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Contents

American College of Dentists:

Celebration of the twenty-fifth anniversary of the establishment of the dental Educational Council of America. <i>Henry L. Banghaf, B.S., D.D.S., LL.D., H. Edmund Friesell, D.D.S., B.S., LL.D., Sc.D., William J. Gies, Ph.D., Sc.D., LL.D., Albert L. Midgley, D.M.D., Sc.D., and Bissell B. Palmer, D.D.S., Fellows of the College.</i>	1
Ad-interim actions of the Regents: 1934-35. Series 1.	31
American Dental Association: Code of Ethics: revised at the annual meeting in St. Paul, Aug. 8, 1934.	32
American Association of Dental Editors: Report of the Committee on Dental Literature; adopted at the annual meeting in St. Paul, Aug. 4, 1934. <i>Grace R. Spalding, Walter Hyde, and William J. Gies, Committee.</i>	37
Medical attitudes toward dentists, or if I were a dental practitioner. <i>E. M. Blue-stone, M.D.</i>	43
Some differences between medical and dental services; their importance for an adequate program of health-care. <i>Alfred Walker, D.D.S., F.A.C.D.</i>	47
Socio-economic data: Compilation; Series I.	48
Dental Educational Council: Tabulation of enrolment of students in the dental schools of the U. S., as of Oct. 15, 1934.	56
Correspondence and comment.	58
Editorials:	
Speaking of ethics.	61
Dental Students' Magazine.	63
International Association for Dental Research.	65
Dental Educational Council of America.	68
Freedom of the press.	69
Notes.	71

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AMERICAN COLLEGE OF DENTISTS

Organized: Boston, Aug. 20-22, 1920. *Convocations* have been held once or twice annually since and including 1921; the next will be an all-day meeting in New Orleans, November 3, 1935.

Objects (quotation from the booklet containing the list of members, as of Jan., 1931): "The American College of Dentists . . . [aims] to exemplify the highest conception of professional and social responsibility of dentists as servants of the public health; to honor those who make notable contributions to the science and literature of dentistry; to stimulate the younger members of the profession to strive earnestly for such excellence as may admit them to fellowship with their most distinguished colleagues."

Total present membership: 505. *Total number of deceased members:* 75. Members have been elected in each year since organization.

Classes of members (each member receives the title of Fellow—"F.A.C.D."): (1) "The active members shall consist of dentists and others who have made notable contributions to dentistry, or who have done graduate or educational work of a character approved by the College." (2) "Any person who, through eminent service, has promoted the advancement of dentistry, or furthered its public appreciation, may be elected to honorary membership."—*Constitution, Article III.*

Nomination and election of members. "Any member of the College may nominate candidates for membership."—*By-laws, Sec. A.* "After a nominee for membership has received the approval of a four-fifths vote of the Board of Censors, he may be elected by a majority vote of the Board of Regents."—*Constitution, Art. III.*

Forfeiture of membership. Membership in the College shall be "automatically forfeited" by members who "(a) give courses of instruction in dentistry under any auspices other than those of a dental society, dental school, or other recognized professional or educational agency; or (b) give courses of instruction in dentistry in a privately owned undergraduate or postgraduate dental school, or in a school that is associated with an independent hospital or dispensary but not an organic part of it; or (c) exact exorbitant fees for courses of instruction in dentistry under any auspices." . . . —*Constitution, Art. III.*

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AMERICAN COLLEGE OF DENTISTS

CELEBRATION OF THE TWENTY-FIFTH ANNIVERSARY OF THE ESTABLISHMENT OF THE DENTAL EDUCATIONAL COUNCIL OF AMERICA

HENRY L. BANZHAF, H. EDMUND FRIESELL, WILLIAM J. GIES, ALBERT L. MIDGLEY, AND BISSELL B. PALMER, *Fellows, American College of Dentists*
Convocation of the College, St. Paul, Minnesota, August 5, 1934

CONTENTS

I. Introduction. <i>Editorial note</i>	1
II. Felicitation. <i>Bissell B. Palmer</i> , President of the College	3
III. Response. <i>Henry L. Banzhaf</i> , President of the Council	4
IV. Conditions in dental education when the Dental Educational Council was organized. <i>H. E. Friesell</i>	5
V. Relation of the Council to the development of dental education since 1909. <i>Albert L. Midgley</i> , Secretary of the Council and of the College	15
VI. Future usefulness of the Dental Educational Council. <i>William J. Gies</i>	23

I. INTRODUCTION

Quotation from the Carnegie Foundation's Bulletin on Dental Education (1926, pp. 53-55): For a number of years, particularly during the period when commercialism was rampant in dental education, important disagreements disturbed the relationships between the National Association of Dental Examiners and the National Association of Dental Faculties. Thus, in a variety of ways the associated examiners had been recognizing dental schools that were not regarded as reputable by the associated faculties, and had been challenging the reputability of some of the schools, and condemning the commercialism of others, that were members of the National Association of Dental Faculties. The examiners also objected to the issuance of diplomas at other times than those of the regular commencement exercises, and exacted of individual schools certain entrance and graduation requirements that conflicted with the rules of the associated faculties. In 1906 these and related differences led, at the request of the examiners, to the appointment of a standing Joint Conference Committee, for the attainment of mutual understanding and accommodation, with "power to bind the actions of both Associations" during the intervals between their annual meetings. In 1907, in order to ensure accuracy in compilation, there was also appointed a Joint Standing Committee on Tabulation of the annual results of the license examinations, expressed in terms of the percentages of each school's applicant graduates who failed to pass at their initial attempts—data that the examiners had been using in their independent determination of the reputability of individual dental schools, but which the associated faculties insisted had been recurrently and seriously in error. The appointment of these joint committees promoted greater accord between the two associations, but did not remove all of the causes of friction. In 1908, the associations

voted additional mandates in support of the joint committees, and thereby gave further impetus to the dissatisfaction that facilitated the organization [1908] of the Dental Faculties Association of American Universities. . . .

In 1909, at the annual meeting of the National Association of Dental Faculties, where the members discussed the possible further improvement of the relations between the associations of examiners and faculties, special attention was given to the recent achievements of the Council on Medical Education of the American Medical Association. The discussion included suggestions of a similar development of authoritative supervision and guidance of dental schools, under the joint auspices of the associations of examiners and faculties. In this spirit, a committee of five of the National Association of Dental Faculties, appointed to consider the possibility of such coöperative procedure, met a similar committee representing the National Association of Dental Examiners. The prospect presented by this conference appearing to be favorable, and the general desire for united action having been informally demonstrated, the two committees without waiting for further instructions proceeded forthwith, on August 3, 1909, at Old Point Comfort, Virginia, to organize themselves into the Dental Educational Council of America. An invitation to the National Dental Association, to appoint five delegates to represent that body in the Council, was accepted before the next annual meeting. *There was an important difference between this Council and the one for medical education: the Council for dentistry was organized as an independent body of representatives of the three national associations of examiners, schools, and practitioners, with a constitution of its own, whereas that for medicine was a standing committee of the national association of practitioners. This difference has continued to the present time.* [Italic not in original.]

From 1910 to 1921, the Council consisted of five delegates each from the National Association of Dental Examiners, the National Association of Dental Faculties, and the National Dental Association. The American Institute of Dental Teachers was not included because a large majority of the faculties were assumed to be represented in the Council by the delegates from the National Association of Dental Faculties. The Dental Faculties Association of American Universities, ignored at first but later urged to accept representation, for a time declined to coöperate with the Council. During 1922 and 1923, however, three delegates from the Dental Faculties Association of American Universities were seated in the Council, which in 1922 was enlarged to eighteen members, and later in the same year to twenty-four members.¹ Since the permanent organization of the American Association of Dental Schools, in September, 1923, the Council has consisted of six delegates each from that Association, the National Association of Dental Examiners, and the American Dental Association. [In 1926 the representations were uniformly reduced to five; in 1931, to three.]

The Council has concerned itself chiefly with the promotion of higher scholastic and administrative standards, and the improvement of the curriculum in dental schools. These purposes have been advanced through publicity in annual reports to the bodies represented in it and, since 1918, by periodical classifications of the dental schools in the United States into classes A, B, and C, grade C signifying lack of educational and pro-

¹ [Footnote with the original]: In 1922, when three delegates from the Dental Faculties Association of American Universities were seated in the Council, the total representation for the two associations of faculties was 8, but for the associations of examiners and of practitioners it was only 5 each. The total membership was then temporarily raised to 24 by increasing the delegations of examiners and of practitioners to 8 each.

fessional reputability. . . . [Since 1926, the grades of classification have been A, B, and Unclassified.]

The American College of Dentists, in recognition of the important history and distinguished service of the Dental Educational Council, conducted the following program, at the dinner session of the St. Paul convocation, to celebrate the twenty-fifth anniversary of the establishment of the Council:² (1) Felicitation—*Bissell B. Palmer*, President of the College. (2) Response—*Henry L. Banzhaf*, President of the Council. (3) Conditions in dental education when the Council was organized—*H. E. Friesell*. (4) Relation of the Council to the development of dental education since 1909—*Albert L. Midgley*, Secretary of the Council and of the College. (5) Future usefulness of the Council—*William J. Gies*. The addresses in this program are published serially below.—[Ed.]

II. FELICITATION

BISSELL B. PALMER, D.D.S.

President of the American College of Dentists, New York City

It is most appropriate that the twenty-fifth anniversary of the founding of the Dental Educational Council of America should be celebrated by the American College of Dentists. The Council was organized to promote the advancement of dental education, and the Council's usefulness and effectiveness in that field should be a source of great satisfaction to its founders and its present members. The progress in dental education over the past twenty-five years has been truly remarkable, and much of the credit for this development must go to the Council. The Carnegie Foundation's Study of Dental Education, which contributed so broadly to the understanding of the educational and collateral problems of the dental profession, was aided to an important extent by the constant coöperation of the Council. Throughout the past twenty-five years the influence of the Council has not only been exerted in the educational field, but also has been directed to the correction of other weaknesses in the structure of the dental profession. The Council has been in the front rank of those groups within the profession that have openly and vigorously condemned commercialized undergraduate and post-

² American College of Dentists; convocation at St. Paul; minutes: *Journal of the American College of Dentists*, 1934, 1, 124; October.

graduate teaching, and the itinerant vendors of dental education who have exploited the members of the profession. The Council has also been steadfast in its position against proprietary journalism in dentistry. In these and various other fields, the Council has continuously striven to uphold the dignity of the dental profession and to further its advancement.

For all these reasons, the American College of Dentists is particularly joyful in celebrating the twenty-fifth anniversary of the Council's establishment. I am confident I express the sentiments of every member of the College when I felicitate the Council on its fine contributions to dental progress, and wish for the Council many years of continued constructive effort and success.

III. RESPONSE

HENRY L. BANZHAF, B.S., D.D.S., LL.D.

President of the Dental Educational Council of America, Milwaukee, Wis.

On behalf of the members of the Dental Educational Council of America, and on my own behalf, I want to express our sincere thanks to the Board of Regents of the American College of Dentists for having arranged this meeting. It is heartening to know that the College, consisting as it does of the leaders of the dental profession selected for membership on a basis of service to the profession, is appreciative of the work that has been done by the Council during the past twenty-five years. A meeting of this kind will focus the attention of each Fellow, for the time being at least, upon the present status of dental education and its needs, and will encourage the members of the Council in the work they are trying to do.

So much progress is being made in dental educational methods that for the next five or ten years all of us will find it difficult to keep abreast of the developments. Among many things, the dental curriculum will undergo a complete reorganization based logically upon the results of a thorough "job analysis" of modern dentistry. The Dental Educational Council needs as well as appreciates the kind of encouragement that you are giving in this meeting. The Council has always stood for sane and deliberate progress; and, looking back on the last quarter-century, it can now be appreciated that this

determination to go cautiously and slowly has been wisest in the long run. That the Fellows of the College approve of this policy is a source of great satisfaction to the members of the Council.

I find it difficult to realize that twenty-five years have passed since the Council was organized. To one, like myself, who has been associated with the work during all of that time, the recollection of the many improvements in dental education and dental educational institutions is a source of gratification. The President's felicitation has stirred up within me a thousand memories. I have been strongly tempted to recount a few of the interesting personal experiences of some of the members of the Council, particularly when engaged in the actual work of inspection. I have decided to restrain this urge, however, because three gifted speakers will follow. Moreover, there is another reason for making my remarks brief; that is, I have worked for a good many years with the three speakers listed on the program. I might even say that I have worked over them, and worked them over, with much patience and sometimes with a good deal of tolerance. I now would like very much to see what these lads can do in the way of expressing their thoughts without any aid in the way of coaching from me. Therefore, I will content myself with thanking the members of the College again for the interest they are showing in the work of the Council, and with saying that I firmly believe that, with the encouragement and coöperation of those who are present here tonight, the Council's future usefulness in the field of dental education will be materially strengthened and assured.

IV. CONDITIONS IN DENTAL EDUCATION WHEN THE DENTAL EDUCATIONAL COUNCIL WAS ORGANIZED

H. EDMUND FRIESELL, D.D.S., B.S., LL.D., SC.D.

School of Dentistry, University of Pittsburgh, Pittsburgh, Pa.

To those who were present and active during the formation and the early days of the Dental Educational Council of America, it seems impossible that twenty-five years have elapsed. However, when one recalls the conditions which existed in dentistry and dental education at the time of the Council's organization, and compares them with conditions which prevail today, he must be deeply impressed by the

great advances which have been made. These advances in dental education have been due most largely to the direct activities, or the indirect influence, of the Dental Educational Council. While the dental profession of the country was very poorly organized in 1909, there did exist at that time three national organizations: the National Association of Dental Examiners, the National Association of Dental Schools, and the American Dental Association.

The National Association of Dental Examiners, composed of the membership of the various State Dental Examining Boards, was an active, aggressive organization, numbering among its members many of the outstanding practitioners of their time, who were sincerely interested in developing dentistry into a reputable profession, and in eliminating certain predatory commercial interests whose main object was the exploitation of dental education for private profits. The National Association of Dental Faculties was composed of the representatives of the fifty-four dental schools existing in the United States at that time. More than half of these schools were privately owned institutions; some were motivated by the most sordid commercial influences. There were also many good schools among the privately owned groups, as well as the university groups, whose faculties were sincerely interested in promoting dental education on the highest plane attainable under existing conditions, and earnestly striving for better conditions and greater opportunities to upbuild dentistry as a profession. The American Dental Association was little more than a local dental society which drew its membership from the whole country. In 1909 it had approximately 750 members, which enrollment is now greatly exceeded by many local dental societies. Its attendance usually averaged about one-third of its total membership. Its more active men were largely the leaders in the other two associations. It was not until 1913, four years after the organization of the Dental Educational Council, that the American Dental Association became organized as a national association in fact as well as in name.

The associations of Examiners and Faculties were usually at loggerheads; sometimes at swords' points. The Examiners looked upon the schools as largely diploma mills whose main interests were the fees of the students and the income from supposedly highly profitable

dental dispensaries operated under the guise of teaching infirmaries. There unquestionably was ample reason for such opinion in various instances, but fortunately that condition did not prevail among the dental schools to the extent that the Examiners suspected. There were elements of honesty, sincerity, and intelligence among the various dental faculties, desirous to coöperate with the better element among the Examiners of the country, and to bring about vast improvements in dental education and the elimination of most of the undesirable things, otherwise there could not have been formed such a body as the Dental Educational Council, nor would that Council have had sufficient support to accomplish the splendid work it has done. The American Dental Association had little influence, and probably little interest, in dental education, and apparently was willing to leave the solution of such problems to the associations of Examiners and Schools.

In 1909, there also existed another organization called the National Institute of Dental Pedagogics. It was made up of the members of the various school faculties. It was really a subdivision of the National Association of Dental Faculties, the latter body devoting most of its attention to administrative affairs, the Institute looking after the principles and details of teaching matters.

The dental curriculum then consisted of three years of 32 weeks. The stated minimum entrance-requirement was completion of three years of high-school work or its equivalent. The "equivalent" was established by various state or school officers who sometimes took dentistry seriously and their official duty in like manner. Other examiners seemed to operate on the plan that if an applicant did not look too dumb and uncouth, he probably had the ability to learn the mechanical requisites of dentistry as well as the practitioners whom they knew, and that an exposure to some academic teaching would probably do him no harm. Other entrance examiners apparently held the position solely for the fees they got out of it, and any applicant who had the money to pay for a certificate of the equivalent of a three year high-school education could purchase such a certificate. Unquestionably certain schools knew of these things and condoned them; some were accused of coöperation with such fraudulent examiners and of dividing the spoils. It was not until several years after the organi-

zation of the Educational Council that the private examiner was eliminated and bonafide appointees of state departments of instruction were substituted.

The evaluation of the preliminary credentials and the professional qualifications of applicants from foreign countries for advanced standing in the American dental schools was most liberally interpreted. While in the case of native-born students some real evidences of fitness and accomplishment were necessary, the foreign applicant who would not have to pass an American State Board and thus endanger the school's rating with the National Association of Dental Examiners (and who would return to his own country to practise), needed only a lackadaisical exposure to the influences and environment of dental education for about eight months; then, regardless of his understanding of English, or the doubtful amount of his acquisition of American dental education, he sailed proudly home with the American dental degree. These things were known to the profession and to the Examiners, and while not all schools were guilty of such practices, the Examiners were broadminded and suspected that all of them were culpable. They had no way of investigating such matters until the idea of the Dental Educational Council took form.

The National Association of Dental Examiners at that time believed that no dental school was above suspicion, and that the one and only way to test schools was by the results of the examination of their product. Accordingly, a tabulation of state-board examinations was instituted and carried along for several years. After several thousand applicants had been examined and the results tabulated, the Examiners, believing they had a "proof of the pudding," established a rule that any school whose graduates showed less than 30 percent of failures in the initial license examinations should be rated a Class A or acceptable school. A school whose graduates showed more than 30 percent of such failures was to be classed "non-acceptable." The Association of Examiners felt that the tabulation was a great idea, and the *Proceedings* indicate that they looked upon it as the most important and effective work of the organization. On the other hand, many of the school men thought that the tabulation of examinations was a very poor idea. This difference of opinion led to many amusing but heated discussions; and when the Examiners first made public their

tabulation, and threatened to publish a classification, various of the school men replied by threats of legal action. The tabulation idea *was* a good one, but the method of operation was incomplete, inaccurate, unfair, and unreliable, and for several years was the bone of bitter contention between the two associations. Considering the entente cordiale which exists between these two associations today, it is most amusing to recall the condition which prevailed for several years before the organization of the Council; at its mildest it might be called "an armed neutrality." The Association of Examiners attempted to keep its proceedings secret and its members were exhorted not to let any school man have access to the printed proceedings. On the other hand the Association of Faculties had a by-law which made it obligatory for the Secretary to call the attention of the Association to the presence of a stranger, if and when any visitor entered the room during a session.

The Association of Examiners, in its desire to bring about a closer approach to uniformity in state-board examinations, was seriously engaged in an attempt to compile a book of uniform examination questions. Some of the opponents of the movement felt that it would be unwise to have such a book, "for in a short while some teachers would get hold of it and schools would stop teaching their ordinary courses and devote their time to drilling students on the examination questions." At this time only about two-thirds of the state boards made reports to the "Tabulation Committee," and in 1908 about 28 percent of the applicants failed to pass the examinations. Fifteen state boards examined and licensed undergraduates to practise. That number of states did not require a degree for license to practise dentistry.

For several years the meetings of the Association of Faculties had been the scene of bitter arguments in regard to lengthening the dental curriculum. In 1902 it was voted to increase the curriculum from three years of seven months to four years. One year's experience seemed to be enough for many of the schools that depended entirely upon fees. The freshman enrollment in 1903 was very large; that for 1904, very small. At the next meeting of the Association of Faculties an attempt was made to go back to three years of nine months, six days per week. By a small majority the motion failed,

but shortly thereafter several schools resigned from the Association. A special meeting was then held at St. Louis and the schools voted to go to three years of thirty-two weeks, six days per week. Another matter then arose: that of an increase in fees to cover the expense of the extended teaching year. The tuition fee at that time was \$100 in most schools. It was raised to \$150 by the Association. Several schools withdrew from the Association shortly thereafter because of this requirement of increased fees. Some university schools, forced by their universities to require high-school graduation for entrance, also withdrew from the Association. In 1909, after a preliminary conference in 1908, six schools which had withdrawn formed the Dental Faculties Association of American Universities.

The progressive element in the original Association of Faculties, realizing the uselessness of the antagonism between that Association and the Association of Examiners, advocated the appointment of a joint conference-committee of the two associations, to discuss points of difference and dispute. This Committee soon demonstrated the unreliability of the existing tabulation records and the methods of the Association of Examiners, and brought about an agreement whereby a committee representing the Association of Faculties should audit the Examiners' tabulation; and when both approved the results as accurate, the data were to be published by both Associations. The Examiners discarded their previous tabulations and started anew on their tabulation reports. The Association of Faculties paid two-thirds of the expense of the tabulation for the privilege of assuring its accuracy by audit. As a result of the friendly coöperation of this joint conference-committee, and its success in breaking down the barriers of suspicion and resentment in both associations, the Committee was continued, and out of it grew the germ of the Dental Educational Council.

At this same time the Association of Examiners was wrestling with the problem of devising a National Dental Council or a National Board of Regents to act in the capacity of the present National Board of Dental Examiners. In order to bring about a more uniform standard of dental education in all schools, and in the state boards of examiners, another joint conference was recommended, to consist of five representatives from the Association of Examiners and five

from the original Association of Faculties, to be augmented by inviting the American Dental Association to send five representatives, this joint committee to study dental education, dental laws, and dental examinations. Thus was the Dental Educational Council born. That this idea did not meet with unanimous approval can best be shown by quoting from the remarks of a prominent and respected member of the Association of Examiners (*Proceedings*, 1909, p. 105):

"Dr. S. . . I do not expect what I have to say will influence you at all, but I hope that what little I may say you will take home with you. . . . Gentlemen, mark my prediction—what I say this evening—the time will come when this Association will repudiate two actions taken on the floor of this body. When the fly is captured by the spider, he winds his web around it, and when he sees it is likely to get away he winds another web around it and after a while the fly will struggle and then die. Gentlemen, we must watch the cords that are being thrown around us. . . . We have had battles, we have won battles; they have come to us and acceded to nearly everything we wanted and now they want us to take a backward step and accede to them; and the first thing we know, we won't know where we are at. . . . We are being dictated to already, and this very thing is another step towards dictation as to how we shall examine and what we shall examine, and criticism of our methods of examination.

"Gentlemen, we ought to stop and think, think where we are going. Fifteen men, five good stalwart men from this organization; but ten overbalances five, and we are powerless. They may say that five of the men are neither college men nor examiners; that is all right, but gentlemen . . . we have had men occupying prominent positions on the floor of this organization and before six months had passed, they were deans of colleges. Many of you gentlemen know that is true, and it has happened more than once. So that when I have appeared in this body, I could almost spot the man who was going into a college from the remarks he would make on the floor and I have remarked, 'Watch and see if Doctor So and So is not in a college in less than twelve months.'

"We have five men on the committee and there are five from the National Dental Association. Those five men can agree with the five men from the Faculties and pass any resolution or any recommendation they choose over our five and we are absolutely helpless. If I am not very much mistaken this whole thing has been patterned after an organization they have in Canada which has been mooted in this organization for the last four or five years. [It has been suggested that we create] . . . a National Board

of Examiners, so that if a young man wanted to practice in any state in the Union all he would have to do would be to go to Washington and stand examination there and override state rights and practice most anywhere. That would not do. But many young men with money would be very glad to go to Washington and pay five hundred dollars if they could pass an examination and then be able to say, 'I don't care anything about your state examining boards, I have been to Washington and stood my examination there.' That is the kind of thing we are drifting to.

"I think I know how you are going to vote, but I do want you to remember . . . the few remarks I have made along this line of being entangled with foreign powers, joint this and joint that, for where are we going to find ourselves after a while? Why, it will be looked upon presently as if we are almost one and the same body. I am not against improvement in any line, but I would like to see a national body stand up erect and show to the world it has a back bone and don't need the aid of any other organization to assist in doing its work. [Applause]"

Some idea of the preposterousness of conditions existing in some states and schools, in regard to preliminary examinations, may be gained from the following quotation from the *Proceedings* of the Association of Examiners (1914, p. 55):

"*Resolved*, That it is the sense of this Council that wherever it does not exist, steps be taken to secure legal enactment empowering the State Superintendent of Public Instruction or similar officer to appoint a preliminary entrance examiner or examiners, whose duty it shall be to pass on the entrance credentials of all applicants for admission to dental colleges in that State.

"*Dr. B.* I think these resolutions will have a bearing on the educational requirements. We all understand the members of the 'National Association of Faculties' require a high school diploma or an equivalent examination. Here is a certificate issued by the . . . Dental College certifying an equivalent examination: 'This is to certify that I, the undersigned, have been appointed by the State of . . . to examine all students who make application to the . . . Dental College. I have examined the preliminary education of . . . , find it satisfactory, and that he has fulfilled the requirements for entrance in the professional class.' This is certified to by Mr. A., Official Examiner . . . State Teachers School. Here is another to the same effect, signed by Mr. B., Official Examiner, . . . State School Commissioner, . . . College of Dental Surgery. *Dr. B.* then read a letter from the State School Commissioner of the State of . . . which in substance stated that Mr. A. and Mr. B. had no official connection. *Dr. B.* likewise

presented one of the equivalent examinations as written out and signed by one of the applicants. The entrance examination consisted of such questions as the following: 'What did you do before you came to college? How much high school have you had? How did you come to study dentistry? Have you any relatives as dentists? Are you married?' *Dr. B:* That was the examination of the man who took it. Here is another: 'What is your name? Where do you live? How old are you? Are you married? Have you any children? What did you do before entering college? Do you like dentistry?' This is signed by Mr. S. If Roosevelt had examined that man and he had eight or ten children, he would have gotten in. [Laughter]"

While the minimum requirement for preliminary education was specified as the completion of three years of high-school work or its equivalent, it was permissible for schools to accept students with conditions, and those conditions could be removed at any time during the college course. There was practically little evidence of the elimination of unfit students. No attendance requirements were enforced. The schools had no requirement for a suitable proportion of full-time teachers, and very few teachers had any preparation for their work in addition to the medical or dental degrees. That the Association of Faculties, and the majority of schools represented in it, were desirous of cleaning up such deplorable conditions was shown by the fact that 90 percent of the cost of the earlier inspections was paid by the schools, which assessed themselves prorata on the number of students enrolled per school. The Educational Council, before attempting to classify schools or even to set a standard by which to classify them, carried on a preliminary survey of all dental schools in the United States, and upon the information gained therefrom, formulated and suggested standards as to administration, equipment, and methods of instruction. No funds were available from other sources, so the Association of Faculties voluntarily financed this work. Later on when classification was the result, the schools that were inspected individually paid the expenses of their inspection.

At this time the erratic idea of submerging dental education in medical education was active, as may be seen from the following excerpt from the *Proceedings of the National Association of Dental Faculties* (1908, p. 75):

"The N. A. D. E. presented to the Joint Conference Committee a com-

munication from the State Dental Association, calling attention to the fact that the said Association, and other Dental Societies in the State of , recommend abolishing the degree of doctor of dental surgery, and that hereafter only the holder of the degree of doctor of medicine shall be admitted to the practice of dentistry. After due consideration, the Joint Conference Committee made the following recommendation to the N. A. D. E. as representing the view of the N. A. D. F., namely: 'The Joint Conference Committee, on reviewing the communication from the State Dental Association through its Committee on Legislation, deems said communication too important to table, and would recommend that the matter contained therein be condemned in the most drastic terms as being subversive of the best interests of dentistry, and it is further recommended to the Association addressed [the N. A. D. E.] that it memorialize the said State Dental Association on the aforesaid subject in unmistakable terms of protest.'"

The conditions demonstrated in the preliminary survey of dental schools were astounding even to the school men on the Educational Council, but to go into details would be too much like conducting an autopsy. Those good old days passed with the establishment of the Dental Educational Council and the elimination of privately owned schools. At their poorest, however, conditions in dental schools were never worse than those disclosed in medical education a few years earlier when medical schools underwent a similar investigation. The work of the Dental Educational Council paved the way for the Carnegie Foundation's Study of Dental Education and the current Survey of the Dental Curriculum, and built the groundwork for the success of both of these stupendous undertakings.

The future of dentistry lies in its schools. Our schools must have better financial support by their universities—and they are practically all now university schools, the Educational Council having wiped out the privately owned dental schools. A better type of student must be encouraged to take up the study of dentistry in order that dentistry may be taught as a profession of health service, and not as a means of money-making primarily. Our dental schools must have endowments in order adequately to train such students.

A graduate of only a few years ago was recently heard to say, in the discussion of two schools in a certain city, that undoubtedly one of the schools taught its students how to practise dentistry scientifically,

but the other school taught its students how to make money. He, a graduate of the former school, felt that perhaps his Alma Mater had been a little too idealistic. However, there should be no place now in dental education for the type of school that holds before its students as the primary ideal, the ambition to make money. To the Dental Educational Council belongs the credit for having eliminated most of that spirit from our dental schools.

V. RELATION OF THE COUNCIL TO THE DEVELOPMENT OF DENTAL EDUCATION SINCE 1909

ALBERT L. MIDGLEY, D.M.D., SC.D.

Secretary of the Council and of the College, Providence, R. I.

As this occasion is the celebration of the twenty-fifth anniversary of the establishment of the Dental Educational Council of America, I need not say with what pleasure I accepted the invitation to address you on the relation of the Council to the development of dental education since the Council's creation in 1909. The Council is a national organization that has played its part, may I say faithfully and effectively, in an effort to elevate the status of dentistry in its educational, professional, and civic phases. For that reason I believe it is eminently worthy of special discussion; and I feel assured of your interest—the interest of the American College of Dentists and of the dental profession generally—in a brief exposition of the Council's ideals, activities, and attainments during the quarter-century of its existence.

It goes without saying that, before 1909, men of high ideals and marked ability had gained deserved recognition by their efforts to improve dental education and practice. Likewise the two teaching organizations, the Association of Examiners, and the National Dental Association, had contributed to the advance of dentistry over a period of many years. But the efforts of individuals or small groups were generally weak and spasmodic, and so did not endure; while organized effort, though longer sustained, was preyed upon by political and commercial influences—and sooner or later, more or less vitiated by them. Perhaps the conditions most inimical to progress were the antagonism between the commercialists on one hand and the professionals on the other; the unfriendliness between the associations of

Examiners and Schools, which the previous speaker has explained to you with admirable completeness and detail; the exaction of staggering interest payments on loans to dental schools by some of the universities that sponsored them; the diversion of fees from dental schools to take care of famished medical schools; and the greed for gain, also noted in the previous address, which induced some schools and some private entrance-examiners to admit unworthy candidates to the study of dentistry. Such conditions, once recognized by men of vision, became intolerable; but they could not be destroyed at a single blow or by direct attack. What was needed in 1909 was a complete change of attitude in regard to dentistry. So long as it was looked upon chiefly as a lucrative trade, the schools and universities would feel no scruple in conducting their affairs in a mercenary spirit; the discreditable vendors of education would keep on trying to subvert the functions of the profession; commercialists would pursue their own advantage at the expense of professional ideals; and medical practitioners would continue to look down upon dentistry and dentists from a lofty and impregnable height, though it was becoming indisputably clear that the two professions should work side by side in the service of both individual and community health.

It was this last mentioned fact, newly established in the minds of the profession and of the more enlightened public, which offered a challenge and an inspiration to the leaders in dentistry twenty-five years ago. Dentistry was faced with the recognized importance of maintaining, through scientific practice, an effective oral health-service, not for private patients only, but also for agencies of public welfare; and not in a spirit of narrow-minded selfishness, but as a civic duty. Forward-looking leaders, called upon to interpret and evaluate the new opportunities which lay before the profession, knew first of all that they must go to the root of the matter, laying a foundation of thorough, honest, and genuinely liberal education for all dental students, that they might be adequately equipped to meet their enlarged professional obligations and maintain their increased professional dignity.

The Dental Educational Council, at the outset of its career, undertook the task of setting up such an uncompromising standard of education, and *incidentally*—though the fighting involved in such “*incidents*” might be no small matter—to drive the enemies of progress

from their strongholds. Nothing illiberal, nothing sectional, nothing adjusted to this or that hampering condition, would play any part in the educational régime which they proposed to establish for the benefit of their profession, however gradual the evolution of strength from weakness might necessarily be. Schools all over the country must be persuaded or constrained to raise entrance requirements, improve the teaching equipment and the teachers, lengthen the academic year, extend the quality and content of the curriculum, and coördinate dental with medical studies. When this was accomplished, the morale of the profession, on the educational side at least, would be brought to its proper level. Early years of the Council's career were devoted to perfecting its organization with the creation of committees on colleges, legislation, and curriculum. It was growing in wisdom and stature and preparing to go after the thing it needed most, which was first-hand information about the conditions actually existing in each of the fifty-odd schools of dentistry then known to be operating in various parts of the country. By the year 1914 the time was ripe for this momentous initial inspection; and, thanks to the interest and confidence which the Council's policies had inspired in the National Association of Dental Examiners, individual state boards, a few schools, and members of the profession, the funds necessary for the inspection were also at hand. It is fitting that I should at this time make due acknowledgment of the lasting debt which dental education owes to those whose contributions made possible the vigorous functioning of the Educational Council.

The critical survey of 56 dental schools, during the years 1914, 1915, and 1916, was the real starting-point of the Council's crusade. You have already heard that some of the conditions revealed "were astounding even to the school men on the Educational Council." It is sufficient for our present purpose to say that dental education was restricting itself chiefly to technical procedures, and was suffering the species of neglect which ignorance, prejudice, and misunderstanding may always be expected to propagate. When all the facts were tabulated and digested, the Council proceeded to a tentative classification of the schools in the United States. This was completed in March, 1918, with the advice and assistance of representatives from the Surgeon General's office, who were invited to join the deliberative sessions

of the Council for that purpose. The Council then also adopted a schedule of minimum requirements for the Class-A rating, which, first published July 24, 1916, had the endorsement of dental educators and educators in other fields. Schools which dissented from the tentative rating were offered a second inspection, at their own expense, after which, in August, 1918, the complete classification was confirmed. Briefly stated, "A" meant honorable efficiency, "B" a fairly respectable mediocrity, and "C" disgrace—a state of deficiency so hopeless that a school so designated would do well to eliminate itself unless it could reform its practices, raise adequate funds, or affiliate with some stronger institution. At the time the Council had been organized there were 57 dental schools in this country. Some of these were discontinued or merged with others, with the result that when the first classification was made there were 48 schools in the United States, of which 16 were Class A; 26, Class B; 5, Class C. The forty-eighth school, in the University of West Tennessee, escaped the initial inspection and classification because the Council did not know of its existence.

The detailed knowledge gained by the Council in the course of these inspections, and the quality of judgment its members developed while deciding upon minimum requirements and equitable ratings, prepared their minds to recognize the full significance of Dr. Abram Flexner's report on medical education, and to translate his words into an inspiring general conception of what dental education ought to be. This conception expanded and became more and more concrete as they went on to further enlightening experiences, especially the reappraisal of schools under the direction of Dr. William J. Gies, when they were invited to coöperate with him in his study of dental education for the Carnegie Foundation for the Advancement of Teaching. This work, for the purpose of which the schools may be said to have been literally turned inside out, added strength to the Council's previous convictions; while the published report, produced under such auspices, gave helpful publicity to the great need for improvement.

The truth was that dentistry had been stunted in its growth by the unhappy divergence from medicine in 1839; dwarfed in the development of its biologic aspects by the disproportionate growth of its mechanical and esthetic procedures; weakened and impeded by com-

mercial control of its educational policies and by other evils from which law and medicine, exploited in the name of private enterprise, had not been wholly free. But, educationally at least, the most deplorable fact was the apparent futility of hoping that the study and practice of dentistry might everywhere be made coördinate with the study and practice of medicine. Never for a moment was the Council in favor of merging dentistry into medicine; but the Council's work of a decade had left no doubt that dentistry should be closely allied with medicine, both in education for the study of the basic sciences, and in clinical experience and practice to promote a complete and adequate health service. The formula for correcting this state of affairs had gradually evolved through years of investigation and digested experience. It was not unlike the remedy logically deduced in earlier days for the cure of dentistry's disrepute. But there were established facts behind it now, and means of accomplishment were fairly within reach, since, as a result of the classifications, isolated dental schools had been rapidly disappearing and university schools increasing in educational sincerity. The Council had long felt that a school could not grow into its full measure of usefulness except as an organic part of a university—a relationship which should imply sympathetic guidance, adequate financial support, a good library, capable and interested faculties, active research, and cordial coöperation of all departments, with a uniform standard of excellence in all the schools. For the dental student this would mean a full dependence upon the resources of the medical school, and fellowship upon equal terms with students of medicine. The other part of the formula was a rising scale of academic accomplishment which would culminate in opportunities for graduate study. Starting from the obvious fact that the schools could get better students only by raising entrance requirements, and turn out better graduates only by improving their equipment, teaching staff and curriculum, the Council passed on to a consideration of graduate study as a means of perfecting knowledge of dental specialties, promoting advanced scientific research, and providing a body of able and inspiring young teachers for dental students of the future. Such leaven as this would almost immediately raise professional morale, and give dentists a rational start toward that scholastic equality with medicine upon which a thoroughly cordial and respectful relationship between the two professions would eventually be built.

A few words must here be said about some acts of the Council that were calculated, from first to last, to put the schools on a truly economical basis of operation. The first pronouncement was that the dental curriculum should cover four years of eight months each, because the three-year curriculum then offered was too heavy to be properly assimilated. This plan was put forth in 1914, to become operative in 1917. In 1917 the entrance requirement was a full high-school curriculum of four years beyond the eighth grade of elementary school with its satisfactory completion officially certified, with no entrance conditions allowable. That year saw a drop in freshman attendance estimated at 49 percent, with Canadian schools included in the calculation. The lengthening of the curriculum to four years probably had some effect, but not all young men were free to study dentistry in the midst of the World War. However there was a sufficiently marked revival of interest a few years later. Seven revisions of the initial minimum requirements have been made, but only the most radical of these need claim our attention here. Announced in 1923, to become operative in 1926, one year of predental collegiate work was made a requisite for admission to any dental school of Class A or Class B rating. Two optional plans, each with two years of predental collegiate work, were put before the schools early in 1927.

Coming at the conclusion of the Carnegie survey and classification under Dr. Gies, this was the Council's most definite and conclusive act for conserving the energy of the schools. It was also the setting up of a new standard which had been long desired, but postponed from time to time because of the poverty of many schools, the other improvements required of them, and the upsetting of educational work by the exigences and after effects of the War. It meant that dentistry had abandoned the vocational-training standard and entered into the family of professional excellence through the acceptance of a standard of preprofessional collegiate education. The requirement of at least one year in a college of liberal arts, in addition to a high-school diploma, banished from dental schools all but the abler high-school graduates, and introduced to professional study those with a broader outlook, a sense of balance and proportion, an intellectual initiative and independence, which save for both school and student far more than is

lost by one year's delay. The significance of this condition is far-reaching, far more than the average observer realizes, and the future will reveal its liberalizing effect more clearly than the present can do. For one thing, it spelt the ultimate doom of commercialism in undergraduate schools of dentistry and in the therapeutic and journalistic interests of dentistry as well; it is the handwriting on the wall for the ambitious manufacturers, seductive supply-houses, and brazen itinerant vendors of dental education. The contempt of a liberalized profession is not like the spasmodic outbreaks of the past, soon to subside, but like a burning glass which concentrates heat upon superfluous objects until they are consumed. A resolution adopted by the Council on June 30, 1928, which I will read, is virtually an epitaph for these enemies of dentistry: "Looking toward the welfare of dentistry, dental education, and the public, the Dental Educational Council of America views with disfavor the continuance of privately owned and operated postgraduate dental schools, dental journalism under commercial auspices, and the teaching tendencies of dental supply houses."

But the part of the counsellor is something more than that of seeing the logic of facts and taking salutary action. Patience, sympathy, and practical wisdom have often been of immeasurable importance. The student has had the Council's first consideration, since the educational system exists for his sake; but all honest schools, both stronger and weaker, have received protection and encouragement at all times, the former that their activities might not be restricted, the latter that they might not be annihilated while striving to better themselves and perform their necessary service in areas of small population. Even the Class-C rating was an act of mercy, for it brought to universities, into which some Class-C schools were merged, hundreds of thousands of dollars with which to remove various deficiencies from which their own schools suffered, or it induced a realization of true values for the uninformed student, who might have spent his time and his fees where learning was such in name only. The student has benefited greatly by the merging or discontinuance of independent schools, and by the trend toward university affiliations which the Council has encouraged. And the whole scheme of dental education was cleansed and uplifted by the Carnegie survey, which was not only participated in by the Council but recommended to the Foundation's attention, we may believe, by

the Council's zeal in the cause. It was in the triumphant year 1923 that the Council became more broadly representative of the schools, when, through the efforts of Dr. William J. Gies, the National Association of Dental Faculties, the Dental Faculties Association of American Universities, the American Institute of Dental Teachers, and the Canadian Dental Faculties Association, were merged into the American Association of Dental Schools, which accepted a representation in the Council equal to that of each of the other parent bodies.

In one direction the Council feels that it has met no great success; it has as yet failed to vitalize dental teaching, in spite of new requirements and advancing standards. Under a utopian government, the successful practitioner would be sent from his office to the classroom for half the year, while the teacher came out to taste the various experiences and the welcome emoluments of practice. It may be that this is the proper solution of the difficulty. In the meantime we should consider what stimuli and what rewards might be applicable to the case; and certainly endowments for increased salaries, advanced research, and general development of graduate work would never come amiss.

Though the ultimate goal has not been attained, the Council is not ashamed of the progress which has been made. If anyone of this audience could put himself back into the conditions of twenty-five years ago, he would perceive that many hopes of that day are veritable realities of this. The air of this new day is charged with an assured courage, confidence, vitality, and sincerity, which were then absent. New opportunities and new obligations are accepted as a matter of course; and there is no longer anything uncertain or apologetic in the dentist's attitude toward the public whom he serves, or toward the university from which he expects to receive an increasingly effective training for that service. What the future has in store I leave for the next speaker to suggest to you. But, may we not trust that the Dental Educational Council, with its ripened experience and intimate personal sense of responsibility, will continue to be an instrument of force and value in the promotion of dental education, keeping faithful watch over the educational program and its essential parts, scrutinizing their proportions and relations to one another, and ever striving to secure larger opportunity and ampler culture for all members of the dental profession.

VI. FUTURE USEFULNESS OF THE DENTAL EDUCATIONAL COUNCIL
OF AMERICA

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We have listened with great interest to valuable reviews of the Council's past. My predecessors have been obliged to adhere to facts. I have been asked to turn attention to the future, where there are no facts to help or hinder my effort. My function is easier than theirs in some respects and more difficult in others. It is easier because I can proceed unhampered by facts, and am free to go where and as far as I choose. It is more difficult because, if my remarks are to be useful, they must express conclusions that will accord with developments. I hope to follow the way that experience and judgment may wisely direct. My intimate acquaintance with the personnel, policies, and procedures of the Dental Educational Council was begun in August 1921, just after the Council had passed its twelfth birthday. For about seven years, thereafter, I was an appreciative guest at nearly all of its many meetings. Throughout the progress of the Carnegie Foundation's study of dental education, the Council gave a degree and quality of coöperation that facilitated every phase of the effort to obtain useful findings and to present constructive conclusions. Since the termination of that study, I have followed with sustained interest the activities of the Council. I participate in this program as a frank but friendly critic.

The tripartite organization of the Council is a fortunate structural feature, which gives the Council a solid foundation for the functions it should consistently perform. The various checks and balances thus provided are as useful for the attainment of a representative and democratic outcome as are the judicial, legislative, and executive checks and balances provided by the national constitution. The policies and procedures of professional education are largely matters of expediency; therefore they are not predetermined by mathematical principles, nor anticipated by any reliable measurements, but are subject to the judgments, preferences, and adaptations of persons. What a profession *desires*, in well-informed and faithful adherence to its accredited responsibilities and services, may be quite as im-

portant, *in the United States*, as what any other group or groups may think or believe that profession should be *forced* to do or to accept. The tripartite organization of the Council should be continued and strengthened.

The efficiency of an organization is dependent not only upon its aims and structure, but also and very directly upon its personnel and support. The representatives in the Council, from the National Association of Dental Examiners, the American Association of Dental Schools, and the American Dental Association, should be selected from among those who have been active in the important affairs of these organizations; should be widely respected for high character and great ability; should be unselfishly devoted to the welfare of dentistry, and to its advancement in public appreciation and esteem; and should be free from personal, commercial, or any other obligations that would interfere with self-respecting, sincere, and competent participation in the Council's decisions. With such a personnel, the Council's activities would be welcomed everywhere, and would deserve the respect and confidence, and receive the coöperation, of all other educational agencies concerned. The Council cannot grow in usefulness without adequate financial support. In the earlier years of the Council's activities, the schools paid most of its expenses. In later years, its expenses have been paid by the American Dental Association. The funds currently available for the support of the Council's work should be increased. This expression of opinion brings me logically to a statement of belief regarding the Council's future functions and usefulness.

The Council, continuing to include equal numbers of representatives of the three present parent bodies, having a personnel of the highest order, and given adequate financial support, should serve in the following chief general relationships (1-4):

(1) *Judicial*. The Council should act as a court to determine, primarily for the guidance of the dental profession, the validity, desirability, and acceptability of new educational policies, procedures, or conditions as they arise, the judgments of the Council to be indicated formally to the state boards of dental examiners, to the dental schools, and to the profession in general. The influence of these "decisions" would be commensurate with their educational soundness, their pro-

fessional pertinence, and with the character, ability, and repute of the members of the Council, for the Council could not enforce any decision. In some quarters it seems to be assumed that universities rather than accredited representatives of the dental profession should decide just what dentists shall practice and how. The advice of representatives of any university, on dental education, should be carefully studied and followed by the profession, if acceptable; it should obviously be rejected, if not acceptable.

(2) *Advisory.* The Council should act as an agency to promote educational developments in the universities that the profession would wish to further. Such advice would have no force other than its practical value, its intrinsic persuasiveness, and the wisdom exemplified in it. In some quarters it seems to be assumed that the dental profession is incompetent to advise universities on ways and means to improve dental education. The advice of representatives of the dental profession, in educational matters, should be carefully studied and followed by universities, if acceptable; but it should obviously be rejected, if not acceptable.

(3) *Coöperative.* The Council should (a) help the state boards and dental schools to obtain statistical and any other useful information; and also (b) bring to state boards and the schools, from both the profession and the public, support in all matters in which an agency such as the Council could assist in routine and in special ways.

(4) *Informative.* The Council should keep the dental profession and the public intimately informed on all matters in the field of education that affect or may influence the promotion of dental practice and the advancement of the dental profession.

Ignoring minor functions that would naturally be correlated with the four general relationships just mentioned, it may be asked: Are these functions important enough to justify the continued existence of the Council and the expenditures required to maintain the Council? I feel that this question should be answered with an emphatic Yes! These functions are highly important for the future improvement of dental education in accord with the profession's accredited responsibilities and services, and cannot be given adequate attention by any other dental group than a body specially organized to perform them. This has been shown very clearly not only by the history of dental

education, but also by that of other types of professional education. The Council, to perform with increasing efficiency the functions that should be entrusted to it, needs the following facilities (a-c):

(a) *A whole-time executive secretary.* Each secretary of the Council has been a part-time officer. The projected extension of the usefulness of the Council requires whole-time service in the secretary's office. For many years Secretary Midgley has given service distinguished for ability, fidelity, industry, and unselfishness. The personal sacrifices entailed by his voluntary and unremunerated labors emphasize not only the appreciation he deserves, but also the importance of the service of a whole-time executive secretary.

(b) *Two or three consultants, as advisory members,* selected independently or to represent such organizations as the Association of American Universities, American Medical Association, Association of American Medical Colleges, National Board of Medical Examiners. Independent consultants, or representatives of bodies such as these, serving as advisers, would bring to the Council not only invaluable educational information, experience, and wisdom, but also added repute and influence in fields outside of, yet closely correlated with, dentistry.

(c) *Adequate financial support.* If the necessary financial support for the Council's functions cannot or will not be provided by the American Dental Association, it is obvious that it would not be desirable to seek the funds from either the American Association of Dental Schools or the National Association of Dental Examiners. The published reports regarding the attitude of the American Dental Association do not encourage the belief that its current leadership is very much interested in promoting or increasing the work of the Council. These published reports favor, instead, the assumption that the current leadership of the American Dental Association might prefer to have the Association retire from its relationship to the Council. If that present indication should prove to be well-founded, I suggest that this College, now rapidly growing in size and public usefulness, would be an excellent substitute for the American Dental Association in the organization of the Council. I suggest, further, that the Council, whether thus reorganized or not, could appeal successfully for public funds for its support, provided the double assur-

ance could be given (1) that the functions and personnel would be freed from the perversities that have repeatedly handicapped the work of the Council; and (2) that the Council would be dedicated exclusively to the important functions it should perform in the interest not only of the dental schools and the dental examiners in particular, but also of the dental profession and the public in general.

In a few references to current criticisms of the Council, I shall disregard those that are related to temporary political accommodations, or to personal influences that have aimed to obtain special protection or advantages for certain schools; or to similar conditions that are evanescent, or trivial, despite the demoralizations and embarrassments they cause. It will be sufficient, for constructive purposes, to focus attention on several special considerations. Many universities, having dental schools, regard the Council as an instrument of political rather than of educational import, and as dominated by superficial considerations that disregard educational purposes. This sentiment in universities is due, in part, to recollections of circumstances in which political or proprietary interests have been transiently represented or influential in the Council. It is also due, in part however, to conviction that the Council is indifferent to important educational conditions and requirements. Only very recently the president of a leading university, during a chat on this subject, in referring to a member of the Council, and plainly echoing comment to him by his dental dean, said: "What does or can Dr. . . . know of *dental* education or *any* type of education?" So long as the Council, for any reason, occasions derision in any important university, the friends of the Council should comprehend that its standing is insecure, and that it needs material improvement. I believe that the conditions previously suggested, for the promotion of the Council's future usefulness, would give the Council the standing and influence everywhere that official educational representatives of the dental profession should merit.

Before going any farther let me assure you that I do not mean to suggest that when a university president or any other representative of a university expresses an opinion, it must be right because it cannot be wrong. The personnel of universities is just as human as that of dentistry and shows qualities, good and bad, that are essentially like

those of dentists. The noblest aspirations, the most unselfish purposes, the greatest abilities, and the strongest devotions to the public welfare, are richly represented in the universities; but, unfortunately, universities also harbor influential persons having ignoble aspirations, selfish purposes, ordinary abilities, and little or no devotion to the public welfare. The official attitude of some universities toward dentistry has reflected an ignorance or perversity, or both, which it would be impossible to understand if we did not know that often persons who succeed to places of high responsibility and influence have some very inferior qualities. Some university presidents wish to bring about the conversion of dentistry into a specialty of medical practice merely to get rid of annoying administrative problems, and regardless of the interests of the dental profession or the public. By so doing, the various difficulties attending the evaluation of dental education in their universities would, they think, soon be simplified and ultimately removed from their personal anxieties. These are petty motives, not educational projects. In this general relation I expressed these views in the Carnegie Foundation's *Bulletin on Dental Education* (p. 111):

"There are those who feel that the Council's further opportunities for public service are not important enough to justify its continuance, and that the universities, which hereafter will conduct dental education, are not in need of advice that their faculties cannot give or which the American Association of Dental Schools cannot offer. This view overlooks the fact that some responsible universities have been conducting their dental schools in a mercenary spirit or giving them very indifferent attention. It disregards the possibility that, in the absence of disinterested supervision from such a public body as the Council, these universities would continue indefinitely to neglect their dental schools. It ignores the circumstance that direct or active censorship of one another cannot suitably be included among the functions of the schools, individually or as members of the American Association of Dental Schools."

The situation in this relation might be summed up as follows: The universities have better opportunities than the Council to understand the problems and procedures of education, but the Council has better opportunities than the universities to understand the problems and procedures of dental practice. For the promotion of dental education each—University and Council—should be helpful to the other, as-

suming that there is equivalence in character and competence of personnel, and in fidelity to the public interest. The representatives of the dental profession in the Council cannot learn everything about education, but they know their profession—and the universities can certainly always learn more about the practice of dentistry.

A few persons seem to believe that the Council should be disbanded and its function performed by a committee of the American Dental Association. As to this I feel now as I did several years ago when I wrote the following in the Carnegie Foundation's *Bulletin on Dental Education*:

"At the present stage in the evolution of dental education, the degradation of the Council from the status of a commission of representatives of the three national associations of examiners, teachers, and practitioners, to a committee of the national association of practitioners, would . . . weaken the Council's usefulness by destroying its independence, impairing its initiative, and limiting its freedom of responsible expression of opinion. . . . Dental education should be continually improved in accordance with the expanding needs of oral health-service, as determined primarily from the point of view of public welfare by those collectively most competent to do so, and not from any fixed consideration of influential selfishness or any temporary vantage of professional partisanship. . . . [The Council] could not function to the highest degree of public utility, if, constituted a committee of the association of practitioners as at present animated, its decisions were subject, at annual meetings under the stress of partisan manoeuvres or political excitement, to modification, substitution, or rejection by a majority vote of less well-informed members. If the problems of dental education should be solved by a majority vote at meetings of any general organization, it would be reasonable to expect such decisions to rest with the national association of state boards of examiners or of dental schools, for either of these, charged with special educational responsibilities, would presumably comprehend and respect the public needs in this relation [p. 112]. . . .

"If the Council were continued and properly supported as an independent judicial commission of representatives of national dental and educational organizations, it could give the universities helpful guidance, the state boards useful assistance, and the public effectual service. But the Council's future usefulness will depend, with increasing assurance, upon the disposition and ability of the dental profession to make it a strictly judicial body, and to raise it above the suspicion of adaptability to unworthy con-

cerns among the examiners, practitioners, or teachers [p. 112]. . . . The only necessary restraint, on such a judicial and advisory body as the Council, is that of earnest selection of members who are notable for ability, independence, courage, disinterestedness, and trustworthiness. Their mistakes would hardly be more numerous or damaging than those of majorities at annual meetings of a national association of practitioners; and it would be far better for the dental profession to submit to the embarrassments from occasional errors of judgment of a Council of highly reputable representatives, with public criticism as an effectual corrective, than to lose the many advantages that would accrue from unfettered expressions of the convictions of such a body" [p. 113].

I hope you will not regard as inappropriate a few personal remarks in conclusion. It is now almost exactly twenty-five years since I was invited by a committee of New York dentists to perform some experiments in non-commercial dental research, which, in 1909, was almost as much of a novelty as the Dental Educational Council of America. In that year, to help a deserving cause I turned from my regular work as a member of a medical faculty to what, I thought, would be a temporary side-issue. From that day to this, however, I have seen, with increasing interest and clearness, that dentistry is an agency of the highest importance and of the finest quality for the promotion of human welfare and contentment. During these passing years I have been given increasing opportunity to help to advance dentistry as such an agency. My remarks tonight, in projecting ways and means to increase the usefulness of the Dental Educational Council of America, have been animated by a layman's earnest desire, nurtured by twenty-five years of active coöperative endeavor, to see the dental profession raised above the petty concerns of selfish contrivances; to see oral health-service fully accredited for its great worthiness; and to see dental practitioners accorded the esteem, and deriving the happiness, they deserve.

Editorial note. The Council's original "minimum requirements for Class A dental schools" were adopted on July 24, 1916. Successive revisions of the original minimum requirements were made, at meetings of the Council, on Oct. 22, 1917; March 26, July 31, and Aug. 3, 1918; April 13 and 14, 1920; Oct. 23, 1922; and June 2 and 3, and Dec. 2, 3 and 4, 1926. The succeeding published ratings of the dental schools have been based on these recurrent revisions of the minimum requirements.

AMERICAN COLLEGE OF DENTISTS

AD-INTERIM ACTIONS OF THE REGENTS: 1934-35¹

SERIES 1

(a) *Matters of policy.* 1. If the American Dental Association is unable to proceed with a study of the dental needs of industrial workers—a plan for which has been submitted to the Association—the Regents shall seek the support of one or more philanthropic foundations to enable the College to conduct such an inquiry.

2. The Commission on Journalism shall communicate to a dean of a dental school the recommendations of the Commission on Journalism relating to the *Dental-Students' Magazine*,² and suggest discussion of and action on this journal at meetings of the American Association of Dental Schools.

3. The College shall directly encourage the development of dental-student publications.

4. The By-laws shall be amended to require all members, present at evening or other formal sessions of the College, to wear the gown as a condition of admission, a supply of gowns to be provided (by the Company that makes the gowns for the College, or by another agent) at a rental charge to be paid by members who do not wish to take their gowns to the convocations.

5. A method should be devised by which the processing of manuscripts for publication, checking of printer's proofs, etc., could be shared by several allied journals, to decrease over-head expenses for each, and to relieve editors of this labor, for closer attention to more constructive work for the said journals. The President will appoint a committee of three to devise such a method, and to report it to the Regents for action.

6. The Commission on Journalism shall make suitable inquiry as to whether the American Dental Association is planning to publish a journal for free distribution to all American dentists and others. If the Association is not now planning to do so, the Commission shall consider and report ways and means by which the College would publish such a journal.

(b) *Administrative actions.* 7. The Committee on Socio-economics has

¹ Ad-interim actions of the Regents are taken by correspondence, or in formal meetings, or by correspondence after informal group conferences.

² Status of dental journalism in the United States (1928-31), p. 160; American College of Dentists, 1932.

been requested to note the socio-economic principles stated in the presidential address at the St. Paul convocation.³

8. The Committee on Hospital Dental Service has been requested to note the principles relating to medico-dental relationships stated in the presidential address at the St. Paul convocation.⁴

9. The Committee on Editorial Medal Award has been authorized to designate annually, beginning in 1936, the best editorial in dental-student publications during the preceding year, for the award by the College of a *silver replica* of its gold medal for the best editorial in non-proprietary journals in general.

10. A standing committee of five shall be appointed on the certification of specialists in dentistry.

11. The annual dues shall be raised to \$10, beginning with the year 1936, notice of this increase to be sent with the bills for dues for 1935.

12. The Secretary of the College, and the Chairman of the Commission on Journalism, shall present to the Regents at each convocation an inventory of such portions of their office equipment as belong to the College.

(c) *Awards of F.A.C.D. in absentia.* 13. F.A.C.D. has been conferred in absentia upon Drs. I. N. Broomell, Philadelphia, Pa., and Edwin C. Blaisdell, Portsmouth, N. H. (Both were elected to Fellowship at the St. Paul convocation.)

Attest: Albert L. Midgley, Secretary.

December 31, 1934.

AMERICAN DENTAL ASSOCIATION

CODE OF ETHICS¹

In order that the dignity and honor of the dental profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of dental science promoted, and that the members of the American Dental Association may understand more clearly their duties

³ Palmer: *J. Amer. Coll. Den.*, 1934, 1, 101.

⁴ Palmer: *Ibid.*, p. 103-105.

¹ Presented to the American Dental Association, at its annual meeting in St. Paul, Minn., Aug. 6-11, 1934, by the Judicial Council: Alfred S. Walker, '35, Chairman; Harry B. Pinney, Secretary, ex-officio; A. R. McDowell, '38; J. V. Gentilly, '37; A. E. Bonnell, '36; Justin D. Towner, '34. Adopted by the House of Delegates at the session on August 8. We are indebted to Dr. Alfred Walker for an indication, on a copy of the manuscript, of the most important additions to or substitutions in the previous form of the code. These additions and substitutions are printed throughout in italic.—(Ed.)

and obligations to the dental profession, to their patients, and to the community at large, the following Code of Ethics is prescribed:

GENERAL DEPORTMENT. *Sec. 1. It is the duty of every dentist, and it shall be incumbent upon every member of this Association, to govern his deportment in accordance with the underlying principles which have motivated the formulation of this Code. It is not assumed that the following articles cover the whole field of dental ethics; the dentist is charged with many duties and obligations in addition to those set forth herein. Briefly, the Golden Rule should be conscientiously applied by every member of the dental profession.*

ADVERTISING. *Sec. 2. As an inducement to patronage in the practice of dentistry, it is unethical and unprofessional for a dentist to employ, or permit the employment of, handbills, posters, circulars, cards, signs, stereoptican slides, motion pictures, telephone, radio, newspapers, lectures, or any kind of printed or written publications, or any other device for the purpose of*

(1) Advertising personal superiority or ability to perform services in a superior manner.

(2) Advertising definite fixed fees, which in the nature of the professional service rendered must be variable.

(3) Advertising statements that might be calculated to deceive or mislead the public.

(4) *Advertising any one or more types of dental service, thereby implying either superiority or lower than average fees in these fields.*

(5) Advertising under the name of a corporation, company, institution, clinic, association, parlor, or trade name.

(6) Advertising special or allegedly exclusive methods of practice or peculiar styles of service.

(7) Advertising reports of cases or the possession of special certificates, diplomas, etc.

(8) Employing or making use of advertising solicitors, free publicity press agents, radio announcers, entertainers or lecturers.

(9) Guaranteeing or warranting operations.

The fact of promulgation of any of the forms of advertising covered in this section shall be held to be satisfactory proof that the dentist named either employed or permitted the employment of the advertising message.

DIRECTORY ANNOUNCEMENTS. *Sec. 3. It is unethical for a dentist to permit the placing of his name in any city, commercial, telephone, or other public directory, or directories in public or office buildings, using what is known as display type, or type that is in any way dissimilar from the standard*

in size, shape or color, or to use any other device tending to give his name visual prominence over other names listed. It is likewise unethical for a dentist to permit the printing of his name in any kind of public directory under a heading such as "Specialists," "Surgeon Dentists," or any other heading or device that might create in the mind of the reader the impression that the individual so listed is superior to those whose names appear under the simple heading, "Dentists."

CARDS IN PRESS, ETC., SPECIALISTS. *Sec. 4.* In communities in which it is customary for professional men to insert a card in the local press, or in programs for social events, theatres, etc., the same custom may be observed by the dentist, but such cards must be of modest size and type, and shall not include more than the dentist's name, title, address, telephone number, and office hours, nor shall it include any other device tending to give such announcement visual prominence over other names listed. If he confines himself to the practice of a specialty, he may announce in modest type—"practice limited to . . ." (announcing the specialty), but nothing more. This Association, however, believes the latter custom to be unbecoming to professional men and urges its members to abstain from such practice [custom].

PERSONAL CARDS, LETTERHEADS, ANNOUNCEMENTS, ETC. *Sec. 5.* A dentist is permitted to use personal professional cards of modest type announcing his name, title, address, telephone number, and office hours, and if he confines his practice to a specialty he may so announce it; he may also use modest appointment cards and diagrams for designating needed radiograms or operations. No illustration or other printed matter shall appear on professional cards. The same rule shall apply to letterheads, billheads, envelopes, etc. He may mail to his patients similar modest announcements, informing them of his absence from or return to practice; of the opening of an office; a new location, etc. He may use modest size lettering announcing his name, title, and profession on his office doors or windows, or at the entrance to his office, and if he practises a specialty he may state "practice limited to . . ." (announcing the specialty). Large display signs or peculiar lighting, unusual objects, or characters of any description, or anything that copies or imitates the unethical methods of the charlatan shall be deemed unethical. Signs shall be limited in number to those essential to indicate to prospective patients the location of his office.

SPLIT FEES, COMMISSIONS, ETC. *Sec. 6.* It is unethical for dentists to pay or accept commissions in any form or manner on fees for professional services, references, consultations, pathological reports, radiograms, prescriptions, or on other services or articles supplied to patients. This Association discourages the custom of the dentist selling to patients, for profit or adver-

tising purposes, mouth washes, dentifrices, toothbrushes, or other materials or articles.

UNJUST CRITICISM. *Sec. 7.* One dentist should not disparage the services of another to patients. Criticism of operations which are apparently defective may be unjust through lack of knowledge of the conditions under which they were performed. However, the welfare of the patient is paramount to every other consideration and should be conserved to the utmost of the practitioner's ability. If he finds indisputable evidence that a patient is suffering from previous faulty treatment, it is his duty to institute correct treatment at once, doing it with as little comment as possible and in such a manner as to avoid reflection on his predecessor.

EMERGENCY SERVICE. *Sec. 8.* If a dentist is consulted in an emergency by the patient of another practitioner who is temporarily absent from his office, or by a patient who is away from home, the duty of the dentist so consulted is to relieve the patient of any immediate disability by temporary service only, and then refer the patient back to the regular dentist. To urge upon the patient, *or to institute*, any other treatment is unethical.

CONSULTATION. *Sec. 9.* When a dentist is called in consultation by a fellow practitioner, he shall hold the discussion in the consultation as confidential, and under no circumstances shall he accept charge of the case without the consent of the dentist who has been attending it, *nor until he has been assured that any differences concerning the patient's financial obligations to the previous dentist have been satisfactorily adjusted.*

DUTY TO REPORT ILLEGAL AND UNETHICAL CONDUCT. *Sec. 10.* It is unethical for dentists to *connive at or aid in illegal practice by others.* It is their duty to expose such persons without fear or favor. Dentists shall call to the attention of the proper dental or legal authorities illegal, corrupt, or dishonest conduct on the part of any member of the dental profession.

TESTIMONIALS AND FRAUD. *Sec. 11.* It is unethical for dentists *or dental organizations* to give testimonials, *directly or indirectly*, concerning the supposed virtue of secret *therapeutic agents* or proprietary preparations such as remedies, vaccines, mouth washes, dentifrices, or other articles or materials which are foisted on the public, claiming radical cure or prevention of disease by their use. It is also unethical to promise radical cures or to boast of, *prescribe, or employ*, secret methods of treatment, secret *preparations or remedies*, or to exhibit certificates of skill or of success in the treatment of diseases, or to employ any questionable method to gain the attention of the public for the purpose of obtaining patronage. It is the duty of the dentist to *expose* dishonest methods of practice and false pretensions of charlatans, *and to warn the public that such practices may cause injury to health.*

PROFESSIONAL LOYALTY AND PATRIOTISM. *Sec. 12.* Dentists should be good citizens, and as such should bear their full part in sustaining institutions that advance the interests of humanity. They should be ever ready to counsel the public on subjects relating to dental health-service. They should refrain from any act, comment, or insinuation which may reflect upon the dignity of the dental profession, not forgetting that a well merited reputation for honesty and professional ability carry with them their own reward. Thus, it is imperative that the dentist in all his relations with his patients, his fellow-practitioners, and the public, shall conduct himself as becomes a member of a profession whose prime purpose is service to humanity.

PATENTS. *Changing conditions in the modern world have brought about a situation wherein the ethics and propriety of members of the dental profession owning patent rights, or having financial interests in instruments or devices for use in dental practice or the administration of dental treatment, should receive reasonably liberal interpretation. The procurement of patent rights, the whole or part ownership or the financial interest in any instrument or device for use in dental practice or the administration of dental treatment, which procurement, ownership, or financial interest may have for its object purposes other than the protection of the public, the profession, and the rights of the individual, is unethical.*

CONTRACTS. *It is unethical for dentists to enter into contracts which impose conditions that make it impossible to deal fairly with the public and fellow practitioners in the locality.*

GROUP PRACTICES, CLINICS, ETC. *Using the name "Clinic," "Institute," or other title that may suggest a public or semi-public activity, to designate what is in fact an individual or group private-practice is misleading, and therefore unethical.*

NOTE. Whenever there arises between members of the American Dental Association a grave difference of opinion regarding professional conduct, or questions of an ethical nature which cannot be adjusted without assistance, the dispute should be referred for consideration and settlement as follows:

First: To a committee of impartial dentists, preferably the committee on ethics, or similar committee, of the *local* component society.

Second: Should the verdict be unsatisfactory to either party, appeal may be taken to a similar committee of the state or constituent society of which the component society is a part.

Third: Should the verdict still be unsatisfactory to either party, appeal may be made for final settlement to the Judicial Council and ultimately to the House of Delegates of the American Dental Association.

Fourth: When differences arise between members of their respective local societies, or official units thereof, and such differences cannot be adjusted within the society, the matter should be referred first to the state society and thereafter, if need be, to the Judicial Council and ultimately to the House of Delegates of the American Dental Association.

AMERICAN ASSOCIATION OF DENTAL EDITORS

REPORT OF COMMITTEE ON DENTAL LITERATURE¹

The field of the "Committee on Dental Literature" has not been officially defined, but we understand that "dental literature" in our title refers especially to the literature in dental periodicals. A more specific title would be desirable.

During the past year the trends in dental periodical literature have, for the most part, been upward. We have been impressed by the earnest thought and sincere purpose of an enlarging group of dental editors. Many important subjects which a few years ago were usually ignored—such as social responsibility, educational obligations, professional ideals, importance of research, etc.—have been receiving increasing attention. A notable effort is being made, by editors of non-proprietary journals, to analyze and to promote understanding of vital matters affecting dentistry and its public relationships. The basis of editorial interest and concern is broadening, gradually but surely. Trivialities receive diminishing attention. Dental journalism is assuming more and more the qualities of professional leadership. Our Association should be made a cumulatively constructive influence in this very useful evolution. The gratifying indications of this constructive development in non-proprietary dental journalism are illustrated by many direct and effective responses, during the past year, to the commercial sophistry in some articles by three conspicuous editorial spokesmen for dental-trade interests. . . . [See the series of quotations in the *J. Amer. Col. Den.* for October, 1934 (pp. 158-162).]

Alluding to the outcome of the effective editorial dissection of the said articles in defense of proprietary dental journalism, the editor of the *Apollonian* bravely and wisely wrote, in part, as follows:

"A reading of current dental journals shows that the editors of commercial journals have said their say, and then withdrawn silently and obstinately into their forts. There has been no voluntary surrender, but only a sad determination to face the situation out

¹ Adopted at the annual meeting of the American Association of Dental Editors, St. Paul, Minn., August 4, 1934.

and abide the consequences. And their retreating battles seem, in the opinion of the *Apollonian*, but half-hearted and ineffectual. Doctors Best and Ryan, who receive perhaps the largest income of this group, made but a pathetic showing with their platitudinous claim to be up-lifters of the profession. They and other "independent" editors must be somewhat embarrassed when they describe their altruistic devotion to pure and ethical dentistry, the while they eagerly claim and bank their checks from the profits of their commercial dental journals. Telegrams and letters have convinced the *Apollonian* that its stand against commercial journalism has received the enthusiastic endorsement of the ethical members of the profession. But is it enough to state and to endorse this condemnation? Shall we simply parade our views, and then retire from the campaign? The *Apollonian* proposes a new objective in this continuing battle. . . . Our [American] Association of Dental Editors should arouse to action the deans of all dental colleges. A statement of the matter at issue should be sent to each dean, together with a definite request that the dean enter into the fight, and, more particularly, that he should establish a policy for his faculty that none should edit or contribute to commercial journals. If such a ruling were in force, there would be but few dentists who would sever their connection with the profession by further association with commercial journalism. Deans have a tremendous power over the group of dentists who do most of the scientific writing concerning the practice and theory of dentistry. The *Apollonian* does not think it unfair to call upon the deans to use their power to purge the profession of an admitted evil. . . ." (*Apollonian*, 1934, 9, p. 112, April.)

Action by dental faculties (as thus urged in April by the *Apollonian*, in endorsement of the same suggestion by the editor of *Contact Point* last February) has already ensued at the University of Pittsburgh (May 10), and at Marquette University (June 4). The dental faculties of both of these universities have unanimously agreed that hereafter none of their members will contribute articles for publication in trade-house journals, and will refrain from participating in the programs of societies whose proceedings are published in such journals.

In very practical protest against the control of dental literature by trade houses, or by their agents, dental societies in increasing number are publishing periodicals of their own, or are publishing their proceedings in non-proprietary journals and declining to permit commercial journals to exploit them. Among the additional societies that have lately begun the publication of their own journals are these: American College of Dentists, American Society for the Promotion of Dentistry for Children, Dental Society of the State of New York, Detroit Dental Society, New York Academy of Dentistry, Northern District Dental Society of New York, Queens County [N. Y.] Dental Society, Southern California State Dental Association, Tufts Dental Club of New York.

The rising tide of protest against the use of the proceedings of dental societies to float advertisements for the private profit of owners of proprietary journals has become so strong that (referring to data supplied at our request by the Commission on Journalism) only 4 of the remaining 25

proprietary dental journals are designated as official organs of publication of American dental societies, namely: *Dental Cosmos*, by six societies; *Dental Items of Interest*, by one society; *International Journal of Orthodontia and Dentistry for Children*, by seven societies; and *Southwestern Dental Mirror*, by two societies. We may safely predict that any dental societies that continue much longer to permit the commercial exploitation of their proceedings would do so from lack of both professional self-respect and professional responsibility.

Trade interests have been slowly realizing that their further control of dental literature is generally regarded as neither necessary nor desirable. Proprietary control of dental journals is certainly not intended to be in the interest primarily of either the public or the profession. That the commercial interests have worn out their welcome, in this relation, is shown by the steady decrease in the number of proprietary dental journals, and by the ensuing rejoicing when any such periodical is discontinued. Recently, ownership of the *Texas Dental Journal* was transferred by the A. P. Cary Company to the Texas State Dental Society. The *Pacific Dental Gazette*, lately issued in combination with the *Journal of the Southern California State Dental Association*, has been discontinued, leaving the field to the existing *Journal of the Southern California State Dental Association*. The James W. Edwards Company, owners of the *Gazette*, included in their valedictory this very significant admission: "Of late years, there has been a growing feeling on the part of the [dental] profession that their literature should be strictly under their own control—and *in this contention they are probably correct.*" The name "Pacific Dental Gazette" is now applied to a new periodical which, however, instead of being a journal purporting to publish dental literature, is—quoting its owners—"a trade journal, designed to carry . . . trade messages [of the owners] to [their] customers." An honest trade-journal, openly seeking to sell its owner's wares, may be useful and desirable; but a hypocritical trade journal, which covertly aims to promote the financial interests of a house yet publicly pretends to be published "in the interest of the profession," undermines that profession and is unworthy of respect. We commend to the attention of all trade-houses the voluntary action of the A. P. Cary Company and the James W. Edwards Company in their notable cooperation with the dental profession in their states. We also congratulate these two companies not only on the wisdom of the said cooperation, but also on their recognition of the sound reasons why dentists, in increasing number, desire, and will insist with growing pressure, that their professional literature shall be freed from commercial control. Proprietary ownership of dental *schools* was discontinued because

it ceased to be respectable. Proprietary ownership of dental *journals* is on its way to the same exit.

We have noted with particular satisfaction the quickening of interest among journals conducted by the students in various dental schools; and also that this group of journals has lately been increased by the creation of the *Georgetown Dental Journal*. These journals, representing the insight, idealism, courage, and professional purpose of a coming generation of dental editors, should receive hearty support from the schools and alumni they represent. . . . These journals have exceptional opportunities to foster the cumulative development of experience and ability in dental journalism, and also a leadership that will seek to serve the public causes of a profession rather than the private interests of a trade-house.

We have a very strong conviction that advertisements should not be interspersed with what purports to be professional literature. In commercial magazines the reader is forced to wade through advertisements to find what to him may be worth reading, but this should not be required in journals devoted to the affairs of a profession. Advertisements in non-proprietary dental journals should be segregated as a group, *where they may be found or ignored as the reader prefers*. The placement of advertisements among the pages that carry comment on professional affairs, so that their faces *must* be seen, is not only an intrusion of commercialism, but also an offense to good taste in general and to professional propriety in particular. Advertisers should not be permitted to require the maintenance of a custom that is an eye-sore to all who regard dental journals as agencies primarily for the furtherance of professional ideals and the attainment of professional progress in the public service. . . .

Recommendations. Our recommendations are summarized, briefly, in the following direct expressions of opinion:

(1) Change the name of this Committee to "Committee on *Current Dental Literature*."

(2) The proceedings of each successive meeting of this Association should be published, promptly and in full. The *Journal of the American Dental Association* should be requested to publish the proceedings of this meeting in an early issue before March, 1935, and our Association should offer to pay the expense of adding the required number of pages for this purpose. If this offer should be rejected, the Editor of our Association should have authority, on the same terms, to publish the proceedings elsewhere. Reprints of our proceedings should be given wide distribution.

(3) The report of the Committee on Advertising, presented at Buffalo in 1932, or the gist of it, should be published by all periodicals represented in this Association.

(4) The pages of advertising in non-proprietary journals should be segregated at the end. The proportion of such pages should be definitely limited by agreement, so that the advertisement tail will not wag the literature dog, and the distinction between proprietary and non-proprietary journals, as to non-commercialism, may be made clear and emphatic.

(5) The Committee on Cooperation should recurrently collect and distribute, to the member periodicals, "telling" excerpts to be used in an educational effort to develop a higher sense of professional ethics as well as appreciation of better dental literature.

(6) Our Association should indicate, at its annual meetings, by a suitable expression or award, the Association's appreciation of the non-proprietary periodical that during the year then ending merits special approval, with particular reference to relative growth in literary quality and in editorial leadership.

(7) We should adopt resolutions indicating also our Association's views as follows (a-e):

(a) Commendation of the continued effort of the American College of Dentists, through its Commission on Journalism, to convert or merge all proprietary dental journals into non-proprietary periodicals.

(b) Commendation of the dental faculties of the University of Pittsburgh and Marquette University for their notable action in support of non-proprietary dental journalism. Copies of this expressed commendation should be sent to each dental faculty in Canada and the United States.

(c) Appreciation of the action of the A. P. Cary Company and the James W. Edwards Co., in cooperating with the dental profession, in their states, to promote the extension of non-proprietary dental journalism. Copies of this expressed appreciation should be sent to the two companies named, and also to the owners of all proprietary dental journals in the United States.

(d) Appreciation of the generosity of the *Journal of Dental Research* in publishing abstracts of the proceedings of our two meetings in 1932, and of the *Journal of the American College of Dentists* in publishing an abstract of the meeting in 1933.

(e) Commendation of the efforts of dental students to conduct journals representing their respective dental schools. Copies of this expressed commendation should be sent directly to each dental-student periodical, and also to the dean of each dental school in Canada and the United States, for presentation to each faculty and to each student body. . . .

If any or all of these recommendations should be approved, resolutions concordant with them will be submitted for the Committee later in this session.—*Grace R. Spalding, Walter Hyde, Wm. J. Gies, chairman; Committee.*

Resolutions adopted by the Association in accord with the foregoing recommendations:

Resolved: That the name of the Committee on Dental Literature be changed to Committee on *Current* Dental Literature.

Resolved: That the *Journal of the American Dental Association* be requested to publish the proceedings of this meeting in an early issue before March 1935, and that this Association offer to pay the expense of adding the required number of pages for this purpose. If, however, this request and offer should be rejected, the Editor of this Association shall have authority on the same terms to publish the proceedings elsewhere. In either event the Editor shall have authority to obtain and distribute reprints.

Resolved: That the periodicals represented in this Association be requested to publish the report of the Committee on Advertising as presented at our meeting in 1932.

Resolved: That the Committee on Advertising be instructed to endeavor to effect an early agreement, among the periodicals represented in this Association, to segregate all advertisements at the end of the issues containing them.

Resolved: That the Committee on Cooperation be instructed to collect and recurrently distribute, to member periodicals, "telling" excerpts intended to develop both a higher sense of professional ethics and an appreciation of better dental literature.

Resolved: That a special committee be appointed to recommend a procedure to express annually this Association's appreciation of the non-proprietary periodical that merits special approval.

Resolved: That we convey to the American College of Dentists this Association's commendation of the continued effort of the American College of Dentists through its Commission on Journalism, to convert or merge all proprietary dental journals into non-proprietary periodicals.

Resolved: That we convey to the dental faculties of the University of Pittsburgh and Marquette University this Association's commendation for their notable action in support of non-proprietary dental journalism; and that copies of the resolutions in this regard as adopted by these faculties, and a copy of this resolution, be sent to each dental faculty in Canada and the United States.

Resolved: That we convey to the A. P. Cary Company and the James W. Edwards Company this Association's appreciation of their cooperation with the dental profession in their states for the promotion of non-proprietary dental journalism; and that copies of this resolution be sent to the two companies named herein and also to the owners of all proprietary dental journals in the United States.

Resolved: That we convey to the *Journal of Dental Research* and the *Journal of the American College of Dentists* this Association's appreciation of the generosity of these journals in publishing the proceedings of our meetings in 1932 and 1933, respectively.

Resolved: That this Association commends, to the special consideration of the dental profession, the journals that are conducted by the students in dental schools. These journals represent the insight, idealism, courage and professional purpose of a coming generation of dental editors; and likewise foster the cumulative development of experience and ability in dental journalism, and also a leadership that will seek to serve the public causes of a profession rather than the private interests of a trade-house. *Resolved,* further, that copies of this resolution be sent to each dental-student periodical, and also to the deans of all dental schools in Canada and the United States, for presentation to each faculty and to each student-body. . . .

Resolved: That any non-proprietary dental periodicals in the United States not now represented in the membership of this Association be invited to become members.

MEDICAL ATTITUDES TOWARD DENTISTS, OR IF I WERE A DENTAL PRACTITIONER¹

E. M. BLUESTONE, M.D.

Director, Montefiore Hospital, New York City

The time was when the threat to knock a man's teeth out was a serious one—one that would condemn him to milk and water for the rest of his time, since it was before the days of meat choppers and dentists. In fact, those of you who are of the Hebrew faith and orthodox will remember your quotations from the rabbis on Passover night, and will recall that each one of the four categories of manhood was to be dealt with differently and that the wicked one was to have his teeth knocked out as punishment for his wickedness. Hardly a punishment nowadays! Even the Biblical injunction, "a tooth for a tooth," seems inequitable to-day in an age when the dental profession is celebrating the centennial of the organization of the first dental society. If the punishment were to be decreed anew it might have to be two teeth for one or, better still, a tooth for a tooth after careful selection to defy the mechanical genius of the best of your profession.

Now you will ask: What has all this to do with my subject? The fact is that the dental profession has gone far in its mechanical achievements—farther in its special field than the medical profession has gone, even if you include the highly technical surgeon in the classification. Recognition of this perfectly obvious fact by the medical profession, however, comes only when a personal experience compels it. It takes a toothache to establish a healthy medical attitude toward dental practitioners. Otherwise the dentist must be put in his place and this, by the way, is not a difficult matter, if you take the average meekness of the dental profession into account. Absolute professional equality is not an Utopian idea, since the two professions have preventive, diagnostic, curative, educational, and research functions that are common to both. If the dentist leans heavily toward the curative side, and is more successful in this respect per cubic millimeter than the medical practitioner working over a larger area, that in itself should bring greater recognition for him. The dentist, unlike the medical

¹ Address at the dental-medical meeting commemorating the fiftieth anniversary of Montefiore Hospital, New York, December 18, 1934.

practitioner, must rely altogether on his own senses, on his hands, and on his materials. He cannot expect much help from Nature, for example, in the regeneration of carious tooth-structure (perhaps the economists in the profession will think that it is just as well), nor from psychotherapy. You cannot talk a toothache out of a patient, nor an empty space out of his jaw, and no amount of Christian Science (if you know what I mean) will mend the matter. Since the medical practitioner is under no such handicap, he is at an advantage in this respect. It is much easier for a patient to recognize a good dentist than a good physician. The criteria for appraising the value of each are simple in the one case, and somewhat confused and complicated in the other. If a scientific profession is to be judged by results, the dental profession is entitled to a higher place than it has been awarded by a group of confrères who consider themselves superior. This paper was not written in praise of the dentist, nor in apology for his place in the community, nor is it intended to condemn the attitude of the medical profession toward him. As usual in scientific controversies, there is much to be said on both sides. The dentist ought to try humoring the medical profession. In the days when women were clamoring for the vote and the woman suffrage movement was at its height, George Bernard Shaw remarked that "the time has come when men no longer require legislation to protect them from the competition of women." On the serious and logical side, the dentist has the advantage of the argument.

There is a remedy for all this. My paper bears the subtitle: "If I were a dental practitioner." If I were, there are a few things that I would do to compel recognition of my status with the medical profession. My task like the task of all practitioners, medical or dental, would fall into five categories: (a) prevention, (b) diagnosis, (c) cure, (d) education, and (e) research. I would deal with an unfavorable attitude in several ways:

- (1) I would attend medical meetings religiously, for the purpose of absorbing as much as possible of the medical atmosphere and the medical background of dental practice, and I would indicate whenever possible that the dentist is interested in the patient as a whole and not only in his teeth.

- (2) I would break into medical literature with reasons why dentistry

is a specialty, albeit largely a mechanical specialty, and is therefore entitled to be heard, even though this particular specialist did not study obstetrics and other special branches of medicine. I am not recommending propaganda literature. There is plenty of scientific material in the hands of the dental scientist to win him an audience.

(3) I would take a greater interest in the selection of properly educated students for admission to schools of dentistry. The cultural level of the dental profession must be raised to the cultural level of the medical profession, unless the dentist wants to be excluded from the learned professions and be considered a dental mechanic and nothing more. This would eliminate those who seek professional standing for its own sake, regardless of their aptitude for it, and also those who failing to secure admission to a medical school want to compromise with a dental education as second best. It would involve a positive attitude toward the student and his ambitions, and would save the profession from the admission of inferior types. The student of to-day is the practitioner of to-morrow, and it is the practitioner whom the medical profession judges in its daily relationships.

(4) I would organize dental meetings that, as far as possible, would be interesting enough for medical men to attend. Nor am I seeking to multiply scientific meetings—there are enough to attend even now—but a better balance of these meetings might be established in order to give the dental profession its due proportion.

(5) I would insist upon a dental department in every hospital where a patient is treated, however small the department might have to be and—most important—I would insist on dental representation in the medical board of the hospital. The first step would be a request by the dental department to the administration of the hospital to show cause why the dentists should not be so represented. Many arguments could be offered in support of this request. The same blood that flows during general surgical operations sometimes flows when oral surgery is being done; and, if this example is not enough, there is a stronger example in the bacteriology of the oral cavity, a portal of entry in a double sense—and where will you find more microscopic flora than in the oral cavity?

(6) I would educate—educate everybody: fellow dentists, physicians, the public, and also the administration of the hospital. I can

tell you, from personal experience with three dental departments here and abroad which I helped to develop, that in each instance my own work was a response to a stimulus from my dental colleagues, for many of whom I have so much personal admiration.

(7) I would insist on greater opportunities for the man with the original mind—the one who is gifted with scientific imagination. There are many fields of dental significance to explore. Biochemistry may hold many secrets which will be surrendered only to those who know how to search, and who have the wherewithal and the backing to do it. Physics has already done much; the good dentist knows a good fulcrum when he sees it. What about the department of nutrition, which has so much rich food for thought? Bacteriology and pathology we take for granted, but these chapters are by no means closed. Some day we shall discover the cause of dental caries. Are the physicians interested and will they lend a hand? Diseases of metabolism and of the endocrine system—can they be studied successfully without giving due thought to the position of the tooth in the human body?

What I have said to you this evening is only introductory. I want you to know where the administration of this hospital stands with relation to the dental-medical problem. Many of you are aware that we are doing everything in our power to break down any barriers that may prevent the fullest coöperation between physician and dentist in their joint management of our patients. You know also that there is a sympathetic attitude on both sides which augurs well for the future. We have indeed awarded one of our fellowships for the year 1935 to a graduate from the dental house-staff. Nothing in the remarks that I have made this evening is essentially new to most of you. I hope that the example set here may be followed elsewhere, to the end that complete understanding may come and complete coöperation in the achievement of our aims on behalf of the sick.

Editorial note. The Dental Department of the Montefiore Hospital was established in 1921 (the services of a dentist have been available since 1912); the present chief dental officer is David Tanchester, D.D.S., Attending Dentist. During the past year (1934), this Department has given service represented by the following statistical data: number of patients treated, 1107; number of revisits, 4584; examinations only (no treatment), 959; x-ray examinations, 7097; ward consultations, 265; fillings (miscellaneous), 1383; inlays, 29; extractions, 1224; plates completed, 417; bridges completed, 9.

SOME DIFFERENCES BETWEEN MEDICAL AND DENTAL SERVICES

THE IMPORTANCE OF THESE DIFFERENCES FOR AN ADEQUATE PROGRAM OF HEALTH-CARE

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An adequate program for public health-service, whether it be state, socialized or insurance, and whether it be on a national, state or local basis, must include dental treatment; and if the medical service is to be adequate, so also must be the dental service. While on its face this may appear to be a simple statement, its implications are more complex than may at first be apparent. Well intentioned programs have often failed because, in the planning, the obvious was overlooked.

It is worthy of note that in previous studies and surveys for the purpose of planning a public-health program, careful consideration of a dental service has been neglected. A striking example of this omission is the series of publications of the Committee on the Costs of Medical Care. Their very comprehensive studies provide little information of any value insofar as dental service is concerned. A careful perusal of the reports leaves us with the conviction that dental service in group-health planning has been considered largely from the standpoint of an emergency measure. For example: in such places as Fort Benning, where the medical service is considered to be a very high type, the dental service provides very little. Similarly in other conspicuous places studied, such as Roanoke Shoals and Homestake, the type of dental service was very meagre. The report on the Ross-Loos group-practice discloses that dental service was omitted entirely.

If dental treatment is to consist of something more than a purely emergency service, it is important that the significance of certain differences between dental service and medical service be given serious consideration. Many individuals, throughout a long life, require practically no medical service; and others may require very little and at very infrequent intervals. On the other hand, it is well known that practically everybody frequently requires dental service, and that *dental disease*,

- (1) in some form and degree, afflicts practically everyone;

- (2) is predictable;
- (3) unlike most other diseases, does not correct itself;
- (4) un-corrected, it grows progressively worse;
- (5) there are no known preventives, such as vaccines and antitoxins;
- (6) its correction always requires the service of the dentist personally;
- (7) its treatment is time consuming;
- (8) it is a constantly recurrent disorder that necessitates continuing treatment, year after year practically throughout life, or at least as long as the individual retains his teeth;
- (9) treatment for children, in the earlier years, is essentially different from that required by the adolescent and the adult;
- (10) the adult service frequently differs markedly from the service for the adolescent; and
- (11) there are many types of dental service, some acceptable, some not—the type of service varying with the skill of the dentist as well as the ability or willingness of the patient to pay.

These eleven points are enumerated as some of the outstanding differences in the administration of dental service as compared with medical service. If the public *health* is to be adequately served, these important conditions may not be disregarded in planning a program of adequate “medical care.”

SOCIO-ECONOMIC DATA

SERIES I

Socio-economic problems are pressing for solution. Data significant for dentists should be readily accessible. To facilitate studies of these problems, in terms of reality, we shall present under the above heading, in successive issues, compilations on conditions, opinions, actions, trends, etc., stated as briefly as possible and with a minimum of collateral comment. These units will serve as “source material” for all concerned. The index in each volume will help to coordinate the data.

1. COMMITTEE ON THE COSTS OF MEDICAL CARE

A. Majority report.—Recommendations: Final Report, 1932; Chapter V

1. Medical service, both preventive and therapeutic, should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists,

and other associated personnel. Such groups should be organized, preferably around a hospital, for rendering complete home, office and hospital care. The form of organization should encourage the maintenance of high standards and the development or preservation of a personal relation between patient and physician (p. 109).

2. All basic public health services—whether provided by governmental or non-governmental agencies—[should be extended] so that they will be available to the entire population according to its needs. Primarily this extension requires increased financial support for official health departments and full-time trained health officers and members of their staffs whose tenure is dependent only upon professional and administrative competence (p. 118).

3. The costs of medical care [should] be placed on a group payment basis, through the use of insurance, through the use of taxation, or through the use of both these methods. This is not meant to preclude the continuation of medical service provided on an individual fee basis for those who prefer the present method. Cash benefits, i.e., compensation for wage-loss due to illness, if and when provided, should be separate and distinct from medical services (p. 120).

4. The study, evaluation, and coordination of medical service [should] be considered important functions for every state and local community, agencies [should] be formed to exercise these functions, and the coordination of rural with urban services [should] receive special attention (p. 134).

5. In the field of professional education: (a) The training of physicians [should] give increasing emphasis to the teaching of health and the prevention of disease; more effective efforts [should] be made to provide trained health officers; the social aspects of medical practice [should] be given greater attention; specialties [should] be restricted to those specially qualified; and postgraduate educational opportunities [should] be increased; (b) dental students [should] be given a broader educational background;¹ (c) pharma-

¹ "Minority Report Number Two," by Herbert E. Phillips, D.D.S., and C. E. Rudolph, D.D.S., expresses regret that the studies of the Committee on the Costs of Medical Care "did not include any study of dental group-practice" (p. 185). A footnote to a paragraph on university medical service, in the discussion of recommendation 1 (p. 113), contained the following "additional statement by [the seven] committee members" in the majority group whose names appear at the end: . . . "We commend the growing tendency in the practice of dentistry toward a division of labor in which a dentist who is also a physician assumes larger responsibilities for the diagnosis and treatment of conditions arising from or related to the teeth, while much of the routine performed by the dentist in the past is delegated to dental hygienists and other technicians working under his direction."—Morris L. Cooke, Haven Emerson, Mrs. Walter McNab Miller, Alfred Owre, William J.

ceutical education [should] place more stress on the pharmacist's responsibilities and opportunities for public service; (d) nursing education [should] be thoroughly remoulded to provide well-educated and well-qualified registered nurses; (e) less thoroughly trained but competent nursing aids or attendants [should] be provided; (f) adequate training for nurse-midwives [should] be provided; and (b) opportunities [should] be offered for the systematic training of hospital and clinic administrators (p. 138).

B. "*Minority Report Number One.*"—*Recommendations: Final Report, 1932; Section III*

1. Government competition in the practice of medicine [should] be discontinued and its activities restricted (a) to the care of the indigent and of those patients with diseases which can be cared for only in governmental institutions; (b) to the promotion of public health; (c) to the support of the medical departments of the Army and Navy, Coast and Geodetic Survey, and other government services which cannot because of their nature or location be served by the general medical profession; and (d) to the care of veterans suffering from *bona fide* service-connected disabilities and diseases, except in the case of tuberculosis and nervous and mental diseases (p. 170).

2. Government care of the indigent [should] be expanded with the ultimate object of relieving the medical profession of this burden (p. 172).

3. Endorsement of recommendation 4 in the Majority Report, above (p. 172).

4. United attempts [should] be made to restore the general practitioner to the central place in medical practice (p. 173).

5. The corporate practice of medicine, financed through intermediary agencies, [should] be vigorously and persistently opposed as being economically wasteful, inimical to a continued and sustained high quality of medical care, or unfair exploitation of the medical profession (p. 176).

6. Careful trial [should] be given to methods which can rightly be fitted into our present institutions and agencies without interfering with the fundamentals of medical practice (p. 176).

Schieffelin, John Sundwall, C.-E. A. Winslow." Some of these statements, by this group of seven, have been shown to be inaccurate and misleading, and as having the effect of misrepresenting conditions in the practice of dentistry. Public invitations to correct these misstatements have not been accepted (*J. Den. Res.*, 1933, 13, 81, Feb.; 333, Oct.). In a footnote to a paragraph on dental education, in the discussion of recommendation 5 (p. 141), six of the seven in this group also expressed the desire that dentistry be made "a department of medicine and surgery"—"a variety of technicians and assistants could be [sic] trained, in shorter courses, for most of the routine work now performed in dentistry."

7. [Recommendations implied in statements of plans for the development, by state or county medical societies, of plans for medical care, the group indicating it is "not opposed to insurance, but only to the abuses and evils that have practically always accompanied insurance medicine."] Any plan for the distribution of medical costs must have the following safeguards (p. 179):

a. It must be under the control of the medical profession. (A "Grievance Board" to settle disputes, having lay representation, is permissible and desirable.)

b. It must guarantee not only nominal but actual free choice of physician.

c. It must include all, or a large majority of the members of the county medical society.

d. The funds must be administered on a non-profit basis.

e. It should provide for direct payment by the patient of a certain minimum amount, the common fund providing only that portion beyond the patient's means.

f. It should make adequate provision for community care of the indigent.

g. It must be entirely separate from any plan providing for cash benefits.

h. It must not require certification of disability by the physician treating the disease or injury.

[This group favors thorough trial of the county medical-society plan for furnishing complete medical care, for these reasons]:

1. It places responsibility for the medical care of the entire community upon the organized physicians of the community.

2. It places medical care under the control of the organized profession instead of in the hands of lay-corporations, insurance companies, etc.

3. It places responsibility for the quality of service directly upon the organized profession. It is in fact the only plan which guarantees quality of service and makes it the only basis of competition.

4. It removes the possibility of unethical competition because it includes all the physicians of the community and fixes a fee schedule.

5. Solicitation of patients, underbidding for contracts and other evils of the usual insurance plans are eliminated.

6. Freedom of choice of physician is assured and the essential personal relationship of physician and patient is thereby preserved.

7. It is the only plan which includes all classes, from the indigent to the wealthy.

8. It is adaptable to every locality, both urban and rural.

9. It provides for a minimum cost of administration by operating on a non-profit basis.

10. It provides for payment, by every patient with income, of a certain minimum amount before the insurance is in operation. The minimum rises with the patient's income. This provision alone will operate to avoid many abuses in all other types of insurance practice.

11. It provides for means of certification of disability separate from the attending physician.

12. Cash benefits do not form a part of the plan.

2. AMERICAN COLLEGE OF SURGEONS

Report of Medical Service Board; approved by Board of Regents, June 10, 1934

1. The American College of Surgeons affirms its interest and its desire to cooperate with other agencies looking toward the provision of more adequate medical service to the whole community.

2. The College believes that it is the duty of the medical profession to assume leadership in this movement and to take control of all measures directed to this end.

3. Encouragement should be given to the trial of new methods of practice designed to meet these needs, and a careful evaluation of their success should be the duty of the medical profession before they are offered for general adoption. All such new and experimental methods of practice must be conducted strictly in accordance with the accepted code of ethics of the medical profession in order that the interests of the patient and of the community may be protected.

4. The College recognizes for immediate study four groups of the population for whom more adequate medical service should be made available, as follows: (a) the indigent; (b) the uneducated and credulous members of the community; (c) those who because of limited resources are unable, unaided, to meet the costs of serious illness and hospitalization; (d) those living in remote districts where adequate medical service is not obtainable.

5. The care of the indigent sick should be a direct obligation upon the community and (unless otherwise compensated by intangible benefits such as staff and teaching appointments, opportunity and experience) physicians fulfilling this public service should receive remuneration.

6. The College should work in cooperation with other medical groups in order to dispel the ignorance and credulity of the public, and to bring the people to a proper realization of the protective and curative resources of modern medicine.

7. The American College of Surgeons recognizes that the periodic pre-payment plan providing for the costs of medical care of illness and injury of individuals and of families of moderate means offers a reasonable expectation of providing them with more effective methods of securing adequate medical service. . . .

Periodic pre-payment plans providing for the costs of medical service may be divided into two classes: (a) payment for medical service; (b) payment for hospitalization. Plans for the payment of hospitalization alone (class b), without provision for payment for medical service, may be considered the first project to be undertaken in the average community.

The American College of Surgeons believes that certain general principles can and should be established, the observance of which will tend to obviate known difficulties and dangers which may threaten the success of these special forms of medical service:

a. Periodic pre-payment plans for medical service should be free from the intervention of commercial intermediary organizations operating for profit. . . .

b. In the interest of the patient, the organization of plans for the periodic payment of medical and hospital costs must be under the control of the medical profession. The medical profession must act in concert with the hospitals and such other allied services as may be involved in the individual project, together with a group of citizens representative of the whole community and of industry who are interested in the successful operation of the plan.

c. The principle of free choice of the physician and hospital by the patient must be assured to the end that the responsibility of the individual physician to the individual patient shall always be maintained. . . .

d. The compensation of the physician and of the hospital should be estimated with due regard to the resources available in the periodic payment fund and should be based upon the specific services rendered.

e. The organization and operation of any plan of this type must be free from any features not in accordance with the code of ethics of the medical profession. . . .

f. The medical organizations participating in such a plan must assume the responsibility for the quality of service rendered.

g. Periodic pre-payment plans for medical and hospital service should eliminate many of the conditions which have brought about the development of industrial contract practice. . . . (*Amer. Coll. of Surg. Bull.*, 1934, June; reprint.)

3. AMERICAN MEDICAL ASSOCIATION

Report of Special Committee on resolution submitted by delegates of Michigan State Medical Society; recommended as "bases for conduct of any social experiments that may be contemplated" by "constituent bodies of American Medical Association;" adopted by House of Delegates, June 12, 1934

1. All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.

2. No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for the character of medical service must be borne by the profession.

3. Patients must have absolute freedom to choose a legally qualified doctor of medicine who will serve them from among all those qualified to practise and who are willing to give service.

4. The method of giving the service must retain a permanent, confidential relation between the patient and a "family physician." This relation must be the fundamental and dominating feature of any system.

5. All medical phases of all institutions involved in the medical service should be under professional control, it being understood that hospital service and medical service should be considered separately. These institutions are but expansions of the equipment of the physician. He is the only one whom the laws of all nations recognize as competent to use them in

the delivery of service. The medical profession alone can determine the adequacy and character of such institutions. Their value depends on their operation according to medical standards.

6. However the cost of medical service may be distributed, the immediate cost should be borne by the patient if able to pay at the time the service is rendered.

7. Medical service must have no connection with any cash benefits.

8. Any form of medical service should include within its scope all qualified physicians of the locality covered by its operation who wish to give service under the conditions established.

9. Systems for the relief of low-income classes should be limited strictly to those below the "comfort-level" standard of incomes.

10. There should be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession. (*J. Amer. Med. Assoc.*, 1934, 102, 2200; June 30.)

4. AMERICAN DENTAL ASSOCIATION

Report of Special Committee on Dental Economics; revised by Reference Committee; adopted by House of Delegates, August 9, 1934, in belief that, if legislation relating to social security should be adopted, following principles would "safeguard best interests of all concerned"

1. In all conferences that may lead to the formation of a plan relative to this subject, there must be participation by authorized dental representatives.

2. The plans should provide dental care for indigents and needy children.

3. The plans should give careful consideration to the needs of the people, the obligation to the taxpayer and the interests of the profession.

4. The plans should be flexible so as to be adaptable to local conditions.

5. There must be complete exclusion of proprietary or profit-making agencies.

6. All features of dental service in any method of dental practice shall be under the control of the dental profession, as no other body or individual is educationally equipped to exercise such control.

7. All legally licensed dentists of a locality should be eligible to serve under such regulations as may be adopted.

8. Persons eligible to such service should be free to choose their dentist from the list of those who have agreed to furnish service under the adopted regulations.

9. Freedom of practitioners to accept or reject patients and freedom of all

persons, who so prefer, to obtain dental service other than that provided by such plans, must be assured.

10. An adequate program should be provided for public education on the need of and the opportunities for dental care. (*J. Amer. Den. Assoc.*, 1934, 21, 1847; Oct.)

5. AMERICAN COLLEGE OF DENTISTS

Presidential address: convocation, August 5, 1934; recommendations relating to any prospective health-service plan²

- (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. (*J. Amer. Coll. Den.*, 1934, 1, 101; Oct.)

² Approved in the report of the Committee on the President's Address; the said report was adopted; the socio-economic views in the address were referred, by the Regents, to the College's standing Committee on Socio-economics (this issue, p. 31).

DENTAL EDUCATIONAL COUNCIL OF AMERICA
TABULATION OF ENROLMENT OF STUDENTS IN THE DENTAL SCHOOLS OF THE UNITED STATES
AS OF OCTOBER 15, 1934*

Issued by the Council as Table 1 of the Council's Dental Student Register

DENTAL SCHOOLS (IN THE SEQUENCE OF THE NAMES OF THE STATES)	FRESHMEN	PRE-JUNIORS OR SOPHOMORES	JUNIORS	SENIORS	UNCLASSIFIED OR SPECIAL	TOTAL	WOMEN	NEGROES	PRE-DENTAL FRESHMEN	PRE-DENTAL SOPHOMORES	TOTAL: PRE- DENTAL	MINIMUM CURRICULUM REQUIREMENT						DENT. MECHANICS	DENT. ASSISTANTS	DENTAL HYGIEN- ISTS	GRADUATE	POST-GRADUATE
												0-4 Plan	1-4 Plan	2-3 Plan	2-4 Plan	3-4 Plan	0-5 Plan					
University of Calif. ¹	37	30	33	40	...	140	5	1	...	...	...	...	+	...	...	...	...	...	...	10	14	...
Col. P. & S., San Francisco	37	41	29	35	...	142	3	...	...	...	...	...	+	...	...	...	...	...	...	...	...	...
Univ. So. California ¹	92	65	63	66	...	286	6	1	...	...	...	...	+	...	...	...	...	...	...	23	8	2
Georgetown University	42	12	69	70	...	193	...	...	...	...	...	...	...	...	+	...	...	...	...	14	...	...
Howard University	13	13	5	4	...	35	1	26	...	...	...	...	...	...	+	...	...	...	...	9	...	...
Atlanta-Southern Den. Col.	70	68	75	71	...	284	4	...	...	...	...	...	+	...	...	...	...	...	...	...	...	...
Loyola University (Chicago)	73	51	75	94	...	293	...	...	...	...	23	...	+	...	...	...	...	...	...	...	5	...
Northwestern University ²	76	92	68	86	...	322	4	1	...	...	19	...	...	...	...	...	+	...	...	12	24	78
University of Illinois	51	21	28	22	3	125	2	1	...	...	...	...	+	...	+	...	...	...	...	...	...	...
Indiana University	42	49	29	46	...	166	...	3	...	...	40	...	+	...	...	...	...	...	...	...	...	...
State Univ. of Iowa	44	44	26	31	...	145	...	...	...	...	40	...	+	...	...	...	...	...	...	...	2	...
University Louisville	48	...	39	24	...	111	...	...	...	...	35	...	...	+	...	...	...	...	...	...	...	...
Loyola University (N. O.)	35	37	30	31	...	133	4	...	...	...	31	...	+	...	...	...	...	...	...	...	...	...
Balt. Col.: Univ. of Md.	40	145	82	84	...	352	2	...	...	...	40	...	+	...	...	...	...	...	...	...	...	...
Harvard University	36	31	36	22	2	127	...	1	...	...	...	...	...	...	+	...	...	...	...	...	8	...
Tufts College	63	66	74	55	...	258	...	...	...	...	...	...	...	...	+	...	...	...	...	...	...	...
University of Detroit ³	41	...	40	46	...	127	1	1	...	...	37	...	...	+	...	...	...	...	...	...	...	...
University of Michigan ¹	67	...	43	41	...	151	2	...	...	...	...	...	...	+	...	...	...	...	...	23	...	...
University of Minnesota	117	...	77	81	...	275	3	1	...	...	...	...	...	+	...	...	...	...	...	64	...	...
Kansas-City Western ⁴	50	60	49	72	...	231	...	...	...	...	...	...	+	...	...	...	...	...	...	14	...	...
Washington University	33	24	39	43	...	139	3	...	...	...	10	...	+	...	...	...	...	...	...	...	...	...
St. Louis University	35	46	41	32	...	154	...	...	...	...	31	...	+	...	...	...	...	...	...	...	...	...
University of Nebraska	17	13	18	18	...	66	...	...	...	...	27	...	+	...	...	...	...	...	...	...	...	...
Creighton University	20	20	29	23	...	92	...	...	...	...	...	...	+	...	...	...	...	...	...	...	...	...
New York University	146	127	117	123	3	516	2	...	...	...	...	...	...	...	+	...	...	...	...	...	...	...
University of Buffalo ⁵	45	...	48	38	...	131	...	...	...	...	32	...	...	...	+	...	...	...	...	...	...	...
Columbia University	53	40	37	53	...	183	2	...	...	...	...	...	...	...	...	+	...	...	...	59	...	11

Western Reserve Univ.	40	27	24	25	...	116	1	...	...	...	...	...	...	+	...	...	...	...	...	...
Ohio State University	42	51	49	56	...	198	3	1	...	...	...	...	...	+	...	...	...	...	...	...
No. Pacific Col. Oregon ⁶	28	39	34	52	...	153	5	1	...	...	...	...	...	+	...	...	...	5	...	...
Temple University	137	129	118	126	...	510	3	2	...	...	...	...	...	+	...	...	...	...	13	...
Univ. of Pennsylvania	89	76	65	94	...	324	3	...	...	...	...	...	...	+	...	...	...	...	25	...
Univ. of Pittsburgh	71	...	48	65	...	184	1	1	...	...	...	...	...	+	...	...	...	...	5	2
Univ. of Tennessee	21	17	23	32	...	93	1	...	...	...	...	...	...	+	...	...	...	...	12	...
Meharry Medical Col.	8	4	6	4	...	22	1	22	...	...	...	...	...	+	...	...	...	...	2	...
Baylor University ⁷	22	35	24	26	...	107	1	...	...	...	...	...	...	+	...	...	...	...	...	...
Texas Dental College	24	13	10	12	...	59	1	...	...	...	...	...	...	+	...	...	3	...	...	1
Medical Col. of Virginia	26	21	26	17	...	90	2	...	...	...	...	...	...	+	...	...	...	...	...	...
Marquette University	49	...	43	50	...	142	1	...	...	...	60	...	...	+	...	...	...	...	23	...
1934-1935 Total ⁸	1980	1508	1769	1910	8	7175	67	63	425	...	20	6	11	1	1	3	5	303	66	94
1933-1934 "	1876	1469	1828	1987	...	7160	63	68	465	...	20	6	11	1	1	9	3	210	38	26
1932-1933 "	1637	1900	1953	2018	...	7508	65	86	517	...	21	6	11	...	1	10	5	291	43	21
1931-1932 "	1913	1977	2005	2127	...	8031	60	131	61	69	844	...	23	5	11	9	3	377	35	5
1930-1931 "	1929	2189	2082	1928	...	8129	54	155	871	...	23	5	11	17	3	323	...	37
1929-1930 "	1975	2126	1883	1829	...	7813	76	189	126	141	1002	...	21	5	11	...	2	18	5	278	...	20
1928-1929 "	1951	1926	1677	2646	...	8200	77	213	1068	181	1249	2	22	5	8	...	3	9	9	292	...	37

* Does not include the *School of Medicine and Dentistry*, Rochester University, N. Y., which does not conduct an undergraduate dental curriculum.

¹ Also conducts a 2-4 plan.

² Also conducts 1-4 and 2-4 plans.

³ Will operate on the 2-4 plan, beginning September, 1935.

⁴ Students with 60 hours or more of required subjects may enter on a 3-year basis, including two summer sessions in addition to the regular winter sessions (2-3 plan).

⁵ The four years of the dental curriculum are reduced to three years by the quarter plan.

⁶ Conducts a 2-4 plan for Canadian students.

⁷ Also conducts a 2-3 plan.

⁸ Up to and including 1932-33, students at dental schools operating on the 2-3 plan were tabulated, as pre-juniors, with the sophomore class. Beginning with 1933-34, entering pre-junior students of dental schools operating on the 2-3 plan have been tabulated as freshmen. Students enrolled in the University of Buffalo College of Dentistry, whose curriculum is reduced to three years by the quarter plan, are listed respectively as freshmen, juniors and seniors. These conditions account for what may appear to be discrepancies in some of these "totals."

CORRESPONDENCE AND COMMENT¹

Further comment on the status of oral surgery. "Several years ago [1930] the Dean of the Dental School of Columbia University, in a report to the President, favored resuscitation of the old 'master-servant plan' and, through its agency, the partition of dentistry in such a way that most of the mechanical procedures of dental practice would be relegated to uneducated technicians working under the direction of physicians. A year ago [1933] his 'acting' successor, 'working at the other end of the line,' reported to the President of the University that 'oral surgery, of course [sic], is already recognized as a specialty of medical practice.' Both official pronouncements were soon widely discussed, and their import generally disapproved. It was a pleasure to learn, at an informal gathering of Columbia men recently, that the second-proposal's author, who is now Dean of the Medical School, Director of the New York Post-Graduate Medical School, and Dean of the Dental School . . . , apparently no longer aims to take oral surgery out of dentistry and to make it a specialty of medical practice, and has recently published a statement to the effect that dentistry and medicine, although separate 'professions,' should be 'interdependent,' and their 'two programs' of education, and their practice, should be 'integrated.' This 'return to sanity,' at this important center, is very gratifying. I suggest that the said statement by the Dean be published (. . . will indicate its location), with editorial comment on its significance."—(1). Our correspondent refers to the following note in the *Columbia [University] Dental Review* (1934, 6, 3; November), which speaks for itself, and which we are glad to publish [Ed.]:

"THE DEAN'S POINT OF VIEW: Willard C. Rappleye, M.D., Dean, Columbia School of Dental and Oral Surgery.—A development of importance in the health field is the growing recognition that many of the problems of dentistry are closely related to the general health of the individual. Teeth are living organs which, like other organs of the body, are influenced by the general state of nutrition, metabolism, and other conditions of the body as a whole. While the exact mechanisms by which these influences act upon the teeth are not fully understood, the evidence from laboratory studies and clinical observations points clearly to the fact that there is a close relationship between these general factors and local conditions in the mouth. The influence of abnormalities and diseases of the dental structures upon the health of the individual has been recognized for a long time. The importance of focal infections in the various chronic and metabolic disorders, and the rôle which disturbances in the mouth have in relation to gastro-intestinal disorders, as an example, have been matters of observation and frequent report during recent years. The obvious relationship of dental conditions and the health of the individual points clearly to the necessity of a close cooperation between dentists and physicians, if patients are to receive the fullest benefit of present-day knowledge in this important field of health. It is equally true that the training of dental and medical students should emphasize the interdependence of these two more or less common fields of knowledge and the contributions which physicians and dentists can make toward the better care of their patients. If this attitude can be widely developed in dental and medical education, patients will be

¹ All members of the American College of Dentists are invited to submit discussions for publication. Owing to present limitations of space, contributions for this department should be brief and direct. The terminal numerals in parenthesis are inserted for purposes of identification in the records of this *Journal*.

better cared for and the service rendered by these two professions will be distinctly improved. There is a real opportunity here at Columbia to integrate the two programs of professional education in such a way as to forward this conception and to contribute to a wider appreciation of the mutual responsibilities of the dental and medical professions in the care and treatment of the sick and in the promotion of higher standards of health and well being."

"*The dentist in the medical center.* Under this caption, in the issue of the *Journal of the American Dental Association* for October 1934 (p. 1812), Dr. Fred Herzberg refers to dental conditions in the following 'medical centers:' Columbia University-Presbyterian Hospital, New York Hospital-Cornell, Tulane, Army, Yale. He concluded that 'dentistry is playing a part, not so large nor as fittingly as it should, in the work of the medical centers, but nevertheless a part.' He suggested 'that there may be perfectly valid reasons [which he concedes are unknown to him]. . . for failure to give dentistry a fitting place in the general scheme of the medical center.' Alluding to deficiencies, he stated, for example, that in the New York Hospital-Cornell Medical School—a 'gigantic organization'—there are 'only six dental chairs and twenty-one dentists. . . No dental interns are employed nor is there any connection with a dental school'; at Tulane dentistry is 'a negligible factor.' This do-nothing policy at Cornell and Tulane is surprising because it has been repeatedly suggested that, at these two centers, dentistry was going to be made just what it should be, and called stomatology. Can it be possible that Tulane does not teach the use of the great 'emetin cure for pyorrhea,' which was based upon such foundations of *scientific* perfection as mere dentists cannot possibly establish?"—(2).

"*More dental hokum for physicians.* . . . The persistence of blinding hallucinations, in certain dental quarters, has again been reflected—this time in an address before the New York Academy of Medicine by C. F. Bödecker, D.D.S. (*Bull. N. Y. Acad. Med.*, 1934, 10; Sep.) from which two of many symptoms follow: 'The teeth have been regarded until very recently as organs outside of the field of nutrition. As a result of such an erroneous conception, the field of dentistry has long been relegated to a group of specially trained men who combat the diseases of the teeth merely by reparative means' (p. 553). Sixteen pages farther on: 'In the future, the principal duty of the dentist will be, as it has been in the past, the repair of the ravages of dental caries and pyorrhea alveolaris. On the other hand, the responsibility for the *prevention* of dental disorders will rest on the shoulders of the medical profession.' (p. 569). Ignoring many themes suggested by these remarks—including the iridescent master-servant plan of dental practice—when or where has any one ever expressed the belief that teeth do not normally develop, remain in position, and undergo change, both physiological and pathological, through influences that emanate from, and are determined by factors within, 'the field of nutrition?' Even enamel, which does not appear to be more vital than epidermis, is obviously affected by substances that diffuse into or from it in response to nutritional conditions. What public or professional service can be accomplished by such misrepresentation as that quoted above? Go over it again: *as a result* [sic] of this *erroneous* conception [which this intrepid speaker set out to correct], the field of dentistry has been relegated to men who combat diseases of the teeth *merely* [sic] by *reparative* means. But after getting such comment quite generally unloaded . . . the speaker, stating his conclusions and then conveniently ignoring the 'erroneous conception,' tells the assembled physicians that the principal future *duty* [sic] of the dentist will be to continue what he has been doing inadequately *as a result of the said erroneous conception!* . . . Proceeding with the belittlement of dentistry, the speaker

assured the assembled physicians that the *responsibility* [sic] for the *prevention* of dental disorders rests with the medical profession—not with the dental profession! Bodecker might have gone even further: why did he not arrange on the spot for an equitable *exchange* of responsibilities, the medical profession to establish means to prevent dental caries; the dental profession to establish means to prevent the common cold.”—(3).

Definitions of “graduate” and “post-graduate.” “Medical schools are beginning to promote graduate work for the specialties of medical practice (*J. Amer. Col. Den.*, 1934, 1, 79, 81). In a recent discussion, at . . . , of the urgent need for the development of graduate work, to promote specialization in dental practice, and also teaching and research in dental schools, the following definitions were quoted to improve clearness in discussion (Report of Committee on the Definition of ‘Graduate’ and ‘Post-graduate’ Medical Study: Ray Lyman Wilbur, chairman; Louis B. Wilson, William Pepper; *J. Assoc. Amer. Med. Coll.*, 1930, 5, p. 238): ‘Graduate medical study is that carried out in a university in medical subjects by graduates in medicine. It is usually under the direction of the general graduate school, the graduate medical school, a graduate department of the medical school, or the school of public health or hygiene. It follows the usual methods of graduate study in other fields. Its chief characteristic is research, although much time may be devoted to advanced training in the art of medical specialties. Its usual minimum unit for university recognition is one year. It may lead to the granting of such degrees as Master of Arts or Science, Doctor of Public Health, or Doctor of Philosophy. . . . *Postgraduate* medical study is that ordinarily done under other than university direction in medical subjects by graduates in medicine. If under university direction, it is usually in the Extension Division. Its methods are varied, but much of it is done through hearing lectures and witnessing demonstrations. Its chief characteristic is further training in the practice of medicine. Research is not a factor. The courses are usually brief—from one week to six months—but may extend to one year. University degrees may be granted, or proper diplomas or certificates may be obtained. . . . The committee recognizes that the term ‘postgraduate’ is not desirable but that it is so well fixed by usage both in America and Europe that there seems little probability of soon displacing it. The committee would recommend, however, that so far as possible in the development of courses of this character in universities other more descriptive terms should be used, as for example, extension courses, review courses, special courses, short courses for general practitioners, clinical weeks, and so forth, instead of the term ‘post-graduate.’ ”—(4)

Dental advertising versus dental education. . . . “Is it not splitting hairs to say that dental ‘advertising’ is *not* dental ‘education’ when the *motive* is to increase the number of patients, but that dental ‘advertising’ is dental ‘education’ when the *motive* is to increase public knowledge of the need for and the benefits of dental service? . . . If I get this straight, the *technique* may be the same, but the *motives* make the difference! This looks like pretty thin soup to me” . . . (5). Our correspondent overlooks what many others fail to see: differences in motive may make “all the difference in the world.” For example: if our correspondent, instead of sending his letter, had shot the present writer with a pistol known to be loaded, and aimed and fired with intent to kill and with fatal effect, the act, however desirable as affecting this particular writer, would have been murder, because “shoot to kill” would have been the motive. But if, in the aforesaid fatality, our correspondent had pulled the trigger with playful intent, believing the pistol to be empty, the act, despite its homicidal effect, would not have been murder—the result would have been merely an accident, because there would have been no intent to cause

injury. The technique in these hypothetical instances would be exactly the same, but the *difference in motive* (to kill in one case, to play in the other) would determine all judgments as to the nature and significance of the acts.—[Ed.]

"*Alfred Owre's life interest* . . . The correctness of the following intimate personal statement in the issue of the *New York Times* for January 4, 1935, has apparently not been questioned: 'Dr. Owre's life interest, it was said by a member of the family and a close friend, was to bring the general medical and dental professions into closer relations and to do away with dentistry as a separately organized profession. . . .' The historical import of this authentic quotation leads me to request its publication. . . ."—(6)

EDITORIALS

SPEAKING OF ETHICS

The health-service professions, one of which is dentistry, have been brought to their present state of usefulness by a series of discoveries and inventions, and by the development of new technical procedures, including scientific interpretation. Along with this there has been the development of specialties and a considerable rise in institutional work. These have all had a decided influence, not only on the professions but likewise on the conduct of their members. Medicine is said to have "moved out of the home and the office, into the hospital and the clinic," in a manner similar to the passage of the old "handcraft industry into the factory system." Dentistry is proceeding along similar lines, to the extent that the profession is more or less dominated by groups, each group having as its background some institution. In this movement, corresponding ethical change has been made as well. It is to this change, together with the reasons why, that our attention should be directed. Does this change represent an advancement? Surely none would suggest that in a changing world such change should not also be made, nor that we should keep in the footprints of our fathers in matters professional, including the moral and ethical. Regarding moral advancement, some might vouchsafe arguments to the effect that we have not progressed as we should. But avoiding that view, two very definite reasons why progress is being made, and two points in which progress has been made, can be indicated.

In the first place, dentistry has passed from the field of mechanics, through that of art, into a scientific atmosphere. We have become, or are very rapidly becoming, scientific. With this new appeal to our labors, we are manifesting a new attitude. Science has for its prime object the search for truth; so have morality and religion. But through the former we are automatically compelled to act in accord with the laws of nature: science. This search for truth must be directed by honesty of purpose, and have for

its prime object the enlargement of human knowledge and the development of a service for the benefit of human kind. These ideals, developed through that practice and passed from teacher to taught, must of necessity raise ethical standards. So with dentistry—as it has become scientific in character, the ethical standards of the profession have been raised. Go back to the time in dental history when the dentist carefully guarded the secrets of his technical procedures, and compare that attitude with the attitude of today. But the chief cause of advancement lies in the fact that this search for truth through scientific inquiry is fascinating to the worker; and over a period of years he comes to love his subject, both in itself and in its various applications. The result is, he follows it with increased vigor; and as dentistry and dentists cannot be separated, he finds a better and closer relationship. Thus has the ethical practice of the individual progressed, and concomitantly that of the group. The same principle obtains regarding his service to the public—as he has come to understand more fully, he is more desirous that the public shall be benefited. There may be, and undoubtedly are, some additional lessons to be learned from the science of economics, but even now they are being pressed upon us. Discoveries, inventions, new technical procedures and the use of specialties have forced us into new positions and new relationships. The development of groups associated within institutions has likewise had much to do with bringing about new relationships, both between members of that group and between groups. While we have thrown off the old unwillingness to give of our learning to our fellows, we have at the same time become impatient with them, if they have not come up to our level. We have become hypercritical.

This brings us to the other reason for our advancement, which is technical, legal, and economic. To illustrate: We are now confronted with increase in our liability-insurance rates. Why this increase? The answer is, there are more suits and more losses. It is quite generally agreed that members of the profession have been *careless* in expressions of opinion, in willingness to testify against fellow practitioners, in securing available knowledge, and, in some cases, in technique. The result—loss to the dentist and to the insurance carrier, the law entering as judge—is both economical and legal. As a consequence, members of the profession are put on stricter guard. Our ethics will advance to the benefit of all concerned. The N.R.A. code is not without its influence. Those commercial institutions which, a few years ago, made a practice of allowing commissions on patients physicians sent to them, for filling prescriptions, can no longer do business in that way. It must be admitted that corrective influences, among us and those with

whom we deal, elevate us ethically and morally. The American Dental Association, at its meeting in St. Paul last August, adopted a revision of the code of ethics (page 32).

The dental profession has arrived at a high pinnacle of technical and scientific proficiency. Here lies our chief danger. There is so much we know, and so much we can do, that we are liable to overlook that which we do not know or cannot do. The result is, an overdevelopment of self-confidence and hypercriticism. One of the most outstanding technicians of the dental profession stated before an open meeting: "I am through defending incompetent dentists." None will deny the dishonor in defending the incompetent within our ranks. On the contrary, to be honest with those depending upon us, our own incompetents must be weeded out. This is another question, and one which in time may be solved. In the meantime, however, great care must be exercised in any effort to correct this condition through the lay public. Through a little financial sacrifice by the practitioner, much can be done to remove the cause of dissatisfaction for the patient. Inconsistencies are bound to appear and many mistakes will be made. The kindly relations among us are splendid, but this fact makes it difficult at times for others fully to appraise us. As an organized profession we are more careful and more conservative than as individuals. But as a group we have tried over the years to practise these precepts. Let us consider the past as years of apprenticeship, but in the future let us be truly professional gentlemen, bound by the age-old Oath of Hippocrates, the Decalogue, and the Golden Rule. Let us consider first the welfare of the patient. We cannot do more and we must not do less.

Change is inevitable. Change, unguided, produces chaos. But change guided as ours has been, and is, develops order, induces vigor, and promotes development. We have advanced ethically as we have progressed professionally.—J. E. G.

DENTAL STUDENTS' MAGAZINE

On page 31 we note the following ad-interim action of the Board of Regents of the American College of Dentists:

"2. The Commission on Journalism [of the American College of Dentists] shall communicate to a dean of a dental school the recommendations of the Commission on Journalism relating to the *Dental Students' Magazine*, and suggest discussion of and action on this journal at meetings of the American Association of Dental Schools."

The recommendations of the Commission on Journalism, to which this action refers, are implied in the following quotation from page 160 of the *Status of dental journalism in the United States: 1928-31* [Report (1932) of the Commission on Journalism of the American College of Dentists]:

"The *Dental Students' Magazine* is owned by Students' Magazine, Inc., a corporation formed to engage in the publication of magazines for students. It is published during the school year. A dentist is its editor. The periodical is distributed free to students of dentistry in the United States and Canada, to a large list of the faculty members of the schools, and to the graduates of the previous year. The project is obviously a commercial one. The periodical apparently holds out, as its prime attraction to advertisers, the fact that it is placed into the hands of dental students, who are prospective purchasers of dental equipment, etc.

"In supplying lists of students to the publishers, the dental schools incur four risks. (a) The students will look upon the fact as an endorsement of proprietary journalism. (b) The students will receive early psychological training to expect to receive dental journals free of charge. (c) It detracts from the importance mentioned elsewhere in this report of student bodies conducting their own journals. (d) It tends to create effective competition for their undergraduate dental journals because without such an advertising medium as the *Dental Students' Magazine*, reputable dental dealers, in order to present their claims for patronage, would advertise in the periodicals supported by the student bodies.

"Dental school faculties have no control over either the literary, editorial, or advertising policies of any proprietary journal, distribution of which is permitted or encouraged throughout the student body. Faculty encouragement and assistance given to such periodicals is not conducive to the establishment of a sound professional outlook for their students."

On page 37 of this issue we publish the Report of the Committee on Dental Literature of the American Association of Dental Editors, at the annual meeting in St. Paul last August. The report contains this comment:

"We have noted with particular satisfaction the quickening of interest among journals conducted by the students in various dental schools. . . . These journals, representing the insight, idealism, courage, and professional purpose of a coming generation of dental editors, should receive hearty support from the schools and alumni they represent. . . . These journals have exceptional opportunities to foster the cumulative development of experience and ability in dental journalism, and also a leadership that will seek to serve the public causes of a profession rather than the private interests of a trade-house."

After approving the report containing this comment, the American Association of Dental Editors adopted the following resolution containing the view just quoted [omitted below]:

"Resolved: That this Association commends, to the special consideration of the dental profession, the journals that are conducted by the students in dental schools. . . . Resolved, further, that copies of this resolution be sent to each dental-student periodical, and also to the deans of all dental schools in Canada and the United States, for presentation to each faculty and to each student-body."

The *Dental Students' Magazine* is obviously published primarily to make money for its owners. The private-profit motive is unobjectionable in many accredited relationships, but it is reprehensible in many others. The exploitation of dental students for private profit is particularly unworthy and intolerable, whether by proprietary schools, by commercial universities,

by proprietary journals, or by any agency that seeks selfish advantage at the expense of dentistry as a service and as a profession. Dental students should be protected against such influences, not deliberately or indifferently exposed to them. We wonder how long the faculties of dental schools are going to welcome the influence of the proprietary *Dental Students' Magazine*. If such a commercial publication serves any useful professional purpose, would it not be better for the dental students, in a national convention of their representatives, to take suitable steps to create a magazine that would be conducted by and for dental students? We believe, however, that such a magazine, for dental students collectively, is unnecessary and undesirable, and, like the *Dental Students' Magazine*, also would detract from the usefulness and support of the periodicals published by student bodies and alumni of the individual dental schools. On pp. 31-32 of this issue the following notes on ad-interim actions of the Board of Regents of the American College of Dentists present additional signs of the desire of dentists generally to encourage dental students to control their own literature and to repel all intrusions of proprietary interests:

"3. The [American] College [of Dentists] shall directly encourage the development of dental-student publications."

"9. The Committee [of the American College of Dentists] on Editorial Medal Award has been authorized to designate annually, beginning in 1936, the best editorial in dental-student publications during the preceding year, for the award by the College of a *silver replica* of its gold medal for the best editorial in non-proprietary journals in general."

We commend the facts in this situation, for discussion and appropriate action, to the American Association of Dental Schools, to the faculties of the dental schools, to the student bodies in the dental schools, and to the editors of non-proprietary dental journals.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

Inquiries about the International Association for Dental Research, by a number of correspondents since the publication of the brief editorial on the Association in our issue for April 1934, indicate that the nature, work, and usefulness of this important organization are not well known to a majority of American dentists. This condition appears to be due to the facts that the Association's activities, which are restricted to the promotion of dental research, have been publicly unobtrusive, and that dental journals collectively have failed to comment on the achievements of the Association and on the significance of its proceedings. This inattention is understandable in the case of the trade-house journals, for there are no financial attractions in the affairs of this Association. But the non-proprietary

journals as a group have also been content to ignore the activities of the Research Association, despite the fact that journals of this type should easily discern the significance of altruistic endeavors to advance dental science and recurrently inform their readers about such efforts. We are glad to give publicity to the following general facts about this Association.

The International Association for Dental Research, which was organized in New York City, December 10, 1920, is now composed of 360 members. The most active contributors to the progress of dental research are among them. The membership is grouped in eight national divisions containing a total of twenty-six intra-national sections, as follows (the numerals indicating years in which organization occurred): *Austria*: Vienna, 1929. *Canada*: Halifax, 1928; Toronto, 1921; Winnipeg, 1930. *China*: Chengtu, 1934. *Czechoslovakia*: Prague, 1932. *England*: London, 1931. *Hungary*: Budapest, 1934. *South Africa*: Johannesburg, 1934. *United States*: Ann Arbor, 1923; Baltimore, 1933; Boston, 1920; Chicago, 1920; Cleveland, 1930; Columbus, 1932; Louisville, 1932; Minnesota, 1928; New Haven, 1930; New York, 1920; Philadelphia, 1928; Pittsburgh, 1928; Richmond, 1933; Rochester, 1933; San Francisco, 1924; St. Louis, 1928; Washington (D.C.), 1931. The Association's aims include the primary purpose to provide meetings for the assistance and encouragement of persons engaged in dental research. Young workers, in their initial efforts, are given special cooperation. The Association does not censor, direct, or attempt to control dental research. As a *spiritual union* of autonomous groups, it is animated by the humanitarian scientific purpose—worthy of the best men in all nations—to stimulate progress in dental research for the advancement of dental knowledge, and for the perfection of practical procedures, so that the quality of oral health-service everywhere may be cumulatively improved. The constitution prohibits financial-profit relationships between the Association as a body on one side, and individuals or organizations on the other. The Association is not conducted, directly or indirectly, by or for trade houses or for any other commercial interests.

General meetings of the Association, held at least once a year, are devoted primarily to the presentation and discussion of papers on research by members and guests. The next (thirteenth) annual meeting will be held at the Stevens Hotel, Chicago, March 16–17, 1935, in coordination there with the annual meeting of the American Association of Dental Schools, March 18–20. This arrangement of annual meetings brings the associations of teachers and investigators into close scientific and educational cooperation. A recent circular announcement, to the members and to all who may be interested, indicates that visitors may participate freely in all the sessions of the Association; that "papers on research may be presented by colleagues who are not yet members of the Association, and also by non-dental workers in related fields; [and that] reports may be made in person or by title, abstracts of all to be included in the official proceedings," which are published annually in the *Journal of Dental Research*. Thus the issue of that *Journal* for June, 1934, which we cite as an illustration of the nature and accessibility of the Association's records, consisted wholly of the proceedings of the Association at its twelfth general meeting in March, 1934—a total of 90 pages devoted to a presidential address, abstracts of 110 scientific reports by 100 workers, and an abstract of executive proceedings. Sections meet when, where, and as they choose, and conduct their meetings and all their local affairs in their own way. A standing schedule of sectional meetings is published on page 3 of the covers of current issues of the *Journal of Dental Research*, which is owned and published by the Association under the direction of a Board of Editors, in which each section is repre-

sented by one elective delegate. A Council, consisting of one elective representative of each section, serves as the Association's general *ad interim executive authority*. The work of the Council, between general meetings, is conducted by correspondence.

Any person who has conducted and published a meritorious original investigation in dental science or art, or in any of the sciences or arts contributory to oral health-service, is eligible to membership. Nominations for membership in the Association are presented to the Council on the official form prescribed for that purpose. Nominees, to be elected, must be reported by the Council as eligible. Election to membership in the Association can occur *at general meetings only*. Members may organize a division in any nation and sections in any division. Sections are established only when a sufficient number of members apply to the Association to be accredited as such. Members of the Association logically become members of the sections in the centers in which they reside, but sectional membership is wholly voluntary. Members of the Association are *primarily members of the Association, and only secondarily and incidentally members of sections*. Withdrawal from membership in a section has no effect on membership in the Association. A section may independently, and on its own rules relating to eligibility, elect *associate members of the section*, but such sectional *associates* are not members of the Association. Usually associate members of sections, after conducting additional research, are elected to membership in the Association. The amount of dues payable annually to the Association is \$1.00. Members of sections pay their dues to the sectional treasurers for transmission to the General Treasurer. Sectional dues (if any in addition to the Association dues) vary with local conditions. Members of the Association who may not enroll as members of sections pay their annual dues directly to the Treasurer of the Association. All general meetings having thus far been held in North America, there has been an annual remission of the dues of all members who do not reside in the United States or Canada. A surplus of nearly \$1100 in the treasury at the end of the year 1932-33—then the Association's total accumulation—was converted into a permanent endowment fund, from the income of which there has not as yet been any expenditure. This fund, invested in U. S. Government Bonds, is now approximately \$1150. The accumulation of this fund, on resources as slender as annual dues of \$1.00, was made possible by the facts that all officers serve without remuneration; clerical assistance and office facilities since 1927 were supplied free of charge by the Biochemical Department of Columbia University; and the General Secretary (1927-33) paid all the remaining expenses of his office, and of the distribution of reprints of the *Proceedings*, as a gift to the Association. Since July 1, 1933, clerical assistance for the General Secretary has been provided from a grant to Columbia University by the American College of Dentists. These facts exemplify the spirit of disinterested public service that animates this Association. A list of the chief officials (1934-35) is appended:

GENERAL OFFICERS. HONORARY: *Vice-presidents*—Jan Jesensky, Prague; Hermann Wolf, Vienna; Evelyn Sprawson, London. ACTIVE: *President*—J. L. T. Appleton, Jr., University of Pennsylvania. *President-elect*—Theodore B. Beust, University of Louisville. *Vice-president*—William G. Skillen, Northwestern University. *Treasurer*—Bissell B. Palmer, Fifth Avenue Hospital (N. Y.). *Secretary*—William J. Gies, Columbia University. *Trustees (3) of the Endowment Fund*—The Treasurer, Arthur D. Black, Russell W. Bunting.

SECTIONAL REPRESENTATIVES. COUNCIL: *Ann Arbor*, U. G. Rickert; *Baltimore*, M. S. Aisenberg; *Boston*, L. M. S. Miner; *Budapest*, Josef Szabo; *Chengtu*, R. Gordon Agnew; *Chicago*, V. T. Nylander; *Cleveland*, T. J. Hill; *Columbus*, P. C. Kitchin; *Halifax*, G. K.

Thomson; *Johannesburg*, Geoffrey Friel; *London*, Evelyn Sprawson; *Louisville*, T. B. Beust; *Minnesota*, C. J. Grove; *New Haven*, A. W. Crosby; *New York*, L. M. Waugh; *Philadelphia*, T. J. Cook; *Pittsburgh*, H. E. Friesell; *Prague*, Friedrich Neumann; *Richmond*, Harry Bear; *Rochester*, H. J. Sedwick; *San Francisco*, J. A. Marshall; *St. Louis*, G. B. Winter; *Toronto*, A. J. McDonagh; *Vienna*, Balint Orban; *Washington*, Wilmer Souder; *Winnipeg*, H. J. Merkeley.

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We have received a copy of a circular request that a notice of the next meeting of the Association (Stevens Hotel, Chicago, March 16-17) be published, including the statement that all who may be interested are invited to attend. We suggest that representatives of non-proprietary dental journals accept this invitation, and then inform their readers about the work the Association is doing.

DENTAL EDUCATIONAL COUNCIL

On page 1 we present the proceedings of the notable celebration, by the American College of Dentists, of the twenty-fifth anniversary of the establishment of the Dental Educational Council of America. The Council, throughout its entire career, has been a constructive force and a beneficent influence in dental education, and should be given the support and facilities its continuing responsibilities and opportunities require. A "tabulation of enrolment of students in the dental schools of the United States as of October 15, 1934, as issued by the Dental Educational Council as Table 1 of the Council's Dental Student Register" and reprinted on page 56, illustrates one of the phases of the Council's current activities. The "Dental Student Register," as annually compiled by the Council in a series of tables that are distributed to the schools and to all others concerned, for their information and assistance, presents a detailed statistical analysis affecting many criteria of judgment relating to the schools, the students, and associated conditions. Thus, in the illustrative table on page 56, we find not only the details relating to the enrolment of students in each class and group, in each dental school in the United States as of the date of issue, but also such significant information as the following: the enrolment of undergradu-

ate dental students has *decreased*, from 1928-29 to 1934-35, in these groups: *total number*, from 8200 to 7175 (7160 in 1933-34); *women*, 77 to 67; *Negroes*, 213 to 63. The total enrolment of Negroes in the two schools for colored students is only 48—Howard having 26; Meharry, 22. The enrolment has *increased* in a number of groups, as follows: *dental hygienists*, 292 to 303 (decrease from 377 in 1931-32); *graduate students*, 35 (in 1931-32) to 66; *post-graduate students*, 37 to 94. There is urgent need for an inquiry into, and action on, the causes of the persistent decrease in the number of undergraduate students, during a period when the enrolment of students in the schools in other professions and fields is increasing.

FREEDOM OF THE PRESS

"Give me but the freedom of the press and I will give to the minister a corrupt and venal house of peers. . . ." Those are the words which administration-baiting Robert McCormick has proudly nailed to the masthead of his potent *Chicago Tribune* and which are found on the lips of professional journalists more often than they used to be. To the members of the Dental Editors Club, national organization of editors of dental magazines, national, local and specialized, however, the question of actual freedom of their professional press was not very disturbing [sic] when they held their annual meeting in connection with the A.D.A. convention two months ago" [St. Paul, August, 1934].

The foregoing quotation, from an editorial note on page 22 of the issue of *Dental Survey* for October 1934, is a typical display of journalistic irresponsibility. The allusion to the Dental Editors Club misleads the uninformed reader into supposing that the Dental Editors Club is a professionally accredited organization of the editors of all or of most of the dental journals. Was this unintentional? Was it only an oversight that there is no intimation that the Dental Editors Club, in which *Dental Survey* is represented, is a proponent of proprietary interests in dental journalism? To pose as an alert defender of the "freedom of the press" looks like valor, but in this instance is merely mock heroics; yet the pose helps to distract attention from the ignoble purpose to make as much money as possible out of fellow dentists. To say that the words, "freedom of the press," are "found on the lips of professional journalists more often than they used to be," clearly voices the pretense that *freedom to exploit a profession* and *freedom of the press* are the same. *Dental Survey* is one of the group of dental publications which, being proprietary, are ineligible for representation in the American Association of Dental Editors. In this respect, *Dental Survey* is like a proprietary dental school in 1923 when the American Association of Dental Schools was organized, the few schools of that kind then remaining having been made ineligible for admission to membership. We attended the annual meeting of the American Association of Dental Editors (St. Paul, Aug. 4,

1934) and believe that, there, only one kind of freedom was challenged—the freedom of journals, having *professional* implications and obligations, to publish advertisements intended deceitfully to persuade as many dentists as possible to buy and use products that are useless or harmful. We regard this kind of freedom as something that honest men neither want nor exercise. An ethical dentist will never take advantage of the ignorance or confidence of a patient. Can it be honorable for a dentist to share the profits or selfish benefits of a dental journal that takes advantage of the credulity or reliance of fellow dentists? It would be quite as absurd to say that proprietary dental *schools* in their day protected “academic freedom” as it is to pretend that proprietary dental *journals* now promote “freedom of the press.” There is no more need or justification for proprietary dental *journals* than for proprietary dental *schools*. The best interests of the public and of the dental profession required the discontinuance of proprietary dental schools; the same public and professional interests would be advanced by the elimination of proprietary control of dental journals. Dentists who help to give proprietary dental journals “face value” are guilty of public and professional disservice. To such dentists we recommend a careful and reflective reading of the paragraph on professional loyalty and patriotism in the code of ethics of the American Dental Association, on page 36 of this issue. A profession cannot be true to itself if, in its policies and procedures, it does not give principles precedence over profits. A profession cannot condone irresponsible journalism conducted in its name without accepting responsibility for the acts of such journalism. *Dental Survey* is an instrument of commercialism in dental affairs, and as such is detrimental to the normal evolution of the dental profession. Influences on the health-service professions, such as *Dental Survey* exerts, have recently been deplored by one of the most eminent and highly respected surgeons, in the following significant protest (*italic not in original*):

“Time was when the doctor would have lost caste if he commercialized a secret remedy, the method of preparing a useful drug, a piece of apparatus or a surgical instrument. Now that the barrier has been broken and a university here and there has come to engage in the marketing of such products, there is danger that the tendency may spread and that the profession’s long-accepted standards of humanism may come to be lowered. *In the past, vast fortunes have been made for quacks and charlatans by the sale through advertising of worthless patent medicines*, and the temptation must be great in these hard times for those who have discovered, let us say, some potent tissue extract that proves to be of a high medicinal value. Should it become a universal custom, however, and Medicine thereby become commercialized, she may well hang her head for her lost altruism. . . .”—Harvey Cushing, M.D.: presidential address, History of Science Society, Washington, Dec. 28, 1934; *Science*, 1935, 81, 142; Feb. 8.

The steady trend against commercialistic intrusions into affairs from

which selfishness should be rigorously excluded is illustrated, further, by the following statement on some conditions mentioned in the foregoing comment by Dr. Cushing:

"University of Pennsylvania prohibits patenting discoveries. A rule prohibiting any employee of the University of Pennsylvania from profiting by any inventions or discoveries affecting public health or welfare has been passed by the Executive Board, it was announced on December 9 by the president, Thomas S. Gates. 'Although it never has been the policy of any one officially connected with the University to patent for profit any inventions or discoveries in the medical field, there never has been a rule against doing so. . . . The University,' said Mr. Gates, 'believes it to be its public duty and the duty of all those in its service not to take advantage of any opportunity for profit from any invention or discovery affecting the public health which had its origin in medical research here.'"
Diplomate, 1935, 7, 37; Jan.

NOTES

American Association of Dental Editors. "Over forty editors and supporters of non-proprietary dental journals met in an enthusiastic session at the Lowry Hotel, St. Paul, Minn., on August 4th. It is difficult to report this meeting without lapsing into the use of seemingly extravagant superlatives. Certainly the group was moved by an extraordinary spirit of optimism and enthusiastic purpose. Those present were the very flower of dentistry, both in their personal accomplishments and in their vision of the future development of the profession; and in their union was felt a new strength and guarantee of success in the movement to erase unethical standards and practices in dental publications. . . . The American Association of Dental Editors *knows* that the dentists of the United States, in all their thousands, are in solid agreement that trade-house influence should not, and shall not, dominate the profession. Let the Bests and the Ryans continue to announce their so-called mission to work independently of professional associations! Let them claim their own high virtues and purposes! The profession has judged and spoken adversely. Trade-interest domination is not eliminated merely by denying that it exists, and all the world knows that a proprietary journal must and does serve as a medium of pure commercial, business, money-making advertisement. . . . The day of dentists editing or writing for commercial journals is over. The good of the profession demands the elimination of this practice as a failure in true professional and ethical spirit." . . . —Editorial: *Apollonian*, 1934, 9, 279; Oct.

Clean-tooth debate. "Compare, reflect." " . . . We are of the opinion that both sides won their case. . . . The crux of the debate was quite succinctly summarized by Dr. McCollum, when he offered the suggestion that the slogan that 'A clean tooth will not decay' might more appropriately be rephrased to read; 'A clean tooth with perfection of structure, well exercised, and well nourished will not decay,' and with this we think all are in absolute accord." —Editorial: "The clean tooth debate," *Dental Cosmos*, 1934, 76, 895; Aug. The well-turned phrase is properly a tool of art. Art loses nothing, but gains much, by suggestion and implication rather than complete statement. A bold stroke of the brush, a smooth spontaneous flow of the pen, carries the beholder swiftly into accord by its graceful felicity, the better if the details of its progress are obscure. Herein, in overwhelming degree, science differs: art succeeds in proportion as it stirs the feelings to an emotional end; science succeeds insofar as it proceeds unemotionally toward and attains objective demonstration. The phrase above, which *Dental Cosmos* commends as epitomizing "the clean

tooth debate," may be a work of art, as perhaps may be said of the debate itself and the slogan from which it sprang; but such matters can never be a part of science. The quoted slogan is a well-turned phrase: to attempt to establish its status as truth by harangue is light comedy; and to summarize the proceedings with another well-turned phrase is to reduce the play to farce. Consider, in regard to the phrase at issue, these questions: To what extent might different definitions of the word "clean" modify its meaning? What is the balance of evidence on the concept that "perfection of [tooth] structure" prevents caries? What variety of dental calisthenics acts prophylactically against caries? And what does anyone really know about the "nourishment" of the tooth and its relationship to caries?—Theodor Rosebury.

"*Resolution on the recognition of specialties for certification by the American Medical Association.*—Whereas, The specialties of gastro-enterology and proctology are recognized by the American Medical Association by an active section of the Association; and whereas, nearly 2,000 Fellows of the Association are limiting their practices to either proctology or gastro-enterology; and whereas, the primary thought behind the certification of specialties is the protection of the public against those who are setting themselves up as specialists in these specialties; and whereas, there should be an official and authentic check up and regulation of those Fellows who are practising these specialties; and whereas, the omission of these two specialties from the list of specialties now recognized for certification by the Council on Medical Education and Hospitals will impede the efforts of ethical specialists in these fields of medicine in their battle against quacks, charlatans and irregulars who are holding themselves up as specialists; be it resolved, that the specialties of gastro-enterology and proctology as now recognized by the established section on these specialties be added to the list of specialties in medicine and surgery to be recognized for certification by the Council on Medical Education and Hospitals of the American Medical Association."—*J. Am. Med. Assoc.*, 1934, 102, 2198; June 30. Adopted: *Ibid.*, p. 2202.

Dentistry an independent profession. "There seems to be a queer twist in the mental make up of some people whereby it contributes greatly to their happiness to make others think as they do, or at least to persist in attempts to do so. There seems to be a small group obsessed by the idea that the dental profession should be made a part of the medical profession and dominated by it both as to training and practice. This group is clever, persistent, and sometimes not overly scrupulous in the things they are willing to do to further their desires. The great majority of dentists are proud of the progress that has been made in dental science and instinctively feel that it is a natural and distinct division of health service and that it can best meet the problems of the future by retaining its independence."—Editorial: *Minneapolis Dist. Den. J.*, 1934, 17, 26; Sept.

Professional advertisement. "The necessity for avoidance of self-laudation or self-advertisement arises from the danger that medical men may sink to the level of the charlatan who cries his wares against a rival in the public market. Here and there it is necessary to treat most severely some gross breach of the ethical code as to advertising or publicity. More frequently it is sufficient to call the attention of the supposed offender to the absolute need for unrelenting vigilance against the wiles of the public press, and especially to the need for the most rigid possible interpretation of the rule that it is unprofessional to procure patients, even by indirection, through solicitors or agents of any kind. 'The most worthy and effective advertisement possible . . . is the establishment of a well merited reputation for professional ability and fidelity . . . the outcome of character and conduct.'"—Crisp: *Amer. J. Ophthalm.*, 1934, 17, 969; Oct.

"'THROW AWAY' MEDICAL PERIODICALS"

Quotation from comment that applies also to the few journalistic outcasts that continue to sell-out dentistry. The following editorial from the *Journal of the American Medical Association* (1934, 103, 1237; Oct. 20) should be read and pondered by dentists who see nothing objectionable in such tawdry and demoralizing advertising floats as Dental Students' Magazine, Dental Summary, and Oral Hygiene, and who feel that periodicals of this irresponsible type are a credit to the honor and the integrity of the dental profession:

The little magazines sent without subscription charge to various classes of readers are an interesting phenomenon. The complete costs of publication are of course borne by the advertisers. As might be expected, there is none too rigorous a control over the nature of goods advertised or the claims made in the advertising. Most of the advertising in such publications consists of the promotion of materials that could not possibly be accepted by the various councils and committees of the American Medical Association. A survey made of one of the most widely circulated free publications showed 85 percent of the goods advertised as unacceptable to these rating bodies. From this point of view, then, these periodicals are a vicious menace to the high standards of medical practice in this country.

The "throw-away" called "Medical Economics" has appealed to the basest motives of those whom it attempts to reach, setting cash above conscience in medical practice. It seems much more concerned with the maintenance of income than with the maintenance of satisfactory standards of treatment. True, it devotes considerable space in its pages to the business aspects of medical practice. Regardless, however, of the extent to which other scientific periodicals may have been derelict in their failure to discuss such matters as collection of bills, the credit standings of patients, the outfitting of an office, or legal methods of enforcing payment, "Medical Economics" also attacks the ideals and principles of organized medicine and attempts to create disruption in medical thought. Its effect is an insidious attempt to undermine the councils and committees that have made therapy scientific and thereby rendered precarious the livelihood of promoters of nostrums.

A more recent comer in this field is a periodical called "Modern Medicine," emanating from Minneapolis. This purports to be a medical periodical along the lines of *Time* magazine. It falls somewhat short of the *Time* standard both in the method of presentation of material and in the quality of the material presented. Its advertising is for the most part of products that simply could not be accepted, yet it contains as an advisory board a list of leading names in the field of medicine, many of them officers of well established medical organizations. One wonders to what extent the services of these medical advisers are actually utilized. Are the names merely used in the promotion of the publication? There was a time when the names of vast numbers of doctors used to be put on periodicals to lend them status. Nowadays it is considered more reputable to refuse the use of one's name or to permit its use on an editorial board unless one is actually in some manner concerned with the policies of the periodical and the material it publishes.

A third class of periodical in the "throw-away" field is the one that purports to be a digest of medical literature, including either the abstracts or the condensations of medical articles. In the lay field such publications are sold by subscription and seem to serve a useful purpose.

For years manufacturers of proprietary medicine have been circulating house organs and other medical literature to physicians with the obvious intent of promoting interest in the drug field and particularly in the products which they manufactured. Such material was sent to the medical profession with the clear intent of selling goods. The new type of "throw-away" periodical has its intent concealed. It is thus not to be compared in its ethical status even with the type of house organ freely circulated by the proprietary medical interests. The mottoes of mankind for many centuries have warned against "something for nothing." "Beware the Greeks bearing gifts" goes back two thousand years. [See editorial on "freedom of the press," this issue of the *J. Amer. Col. Den.*, p. 69.]

RESOLUTIONS AGAINST PARTICIPATION, BY MEMBERS OF DENTAL FACULTIES, IN THE EDITORIAL AND FINANCIAL SUPPORT OF TRADE-HOUSE JOURNALS

I. ADOPTED BY DENTAL-SCHOOL FACULTIES

(1) *University of Pittsburgh: May 10, 1934.*—The Faculty of the School of Dentistry, University of Pittsburgh, at a meeting on May 10, voted unanimously as disapproving of any faculty member participating in any editorial capacity on a dental-trade journal, or contributing papers to such a publication, either directly or through the proceedings of dental societies whose transactions are published in dental-trade journals.

(2) *Marquette University: June 4, 1934.*—*Whereas:* Trade journalism and trade journals tend to commercialize the professional aspects of dentistry and therefore lower its standing as a profession; and

Whereas: Journals supported by the American Dental Association, and other dental societies and groups, are striving to maintain the present high status of dentistry, and are worthy and in need of undivided encouragement by the members of the dental profession; *therefore*, be it

Resolved: By the members of the Marquette University Dental School Faculty that no member of their group will in the future contribute to the support of a trade-dental journal as an editor or writer, either directly or through the proceedings of dental societies whose transactions are published in dental-trade journals.

II. ADOPTED BY THE AMERICAN ASSOCIATION OF DENTAL EDITORS: ANNUAL MEETING, ST. PAUL, MINN., AUGUST 4, 1934

Resolved: That we convey to the dental faculties in the University of Pittsburgh and Marquette University this Association's commendation for their notable action in support of non-proprietary dental journalism; and that copies of the resolutions in this regard as adopted by these faculties, and a copy of this resolution, be sent to each dental faculty in Canada and the United States.

AMERICAN COLLEGE OF DENTISTS

The *third annual meeting* of the American College of Dentists *in affiliation with the American Association for the Advancement of Science* was convened during the progress of the winter assembly of the Association in Pittsburgh during the Christmas-New Year holidays. The College held morning and afternoon scientific sessions on Saturday, December 29, in Room 209 of the Engineering Building at the Carnegie Institute of Technology; an informal dinner was adjourned before the beginning of the general session of the Association that evening. The local committee, of which Dr. F. C. Friesell was chairman, conducted the meeting with unusual success. The proceedings will be published in our next issue.

OUR NEXT ISSUE

Among the contents of our issue for April will be (1) the proceedings of a joint meeting of the New York Academy of Dentistry and the New York Section of the American College of Dentists, at the City Club, New York, Dec. 13, 1934, at which the economics of health service was presented by Drs. Maurice William and Bissell B. Palmer, and discussed by many additional speakers; (2) the proceedings of the meeting of the American College of Dentists in affiliation with the American Association for the Advancement of Science, at the Carnegie Institute of Technology, Pittsburgh, Pa., Dec. 29, 1934; (3) the annual report of the Commission on Journalism at the annual convocation of the American College of Dentists, St. Paul, Minn., Aug. 5, 1934; and (4) an ad-interim report of the Committee on Dental Prosthetic Service.

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