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AMERICAN COLLEGE OF DENTISTS

Sections and dates of meetings in 1936-37.—(1) *Kentucky*: Dec. 5, '36; June 15, '37. (2) *Northern California*: Mar. 10, '37. (3) *Maryland*: June 18, '37. (4) *New York City*: May 14, '37. (5) *Minnesota*: Mar. 30, '37. (6) *New England*: Apr. 28, '37. (7) *Wisconsin*: Apr. 19, '37. (8) *Colorado*: June 11, '37. (9) *Pittsburgh*: Oct. 15, '36. (10) *Iowa*: May 5, '37. (11) *Illinois*: Dec. 3, '36. (12) *St. Louis*: Mar. 8, '37.

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."

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THE DENTAL STUDY UNIT AT YALE

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The reasons for the neglect of the teeth in medical teaching, in research, and in practice have often been stated. Medicine has developed so rapidly, and has presented so many needs and opportunities within its well recognized scope, that there has been little incentive to enter into a field which traditionally is the province of another group. Dentistry, on the other hand, has been strongly influenced by the urgent need for practical service. Major attention has necessarily been given to training men in the painstaking technique of dental therapy, a task in which dentistry has been notably successful. The greater part of the limited funds available for dental education has gone into this work and comparatively little has been left for research. The result of all this has been to retard the acquisition of scientific knowledge concerning the rôle played by the oral structures in health and in disease.

The lack of knowledge pertaining to the teeth has been emphasized in recent years through a growing interest in focal infection. In attempting to trace the natural history of certain systemic diseases, physicians and dentists have given increasing attention to the possibility that the teeth may be among the foci of infection affecting the general health of the individual. Thus it has been clear that in order to shed full light on disease problems, fundamental studies of the oral structures themselves and their relationship to other organs must be made.

In 1927 the Yale University School of Medicine outlined a program which had as its objectives:

- (1) To establish on the foundation of existing scientific knowledge a rational basis for the understanding of the natural history of the teeth both in their healthy and diseased states;
- (2) to determine more accurately the causes of diseases of the teeth and

their surrounding structures, both in regard to agents associated with such morbid states, their portal of entry, local and systemic effects, and in regard to the host, his general health, nutrition, susceptibility to disease-producing agents, and reactivity as determined by immunological reactions;

(3) to create a liaison between dental and medical personnel by developing a group of men for the interpretation of diseases of the teeth and their relationship to the functioning of the human organism as a whole.

A plan was outlined subject to modification calling for the organization of a group to investigate the teeth, their supporting structures, and their relationship to other organs. It was decided to employ available methods of study which had been successfully used in other fields and to apply them to dental problems in the clinic, at autopsy and in the laboratory. In order to encourage a scientific medical interest in dentistry, opportunities were provided for a number of young graduate dentists to become associated with this study group as Fellows, while obtaining a medical education.

The inauguration of a five-year program was made possible in 1929 by a grant from the Rockefeller Foundation. A second grant sufficient to carry the project another year was obtained from the same source in 1934. Two succeeding grants—one from the Carnegie Corporation, the other from the Joseph Purcell Research Memorial Fund—have made possible still further extension of the work. In addition to these grants, steps were taken by the New Haven Hospital and Dispensary to provide adequate clinical facilities for this project and a dental clinic was established as an integral part of the entire Dental Study Unit. Although therapy is an important function of this clinic, emphasis is placed on investigation. Its purposes however, are primarily educative. The clinic provides an opportunity for the study of diseases of the dental structures, of diseases in these organs in relation to disorders in other parts of the body and is a source of material for experimental laboratory and clinical research concerning the teeth. Furthermore, it is a place where procedures of therapeutic value are practically applied and evaluated. In addition, it serves to keep the recent dental graduate in contact with patients suffering from dental disease and thereby aids in developing his sense of social responsibility. The relationship of the dental clinic to the entire Dental Study Unit is similar to that of a hospital to a medical school.

In the beginning, a committee of department heads was formed to supervise the dental project, and steps were taken to train a pathologist for the work in oral pathology. Later, this committee was superseded by an executive committee composed of the Dean of the School of Medicine and members of the faculty who are actively interested in the work of the group. Each of these members is either directly responsible for the activities of one or more of the Dental Fellows, or is himself engaged in dental research problems. An experienced dentist was also appointed to take charge of the clinical activities and to serve on the new committee.

In connection with the dental program, the School of Medicine provides educational facilities for (1) students who desire to enroll for indefinite periods of time in order to investigate special problems; (2) students who desire to follow a type of training that leads to the degree of Doctor of Philosophy; and (3) students who desire to follow a type of training that leads to the degree of Doctor of Medicine. The majority of these students, so far, have followed the course leading to the degree in medicine.

Provision of educational facilities for students who desire to do some special investigation, or to follow a type of training that leads to the degree in philosophy, or to take the prescribed pre-clinical courses in medicine, presents no unusual curricular problem. The equipment required for teaching the basic sciences—which practically all these students lack to a greater or less degree—already exists, and able faculty members who are willing to supervise them in special research are available in the various departments of the Medical School. The difficulty encountered here is mainly a matter of providing room for a few additional students.

In respect to the Fellows, every effort is made throughout the four-year period to maintain a balance between curricular, research and clinical work in dentistry, to the end that they may acquire a good medical education, sustain an active interest in dentistry, and at the same time develop a scientific point of view and obtain technical experience in research. The Fellows in the Dental Study Unit are not expected to repeat work already completed in the basic sciences in the dental school, but rather to supplement their knowledge in these fields by further study to the extent that this may be necessary in

order to qualify for admission to the clinical division of the Medical School. During the first two years care is taken to establish contacts between the Fellows and members of the medical staff in various research fields, so that the student may learn to see in its entirety the problem of research as applied to the human organism, and may thus avoid the danger of attacking a specific problem as though it were unrelated to the program of research as a whole. During the last two years, in the clinical division of the medical course, the Fellows are required to cover the same ground and to meet the same requirements as other candidates for the degree of doctor of medicine. At the same time they are, above all, members of the Dental Study Unit, with an investigative attitude toward their work.

The more difficult educational problem arises when the medical dental student begins his clinical services. The question of how much and what type of clinical dentistry this student requires to keep reasonably fit in his specialty is difficult to answer. Furthermore, there is the problem of how many and how much of the other special branches he should be advised to take. Again, following the completion of curricular activities, it is a question in what services he should interne, if at all, and how far he should pursue general training as a house officer. Finally there is the uncertainty of finding an opportunity for him to use this training when he has acquired it. These, of course, are questions that can be answered only when educational experiments such as this one have gained sufficient experience to serve as a basis of judgment. In the meantime, it seems desirable to have most of these students keep in contact with clinical practice in dentistry as well as in medicine, regardless of the type of special training they are pursuing. The results obtained so far encourage the continuance of a diversified plan of education in which the majority of these students follow the medical dental course.

Since the beginning in 1929, twelve Dental Fellows have availed themselves of the opportunities offered by this project. Six of these Fellows, so far, have taken the degree of Doctor of Medicine, two others are still working towards that degree, one has taken the degree of Doctor of Philosophy in pathology and three have pursued courses without reference to any particular degree. Of the ten men who have thus far completed their course at Yale, four are now connected with

dental institutions, four with medical institutions, and only two are not affiliated with any institution. It should be noted that, with the exception of one piece of work done as a student's thesis, all the investigative work of this group has been in the dental field regardless of the medical affiliations of members of the group.

In general, as already stated, the Dental Study Unit concerns itself with the natural history of the oral structures in relation to the whole human organism. Although in the initial plans emphasis was placed on the pathology and bacteriology of the teeth, it has become evident that such avenues as nutrition, mineral metabolism, endocrinology and genetics also afford wide investigative opportunities. So far, the research program has included studies mainly of infection and nutrition. Weekly conferences of the whole dental group are held to discuss the projects which are under way, and different members of the medical staff participate in these meetings from time to time when subjects pertinent to their interests are under consideration. The Fellows do their research work under the direction of faculty members in various departments, depending upon the type of work involved.

Although it is difficult to measure the results of an educational and research program, some evidence can be cited to show that the dental study program is already bearing fruit. Results have been gained in research; interest in dental problems on the part of the medical staff and the student body has been awakened; the teeth are receiving more attention and better care in the clinics; the coöperation of dentists in the project has been enlisted; and the attention of dental educators has been drawn to the importance of cultivating the research field between dentistry and medicine which has so long been lying fallow.

DENTAL SERVICE IN THE CHILDREN'S HOSPITAL¹

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The Children's Hospital of San Francisco was organized, in 1885, as a philanthropic organization, primarily to care for crippled children. It is a pay and part-pay institution, yet gives much wholly-free

¹ A contribution to the study of problems related to hospital dental-service. See also Carr: Oral surgical service as an integral part of modern hospital organization: *J. Am. Col. Den.*, 2, 203, 1935, Dec.—[Ed.]

service. The profits accruing from pay patients are used for the care of the part-pay, and those on full relief. Nearly twenty years ago, the desirability to include dental service became apparent. After a few years of trial and error, the dental clinic became a permanent institution, under the direction of Dr. L. G. Cuenin, who also was the entire staff. One attendant, in addition to the Social-service Director and a public-health nurse, constituted the body of assistants to the dentist and physicians. Demands upon the general clinic increased at a rapid rate, so that the medical service was soon divided into specialties; and calls for dental service then made imperative an increase in size. The Board of Directors, consisting of representative philanthropic women of San Francisco, made funds available, and the dental staff was enlarged. The director, Dr. Cuenin, then wishing to be relieved, offered his post—Chief of Dental Staff—through the hospital authorities, to the writer, who, realizing the possible development of hospital relations, accepted. This was nearly fifteen years ago.

Meanwhile, growth and development have been the "order of the day." Now the Dental Staff has sixteen members, representing the following dental specialties: general dentistry (6), plastic surgery (1), oral surgery (2), orthodontia (7). All patients admitted to the dental service are given complete dental care, excepting gold-foil fillings; yet arrangements may be made for these. *Figs. 1 and 2* show the hospital and a section of the Orthopedic (Jim) Ward, respectively. The Dental Department is under the general supervision of the Social-service Director. The Chief of the Dental Staff, a dentist, has full supervision of fees and of dental service to be rendered. The Dental Staff has a wide latitude in the conduct of dental service. With the growth of the staff, including the medical, there has also been increase in the number of assistants. This group now includes twenty dental students, and a few paid nurses, supervisors, and administrators. All members of the Dental Staff are subject to call for service in the hospital, regular dental service being provided in the children's free wards, or in part-pay wards—those of internal medicine and orthopedic surgery.

In this hospital, dentistry plays an important part in rendering health service. No tonsil operations, for example, are performed

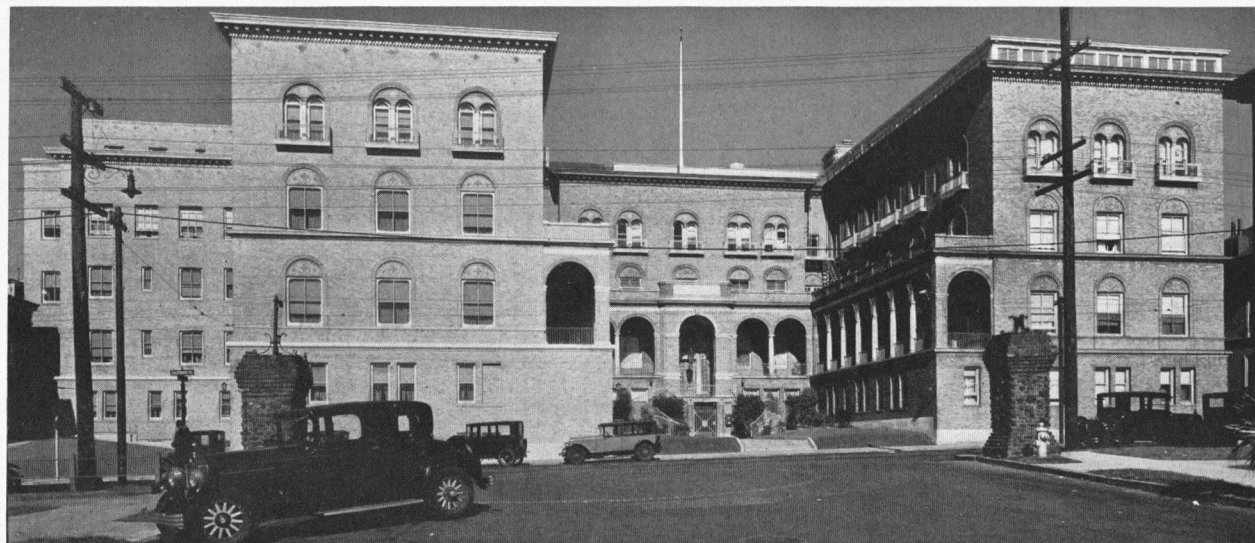


FIG. 1. General view of Children's Hospital of San Francisco (1936)



FIG. 2. View in Orthopedic ('Jim') Ward, in Children's Hospital of San Francisco (1936)

until the mouth and teeth have been put into good order. The orthopedic surgeon and the dentist consult intimately concerning mouth infections and bone conditions. Members of the staff are freely used in all departments of the hospital, thus fulfilling the duties of dental interns. Bedside dental operations are a regular procedure. The Chief of the Dental Staff is the communication officer between medical and dental services, and makes assignments to the departments of oral surgery or exodontia, and of orthodontia. He is a member of the out-patient department committee, appointed by the Board of Directors, and, as such, has a voice in the direction of the out-patient department. The members of the Dental Staff are invited to attend the monthly meetings of the Medical Staff, thus making the entire staff a complete whole. The plastic surgeon is a member of the general hospital staff as well as of the Dental Staff. Regular meetings of the Dental Staff are held, especially by the operative staff members. Periodically, meetings of the general dental staff are called. Among those who attend are some who have previously served. "Once a member, always a member," is our aim. Thus, the hospital influence is carried on down the years in dental practice.

The hospital is also a teaching unit affiliated, for teaching purposes, with the Medical School of the University of California. There is every reason to believe that, as medical and dental relations come to be more closely knit, bedside dental practice will be included in every dental curriculum. If so, the Dental Staff of the Children's Hospital is prepared to provide such instruction. This institution has been playing an important part in the development of medical and dental relations. It has provided a splendid health service for those who otherwise might not have had it, or might have had less.

As medicine and the hospital have trained the nurse, so here, medicine, dentistry, and the hospital are also sending forth a new type of professional woman—the trained medical and dental office-assistant. A class for office assistants was instituted several years ago. The course of study extends through two years, including one at the Lux School (junior college), where the students receive instruction (first year) in general anatomy, dental anatomy, dental technics, bacteriology, professional practice, stenography, care of the office, first aid. At the Children's Hospital (second year) the work consists

of practical applications of the instruction received during the preceding year; also medical and nursing procedures, nursing ethics, sterilization, setting-up for and assisting with minor operations, assisting clinicians both medical and dental, receiving patients, out-patient-record-room routine, routine laboratory technique, quartz-light and diathermy, and secretarial practice; an adequate lecture series in orthography, drugs and solutions, bandaging, dental radiography, obstetrics and gynecology, medical diseases, orthopedics, general surgery, eye-ear-nose-and-throat diseases, venereal and skin diseases; a course in medical shorthand consisting of thirty one-hour periods of medical dictation, and including assignments of prefixes, suffixes, a general vocabulary, and a medical vocabulary of 1500 words. Complementary to the regular course, there has recently been added a special course in professional etiquette for office assistants, given at the Holloway Playhouse, a school of dramatics.

We express our cordial respect for Dr. C. F. Gelston, General Superintendent; Mrs. H. N. Snow, Business Manager; Miss Edna J. Shipser, Director of Social Service; Dr. Martha James, Medical Director of the Out-Patient Department; and Mrs. Jesse Lilienthal, Jr., Chairman of the Out-Patient-Department Committee. Each has contributed much in time, money and interest, that dentistry may become the real service to the people that it should. By this recognition, they have helped to make dentists realize their greater field of usefulness.

RESPONSIBILITY FOR FINANCIAL SUPPORT FOR DENTAL RESEARCH

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Like medical education, the beginnings of dental education are found in proprietary or privately owned and controlled schools. The evils of these early business ventures in education are well known. The Carnegie Foundation's *Bulletin No. 19* says of them:¹ "Most of these schools, although quite as profitable financially as their owners

¹ Gies: Dental Education in the United States and Canada; Report to the Carnegie Foundation for the Advancement of Teaching; *Bulletin No. 19*, 1936; New York.

expected them to be, were very poor educationally and many were disgraceful professionally. In this regard dentistry made the mistake of following the leadership of medicine. Happily for dentistry, however, the degradation of dental education through unworthy commercialism seems never to have touched the depths reached in medical education; and fortunately also, for dental education, many of the commercial schools were too weak to survive for more than a few years" (p. 47). The popularity of this educational *racket* is fully realized when we consider that, in the state of Illinois alone, twenty-eight of these business ventures were chartered between 1883 and 1902. However, many of them never lived long enough to print diplomas.

The awakening of organized dentistry to this disgraceful situation brought about the enactment of more effective legal barriers. The profits of the smaller schools were greatly reduced; and when the dividends from this business of education vanished, so did the schools. The weeding out of these noxious tares from the field of dental education stimulated the development of professionally sponsored groups to direct dental education, and standards were raised and responsibilities increased. The work of the Dental Educational Council, the Carnegie Foundation's *Bulletin No. 19*—the impact of which has shaken the whole structure of dental education—the formation of the American Association of Dental Schools, and the report of its Curriculum Survey Committee; all of these offer impressive evidence of consistent growth. However, many of the attempts to advance further meet the same barrier—an impassé in the lack of funds. Apparently every major improvement today requires money that is not available. Heavy financial support is essential in order to attract well trained teachers, to promote research, and to keep the equipment of the schools modern and effective as a means of education.

The employment of well trained teachers is essential to any real educational program, whether it be in the primary and secondary grades, or in undergraduate and graduate university instruction. Teaching, at its best, is a profession that requires a specific knowledge of techniques and methods, as well as experience in their use. An individual may be a "born teacher," but the better institutions of learning today rely upon training and experience as the basis for

developing and selecting teachers, rather than the chances of birth. The present status of dental teachers and the hope for the future are clearly described in the Carnegie Foundation's *Bulletin No. 19*: "Men who have acquired reputations as successful practitioners are made professors regardless of their inability or disinclination to teach, and, given important teaching duties to perform, are retained when their work is uninstructional or even farcical" (p. 180). "Special effort should be made to find and suitably to remunerate a much larger number of men and women who would make teaching in dentistry their primary professional pursuit, and who would promote research effectively" (p. 181). "Without a relatively large income in excess of fees, salaries for instruction cannot be made sufficient to attract able men to the career of teaching in dentistry, constructive experimentation in dental education will be sporadic and superficial, and in most schools the instruction will remain perfunctory and uninspiring" (p. 152). Lack of funds thus prevents one means of improvement—the attraction of adequately trained and enthusiastic teachers. No matter how we boast of progress, there will be a counterfeit ring to the whole dental educational program until it is in the hands of such teachers.

The spirit of research—the continual drive to know more—which supplies to every good teacher the enthusiasm so essential to the motivation of his students, cannot grow without financial support. New and more accurate methods require better equipment whenever available. Assistants may be needed for routine laboratory procedures. Concerning research, *Bulletin No. 19* says: "Deprived of financial support analogous to that given to medical education, research will continue to languish, libraries cannot be materially strengthened, equipment will not be improved, methods will lack scientific scrutiny" . . . (p. 152). "In dental schools, teaching and research should be as effectual as the best in a good university, and the status of dental teachers should be raised accordingly" (p. 179). The solution of such problems as dental caries, and the premature loss of teeth due to degeneration of their supporting structures, can never be achieved without ample and continuous financial support. The dabbling of commercial interests in these problems, with all the resultant nostrums, will continue until research is subsidized for those

investigators most likely to achieve—capable, interested teachers in dental schools. Certainly every teacher will not be an expert in research, but interest in and willingness to help penetrate the unknown areas in dentistry offer the best sources for motivation—the essence of good teaching.

The lack of equipment in most dental schools is appalling. A casual observer at many of the infirmaries would think he was in a museum of antiques. Such obsolete equipment becomes an insidious deterrent to learning. Educational research has demonstrated a specificity in learning, which requires that we learn anything in just the way it is to be used, if we would learn quickly and learn well. The “carry over” or “transfer” is most likely to occur under similar circumstances. But no graduate would think of beginning his practice with the antiquated equipment found in many dental schools. Such schools can never become the highly efficient educational units that they should be while attempting to produce twentieth century dentists in a nineteenth century environment. The student should be taught to practice with the most modern equipment. This can be realized only with continual financial support.

If these were the only problems before dental education, and the appeal were made to individuals or corporations who award grants for education and research, surely such financial support would be available. But ten long years have passed since *Bulletin No. 19* called attention to the urgent need for this support. With a very few isolated exceptions, no such assistance has been found. A further careful study of the attempts to raise money for dentistry reveals a far more serious problem. Those who could help seem to believe that dentistry does not have enough trained and enthusiastic investigators to warrant large gifts for research. We may answer this criticism by referring to the annual meetings of the International Association for Dental Research, and noting the varied program of research in progress. A close study of these annual programs shows, however, that the bulk of this work is done by a small percentage of the teaching staff of any one school. The faithful few carry on, even under severe handicaps of time and money. Certainly, the charge that dentistry does not have many trained and enthusiastic workers in research cannot be denied.

There is thus a vicious circle of circumstances—lack of money prevents adequate dental research and lack of adequate dental research prevents financial support for dentistry. If this condition were reversed, the whole problem would be solved. The only place in which to interrupt and reverse it is in the amount and quality of dental research. If the current investigations were distributed more generally among dental educators, and the quality of the work were kept above reproach—even as now limited in amount—the result would be the accumulation of findings that no interested supporter could challenge. Likewise, the results of such general interest and enthusiasm would captivate the imagination and interest of anyone desiring to promote health service.

A certain definite possibility, in fact an important responsibility, faces every dental educator. Each increase in his knowledge and skill, each research problem that engages his interest, each paper he publishes reporting the result of an earnest effort to find new truth, becomes an increment of achievement, the summation of which will eventually turn the tide. Let no dental educator, in self pity or self defense, bemoan the lack of funds for his work, for his department, or for his school, until every possible opportunity for improvement and for research—for supplying his increment—has been utilized.

"THEY DO NOT SPEAK THE SAME LANGUAGE"

PAUL R. STILLMAN, D.D.S., F.A.A.P., F.A.C.D.

Longwood, Florida

Many years ago, a physician, whose name and identity have been lost amid a vast accumulation of words published as dental literature, made the observation that "dentists do not speak our language." He referred to the philosophical principles of the two groups. At that time dentistry was emerging from the status of "a trade." It had developed a consciousness that it was dentistry's right to be classed as "a profession." Under the influence of the formula, "dentistry is a profession," dentistry has now become a profession. That fact is generally accepted. The transition required a hundred years. The metamorphosis has developed a sense of satisfaction for each individual dentist; a secret pride developed in the mind and soul of dentistry.

As individuals, we should not forget the adage: "Pride goeth before a fall." There is much cause for satisfaction in the accomplishment, "dentistry is a profession," but *fait accompli* should not obscure vision. Now that we have arrived, the question arises: "Where do we go from here?" *What kind of a profession?* is a very pertinent question for the mind of each interested dentist. Progression in human affairs, as in the navigation of a ship, requires a chart upon which a course be plotted. Momentum is essential, so also is a known point of departure, but the idea of a voyage is not complete in the absence of foreknowledge of destination. It is not enough to accept complacently the idea of satisfaction from a consciousness of momentum alone as: "I know not where we are going, but we are on our way." Under that idea we shall soon be "lost at sea."

When dentistry was a trade, dentists comprehended that its knowledges lay largely within the scope of mechanics. Under the influence of the formula, "dentistry is a profession," a college of dentistry was founded, a faculty was established to provide "instruction in liberal arts and professional studies." The agendum adopted for the college was influenced by the traditions from the indenture system of education, which dentistry had previously developed and which it was intended the college would eventually supersede. That idea has succeeded. The indenture system of dental education no longer exists. But, as it once existed, the system may be analyzed and a comparison of it made with the institutions for dental education as these exist today. It was a century ago when the ideas engendered by the formula, "dentistry is a profession," began to crystallize. Two physicians, Hayden and Harris, founded the first dental college in Baltimore, Md. Their vision as to what a dental college should be was clearly a development of their own educational experience. They had learned "the trade of dentistry" under the plan then in vogue, and they had also the advantage of a medical education. Their problem was how to combine the knowledges they possessed to purposes for higher educational advantage to dentistry. It was indeed a problem. Ideologically oil and water do not mix. As a nucleus for the dental knowledges, inherited from the indenture system, two faculty chairs were planned, each representing a department of knowledge or subdivision of dentistry. This scheme reveals Operative Dentistry (for

Hayden) and Mechanical Dentistry (for Harris). Not only were professorial chairs established under these names, but the first occupants of the chairs left a psychological imprint upon them. The personalities of Hayden and Harris remain today like ghosts to haunt and influence the rôle of their successors. Undoubtedly, before the scheme for the proposed college was perfected, numerous discussions and conferences were held. No records of these have been preserved, but dental education exists today upon the agenda of their ideas. "Operative dentistry" and "mechanical dentistry" were adopted to identify subjects to be taught as dentistry, a fissile conception of the founders of the college. The body of the indenture system of dental education was split, but its objective perspective was preserved.

The name "dentistry" had long existed to identify a group of artisans in possession of established traditions. Under the indenture system, instruction had proceeded in private "offices" or apartments in buildings, each requiring a minimum of two rooms; usually there were more than two rooms. Under the idea that a part of dentistry was "surgery," the front room became known as "operating room"—surgeons operate. The "operations" consisted largely of "filling" or extracting teeth; the former under the idea of "saving" teeth, the latter opening the way for future prosthesis. In either case it should be stated that the physical welfare of the patient had precedence over the idea of business opportunity. That idea existed but it was subdued under the developing consciousness of professionalism. The metamorphosis of dentistry was accomplished as a passing of one form of occupation (a trade) to another form (a profession), but without change of nature. "Operative dentistry" derived its name, as a subject for dental education, from an object, e.g., the operating room of a dentist's office. Similarly, "mechanical dentistry" was a conception of dental art as it was developed in the dentist's "laboratory," previously known as "shop." "A good mechanic" was at one time a complimentary designation for a dentist and referred to his skill. Reputations for skill in mechanical arts had become a dentist's ideal. An incongruous relation became apparent as the college degree began to spread. "Doctor of Dental Surgery" carried a personal dignity, an idea which "mechanic" did not. There is dignity in "doctor" rightfully earned in college. It had been a pre-graduate custom to

address a colleague as "doctor," and inasmuch as many were "teachers" (under the indenture system) no absurdity was apparent among dentists. Similarly, "surgery" appeared to the dentist to be as applicable to dentistry as to medicine. The title "Surgeon-Dentist" was a self-conferred designation, adopted under the idea of competition, to meet and offset the ever increasing number of dental-college graduates. "Surgery" identifies "hand-work," an idea as applicable to dentistry as to medicine, at least so the dentist understood. It is actually the nature of the material hand-worked upon, not hands at work, which identifies surgery, but the dentists did not comprehend that. Medicine proceeds to surgery under a biological philosophy, and dentistry under a technological philosophy. There lies the difference. Dentists adopted medical terms and substituted their own original definitions. Naturally "they do not speak the same language," even though they use the same words.

The division of dentistry into two departments was not a scholarly conception of dentistry as a subject to be taught. "Operative dentistry" and "mechanical dentistry" were conceived as objects, inseparably related to the rooms of a dentist's office-apartment, together with the interests and occupation connected with these rooms. The new college represented a faculty with subjects assigned for purposes of teaching. It is possible to teach a subject but an *object* cannot be *taught*. Two distinctly different methods of thought are required, the objective method and the subjective method. Artisans proceed to their interests with the objective method, which satisfied their intellectual range. They visualize an object and with that concept they proceed "to make it." The term mechanical dentistry was the first to be recognized as an absurdity. It had long represented interests which connected the article or object made with the personality of the maker of the article. To practice "mechanical dentistry," thought required that the dentist be "a mechanic." The incongruity appeared when dentists became recognized as "doctors of dental surgery." "Doctor-mechanic" did not satisfy the dentist's developing dignity. Mechanical dentistry was then renamed "prosthetic dentistry" and under that title it became a subject for instruction, even though the essence of mechanical dentistry was not immediately affected. Regardless of the underlying motive, which was directed

against "mechanics," the change was sound and the term was well chosen. "Prosthesis"¹ embodies a principle. Defined as a noun, it identifies (1) "the replacement of an absent part [of the living body] by an artificial one. . . . (2) an artificial part such as an eye, leg, or denture. . . . Dental prosthesis, the art of supplying missing teeth or parts of teeth by artificial substitutes." "Prosthesis² [surgical and dental]: the making of artificial parts and fitting them to the body, as an artificial eye, a cork leg, a false tooth, etc." In the light of these definitions, as they apply to dentistry, "*operative dentistry*" is actually *prosthetic dentistry*. Accepting the definitions, rather than dentists' conception of the terms, "the operation" (filling teeth) is actually "supplying a missing part of a tooth with an artificial part" and that idea is *prosthesis*: dental prosthesis.

Horace Hayden was a leader of men. He was "a regular number-one man." *Had there been forty Harrises, instead of one, Hayden would have led and dominated them all.* In imagination, one can hear him say to Harris: "I'll take 'the front room' work and you will take the back room, the laboratory work." The new college was conceived as a private industry, a business enterprise. It was a new idea in dentistry. And as such it flourished. It was the ambitious mind of Hayden that saw personal advantage as executive officer, "Dean of the College Faculty and Professor of Operative Dentistry." No higher honor existed for a dentist. It was the indomitable spirit of Hayden which created professional education for dentistry, and the tradition of that spirit has lived to influence each succeeding dental-college faculty.

Surgery has been legitimately reborn to dentistry after existing nominally for over a century. The "surgeon-dentist" has passed, and no longer exists. The "dental-surgeon" has become an exodontist, "a specialist in extraction of teeth." The *oral surgeon*, however, is a *surgeon*, equally accredited to medicine and dentistry, and wholly allied to surgery in professional philosophy. *Oral surgery*³ is defined as "that branch of surgery and dentistry which deals with diseases of the mouth, teeth and adjacent tissues." Dental surgery is defined

¹American Medical Dictionary, 1936.

²Standard Dictionary, 1934.

³American Medical Dictionary, 1936.

also—e.g., “*operative dentistry*.” As that subject has been here discussed in connection with dental prosthesis—“enough said.”

A well stated formula is the most potent principle to effect a change in thought. Frequently a formula reads like a definition. The very inaccuracy of a formula so worded that it may be mistaken for a definition identifies its power. The formula, “dentistry is a profession,” was introduced at a time when dentistry was clearly a trade. As a definition (then) it was most inaccurate. But understood as a formula, “prescribed as a guide for thought,” its miraculous power is revealed. We can realize its potency by identifying the changes it effected, not alone upon the dental mind but also upon the estimate of dentistry as it is now acknowledged by the entire world. The effect was revolutionary. The change from a trade to a profession required a century of years. That revolution—looking backward—can now be viewed with complacency. But looking *forward*, into the years ahead, even imagination cannot penetrate. The thought persists, however, that history will record the transition of dentistry from a trade into an acknowledged profession, as dentistry’s first revolution.

When thought presents an idea, as a formula, and finds expression in events, these may be identified as action and significance is revealed. The changes now occurring under the caption, “dental journalism,” may be understood as objective change, due to the formula, “dentistry is a profession,” a necessary skirmish to complete that idea. When complete (the publication of dental literature), dentists will have ownership and full authority over dentistry’s own publications, books, journals and bulletins. Professional dignity demands it, and opposition to the idea is weak and unorganized. That idea accomplished, recognition will be given to the idea that dentistry has entered into its *second* revolution, and the formula “dentistry is a profession” will have died and become a definition.

A new formula has been presented. The prescription reads: “Dentistry is a branch of the healing art, coequal to a specialty of medicine.” Should this formula be mistaken for a definition, valid objections to its accuracy can be offered, but as a formula, “a guide for thought,” its influence is compelling to all who desire to think. The influence of this new formula will not be directed at a humble trade, it will be directed at a proud profession. And soon the question will arise:

"What kind of a profession is dentistry?" The actualities of dentistry, as it now exists, will soon be apparent. Another change will come, the second more revolutionary than the first. When Hayden and Harris began to build, with thought as their material, dentistry possessed no idea, except prosthesis, which could connect with the idea: "healing art." Vaguely, some relation to medicine was sensed, but the idea was then very indistinctly comprehended. It was doubtless the term "mechanics," expressed as "mechanical dentistry," which clouded the perspective. Had Hayden been able to present the idea, "*prosthesis*," under its definition and point out to the medical-college faculty the relation of prosthesis to surgery, the possibility exists that they might have entertained the idea that dentistry could be educationally developed, eventually, as "a branch of the healing art." Mechanics is a branch of knowledge which refers to *machinery*, not the human body. The absence of vitality in the material of a machine identifies technological principles. In prosthesis there exists a valid relation, in principles, between technology on one hand and biology on the other. When inert material is fabricated into a dental appliance, technology reigns. But a prosthetic appliance includes the idea that the purpose of its use pertains to the living body—an organism. Thus does prosthesis require ideological admission to surgery, a branch of medicine. And medicine *is the healing art*.

The revolution [dentistry's *second* revolution] which is now developing under the new formula will soon concentrate interest upon dental education. When advancing ideas proceed to the dental college, these will be met by an organized force, under the leadership of the shade of Horace Hayden. If this writer has any conception of psychology he now pays respect to an opposition worthy of any adversary. The friends of operative dentistry will not weakly withdraw, from their intrenched position, under the force of logic. Hayden inculcated a love of place. His successors, the deans and the professors of operative dentistry, cannot be expected to concede defeat, prior to combat. They will fight for place—their opponents will fight for principle. And that principle is now stated in the formula: "Dentistry is a branch of the healing art." By no twist of logic can operative dentistry—with its distorted principle of surgery, its mistaken idea of prosthesis, its placid conception that it is a subject for instruction rather than

(as seen to be) an objective excrescence upon the body of dentistry—become reconciled to the principle: "Dentistry is a branch of the healing art." The first defense will be "poo-hoo." That will silence some. But when truth is embodied in a formula it has the power to grow. Once an idea matures, "once its time has come," there is no known defense against advancement of an idea. It is irresistible. The day of "operative dentistry's" death is not yet come.

The idea of *health* has been introduced in dentistry and it has aroused an interest. It represents the summit of perfection under the healing art. Any art, regardless of its nature, requires material. The healing art is a biological art and its material is vital. Dentistry has developed a technological art and a technique. That may be understood as prosthesis, not surgery, but related to surgery. Surgery is "hand-work," so is prosthesis. But the philosophical principles under each differ, and the difference lies in the nature of the material used in each art. Prosthesis uses inert material. The force of the technician is contributed to the inert material and an inert object is fabricated. The result is properly understood as "work" and in principle it is art. In technological art it is the technician or artisan who does "the work;" the material is inert and it is "worked upon." But in biological art, the healing art, the material is an organism, a unit of living matter. It may be hand-worked upon, as in surgery, but under the idea of "healing" (understood as repair of the material) the force is inherent in the organism. In surgery, despite hand-work and the vital material worked upon, health is ever the objective of the "work," and "healing" is the instrumentality of the healing art. Health cannot be fabricated. It is a subject.

Thought in dentistry is being torn asunder by two opposing philosophies, each of which is valid when applied separately and in its proper place; each is essential to dentistry as a whole; each relates to "work" as art. Technological art proceeds under the philosophy of artisans. It is applicable to prosthesis so long as the mind is intent upon inert material and its fabrication into an object identified as an appliance. But when thought turns to *the use* of the appliance, physiological principles encroach upon technological principles, and these principles are separate and distinct. Physiological principles identify biological principles. Both technological and biological principles are essential

to prosthesis, but biological principles have no place under the idea of mechanics, engineering, etc.

When an idea becomes fixed in the mind and is obviously true (truth), human qualities often reject another perspective of the same idea, regardless of its validity. Truth requires an open and receptive mind. Art has many perspectives and many kinds of material. For instance, literature is art and its material is strictly ideological. An author may be observed to apply hand-work to paper, with pen and ink or with a typewriter as an instrument; but brain is the instrumentality, and the product is an association of ideas understandable as art. A literary artist may be understood "to work" and the product is frequently art, but the force of effort proceeds from the artist's own vitality. He may produce ideas but always at the expense of brain. An idea is a subject, never an object, but an idea may proceed *from* an object. An artisan, on the other hand, finds expression of an idea through "hands at work" upon inert material. His product is an object, also inert, and likewise it is his expression of an idea. His own idea. That is manual art, technological art. And the artisan is never confused as to how the product of his work is accomplished. The force proceeds from him to his material, and is always under his control. When he ceases to apply himself, all operation ceases. To him it is clear that *material* cannot "work" unless he himself supplies the force. That is the particular truth, so tenaciously held under the artisan's philosophy. To his mind it is a preposterous idea that material unaided can accomplish "work." In the healing art, *it is the material*, the organism, which accomplishes "the work." Here the material of the art is vital matter, and the art consists of inducing the activity which we call "healing" and which is inherent in an organism. Healing is biological repair. It is also bio-physical maintenance. All of which is incomprehensible under the accepted philosophy of technology, a system of thought well-rooted in dentistry.

The perspective of the foregoing ideas is the product of the newer formula: "Dentistry is a branch of the healing art coequal to a specialty of medicine." Medicine is not interested in dental technology. But a physician recognizes many familiar terms in its nomenclature which have been smuggled from medicine's own terminology, and these have

been adapted for use in the language of dental technology—many terms besides “doctor” and “surgery.” These have been used in a sense which violated accepted definition. There lies the meaning of, “They do not speak our language.” As a parting, self-inflicting shot, the term “clinic” pertains to a *bed*; not to a “chair,” nor to a “table” as the programs of dental societies so frequently infer. Colored-preacher diction is amusing—but not to the colored preacher. Thus, it is true, as the physician observed—“They do not speak our language.”

EDITORIALS

AMERICAN ASSOCIATION OF DENTAL SCHOOLS

The last meeting of the American Association of Dental Schools, held in Baltimore, March 15, 16, and 17, gave additional support to the thought that dental education is not only moving forward, but is doing so on a basis of intelligent inquiry into its problems and with full recognition of the fact that there are many points at which careful study is necessary. The Baltimore meeting, which as usual followed immediately that of the International Association for Dental Research, appeared to reflect the research spirit of the latter organization and to support the contention that there is much to be gained by having these two meetings held as they now are. The program covered, as usual, many phases of dental education, both in general sessions and group conferences. Though the general sessions were interesting and contributed much, the conferences were outstanding, not only because of the topics which were discussed but because of the frankness and open-mindedness which prevailed. One could not but gain the impression that the manner of approach to problems which were presented spoke well for the future progress of dental education.

During the meeting, the report of the Curriculum Survey Committee was reviewed at many points. These reviews were for the most part characterized by a spirit of open mindedness and frankness that did much to enhance the value of the survey. It is quite evident that most of the teachers and administrators agree with the Survey Committee on the point that there was nothing final or complete about the report, and that the recommendations were only

intended to serve as a guide in dental education. This is contrary to what is manifest in some quarters, where the survey report was looked upon as an attempt to say the last word in dental education. The meeting also was productive of evidence which indicated alertness among dental educators in recognizing certain important trends in dentistry and in the field of general education.

One of the outstanding points of the meeting was the special session at which questions relating to the Dental Educational Council were considered. After a lengthy discussion, resolutions were adopted, the essential features of which included the following:

"That the Dental Educational Council should be composed of ten members—four from the A.D.A., and three each to be elected by the National Association of Dental Examiners and the American Association of Dental Schools;

"That a full-time secretary be employed for the work of the Dental Educational Council, the secretary to be nominated by the Council and elected by the Board of Trustees of the American Dental Association;

"That the American Dental Association shall submit to the American Association of Dental Schools, for approval, the rules and regulations governing the Dental Educational Council before these provisions shall become operative; and

"Be it further resolved, that we express every confidence in the judgment and experience of the Board of Trustees in perfecting the plans of organization; and

"Be it further resolved, that a copy of these resolutions be sent to the Secretary of the American Dental Association for transmission to the officers, Board of Trustees and House of Delegates, and that a copy be sent to the Secretary of the National Association of Dental Examiners."

Officers elected for the coming year: *President*, Dean Harry M. Semans; *President-elect*, Dean Charles R. Turner; *Vice-President*, Dean Harry Bear; *Secretary-Treasurer*, Dr. Gerald D. Timmons; *Representative in the Dental Educational Council of America*, Dean J. T. O'Rourke; *Representative in the National Board of Dental Examiners*, Dean Thomas E. Purcell.—J. T. O'R.

YEAR BOOK OF DENTISTRY: 1936

The 1936 Year Book of Dentistry: Diseases of the mouth, pathology and research; operative dentistry; oral surgery; prosthetics; orthodontics. Edited respectively by Charles G. Darlington, M.D.; George W. Wilson, D.D.S.; Howard C. Miller, D.D.S.; Charles Lane, D.D.S.; George M. Anderson, D.D.S.

For thirty-six years the Year Book Publishers of Chicago have annually provided the medical profession with a review of the literature during the previous year in the several specialties of medicine. The same publishers have just presented our profession with a Year Book of Dentistry. The work covers five divisions of dental practice.

The first, "diseases of the mouth, pathology, and research," by Dr. Charles G. Darlington, New York University, frankly states the instruction which the publishers gave the authors. They were reminded that the editors "should endeavor to assume the rôle of friendly teachers, sympathetic with the problems of their readers, enthusiastic for their various subjects or specialties, eager for their progress, but determined not to be duped by the enthusiasm of others. Further, as an objective they should attempt to span the gap between the interests of the various specialists and those of the average general practitioner, always keeping in mind practical, clinical application." In this venture the five authors, every one wisely chosen and well qualified, have carried out their instructions in a most creditable way. The busy practitioner by carefully reading this work can keep abreast of the times in dental practice. Dr. Darlington has reviewed the most notable articles dealing with pathology and research. The chapter deals with such subjects as focal infection, caries, physiotherapy, periodontia, medico-dental relationships, etc.

The subject of "operative dentistry" is very ably edited by Dr. George W. Wilson, Marquette University. This chapter not only reviews the various restorative practices, such as gold inlay, gold foil, porcelain, amalgam, and silicate cements, but includes pedodontia. He concludes the chapter with a review of miscellaneous subjects of interest to operative dentistry.

Dr. Howard C. Miller, Chicago, has covered the subject of "oral surgery" in a very practical way. He begins with diagnosis and continues with anesthetics, infections, extraction, and minor oral-surgery problems.

Prosthetics is very ably reviewed by Dr. Charles Lane, Detroit University. While Dr. Lane's chapter is the shortest one of the five, he has edited the major divisions of his specialty, partial and full dentures, diagnosis, esthetics, impressions, and materials in a comprehensive manner. It would be impossible for the reviewer of this

chapter to cover the many interesting divisions which Dr. Lane has included in his analysis of the subject. We were most favorably impressed by the chapters on hygiene, esthetics, research and materials.

"Orthodontics," the last chapter, was edited by Dr. George M. Anderson, University of Maryland. His chapter of more than one hundred and fifty pages is covered in a practical and thorough way. His review includes the recent literature on measures of treatment involving biologic factors, radiography, extraction, clinical orthodontics, habits, and surgery. The busy orthodontist certainly will profit by a reading of this chapter.

This worthy volume contains 800 pages of condensed information and can be earnestly recommended as reading material for every practising dentist.—U. G. R. [Reprinted from the *Journal of the Michigan State Dental Society*, 19, 119; 1937, May.]

SUPERFLUITY IN ORGANIZATIONS

As the profession of dentistry advanced toward its present high position, the number of organizations, both scientific and honorary, steadily increased. This seems to be "the nature of things," for it occurs in other departments of human endeavor. One wonders at times whether this is brought about because of necessity, or merely to satisfy aspirations of the ambitious. No doubt in some instances very useful purposes obtain; e.g., those interested in the development of a special phase of dental service may, by association, bring out something of real merit, or prove the association of value, both to the members and to the public they serve. To such groups belong the oral surgeons, orthodontists, and others. They should have the commendation of the entire profession. But there is another type, the so-called honorary society, which should be given careful consideration by the entire profession, receiving commendation where commendation is due, but condemnation where condemnation is due.

A professional school (medical, dental, etc.) differs from all other university departments in that graduation really never occurs. Dental schools are more valuable after graduation than before; the deans bear the same, or even a more intimate, relationship during graduate practice than in the undergraduate days; professional men

just could not render the present professional service, were it not for the schools backing up the entire program, educationally, professionally, economically and inspirationally. Therefore, a student beginning the study of a profession (dentistry) is really a dentist in the making. There is a point of demarcation between students and dentists, which has been designated "graduation time"—there are undergraduates and graduates.

One method of lending encouragement to both groups is to have among them societies, comprised of those who have done meritorious work. This is well, and as it should be. No better example of an honor society can be indicated than to mention Phi Beta Kappa. Generally, different groups of educational people have their honor societies. In our own field, the most widely known is Omicron Kappa Upsilon. Some schools, clinging to tradition, maintain societies that were organized in and represent only their own student bodies. Eventually, these will be amalgamated into one. In the graduate field, a number of years ago, a small group of men recognized the need for a similar organization, which might serve as a stimulus to greater endeavor for professional advancement, both individually and collectively. As a result, the American College of Dentists was established. In the field of medicine there are the Colleges of Physicians and of Surgeons. Other professions and crafts have their honor societies. Thus far, these groups may be accepted, and are acceptable, in dental progress. But as the years go by, and numbers increase, men may become impatient that honors do not come to them as soon as they wish, or they get ahead of honors already received, or their present practices may not allow them to qualify for honors desired. For one reason or another, they do not gain a desired recognition. Hence, an effort is made to establish new "honor societies." The latest of these is the International College of Dentists (I.C.D.), patterned, no doubt, along lines similar to the International College of Surgeons, as discussed in the *J. Am. Med. Assoc.*, from which we quote:¹

"An invitation to membership in the present promotion² might be considered more of an insult to the intelligence of the recipient than a recog-

¹ *J. Am. Med. Assoc.*, 106, 2162; 1936, June 20; 107, 1136; 1936, Oct. 3.

² An allusion to the then current campaign in behalf of the International College of Surgeons.

dition of extraordinary qualifications. One need not cast aspersions on the intelligence of the promoters. As psychologists they seem to have a fine insight into the weakness and folly of the average man, who likes to adorn himself in regalia and to adorn his cognomen with assorted alphabetic conglomerations" [June 20]. "To the average American physician it may appear that the *Journal* [A.M.A.] is concerning itself unduly in this matter. The problem of multiple medical organizations in various fields is one that has concerned leaders in American medicine for many years. Readers will recall previous editorials in relationship to the American Medical Editors' and Authors' Association. Those who have contemplated application to the International College of Surgeons for one of the examinations to be offered in various portions of the United States and Canada under the auspices of local regents, may well consider the value of the return which they are likely to receive for their investment." These quotations need only to be paraphrased by the substitution of 'dental' for 'medical,' and our case will be exactly fitted.

The Registrar of the International College of Dentists happens to be the editor of one of dentistry's "throw-away" journals, on one of the fly leaves of which appears this inscription: "The Editor, members of the Editorial Boards and the Publishers do not necessarily endorse the statements or opinions offered in this magazine or *the claims made in advertisements.*" [Italic not in original.] Any dental magazine today which carries advertisements whose claims do not come within the pale of assured professional endorsement is not entitled to acceptance by any ethical member of the profession. An editor and his magazine cannot be considered separately. Therefore, in such cases, neither can justly be considered as of good professional influence. The same conditions apply to the "I.C.D."

Advertisements in the journals of the American Dental Association and the American College of Dentists, and all member journals of the American Association of Dental Editors, with a few exceptions, meet the requirements of the Council on Dental Therapeutics of the A.D.A., and therefore, to that extent, have editorial and professional endorsement.

The writer has had some correspondence with the above-mentioned editor-registrar, and to an inquiry as to the former's attitude toward the I.C.D., the following reply, in part, was made: "I am not in sympathy with the I.C.D. for two reasons, *First*, there is no need for

it. England has her Royal College, other countries may have theirs, and America has her American Colleges—Surgery, Medicine and Dentistry. These are presumed to be honorary institutions, in which men who have made notable contributions to the profession may obtain membership. There might occasionally come a time when the English College, for example, would like to honor an American, or vice versa. We have done it in the A.C.D. a few times, and do have some European members. But to inject an International College is superfluous, together with the fact that it is, just to that extent, demoralizing, in consideration of the purpose of such institutions. And *second*, for the above reasons, it is superfluous." This, it would appear, should be the attitude of the American College of Dentists. Although the editor-registrar stated that "he wanted it written into the records" that he, too, was doing his bit "to elevate the profession of dentistry," yet the above quotation from a fly-leaf of his magazine nullifies his statement.

The Editor of the *J. Am. Med. Assoc.* justly claims that it is within his province to comment upon such organizations, and thus to make "American physicians aware of the conditions surrounding any effort or organization which makes a distinct appeal for the funds of American physicians." We also feel that it is within our province to do likewise, within the ranks of the dental profession. Let "honor come to whom honor is due." In due time, he who has honor coming will receive it. The American College of Dentists wants members—members of the profession need the College. The two can get together, as the members of the profession prepare themselves for the former. Let's all labor together to this end.—J. E. G.

FURTHER OPEN DISCUSSION OF DENTAL JOURNALISM

In a previous issue we alluded to "the great need for increased support for, and more effective development of, *non-proprietary* dental journals," stating that an intended public discussion of this matter would be postponed pending some anticipated developments in the American Association of Dental Editors. Later we initiated an "open discussion of dental journalism," in which were included the responses to a circular letter presenting "a brief statement of the affirmative side of the question, '*Should proprietary dental journalism*

be discontinued?” In that letter we invited editors of proprietary dental journals to express their views (a) on the present justification of proprietary dental journalism as a system, and (b) on the desirability of future dental support for the individual proprietary journals, or types of proprietary journal, with which these editors were identified. Some general deductions from the responses, published in our last issue without comment there (1936; Sep.-Dec.; pp: 186-214), are summarized below (1-7):

(1) No one claimed that proprietary dental journalism, *as a system*, is inherently superior to, or more desirable than, non-proprietary dental journalism.

(2) No one showed that proprietary dental journalism, *as a system*, is as useful to dentistry or to the public as a system of dental journalism controlled by societies representing the dental profession.

(3) No one indicated that proprietary journalism, *as a system*, has any virtue or superiority that is not, or cannot be, included among the merits of non-proprietary dental journalism.

(4) No one stated that any benefits now accruing to dentistry or to the public would be lost, if control of all proprietary dental journals were transferred to societies representing the dental profession.

(5) No one intimated that the editor of any proprietary dental journal has greater editorial ability, greater professional opportunity, or greater public influence in his present service for a commercial employer than he would if the journal he edits were controlled by, and given the same support under the auspices of, a society representing the dental profession.

(6) No one suggested that the conduct for private profit of a journal purporting to represent dentistry makes that journal better, more useful, or more influential than it would be if (with the same employees) the same profits, accruing to a dental society, were used for professional purposes.

(7) Some of the statements in behalf of the *Int. J. Orth. Oral Sur.* indicate that this proprietary journal is the “exception that proves the rule,” and that this journal has been consistently and reliably providing so much useful support for professional causes or interests—so much real service to the dental profession—that the ensuing advantages to dentistry outweigh all the disadvantages of its proprietary control.

Although limitations of space make it necessary to postpone to succeeding issues most of our intended comment on various aspects of the responses, we refer below to several phases that should receive early attention.

Some of the correspondents disregarded the fact that the discussion is intended to present information; to show exceptions to current general views; to reveal the special virtues of any journal; and to correct prevailing misjudgments. Drs. McCoy and Oliver, for example, in their denunciations misstated the position of the American College of Dentists relative to the *Int. J. Orth. Oral Sur.*, which was indicated formally in the *Report of the Commission on Journalism*, in part as follows (1932, p. 157):

"*The International Journal of Orthodontia, Oral Surgery and Radiography* is owned by the C. V. Mosby Publishing Co. . . . The literature is important, its presentation good, the articles are well illustrated, the paper is good, and the broad experience of the publishers is reflected in the commendable general make-up of the journal. The advertising section shows discrimination and compares favorably with that of the *J. Am. D. Assoc.* More cannot be asked at the present time. . . . The periodical is the official organ of publication of a number of orthodontia societies in the United States and Europe. The Commission believes that if the Mosby Company can profitably publish this journal, the specialty of orthodontia can do likewise. . . . There can be no valid objection to the Mosby Company being the publishers . . . providing they serve entirely as a publishing house, and have no ownership rights over the periodical, its name, policies or conduct." . . .

Dr. Eby, unlike Drs. McCoy and Oliver, expressed as follows clear understanding of the position of the College (p. 196):

"I read with careful interest the comment, published in the [A.C.D.] classification of dental journals a few years ago, in which this journal [*Int. J. Orth. Oral Sur.*] received favorable mention."

Dr. Thoma of the same editorial group, in a response that was judicial and constructive, stated a well-established distinction (p. 207):

"Like many reputable medical journals, it [*Int. J. Orth. Oral Sur.*] is published by a medical publishing house in a way similar to that of a monograph or text book. In the latter type of publication, *the publisher holds the writers responsible; in the former, the editor is responsible for the material to be accepted.* A distinction should be made between trade journals and journals put out by a medical publisher. The latter has no

motive to influence the editorial policy, other than to make the journal more valuable to its readers." [Italic not in original.]

Dr. Ryan's earnest and effective response (p. 211) emphasizes our recurrent regret that he, one of the most competent editors in dental journalism, is not in the service of a leading non-proprietary dental journal where his abilities could be devoted, without professional mistrust or commercial impairment, to the loftiest professional aims, which we ascribe to him. Dr. Ryan's response includes the following opinions (here stated directly), to which brief answers (A) are appended (a-d):

(a) *Free economic competition will produce the best dental journalism* (p. 212). A. Theoretically, yes; practically, no. Professional responsibility cannot compete with commercial irresponsibility in the advertisement section, for example. Large "ill-gotten gains" from irresponsible advertisement policies have enabled various proprietary journals to expend, in salaries and for promotion and development, much larger amounts of money than dental societies have been able to provide.

(b) *An effort is being made to standardize dental journals* (p. 212). A. We know of no such intention or process, excepting endeavors to bring all dental journals under the control of organizations within—that is to say truly to *represent*—the dental profession. No one wants to make them look alike, think alike, speak alike. No one wishes to impair their individual freedom to disagree among themselves on any subject, condition or prospect *within the scope of professional responsibility*.

(c) *The argument that business is "corrupt" in its very nature is fallacious* (p. 213). A. Certainly, but the "argument" is not against business per se, but against commercial perversions of loyalty to *professional responsibilities*. A good thing *out of place* may then be a bad thing. In an address 21 years ago the writer stated this old "argument" in this form (*J. All. D. Soc.*, 11, 577; 1916):

"12. . . . *The railways are essential public utilities. We want their owners to derive substantial profits from their operation; we expect these public utilities to afford excellent general railway service at fair rates.* But why do we require public officials, from the President down, to refrain from accepting 'retainers' from the railways? Is it because we know that the special financial interests of railways and the general public welfare may, and often

do, conflict, and that an *honest* man could not simultaneously serve both the railways and the public, *manfully*, under such conditions, *however honorably he might serve either?* Is it because we know that the function of public service cannot be subordinated to financial exploitation of that function, without detriment to the public? Can the profession of dentistry be subordinated, by dental editors, to the tradesman's journalistic exploitation of dentistry, without serious detriment to dentistry?" [All italic in original.]

(d) *The separation of the advertising and editorial departments, so that the editor shall have no responsibility for anything in the advertising department (the latter being in charge of the advertising manager), is consistent with the best publication practice* (footnote, p. 211). A. "Publication practice" is not the same as *practice of publishing PROFESSIONAL journals*. Dr. Ryan says he "knows nothing about the advertising department except when occasionally . . . [his opinion is asked] on purely technical matters." We hold that the selection of advertisements in a truly professional journal is a function of the professional control of that journal; that a responsible representative of that professional control, preferably the editor, supervises (determines) that selection; and that a lay advertising manager of a truly professional journal *serves under, and subject to, the professional control of that journal*. Dr. Ryan called attention to the fact that some journals that are conducted by dental societies publish advertisements that should not appear in professional periodicals. We greatly deplore this fact and hope that such reprehensible disregard of professional responsibility, by dental societies, will soon be impossible. In this connection, Dr. Ryan made this very creditable personal statement: "Before Mr. Massol rejected all the advertising of the Mail Order Orthodontia Laboratories, we discussed this matter and agreed that this type of advertising was unbecoming to a professional publication." We wish that Dr. Ryan, in accord with his personal and professional obligations as an ethical dentist, would insist that, under his editorial leadership, *nothing* may be published in the advertising department that does not receive his ethical professional acceptance. That there is nothing new in our position in this relation may be seen from the following quotation from the address by the writer, 21 years ago—cited in paragraph (c) above:

"9. Why is it that dental editors of trade [house] journals insist privately

to their self-respecting colleagues, often publicly, that they (the accredited representatives of dentistry) do not accept personal or professional responsibility *for the policies and practices of the advertising departments of their journals?* Is it because these dental editors mistrust, and are *not* permitted to control, the advertising policies and practices which they are obliged to ignore in order to draw the editorial salaries they receive? 10. Could the owners of a supply-house reasonably ask more from any dentist than that, in editing their journal and helping to give it high editorial worth and great *circulation value*, he would *leave all the advertising business 'to the house'*—and mind his own business besides?" [All italic in original.]

(e) *Editors of proprietary dental journals never bring the contents of their periodicals into conformity with the private commercial expectations of the proprietors* (p. 211). A. An example of this kind of accommodation, *against the protest of the affected author*, was indicated in an address by the writer in March 1936, and published in detail on page 128 of the issue of *Annals of Dentistry* for September 1936.

Among the many statements to which we expect to refer in later discussions, but to which preliminary attention should be directed here, are these from the responses by Drs. Crane and Smedley:

Dr. Crane (p. 210): "[At exhibits at the annual A.D.A. meetings] . . . commercial interests are permitted to teach their own brands of dentistry without supervision, and too often they offer theories and techniques entirely at variance with the matter presented in the scientific section. So long as organized dentistry winks at such practices for financial gain, it cannot come into court with clean hands and demand the annihilation of all proprietary dental journals which are financed in the same manner."

Dr. Smedley (p. 214): "I have . . . [conducted] the column of Practical Hints [in *D. Digest* and *Oral Hyg.*] . . . for all of these years, often at a great sacrifice of personal pleasures and of leisure and recreational time, largely because I have been convinced [that it is useful] by numerous repetitions of expressions of gratitude and appreciation by hundreds of well-meaning truth-seeking practitioners who seem to appreciate the particular type of service that Dr. Warner and I have been attempting to render. We do not, however, write for a trade journal because we prefer to do so."

...

Adhering to the idea of free speech, we reproduced "everything" our correspondents sent us, although some enthusiastically intruded much extraneous matter into their responses. The obligation of correspondents to comment responsibly, and without irrelevance,

has not been removed by this policy. Having shown that we "can take it," we hope all correspondents will restrict their further remarks to "the subject before the house." Advance copies of this editorial, and of the correspondence to which it refers, were forwarded (May 28-June 3) to the editors named below, each of whom also received both an invitation to continue the discussion "on any aspect of dental journalism" and an assurance that publication of our comment, on the collected replies, would be withheld until all correspondents had been given opportunity to read it and to present their responses with it. Each correspondent was asked these questions: "Does the enclosed [above] editorial misstate any fact or condition? Does it omit anything it should include?"

NAMES OF EDITORS AND OWNERS OF PROPRIETARY JOURNALS WHO WERE INVITED TO PARTICIPATE IN THE FURTHER DISCUSSION: *Dental Delegate*: A. L. Walters. *Dental Digest* (see Oral Hygiene Publications, below). *Dental Items of Interest*: Mendel Nevin, R. Ottolengui. *Dental Review (Journal of Prosthetics)*: T. C. Bonney. *Dental Survey*: E. S. Best, D. D. Campbell, W. J. Charters, N. W. Goodman, T. P. Hyatt, Edward Kennedy, E. N. Kent, *S. C. Miller, H. R. Raper, C. O. Simpson, *P. R. Stillman, E. T. Tinker, B. W. Weinberger, *D. E. Ziskin. *International Journal of Orthodontia and Oral Surgery*: F. M. Casto, J. D. Eby, R. H. Ivy, J. D. McCoy, W. T. McFall, C. V. Mosby, Egon Neustadt, O. A. Oliver, H. C. Pollock, P. G. Spencer, K. H. Thoma. *Northwest Journal of Dentistry*: E. R. Abbett. *Nutrition and Dental Health*: J. P. Buckley, W. A. Cotton, *A. B. Crane, C. J. Grove, D. C. Lyons, E. M. Quinby, A. T. Rasmussen, R. A. Stevenson. *Oral Hygiene Publications (Dental Digest, Oral Hygiene)*: E. J. Ryan, V. C. Smedley. *Southwestern Dental Mirror*: S. M. Shaver.

RESPONSES. The responses to the foregoing editorial comment are presented below in forms that have been verified by the respective authors.¹

DENTAL SURVEY. B. W. Weinberger (June 15): In your communication of May 29, 1937, you again request my views on present-day dental journalism. I have refrained from entering into the discussion, not because I have nothing to say on the subject, but on the contrary there is so much that should be considered and that cannot briefly be stated in letter form, that I felt it inadvisable to make a statement. Why one believes or does not believe in a cause naturally depends upon personal experiences. It was Goethe who once wrote: "The greater part of all the mischief in the world arises from the fact that men do not sufficiently understand their own aims." This may be the reason for much of the present-day

* Recently withdrew from the board of editors.

¹ Private letters, received from Drs. Best, Eby, Quinby, Rasmussen and Smedley, are not included (June 25).—[Ed]

confusion. The present question of "independent journalism" apparently is not clear in the minds of those who inherited this problem, and since 1926 have carried on the cause. From the many conferences, discussions and letters, I have had on the subject, there appears to be no unanimity of aims. Each believes that he understands the problem and the means whereby it must be accomplished, but when these thoughts are brought together, I find only confusion.

The dental profession has had before it for nearly fifty years, the problem of "independent journalism." It is not something new. Beginning about 1890 and for 16 years, almost single-handed, one man carried on the struggle to improve dental journalism, and that man was James Truman. Nowhere in the *Status of Dental Journalism in the United States*, published in 1932, can I find a record of this effort, nor his name. His object and the methods to improve journalism have long been forgotten. In 1905, in his "Last Word," published in the last issue of the *International Dental Journal*, he wrote:

"He now retires with the feeling that at no period in the work has he reached his ideal of what a dental periodical should be. He has the consciousness, however, that his aim has been to use every effort to urge the dental profession to stand for the highest. If that work has enabled anyone to cultivate loftier aspirations, he will feel that he has not used mental and physical strength in vain." [Later he continued]: "The writer has no harsh words to express against our contemporaries, the so-called trade journals. Many evidences of good fellowship have been experienced from these, and while it is felt that their influence has been to the demoralization of the dental profession through the insidious poison of commercialism, they have lived up to, and been consistent with, business ideals and, in their way, have contributed to the practical knowledge of dentistry and thus indirectly have made it more perfect in its mechanical and scientific progress." What a big man he was, while fighting this last battle, to give credit to his opponents for having accomplished something worth while. This man left behind him a great ideal, an inspiration that many men today are trying to follow, are preaching and want accomplished, but few of them realize that today's battle is not what was handed to them.

A year after the *International Dental Journal* ceased publication, there came into existence (April 1906) what was later to be known as the *Journal of the Allied Dental Societies*. Among "the most important reasons for the establishment of the journal is the conviction that the time is ripe to place independent, professional journalism upon a more secure basis than it has ever rested before. The purpose is to take it out of competition [note—not destroy] with trade journals and put the burden of its support upon such societies as believe in a professional journal and are willing to support one by contribution of money and the reports of its proceedings. Only in this way, it is believed, can a professional independent journal be main-

tained." Nowhere in the Commission's report do I find a reference to these statements, the objects and the method of accomplishing the purpose.

There is no reason why the original idea, aims and methods to accomplish the purpose of James Truman cannot be continued, for all must be in accord as to the general principles of the cause of independent journalism. From what I have been able to piece together, the following is the story: The whole is based upon two hypothetical questions and involves first "suspicion," suspicion by professional men of the integrity and honesty of their colleagues; second, because of supposed "profits" derived from advertising in dental journals, men are prevented from being independent in their journalism.

There is another statement in that "Last Word" that becomes of the greatest importance. I quote: "The men behind it (*International Dental Journal*) who have sacrificed time, energy and money, are still in the front of the battle, but they feel, with the writer, that conditions must be totally changed before success will crown a similar effort." Here is where history should have played an important part in the story. "Conditions must be totally changed before success will crown a similar effort." Those conditions have not changed and unfortunately the situation has become worse instead of better. Nothing has been done as far as dental journalism is concerned, to interest the indifferent and uninterested vast majority in the profession. The profession still retains the stigma of a non-reading group, and that does not mean only the vast majority but many who are the advocates of independence. My experience as a Librarian permits me to realize this fact, for just as many of their journals, as well as the others, are received at the Academy, still contained in the original wrapper, unread or uncut; on the other hand, what has it done? The fight has been centered around a few in the profession; it has created a "class" within a profession instead of uniting it, and has destroyed where it should have built, so that today they have practically wiped out dental journalism. Until the profession takes an interest in its literature and becomes reading-conscious, can it differentiate between good and bad literature, true statements against false ones; otherwise there is but little hope of improvement.

Merely changing ownership in journals, removing them from so-called "trade houses," etc., will not be the cure. One thing that has been overlooked, which to my mind is the important question, is the calibre and standing of the Editor. It is he who is the important factor and who made our dental journals worth while in the past. Such men as Chapin A. Harris, Eleazar Parmly, Solyman Brown, James Taylor, John Allen, George H. Perine, J. D. White, Edward C. Kirk, J. H. McQuillen, Wilbur Litch,

William C. Barret, James Truman, N. S. Hoff, C. N. Johnson and L. P. Anthony, are again needed, for they were the leaders and men of strength—idealists who caused dentistry to be the profession it is today.

INTERNATIONAL JOURNAL OF ORTHODONTIA AND ORAL SURGERY. *Kurt H. Thoma (June 2)*: In answer to the memorandum of May 29th I should say that, if I interpret the advanced copy of the "Open Discussion of Dental Journalism" correctly, your allusion to the *Int. J. Orth. Oral Sur.* suggests that journals issued by publishing houses of high character will be discussed more fully in a later issue. I hope that this is your intention. I myself dislike the "throw-away" free journals that occasionally publish valuable articles all mixed up with advertisements. Such articles are lost to science as no library will keep or bind such magazines for reference. That a distinct differentiation should be made is also held by others not connected with this journal. An editorial in the *Harvard Dental Record* (11, 75; 1937), published by the University News Service, and the official organ of Harvard University Dental School, takes the following position:

"The point is whether or not any distinction should be made between dental journals published by supply houses and those published by publishing houses of reputable character. Apparently the Commission intends to make no distinction, judging from many letters recently sent to ethical practitioners who are serving on the editorial boards of journals published by publishing houses. But one wonders whether this rigid condemnation of every journal published for private profit will not eventually fail and perhaps wreck the otherwise desirable work of the Commission.

"We can all accept the position that journals published by supply houses are most undesirable; the possibility of supply-house domination and control of editorial policy, whether or not such domination actually exists in the individual case, is too big a threat to the ethical standards of the profession. But with respect to journals published by publishing houses, there seem to be other factors and considerations, and as a matter of discussion, the *Record* would like to suggest that before a permanent and final stand is made, further careful study of this question is desirable, and possibly a modification of the Commission's view may be expedient.

"Three issues are involved: first, private profit; second, editorial control; and third, the acceptance of undesirable advertisements. The profit aspect is not necessarily an insuperable obstacle. It should be remembered that the opportunity for profit is the most impelling force to successful business enterprise. Not all profit-seeking is inherently bad, and if the profit motive can be ethically utilized and properly controlled, much benefit can be derived.

"It is true that publishing houses which publish journals are motivated by profit-seeking, but since they have no dental goods to sell, their object would seem to be the production of the best possible professional journal. They are equipped to provide efficient management, and by supervision of the business details, they can save the dentist editor who may not have had business experience a great deal of worry and waste. At the same time, editorial control would not seem to be an issue, because even in profit-seeking, the publishing house can have no other purpose than to produce a good journal acceptable to the profession."

I feel that an unwarranted stigma has been attached to this publication (*Int. J. Orth. Oral Sur.*) by its inclusion in this fight against trade journals (see the discrimination of the American Dental Association, which was protested by the American Society of Orthodontists; *Int. J. Orth. Oral Sur.*, 23, 546; 1937). A less vicious procedure would have given due consideration to the type of journal published by medical publishers. (I refer to the recent discussion and not the report of the Commission on Journalism.) After all, some of the very finest medical journals are published in a similar fashion, and it is considered a great honor to have a manuscript accepted by them. I refer to such journals as the *Am. J. Med. Sci.*, the oldest medical journal in the United States, which is published by Lea and Febiger, and to the *Ann. Sur.*, a leading surgical journal, which is published by Lippincott and Co.

NUTRITION AND DENTAL HEALTH. *Carl J. Grove (June 14):* Your communication of June 3rd received together with the preprints of the discussion on dental journalism. I wish to thank you for this consideration. I also appreciate your understanding that my attitude toward your opposition to independent journalism is entirely impersonal. My disagreement lies wholly in the subject under discussion.

Efforts to raise the standard of dental journalism are worthy of earnest consideration and have my whole-hearted indorsement. However, as I stated before,² I believe the campaign against independent journals has been unnecessarily arbitrary and extremely autocratic in this execution. I cannot agree that independent journals are guilty of all the charges brought against them, nor can I agree that their elimination is necessary to their reform. Dental initiative and dental enterprise should not be destroyed. I believe that, if suspicion and prejudice could be deducted from all these charges, the actual evils or objections remaining could be easily corrected through earnest and sincere efforts of an unbiased group to work out a constructive program along lines of cooperation and compromise.

Independent journals originated from a need for a service that organized dentistry was unable to provide. They have consistently given this service by keeping pace with dental progress, and have given prompt and authentic reports on scientific research. To attempt to eliminate them is an attempt to destroy an established and still necessary service that is not only welcomed by the profession but demanded by it. We have had recent evidence of such a mistake when the profession suffered an inestimable loss through the forced elimination of one of the best journals in our history—the *Dental Cosmos*.

² Dr. Grove alludes to private correspondence.—[Ed.]

As I stated in a previous communication to you,² the reason I declined to enter an open discussion on this subject, was my apprehension that such a procedure would be futile under existing circumstances, where a previous final and uncompromising decision had been already made by the opposition. This I believed would involve an endless controversy with no possible convictions. Your letter indicates that you would like some expression from me on this subject. You have my permission to publish this letter if you so desire.

ORAL HYGIENE PUBLICATIONS (ORAL HYGIENE, DENTAL DIGEST). *Edward J. Ryan (June 14)*: I do want to express my genuine appreciation of the fair and judicious manner in which you are conducting this debate on dental journalism. I believe that out of this welter of charges and counter charges, out of this maze of controversy, something practical and tangible may develop. I am sure that we are all trying to head in the same direction; namely, to improve the standards of dental journalism. You have been courteous enough to invite a rebuttal. I hope mine will be accepted in the same spirit of understanding as previous expressions of opinion have been received in this debate. I shall speak as one who has had experience as the editor of both society and independent publications (*The Bulletin of the Alumni Association of the University of Illinois* and *The Bulletin of the Chicago Dental Society*; *Oral Hygiene* and *The Dental Digest*):

The society publications certainly are filling a definite and important place in the dental literature. No one has suggested that they should be displaced by any other type of publication. The selection of an editor for a society publication, however, is too often unfortunately motivated by political considerations. Dental societies are, again unfortunately, chock-full of politics and intrigue, some of it, sad to say, of a disheartening kind. Whenever any group controls an organization, such as a dental society, one of the first objectives is to get control of the organ of opinion—the society publication. The selection of the editor, therefore, is often made, not with particular consideration of his editorial skill, of which he may have none, but in terms of political regularity. The political group that dominates a dental society wants to think that only those opinions favorable to it will be published and that those unfavorable to it will never find their way into print. So long as the editors of society publications work under the dark dread of political reprisal, the output of dreary and inane publications will continue.

If one wishes to examine society publications with a critical eye, there are certain definite signs for which to watch: Certain writers always receive

early publication of their articles; certain authors always receive first position in the issue regardless of the intrinsic worth of the material; others must wait indefinitely for publication and can receive only secondary position. The subject matter of society publications is too often either innocuous or frank propaganda. Their pages are full of reprints, releases, "hand-outs," and "boiler-plate"—the hand-carved tools of special interests and propagandists. Controversy open to proponents of all aspects of a question, new ideas, investigatory projects, calling for enterprising analyses essential to social betterment—these are rarely if ever seen in society publications. A great deal of the vigor of the editors of some society publications is spent in denunciation.

Many of the society publications exist by subsidy. True, the subsidy is not from commercial sources but from the membership of the society itself. Many of these publications, if they had to stand on their own legs, pay for themselves out of earnings and out of efficient management, could not survive. To be specific: Doctor Bruening, in describing the *Journal of the American Dental Association and the Dental Cosmos* in that magazine on page 984 of the June, 1937 issue, states that the expense of publication of the *J. Am. D. Assoc. and D. Cosmos* was \$95,446.54 a year. The income from the sale of advertising space was \$54,000. This means that roughly \$40,000 was withdrawn from the treasury of the American Dental Association in the form of a subsidy to operate this publication. The *Journal* does not have a subscription rate independent of membership dues. Recently we have been impressed with the fact that if the excellent *Journal of Dental Research* is to survive, which it certainly should, a fund of \$50,000 must be created to insure its life. It is not uncommon in publication fields to subsidize a publication. The extremely successful *Journal of the American Medical Association*, for example, is the source of subsidy for many of the special journals published by the American Medical Association. But in this case the financial help comes, not from the general funds of the Association, but from the profits of the *J. Am. M. Assoc.* If, for example, the *J. Am. D. Assoc.* had earnings sufficient to support special journals the case would be comparable.

At present the members of the American Dental Association pay \$40,000 a year to liquidate the deficit of the *J. Am. D. Assoc. and D. Cosmos*; they are now being asked for an additional \$50,000 to perpetuate the *J. D. Res.* Inasmuch as the solicitations for funds for the endowment for the *J. D. Res.* are being made to component societies of the American Dental Association, this means that the members of the American Dental Association are being asked to contribute \$40,000 a year to subsidize the *J. Am. D. Assoc. and D. Cosmos* and \$50,000 to subsidize the *J. D. Res.*

The independent publications cannot exist by subsidy and their policies cannot be determined by dental politics. If they are not effectively published and efficiently managed, they must fail. Their editors are not selected on the basis of political preferment, but on the basis of ability to do a job. If the editor of an independent publication fails to do effective work, he loses his position and he cannot invoke any political power to preserve it. Like all other sound business, as distinguished from politically controlled organizations, effectiveness and efficiency are the only tests applied.

We may, then, choose between the dental society publications which are endangered by politics and exist by subsidy and the independent publications which operate according to the principles of sound business in a free economic society. The critics of the independent publications use the term "commercial" with a despicable inference. Business as an activity is not necessarily corrupt. In fact, *sound* business cannot be corrupt; it must be honest; it must be enterprising and progressive.

I believe all of us have seen too much of regimentation and dictatorship, the control of the press and authoritarianism in European states, to want to see any group of men in American dentistry become so powerful that they can dictate who shall or shall not publish; what any man can publish; or where his material may appear. When associations tell their members that they cannot publish in certain magazines—then, it seems to me, a very real freedom is lost, and we have the beginnings of the danger of rule by decree. I dislike to joust with phantoms, but neither in public life nor in dental life can I view with anything but alarm the ascendancy of a small group of men into too great a power. I hope to be able to do some small thing to keep the channels of communication and expression open in American dentistry.

Believe me, I am deeply grateful to you for initiating this debate and thank you for the splendid spirit in which it has been conducted.

EDITORS WHO RECENTLY RETIRED FROM PROPRIETARY RELATIONSHIPS.
Arthur B. Crane (June 24): On the printer's proof of my comment in the preceding issue (*J. Am. Col. Den.*, 3, 1936, Sept.-Dec.), I inserted the following footnote (p. 208): "Dr. Crane is no longer connected with *Nutrition and Dental Health*. By an oversight I failed to add, what now I wish to record: my retirement from the editorial board of that journal was due to reasons that are not connected with this discussion.

Paul R. Stillman (June 2): Mine was a personal act, the result of a conversion under the formula: "Dentistry is a branch of the healing art, coequal to a specialty of medicine." There are more than a thousand other dentists who have accepted this formula, "in principle"—like govern-

ment diplomats, but whose opinions are not yet sufficiently established to demand their personal action. Dentistry has entered into a *second* revolution and mental peace is greatly disturbed. In 1840 dentistry existed as a trade. Its personnel were "skilled workmen"—artisans. A formula, "dentistry is a profession," captivated their interest. Today, dentistry is a profession—*fait accompli*. A profession is defined as "an occupation that properly involves a liberal education, or its equivalent, and *mental* rather than *manual* labor; also, the collective body of those following such vocation." The agenda adopted developed the idea of "*an equivalent* to a liberal education," and the knowledges of the trade of dentistry were adopted as the foundation for dentistry's first scholastic curriculum. The profession of dentistry had its birth coincidentally with the founding of the Baltimore College of Dental Surgery, but knowledges as taught were an adaptation from the indenture system of education, then existent. The plan adopted for "the first dental college" was accepted by *all* its successors. The indenture system of dental education has passed—that was distinctly technological. But the marks of its previous existence are yet apparent in dental education, as our colleges exist today—"Institutes of Dental Technology." The present crusade, bent upon the destruction of proprietary journalism, is a preliminary and particularly minor incident in dentistry's *second* revolution. Actually it is part (the finish) of the first revolution, "dentistry is a profession"—and a preparatory renovation or house cleaning in preparation for matters of greater importance. Let us *all* have an opinion—and fight. No revolution can thrive on mental peace. But adversaries should know that the fight is a *subject*—not an object. A subject has no jaw to hit. Ideas can only be suppressed by offering better and more intelligent ideas. And may the best win. Conservatives, we need you! "Get hot!" Dentistry needs thought—*right now!*

Had the first formula read, "dentistry is a *technological* or mechanical profession," the idea would have met consent. But had it read, "dentistry is a *biological* profession," the same bewilderment would have occurred then as exists today. The fact that dentistry once was comprehended as a "mechanical art" is attested by the presence of a "professor of mechanical dentistry" on dental college faculties. This title gradually became embarrassing, and the title of "professor of prosthetic dentistry" replaced it. The subject taught was not changed immediately. The embarrassment appeared when a "*Doctor of Dental Surgery*" was discovered as heading the department of *mechanical dentistry*. The change was more fortunate than intellectually wise. The term "prosthesis" has an established place—if not in, at least near to, "the healing art." Prosthetic

dentistry is now defined as "mechanical dentistry," but it is actually more than that. *Oral surgery, as it now exists*, fulfills the sense of the newer formula. Dental prosthesis should be the next to qualify. Prosthesis (surgical and dental) is defined as "the making of artificial parts and fitting them to a living body." A false leg, eye, tooth or denture, is distinctly prosthetic within the sense of the definition, *as is also a "filling" in a cavity of a tooth*. When that idea is accepted, "operative dentistry"—which never *really* existed *as a subject*—will follow mechanical dentistry into oblivion, and the knowledges of both "operative" and "mechanical" dentistry can emerge with the dignity of correct definition, and find a prominent and properly honorable place in the new dispensation—a development of the formula: "Dentistry is a branch of the healing art," etc.

Dentistry the trade has merged into dentistry the profession. Trade journalism shall become professional journalism. Other and greater change is imminent. Most dentists have observed the names of new leaders of thought. Those whose ego cannot accept change may be able to act, and to observe the passing traffic. May these also observe subjectively: "*The soul of dentistry is marching on!*"

COMMENT. In accordance with our standing assurance in this discussion, advance copies of our prospective comment on the above responses will be presented to all correspondents, for the publication of their replies with our remarks in the next issue. We regret that most of the owners and editors of proprietary dental journals have not accepted the opportunity to indicate publicly the merits of proprietary journalism *as a system*, or of the individual proprietary journals they produce. An earnest effort is being made to bring this general problem forward for judicial consideration and constructive decision. We hope these ends will be achieved with the coöperation of all who, being directly concerned, are faithful to the best interests of both the dental profession and the public.

NOTES

HEALTH SERVICE "FOR ALL WITHIN THE MEANS OF EACH:" LAY OPINIONS—RADICAL AND CONSERVATIVE. I. *Published before the recent annual meeting of the American Medical Association.* (A) *Radical.*—"In Oklahoma today the next-to-immovable body of organized medicine is being pushed by the gathering force of the farmer-cooperators. Organized in the Farmer's Educational and Cooperative Union, the farmers have tasted the benefits of

a cooperative group-practice and group-prepayment system in the complete service offered by the Farmer's Union Cooperative Hospital in Elk City. In their opinion, Dr. M. Shadid, the Socialist founder and medical director of the Elk City enterprise, has given them good medical care for much less than they formerly paid to the rugged medical individualists. He has enabled them to own and manage their own hospital and to employ their own doctors, dentists, and nurses. Hence, when they heard that the Oklahoma Medical Association was trying to get Dr. Shadid's license revoked by the State Medical Board on charges including advertising for business, hiring people to solicit business, and 'fleecing the public,' they were as mad as only drought-stricken, mortgage-burdened Oklahoma farmers can be. They have stayed mad, too, for the past six months. Results: a dog fight in the courts and in the legislature between the medical politicians and the Farmers' Union, with the final outcome still undetermined. . . . The lower house passed a bill legalizing Dr. Shadid's enterprise, but it died in the Senate. Now Dr. Shadid is awaiting the decision of the state Supreme Court as to whether the District Court or the State Board of Medical Examiners has jurisdiction over his case—the board is determined to take away his license."—Rorty: "Oklahoma tries cooperative medicine"; *Nation*, 144, 614; 1937, May 29.

(B) *Conservative*.—"In New Mexico a third of the fatally sick die unattended by a physician; less than a quarter of the mothers in six of its thirty-one counties have medical care in childbirth; three-quarters of the babies that die in seven of its counties have had no medical care; there are no free beds for the 15,000 who die annually of tuberculosis; not one in a thousand of the State's 20,000 syphilitics ever consults a physician. In Georgia, the Dakotas, Texas, Kentucky and many another State the situation is much the same. Medical care is non-existent or not resorted to when it is available because of ignorance, because it is too far away, because it costs too much or because it is not good enough.

"It is an old story. Two volumes entitled *American Medicine—Expert Testimony Out of Court* and published by the American Foundation as one of its studies in government tell it again but in a new way—tell it so effectively that they must be regarded as documents of the highest social and medical importance. Some 5,000 letters from 2,200 leaders in medicine—38 per cent of them general practitioners—present their views on the sad state of American medicine and the manner in which it should be improved to meet an insistent demand for scientific care as a matter of human right. . . . It is enough to say [regarding the views of these 2,200] that the Foun-

dation recognizes an urgent social need, states the problem and presents the materials required for its solution.

"Not social workers despised by the American Medical Association but doctors themselves, a veritable Who's Who in medicine, wrote the Foundation's report. We have a true cross-section of medical opinion on a grave social issue. It is now doubtful if the entrenched officers of the Association truly speak for organized medicine. The 2,200 representative physicians demand far-reaching, socially conceived reforms in medical education and practice because 'the best is not yet good enough.' But the Association through its journal advocates a policy of letting medicine evolve naturally (while millions lie ill without adequate care or die because it costs too much to have a doctor) and regards the practice of medicine as a vested interest akin to that of a plumbers' union in the installation of bathtubs or kitchen fixtures. On many a page the Foundation's report refutes a Bourbonism which holds that all's well with the general practitioner, that medical care is adequate on the whole. In sharp disagreement with the Association many of the 2,200 regard the centers of medical education and training as the eventual guardians of the best standards of medical practice. If, as the Foundation makes it clear, the practice of medicine needs continual revision in the light of new community needs it is evident that social and economic change cannot be ignored. Yet the American Medical Association would have us believe that the old laissez faire evolution is good enough today because it was supposedly good enough yesterday. Probably *The New York State Journal of Medicine* more accurately reflects the attitude of practitioners. In a forthcoming editorial it will say that organized medicine 'is faced with an obligation to the medical profession as well as a duty to the public' and recognizes the necessity of abandoning the old 'passivity.'

"The two divisions of the report indicate how the problem must be attacked. We have first a searching analysis of medicine itself, a discussion of possible improvements in medical practice, a definition of objectives in medical education—in short, what can be done to achieve better medicine. The second division analyzes all the solutions that have been brought forward—insurance in its various forms, state medicine, limited state medicine coördinated with private practice. Out of this presentation comes the clear indication that low-cost care of the sick and the maintenance of the national health at a high level are possible only by giving medicine new social purpose and direction through intelligent planning. Medical care is a necessity of life. As such it cannot be monopolized. It concerns not only the physician but the public and the Government."—Editorial: "Doctors and the public;" *New York Times*; April 4, 1937.

II. *Published since the recent annual meeting of the American Medical Association.* (A) *Radical.*—"The doctor's dilemma. The net results of the American Medical Association deliberations at Atlantic City have turned out to be quite different from the impression made by the first newspaper reports. The record of the convention as a whole shows that narrow economic self-interest still dominates the policies of medical officialdom. Whatever recognition was given to the government's direct interest in the health of the people was dictated more by a desire of the doctors to feather their own nests than by concern over the economic problems of the public. The doctors want to get something quite specific out of the government for themselves; compensation for treatment of the indigent. For some years past a drive to this end has been carried on in medical circles—even though nothing has been said about reducing the high fees which have been justified as compensation for free treatment of the poor. One of the proposals of the New York delegation, which did not make the headlines, was perfectly frank about it. 'The immediate problem,' it said, 'is provision of adequate medical care for the indigent, *the costs to be met from public funds*' [italic ours]. But it is not the indigent who suffer most from the organizational shortcomings of American medicine. It is the wage-earners and the middle-bracket families, whose heavy and unexpected doctor and hospital bills have become a pressing national issue. The only possible solution of this problem is insurance in some form—payments of relatively small amounts made regularly into a fund which supplies medical care, or from which the bills are paid when illness occurs. But the A.M.A. remains as hostile as ever to any such proposals. The Board of Trustees' report, indorsed by the convention, said that the action taken at Atlantic City 'does not constitute in any sense of the word indorsement of health insurance, either voluntary or compulsory, as a means of meeting the situation.' Groups of enlightened doctors and patients who set up such plans will presumably be persecuted by organized medicine in the future as they have been in the past.

"Apart from this implied condemnation of health insurance in any form, the final record shows very little action by the convention to meet a problem that challenges immediate and decisive action. The deciduous teeth of the New York resolution were carefully extracted in the report that was finally adopted. Even the qualified support of the extension of public-health activities—provided local doctors indorse them—was dropped. The House of Delegates did not openly demand government compensation for treatment of the indigent nor did it give its official sanction to the responsibility of the government for the health of the people. It merely

offered to make its records, reports, source material, and experience available to any governmental or other qualified agency . . . contemplating the development or operation of plans for medical care"—to what end can easily be guessed.

"The emasculation of the New York delegation's demand that treatment of the indigent be paid for by the government shows that those in control of the convention see in it a *new doctor's dilemma*. If the doctor calls on the government to help him by meeting these costs he admits the direct interest of the government in the health of the people. But how then can the doctor consistently oppose the most obvious way in which the government can be of help to the public—through the provision of some system by which people of small and moderate means can budget their medical bills? The doctors cannot have it both ways. If they grasp one horn of their dilemma they will more easily be impaled upon the other. But in the long run a sound system of health insurance would be for their own interest, as official medicine in Great Britain has freely admitted. Unfortunately American medicine has been as slow to recognize its long-range interests as have the industrialists. By fighting off reasonable measures such as health insurance and voluntary group-payment plans the organized doctors are paving the way for more drastic forms of state control and more extreme action by the exasperated consumers of medical service."—Editorial: *Nation*, 144, 693; 1937, June 19.

(B) *Conservative*.—"Boring into the brain to pry white from gray matter and thus dispel apprehension, thoughts of suicide, and delusions; arthritis cured at least temporarily by an attack of jaundice; sarcoma brought about by wheat-germ oil; anesthetics applied through the nose—it was not such announcements that made this year's meeting of the American Medical Association of historic importance, but the irresistible trend toward bringing the benefits of medical science to the needy. For the first time the Association declared its willingness to aid the Government in formulating a public health policy and its acceptance of the principle that the health of the people is a direct concern of the Government. Unctuous though it was, Senator J. Hamilton Lewis's exposition of the Administration's policy made it clear that 'the question for you doctors to decide is not whether you like it or whether you don't. The question for you is: "What is to be done about it." ' The Association was thus put on its mettle. The advance of medical science is in itself largely responsible for the new philosophy. With the growth of bacteriology and immunology, the development of chemical and physical techniques that substitute certainty for guessing in diagnosis and the substitution of the new scientific therapy

for the old pill-box, public health and the prevention of disease can no longer be regarded as the monopoly of the private practitioner. Moreover, four million veterans of the World War were taught the value of medical care in camp and at the front and, after they were mustered out, saw to it that they would receive it free for the rest of their lives. The insane, the tuberculous, sufferers from contagious diseases and some of the indigent have long been beneficiaries of official bounty. In a word, we have already entered the path that leads to state medicine of some kind. We have the facts on which a sound public-health policy can be based. They are to be found in the twenty-three volumes issued by the Committee on the Costs of Medical Care, in the publications of the American Foundation and the Julius Rosenwald Fund and other philanthropic organizations and in scores of detailed studies—most of them derided in their time by the American Medical Association in its *Journal*. Thanks to this vast literature and to foreign experience we are in a far better position to formulate a correct health policy than was Bismarck in 1884 or Lloyd George in 1912. Organized professional men have never been confronted with a task so difficult or one so heavily charged with patriotic responsibility as are the physicians now. If the Association persists in holding to its old Bourbonism, if it fails to take cognizance of new social exigencies, both the medical profession and the people will be the losers. It may have to subordinate itself to bureaucratic control, with a consequent loss in power and prestige, and the people may have to accept a kind of medical service that physicians deplore.”—Editorial: “National Health;” *N. Y. Times*, June 13, 1937.

“*Prontosil*. Medicine can boast of but few specific remedies, and save for the antitoxic sera, most of these are chemotherapies, that is, natural or artificially produced chemical agents. Two important ones were derived from the medicine lore of primitive races. These are *quinine*, known to the Indians of Peru, and *ipecac*, used as a remedy for amebic dysentery by the natives of Brazil. Practically all the others are products of the modern science of chemotherapy. This science was founded by Paul Ehrlich, the inventor of *salvarsan* (606), an arsenic-containing compound employed in the treatment of syphilis. Chemotherapy has for its aim the destruction of germs invading the living body by means of chemical agents which, while noxious to the invaders, will not injure the host. Unquestionably *salvarsan* represents the greatest triumph of chemotherapy witnessed to date. But chemotherapy has to its credit other noteworthy attainments such as *plasmochin*, employed against malaria, *chaulmoogra-oil* derivatives used in the treatment of leprosy, and *tryparsamide*, utilized against African sleeping sickness.

"Strangely the 'specifics' developed thus far by chemotherapy have proved effective only against microorganisms of a protozoan nature, that is, against unicellular organisms low in the animal kingdom (except leprosy). Most of the common-disease organisms, and especially those responsible for blood infections, are bacteria, that is, unicellular organisms low in the vegetable kingdom. Against these chemotherapy has not as yet been able to produce a 'sterilizer' suitable for use within the body. Numerous compounds have been suggested and tried, but either they proved too toxic for internal use or else they have been found too weak and uncertain in their effects. And yet, one of the early observations of Ehrlich pointed to the germicidal, selective effects of certain aniline dyes, which could be injected into the blood stream without undue risk. Theoretically nothing seemed more reasonable than to expect that sooner or later a deliberately produced, carefully checked chemical compound could be created where-with to destroy bacteria present within the body, without injury to it.

"Precisely such is the claim made for *prontosil*. This compound is essentially a red crystalline dye, of a very complex chemical structure. It was synthesized by Mietzsch and Klarer in 1932. Tested on animals it was found to be non-toxic even when injected in doses far in excess of therapeutic requirements. It also proved markedly destructive to streptococci, and to a lesser degree to staphylococci present within the body. It can be administered by injection and by mouth. The European, especially German, medical literature reports its effective utilization in a variety of conditions such as septic sore throat, erysipelas and kidney infections. In England the drug has been tried mainly in the treatment of puerperal infections, that is, infections associated with childbirth. After fourteen months of experimentation highly encouraging reports were published, and the (London) *Lancet* editorially stated: 'The fact remains that the curative action of *prontosil* and *sulphonamide* (a derivative of *prontosil*) is now explained as a directly bactericidal one, and at a time when successive disappointments with a score of antiseptics had led most people to conclude that the disinfection of the blood stream in septicemia is by nature a complete impossibility, we can now rejoice that this result has been unmistakably secured' (Dec. 5, 1936). Most recent medical literature indicates the possibilities of even more extensive application of *prontosil*. Thus, it has been effectively used to treat streptococcal meningitis, and also in the treatment of gonorrheal infections. It is as yet too early to pass final judgment on the full value of *prontosil*. But it is promising. *If it proves truly as effective as it seems to be, then prontosil, or its subsequently modified forms, will mark another great triumph of modern medicine*" [italic not in original].—Galdston: *New Republic*, 91, 183; 1937, June 23.

More commercial hokum. "Whereas, we, as members of the dental profession, feel that one of our most important health-service duties is to educate our people in the proper care of their teeth; and *whereas*, the Dr. Lyons' Tooth Powder, manufactured and sold by the R. L. Watkins Company, Newark, N. J., in their radio advertisement repeatedly makes the statement that 'ninety percent of the dentists clean teeth with powder,' which we believe is incorrect and unfair to our profession: *therefore be it resolved* that we, the members of the Raleigh Dental Society, condemn and label as untrue the statement made by the radio announcer on the national program of the R. L. Watkins Company, and further suggest that a true statement of the facts will place both the dental profession and dentifrice manufacturers in a position more to be desired. *Resolved, further*, that a copy of these resolutions be mailed to the R. L. Watkins Company, a copy to the Secretary of the American Dental Association, and a copy to the Secretary of the North Carolina Dental Society, and request that same be acted upon at the next meeting of the North Carolina Dental Society."—Unanimously adopted by the North Carolina Dental Society: *Bul. N. C. Den. Soc.*, 20, 108; 1936, Aug.

Commercial "seal of approval" on oral-hygiene preparations. "Good Housekeeping, one of the widely read magazines published for women, attempts to protect its readers by putting a seal of approval on the various articles that are advertised within its pages. Among its advertised articles are many dentifrices and so-called oral-hygiene preparations. This self-appointed judgment of the merits of purely dental preparations seems to be entirely unnecessary as the American Dental Association has, in its Council on Dental Therapeutics, an agency for just that purpose. Our only redress in situations like the one mentioned is organized action. A protest made by the A.D.A. might have some influence in changing this. It might be another instance where the Women's Auxiliary could be of service to the dental societies."—Editorial: *Wis. Den. Rev.*, 12, 156; 1936.

Dental research increasing in dental schools. "The International Association for Dental Research and the *Journal of Dental Research* have furnished a decided stimulus to research investigations both without and within the dental faculties, and there is a growing tendency on the part of the dental schools of America to foster a program of research as a part of the academic duties of the faculty members. Too often, however, there has been a decided separation between research and the teaching program, with the result that only a few selected faculty members are concerned in research projects."—Editorial: *Northw. Univ. Bul.*, 37, 3; 1936, Nov. 2.

CORRESPONDENCE AND COMMENT

International Journal of Orthodontia and Oral Surgery. "Some of the intimations in the last issue (*J. Am. Col. Den.*, 3, 195-208; 1936, Sep.-Dec.), on the publication of 'Mosby's journal,' do not ring true. Well informed orthodontists say they understand that it has not been published at a financial loss to its owner. These orthodontists cite the high subscription price (\$7-\$8.50) and its many pages of remunerative advertisements in support of their contention. The *Report of the Commission on Journalism* (1932) contains this significant information about this 'journal for orthodontists' (p. 86):

| YEAR | TOTAL NUMBER OF PAGES, EXCLUSIVE OF ADVERTISEMENTS | TOTAL NUMBER OF PAGES OF ADVERTISEMENTS | MINIMUM RATE PER PAGE OF ADVERTISEMENTS (1928-29) | CIRCULATION (COPIES) |
|------|--|---|---|----------------------|
| 1928 | 1,128 | 525 | | 8,300 |
| 1929 | 1,135 | 520 | \$50.00 | 8,300 |

These data, obtained by the Commission directly from the management and presumably accurate, suggest that for 1929, for example, the income from subscriptions was \$58,000 and from advertisements \$26,000—a total of \$84,000. Assuming that approximately this sum was received, it would be necessary to believe that, *if a deficit occurred*, the average costs of production and distribution amounted to more than \$50 per page. Any good publisher would be willing to take it over—same size, quality, and circulation—for an *assured* return to him of less than half that amount per page. The unwillingness or inability of organized orthodontia to discontinue its reliance upon proprietary journalism, and to stand upon its own feet, recalls the quotation in the issue of the *J. Am. Col. Den.* for March-June 1936 (3, p. 111), entitled, 'Orthodontia of the future: shall it be a profession or a racket?' What a spectacle! The most affluent specialty in dentistry—the one that was first formally organized—apparently incapable of leadership (but *happy in its dependence on, and subservience to, proprietary interests*) in *professional journalism*! I suggest that the orthodontists be referred to the periodontists for 'light and leading.' "(1).

Master-servant plan. "I read Dr. Leake's advocacy of the 'master-servant plan,' as published in the last issue (*J. Am. Col. Den.*, 3, 131; 1936, Sep.-Dec.), but noted with surprise that he stated nothing excepting 'vain imaginings' in support of it. His comment—essentially superficial—reminds me of the notorious footnote in the *Final Report of the Committee on the Costs of Medical Care* (1932), in which a group of five members of that Committee not only misstated and misrepresented conditions in dental practice, but also drew a general conclusion that is more absurd today than it was when first published. Why do you publish such stuff?"—(2). "There is nothing new on this subject in Dr. Leake's address, but he appeared by *invitation* before the College at the San Francisco convocation, and his manuscript was published as presented. We believe that opinions respectably stated by responsible authors should be published without censorship; and that, by affording opportunity for public correction of error, we do more to advance dentistry than we could through any device of suppression to suit our own private preferences. For this reason we shall publish *your* stuff."—[Ed.]

American Dietetic Research Foundation. "A facsimile of the good looking 'diploma' in human nutrition, 'given to students who paid ten dollars for the eight nutrition classes,' appears on page 16 of the issue of the *Connecticut Health Bulletin* for January 1937.

Under the heading 'Howard V. H. Inches brought to court,' the same issue contains an account of the fraudulent character of this 'Research Foundation.' The article, after presenting an outline of the nature, scope, and consequences of the presumptions and humbug in this man's pretensions as 'Director' of the said 'Research Foundation,' concludes as follows—which should be given to the readers of our *Journal* as excellent advice in all such relations: 'Thus the public is persuaded by persons such as these, *all in the name of health*. A better protection to health would be suspicion of all persons lecturing on health until local or state-authorized health officials gave assurance that they represented authentic organizations and their message was scientifically sound. Reporting to the State Department of Health all such persons who have a doubtful scientific background would not only prove to be a wise health protection for the individual, but also would represent a real service to society, who should be warned against such self-alleged experts.'—(3)

Abbreviations for dental journals. "In two articles recently published by Dr. B. W. Weinberger, he advised use of '*proper* [sic] abbreviations for dental journals.' At one place in each article he says, of the code suggested, that 'cognate words in different languages are reduced to the same form [abbreviation?] when the orthography permits.' The illustrations of 'same form' include 'Association—Assoc.' and 'Association—Ass.' Is this 'cockeyed' sameness due merely to as[s]jinity? Will any one in an English-speaking nation grow enthusiastic over 'Ass.' as the approved abbreviation for Association? It is also proposed to abbreviate 'Dental' to 'Dent.' In this abbreviation the period takes the place of 'a.' The total 'cut off' in the abbreviation, so far as space-saving is concerned, then amounts only to the space occupied by the letter l. In the same code the abbreviation for 'Medical' is 'Med.' not 'Medic.' What are abbreviations for? Simplification, brevity and general convenience on a basis of common sense, or regimented mental gymnastics?"—(4).

Assured reliability in a newspaper. "It has been repeatedly suggested, in criticisms of proprietary dental journals that, as a group, they are professionally irresponsible and about as reliable as newspapers. The following assurance—evidently a recognition of the factual basis for the wise-crack, 'If you see it in a newspaper doubt it'—recently appeared in a section of 'science notes' in a well known newspaper in one of the largest cities: 'To assure accuracy, nothing is used here which has not passed the staffs of scientific publications. The preceding paragraphs are on the authorities of . . . [names of scientific journals follow.]' If dental journals were obliged to use a similar means to assure their readers of the reliability of, say, the advertisements, how many proprietary dental journals would survive?"—(5).

American College of Dentists: original members. "What is the difference between 'organizers' and 'founders' of the American College of Dentists? I have seen the two terms in a booklet (1931), but the basis for the distinction is not indicated."—(6). In the spring of 1920, Drs. J. V. Conzett, H. E. Friesell, and A. D. Black, respectively, President and President-elect of the American Dental Association and President of the American Institute of Dental Teachers, decided to organize the College. They were its "organizers". They and those they invited to cooperate with them in establishing the College were its "founders" ("charter members"). See *J. Am. Col. Den.*, 1, 2; 1934, Jan.—[Ed.].

OUR ADVERTISEMENTS

A policy intended to safeguard professional interests and to encourage the worthiest industrial endeavor

The basis and conditions of our policy relating to advertisements are set forth below (*J. Am. Col. Den.*, 2, 199; 1935):

I. Advancement of the material aspects of civilization is largely dependent upon the expanding production and distribution of commodities, and their correlation with individual needs and desires. Successful practice of modern dentistry, on a broad scale, would be impossible without an abundance of the useful products of dental industries. Leading dental manufacturers and dealers have been providing invaluable merchandise for the dental practitioner. The business of supplying dental commodities has been effectually organized and, as an auxiliary to oral health-service, is more than sufficient to tax the greatest ingenuity and all the attention and integrity of each dental producer and distributor.

The American College of Dentists aims, in the public interest, to strengthen all wholesome relations and activities that facilitate the development of dentistry and advance the welfare of the dental profession. The College commends all worthy endeavors to promote useful dental industries, *and regards honorable business in dental merchandise as a respected assistant of the dental profession.* Our Board of Editors has formulated "minimum requirements" for the acceptance of commercial advertisements of useful dental commodities (*J. Am. Col. Den.*, 2, 173; 1935). These "minimum requirements" are intended, by rigorous selection on a high level of business integrity and achievement, to create *an accredited list of Class-A dental products and services*, and include these specifications: Advertisements may state nothing that, by any reasonable interpretation, might mislead, deceive, or defraud the reader. Extravagant or inappropriate phraseology, disparagement, unfairness, triviality, and vulgarity must be excluded. Advertisements relating to drugs or cosmetics, foods, dental materials, education, finance—to any phase of interest or activity—will be accepted for only such commodities or services as merit the commendation, approval or acceptance of the National Bureau of Standards, American Dental Association, American Medical Association, Council on Dental Therapeutics, Dental Educational Council, Better Business Bureau, and other official bodies in their respective fields of authoritative pronouncement. *The welfare of the consumer is our paramount consideration.* In accordance with the recommendation of the American Association of Dental Editors, the placement of advertisements will be restricted to the advertising section.

II. An advertisement, to be accepted or repeated, not only must conform with the said "minimum requirements," but also *must meet the special test applied through a questionnaire* that will be repeatedly exchanged confiden-

ADVERTISEMENTS

tially with numerous referees in all parts of the United States, and which contains the following inquiries:

Questionnaire for referees on acceptance of advertisements.—(1) Has (person, company, service, etc.) always been honorable and fair in (his, their) dealing with you personally? (2) If not, indicate confidentially your experience to the contrary. (3) Has (commodity, service, etc.) always been, in your use of it, what its advertisers claim for it? (4) If not, indicate claims that were unwarranted when made. (5) Would the accompanying (copy of a proposed) advertisement of (commodity, service, etc.) be warranted, in your judgment, as a recognition and encouragement of useful dental commercialism? (6) If your answer to Question 5 is Yes, will you agree to test, *critically*, the above-named commodity (service, etc.) and to respond at intervals to our further inquiries as to whether all the claims published currently in its behalf, in advertisements in the *Journal of the American College of Dentists* or elsewhere, are justified?

III. The advertisers whose claims are published on the succeeding pages stand high in commercial character and on the recognized merits of their products (services, etc.). They are not among those who seek advantage from misrepresentation, and need no assistance from a prejudiced or insincere journalistic policy. They are above the temptation to try to control or influence any aspect of the conduct of this *Journal*, which in all its phases is completely independent, and fully representative of the professional ideals and the professional obligations of the American College of Dentists. We commend each advertiser in this issue to the patronage of all ethical dentists.

NEW BOOKS

The 1936 year book of dentistry. Diseases of the mouth, pathology and research; operative dentistry; oral surgery; prosthetics; orthodontics. Edited, respectively, by CHARLES G. DARLINGTON, M.D., GEORGE W. WILSON, D.D.S., F.A.C.D., HOWARD C. MILLER, D.D.S., F.A.C.D., CHARLES LANE, D.D.S., F.A.C.D., GEORGE M. ANDERSON, D.D.S., F.A.C.D. 1937: Pp. 800—6½ × 3½ in.; 499 illustrations: \$3.00. Year Book Publishers, Inc., 304 S. Dearborn St., Chicago, Ill. [See editorial reference, page 23, this issue.]

A dictionary of dental science and art, comprising the words and phrases proper to dental literature, with their pronunciation and derivation. By WILLIAM B. DUNNING, D.D.S., F.A.C.D., Professor of Dentistry, School of Dental and Oral Surgery, Columbia University; member, Committee on Nomenclature, American Dental Association; formerly editor, *Journal of the Allied Dental Societies*, and S. ELLSWORTH DAVENPORT, Jr., D.M.D., F.A.C.D., formerly Associate Editor, *Journal of the Allied Dental Societies*. 1936: Pp. 635—7½ × 4½ in.; 79 illustrations—12 colored; \$6.50. P. Blakiston's Son and Co., Inc., 1012 Walnut St., Philadelphia.

Clinical surgery for dental practitioners. By HAMILTON BAILEY, F.R.C.S. (Eng.); Surgeon, Royal Northern Hospital; Surgeon and Urologist, Essex County Council; Surgeon, Italian Hospital; Consulting Surgeon, Clacton Hospital. 1937: Pp. 156—6½ × 3½ in.; 173 illustrations—21 colored; 15s net. H. K. Lewis and Co., Ltd., 136 Gower St., London, W.C. 1.

What is wrong with British diet? Being an exposition of the factors responsible for the undersized jaws and appalling prevalence of dental disease among British peoples. By HARRY CAMPBELL, M.D., Fellow of the Royal Anthropological Institute. 1936: Pp. 253—5½ × 4 in.; 24 illustrations; 10/6 net. Messrs. William Heinemann (Medical Books) Ltd., 99 Great Russell St., London, W.C. 1.



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RESOLUTIONS RELATING TO PROPRIETARY DENTAL JOURNALS

I. ADOPTED BY DENTAL-SCHOOL FACULTIES

(1) *Creighton University: Oct. 19, 1936.*—A resolution was passed by the Dental Faculty to refrain from the publication of any articles in all proprietary dental journals.

(2) *University of Louisville: Nov. 11, 1936.*—The members of the Faculty, some years ago, expressed their conviction that dental journalism should be under the management of the dental profession; that proprietary dental journalism should be discontinued as soon as possible; and that the use of proprietary dental journals by dental students should be discouraged. These convictions have been reaffirmed.

(3) *St. Louis University: Dec. 17, 1936.*—The Faculty endorses the effort to elevate the standard of dental journalism, and disapproves the practice, by any member, of contributing articles directly to proprietary journals.

(4) *Temple University: Sep. 28, 1936.*—Whereas since (a) trade journalism and trade journals tend to commercialize the professional aspects of dentistry, thereby degrading its status as a profession; and (b) the American Dental Association and affiliated groups are endeavoring to maintain the present high status of dentistry; and (c) dental journalism should be under the jurisdiction of the profession; and (d) undergraduate education is the function of university dental schools—we believe an influence detrimental to both student training and professional literature now prevails. Therefore, be it resolved (a) that this Faculty go on record as commending the action of the American Dental Association, the American Association of Dental Schools, and the American College of Dentists, in their effort to maintain high standards of professional journalism and literature; (b) that Faculty members in lectures will endeavor to impress students with the degrading influence of proprietary journalism in the health professions; (c) that no member of this Faculty will in the future contribute to the support of a trade journal as editor or writer; (d) that we discourage the free distribution of proprietary journals to members of the student body by trade organizations; and (e) that an effort be made to discriminate between private-profit and non-proprietary periodicals in our reference library.

(5) *University of Tennessee: Feb. 10, 1937.*—"Whereas it is the opinion of the members of this Faculty that the publication of all dental journalism be strictly under the control of the dental profession, and whereas such control cannot be asserted when the publication of articles is sponsored by proprietary journals; therefore, be it resolved that this Faculty support the journals managed by the organized profession and discourage the use of the commercial journals."

(6) *Medical College of Virginia: Nov. 12, 1936.*—Resolved that this Faculty look with disfavor upon the publication of articles by members of this Faculty in dental journals other than those controlled by the organized profession.

(7) *Washington University: Nov. 19, 1936.*—Whereas dental journalism should be under the control of the dental profession and should be conducted without commercial entanglements; therefore, be it resolved that this Faculty support all efforts to this end. (No action was taken to restrict freedom of individual teachers in their contributions to dental literature.)

II. ADOPTED BY THE AMERICAN ASSOCIATION OF DENTAL EDITORS: ANNUAL MEETING, NEW ORLEANS, LA., NOVEMBER 2, 1935

Recommendation of the Committee on Current Dental Literature: Your Committee regrets to make mention of the fact that men of prominence in dentistry still consider it no disloyalty to their professional obligations to lend their names and support to a new proprietary dental journal, thereby discrediting the work of the American Dental Association to protect the public from proprietary dental remedies and totally ignoring the effort of the American Association of Dental Editors to protect the profession from the purchasing power and influence of commercial interests in guarding the right of dentistry to control its own literature. We refer specifically to the Editors and to the members of the Editorial Board of the new proprietary journal, '*Nutrition and Dental Health*,' No. 1, Vol. 1, Oct., 1935.

Resolution adopted by the Association: Resolved, that the American Association of Dental Editors has learned with surprise and regret that some of the Fellows of the American College of Dentists, which brought about the establishment of this Associa-

tion, are members of the Editorial Staff of the newly established "*Nutrition and Dental Health*" (a proprietary journal); and that the Secretary be instructed to transmit to the American College of Dentists a copy of this resolution.

III. ADOPTED BY THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS: ANNUAL MEETING, CHICAGO, ILL., MARCH 18, 1935

Whereas, one of the important functions of a dental educational institution is the development of a proper attitude of the students toward professional literature and journalism; and

Whereas, the free distribution of commercial and proprietary dental publications to the students develops the wrong psychological attitude toward dental literature; and

Whereas, the articles published and advertisements carried are uncensored, and often present erroneous and distorted concepts of professional conduct; be it

Resolved that it is the sense of the American Association of Dental Schools that distribution of the *Dental Students' Magazine* and other similar publications to dental students be discouraged by the administrative officers of the various schools, and that official lists of students be not furnished to the publishers of such magazines.

IV. ADOPTED BY THE NEW YORK ACADEMY OF DENTISTRY, MAR. 12, 1936

Clause *added* to first paragraph of Art. II of by-laws: [The objects of the Academy shall be] . . . "to urge upon its Fellows that they refuse to accept positions on editorial boards of proprietary dental journals, or lend their influence to proprietary dental journalism by the preparation of articles for publication in such journals."

V. ADOPTED BY THE INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH: GENERAL MEETING, LOUISVILLE, KY., MAR. 15, 1936

Whereas, it is the consensus of opinion of our members that association, either as a contributor or as a member of the editorial staff, with proprietary publications that are distributed free of charge to the members of the dental profession—and whose chief object is the advertisement of commercial products—is undesirable; therefore be it *Resolved* that the International Association for Dental Research disapproves such association by its members, and by applicants for membership in the Association.

SUMMARY OF RESPONSES TO A QUESTIONNAIRE REGARDING ACTION, BY INDIVIDUAL DENTAL FACULTIES (U. S.), ON PROPRIETARY JOURNALISM

(1) Each dental journal or publication should stand on its merits, whether proprietary or not.—*California* (Advisory Committee of College of Dentistry), *Nebraska*.

(2) Dental journalism should be in hands of profession, conducted without commercial entanglements; faculty ready to support movements to this end; no action taken to restrict freedom of individual teachers.—*Columbia*, *Harvard* (Administrative Board of Dental School), *Washington*, *Western Reserve*.

(3) Faculty will not contribute articles to proprietary journals having free distribution, nor aid distribution of such journals to student body.—*Iowa*, *Loyola* (New Orleans).

(4) Faculty will refrain from publication in all proprietary dental journals: *Creighton*, *Georgetown*, *Louisville*, *Marquette*, *Ohio State*, *Pittsburgh*, *San Francisco* "P and S," *St. Louis*, *Temple*, *Tennessee*, *Texas*, *Virginia*.

(5) Faculty adverse to proprietary dental journalism, but favors discrimination until profession provides ample substitutes for best proprietary journals.—*Atlanta-Southern*, *Baylor*, *Buffalo*, *Indiana*, *Kansas City-Western*, *Michigan*, *New York*, *North Pacific*, *Northwestern*, *Tufts*.

(6) "Faculty has not yet acted." *Meharry*, *Pennsylvania*.

(7) There have been no responses from the 7 schools not named above.

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