are already on record through its adoption of resolutions on dental journalism and of the reports of its Commission on Journalism (Resolution on dental journalism: *Status of Dental Journalism in the United States*, 1932, pp. 1-2 and Report of the Commission on Journalism of the American College of Dentists: *Status of Dental Journalism in the United States*, 1932. Also *J. Amer. Coll. Den.*, 1934, I, 22 (Jan.) and 33 (April)). It is the opinion of the College that the periodical journals of dentistry should be free from trade-house and other commercial interests and influences, and that journals owned by the profession should be conducted with leadership quality in editorials, with honesty and appropriateness in advertising, and with becoming dignity in all respects.

H. Council on Dental Therapeutics. The establishment of the Council on Dental Therapeutics of the American Dental Association was one of the most

important developments in the profession within recent years. The College should pledge its whole-hearted support to the Council in the effort to protect the public and the profession against spurious claims for, and misleading advertising of, dental products.

I. Dental education of the public.

Dental enlightenment of the public is one of the profession's most solemn obligations. We believe that prevention is the road to health, and that education is the guide that points out this road; but we must differentiate between true dental education of the public and dental advertising conducted under the name of "educational publicity." The difference between the two is largely one of motive. If the movement is actuated by a sincere desire to educate the public to understand the important relationship of teeth to health, that is dental education of the public. If, however, the moving power is the selfish desire to procure patients for dentists, then the activity is dental advertising, and should not be condoned.

J. Ethics. The College has indicated that it is progressive in its views on social and economic changes, but the fundamental concepts and ideals of a health-service profession do not change with changes in economic conditions. That which is improper, distasteful, and unethical in prosperous periods is equally so in times of economic stress. Any practitioner can be ethical when being so involves no hardship or sacrifice. Remaining ethical under stress of worrisome times, however, differentiates the truly professional man from his opportunist fellow practitioner. New methods of procuring patients, by clever devices that would be a credit to the advertising manager of a

The College by resolution has already expressed its view that dentistry is autonomous, but should be made the full health-service equivalent of a specialty of medical practice.

New methods of procuring patients, by clever devices that would be a credit to the advertising manager of a mercantile establishment, bring only discredit to a health-service profession.

mercantile establishment, bring only discredit to a health-service profession. Now is the time for dentistry to hold fast to its professional traditions, ideals, and ethics. If we trade them for *anything* else, we make a bad bargain. If in the social changes that are approaching, dentistry is viewed as a trade instead of a profession, the hopes, ambitions, and labors of our predecessors and ourselves will have been in vain. If we are to retain our status as a true profession, our dental organizations in particular must not condone any activity that would encourage a contrary judgment.

K. National board for dental specialties.

The public must be protected against unqualified dental specialists. Some qualifying body for each specialty is the only practical solution of this problem. The medical profession has recognized its responsibilities in this relationship by establishing national boards in Ophthalmology, Otolaryngology, Dermatology and Syphilology, Obstetrics, Gynecology, and Pediatrics. In addition, the following specialty national boards are in the process of organization: Radiology, Orthopedics, Urology, Neurology, Psychiatry, Proctology, and Gastroenterology. The American Medical Association has adopted a resolution authorizing its Council on Medical Education and Hospitals to express its approval of such special examining boards as conform to the standards of administration formulated by the Council. The resolution further provides for the use of the machinery of the American Medical Association, including its Directory, in furthering the work of accredited examining boards. In a recent general discussion of the subject before the American College of Physicians, it was the consensus of opinion that that organization should take action looking toward its participation in the certification of internists and others engaged in

affiliated specialties. A committee was appointed to make a complete study of the situation and report back at the next meeting of the Board of Regents. The certifying boards already established have organized among themselves an Advisory Board which will serve to coordinate the activities of the several boards. On February 10-11, 1934, in Chicago, a meeting was held of the Advisory Board on Medical Specialties, representative of nine bodies. A constitution and by-laws were adopted. The function of the Advisory Board will be to work closely with the Council on Medical Education of the American Medical Association, and to certify to that body the effectiveness of newly organized specialty boards. If the dental profession is to be progressive, it must not delay consideration of this problem. It is recommended that a committee of three be appointed by the President of the College to study all phases of the preparation and certification of dental specialists (See Specialists: Proper training and certification. *J. Amer. Coll. Den.*, 1934, 1, 81; July).

Your president has regarded the office bestowed upon him by the College not only as a great honor for which he is sincerely grateful, but also as an outstanding opportunity for service to the dental profession. It is his hope that in the years to come some of the seeds planted during this administration will continue to grow to the advantage of the College and the profession. It would not be fitting to close this message to the College without expressing deep appreciation of the excellent cooperation and fine constructive spirit shown during the past year by all the Officers, Regents, and Committeemen of the College. ■

GEORGE W. WILSON, DDS, FACD

Houston, Texas
October 26, 1941



George W. Wilson,
DDS, FACD

The American College of Dentists came into being a little more than 20 years ago. Its mission was established through the vision, courage, and energetic effort of a small group of earnest, sincere American dentists who envisioned the need for constructive leadership in order to stimulate and advance the value and usefulness of dentistry as a health service. At the end of this 20-year period of existence, and at the conclusion of dentistry's centennial as a learned profession, the College has grown to be a powerful influence in the service of the profession. The College has accomplished much subsequent to its founding. Since we as professional men and as citizens have been called upon to perform our patriotic duty in the National Defense Program, I believe it to be particularly opportune today to review our accomplishments so that we may be stimulated to greater activity in assisting to prepare dentistry to meet adequately its full responsibility in the interest of health, safety, or of any call that may be made upon us.

The founders and older Fellows of the College, through years of experience in active service, have pioneered in establishing the obligations of Fellowship and the possibilities of this organization in the service of dentistry. Critics of our efforts, especially those who do not or will not understand our aims, have tried frequently to ridicule the accomplishments of the College, especially in the estimation of our younger members. Many of us have been

content to accept the honor and prestige of Fellowship, but, through carelessness, indifference, or thoughtlessness, have not lived up to that honor, through failure to give back to the College and to dentistry a part of that which has made us what we are. Lethargy, if persisted in, will eventually threaten our usefulness and prestige.

From its beginning this organization has anchored its endeavors to the philosophy of practical idealism and has offered and applied unselfish and non-political leadership to the problems of our profession. The College has not been motivated by a spirit of dictatorship; neither does it assume to be a self-appointed group of reformers. Its policy has been to sponsor activities contributory to the progress of dentistry. These have been carried on until their value was recognized. Then, without projecting itself, the responsibility for further development is passed on to the organized profession.

DENTAL JOURNALISM

The College has fostered a philosophy of dental journalism by advancing principles upon which dental journalism should develop. In 1929 the Commission on Dental Journalism inaugurated an extensive study of dental journalism and initiated an educational campaign looking toward a professionally owned and controlled periodical literature. The basic

idea of that philosophy is that a profession is weighed and judged to a great extent by its literature; that journals owned, controlled, and supported by commercial interests do not represent the profession in a true sense. It is a fact that neither editorial matter nor scientific contributions to proprietary journals contribute to the establishment of a sound professional journalism. The widespread acceptance of this principle, not only by members of the College but also by the profession at large, is the best evidence of its soundness.

Socio-Economics

The social and economic depression beginning in 1927 sparked and set aflame the smoldering pressure of worldwide change. Pressure brought by the government on the health service professions, to find ways and means of providing health service to the medically indigent of our population, created a demand for intensive study of the problem. Among the outstanding achievements of the College has been the study by Simons and Sinai of European systems of delivering health service. This was an epic-making contribution to dentistry and was well worth the thousands of dollars appropriated by the College for the purpose.

Since that period, the College has continued its study of the problem, acting as a fact-finding group, working in the spirit of research. A report on Dental Health Service, Inc. will be given to you later in this session. You will recognize it as another valuable service to dentistry and the public.

DENTAL EDUCATION

Since its recognized establishment a century ago, dentistry has progressed and prospered as an autonomous profession, along the three lanes of literature, organization, and education. The College has always been a strong champion of the continuation of autonomy in all of these directions. It has sponsored the principle that education in dentistry is the responsibility of the dental profession and should therefore be under its directorship, not independently, but in collaboration with other professions and related agencies.

Through the Committee on Education and its constructive work, the College has outlined and advanced principles of education which have proved sound. This has been manifested by the general acceptance of these principles by dental schools, the American dental profession, medical schools, and university authorities. Conspicuous among those principles are autonomy; high entrance and scholarship standards; collaboration in the teaching of dentistry by medical schools and scholastic equality with medicine; expansion of scientific research; condemnation of commercialism in education; and advocacy of the principle that dental schools must, without exception, become an integral part of universities in order that broad, intellectual advantages may be obtained.

PROSTHETIC DENTAL SERVICE

One of the most conspicuous accomplishments of the College has been the preservation of the unity of dentistry as it is now practiced in the United States. The codification of dental laboratories provided by the N.R.A. in 1934 [Editor's note: National Recovery Act] gives evidence of the attempt by the laboratories to establish themselves as a separate industry and to remove the restrictions placed upon them as adjuncts to the dental profession. This revealed the labo-

ratory industry as the most pressing force toward the partition of the profession. Through the Committee on Prosthetic Dental Service, the College disclosed this threat to the profession and offered proposals which have proved to be of mutual help to the welfare of the laboratories as well as to the profession. Typical of the plan of service of the College, the responsibility for further attention to this problem has been accepted by organized dentistry. It does not mean, however, that our Committee will cease to be active. It will continue the splendid work its members have inaugurated and offer full cooperation impartially in the interests of all concerned.

HOSPITAL DENTAL SERVICE

Early in its existence, leaders of the College realized that dentistry could not expand to its full possibilities of usefulness without a program of hospital training in examination, diagnosis, and treatment of oral pathological conditions in cooperation with hospital medical service. Progress toward establishing courses of training for the undergraduate in dental schools, and internship for the graduate who intends to practice a specialty, has been somewhat discouraging. However, the College has succeeded in creating an ever-growing interest in this matter. Influences working to this end are becoming more and more evident. This may be pointed to with satisfaction.

RESEARCH AND MEDICO-DENTAL RELATIONS

The College has been steadily drawn to the belief that dentistry could take its place as the health service equivalent of an oral specialty of medicine only through the successful promotion of a program of research and a more favor-

able medico-dental relation. Because of this conviction the Committee on Dental Research in 1937 projected a program of activity which was intended to arouse a spirit of research, and to attract the interest of the profession. The Committee joined hands in this effort with the International Association for Dental Research by encouraging the young men of our profession to engage in research. Still more basic was the work of the Committee to convince dental and medical educators that a close and cordial relationship between dental and medical students in laboratory and hospital would be a major factor in the promotion of dental research. Obviously, the purpose of associating dental and medical students would be to establish an interchange of point of view between them. The achievement of the College in this activity is well manifested by the symposium offered today on dental caries.

During this administrative year, the Officers and Regents have made a particular effort to stimulate the interest of a larger number of Fellows in the several fields of activity in which the College is interested and engaged. We have attempted to awaken increased activity in the standing committees and develop a closer understanding and relationship with the nineteen Sections of the College. Sections were encouraged to hold annual conferences in which one of the several projects actively engaging the attention of the College could be discussed. Consultants to standing committees have been appointed from the several Sections, to spread the scope of work. Standing committees were reorganized or combined with others in order to eliminate overlapping of duties and functions.

Your attention is directed to the important purpose for which Sections came into being. They were created to cooperate and promote locally the duties

and functions of the College. This plan was conceived because it was believed that a yearly convocation is not enough to keep the work of the College active and continuous. Without Sections our efforts would be occasional and spasmodic. Sections have proved to be a practical means of stimulating interest in the general activities of the College.

A little later this afternoon you will have an opportunity of listening to the individual reports of the several standing committees and the condensed reports of others. I feel confident that you will find much interest in these reports. Through them, together with the report of the Secretary and Regents which you heard this morning, you will be properly apprised of the current accomplishments of the College. We are giving you briefly an account of our stewardship. I have personally appreciated the fine teamwork, cooperation, and sacrifice which committeemen have made to serve the College and dentistry. Their reward will be the satisfaction which follows a work well done.

In closing I wish to express my deep appreciation for the fine cooperation and assistance I have received from the Officers, Regents, and committees during my administrative year. I sincerely hope that our combined efforts will add to the record of the achievements of the College.



Through the Committee on Education and its constructive work, the College has outlined and advanced principles of education which have proved sound.

WM. N. HODGKIN, DDS, FACD

Boston, Massachusetts
August 3, 1947



Wm. N. Hodgkin,
DDS, FACD

Custom has dictated that the president of the American College Dentists shall outline plans for the year's activities in his inaugural address. Hence, in usefulness and taste, it appears to follow that the indicated duty of the retiring officer is to report, reserving for his successor the natural and helpful privilege of outlining his policies and plans for the coming year.

Indeed, insofar as the immediately passing administration is concerned, that too may be dispensed with quite briefly and sufficiently as merely a faithful attempt, in cooperation with the other officers and Regents, to encourage as far as possible the obvious and re-awakening spirit of the College over the past year. It is, however, both instinctively fitting and incumbent to express personal appreciation and congratulations to the committee members and others who have contributed so splendidly to dentistry through the medium of the College. The outstanding contributions of many are held gratefully in mind.

The program which has been arranged for the twenty-second Convocation of the College is one offered with a heartening and genuine feeling of satisfaction by your officers and Regents. The round-table discussion on the theme of Dental Education and the committee reports to which you listened this

morning—coupled with future reports of this afternoon—will reflect accurately the alertness and sound approach with which several committees have undertaken studies, and will further indicate the extent to which their thinking and work have been projected in pursuing the purposes of the College. Balanced by additional features and addresses, the program seems certain to lend admirably to the work for which our organization was founded and to the profession, we seek to serve.

In this year of renewal of annual convocations after a considerable lapse, there was a common view among the officers on the opportuneness and helpfulness of a review of the purposes for which we are organized and the mechanics under which we operate. Accordingly, acceding to this view, Secretary Brandhorst will, in a succeeding address, acquaint you with much information touching the objectives, the functional organization, and the long-range influence of the College. That address will serve a double purpose. It will make clear many sound procedures about which presently there is likely confusion, and it will free me from traditionally imposed presidential duties in interpretation of objectives to follow my own bent in observations.

Since this is the initial Convocation not only for those who have today been admitted to Fellowship but also for those of our Fellows of the past five years, it would seem that we might approach a sort of family discussion of the ceremonial and the appointments of the College

as used in annual Convocations and the induction of Fellows. Though I confess no great confidence in giving more satisfactory expression to deep feelings and inspirational values in this instance than in many other rooted ideals by which we live, it does seem a peculiarly appropriate time to attempt such discussion, just when we have completed a ceremony which was performed in taste, dignity, and in stateliness.

Here, in what we believe a fitting manner, we have shared in conferring Fellowship on a number of our confreres in recognition of their accomplishments and their known adherence to the highest ideals; and in so doing we have renewed our fidelity to those same ideals. Yet, to an outside observer or to one scarcely attuned to the spirit of the moment and lacking appreciation of its real meaning, such a ceremony might be regarded as a vainglorious pursuit for serious professional men. Here, symbolic of a daily cherished attachment to the ideals represented, we have followed the torch and mace of the American College of Dentists. To the uninitiated they could be merely ornamental objects of a meaningless ritual; to the informed they could, and should, be instruments of symbolism through which the highest ideals of a profession are set forth and embraced in constancy. To the end that we may be informed, permit a review of the salient details and symbolism of the torch and mace as related at the time of their dedication on July 16, 1939.

THE TORCH

The torch is of bronze, gold-plated. On it are engraved the names of the organizers and founders of the College. When dedicated in an impressive ceremony at Milwaukee, the then still-living organizers and founders present, seated in groups at the four points of a darkened room, arose carrying lighted candles and with measured steps moved to the center of the room. Here they joined and moved up to and in front of an altar to the unlighted torch and simultaneously touched their lighted candles to it, thus lighting for the first time the symbolic torch of the American College of Dentists. The President then spoke:

On behalf of the Fellows of the American College of Dentists, I accept this torch and consecrate it to the high objectives to which the College is committed, and dedicate it to the memory of those constructive builders who have passed to their reward, and in honor of those who have been and are now active in the advance of dentistry. Those well-known and likewise those who, in modest careers of usefulness, have done what they could to elevate dentistry in public respect and appreciation.

A strong argument may be made for the use of tangible objects of symbolism which enable man to seize on and to strengthen the profound and inexpressible ideals which lie deep within him. Precious and of tremendous value is anything which captivates the intellect and enlists the heart in loftier manner.

THE MACE

Forming the upper hemisphere of the mace, the seal of the College is emblematic of the principles and objectives of the College. The figures immediately below the hemisphere represent the College Officers and Regents, and show them actively supporting the College seal, which is emblematic of their duty to keep ever aloft the College principles and objectives.

The figures stand on, and are firmly supported by, the lower hemisphere of the head of the mace, representing the College membership, and it is emblematic of the whole-hearted support by all the Fellows of the College in all its undertakings. The College itself is symbolically indicated by rose and lavender crystals, the College colors.

The stem or shaft of the mace is divided into three parts: The upper end represents the dental profession as a whole, and indicates the intimate relationship it has with the College and the College has with it, namely, that of service to the profession at large. The middle of the shaft is ornamented on one side with clasped hands and on the

other with a replica of St. Apollonia, the patron saint of dentistry. The former symbolizes the College's friendly attitude toward all sincere and worthwhile endeavors and suggests that the friendly touch of human hands builds in time a mutual esteem. The replica of St. Apollonia is to remind us that the spiritual phases of life's activities are essential to progress, human comfort, and happiness. Immediately below is placed a row of green crystal inserts. The color, green, represents the profession of medicine and is used to denote the interdependent relationship between medicine and dentistry.

The President, in accepting the mace, spoke as follows:

On the spirals of the mace are inscribed the names of the Immortals of Dentistry. Possible inscriptions are recommended, with supporting citations, by the Committee on History for the approval of the Board of Regents, and are authorized only after such searching and careful study that likely it becomes the outstanding and most select honor extant in dental records.

The names thus far inscribed are:

- 1939 (Milwaukee) Greene Vardaman Black, Pierre Fauchard, William John Gies, Chapin A. Harris, Horace M. Hayden, Willoughby D. Miller, Horace Wells
- 1940 (Baltimore Centenary) Solyman Brown, Eleazar Parmly
- 1940 (Cleveland) Jonathan Taft

Such then is some of the symbolism which is embodied in the ceremony we have just shared. Despite its lofty challenges it has not always been fully approved by all, and has even been the subject of public criticism. Whether such public outburst has been a sequel of the College journalistic policy—since the criticisms have appeared in periodical pages presumably affected by such policy—I am not prepared to say; nor do I impute them as being prompted by a sort of defense mechanism. Perhaps it would be more helpful if we regarded them as sincere and genuine reactions. [Editor's note: A group of dentists at the time resented the stand the College had taken against commercialism and created organizations with "more liberal" standards; there is a story to be told here.]

The reaction of individuals and of groups to formal observances is an interesting study, and those varying reactions have engendered differences from earliest times. Especially in our own democracy was there developed almost from the beginning an inherent resentment by many to any deviation from the common way; in a sizable segment of the citizenry any refinements in customary manners or any departure from the simple crudities has at once been labeled pretense, high-hat, and undemocratic. While such study in reactions is interesting, it may not here be pursued at length...

As touching our individual reactions and our response to recognition as well, how many of us here, in becoming modesty, may have asked ourselves the question: “Why was I selected to Fellowship in the American College of Dentists?” We may get part of our answer from an attentive and reflective reading of the inscription on the Certificate of Fellowship, which indicates that the honor was conferred “In recognition of his contributions and devotion to the science and art of dentistry.” This studied expression, in which devotion as a measure of worthiness to Fellowship is in parity with contributions, is significant. It indicates a belief that those chosen for this honor will become increasingly responsive to the highest ideals of professional conduct; it implies a confidence in continuing accomplishment in keeping with those ideals. It unquestionably means that a mere satisfying of any supposed requirements in contributions, without the coupled unselfish devotion to a profession, is not a determinant qualification for Fellowship. Does it not also connote the expectation that an existing devotion will be heightened when shared and recurrently expressed with others of a like cherish of the fullest professional life?...

It must be conceded that the stated elevated aims and tenets of the College

make incumbent that we as Fellows portray those standards as faithfully as is possible in our daily professional lives. If there were a noticeable lack of such careers, we could be seriously concerned about the health and the intended influence of the College. But allow me, as one privileged to have served in several capacities in the College, over a period of time, to observe that I have seen generally just such faithful portrayal by devoted men. I, and you too, have seen the unselfish service of the College at work.

This being true, we may think of the College as representing a dignity in achievement to which young men, starting their careers, may aim; something to bolster their hope and spur their determination to so practice and live as to be deemed worthy of recognition by inclusion in its fellowship. If the College has that meaning—and I am persuaded it has—we can see readily its incalculable and splendid influence. If we can keep it with that meaning, we may join in warm enthusiasm in its works and with confidence in its unbounded usefulness to dentistry. ■

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HARRY S. THOMPSON, DDS, FACD

Cleveland, Ohio
September 27, 1953



Harry S. Thompson,
DDS, FACD

Tonight we exemplify the international character of the American College of Dentists in that I, a Canadian, have been chosen as your president for the coming year.

In conferring this high office upon me, you are making a generous gesture toward all those Fellows of the College who are, like myself, Canadians. I am sure this recognition will be greatly appreciated by them.

For myself, I accept the office with grateful thanks. You know, however, that this honor conferred upon me is one to be accepted with humility and reverence and an awareness of the obligations of the trust imposed. Such a privilege brings with it unusual responsibility, since I must strive to follow worthily in a succession of our standing presidents.

The first task of a president is to deliver an inaugural address. This is according to precedent and tradition. Certainly it harks back to ancient days when the tribe met to hear their chief in council. He told them what they must do, and what they must not do. But tonight, time for this address takes away from your enjoyment of the banquet itself, or from your delight in the entertainment that is to follow. Therefore, I shall be brief.

May I direct my first remarks to those of you who have today been received into the Fellowship of our College. It is a signal honor and one that falls upon comparatively few. You have been singled out from your confreres for this distinc-

tion because you have contributed something of tangible value to the advancement of oral health service and the elevation of standards in your profession.

Your contributions may have been made in one or several ways: To the profession directly; to the patients who come under your care; through your efforts to extend the welfare of the community; or through the inspiration and assistance you have given to worthy students in the study of dentistry.

You carry on a busy practice, but you have gone beyond the call of duty. You have sacrificed private interests and leisure hours to the needs of others. Your achievements have spoken for themselves.

Your first thought on receiving this honor was undoubtedly a question, "To whom do I owe this special recognition?"

My answer to that is, you need look no farther than yourselves. You have been building better than you know. You have been giving freely of yourselves, of your time and your labor, to the benefit of your profession and the better health of the people whom you serve. Need I say that there is also a deeper purpose in thus honoring you. It is our earnest expectation that your knowledge, skill, and enthusiasm will be available, through your associations here, to the further advancement of the standards of our College.

In the days ahead, as you meditate on the honor you have received today, think of the times when you were striving to reach a conclusion to some tantalizing problem, times when you were tired but refused to admit defeat, times when you

were discouraged because it seemed that your efforts were producing no appreciable results or recognition. Then recall that well-worn quotation, "The good that men do bears fruit in due season," and thank God that through this College your opportunities for furthering your good work have been greatly extended.

Your experience is one that has been shared by all who have dedicated their lives to a worthwhile objective. If a man is honest in his endeavors, he is constantly building stepping stones throughout his lifetime, and as he builds he is carried higher and sometimes up beyond the level of his confreres, where his achievements gain recognition and are suitably honored.

The College is unique in that the only reward it has to offer you is a greater opportunity to serve it better. You now have the privilege of consulting and collaborating with over 2,000 Fellows of the College. Theirs is the finest talent in our profession. They are men with keen minds and highly developed aptitudes for every branch of dentistry—research, prevention, prosthetics, education, socioeconomics, organization and statistics. These are your co-workers in this broad field of endeavor.

We welcome you. We need you, and the profession awaits the fruits of our combined efforts.

In 1920, the College was founded by 20 men of vision and courage. Each one of them is worthy of a high place in Dentistry's Hall of Fame. Only four are

living today: Milus M. House, California; Ervin A. Johnson, Florida; Albert L. Midgley, Rhode Island; and Roscoe H. Volland, Iowa.

These men founded our College that it might give inspired leadership in every movement towards better dentistry and sounder health procedure. They gave of their strength to lift dentistry out of the deep rut of purely curative and restorative treatment onto the ever broadening highway of preventive dentistry. For us they formulated standards and ideals, and down through the years the College has never faltered in endeavoring to foster and maintain those standards and ideals.

As an example of the wisdom of the founders, you will observe that "to confer Fellowship" is but one of the five objectives they laid down. Let me remind you once more of these five great objectives:

1. To promote the ideals of the dental profession
2. To advance the standards and efficiency of dentistry
3. To stimulate graduate study and efforts by dentists
4. To improve public understanding and appreciation of oral health service
5. To confer Fellowship in recognition of meritorious achievement, especially in dental science, art, education and literature

Thus you will see that the main purpose of the College was to bring together in one corporate body the finest minds in the profession, that they, working together, might lay a foundation and build an organization that would realize these great objectives.

Its policy has been to study closely all phases and activities contributory to the progress of dentistry. Some of these studies develop into projects. Every project under consideration is earnestly examined and, if found practical, is initiated and carried to a point where its effectiveness is proven. It is then handed over for continuation or completion to a national, state, or local organization.

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Our predecessors have built wisely. The foundations are solid, well and truly laid. The superstructure has been rising each year, gaining eminence and impressiveness. Let us see to it that you who have joined us as Fellows today, and I, inaugurated as President, do solemnly and earnestly devote ourselves to the task for which the structure was designed and that the principles for which it was dedicated may be held inviolate.

From its beginning the College has offered non-political leadership in meeting the problems of our profession. It has not been motivated by a spirit of dictatorship; it does not infringe upon the prerogatives, duties, or privileges of national, state, or local dental bodies. It is not a self-appointed group of reformers, nor does it presume to speak for the profession in any official capacity. Its policy has been to study closely all phases and activities contributory to the progress of dentistry. Some of these studies develop into projects. Every project under consideration is earnestly examined and, if found practical, is initiated and carried to a point where its effectiveness is proven. It is then handed over for continuation or completion to a national, state, or local organization.

The College has undertaken and duly fulfilled tasks great and small in the last 33 years, tasks which hitherto had not been essayed. Each one of these and many others developed into changes or movements within the profession, which will be written into the history of dentistry and dental health of this era.

In order that the College may be made more aware of the changes needs and problems facing dentistry, the College has set up standing committees to study and report on various subjects within our profession, including our professional relations with the general public. Reports of these committees are made available to the Fellows of the College, and some of them have been sent out to all dentists in the United States and Canada.

Outstanding is the Simon-Sinai Report on "The Way of Health Insurance." Another is "Dental Health Plans in Europe"; a third is "Reports on the British Dental Health Plan" by Drs. Myers and Gullett. These reports have provided us with useful information and helped to crystallize opinion in various directions.

The Committee on Prosthetic Service has been and still is one of our most active groups. It keeps the profession posted on the current status of that problem and related developments in various parts of the country. At the present time it is giving special attention and study to dentistry, laboratory, and dental trade relations, a subject which is causing all of us much concern.

The Committee on Prevention is putting extra effort into a study of the factors which interfere with the attainment of maximum dental prevention and control practices. Further reference will be made to the activities of this committee later on in this report.

The Committee on Certification of Specialists has done a splendid job over several years. The advisory board on specialists of the American Dental Association's Council on Dental Education is an outgrowth of the stimulus, guidance, and activity of this committee. Its objective is accomplished and the activity is now in the hands a competent and proper agency—the American Dental Association.

The Committee on Education has a useful function in promoting dental teacher training through fellowship awards.

The Committee on Journalism has settled on a program of clarifying periodical dental literature. The activity of this committee has resulted in the formation of the American Association of Dental Editors. This group is best able to handle the problem of standards in the field of our professional publications.

The Committee on Medical-Dental Relations has done a splendid piece of work. Since dentistry has taken its place as one of the public health agencies, it is essential that our professional relations with the medical fraternity should be open, free, and cooperative.

The Research Committee was given a grant from the College for emergency financing, but this has not been called upon to its full allotment.

The Committee on Socio-Economics performs a very necessary function in the College at the present time. Since we face the menace of ill-advised dental public health plans, there is immediate necessity for studying those already in operation. It is imperative that this committee should be aware of all moves made by governments in the direction of public health measures involving dentistry, and should take steps to avoid errors existing in present plans before they form part of any scheme evolving on this continent.

The duties of the Committee on Dental Student Recruitment are self-evident from the title. There is, unquestionably, a crying need for more dentists, but the problem is greatly complicated by the lack of that financial support which would permit universities to provide increased facilities for a greater number of students. This increased financial support must be made available to these institutions, not only for enlargement of their present quarters, but for additions to their teaching staff.

A recent survey made by United States Public Health Service emphasized the unmet needs of the dental schools, particularly for additional research facilities and staff. Of the forty schools studied, 16 reported operating deficits totaling, in round figures, \$1,600,000. It is estimated that \$60,000,000 is required at the present time to provide adequate teaching facilities for the present number of undergraduates.

Fees paid by students provide only one-third of the income of dental schools in the United States. The necessary balance must be secured from government and municipal bodies. Only 5% is from endowment, gifts, and grants. A similar situation prevails in Canada.

Do these figures suggest anything to you? They do to me. They indicate that the College could give leadership in an organized effort to obtain funds, perhaps through bequests from dentists, and a greater share than we have had from private and institutional endowments, and contributions from philanthropists and philanthropical foundations.

The American College of Dentists is endeavoring to relieve the situation somewhat by establishing scholarships for the further training of dentists who have an aptitude and desire to make teaching their lifework. This plan might well be extended to embrace, when funds are available, scholarships from all the national, state, and local dental bodies throughout the United States and Canada. The American College of Dentists provides funds, not only for teacher training but for educational facilities and research.

I strongly recommend, particularly to the new Fellows, the reports of the committees of the College giving details of their activities.

During the past 20 years, Sections of the College have been organized for the

purpose of promoting and sustaining local interest in the advancement of professional affairs of the College. Some 29 of these Sections have been formed throughout the country. Some of these are fulfilling their functions; others are not fully active.

It is the belief of the Board of Regents that the development of Sections is desirable, but it appears that some new incentive must be provided by our Regents to make these Sections more fully active.

One Section that deserves special mention here is the Tri-State [Editor's note: Arkansas, Mississippi, and Tennessee—the papers from this meeting were published in the *ACD Journal*]. At its annual meeting last spring, this Section put on a two-day program that would have done credit to any state society annual meeting. Their program included outstanding men who presented papers and clinics on many pressing professional problems. I congratulate the secretary and the chairman of this meeting on its success and on the numbers attending.

The present trends in our way of life are familiar—too familiar to many of us. A large proportion of the population appears to be striving for “something different,” calling it the “new” or “modern” trend.

A certain measure of this change from the old to the new is desirable. Following tradition is commendable, but we must not follow too closely. New traditions must be established to meet changing standards to add to the traditions of the past. Without change there can be no progress.

Now we may laugh at the new trends in artistic expression, we may swear at the modern method of buying our groceries, but similar changes are taking place in every phase of living. Dentistry, in a measure, is affected by

The College has undertaken and duly fulfilled tasks great and small in the last 33 years, tasks which hitherto had not been essayed. Each one of these and many others developed into changes or movements within the profession, which will be written into the history of dentistry and dental health of this era.

like changes, one of the most outstanding being specialization. This change is justified up to a certain point. There is no question that a man who has been highly trained in some one branch is best qualified to give treatment in that particular branch. At the same time, he must be competent to relate the symptoms he treats to the well-being of the whole patient. He must be able to recognize and diagnose other abnormal conditions in the patient's mouth beyond the scope of his specialty and advise the patient to consult early with his family dentist. Therefore, it is imperative that before any dentist is certificated as a specialist, he should spend a sufficient period of time in acquiring a thorough knowledge of general dental practice.

Today, there is a tendency among students of dentistry in their second and third year, to assert that they are interested only in specialization. They look without interest on such general practice as treating toothache or prophylaxis. If this attitude becomes general, or worse still, if a large number of young dentists desert the general practice field, it will be detrimental to our best professional interests.

Therefore, there should be no lessening but rather an extension of general practice experience requirements for certification of specialists.

There is also a tendency among so-called "leading" dentists to streamline their practices. Their program for tomorrow was set down a week ago, and no variation or interruption is allowed. If not governed by humane principles, this procedure will endanger our professional standing, more particularly in our public relations.

Do not misunderstand me. In these busy times, it is necessary to take advantage of every minute in order to take care of the greatest number within a given time. Let us have streamlined practices, but let us set aside in our daily program every day, two or three

15-minute intervals in which we can take care of those emergencies and difficult situations which trouble our patients and prospective patients.

It is for more humanity I ask. In the world of nature, the organism which cannot adapt to its environment is doomed. As our modern way of life evolves and changes, we will find that our profession too must adapt itself to the needs of society. Our success in reaching a harmonious balance with society depends on the degree of humanity that each and every dentist displays as he discharges the responsibilities of his professional life.

A much needed change in our executive headquarters' arrangements is to become effective during the coming year. For the last 33 years, the executive duties of the College have been carried out willingly and unselfishly by the Fellows themselves. No member of the College Executive has received any salary or honorarium. Each official has paid his own expenses while attending meetings or convocations. They have felt it an honor and privilege to serve in any capacity. I think this arrangement should continue, and that we should accept this voluntary service in the spirit in which it is given.

But there is one exception to be made, and that exception is our Secretary. [Editor's note: Later titled Executive Director.] Our College has grown to a body of 2,000 Fellows. Those of you who take an active part in local or state organizations with a membership of such size realize what an important and arduous task our Secretary has.

During the last year, a committee was set up to study and report on our headquarters and its facilities. The report states that Dr. Otto Brandhorst has performed the duties of the Secretary of the College for the last 18

years without any cost whatever to the College. He has been more than a Secretary. Our President holds office for one year only. Dr. Brandhorst is the only permanent official with a knowledge of past history and present needs. He is, and has been, the general manager. The committee learned that he spends an average of three hours a day on the affairs and concerns of the College. He carries on a private practice in orthodontia; he was Dean of the Washington University School of Dentistry, retiring July 1 of this year; he has been and still is a chairman or member of some of the most important committees in the American Dental Association, and this year he is its president. His many other activities are *too* numerous to detail here, except to add that he is also the head of a home and family. Along with all of these, he has fulfilled the duties of Secretary of our College, promoted its objectives, endeavored to keep pure and undefiled its principles, and is ever alert to the necessity for new programs and projects.

The committee today reported in the form of resolutions, which were adopted at our morning session. The resolutions offered amendments to the bylaws which made possible the creation of the position of full-time Executive Secretary, with salary, and we are happy that Dr. Brandhorst has agreed to accept the position.

We all know that prevention and control of caries and its sequela, and of other diseases of the oral cavity, is our sacred duty. If we fail to practice this duty, we lose our right to be called professional men. Intensive research during the last decade has given us knowledge regarding prevention and control which can and must be included in our daily practice. Research data and reports are constantly being made available to all dentists. Newspapers, magazines, and books generously print information on this subject which is read with great

interest by the public. The colleges are adding to the number of hours devoted to teaching of prevention and control. Yet it is alarming to find that many dentists disregard preventive practice procedure in their daily work.

Our Committee on Prevention, Dr. Carl L. Sebelius [Editor's note: Father of our current Regent, Dr. Carl L. Sebelius, Jr.], Chairman, has during the past year, started action to find out why. He has collaborated in a study of this problem with the Department of Health, Education and Welfare of the United States Public Health Service, and it is hoped that a project may develop to determine the factors affecting the use of preventive practices among the dental profession. Such a survey would provide us with some specific knowledge on why preventive dentistry practice procedures, which are now taught in all the dental schools, which have been taught repeatedly over the last few years through postgraduate courses, which are the subject of interesting articles in the dental journals, and to which much time has been devoted at all annual meetings of national and state dental bodies, are not the routine practice of every practicing dentist in every office in our country. Surely no one who is earnestly striving to live up to his professional responsibilities can plead a lack of knowledge of these practices or ignore them.

Dentistry for children is the essence of prevention. Professionally, we have recognized this. Yet in spite of that, parents are finding it difficult to obtain dental treatment for their children.

All the old theories and arguments against treatment for children have been exploded. A strong material argument for it is that if honestly and consistently

It is imperative that this committee should be aware of all moves made by governments in the direction of public health measures involving dentistry, and should take steps to avoid errors existing in present plans before they form part of any scheme evolving on this continent.

The American College of Dentists is endeavoring to relieve the situation somewhat by establishing scholarships for the further training of dentists who have an aptitude and desire to make teaching their lifework.

carried out it will lower the cost of dental care to the individual over the years, to one-third of the present cost.

Also in one generation, maybe, it would lessen the extent of that ubiquitous "backlog" of dental treatment which confronts us in every consideration and discussion of an increase in dental services to the public.

It will be disastrous and alarming if we ultimately realize that our profession itself is hindering the progress of prevention by centering our thoughts and efforts almost wholly on rehabilitation of diseased teeth and neglected mouths, when we should be teaching, preaching, and reaching out in our daily practice, toward dentistry for children, which would bring us to a point nearer complete prevention.

I hope that this weakness in our approach to dentistry for children and prevention will be considered by the Board of Regents this year, to the point that a strong committee will be appointed to examine and report on this problem. It is my further hope that out of the work of this committee will come a plan of action that will reach every dentist in the United States and Canada with a message inspiring him to give first place in his professional activities to preventive procedure and dentistry for children.

The need for action could inspire the inauguration of a crusade with all of the spiritual implications that word implies. I care not what body gives leadership in such a crusade. Perhaps our College. But, I do know that if such a plan could be effectively carried out, it would transform our practices, from the purely material, to the spiritual.

To give a service that means better health, and happiness and greater opportunity to the children of our country, would bring us, as individuals, the greatest possible reward for our professional activities and would

record the history of our profession in everlasting records.

This is yet a dream. But let us dream, and dream, and dream again, for as the poet says: "Tell me not what you have done, but tell me your dreams. For we are our dreams and our dreams are all."

We have talked about our College; its founders; what it is doing; how it is doing it; our programs and their results. We have outlined changes in our administration and made some suggestions for new work. This is writing our history. For as Ralph Waldo Emerson says:

All things are engaged in writing their history. The planet, the pebble, goes attended by its shadow. The rolling rock leaves its scratches on *the* mountain; *the* river, its channel in the soil; *the* animal, its bones in the stratum; the fern and leaf, their modest epitaph in the coal. Every act of man inscribes itself in the memories of his fellows, and in his own manners and face. The air is full of sounds, the sky of tokens, the ground is all memoranda and signatures, and every object covered over with hints which speak to the intelligent.

Our College is writing its history by its endeavors to advance the standards of dentistry and appreciation of oral health service.

In the coming year may you and I more earnestly strive to live up to our responsibilities as Fellows. If we do we will be better dentists, better health workers, and better citizens.

The Heritage of the Past is the Seed that Brings Forth the Harvest of the Future.

—Inscription, National Archives Building. ■

JACK S. ROUNDS, DDS, FACD

San Francisco, California
November 8, 1964



Jack S. Rounds,
DDS, FACD

It has long been the custom for the President of the College to impart a message of his own choosing to the membership at the annual meeting, as it is the only occasion of the year when Fellows of the College are encouraged to assemble together.

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

These remarks will be directed to all of you, but what is said should be of special interest to those present who will be inducted into the College this afternoon and will thereafter be active in its affairs. The addition of over 200 persons to the College membership today will add new blood and additional power to our great organization thus strengthening the purpose of the attainment of its many objectives. Members often are asked, "What is the American College of Dentists?" The answer cannot be given quickly nor in one sentence, but a Fellow should always be prepared for the question. The answer is written as simply as it is possible to explain in Article II of the Constitution [See the "Objectives of the American College of Dentists" appearing on the inside cover of this and every issue of this journal] which every member should occasionally review. Between the lines many volumes could

be written. Philip E. Blackerby, Jr., in his address at the Atlantic City meeting in 1963 spoke on "The Mission of the College." Henry A. Swanson, in his address in 1962 at the Miami Beach meeting, gave a thorough and comprehensive address entitled "Legion of Honor" which covered the philosophies, functioning, and activities of the American College of Dentists from its founding through the present and on into the future.

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

Oral rehabilitation, full-mouth reconstruction, surgical periodontal treatment, and other extensive procedures carried on successfully by dentists today have done much toward the comfort and health of dental patients. These dental services, when indicated and undertaken by competent, well-trained, skilled dentists in their particular fields, have placed our profession on a higher plane. There is no question, however, that far too many members of our profession today are doing "quadrant dentistry," "sculpturing gums," and "raising bites" without

proper training and skill and with only personal monetary gain in mind, and even worse are following such procedures when there are few, if any, indications that such type of treatment is necessary.

Continued education is one of the greatest needs of the dental profession today and must be constantly emphasized. This is evidenced by the lag between the time of technological breakthrough and clinical application of that knowledge. We must be prepared to accept and to build upon improved changes in techniques and research findings that will benefit service to humanity.

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

Dental recruitment or career guidance is of major importance to our profession and to the College. Outstanding young men with enthusiasm for good dentistry and the service that it can render to humanity in the total health

picture has long been an objective of the College but needs ever-increasing stimulation and promotion.

Purpose has been the College theme for this year. In appraising the accomplishments of the College over the last 12 months, it is obvious that the theme has been exemplified in the planning and activities of the Sections, Committees, and the Board of Regents. The reports of the Section Representatives given during the meeting at the Central Office on April 8-9 in St. Louis indicated that most Sections had established worthwhile activities and were enthusiastic in planning and working toward their objectives.

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

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

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

granting Fellowship in countries other than Canada and the United States.

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

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

The Committee on Operation Bookshelf, with Norman O. Harris as chairman and Walter J. Reuter as co-chairman, has formulated plans for more extensive distribution of dental literature and texts that will fulfill a great need in various countries abroad.

With increased interest and development of Little Bookshelf, person-to-person communication should stimulate stronger international friendships and the interchanging of ideas among our many colleagues in other areas of the world. An uncertain situation arose during this past year in the status of the U.S. Book Exchange in Washington, DC, which has affected the Operation Bookshelf Committee's plans, but the cooperation of the Navy's "Operation Handclasp" and a minor reorganization in planning by the committee give a very encouraging outlook to the future accomplishments of their goals.

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

The Committees on Health Service and Professional Relations have outlined jointly and in detail a full-day program on Saturday at the Las Vegas Convocation in 1965, under the title "Optimum Health for the Individual in the Social Order." It was pointed out that many outstanding personalities would be involved in such a program, which should provide real leadership possibilities for the College.

The general plan was given sanction by the Board Regents so that early planning, including budgetary requirements, could be developed.

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

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

It is recommended that some time, money, and effort be expended in bringing together at the Central Office, *appropriate men, expert in their fields*, in the membership of the College and outside the profes-

Some feel that self-importance has caused many in the profession today to develop the role of "prima donna" with a lessening of tolerance of colleague's techniques causing the formation of "splinter groups" within the profession.

There is no question however that far too many members of our profession today are doing "quadrant dentistry," "sculpturing gums," and "raising bites" without proper training and skill and with only personal monetary gain in mind, and even worse are following such procedures when there are few, if any, indications that such type of treatment is necessary.

sion, to examine all the College has to offer, to examine possibilities normally not dreamed of by professional men, to examine possibilities of sociological structures in which dentistry may now or eventually be involved, and to examine other areas as yet unidentified in the everyday pattern of the practitioner's concern, and then coupled with the experience and wisdom of our Officers and Regents help us to plot a course for the future activities of the American College of Dentists.

At a subsequent meeting of the Committee on Future Development in St. Louis, June 22-23, an organizational expert was called in to review the recommendation with the committee members and to submit his opinion and appraisal of the project. His constructive views and remarks will be valuable in the future studies of the recommendation.

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

Much adverse criticism has been directed toward *The Survey of Dentistry* [Editor's note: A 100-page survey-based report prepared by a sociologist, Douglas More, commissioned by the college and still regarded as a landmark study] by members of our profession. Objections to the personnel appointed to make the survey and report upon it, as well as to the findings and conclusions of the committee, have been made by certain segments of the dental profession. Differences of opinion and beliefs are healthy and desirable, providing that animosities do not destroy unity. The Survey of Dentistry, with the conclusions of the Commission, has never been made a "policy" of the American Dental Association, although reference has often been made to it as such. It was compiled by representative citizens for the purpose of establishing guidelines for dental thinking in a time of rapid changes and acceleration in all phases of life.

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

As Fellows of the American College of Dentists, we have pledged ourselves to assume many responsibilities in the promotion of dental care to humanity, which means that a constant vigilance must be maintained as to what is needed. Knowing what is needed, then, must ever be the willingness to serve. ■

CHARLES F. McDERMOTT, DDS, FACD

Miami Beach, Florida
October 8, 1977



Charles F. McDermott,
DDS, FACD

The American College of Dentists was founded 57 years ago for the purpose of honoring those persons who had made outstanding contributions to the profession and had directed their abilities to advance the standard and efficiency of the profession. The principal concern of those who founded this American College of Dentists was to further advance the standards and efficiency of the profession of dentistry and of dental care. These founders were the officers of the National Dental Association and the president of the Association of Dental Teachers. The National Dental Association later became the American Dental Association. These men were faced with problems very much like those of today. At that time, there was a report of a study which was very critical of the dental school curriculum. [Editor's note: The *Gies Report* on the status of dentistry and dental education was actually published in 1926, six years after the founding of the American College of Dentists.] An accreditation program for dental schools was being developed and there was considerable discussion as to whether the dental student was properly medically oriented. Dental journals were for the most part commercially controlled. In many circles, dentistry was looked upon more as a trade than a profession. The affairs of the dental association were at that time published in proprietary trade journals.

The American College of Dentists set about to examine and resolve these problems by the use of study committees, conferences, commissions, panel

discussions, workshops and a thorough reporting, usually at the annual meeting of the College and subsequent publication in the *Journal of the American College of Dentists*. Several of these comprehensive studies which have had a marked effect upon the dental profession are: The Commission of Journalism's *Report on Dental Journalism in the United States*, the *Workshop on the Image of Dentistry*, and the *Workshop on Dental Manpower*. In addition, the College has cooperated with many other agencies in projects involving the profession such as the Institute for the Advanced Education in Dental Research which was sponsored through the National Institute of Dental Research and has had a significant effect by bringing into dental research improved communication with many disciplines not usually associated with dentistry. Additional programs have been supported by the College, such as Project Bookshelf and Project Library. The current program of "Self-Assessment and Continuing Education in Dentistry" is in my opinion one of the most outstanding professional projects of its kind in recent years. This program is the first of its type to be offered to an entire profession.

These programs attest to the high standards of the College and its dedication to furthering the professional nature of dentistry. The College committed over a quarter of a million dollars to

These programs attest to the high standards of the College and its dedication to furthering the professional nature of dentistry. The College committed over a quarter of a million dollars to implement this program alone.

implement this program alone. It was original, innovative, and this self-test program is now being followed by other professional organizations.

The program which you will hear later this morning, a panel discussion, "Alternatives in the Delivery of Oral Health Care," the fourth in this series is entitled, "Factors Affecting Professional Control of Dental Care." It is most timely and should provide some suggestions for future planning. The United States of America is one of the few countries left in the world today in which its dental profession retains an influence in the delivery of oral health care. It behooves each of us to use his influence for the benefit of the public. If we are not individually and collectively properly responsive to this privilege, it will be rescinded.

Now you might ask, What is the future role of the College? Many of the problems facing the profession today involve the same basic ideals of professional decorum, ethics, and responsibility to which the founders of the College aspired. The recent ruling of the Supreme Court on advertising by attorneys and the strange actions of the Federal Trade Commission are very hazardous to the concept of professionalism as we see it. An unbiased analysis of third- and fourth-party payment programs would be of value to the public and the dental

profession. These are but a few of the problem areas to which the College today can direct its concerns. I would say one of the most pressing problems is the unrest within the dental community caused by the plethora of parochial interests. As each claims its role as spokesman, little else occurs but a chorus of dissonant voices.

The American Dental Association, its officers, Board of Trustees, House of Delegates and indeed the general membership are doing a commendable job in contending with the problems which beset the profession today. The ADA councils, through their workshops and conferences, the Washington office, and the staff all put forth consistent and well-directed effort which in many instances brings the profession to a favorable light. However, we, the dental profession, today find ourselves too often in the position of reacting rather than taking an innovative leadership role. The American College of Dentists, as it has in the past, can be of unique service to the profession as it strives to maintain control of the delivery of oral health care.

The Board of Regents's major effort these past few years has been in rewriting the Constitution and Bylaws and modernizing the organization of the College and the functions of the Executive Office. A system of Commissions of the Board has been developed which provides an efficient means for the College to examine issues or problems which are within the sphere of interest of the College as it pursues its purposes and objectives. A rechartering of all Sections of the

College is now underway and this will enable the College to function more effectively. Each Regency now has a Regent who can be most effective in communication as well as assisting the Sections in carrying out their proper functions. Over the past few years, the College has been operating on a bare bones budget. The Board of Regents has found it necessary to vote a modest increase in dues which will provide funds necessary to cope with inflation as well as expand the programs of the College, especially at the Section level.

The College bylaws state in Part b of Section 6, "The Board of Regents shall review the purposes and objectives of the College at intervals to determine whether these purposes and objectives are abreast of new developments within the field of dentistry and of those of national trends which touch the interests of the profession and the public. The Board of Regents shall evaluate programs to serve the general purposes and objectives of the College." In context with this directive of the bylaws, I am recommending to the Board that this review be implemented promptly and that whatever steps are necessary to carry it out be taken. I am requesting that each Fellow of the College resolve to participate actively in the rechartering of his Section and to initiate discussions in the Section on the serious problems facing the profession today. I call upon each Section to develop recommendations about the manner in which the College

can best serve in solving them and to forward these to the Board of Regents through your Regent. Invite him to your meetings and, if he is unable to attend, convey your recommendations to him by letter.

We have in the American College of Dentists one of the strongest, versatile, and capable organizations in dentistry. It is very much needed today. It can serve as it has in the past. We need but to apply ourselves. We need everyone's help. We need your help—your personal, individual, consistent support and cooperation.

The Presidency of the American College of Dentists is a singular honor indeed. I wish to acknowledge this honor by saying to you that I am fully committed to carrying out the responsibilities of this position. I wish to do so by convincing every Fellow of this College that he too has a commitment to the College and to his profession. I say to you all become involved. Be an active part of the College—and your profession—and your community. Profess your dedication to the full support of our unique American system. Be responsible! Be professional!



I would say one of the most pressing problems is the unrest within the dental community caused by the plethora of parochial interests. As each claims its role as spokesman, little else occurs but a chorus of dissonant voices.

NORMAN H. OLSEN, DDS, FACD

San Francisco, California
1986



Norman H. Olsen,
DDS, FACD

Hannah Gray, President of the University of Chicago, has likened the president of an organization such as this American College of Dentists to that of a prophet. “Centuries ago,” she says, “there were no presidents—only prophets.”

And that, I suppose, is my role as your President for this coming year—to be your prophet; to help this distinguished College refine its purpose; to stir up its coals; to keep its flame alive—just as my predecessors have attempted to do.

Former Mayor Daley of Chicago once said that he was nostalgic about the future. Well, so am I as I talk to you today.

My warranty expires in just one year. During this time, I hope to do what I can to heal this profession’s wounded self-perception and, perhaps, help this College do some fine-tuning of its own.

I welcome healthy change and I savor challenges. I simply pray as did St. Francis that the Lord will give me the courage to change the things that can be changed, to live with those that cannot be changed, and the wisdom to know the difference.

In just a few years, Northwestern’s dental school will be 100 years old, and, thanks to a strong sense of history initiated by Greene Vardiman Black—whom I don’t believe had an unwritten thought—our library is an enormously rich source of scientific and historical observations.

G. V. Black’s son, Arthur D. Black, was even more assiduous at book collecting. He succeeded his father as dean at Northwestern and, a few years later,

became one of the organizing members of this American College when it met for the first time at the Copley-Plaza Hotel in Boston in August of 1920.

Thanks to Arthur Black and others, I have access to some 50 volumes of the written record of this group. They have proven to be an invaluable resource in preparing my remarks today.

These volumes reflect the thinking of all my predecessors. I could trace the intellectual and social development of the College and literally feel its emotional thrusts as I probe its past, its present, and its future.

At that first meeting in 1920, the organizing committee drew up a statement of requirements for Fellowship. It was briefer than our present one, but it had a kind of Harry Truman look-them-in-the-eye forthrightness about it.

The original requirements for Fellowship were:

- To cultivate and encourage the development of a higher type *professional* spirit and a keener sense of social responsibility throughout the profession
- To inculcate higher ideals among the younger element
- To hold forth fellowship as a reward to those who faithfully follow such ideals
- To stimulate advanced work in dental art, science, and literature
- To honor men who have made notable contributions to the advancement of our profession

That was it—67 words. The language is a bit dated, but the intent remains beautifully clear. This great dental profession was taking a giant step out from underneath the medical profession, from being considered as mere mechanics to becoming respected as true men and women of science—custodians of a still-growing tradition, and trusted servants to a public who needed us.

Our first President, John V. Conzett, of Dubuque, Iowa—a man who had served earlier as President of the American Dental Association—was the first dentist to proudly place the letters F-A-C-D after his name.

Now, six and one-half decades later, our President, Charles W. Fain, calls us to San Francisco to take another look at the meaning of those four letters.

Dr. Fain asks us to discuss the evolution of this profession in terms of the College's creed. There is *still* a need to discuss ethics, standards of practice, community relations, science, and our own interpersonal relations. We need to be certain that F-A-C-D *still* stands for high skill and intellectual effort, extended educational preparation, group dignity, intellectual superiority, and service to the public that is free of unscrupulous commercialism.

Reading through those volumes of speeches, minutes, articles and reports was both instructive intellectually and stimulating emotionally. The experience also served as an opportunity for me to reflect on the fact that we remain a very young profession here in America. Formal dentistry was not practiced here in the United States until the late 1790s.

Textbooks appeared only around 1800. It was not until 1840 that the first dental school opened in Baltimore.

I am privileged to know men—some of whom are members of this College—who can readily recall the days when dentistry was roughly divided into three classes:

- Those who took formal courses in dentistry
- Those who studied a little medicine and slipped into dentistry
- And those who simply decided that they wanted to be dentists, although they were barely trained technicians

My good friend, Dr. Orion H. Stuteville—a distinguished dentist, orthodontist, oral surgeon, and physician, now retired in Arkansas—still tells stories from his own youth in Oklahoma where the so-called “dentist” was also the local purveyor of moonshine and extractions were done in the back of the local store, with moonshine as the principal anesthetic agent.

The charm of a story such as this gets a bit lost on me, especially when it reminds me that the “dentist” was held in such low regard that he was viewed as a mere mechanic—a dispenser of pain and puller of teeth—and that so many dentists were so poorly educated.

But the story does serve a purpose. It reminds us of how far we have come—and, as your duly elected prophet for this year, I want to remind each of you that, far from being pessimistic, we can take

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justifiable pride in just how far we have come.

My colleague and fellow dean, Arthur Dugoni of the University of the Pacific, reminded a group of dental editors recently that the Commission on Accreditation was established less than ten years ago in 1978. He recalled that in 1950, when many of us were still in dental school, only \$300,000 was spent annually on dental research and 100 papers were given at an annual session of the IADR. Now, over 35 years later, \$80 million is being invested annually in research for dentistry and 1,800 papers were presented this past March in Las Vegas at the IADR meeting.

Think a moment about this: A few years ago, this College paid tribute to one of this country's great dental leaders—the former Executive Director of the American Dental Association, Dr. Harold Hillenbrand. He is not yet 80 years of age and has been a dentist for only 55 years. Yet, he can readily recall when dentists entered the military service as privates or ordinary seamen. I mention this not to revive some old hurts—but simply to remind each of you how dramatically things have changed within in our own lifetime.

Let me cite some additional facts gleaned from an address to the National Association of Advisors for the Health Professions in June of this year:

- Dental care expenditures were \$19.5 billion in 1982. The forecast for this year is \$27.3 billion.
- The economic growth of dental care services between 1950 and 1982 exceeded the growth of the economy as a whole. This growth—some 47% in the period between 1967 and 1982—can be attributed to growth in *real* dental output, not an increase in the price of dental services.

I am sure you remember the howls of protest when dental insurance came in. It represented a different way of relating to the patient. But, with proper adjustments, thinking dentists have made the transition. As a result, dental prepayment has risen from \$6 million to \$87 million in 15 years and is expected to go to \$100 million by 1990. [Editor's note: It was actually closer to \$85 million.] Dental insurance accounted for 45% of the gross dental income in 1984.

And to those of you who are concerned about an oversupply of young dentists crowding the market, let me simply say that the 1985 enrollment in dental schools is *down* 24% since the high of academic year 1978-1979. That's roughly the equivalent of closing ten schools.

This country will have a population of 265 million people celebrating the turn of the century in the year 2000. And that population increase comes during a period when Americans are having a highly contagious romance with self-improvement. As a consequence, even the normally conservative Department of Human Services has predicted a shortage of some 4000 dentists by the year 2000.

Dear colleagues—if anyone of you still feels the need to worry or bemoan or view with alarm conditions in your profession, direct your energies to the medical field, where it is expected that there will be a surplus of some 50,000 physicians by the end of this century. Those periodic stories one hears about cab drivers delivering babies just will not mean much anymore. The cab driver in the year 2000 may well be an obstetrician! Seriously, I am simply presenting such facts to support my contention that *dentistry is not going the way of the blacksmith!*

The truth, according to an article that recently appeared in the *Journal of the American Dental Association*, is that, if our citizens were properly

motivated to demand and receive care, dentists could spend up to ten times the number of hours at their dental chairs just for periodontal work alone!

Why am I making so much of this progress? Because, quite frankly, in reviewing much of the College literature of this past half century, I detect a certain pervasive and mildly reactionary spirit. There were times, in fact, when the oratory and editorializing would suggest a profession under siege. There seems to be an impression today that the enemy is at the gate, simply waiting to destroy us. I do not share that view. I come before you to ask that you join me in improving a profession that has grown more since the establishment of this College than in the entire history of western culture.

My vision of this profession is one of even greater growth and greater opportunity.

I come to ask each of you to see change as a challenge rather than a threat.

I come to ask that you and I make ourselves the architects of any change—and not wait for others to do it for us.

I come to remind you that we must *never* become like that nameless French general who once said: "I must find out where my soldiers are going so that I can lead them."

Let me make an observation: Membership in this College is not gained by calling an 800 number. You are here because you have met a high standard. Yet, therein lies a kind of Catch-22. Perhaps, by the time we have earned the credentials for membership, we may have succumbed just a little to certain mild hardening of the arteries within our psyches.

The literature of the college contains disturbing hints of such thinking. I found some worried little sentences such

as “we are beset by outside forces” and, “we must circumvent those who are trying to take over the profession.” We must *not* see ourselves as under attack. No one will take us over unless we let them!

With all due respect, dear colleagues, let me suggest that such thinking would find a better home in the political rather than the professional arena.

One writer viewed a prospective unionization of dentists, for example, as a Trojan horse which “by cunning and guile was brought into the city by the Greek soldiers.”

The story of the Trojan horse is a good story—and one with a good lesson. But the lesson I draw from it is not that the Greeks were shrewd, although surely they were that. The *real* lesson is that the leaders of Troy were incompetent. A closer reading of the story will reveal that, in spite of overwhelming evidence to the contrary, the Trojans repeatedly took actions that were against their own best interest.

If we are to see ourselves as the people of besieged Troy, then let us be careful that this profession does *not* take steps that are against its own best interests. Instead, let us listen to the voices that are out there and let us act intelligently and creatively in order to be certain that this profession remains in the hands of the professionals.

Professionalism is our most valuable asset. Our greatest virtue as professional people is that we place the welfare of others ahead of ourselves.

I firmly believe that we can adapt to many of the changes within society and our profession without losing our professional posture—and without having to treat people as customers rather than patients.

Among senior dentists, there may be a tendency to look back, to select out the stories of heroes, and to romanticize the past. It is something akin to our attitudes toward baseball.

You and I remember with fondness the accomplishments of a Babe Ruth or a Lou Gehrig—a Ted Williams or a Joe DiMaggio. Like the great men of dentistry years ago, these were clearly men of exceptional merit.

But, if I may continue the analogy, I would remind you that these men were standouts—in part because the sport was not nearly as large or as well developed as it is today.

Since those glory days of .400 hitters, the competition within baseball has so improved that the overall quality of play has advanced immensely. With all due respect to our early dental heroes, I submit that, overall, there are more and better dentists than ever before because there are more dentists and because both the science and the art of dentistry have advanced so much.

Believe me, I treasure the past. As a descendent of G. V. Black at Northwestern, I live with his bronze bust gazing at me from the bookcase in my office. There are moments, following a long and difficult decision-making process, that I am tempted to turn to him and say: “Is that all right with you, G.V.?”

The reality is this: Because of men like G. V. Black and his successors, our schools are turning out dentists that are far better than he was. Because of him, *you* are a better dentist, and that is his greatness.

Because he was a consummate professional, he believed and taught that a license to practice was a license to *learn*. Because of him, you are here at this College, and you will remain for the ADA meeting, so that you can learn more about improving the quality of service to your patients.

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Dr. Milton B. Asbell authored an article titled *The Heroes of Yesteryear*. It was distributed recently to the Regents of this College by your Executive Director, Gordon Rovelstad.

Dr. Asbell asked some challenging questions: He asked about leadership today, and whether or not we can find it in administration, organization, and clinical practice. I maintain that we can.

He asked whether or not we are producing a more qualified practitioner in tune with the times. I *stoutly* maintain that we are.

He spoke of research and the fact that the breakthroughs we are achieving today would astound the practitioner of a generation ago. I maintain that what is happening today will continue to astound us, and that those who are willing to be lifelong learners will be even more sophisticated in serving their patients.

Dr. Asbell asked if the improved delivery systems and computer analyses—now commonplace in the profession—will help us set guidelines for the future. I believe that they will and that we should make even fuller use of them.

There are now over 60 professional organizations in dentistry—groups covering every imaginable facet of the profession. I applaud all such groups. One of the marks of a good professional is that he or she belongs to organizations that exist to improve the quality of the profession. I am suggesting that we in the College explore improved links with all such groups.

Homer C. Brown, a former President of the ADA, has written that “unless some practical readjustments are formulated and promoted by organized dentistry, some other interest outside of dentistry

will assume the initiative in promoting a type of service that will probably prove a decided handicap to the dental profession and lower the standards of service to the public.” (That was written in 1913, and things have not changed that much today.)

I believe that we can take initiatives so that this will not happen. I believe that, if we represent ourselves properly to the public, only a few people will be fooled by delivery systems that promise much and deliver little.

I believe that the seeds of dentistry with integrity will, if properly cultivated in the public arena, choke out the weeds of dishonest dentistry.

I would challenge each of you to return to your towns and cities across this nation, and, by word and example, show the public what a professional dentist is. Talk to your local Rotary, your Lions Club, your Elks, your Knights, your Shriners, and your Chamber of Commerce. Be a speaker at the social activities of your church or synagogue. Volunteer to visit your local schools to talk about dentistry. Tell them all what quality dentistry means to them. Listen to them and answer their questions and tell them how ethical dentists practice their profession.

Your fellow citizens *will* listen, and I have great faith in their ability to discern.

We are *not* and must *never* even pretend to be a profession under siege.

I do not mean to oversimplify complex issues, but I *do* firmly believe that there are more good guys around than there are bad guys.

If we could develop the means to join hands with other professional dental groups in making our case to the federal government, state legislatures, our colleagues in the other health professions—and to the public we serve—no individual or group would be able to dismantle what we have so carefully built.

Yellow Pages that once listed dentists as equal partners offering service to the

public now contain ads that strain the limits of legal responsibility, and sometimes bury the ethical, honest dentist who promises only what he can do with integrity. It is a bit frustrating to witness the impact of avarice and greed on ethical behavior. Again, however, before leaving home, I checked out Chicago Yellow Pages and was pleased to note that the vast majority of the dentists continue to adhere to dignified standards.

We in this College *can* influence those who would dilute standards of practice and behavior. We are 5,000 strong. We were admitted to this College because we represent a high standard. Without meaning to sound self-serving, we are considered to be the first team of dentistry, and we can readily place our standards on the line to protect what we stand for. We can find platforms from which we can herald the gospel of good dentistry.

In my browsings through the rich history of the College, I was delighted to discover an address on *Professionalism* by a then much younger Norman H. Olsen. In that address, I cited former Columbia University Provost, Jacques Barzun. In an article on the same topic, he stated: "What the professions need today are critics from *inside*—men and women who know what the conditions are—and also the arguments and the excuses, and a full sweep over the field, so that they can offer their fellow practitioners a new vision of the profession as an institution."

As self-described elite members of this profession, it is our duty to provide this criticism and this new vision to those with whom we practice and those who will follow us.

It is an awesome task. Even as we hear expressions of concern about the business problem, we still face the much larger problem of delivering quality

dental care to 50% of the population who never see a dentist. We have yet to find ways to serve the underserved.

We have yet to find ways of placing dentists in areas that have none or few. I believe that improving the quality of life in less populated areas of this country will make these areas more attractive for dental practice and that we can distribute the present, modest oversupply of dentists to these pockets with populations of under 25,000 people.

I foresee a "boomlet"—not quite a boom—in the number of children being born. And I am informed of a significant increase in the number of people over 65. There will be 30 million of them by 1990 [Editor's note: 31.2 million]. We will have plenty of people to serve.

Our profession needs only to find ways to better serve the people who need us. I cannot believe that a corporation as successful as Sears would enter the dental field if the patients were not there. So let's find better ways to serve them before Sears does and sells them a lawn mower in the bargain.

Fifty years ago, this College sponsored a symposium on "Medical-Dental Relationships." Its purpose was to clarify misunderstandings between the professions.

Now, a half-century later, at this gathering, this College will sponsor another symposium entitled "The Interrelation of Medicine and Dentistry in Total Health Care." This 1985 discussion will examine the ways in which these two professions can help each other to deliver better health care to the public we serve.

The language has changed a little—from "relationships" to "interrelation"—but the change in health care over these 50 years has been nothing short of miraculous.

I do not foresee insurmountable problems with this new relationship. I do see both professions becoming better recognized for what they are under an umbrella of "health services," and I see

dentists ultimately benefiting from this more than physicians.

We will see a certain flattening out of healthcare fee structures. We will also see more dentists working in hospitals alongside physicians.

But none of this is to suggest any diminution in our role as dentists or loss of professional quality. In my over 30 years as a dentist, I have gone from a solo practice to one with associates, to a group practice involving 25 other dentists. I believe that my association in the large practice I now enjoy has made me a better dentist. These men are my colleagues. They energize me. They are independent thinkers within a dynamic group. They are teachers to each other. What frightened some people just a few years ago does work and is working well.

Last year, Charles Fain, in his address to this group, used the expression "heroes." If I were to pick one of mine, I would choose the late Willard "Bill" Fleming. Bill passed away in 1972, but I remember him fondly because he was a straightforward, honest man with a dedication to this profession and to upholding professional standards. Our senior members will recall that he was President of this College in 1951.

In an article published in the *Journal* of the College, Bill pointed out that every person seeks the basics of life—food, shelter, and clothing. To this, Bill added a fourth necessity—health services.

Bill did not see dentistry as something elective, like cosmetic surgery. He saw it as a vital service and his vision of the profession was to deliver that service to the people of this nation *without*

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diminishing our status as members in the health professions.

Bill believed that the profession could make accommodations to societal changes without loss of professional status. He cautioned, however, that “simply playing on a tradition of service” could cause agencies outside the profession to take the initiative.

I firmly believe that we can accommodate ourselves to change by simply making certain that we remain the architects of change.

Former Dean of Baylor University, Kenneth V. Randolph, described a health professional as a person who is “knowledgeable, skillful, inquisitive, honest, humble, charitable, and sensitive—a person who recognizes his own limitations and who strives for personal development.”

Note well that conspicuously absent from such a definition are promises of painless dentistry, free examinations, professional superiority over other dentists, guaranteed dental work or dentures in less than 24 hours.

Those promises, as the late Chief Justice, Charles Evans Hughes, wrote are “generally the practice of the charlatan and the quacks.”

Theodore “Teddy” Roosevelt has become one of our legendary presidents. His life was far more than his almost mythic charge up San Juan Hill.

It was Teddy who coined the expression “The Right Stuff.” The term defies accurate definition, but we all know what it means. It is having what it takes to believe in yourself, in what you are doing and in your fellow man.

Teddy was a wealthy man who fought his fellow Republicans when it was clear to him that certain big businesses were corrupt. When he felt that his own party was no longer true to its

principles he founded one of his own. The Bull Moose Party went down in flames in an election against Woodrow Wilson, but Teddy made his point, and his principles have influenced legislation to this day.

If I can accomplish one thing during my tenure as your President, let it be that I have urged each of you to seek that elusive “Right Stuff” that is deep inside you.

Bill Fleming used to say: “Almost anything a man can imagine can be achieved—or will be.”

And your former Executive Director, Robert J. Nelson, has written that “there is no glory in handing down to the following generation a torch whose flame has gone out.”

I pledge to each of you that I will devote every resource within me to pass the torch you have given me to my successor with the flame glowing brighter.

In closing I remember that among those wonderful volumes of the workings of this College, I found a little page filler that was so much a part of those earlier bulletins. It was a quote from Horace Greeley—and this is what it said:

Fame is vapor
Popularity an accident,
Riches take wing,
Only one thing endures,
And that is *character*.

Thank you so much for the confidence you have placed in me. I only pray that I will have “The Right Stuff.” God bless each of you and this College. ■

ALBERT WASSERMAN, DDS, FACD

San Francisco, California
November 4, 1993



Albert Wasserman,
DDS, FACD

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

In 1926, William J. Gies, PhD, 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's 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 1990s 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 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 estab-

lished 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 have 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....

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 healthcare 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 healthcare 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. healthcare 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 healthcare reform proposals. Among these are market-based 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 healthcare system like the Canadian health plan.

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It is my hope that dentistry will be cautious in exploring whether to become involved in any national healthcare 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 1990s. 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 90s." 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 Washington, 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 mountaintop when you are inducted today as Fellows. The promised land is the future of the dental profession, which is in your capable hands. ■

Why STORIES MATTER

Applying Principles of NARRATIVE MEDICINE TO HEALTH CARE ETHICS

Eric K. Curtis, DDS, MA, FACD

ABSTRACT

Narrative medicine seeks to improve clinical effectiveness through narrative training in reading and writing. Stories give meaning to experience and encourage communication between doctors and patients by honoring the basic human need to recognize and be recognized. Learning how to receive and tell stories, practiced through close reading, group discussion, and written response, may also facilitate ethical reflection and inquiry.

The three-day narrative medicine workshops at Columbia University begin with self-introductions. The first are halting, tentative, and terse: Hi, I'm Jane, and I'm an internist from Toronto. Then, as the turns work their way across the room, people begin to respond to one another. Introductions become warmer, and hungrier, each new overture acquiring details and bravado, like little wads of lint piling up in the fine-screen filter of a tumbling dryer drum, until the last ones—swelled to five times the volume and ten times the intensity of the initial attempts—spill out as surprisingly baroque portrayals of life struggles and redemptive hopes. The lesson is vivid: Recognizing and articulating stories clearly inspires reflection, empathy, and introspection.

Stories, says Columbia medical ethicist Craig Irvine, are crucial cognitive tools, humanity's "deep, primordial" means of communicating meaning and making sense of life. But many stories nowadays go untold, unheard, and unexamined. The reason is that we seldom notice stories anymore, either our own, or those of others. Pressured by a culture that privileges haste over deliberation—and, particularly in movies, imagery or spectacle over characterization and plot development—we may lack the sensitivity, patience, skill, or bravery needed to represent what we experience or see or hear. (Doctors, immersed in professional traditions that disdain "anecdotal" evidence, face a second cultural roadblock

to accepting stories as legitimate tools for analysis.) Yet if we do not make the effort to observe and articulate stories, our perceptions of life remain limited. We cannot understand what we do not notice. The first step in understanding is to grasp stories' role in the process. We talk as if we have experiences and then give them descriptive form. But the truth is that we do not really have experiences *until* we give them narrative form. "Life," as Irvine explains this paradox, "is an activity in search of a narrative."

Narrative medicine is the term coined by Irvine's colleague Rita Charon, to describe a nascent field whose adherents contend that narrative training in reading and writing contributes to clinical effectiveness. In *Narrative Medicine: Honoring the Stories of Illness* (Oxford University Press, 2006), Charon defines narrative medicine as clinical practice bolstered by narrative competence—the capacity to "recognize, absorb, interpret, and be moved by stories of illness." Narrative competence strengthens three interactive qualities that Charon labels "attention" (taking in what can be learned about patients' situations); "representation" (making sense of complex events,



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conditions, and circumstances); and “affiliation,” or the capacity to develop a connection with others.

At the core of narrative medicine is a realization that one of the most important human psychological needs is to recognize and be recognized, an urge captured by the acts of hearing and telling stories. Without the grounding and contexts that stories provide, human connections are diminished. Surgeons may not learn how to grieve, for example, nor physicians how to empathize, nor dentists how to acknowledge pain. In response both to caregivers’ emotional constraints—whether native or inculcated—and the chasms of cultural misunderstanding that divide patients from those who treat them, narrative medicine calls on its practitioners to hone their aptitudes for four activities that develop sensitivity: close reading, attentive listening, reflective writing, and “bearing witness.” Armed with the requisite skills, healthcare professionals can, Charon says, become more attentive to patients, more perceptive of patients’ experiences, more accurate in interpreting patients’ stories, and more thoughtful in their own practice.

Storytelling, in concert with its receiving activities of listening and interpreting, offers a natural fit for the process of ethical reflection. “Storytelling is ethics’ invocation,” Irvine points out. “Intensive listening is ethics’ response.” But exercises contrived for the study of healthcare ethics, while tacitly acknowledging the importance of stories, often seem ill-equipped to use stories to full advantage. Ethics facilitators typically arm themselves with hypothetical

situations, case studies cobbled together out of fragments of real-life dilemmas, occasionally a conglomeration of predicaments, like the composite criminal portraits that police artists sketch from collected eyewitness descriptions. Such hypotheticals, scrubbed of specific markers such as locations and circumstances, tend to feel artificial, contrived, flat, and two-dimensional, portraits with the eyes incomplete or chin out of whack, lacking the emotional impact of a real, lived situation.

In narrative parlance, typical case studies are too “thin.” Thin stories, built specifically to support normative principles, do not allow for multiple perspectives. Their scope may be inadequate to address all the issues involved, and some ethicists worry that principle-based scenarios run the risk of alienating doctors from both patients’ experience and their own. Thin stories are emotionally incomplete. Consequently, ethics facilitators must restrain an urge to embellish or personalize—and even may be explicitly trained to not tell “war stories” about—the hypotheticals that they unfold for students. Students, for their part, may not feel inspired to listen with much intensiveness.

And yet, to be useful for ethical reflection, a case study must be heard, personalized, and internalized. One drawback is that hypothetical vignettes are based on facts rather than truth. Facts differ from truth. Facts are the bare-bones of a story, the more-or-less objective accounting of an event’s what, when, where, and how. The facts are what happened. Truth, on the other hand, is what a given observer thinks about what happened. Truth is subjective, a response to fact, the product of belief and interpretation. Truth “thickens” the narrative.

Good, true, *thick* stories, selected from nonfiction, fiction, or poetry, can

provide sturdy vehicles for reflection. Fictional stories can be every bit as true, capturing situations and responses that are common to the human condition, as “true” stories. Other people’s stories allow readers to be drawn in emotionally and still observe and explore situations, feelings, and problems, even very traumatic ones, at a comfortable, third-party remove. Using such stories, the principles and practices of narrative medicine may offer dental ethics a framework for expanding introspection. The process for practicing narrative reflection looks, in brief, something like this: Find a story or poem. Read the text aloud. Discuss the text. Write to a prompt. Read and discuss the written passages.

The method, deceptively simple, applies broadly to everyone across the spectrum of care, in dentistry’s case from practicing dentists, dental school faculty members, and students (hygiene as well as dental) to staff members, and even patients. A session of narrative medicine training can be accomplished, depending on the size of the group, in about an hour. The meeting might begin with a facilitator’s suggesting a short ice-breaking exercise. (Example: Introduce yourself, and say one random thing about yourself.) Then the facilitator introduces a brief work, such as a short story, poem, or passage from a novel, which a member of the group usually reads aloud. The group talks about the work.

One discussion model designed to encourage critical thinking and reflective writing is outlined in the sequence below:

1. Observation: What does the choice of details tell us? What details are left out of the story?
2. Perspective: What themes does the writer introduce? How does the writer explore alternative voices?

3. Imagination and form: How is the piece put together? Is the story told in past tense or present, in the first person or third? In what order do events of the story occur? How much time elapses?
4. Awareness of self: Has the piece taken the reader somewhere?
5. Mood: What is the writer's feeling? Why did the author write the piece? What itch needed to be scratched? What is the reader's reaction? What is satisfying about the reading?

While some version of this guide can be applied to most kinds of writing, the steps involved are meant as elements to consider for discussion, not as a rubric for evaluation. To avoid either directing or constraining student imagination, facilitators generally do not make participants explicitly aware of discussion guidelines.

After a period of discussion, the facilitator gives participants a prompt to write about the text or about a specified subject that relates to the text. The facilitator, who participates fully in the exercise, instructs participants to write only to the prompt, promising a safe space that eschews judgment and honors confidentiality. Writing is typically confined to five minutes. All members of the group are invited to share what they have written, the facilitator explaining that anyone can choose to read, not read, or have someone else read his or her passage, and encouraging everyone to simply read what they've written, without taking notes and without explaining or prefacing the passage.

Writing prompts can vary in range and specificity. Some may not even seem to have much to do with health care.

After a discussion about value of the patient's voice, Columbia workshop participants are first directed to write the story of their name. This is what I scribble in five minutes: "My mother was a 22-year old housewife, living away from San Francisco for the first time on rainy, dreary Mercer Island in Seattle, where my father, proud of the newly minted twin silver bars bolted to the epaulets of his khaki uniform, was completing his dental internship with the U.S. Public Health Service. For weeks, each morning after my dad hopped into the Studebaker supplied by his mother-in-law and drove blithely away to the hospital, my mom agonized over what to name her first child. If it was a girl, the choice was easy: Linda, Spanish for beautiful. But if it was a boy...she felt stuck. She pored over the Seattle phone book, as she tells the story, trying out names, sounding each one out loud. Arthur? No, that was too English. My dad's people descended from Mayflower pilgrims, but my mom was proud of her sliver of Norwegian ancestry. Thor? No, that would read like a comic book character. Then she came to it—the name that sounded right, from an anonymous donor somewhere in the white pages, maybe someone from Issaquah, she can't recall—not too Nordic, but Scandinavian enough: timeless, strong, independent, and compact so as to resist being reduced to a nickname: Eric. My grandfather always called me Ricky."

The facilitator asks, "What does the story invoke? What do you notice about the way the story is told?" She reminds the group that writing the story helps the writer claim the experience. Later, on the heels of a discussion of Sharon Olds's poem "The Death of Marilyn Monroe," workshop participants are

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prompted: “Write about the suffering of another that moved you.” Similarly, a short, facilitated analysis of the first two pages of Michael Ondaatje’s *The English Patient* inspires a prompt to “describe a scene of care in the present tense, including multiple senses.” Writing, the instructors suggest, helps externalize truth, exposing what is inside to the outside, drawing hidden emotions to the surface. In so doing, writing objectifies truth, by creating objects on a page that can be readily examined by others. Writing also triangulates truth, allowing readers to approach a given circumstance and bring their own lens to the experience.

Justifications for the teaching of ethics include such goals as encouraging a sense of moral obligation, stimulating the moral imagination, honoring ambiguity, tolerating disagreement, promoting tolerance, cultivating analytical skills, and clarifying values. These ends parallel the purposes of narrative competence, which, like ethical rumination, and like healing itself, requires an ongoing commitment to self-reflection. Telling and hearing stories are healing activities (for doctors and patients alike), reducing alienation and enhancing a sense of responsibility. The primary tools of narrative ethics, close reading and reflective writing, bring caregivers closer to narrative competence as they learn to witness their patients, listen to stories, interpret stories, encourage expression, and foster empathic connections. Craig Irvine thinks that empathic caregivers may be more likely to sidestep defensive

mechanisms, more likely think deeply about their patients’ well being, and even, perhaps, less likely to be sued.

“What is health care for?” Rita Charon asks, echoing Philip Larkin’s poem “Days,” which begins,

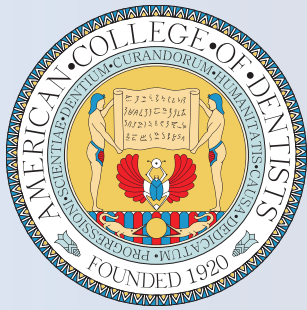
“What are days for?

Days are where we live.

They come, they wake us

Time and time over.”

(She pauses to propose a prompt for reflective writing: Write about the day that brought you here.) Health care is for preventing, diagnosing, and treating disease and dysfunction, for assisting those in need. Health care is also, at its core, for recognizing and being recognized, where we honor those we care for and feel honored to be caring for them. Charon talks about narrative medicine helping ignite “spirals of recognition.” The heightened consciousness she envisions, along with the sensitivity and satisfaction it fosters, is as close as a poem and a pencil. ■



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