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DENTISTS

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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."

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

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

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

Providence, R. I.

INTRODUCTION

It is the spirit of youth which animates me as I greet you today—a spirit triumphant and enthusiastic, rejoicing in past achievement, eager to press forward at a faster pace and with increasing vigor. The average span of the individual human life is still no greater than when the ancient scriptures allotted to man his three score years and ten; but both science and religion have taught us that the life of the human race is conditioned upon aspiration and endeavor—that no bounds of time or space are to limit the reach of human ambition, the scope of human effort, or the goal of human perseverance. The American College of Dentists is still young in years: it will be young in spirit a hundred years hence if it is still pursuing, with energy and alertness of mind, the essential purposes for which it was founded. The dental profession of America is young as it approaches the centennial celebration of its organized activity and progress, for each new vista of opportunity has been a renewal of its youth. To be young is to feel intensely, think clearly, and act vigorously.

The season of youth is springtime, when new buds force the last old leaves from the tree, when all that was dull or dormant is quickened with the vitalizing warmth of the sun, when everything yields to the forces that make for sturdy growth. This season has come for dentistry in America. The gloomy vapors of winter, the old leaves hanging on the twig, may well symbolize those thwarting and hurtful influences which are vanishing at last before the ardor of our new

striving for unblemished excellence in our professional life. If some few among us still think that it profits them to retain an alliance with ignoble practices which we as a body have condemned, or to join in a fellowship whose ideals seem to be variable, the darkness is in their own eyes and the blot on their own escutcheons, for our united strength and resources are scarcely diminished by potential ability which permits itself to be misdirected. The favoring influences are overwhelmingly predominant, and we are free to turn with rejoicing to those constructive measures which the mounting sun of our springtime outlines for us so clearly, while it also illumines the stages of growth and achievement already passed. If some of us, as individuals, choose to look forward to the autumn of life, we may cheerfully anticipate the joys of harvest in the conviction that we shall have returned in good measure something to that which made us what we are. For our present ideals are not without their basis in the deeds of those who have gone before; and our claims upon public confidence and esteem are founded not alone upon the reputations of distinguished leaders in dentistry, but rest also upon names unnumbered and unknown of men who in modest careers of faithful service have left footprints on the sands of time; men, whose honest labors, patient efforts to improve in knowledge and skill, and unquestioned altruism, won them love and honor in their generations.

Our interest, enthusiasm and allegiance have brought us together in this convocation; and in order that the spirit of youth and the promise of springtime may find expression in our meeting, I have chosen as our general theme: "Ideals and their relation to professional growth." Not only will the addresses and reports scheduled for this meeting deal with some important aspects of this subject, but, since this happy day is one which marks the dawn of a new era, I shall in this presidential address take the liberty of entering upon a practical discussion of one of these ideals; and shall also weave into my discussion the attainments of the present administration, together with comments and recommendations upon the more significant features of the committee reports. The principles adopted for our long-range program are definite and irrevocable, and there would be little grace or profit in offering slight variations in the details of their application, especially in view of the fine spirit of coöperation shown
by the committeemen in their diligent study of the problems assigned to them. I therefore trust that you will willingly permit me to abandon precedent and follow the plan that I have indicated. And may I, before proceeding further, extend my compliments and thanks to the officers, regents and committeemen for their cordial response to the opportunity for service and the capable and devoted way in which they have met their obligations. Appreciation and thanks are also due to the Fellows as a group for their many timely suggestions and their spirited participation in the work of the College. With especial affection and appreciation would I make my acknowledgments to the capable and energetic Secretary of the College, who at all times has given himself devotedly and unstintedly to the duties of his office. Fortunate indeed are those who have such a man in their midst, so genuinely inspired and admirably well fitted to direct the affairs of an organization.

**Medico-Dental Relationship**

The phase of the general subject which I wish to discuss is the ideal relationship between dentistry and medicine. Closer alliance between dentistry and medicine is peremptory, for it is the keynote of the educational and professional programs of dentistry. It is a fundamental source from which the quality of our effort flows and from which the size and character of our attainments depend. It appears basic and imperative both for the College and its sections to see to it that the medical outlook in the dental mind is cultivated more broadly—and, conversely, the dental outlook in the medical mind. It is almost a generation since scientific research disclosed that the old Roman ideal of *mens sana in corpore sano* is incomplete without *os sanum* as a complement. Since the scientific world accepted the fact that diseases of the mouth and disorders of the teeth are grave sources of danger to the general health, the logical objective of enlightened leaders in dentistry has been a professional status in all respects equal to that of medicine—equal in educational opportunity, in united effort for scientific advancement, in altruistic acceptance of responsibility for safeguarding the public health, in freedom from all taint of commercial influence and mercenary practice, in proud and deserved enjoyment of the respect and appreciation of the community at large.
The American College of Dentists was founded for the purpose of forwarding these high aims. It has devoted its thought and energy to clarifying them, and analyzing the methods by which they are to be achieved. From its study of the situation two needs have emerged—needs as inseparable as they are indispensable—the one precedent, the other consequent: (1) scholastic equality between dentistry and medicine; (2) a cordial, fully recognized and completely effective medico-dental relationship. It is neither necessary nor practicable for the physician to be a dentist or the dentist to be a physician; it is necessary, and must therefore be made practicable, for the two professions to co-operate in both education and practice, since science has decreed that they must henceforth consider themselves jointly responsible for the physical well-being of the private patient or the civic group for whom their services are demanded. Physician and dentist must therefore meet each other with a mutual respect based upon an equal degree of intellectual culture; a common knowledge of the biological facts which underlie their practices; and a simple recognition of the economy of effort which co-operation will ensure, since their problems of prevention, diagnosis and cure have much in common. Granted the two-year period of preprofessional collegiate education which our dental schools now enforce, the extended curriculum, improved dental faculties, lengthened academic year—all of which have laid the necessary foundations for this co-operation—it is still from teachers in the medical schools that dental students should receive their instruction in the "medical" sciences, while certain essentials of oral health may well be taught to medical students by teachers in the dental schools. To students in the schools of both professions this sense of interrelationship should give a broader outlook and a sense of greater opportunity, since it immediately suggests the more intricate problems of diagnosis and treatment, and the civic duties involved in programs of public welfare. The schools of dentistry will be encouraged to maintain and develop all phases of their special training, and at the same time will be stimulated to make their degree a certificate of proficiency in the equivalent of an oral specialty of medical practice. In graduate study and research, dental and medical students will either co-operate directly, or interpret and co-ordinate results which are applicable to
the problems of dentistry. Is not the College now sufficiently en-
trenched to assist materially in developing important correlations
and coördinations to be effected in university medical and dental
schools and in those universities that have neither medical nor dental
schools?

Without such an effective alliance how are we to invite and retain
the interest of the intelligent patrons from whom we may expect en-
dowment? How are we to develop capable teachers if they receive
inadequate salaries? And if we have not a sufficient number of cap-
able and inspiring teachers, together with a virile medico-dental rela-
tionship, how are we to promote research effectively? If research is
not what it might or should be, how can a health-service program
grow in vigor and usefulness? Lacking all these, how are we to secure
endowment for dentistry? Does not this recital of needs and con-
tingencies forcibly suggest an unusual opportunity for the College
to do its part in the forward march of dentistry? Plainly, a virile
medico-dental relationship is the solid foundation for wholesome and
enduring growth. And so, it must not be forgotten that all these
measures for a medico-dental relationship in education have an
important bearing upon the problem of securing endowment for
dentistry; for schools and teachers, research and literature, will re-
ceive public support only in proportion to public confidence in the
quality of work done in the fundamental sciences.

With this common educational background, physician and dentist
will face their opportunities for public service in a spirit of mutual
helpfulness, such as that already manifested by the American Medical
Association in its recommendation of dental service in the hos-
pitals. This trend reveals the responsibilities of the College and of
other dental organizations in coördinating their activities with those
of universities, hospitals, infirmaries and civic institutions. Are
the sections of the College doing their part in acquainting hospital
authorities with the importance and usefulness of the health-service
values and features of dentistry? Have you not the opportunity,
here, to see to it that the professional activities of the physician and
dentist are conducted in a coördinated program? Here and else-
where it is but natural that the two coördinated divisions of health
service should combine their forces and unite their interests in the
common cause, maintaining a just balance in their relationship, guarding against undue interference, but above all making sure of their combined effectiveness in meeting both opportunities and obligations. Medical and dental science, medical and dental service, advancing together, expecting each other’s assistance in all phases of activity, will ensure the utmost in professional growth, opportunity and accomplishment.

We have the best of reasons to believe that this ideal of association and cooperation is shared by the medical profession. Dr. Sydney R. Miller—Fellow of the American College of Physicians, Associate in Clinical Medicine, Johns Hopkins University, Associate Professor of Medicine, University of Maryland, Past-president of the American College of Physicians—speaking at the New Orleans convocation of the American College of Dentists (1935), said in part:

"No longer can there be intelligent doubt that ‘public interest will not be best served unless there is interdependence and mutual respect between the medical and dental professions. Both groups need to understand each other better and learn how they can be of mutual assistance in dealing with the problems of disease.’... Fortunately for all of us, and particularly the public, the practices of dentistry and of medicine have been growing steadily closer as experience has demonstrated the unavoidable interrelationship of their problems.... More aggressive efforts should be made to demonstrate, to both our professions as well as to the laity, that the medical and dental problems of prevention, diagnosis, cure, education and research possess much in common. Since neither profession is capable of the entire job, it logically follows that intelligent cooperative work is incumbent upon both professions...."

[J. Am. Col. Den., 3, 13, 15; 1936.] What, then, has hindered attainment of the much-desired perfect medico-dental relationship? How can we account for our own backwardness and apparent indifference to those opportunities of cooperation which would be ours for the asking? Have we the least shadow of doubt about the value of the health service which our profession can offer? Do we undervalue the opportunities or shirk the obligations which public-health service places before us? Where else can the dental student find such clinical instruction, or the young graduate such varied experience, as he will meet in hospital wards, outpatient departments, and civic health-centers? Where else can he win such early distinction for himself and honor for his profession?
Is any good dentist timid in the presence of any good physician? If such conditions of backwardness, timidity or indifference obtain, it is the business of the College to correct them speedily, by straight thinking and vigorous action—and, let me emphasize the point, plenty of each. Have not the College and its sections an opportunity to inaugurate more dental departments, dental staffs and dental interns in our hospitals? Are we proud of our attainments in this direction? Has each section a committee on hospital relationship? I recommend that such a committee be appointed in each section. Has each section a well-thought-through program as the ideal of that section? If not, why not? To stand still is no achievement, and fixed routine is only marking time; neither can occasional spasmodic motion be called progress. Only by rational thought and a long-range plan of expanding activity, based upon its special aims and potentialities, can the College and its sections go forward with increasing strength and influence upon the service which it has undertaken.

Let us go back once more to that high-minded leadership, that professional attitude characterized by altruism and public spirit, which were the primary ideals of the founders of the College. Can anything of evasion or delay, any avoidance of vital issues, be consistent with those ideals? In every way we must exert brain, will, and energy to make the all-important link which will once for all establish our mutually helpful relationship with the medical profession, and at the same time go far to strengthen the weaknesses and correct the deficiencies of our own profession. In every definitive action the why, the how, and the when must be considered. The why of this medico-dental relationship has been discussed repeatedly and exhaustively; the principles and desirable features of it have been accepted. The how has received much less attention, though pertinent suggestions have been made and some investigations carried forward. The when has remained for the most part in the regions of “hope deferred;” and the occasional results of spasmodic effort have given unjustified expectation of continued progress. Is it not our plain duty to attain this goal at the earliest possible moment? And can we hope to do it without finding the appropriate ways and means? A thorough and intelligent consideration of the how seems indeed the only way to hasten the arrival of the when. Accepting the
principle, applauding the promised results—being, in general, “long on talk and short on performance”—will not answer the purpose. There must be serious conference between dentists and physicians if this interdependence is to be universally recognized and consistently fostered. I therefore recommend the creation of a new committee, to have power to confer with the Council on Medical Education and Hospitals of the American Medical Association, the American College of Surgeons and the American College of Physicians, and with any other organization or individual interested in promoting the medico-dental relationships, and to report at the next convocation of the American College of Dentists. We already have the facts which bear upon the why: it seems to me that now is the time and these are the means for deciding the how and bringing about the when.

Reports of Committees

Again, as in the past years, the committees of the College have made searching investigations and embodied their results in plans for interpreting our ideals in terms of action. I shall now insert my comments and recommendations upon some of the reports they have presented.

Dental Prosthetic Service. Handicraft training is essential in the professional education of a dentist. The dentist must be technically trained as well as professionally educated. The growth in number of laboratories is out of proportion to the growth in number of dentists. Mushroom growth of laboratories is a decided menace to dentistry’s advance. A model dental law should clip the wings of aspiring dental mechanics striving to enter dentistry through the back door or through the cellar window. I heartily endorse the recommendations of the wideawake Dental Prosthetic Service Committee, and trust ways and means may be found to translate them promptly into action.

Legislation. The Committee on Legislation has functioned effectively since its creation. Its duties are so closely related to true progress in harmonizing the civic with the professional and educational phases of dentistry that it must be continued as a standing committee. It is the policy of the College not to encroach upon the

*For reports of committees see pp. 77-110.—[Ed.]*
activities of any other organization, but rather to assist whenever and wherever possible in the attainment of ideals and the promotion of programs related to professional growth. Accordingly, the Legislative Committee should correlate its activities with those of the corresponding committees from the National Association of Dental Examiners and the American Dental Association. It is not necessary to discuss in detail the whys and hows of a model dental law. We all agree that such a law is not only necessary but in every way desirable. We are not prepared to meet an emergency in dental legislation until such a law has been drafted. I therefore suggest that the Committee proceed, in collaboration with committees from the National Association of Dental Examiners and the American Dental Association, and with such other assistance as may be required, to draft a model dental law. The report of the Committee on Oral Surgery presents a timely illustration of the immediate importance of such action.

Education and Research. The report of the Committee on Education and Research presents an admirable exposition and analysis of a situation which requires the closest attention and study, for the principle laid down in relation to the organization of the Dental Educational Council of America and the desirability of maintaining harmony and good will are above discussion.

Nothing so influences the growth of a profession in character, usefulness and reputation as continuous activity in its special fields of research. Research loses much of its credit and something of its value unless its more important findings are published immediately and under suitable auspices. The unique worth and prestige of the Journal of Dental Research are universally recognized. It is unthinkable that the dental profession of the United States and Canada should be so blind to its highest interests as not to secure this invaluable publication against all future hazards. Pride, duty and utility speak together in its behalf. Those of us who are least likely to contribute to the pages of the Journal of Dental Research should be the more eager to embrace this opportunity of making clear our sense of obligation to those who do contribute. It belongs to us all—and to the generations to come, who will not hold us guiltless if we fall short of a truly bountiful provision for this distinguished organ of dental
research. I confidently expect that we shall meet this obligation with noble liberality.

A second project which is closely related to our ideals of professional education and research, is the suitable commemoration of eminent service in behalf of those ideals. At this convocation we are to honor a man whose name deserves to be inseparably linked with those of the immortal Hayden and Harris. He has won a rightful place among the men whose deeds are indelibly inscribed upon the shield of dentistry. This is no fanciful flight of our imagination. In our hearts—yes, in our very souls—we have enshrined this patron and benefactor whose ability and generosity, experience, enthusiasm and devotion, have heaped upon us, year after year, contributions to the advancement of dentistry which have providentially answered our deepest needs and our highest aspirations. That our appreciation and love for him, and still more that the significance of his contributions to dentistry, may be set forth in perpetuity to succeeding generations, I recommend that the College sponsor the creation of the William John Gies Award; that sufficient endowment be raised through the Fellowship of the College; and that a standing committee of three be appointed to study all details related to this project and present plans promptly to the Regents for the endorsement of the College.

**Oral Surgery.** This report is presented by a capable and most energetic committee, who after prolonged study have arrived at some attainable ideals, indisputable facts, and interesting, sensible conclusions which we shall do well to ponder and then resolve upon immediate and forceful action. In my opinion there is no better opportunity to show what the College can accomplish by vigorous and sustained effort. Let us see to it at once that a *Journal of Oral Surgery* is started; that dental statutes are so amended as to prevent any future confusion or misunderstandings; and that adequate rights are guaranteed to practitioners of dentistry in all phases of its ministries. Let us not neglect our opportunity to further the medico-dental relationship by the establishment and standardization of dental and oral service as an integral part of modern hospital organization. The support which this committee and our Committee on Hospital Dental Service have received is a plain indication that the hospitals want this service. Why not let them have it?
Journalism. It is gratifying to note that the Commission on Journalism has continued its critical analysis of proprietary professional journals, and that the interest and enthusiasm shown during the initial stages of the study have not waned or their efforts become spasmodic. On the contrary, the work has grown in importance and usefulness, and the results indicate no diminution of zeal. The activity and resourcefulness of the Commission’s campaign to discourage evil and encourage good deserve the commendation of the entire profession. The insuperable obstacles which have been standing in the way of the first editorial award have now been removed by the adoption of a carefully adjusted program. We feel that the awards will be initiated in 1938, and that they will mark the opening of a new era in the journalism of dentistry. I urgently recommend that thoughtful and continued study be applied to the problem of replacing proprietary journals by a truly professional type of dental literature which may be of interest and value to both physicians and dentists.

Conclusion

We should bear in mind the fact that the College does not concentrate all its hopes or all its energies upon the work delegated to committees; that nothing is an end in itself, but only the opening of another of those vistas of opportunity which renew the vitality and stimulate the wholesome activity of an organization which makes leadership its function. The College will go forward with its long-range program, enlarging its membership by careful choice of able and distinguished men; organizing sections to study and improve the status of dentistry in their local environments by systematically coordinating their efforts with those of the College; making each annual meeting an outstanding contribution to the growth of dentistry in idealism and practical service; keeping touch with each Fellow through its publications and reminding him that he in his place represents the College in its ideals; binding together the dental profession as a whole by informing it of all constructive activities; undertaking a succession of important tasks in the service of what is most worthy in dental practice and in the dental profession, and meriting thereby the special support of philanthropists; and giving
appropriate honor and publicity to the historic achievements of dentistry. By such planning and such performance the College has made itself a powerful center of professional aspiration and influence. But all that it projects must be maintained and consolidated by its Fellows and its sections, or much of its generous initiative will be dissipated and come to nothing. Each Fellow and each group of Fellows should be alive to the duties of leadership which the College expects them to undertake, and make themselves responsible wherever they find themselves for worthwhile efforts to extend the opportunities and improve the services of dentistry. Definite, well-planned and continuous activity in the common interests of the profession and the public is no more than what election to Fellowship should automatically imply.

I shall leave with each of you the recipe for immortal youth and eternal springtime, in a series of questions which should rouse your ambition, stimulate your endeavor, and challenge your perseverance; they have to do with that ideal of medico-dental relationship which we hope soon to attain; their solution will hasten the day of mutual understanding and public appreciation:

1. How shall medical students find out what they need to know about the conditions present in diseases of the mouth? And how are dental students to know what oral diseases or infections are associated with a serious disturbance of general health?
2. How are physicians, dentists, and the public at large to be made aware that medical and dental practitioners face very similar problems, and can accomplish much more by cooperation than by separate effort?
3. What need is there for delay in securing competent and effective dental-medical service in all large hospitals, and especially in those which offer clinical instruction?
4. How shall we persuade the clinician that voluntary service is a privilege which he should gladly embrace?
5. How shall we spread the truth that the entire physical condition of a patient, public or private, is of as much concern to the dentist as to the physician?
6. Why cannot we dentists meet more frequently with the physicians of our community, and profit by a free discussion of our relations to each other and to our patients?
7. Can any of us take part in joint research, or are we able to apply
the findings of others in biochemistry, bacteriology and nutrition, so as to come nearer a solution of the problems which have thus far baffled both dentistry and medicine?

(8) Are we watching what is said about us, correcting false or malicious statements, combating the ignorance of meddlers with our professional experience, and guarding both ourselves and our public against the dangers of political interference or non-professional control of our services?

By facing such questions as these we shall be doing our part towards translating our ideals into realities, and contributing to that substantial progress which dental leadership has made during recent years.

I have spoken of triumph and enthusiasm as emotions natural to this occasion, when we are congratulating ourselves upon the substantial progress of dentistry during recent years, and looking forward confidently to further achievement in the near future. In the last of the questions just propounded, I have also sounded a note of warning against those who would undermine our professional status. This is a time of social unrest and disturbance almost unprecedented in American history. With some classes of society proclaiming their active dislike not only of the capitalists and manufacturers but of professional men as well; with rumors of a proposal from within to unionize both dental and medical practitioners, and another from without to bring their services under political control; with many dentists reported to be weakening into subserviency before the pressing encroachment upon our field by dental laboratories and their technicians, we have reason indeed to be vigilant. But still more, I believe, have we reason to be profoundly thankful for the leadership which has found its center and expression in the activities of this College during the past seventeen years. It has brought us self-knowledge and a strong sense of professional solidarity, and enabled us to make the public in some degree aware of our uncompromising ideals of thorough preparation and honest, enlightened, devoted service.

In keeping with the theme of this convocation, “Ideals and their relation to professional growth,” and no less with the graver aspects of the changing environment in which we find ourselves, is the tribute which the College and its sister organizations are privileged to pay to Dr. William J. Gies, the friend, inspirer and benefactor of the
American College of Dentists from the moment the Fellowship was conferred upon him (1923). To him our unbounded gratitude is due for his inestimable contributions to our self-knowledge and solidarity, and to the work of formulating our ideals, translating them into effective action, and interpreting them, through the *Journal of the American College of Dentists*, to the dental profession as a whole and to the reading public. The character and endowments of such a man, even without the manifold products of his illuminating intelligence, would in themselves make his presence with us "an outstanding intellectual and spiritual contribution to the advancement and welfare of dentistry."

**IDEALS MAKE THE PROFESSION**

**JAMES J. WALLACE, S.J.**

*New Orleans, La.*

I feel very much honored to have the privilege of addressing the American College of Dentists. I appreciate it more than I can tell. In the comparatively few years that I have been associated with the work of dental education and dentistry I have come to learn of the splendid work of the College, to know a number of you personally, and, in coming to know you and your achievements, to regard the College as the standard bearer of the profession. Who am I that I should presume to address you? Though I well may, and most emphatically do, yield to the least of you in the matter of scientific knowledge of all those things that go to make the dentist, yet I feel that as far as interest in your profession is concerned, or desire for its advancement, or anxiety to see its ideals attained, I am one with you. I believe that my good friend, your esteemed President, had this in mind when he extended to me his gracious invitation to appear before you. This is my only title to speak to you on a subject that must be very close to the heart of every one of you—ideals in dentistry.

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1 Address at the Atlantic City convocation of the American College of Dentists, July 11, 1937. The speaker was introduced as the Regent of the School of Dentistry, Loyola University of the South. See item 49; abstract of minutes; *J. Am. Col. Den.*, 4, 76; 1937.—[Ed.]
Far be it from me to attempt to tell such a body as this what the ideals of dentistry should be. Mine shall be the simpler task of setting before you the significance of an ideal and its reaction on the individual professional man, and through him on the profession and on the quality of his service for humanity. The ideals of dentistry are, and must ever be, nothing short of the ideal in dentistry. The ideal! How the nobler members of our human kind keep reaching out to it! With what has been well called “divine discontent” they never cease to strive for it. On and on they struggle, year in and year out; and when in a moment of exaltation they feel that they have grasped that which they thought to be the ideal—perfection—calm reflection makes them conscious that they are but unprofitable servants, that the ideal is something better, something nobler, something that lies beyond their best efforts.

Is it they who make the ideal, because forsooth they are constituted of finer stuff, or is it the ideal that makes them and constitutes them the nobler members of our human kind? Do they create the ideal, or does the ideal make them over again and of finer stuff? The ideal is not the creature of their minds, not a fiction of their fancy. They do not make it; they discover it. In the lecture room, in the laboratory, in the clinic, in the written page it is revealed to them by some inspired teacher. First they glimpse it, then they gaze steadfastly upon it. They are enamored of it. They would possess it—and they are possessed by it. They think forsooth that they are reaching out to it; actually it is drawing them. A something in the depths of their souls has been stirred. They are on fire to attain it; they count nothing worthwhile in comparison of it. The most profound change has come over them. The process of refashioning them in the image and likeness of the ideal has begun. They will never again be satisfied with anything less—unless of course they apostatize from it.

And the pity is they will never attain it! Ten, twenty, fifty years of effort—and there it is before them, still only inches beyond their grasp. The ever-broadening vision of the human mind as it rises to greater heights of attainment, the ever-growing capability of the human heart to empty itself of self and give itself unselfishly to the service of others—no, the ideal will never be attained. In mathematics they call infinity a quantity greater than any quantity that can
be named; in life, the indefinite perfectibility of human nature is greater than any degree of perfection that can be attained. The man that can but touch the hem of the garment will be blessed indeed in the fruition of a thrill of satisfaction that nothing else can give.

Gentlemen, the ideals of dentistry cannot be different from the ideal in dentistry. It is so in art, in science, in philosophy; it must be true in dentistry. It is so in every undertaking of man! Whatever mars the ideal of a dentist as a man must necessarily, and in that same precise measure, mar the ideal of a dentist as a dentist. He cannot lead a double life; he cannot live up to a twofold allegiance; he cannot serve two masters. If a life of ease and pleasure be the objective of his efforts as a man, he will be slipshod, negligent, ambitionless as a dentist. It is still true that a silk purse cannot be made of—anything but silk, natural or artificial! If the purpose of his life be to amass a fortune in and out of his profession, he is prostituting a noble career to a very base purpose. With the immortal Dante I should relegate him to the deepest inferno. Conversely, and from a positive viewpoint, whatever enhances the ideal of a dentist as a man must necessarily ennoble the dentist as a dentist. Sincerity of purpose, ultimate and immediate, painstaking and conscientious effort, noble ambitions and perseverance—these qualities make men great men; they will make dentists great dentists.

The very notion of an ideal postulates as an essential pre-requisite the subordination of self to the realization of the ideal. But in sacrificing self he will perfect himself, for he that shall lose his life shall find it. It is true that he will not find a pot of gold at the end of the rainbow of the ideal, but who will say that he will not find a pearl of great price—the pearl of unselfishness in the service of his fellow-beings.

The value of ideals in dentistry? Isn't that foremost in our thoughts? Out of all that I have said flows the answer. The better ideals characterize the better man; they make him such. The better man is the better dentist, because he will carry into his profession his better ideals. The ideal of dentistry is the ideal man in dentistry. The nearer the approximation to this ideal in the human units that go to make up the profession—it is true of all professions—the higher the place of the profession in the esteem of man and God.
The ever-growing esteem in which the dental profession is held today by the better element of our nation is, in my opinion, directly related to the constant raising of the ideals that modern dentists have set before them. And this raising of the standards is to be credited to the quality of the leadership in the profession, as represented by the American Dental Association, by the American Association of Dental Schools, by the National Association of Dental Examiners, by the American Association of Dental Editors—and, notably, to the quality of leadership in the American College of Dentists.

CHARACTERISTICS OF PROFESSIONAL EDUCATION

WILLIAM D. CUTTER, M.D.

Chicago, Ill.

In speaking to you this afternoon concerning the characteristics of professional education, one ought, perhaps, first of all, to answer the question: "What is a profession?" Numerous answers have been given defining the term from various points of view, but for our present purpose it will suffice to bring to your attention three essential attributes of those professions designated by an earlier but not less critical generation as "the learned professions:" theology, law and medicine. You will understand that "medicine" was interpreted in a broad sense to include all that pertained to the care of the sick and, of course, that specialized care we now term dentistry. We should bear in mind that these professions are distinguished from other vocations by the greater emphasis placed upon service to the community than upon the remuneration of the individual. The laborer, truly, is worthy of his hire; but whereas in other vocations the motive of personal profit is paramount, in the professions we are considering it definitely subordinated to a sense of public responsibility.

Purposely, I employed the term "learned professions" because the

1 Read at the Atlantic City convocation of the American College of Dentists, July 11, 1937. The author was introduced as the Secretary, Council on Medical Education and Hospitals, American Medical Association. See item 53; abstract of the minutes; J. Am. Col. Den., 4, 76; 1937.—[Ed.]
implications of the phrase are today decidedly unpopular. By many of our leading educators we are told that in a democratic age there should be no such distinctions; that an aristocracy of learning is as outmoded as feudalism in government; that every human interest is equally worthy of recognition in our educational system; that a thesis upon the relationship between the number of bacteria in an undershirt and the length of time that it has been worn is as deserving of the Ph.D. degree as the philosophy of Einstein or the researches of Millikan. At all events I bespeak your consideration of the opposite view, namely, that the professions which are our immediate concern are set apart by the fact that they require the acquisition of an organized body of specialized knowledge together with the application of a highly developed intellect, critical judgment and technical skill. The satisfactory cultivation of these faculties necessitates a broad educational foundation, such as is now a prescribed preliminary to the admission to a professional school.

It is an attribute of certain of these professions—medicine, law and dentistry—that, because of the importance of the services they render, the state has fixed educational standards for practitioners and has prohibited unqualified persons from entering these fields. That the state has the right, or rather the obligation, so to protect its citizens is no longer open to debate. In the performance of this duty, however, officials find themselves handicapped by their inability to make uniform, and at the same time comprehensive, appraisals of the schools which assume to train for these professions. In law and medicine, the Bar Association and the American Medical Association through their respective committees have led the way in the formulation of minimum standards and the classification of schools. Not without opposition. President Capen of Buffalo, in a recent address, has voiced the opinion of those who resent the so-called interference by standardizing agencies and demand that universities be granted freedom to follow their own bent. Dr. Lipman, Dean of the Graduate School of the University of California, in the same vein has brought an indictment against regulation by official or professional groups and urged a new declaration of independence by academic authorities. On the other hand, Mr. William S. Learned, in the thirty-first annual report of the Carnegie Foundation for the
Advancement of Teaching, points out a fundamental and significant difference between "liberal" and "professional" education:

"In professional education, on the contrary, standards of selection and of curriculum achievement both in amount and quality are the inexorable criteria of all procedure. The purpose of such education is to ensure a social service of superlative worth and competence. The agent is comparatively unimportant; regardless of his wishes or career, the community will, in the long run at least, choose those who can do most for it, and it is this impersonal and self-denying attitude which is accepted by all high-minded practitioners as expressing the finest ideals of any profession.

"In looking into the intellectual status of prospective teachers, therefore, as of prospective doctors or lawyers, the social critic has the right to disregard the legitimate claims of the individual to a suitable education at his own level and to urge that, in the interests of the cause he serves, certain fixed standards of achievement be enforced. It is not the individual but the service which is at stake. To be sure, at any given time, these standards will be governed by the existing state of knowledge, the economic situation, and the social insight of the community concerned. Nevertheless, whatever they are and whatever they cost, their claim is paramount, in any inventory such as that which is now before us."

If we agree with Mr. Learned, as I am sure we all do—and if we recognize, as I think we must, that those legally responsible, the various state boards of examiners, have not the resources or the machinery to make comprehensive and uniform studies of professional schools throughout the country with resulting evaluations that would command general confidence and public acceptance—then we come inevitably to the conclusion that there is need for cooperation between the officers of the states and the professional associations to the end that, jointly, we may safeguard the vital interests of our people and at the same time uphold the dignity and honor of our professions.

**EDITOR'S ADDENDUM**

At the evening session of the College, Honorary Fellowship was conferred upon Dr. Cutter. President Midgley's address included this citation:

"William Dick Cutter: brilliant physician, teacher and executive, Secretary of the Council on Medical Education and Hospitals of the American Medical Association, who, while guarding the intellectual resources of
WILLIAM D. CUTTER

American medicine, has given most generous aid to the Dental Educational Council of America, and set an illustrious example by bringing to the medico-dental relationship those vital facts and principles which must light the pathway to success in both professions.”

PERSONNEL METHODS AND THE SELECTIVE SYSTEM¹

FREDERICK T. GUILD, Ph.B., A.M.

Providence, R. I.

Some years ago in a relatively small number of dental colleges there was a wide divergence between the published requirements for admission and the actual practice in administering the regulations. Too large a percentage of applicants were admitted with one or more conditions. Upon investigation, various reasons for the practice were given including the necessity of increasing the financial income by enlarging the number of students. College standards, however, must for the most part depend on the average preparation of the students, and the presence of too many conditioned men inevitably affects the quality as well as the amount of work which should be done to ensure an entirely adequate professional training. From recent reports it is evident that there is a very definite improvement in the situation, and congratulations are due to your President and his colleagues for their untiring efforts to establish thoroughly satisfactory standards for admission to dental colleges.

The question arises whether personnel information can be used to advantage in connection with other qualifications for admission to dental colleges. May I digress briefly to refer to the practice in undergraduate colleges where such methods are widely used and are of increasing importance. To quote from a Brown University publication:

“So far as possible the Committee will reach its decisions with respect to applicants for admission after careful consideration of the best interests of the applicant, the school, and the University. A candidate must show evidence of good character, acceptable personality, intellectual interest,

¹ Read at the Atlantic City convocation of the American College of Dentists, July 11, 1937. The author was introduced as the Registrar of Brown University. See item 54; abstract of the minutes; J. Am. Col. Den., 4, 76; 1937.—[Ed.]
and ambition. Evidence concerning these qualifications will be obtained from the personal application blank forwarded by the applicant, the reports from the school and the report of a personal interview with the applicant."

It should be understood, however, that the number of applicants far exceeds the number which can be accepted, and that we are dealing with boys in their teens; also, that the transition from preparatory school to college is a more radical change than any other that may come later.

When the transfer from an academic college to a professional college is under consideration the problem is quite different. Is it desirable to have information regarding the applicant in addition to credentials showing that he has satisfactorily covered all the subjects necessary for full admission—possibly including responses to some of the following questions?: In which fifth of his class did his grades place him? Has he a forceful personality? Is he mentally alert—an original thinker? Can he be expected to give serious and continuous attention to his studies? Did he win any prizes or obtain any special honors? Was he active in undergraduate affairs? Was he popular with his classmates? Any other reasons why he is considered to be a desirable candidate for admission to the dental college. Supplementary information of this nature assuredly affords valuable criteria for judgment on a candidate's admissibility to a dental college.

EDITOR'S ADDENDUM

At the evening session of the College, Honorary Fellowship was conferred upon Mr. Guild. President Midgley's address included this citation:

"Frederick Taft Guild: for forty-six years Registrar of Brown University, who, for no other reward than the satisfaction of rendering an inestimable service, applied his wide and varied experience, keen discrimination, and just sense of values, to appraising the scholastic credentials of candidates for admission to the dental schools of the United States, during the past four years for the Dental Educational Council of America, thereby laying a sure and permanent foundation for universal improvement in dental education."
AMERICAN COLLEGE OF DENTISTS

ATLANTIC CITY CONVOCATION: JULY 11, 1937

ABSTRACT OF MINUTES: COLLEGE AND REGENTS

OTTO W. BRANDHORST, D.D.S., Secretary
St. Louis, Mo.

I. BOARD OF REGENTS

July 9 (9:30–11:45 a.m.); first session: present—eleven. (1) Minutes of sessions in San Francisco read and approved. 8 Reports of committees—(2) Dental Prosthetic Service, (3) Journalism; both accepted (39, 42).


July 9 (8:15–11:45 p.m.); third session: present—nine. Reports of committees (con.)—(20) Public Relations; accepted (45). Miscellaneous transactions—included (21) Establishment of William J. Gies Fellowship Fund for the Promotion of Dental Research, in conformity with recommendation of Committee on Public Relations (20, 45).

July 10 (5:30–6:30 p.m.); fourth session: present—nine. (22) Report of Board of Censors: considered in detail. (23) Of nominees for membership approved by Censors, forty-seven elected by Regents (50).

July 13 (2:00–5:30 p.m.); fifth session [first of new administration]: present—ten. Resignation of membership: (24) J. B. Sutherland; accepted. J. Am. Col. Den.—editors elected for 1937–38: (25) Editor, W. J. Gies. (26) Associate Editor, J. E. Gurley. (27) Assistant Editor, O. W. Brandhorst. (28) C. W. Koch appointed chairman, Committee on Ceremonies. (29) W.

1 All sessions of the College and Regents were convened in the Hotel Ambassador, excepting the dinner session of the College, which was held in the Hotel Chelsea.

8 Minutes of the convocation in 1936 (San Francisco) were published in the J. Am. Col. Den.: 3, 95, 1936; corresponding addresses, reports, etc., pp. 117–173; editorial, p. 180.

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J. Gies appointed Assistant Secretary. *Miscellaneous transactions:* (30)Establishment of William J. Gies Award in Dental Research, additional to Fellowship Fund(21); both to be in charge of standing committee: A. L. Midgley, chairman; P. C. Kitchin, L. R. Main, P. J. Hanzlik, Howard C. Miller, A. B. Luckhardt, L. M. S. Miner, J. E. Gurley. (31)Secretary instructed to send to each member resolution on "dual membership"(57), signed by President and Secretary. (32)Constitution and by-laws, and register of membership, to be published after adoption or rejection of constitution now before College for decision.

**II. CONVOCATION**

*July 11 (9:45–12:10 p.m.); first session:* President Midgley in chair; 45 members present. (33)Minutes of San Francisco convocation: approved as read. (34)Treasurer's report(16), and reports of (35)certified accountants and (36)auditors: accepted. *Reports of committees:* (37)Centennial Celebration, (38)Certification of Specialists in Dentistry, (39)Dental Prosthetic Service, (40)Education and Research, (41)Gies Testimonial, (42)Journalism, (43)Legislation, (44)Necrology, (45)Public Relations, (46)Socio-economics; all accepted(2–12, 20). *Resolution adopted:* (47)Resolution offered by Committee on Dental Prosthetic Service(39); presented as special motion, and adopted:

*Whereas,* the E. K. Medical Gas Laboratories, Inc., of Bloomfield, N. J., have instituted an unprecedented campaign of advertising of a dental product, 'Aldenol,' directly to the public; and
*Whereas,* such advertising curtails freedom of choice in selecting materials which are to be used by the dental profession in rendering oral health-service; and
*Whereas,* the rights and prerogatives of the dental profession are thereby made subservient to commercial interests; and
*Whereas,* if such advertising is allowed to continue it will result in a situation wherein the choice of dental materials will be dictated by high-pressure advertising rather than by the dental profession's collective and individual interpretation of the oral health-needs of the public;

*Therefore, be it resolved* that the American College of Dentists protests, through every avenue of influence and by all means available to the College, this and all similar lay-advertising of materials used in oral health-service; and

*Be it further resolved* that a copy of these resolutions be sent to the editor of every non-proprietary dental publication in America and to the Trustees of the American Dental Association, with a request for the widest possible publicity of this action of the College; and

*Be it further resolved* that a copy of these resolutions be sent to the E. K. Medical Gas Laboratories, Inc., of Bloomfield, N. J., and to the *Times* magazine.”

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1 The addresses and most of the reports of committees, at the morning and afternoon sessions of the College, are included in this issue (pp. 53–73 and 77–126).—[Ed.]
July 11 (12:30–2:15 p.m.); second (luncheon) session: President Midgley in chair; 128 members present. Address—“Ideals make the profession.” Rev. J. J. Wallace, S. J., Regent, School of Dentistry, Loyola University, New Orleans, La.

July 11 (2:30–6:10 p.m.); third session: President Midgley in chair; 70 members present; general theme—“Medico-dental relations.” Secretary read names and addresses of members-elect. Reports of committees (con.). Hospital Dental Service; Oral Surgery; both accepted. Educational addresses—Professional education.” W. D. Cutter, A.B., M.D., Secretary, Council on Medical Education and Hospitals, American Medical Association. “Personnel methods and the selective system”: F. T. Guild, Ph.B., A.M., Registrar, Brown University. Presidential address: A. L. Midgley; recommendations referred to Regents. Fellowship conferred upon following new members (asterisks indicate election to membership at meeting before 1937):

Resolution presented by Regents(31); discussed; adopted by unanimous vote:

"Resolved, that the American College of Dentists will not admit to membership any person holding fellowship in any similar honorary dental organization. Fellows of the American College of Dentists who are also members of a similar organization are requested to consider the propriety of early withdrawal from one or the other."

Report of Committee on Nomination of Officers: President-elect, A. H. Merritt, New York City; Vice-president, A. R. McDowell, San Francisco, Calif.; Secretary, O. W. Brandhorst, St. Louis, Mo.; Treasurer, H. S. Smith, Chicago, Ill.; Regent (5 years), A. L. Midgley, Providence, R. I.—all unanimously elected.

July 11 (7:00–11:45 p.m.); fourth (dinner) session: members and guests in attendance—600; President Midgley in chair. (59)Honorary fellowship conferred upon W. D. Cutter, M.D.(53) and F. T. Guild(54). (60)Remainder of session devoted to testimonial to William J. Gies; general theme: "Ideals and their relation to professional growth;" numerous addresses and felicitations; proceedings to be published in full in issue of J. Am. Col. Den. for Dec., 1937; see editorial, this issue, p. 139.

[Next convocation: St. Louis, Mo., October 23, 1938.]

AMERICAN COLLEGE OF DENTISTS
REPORTS OF STANDING COMMITTEES
Atlantic City Convocation, July 11, 1937

CONTENTS


1Compiled by the Assistant Secretary. In some cases the essentials are presented in abbreviated or abstracted forms. All reports, unless otherwise noted, were received by the College and referred to the Regents for executive attention. The Secretary's abstract of the minutes of the Atlantic City convocation, containing references to the reports of committees, is included in this issue: J. Am. Col. Den., 4, 74–77; 1937, Sep. For Committee reports at the San Francisco convocation (1936), see Ibid., 3, 148–173; 1936, Sep.—Dec.
I. CENTENNIAL CELEBRATION (ESTABLISHMENT OF DENTISTRY AS A SEPARATELY ORGANIZED PROFESSION, 1939–40)

The Committee reiterated the conditions stated in its report for 1936 (J. Am. Col. Den., 3, 154; 1936); added that it had not yet received from the American Dental Association any statement of pending action; but expressed the hope, from informal indications, that preparations for the prospective centennial under A.D.A. leadership will soon be begun.—H. S. Smith, chairman; E. C. Mills, Harry Bear, J. H. Ferguson, Howard C. Miller.

II. CERTIFICATION OF SPECIALISTS IN DENTISTRY

The Committee continued its consideration of the related problems, which were stated in its report in 1936 (J. Am. Col. Den., 3, 154). A sufficient amount of data has been collected to indicate that certification is desirable, but there is much confusion as to method. The Committee previously reported that, in its belief, the only effective method is statutory enactment. In a few states, certification laws have been in effect a short time—not long enough to give definite indications of results. “It is apparent, from the complications arising over the interpretation of certification, that it is extremely difficult to frame a satisfactory and effective law. The difficulties arise chiefly from two conditions: (1) It is not always possible clearly to define the field of a specialty. (2) Many who desire to be certified as specialists in a certain branch of dentistry do not wish to limit their practice exclusively to this field.” Further study is in progress.—C. O. Flagstad, chairman; L. M. S. Miner, C. R. Lundquist, H. C. Fixott, E. W. Swinehart.

2 The meeting of the College was held before the opening of the meeting of the American Dental Association. The following quotation from an editorial in the issue of the J. Am. D. Assoc. for August (24, 1349; 1937) indicates that constructive action was taken: “An incidental feature of the meeting, and one that should arouse the interest of every member of the American Dental Association, was the appointment of a Committee whose duty it shall be to formulate appropriate ways and means of celebrating, in 1940, the Centenary of the organization of the dental profession. In a short one hundred years, we have developed from what was practically a trade into a full grown profession, with a status of full recognition in professional circles. And it is this notable achievement that it is proposed to memorialize on the one hundredth anniversary of the establishment of the first dental society, the first dental school and the first dental journal.”
III. DENTAL PROSTHETIC SERVICE

The report of this Committee will be published in sections in consecutive issues. The first section is included in this issue: *J. Am. Col. Den.*, 4, 110; 1937, Sep.

IV. EDUCATION AND RESEARCH

_Education._ In the life of all organizations it is inevitable that crises shall arise. Decisions made at such times are frequently felt for many years to come, sometimes to the benefit and unfortunately sometimes to the detriment of the organization. In such periods of stress the determination of policies cannot safely rest in the hands of a few individuals. Every responsible society or organization related in any way to the problem must accept its share of responsibility, and exercise its rights in determining future policies. The Committee on Education and Research reaffirms previous statements that the American College of Dentists occupies a peculiar position in regard to responsibility in matters affecting the welfare of the dental profession. It is not in boastful spirit that attention is called to the fact that the members of this organization have been chosen because of their intense interest in the welfare of dentistry and for the contributions they have made to its progress. Because this society _does_ have the future of the profession at heart, it would be remiss in its responsibilities if it did not assert its opinions when progress is at stake. For over four years, while the greatest effort ever made in dental history to strengthen one of the most important of its functions has been in progress, there has also been a determined effort on the part of certain factions to disrupt and tear down. We refer to dental education, one of the two important phases of dentistry in which this Committee is interested.

The American Association of Dental Schools, aided by liberal grants of philanthropic funds, has conducted one of the most comprehensive surveys ever made in a professional field. The way has been opened for an advance in dental education that will place it on the very highest plane of educational standards. The schools have done their part; they have requested time in which to try out suggested curricular changes and make adjustments preparatory to the adoption of
standards of predental and dental education. But while this progressive program has been going on there has been a determined effort on the part of certain groups within the profession to set up controls of education that would retard rather than encourage its progress. It becomes necessary to discuss this situation openly and frankly. Two years ago, there was presented to the American Dental Association a plan providing for the formation of a body to control dental education, and specifically stating that no one having anything to do with dental education could be a member of that controlling body. Could such a proposal represent good judgment and good intention? The very nature of the proposal was "prima facie" evidence of anything but good intention.

All governing, directing, or classifying bodies need balance wheels. It would be unfortunate, indeed, if dental education should be without the judgment and counsel of representatives of other groups in the profession. Certainly the legal and practical division should have a part in determining the policies pursued in dental education. And it is doubtless true that those concerned with dental education would be the last to object to inclusion of such representatives in a council having such duties. At the meeting of the College in San Francisco in 1936 this Committee stressed the need for an equitable representation of dental educators on any council now existing or formed in the future. The attention of the College is now called to the resolutions passed by the American Association of Dental Schools at its meeting in Baltimore, in March 1937, as follows:

Whereas, the House of Delegates of the American Dental Association, at its meeting in San Francisco in 1936, adopted a set of standing resolutions on dental education which we understand are in conflict with the Constitutional and Administrative By-Laws of the A.D.A., which had already provided for a committee on dental education whose members are the A.D.A. representatives on the Dental Educational Council; and

"Whereas, we beg to call...attention to the fact that the American Association of Dental Schools acting collectively, and the member schools individually, are vitally interested in those problems which are of mutual concern to the profession at large and those directly involved in teaching dental students, and that those responsible for dental education are ever desirous of improving conditions; and

"Whereas, we wish to quote as follows from a copy of resolutions adopted
by this Association on March 18, 1936, copy of which was sent to the officers of the A.D.A.:

'Be it resolved, that it is the consensus of opinion of the accredited delegates of the member schools of the Association that the next two years should be considered as a period of experimentation both in the requirements for admission and in the use of the curriculum survey; and

'Be it further resolved, that, during the next two years, the minimum required specifications for the two pre-dental years should include satisfactory courses in the following subjects; a course in English, a course in Chemistry, and a course in either Biology or Physics, taken in an approved college or university; also that these minimum specifications should not prevent freedom of action, by any school which may desire to maintain or establish higher or more rigid requirements; and

'Be it further resolved, that during this two-year period of experimentation, additional regulations, beyond those mentioned in the preceding resolution (paragraph 2), should not be imposed by any standardizing group, ... and

'Whereas, in addition to the above facts it is pertinent to point out that a contact committee from this Association appeared before the [A.D.A.] Board of Trustees at its meeting in San Francisco and explained the position of this Association; and that there is at the present time a conference committee which is also studying this question in conjunction with similar committees from the American Dental Association and the National Association of Dental Examiners; therefore

"Be it resolved, because of all of these circumstances, the American Association of Dental Schools, in annual session assembled at Baltimore, March 17, 1937, wishes to reassure the American Dental Association that we believe that the best interests of dentistry and dental education can best be served by maintaining harmony and good will, both expressed and implied, between the three groups concerned; and

"Be it further resolved, that it will be acceptable to the American Association of Dental Schools that the following provisions be included in the resolutions to be adopted: (1) that the Dental Educational Council should be composed of ten members—four from the A.D.A., and three each to be selected by the National Association of Dental Examiners and the American Association of Dental Schools; (2) 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 A.D.A.; (3) 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.”

This problem will presumably be considered by the House of Delegates of the A.D.A. at the coming meeting. The School Association, one of the groups which surely is as greatly concerned with educational progress as any group could be, has expressed itself as wanting only the representation that it deserves. It is logical to assume that the Examiner and Practitioner groups desire no more than that. Your Committee feels that the American College of Dentists should lend its moral support in the solution of this important problem by endorsing the principle of the foregoing resolutions, and emphatically subscribing to that part which states: “reassure the American Dental Association that we believe the best interests of dentistry and dental education can best be served by maintaining harmony and good will, both expressed and implied, between the groups concerned.” We believe that the rank and file of the profession have the welfare of dental education at heart, and that the group which is carrying on a propaganda of misinformation and misrepresentation is small. But propaganda works upon the emotions, stirs class feeling, and quickly undoes what slowly-gained education has accomplished. It is necessary, therefore, that this warning be given.

Research. The Committee’s most important activity has been the formation of a subcommittee to undertake the raising of an endowment fund for the Journal of Dental Research, for the two-fold purpose of placing that journal on a sound financial basis and as a testimonial of appreciation to its founder, Dr. William J. Gies. Like most research journals, it has never been self-supporting, which means that unless proper aid is given to it, there is danger of its being lost to the profession. And since research that is not given prompt and effective publication is shorn of half its value, it was felt that the Committee could engage in no more important activity than that of formulating a plan by which the Journal of Dental Research could be preserved against the hazards of economic change. With this in mind, it is endeavoring to raise a fund of $50,000. To do this it has communicated with the president of each state dental society, ask-
ing for the appointment of a committee of three to coöperate with a committee of two appointed by the President of the American College of Dentists to raise funds among the members of the dental profession in each state. To each state committee has been sent an outline of the plan formulated by the Committee, together with subscription blanks for use in obtaining pledges and subscribers—one part of the plan being to obtain additional subscribers to the journal.

Everywhere the plan has been presented it has received most enthusiastic support. Already several thousand dollars have been subscribed and a considerable number of new names added to the subscription rolls. The outlook for the future is most encouraging. For several months the Committee has carried on its activities as part of those of the Gies Testimonial Dinner to be given here tonight (July 11). Its activities will be continued until the goal is reached. This may take two or three years. With the support of the dental profession, which it is believed will be forthcoming, it cannot fail. Active programs are contemplated by some states when their regular fall meetings begin. It is urged that officers in the district and other branch societies use every opportunity to present the matters to small groups. In this important activity in the interest of research, the Fellows of the College are asked to take an active part. It is a project which is in keeping with the high ideals of the College.—A. W. Bryan, chairman; L. M. Waugh, L. M. S. Miner, J. B. Robinson, A. D. Black, R. S. Vinsant, A. H. Merritt.

V. GIES TESTIMONIAL

The Committee on Gies Testimonial was appointed to consider some fitting testimonial to Dr. Wm. J. Gies as a symbol of the sentiments and appreciation of the American College of Dentists for the splendid work he has done in helping to advance the standards of dental education and the usefulness of the dental profession as a health service to humanity. Dr. Gies’ work has been so all embracing that it has been found difficult to devise something that would suitably represent our purpose.

The dinner to be given tonight in honor of Dr. Gies is one phase of the Committee’s activities. It was our desire to compile a bibli-
ography of Dr. Gies' publications, to have it printed in booklet form and presented as a souvenir of this occasion, but the task was found to be too great to accomplish in the allotted time. We have assembled more than 100 articles written on dental matters alone, and find that there are more than 500 on other scientific subjects. The Committee will endeavor to compile and publish a complete and accurate list of all the writings of Dr. Gies, and have copies of the same presented to Fellows of the College and others some time next fall if possible.

There are some features of the Committee's plans that we do not care to mention at this time, but they will be presented when they have been more fully developed.—H. E. Friesell, chairman; B. B. Palmer, A. R. McDowell, H. S. Smith, O. W. Brandhorst.

VI. HOSPITAL DENTAL SERVICE

The Committee reviewed its annual reports since its appointment in 1934, the last of which (1936) was abstracted in the issue of the *J. Am. Col. Den.* for Sep.-Dec., 1936 (p. 164). The American Medical Association, in its 1936 survey of hospitals, asked, on its questionnaire, whether there was a dental service, and (if so) for the number of (a) dentists classified as Attending, Associate, Consulting; also (b) dental internes and (c) dentists on salary. This was the first time any such detailed information was requested or secured on this subject. The returns, as tabulated by states, show that 3,142 of the 6,189 registered hospitals reported a total of 8,945 dentists, divided among Attending, 5,194; Associate, 1,726; and Consulting, 2,025. Of these, 1,176 are on salary. There are 369 dental internes in 211 hospitals. The data, as published in the *J. Am. Med. Assoc.* (108, 1044; 1937, Mar. 27), are presented in table 1. The Committee has had the enthusiastic cooperation of the American Medical Association, and records its sincere appreciation of the interest and guidance especially of Dr. Olin West, Secretary of the Association, and of Mr. Homer F. Sanger, of the Council on Medical Education and Hospitals.

The Committee's questionnaire, with reprints of Dr. Carr's paper (*J. Am. Col. Den.*, 2, 203; 1935), was sent to 1,501 selected hospitals listed by the American Medical Association; to date responses have
<table>
<thead>
<tr>
<th>STATE</th>
<th>HOSPITALS REPORTING DENTAL SERVICE</th>
<th>NUMBER OF DENTISTS REPORTED</th>
<th>DENTISTS ON SALARY IN HOSPITALS</th>
<th>DENTAL INTERNS</th>
<th>DENTAL INTERNS, DENTAL INTERNS, DENTISTS ON SALARY IN HOSPITALS</th>
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<tr>
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Totals                      | 3,142      | 5,194      | 1,726      | 2,025 | 8,945                     | 211                    | 369                    | 1,176                        |

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JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS, VOL. 4, NO. 3
been received from 972. Among the 1,501 hospitals were many conducted by the government—veterans facility and marine. From nearly all of these the reports have been most complete and worthy of commendation; each has a resident dental officer—some have several—on full-time salary and maintenance; and the dental service is well standardized, and most complete. Many heads of hospitals expressed profound interest in the survey, asking that they be kept informed of the Committee’s activities, and stressing the necessity for a well-organized dental service in hospitals. Some of these letters are almost pleading in their expressions of hope that the Committee’s efforts would accomplish the desired result. In many large state hospitals, the one man usually available for part-time salaried dental work only is apparently grievously overworked and underpaid. In each of several of the larger cities, at least one hospital has what appears to be an almost ideal dental unit. Practically 40 percent of the returns were accompanied by forms, charts, or detailed information regarding the dental service. Government forms were standard, but many of the hospitals used stock forms issued by various dental supply-houses, which indicates the need for a form adaptable to the usual type of records kept by most hospitals. Some hospitals submitted forms showing that considerable effort had been expended in designing charts to fit all phases of dental service for these particular hospitals.

Of the 972 questionnaires that were returned, several bore the inscription: “No dentistry;” were unsigned, and their source is unknown. A total of 42 failed to respond to the questions, but several sent explanations as to why they did not consider the survey applicable to their hospitals. The remainder—930—represent hospitals having a total of approximately 573,000 beds; 123 gave no information other than the number of beds, whether they had an outpatient department and school of nursing, and the fact that they had no department of dentistry of oral surgery; 427 have either outpatient departments, clinics, or dispensaries. The question, “How many outpatients during the last fiscal year?,” was answered in so many different ways that no attempt has been made to segregate this classification. Some reported the number of visits; some the number of new patients; some did not answer. To the question, “Does the dental service
function in the outpatient department?,” 182 answered yes; 56 no; 189 gave no reply. Nurse training schools are conducted in 399; 80 stated that no lectures in oral hygiene and oral pathology are given to student nurses; 91 did not answer; 228 stated that such instruction was given, the amount varying from 1 hour to 90, with a probable average of 10 during the year; in several instances, usually large state institutions, instruction was also given to patients. In a number of hospitals, in which no dental service was listed, a considerable course of such instruction was given to student nurses.

Of the 972 responding hospitals, 710 reported having dental service of some nature; 137 have no dental department; 423 have a dental department under various titles: Dental Service, Dental Clinic, Department of Dentistry, etc. Usually this is listed as a separate department of the hospital, but the responses were incomplete and uncertain. Thus a hospital having a dentist on part-time service, on a fee basis, reported a Dental Department; another, reporting no department, had a consultant, a full-time salaried dentist, and a dental intern; in another, several dentists serve without remuneration with a dental resident. From a different point of view, 150 report departments of Oral Surgery, Dental Surgery, Oral and Maxillo-facial Surgery, Odontography, etc. Usually each of these is listed as a sub-department of general surgery, but the number having a well-organized dental unit, as distinct from those in which only emergency or routine service is performed, has not been determined. In most hospitals with a well-organized service, the personnel of the Dental Department takes part in the seminar programs of the hospital, and the dental service is represented on the hospital staff, occasionally on the medical board, and in a few instances on the board of directors. A number of the dentists in the larger institutions are working on problems of clinical or laboratory research.

To the question, “Does your system of records include a dental consultation chart,” the answers are so varied as to admit of no classification. As previously stated, many charts and clinic forms were presented, which will be reviewed in the future. “What type of dental service do you consider most important to be given under hospital auspices?” this, too, elicited a variety of answers. Many did not reply; many said “All;” some, apparently construing the question to apply
to their particular situations, said, in effect: "We can't afford to do more than we are doing." "Should the hospital assume responsibility for the dental needs of the community?" a number stated "No" most emphatically—not for the whole community, not for the indigent, and not for part-pay patients. Some did not reply; some inserted a question mark for an answer. It is believed that the financial condition of the hospitals had a bearing on some of the replies—in other words, they took it personally. A great proportion, however, felt that the indigent should receive care under hospital responsibility. Very few hospitals reported a separate dental service for children. A few indicated that children were referred to the school clinic or to the school of dentistry in the larger cities.

As to salaries: 292 hospitals report salaried dental service, full-time, part-time, or on a fee basis; in many instances the amounts are not indicated. In one hospital (657 beds) the dental service consists of one dentist who visits the hospital every two weeks, for which he receives $25 a month. The largest salary reported was $3,800, in a hospital of 944 beds. In another (324 beds) a part-time dentist receives $3,000 and has two salaried associates; in another (500 beds), the head of the dental service receives $2,400; his two associates, $1,800 each. In view of the fact that the responses to the inquiry about salaries were few in number the figures given above cannot be regarded as representative.

Of the 525 hospitals reporting no "dental interne," 24 gave no further information; 210 have dental service, listed usually as part-time, with a director and a varying number of associates—10 or 12 as a rule. This group reports no salaries. In one hospital—283 beds, with a director and four associates—the department is designated "Stomatology," but there are no dental chairs in the clinic. Six hospitals reported "no dental interne at present," but plan to have one soon—or had one; 4 have full-time dental hygienists, but no dental internes; 143 have dental internes—usually 1; occasionally more; in one, 6. In 57, no salaries are paid to internes; in 10 they receive maintenance only. Salaries, where paid, range from $10 a month and maintenance to $1800 a year and maintenance (6), with a probable average of $200 a year. The period of service is usually one
year; sometimes three months; sometimes indefinite; sometimes part of the rotating interne service of the hospital.

Government hospitals deserve special comment. Their service, as already mentioned, is well standardized, and these wards of the government are apparently well cared for. A number maintain outpatient departments for ex-service men only. There is always one full-time salaried dental officer, resident, and usually several associates, also salaried. Eleven government hospitals report internes, with salaries of (usually) $1440 and maintenance. The dental officer's salary is not always given but, where it is, ranges from $3200 to $6000 a year, with associates salaried at $2600 to $3000. One hospital of 713 beds has a full-time dental officer, three full-time associates, four salaried internes, and eleven chairs in the clinic. This is in striking contrast to some of the large state hospitals, with one chair and a visiting dentist once a week to care for several thousand patients.

Recommendations. (1) Encourage hospitals to establish dental service as a part of the hospital organization. (a) Dental service as now provided in hospitals varies from a minimum, as represented in consultation only, to a maximum of complete dental service. (b) Consultation is inadequate. While complete dental service may not be possible in all institutions, it should be the goal. (c) This involves a definition of adequate and inadequate dental service. We recommend that a committee be appointed to define "adequate" and "inadequate" dental service.

(2) Urge dentists to seek appointment to hospital staffs. (a) Just as hospital connection is of great value to the physician, so ultimately, at least, it will be of similar value to the dentist. In this he will be living in a medico-dental relationship, which has been so long advocated. In this, too, a fuller appreciation of the value of dental service, and thereby of the usefulness of dentistry as a profession, will be impressed upon all concerned. A corresponding increase in respect on the part of the public for dentistry as a profession, and dentists as members of that profession, will result.

(3) The College should urge, through proper channels, that dental schools include the following in their curriculum for senior students: (a) Hospital routine and organization; (b) bedside dental service, including general dental procedures.
(4) There is urgent need for a standard record-form for hospital dental service.

(5) It will be necessary to work out more definitely our medico-dental and hospital relationships. Various suggestions have been made with regard to the pivotal point in this relationship. The Committee, having given more careful thought to the problem, feels that it is necessary, first of all, to develop a more concrete picture of dental practice. Some have suggested that oral surgery is the connecting link in these relationships; others believe that dentistry itself

<table>
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<th>DENTAL PRACTICE</th>
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<tr>
<td>Operative dentistry</td>
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</tr>
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</table>

should occupy that position. We realize the strategic position which oral surgery and the oral surgeon occupy. In the issue of the *J. Am. Den. Assoc.* for March 1937, p. 395, one of us (Gurley) proposed an "Outline of dental practice" which is submitted herewith as a basis for discussion. Oral surgery is a part of the dental curriculum—the oral surgeon is primarily a dentist. Surgery is a division of medicine; the graduate of the medical course practises surgery. Surgery is a division of medical practice; similarly oral surgery is a division of dentistry.
(6) Copies of this report should be placed in the hands of the members of the American Association of Dental Editors, for publication in full or in part, and they should be asked to comment editorially. We also recommend that copies be sent to the deans of all dental schools.—Howard C. Miller, chairman; Leo Stern, J. E. Gurley, E. A. Charbonnel, C. W. Stuart.

VII. JOURNALISM

The report, in general comment on current developments and conditions, commended the transfer of ownership of *D. Cosmos* to the American Dental Association; also the plans for the *J. Den. Res.* and *J. Den. Educ.*; and the dental faculties that, in an increasing number, have been formally indicating support of the principle that dental journalism should be under the control of ethical dental societies. In this relation the Commission also said: “In view of the definite position of the American College of Dentists in support of the principle that organized dentistry should as rapidly as possible assume complete control of its journalism, your Commission notes with regret that a few members of the College continue to support proprietary journalism by contributing in one way or another to its printed pages. Further, your Commission believes that the College should by formal action indicate that every Fellow of the College has the privilege of honorable withdrawal previous to accepting membership in any other purported, honorary, dental organization carrying in its membership the most conspicuous proprietary journalists. Your Commission is in full accord with the spirit of liberalism that should always dominate the ideals, aims, and objectives of the College. While the College should never attempt to coerce thought and opinion, it does have the right to expect that in spirit and in all associations every member will actively cooperate for the attainment of the ideals, purposes, and objectives to which the College is dedicated.” A plan for the awards of editorial medals in 1938 will receive further attention.—H. O. Lineberger, chairman; E. G. Meisel, J. T. O’Rourke, Leland Barrett, E. A. Johnson, G. M. Anderson, J. C. Black, B. B. Palmer, U. G. Rickert.

*A related resolution was adopted. See item 57 in the abstract of the minutes of the Atlantic City convocation: J. Am. Col. Den., 4, 77; 1937, Sep.*
VIII. LEGISLATION

The Committee's first study, in organizing for the year, was that of the proper and useful scope of activity in which it should engage. The view of the Committee last year, as expressed in the recommendation that its activities be coördinated with those of the respective committees on legislation of the American Dental Association and the National Association of Dental Examiners, was reaffirmed. Encroachment on the work of these committees would serve the best interests of neither the dental profession nor the College. A proffer of willing service in an emergency, or in any specific assignment, was directed to the two committees and graciously acknowledged in each instance. However, no emergency arose nor were there specific duties uncared for by the committees of the two organizations. So the rôle played by your Committee has been merely as observers with the idea of reporting salient developments of interest.

While the enactment of new dental practice acts or legislative amendments by the various states is usually reported annually in detail, this is omitted here. Rather, for our purpose, it is believed a more interesting and accurate picture can be obtained by removing the focus from the close annual study to a distance permitting the scope of a five-year field. From this perspective we may observe that, in 1933, legislative enactments were reported from five states: Delaware, Illinois, Maryland, Oregon, Wisconsin. This was nothing unusual; merely the average number of state groups seeking some effective control of the dental advertiser. Nor did the reports for 1934 foreshadow the impending activity, when like amendments were listed from the states of Connecticut, Massachusetts, Michigan, New Jersey, Rhode Island. But through this period the now familiar case of Semler vs. Oregon State Board of Dental Examiners was progressing from the Supreme Court of Oregon to the Supreme Court of the United States. The opinion of our highest tribunal, given in the clear and stately expression of Chief Justice Hughes, voiced those basic principles which had long been cherished by the dental profession as in the interest of public health and of the profession's growth in health service. Witness the response to this judicial pronouncement, the most important in the history of dental legislation. The
reports for 1935 showed that twenty-three states adopted anti-advertising amendments: Alabama, Arizona, California, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Maine, Minnesota, Montana, Nebraska, New Hampshire, New York, North Carolina, Ohio, Oklahoma, Tennessee, Texas, Utah, Washington, Wisconsin. By the time of the annual meeting in 1936, an off-year for state assemblies, four were added to the score of accomplishment: Kentucky, Mississippi, South Carolina, Virginia. In the year just passed (1937) fifteen states were added to the list: Arkansas, Georgia, Kansas, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, North Dakota, Pennsylvania, South Dakota, Vermont, West Virginia, Wyoming. Efforts of state groups to secure new legislation in the past year failed in Arizona and Michigan. In two additional state assemblies bills of similar objective are pending.

Thus, in brief, we have the picture of forty-seven states—some states being represented twice in the total of fifty-two amendments—accomplishing anti-advertising legislation within a five-year period. Not all the enacted amendments were precisely as introduced and desired by the state professional groups, but all, particularly the forty-two of the past three years, represent a fairly uniform advance and are alike in conformance of pattern to the Oregon law. This unprecedented legislative activity is but a result of the concerted and sustained determination of the dental profession to control an element within its ranks—negligible in percentage but potent in harmful prejudice among lay minds against the professional regard the majority labor to build. Whether influenced by background, temperament, acquisitive inclination or inherent perversity, this small number has long been unable to adapt themselves to ethical professional life and, in blatant rivalry, have preyed on that portion of the public which could least afford to be duped. It was imperative that they be controlled, if the profession was to attain its rightful growth.

The almost nationally complete succession of amendments within the five-year period represent fifty-two instances in which state dental groups have laid careful groundwork and worked with a unity seldom before equalled in our professional development. The entire period has been marked by unusual coöperation between states
as each planned the effort. In fact, we have all but completed what is probably the most important chapter in national dental legislative history. Only Nevada and the District of Columbia have failed to enact amendments within the five years. Quite naturally the accomplishment has not been as easy as might appear from quick recital here. There have been rebuffs and failures, but in each instance a more carefully planned second attempt has been successful. The entire picture can be viewed only with the eye of encouragement. The tests of the newly enacted amendments, where the cases have reached the supreme courts of the states, have afforded strong encouragement. During the past year the supreme courts in Indiana, North Carolina, Virginia and Wisconsin have rendered decisions giving the strength of judicial finality to the present laws. Other endeavors to circumvent the new provisions have been similarly unsuccessful; as witness the results of efforts in referenda in Utah and Oregon, and the repeal bill in Minnesota.

But the mal-adjusted practitioner is ever resourceful, and one of his recent devices is Mail Order Dentures. This promised an outlet for his inclinations. One Dr. S. B. Heininger, of Chicago, was the most prominent in the field, and charges of fraudulent claims were brought against him before the Federal Trade Commission. A Cease and Desist Order was finally obtained which did not fully stop his operations but did serve a useful purpose. As such practice was clearly in violation of the Illinois statutes, the citation of the Federal Trade Commission was used as the basis of revocation proceedings before the Illinois Department of Education and Registration, and on May 9, 1937, the Department upheld the Board of Examiners by denial of rehearing. In such manner has the capable Illinois State Board of Dental Examiners given a valuable precedent in control of this dangerous practice. Doubtless others will follow suit by effective control at the source.

The optimistic tone of this report should not suggest that all problems have been solved. There will of necessity be some set-backs and a need for strengthening vulnerable provisions. But the trend is so soundly established, and the profession so effectively organized, that the end is near at hand. The prediction can safely be made that, at the close of a century in building a profession, we see the passing
of a small group who have long hindered the construction.—W. N. Hodgkin, chairman; M. L. Ward, W. A. McCready, G. S. Vann, B. L. Brun.

IX. NECROLOGY

The Committee on Necrology reports with sorrow the names of the following Fellows of the College who have been called to their reward within the past year:

Dr. H. L. Watson, Manchester, N. H. (Mar. 1, 1936)
Dr. David T. Chase, Portland, Ore. (Oct. 23, 1936)
Dr. A. E. Webster, Toronto, Ont., Canada (Nov. 5, 1936)
Dr. W. D. Tracy, New York, N. Y. (Feb. 11, 1937)
Dr. L. L. Davis, Chicago, Ill. (Feb. 25, 1937)
Dr. Eugene R. Warner, Denver, Colo. (Mar. 28, 1937)
Dr. H. H. Johnson, McIntosh, Ga. (May 23, 1937)
Dr. Charles L. Drain, Iowa City, Ia. (June 5, 1937)

In the passing of these loyal Fellows the College has suffered an irreparable loss. They were keenly alive to their professional responsibilities, and gave unsparingly of their time and talents to advance the profession in quality and in public esteem. They had made themselves an aggressive part of a great cause, supporting in every particular the high ideals and purposes of the College. We bow in humble reverence before Divine Providence that has willed to take these co-workers from us, recognizing that any righteous cause is His cause and that the consciousness of this relation motivated the devoted services of these departed Fellows.—J. B. Robinson, chairman; U. G. Rickert, B. B. Palmer, J. E. Gurley, Howard C. Miller.

X. ORAL SURGERY

During the past year detailed consideration has been given primarily to the desirability of creating a journal devoted to the advancement of oral surgery, to be published under the auspices of organized dentistry. The Committee believes that a journal devoted to oral surgery, conducted in accordance with the highest ideals of professional journalism, would (a) emphasize the propriety of the allocation of oral surgery to dentistry and fulfill the vital need for a journal in this field, (b) and also, by means of an appropriate editorial
policy, become an important and influential factor for the continued advancement of oral surgery as a specialty in dentistry. For several months the Committee has been cooperating with the newly formed Committee for an Oral Surgical Journal of the American Dental Association. Two of the members of the College Committee are also members of the A.D.A. Committee. Both committees have received encouragement from many sources. In order to ascertain whether a journal devoted to the specialty would receive support sufficient to justify its existence, expressions of opinion have been obtained from the members of a number of organizations including the American Society of Oral Surgeons and Exodontists, the Chalmers J. Lyons Club, several state dental societies, and the College. The response to the questionnaire relative to the proposed plan to create a journal of oral surgery, sent to the fellowship by the Committee, was gratifying. Of 306 replies, 192 indicated a favorable attitude; 142 indicated willingness to subscribe for such a journal. In the field of independent professional journalism it is necessary not only to give consideration to the probable number of subscribers but also to additional sources of adequate financial support, and to the important problem of selecting an active editorial board consisting of individuals who have sufficient journalistic training, aptitude, ability and time to devote to the routine and time-consuming work of periodical publication. For the project to be successful, consideration must be given first to these basic conditions.

There is considerable variation in the wording of the statutes affecting dental practice, particularly regarding the implied or expressed limitation of the surgery that a dentist may legally perform. This has created misunderstanding in matters of hospital administration and also confusion in medical boards. Most of the laws affecting the practice of dentistry were written a number of years ago, and have not been amended to conform with the present advanced standards of dental education. A study of the dental laws in all the states, with particular reference to oral surgery, will be conducted. The Committee is also assembling data on the closely associated conditions relative to the legal qualification of the dentist, under appropriate circumstances, to sign certificates of death, and giving consideration to the more effective organization of the specialty of oral surgery—
increase in the number and quality of oral surgical societies would promote it. The creation of a National Board of Oral Surgery, and the certification of specialists, are also receiving attention.

Other problems for early investigation include (1) continued study of the present status of the practice of oral surgery as a specialty in dentistry, particularly in relation to the scope and limitation of work. (2) Investigation of the present tendency of medicine, in certain localities, to attempt to dictate the limitations of oral surgery as a specialty in dentistry, or to transfer oral surgery to medical practice. (3) Continued study of the oral surgical service as an integral part of modern hospital organization, and the systematization of a plan of management. This problem is being studied in co-operation with the Committee on Hospital Dental Service. (4) Survey of postgraduate and graduate courses in oral surgery offered by leading university dental schools; survey and appraisal of private courses of instruction conducted by oral surgeons. (5) Survey of hospitals offering dental internships, complete data to be compiled for the preparation of a list of approved hospitals. (6) Study of the medico-legal aspects of the practice of oral surgery, and compilation of a file of important court decisions.—M. W. Carr, chairman; Harry Bear, J. O. Goodsell, C. W. Freeman, J. R. Cameron.

XI. PUBLIC RELATIONS

When the Committee began to study the approaches to its work, two courses were open to it: (a) An approach that would be very broad, and would lead to many problems that at first might seem foreign to the subject of public relations and perhaps extend into fields already under study by other committees or organizations; and (b) a restricted activity, dealing only with a few of the more common phases of public relations. It was decided to approach the task from the broader aspect. "Public relations" was therefore interpreted to include the relation of dentistry with other scientific bodies, the public, the government, etc. The following outline was then set up as an approach to the studies:

(1) A survey of present relations of dentistry with other scientific organizations.
(2) A survey of dental research now being done, and where.
(3) A survey to ascertain fields or organizations interested in the progress of dentistry,
with thought of offering suggestions for establishing fellowships, or making contributions where most needed and where they would do the most good.

(4) Ways and means for developing dental-student responsibility to the public.

(5) A study of dentistry's relation to the U. S. Public Health Service.

(6) A study of dentistry's relation to the Children's Bureau, U. S. Department of Labor.

(7) Survey of present methods for dental education of the public.

(8) The importance of dentistry in the field of health service.

(9) A survey to obtain information as to the profession's contribution to the community, in services rendered, taxes paid, purchasing power, etc.

(10) Ways and means to publicize the activities of the American College of Dentists.

The plan was first to find out what was going on, what other organizations were doing; then to suggest ways and means by which the College could aid in improving various relations.

(1) Survey of present relations of dentistry with other scientific organizations. Probably the most noteworthy recognition of dentistry, by other scientific organizations during the past few years, is that accorded by the American Association for the Advancement of Science, in making dentistry a sub-section in its organization. The development of this section, with its yearly program, is something of which we should be justly proud. The cooperation between the American Division of the International Association for Dental Research, American Dental Association, American Association of Dental Schools and the American College of Dentists, in this development, has elicited much favorable comment, not only from the dentists attending the meetings but also from those connected with other sections of the American Association for the Advancement of Science. Dentistry's relation with the medical profession and all other allied professions has been greatly improved during the last few years. It is important, however, that dentistry should not take these relations for granted, but rather should strive to better its position and standards so that these relations will not only be continued but enhanced with the passing of time.

(2) Survey of dental research now being done, and where. It seemed impractical and unnecessary to conduct a detailed survey by questionnaire, for the programs of the annual meetings of the International Association for Dental Research present representative cross-sections of the fields in which investigation is progressing. The rapid and steady growth in the number of papers offered, and the increasing
attendance at the I.A.D.R. meetings, indicates healthy interest in dental research. Analysis of the program of the current year (1937) shows participation by 16 dental schools, 7 research laboratories and 4 clinics not allied to dental schools. Two observations on this distribution deserve mention: (a) Research (at least that formally reported) seems confined to institutions. (b) The extent of work reported from the various institutions seems directly proportional to the financial support available for the purpose. Subjects of projects covered a wide range, but a rough tabulation of the 85 papers presented by the American institutions showed the following percentage distribution: Pathology and bacteriology, 21; anatomy, histology, physiology, biochemistry, 19; materials and instruments, 14; clinical conditions, 14; geographical incidence of oral disease, 13; growth and development, 9; therapeutic methods, 8; history of dentistry, 1. This is a healthy dispersion. The obvious increase of investigations in the fundamental sciences is particularly pleasing. One of the members of the Committee, who attended the meeting, reported in part as follows:

"The quality of many of the presentations suggested that much research is now being conducted under adverse conditions of time and preparation. The College would be serving the interests of dentistry in a very practical way by giving full public acknowledgment of its belief in the importance of research to the public health, and of the necessity for its adequate financial support by persons or foundations. It was the writer's impression that there existed at the meeting some reluctance on the part of many to present reports of progress on unfinished projects. The exchange of ideas is so important a function of the annual meetings of this group that this tendency, if it exists, is to be deplored, and might be due to the present delay in the complete publication of the proceedings of the I.A.D.R. It is recommended that the College do all in its power to assist the Journal of Dental Research to a position of financial and political independence, so that it may serve as a cumulatively effective publication of the I.A.D.R."

[Cushman]

(3) Survey to ascertain fields or organizations interested in the progress of dentistry, with thought of offering suggestions for establishing fellowships, or making contributions where most needed and where they would do the most good. Every encouragement should be given to qualified men to continue their studies and researches. Knowing that many
such men are definitely handicapped in financing such plans, the Committee recommends that the College establish fellowships in accordance with the following plan:

**PROPOSED FELLOWSHIPS IN DENTAL RESEARCH**

*Funds.* The College shall set aside annually a sum of money—not less than five hundred dollars ($500.00)—to create fellowships in dental research.

*Administration.* The College shall form a Fellowship Board of five members, to be elected by the Regents and so constituted that the term of office of one member will expire each year. The vacancy may be filled either by re-election or by replacement by a new member. The Fellowship Board will select fellows in research from the applicants, to conduct research at places approved by the Board.

*Name.* The fellowships are to be known as the William John Gies Fellowships in Dental Research.

*purposes.* The College will offer these fellowships to assist persons in this country who wish to devote a period of time to research in dental science.

*Field of study.* All branches of dental science will be open to applicants for these fellowships. For the present, however, candidates will be favored who wish to devote their study to clinical and biological fields.

*Qualifications of applicants.* The fellowships are open to citizens of the United States and Canada who have the degree of Doctor of Dental Surgery, or Doctor of Dental Medicine, or the equivalent. The fellowships are intended to aid young workers and especially those who expect to make teaching and research their vocation.

*Location of work.* These fellowships will not be granted to any institution or university, but only to personal applicants. The place where a fellow shall make his investigation, and under whom he shall make his study, must be approved by the Fellowship Board. It shall be a university, or a biological or other scientific laboratory whose prime purpose is teaching or investigation in scientific fields. The space and all permanent equipment shall be furnished by the laboratory where the work is to be done.

*Grants.* The amounts of the grants to fellows shall, in each case, be determined by the Fellowship Board, the usual stipend to be not more than three hundred dollars ($300.00). It is preferable that these grants be devoted not to men who give part-time to research in their own universities, but to fellows who will devote full-time to research in a laboratory suited for the special work they intend to do. The fund may not be used for salaries of investigators, but only for operating expenses and the cost of perishable supplies and equipment.

*Publication of reports.* The results of the work done under such fellowships are to be published through approved scientific channels without restriction. Each publication must include a statement that the work was aided by a fellowship of the American College of Dentists.

Of this plan, the member of the Committee who formulated it, reported:

"I have gone to some effort to study the fellowships provided by the Rockefeller Foundation, the National Research Council, the Guggenheim Foundation, the Carl Schurtz Foundation, the Oberlaender Trust, and a few smaller foundations. I think this plan would incorporate the essential
working scheme. The amount of money set aside for this purpose would have to be determined by the Board of Regents and could be increased if and when more seemed desirable. So far as laboratories are concerned, I am sufficiently familiar with institutional work to know that there would be no difficulty in placing men where they can work to the best advantage."

[hill]

(4) Ways and means for developing dental-student responsibility to the public. The Committee, through Dr. Cushman to whom this study was assigned, submits the following suggestions: The College can encourage schools to conduct their clinics in a way that will fully exemplify this responsibility of the profession. If it is agreed that the proper practice of dentistry now requires more than technical proficiency, the school clinics should be organized to allow for full and coördinated student study of all oral conditions in each patient, and grades granted should be less obviously founded on the student satisfaction of quantitative technical standards. Where such requirements have to be fulfilled through the student’s own initiative, they preclude the possibility of developing a proper responsibility to the individual patient. It is recommended that the College coöperate with the schools, if they desire, by conducting an annual national student-thesis contest on some aspect or problem of dental public-health activities, offering suitable awards for the best two or three submitted, and sponsoring their publication. Such a thesis might serve as a final examination in courses on public-health dentistry, and the best one or two might be submitted to the College for evaluation against similar selections from other schools.

(5) Study of dentistry’s relation to the U. S. Public Health Service. Dr. Camalier, to whom this assignment had been given, reported that the provisions of the Social Security Act do not specify dental health in particular. The Act applies to public health in general, including dental. The funds provided by the Social Security Act are allotted to the state health departments according to needs, population, and special health problems, and are not earmarked for any particular activity. The budgets of the state health departments are sent to the U. S. Public Health Service for approval. In a general way this also applies to the Social Security funds allotted to the states through the Children’s Bureau of the U. S. Department of Labor.
Many states have budgeted a portion of the Social Security funds for dental health-work, most of which are new units, and are using this money exclusively for dental health-education. A few are expending a portion of their funds for clinical service for the indigent. It is possible for the state health officers to recommend that dental personnel be sent to public-health schools for training. A number have done so and expect to send dental personnel to schools for special public-health training this fall and winter. Also, the U. S. Public Health Service does not earmark any of the Social Security funds allotted to states, but is authorized to supervise the expenditure of these funds and to disapprove any project not considered satisfactory.

[The report contains a list of marine hospitals and other relief stations, penitentiaries, and public services, where dental officers are on duty to render dental treatment for proper beneficiaries of the U. S. Public Health Service.] The following persons are entitled to the benefits of the U. S. Public Health Service:

Persons (American seamen) employed on board in the care, preservation, or navigation of any registered, enrolled, or licensed vessel of the United States or in the service on board of those engaged in such care, preservation or navigation.

Officers and enlisted men of the Coast Guard (active and retired).

Officers and seamen on vessels of the Coast and Geodetic Survey.

Officers and crews of vessels, certain keepers and assistant keepers of the Lighthouse Service (active and retired).

Officers and crews of vessels of the Bureau of Fisheries.

Persons detained in hospitals of the Public Health Service under the immigration laws and regulations.

Seamen from vessels of the Army Engineer Corps and Army transports, or other vessels belonging to the United States Army.

Seamen employed on the vessels of the Mississippi River Commission.

Beneficiaries of the Employee's Compensation Commission.

Patients of the Veteran's Bureau.

Lepers.

Pay patients designated as such under departmental authority, as officers and enlisted men of the United States Army and Navy, foreign seamen, etc.

Officers of the Public Health Service, and employees of the Public Health Service on field duty.

Mental hygiene division beneficiaries.

Officers and employees of the Public Health Service at national quarantine stations, on board quarantine vessels, and at foreign ports.

During the fiscal year 1937, there were 56 commissioned officers on duty along with 42 dental internes. Thirty-one of these dental internes were on duty at the U. S. marine hospitals; eleven, in the
Federal prisons. In addition to the above, the present Surgeon-General, the Hon. Thomas Parran, is evincing great interest in dentistry, and is cooperating in every way with officials of the American Dental Association, and the local constituent groups.

(6) Study of dentistry's relation to the Children's Bureau, U. S. Department of Labor. On this subject Dr. Camalier's report included these observations: Under the provisions of the Social Security Act, the Social Security Board is given responsibility for the Federal administration of all the grants-in-aid features of the Act except the following—Title V: Part 1, Maternal and Child-health service. Part 2, Services for crippled children. Part 3, Child-welfare services. All to be administered by the Children's Bureau, U. S. Department of Labor. The other exceptions are Vocational Rehabilitation and the Public Health Work. In addition to the indirect benefits to children provided by the other titles of the Social Security Act, titles IV and V specifically provide grants-in-aid to the states for promoting the health and welfare of children. The provisions of title IV, which are to be administered by the Social Security Board, may be summarized briefly as follows:

For the purpose of enabling each state to furnish financial assistance, as far as practicable under the conditions in such state, to needy dependent children, there were authorized an appropriation of $24,750,000 for the fiscal year ending June 30, 1936, and also such sums as may be necessary thereafter, to be used for payments to states which have state plans for aid to dependent children approved by the Social Security Board. The term "dependent child" is defined to mean a child under the age of 16 years who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity, of a parent, and who is living in the home of his father, mother, or other relative or relatives, as specified in the Act. No residence requirement is to be imposed which would result in the denial of aid to an otherwise eligible child who (a) has lived in the state for 1 year immediately preceding the application for aid, or (b) was born in the state within 1 year immediately preceding the application, if his mother had lived in the state for a year immediately preceding his birth.

State plans must provide for state-wide operation, the plan to be in effect in all political subdivisions of the state, and if administered by them to be mandatory on them; financial participation by the state; administration, or supervision of administration, by a single state agency, granting, to any individual whose claim with respect to aid to a dependent child is denied, opportunity for a fair hearing before the state agency; such methods of administration (other than those relating to selection, tenure of office, and compensation of personnel) as are found by the Social Security Board to be necessary for the efficient operation of the plan; and such reports by the state agency as may be required by the Board. States with approved plans will be reimbursed to the extent of one-third of the
total expenditures, except that the state or local administrative-unit will bear the full cost of any payment in excess of $18 per month for any dependent child; or, if there is more than one dependent child in the same home, in excess of $18 for one such child and of $12 for each other child.

The provisions of title V, excepting part 4, Section 531, are to be administered by the Children’s Bureau under the supervision of the Secretary of Labor. The annual appropriations authorized in the Act are these:

<table>
<thead>
<tr>
<th>Services</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and child-health services</td>
<td>$3,800,000</td>
</tr>
<tr>
<td>Services for crippled children</td>
<td>2,850,000</td>
</tr>
<tr>
<td>Child-welfare services</td>
<td>1,500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$8,150,000</strong></td>
</tr>
</tbody>
</table>

The American Dental Association has been requested to appoint an Advisory Committee to work with the Children’s Bureau in all dental matters under its jurisdiction. Miss Catherine Lenroot, Director of the Bureau, Dr. Martha Elliott, and Dr. Edwin T. Daily, are especially anxious that the American Dental Association shall cooperate in every feasible way, and President Miner and the President-elect have assured the Bureau of the Association’s full cooperation. The Committee will naturally be free to criticize constructively whatever may be in operation or in prospect, so far as dentistry is concerned. In relation to public-health service and the activities of the Children’s Bureau, dentistry, though not specifically mentioned, is included in the general term “health service.” It is “up to” the dental profession so to conduct itself as to write itself into these activities as it wishes to be written in, but not to depend on others to do the writing.

(7) Survey of present methods for dental education of the public. No project is more important than this, so far as the public and the profession are mutually concerned. Until ways and means are developed—ethical and acceptable to the profession—to carry to the public the information regarding prevention of dental diseases, the further development of preventive measures will do little good. The Public Relations Committee of the American Dental Association, under Dr. Morrey, has developed plans to reach the public. But the subject is so extensive that every aid should be given in the effort to broaden the activities and to reach more people. What
Several years ago the American Dental Association adopted certain rules and regulations governing dental educational publicity in order that any information for the public, issued under the auspices of the Association, should be carefully prepared and edited in an effort to insure authenticity. Briefly, this material is prepared by the Bureau of Public Relations; checked by the Committee on Dental Health Education; referred back to the Bureau for final preparation; and then forwarded to the U.S. Public Health Service for the final stamp of approval. Practically all the material issued by the Bureau is handled in this way. At present the Bureau prepares and distributes pamphlets, leaflets, booklets, charts and posters to the members of the Association for use in their offices and before community groups. This material is also disseminated among state and city departments of health and education, teachers, dental hygienists, nurses, parent-teacher associations, and members of other recognized ethical organizations. The Bureau distributes dental-health educational motion-pictures and stereoptical slides to the same sources as listed above. The Bureau prepares and delivers two fifteen-minute radio broadcasts per week: one, over Station WBBM, Chicago, which reaches the central states and as far south as Mississippi; the other, over Columbia's Northwest chain, which reaches radio audiences in Indiana, Illinois, Wisconsin, Michigan, Minnesota, North Dakota, South Dakota, Iowa, Nebraska, Kansas and Missouri. In addition, copies of these radio talks are supplied to component societies. At present the Bureau is negotiating with the University Broadcasting Council of Chicago for a series of dramatized dental educational broadcasts. In all probability these will be released over the Columbia Broadcasting System in the near future. The Bureau furnishes component societies with newspaper articles for insertion in their local newspapers.

The above indicates briefly what the American Dental Association is doing at present for the dental education of the public. It is to be hoped that this important work will be increased tremendously in the coming years. Much more authentic information should be given to the public along dental lines, but released in a way that will accord with the high professional ethics of the profession. This can be done through the safe and sane policy adopted by the Association and operated through its Bureau of Public Relations. It has been the policy of the American Dental Association not to interfere with state programs, but only to show the way. As a matter of fact, many states are projecting valuable health educational programs, and unless a complaint is registered, the Bureau of Public Relations does not criticize. It will, however, give its constructive criticism when requested by a state or component society. The Association has felt it inadvisable to attempt to standardize dental-health programs. Thus far this has worked remarkably well. Agencies other than the regularly organized dental groups in the United States should not attempt to disseminate dental-health information, for they would cause confusion in the minds of the public as to authenticity, and doubt as to reliability.

An outline of an extensive plan for public dental-education is submitted on page 106 (fig. 1). The material available in the A.D.A. office should effectively fit into such a plan. Attention is called to one phase in the use of the radio. It is believed that, if the questionable claims (of radio announcers) pertaining to dentistry and
FIG. 1. PLAN FOR PUBLIC DENTAL EDUCATION

1. Schools
   - Public Dental Educational Comm.
   - Through
   - Civic Organizations
   - Oral Hygiene Council
   - Board of Education
   - To establish
   - Dept. of Oral Hygiene

2. Dental Office
   - Professional Obligation
   - Support Council on Dental Therapeutics
   - Conscientious Effort
   - Advocate of Dental Health

3. Medical Profession
   - Medico-Dental Education
   - Professional contacts
   - Cooperation
   - Joint Meetings
   - Interrelated papers, writings, research, etc.

4. Press
   - Special Messages
   - Layman
   - Dentist
   - Committee
   - Listens in
   - News Items
   - News Articles
   - Better Messages from Commercials

5. Radio
   - Special Messages
   - Layman
   - Dentist
   - Committee
   - Prepares Reply
   - The RADIO MESSAGE
   - Medico-Dental Service Bureau, reaches public, discusses budget and places health service definitely in budget
   - Like "Hygeia"—to be official mouth piece of dental profession for public
   - Approved Articles and Advertisements

6. Lectures
   - Schools
   - P.T.A.
   - Teachers' College
   - Institutes
   - Clubs, etc.

7. Special Agencies
   - Like "Hygeia"—to be official mouth piece of dental profession for public
   - Medico-Dental Service Bureau, reaches public, discusses budget and places health service definitely in budget

8. Oral Health Publication
   - Support organization
   - Support Council on Dental Therapeutics
   - Conscientious Effort
   - Advocate of Dental Health
   - Has a convincing Argument
   - Individual Sold on Merits of Profession

Staff
- Inspector
- Director and Staff
- Dental Society
- Dental Education
- Dental Service

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dental remedies could be refuted by an authoritative body, dentistry would be raised in the esteem of the public—and surely this refutation would redound to the credit of the profession. Thus far we have been only partially successful in reaching the public with educational material. This situation should have our serious attention, for in it lie unlimited opportunities.

(8) Importance of dentistry in the field of health service. The importance of dentistry in the field of health service is recognized by all. Dentistry offers one of the best approaches to a preventive health service. Plans must be so developed that this can be convincingly presented not only to the public but to others in the health-service field. Here lies a real opportunity.

(9) Survey to obtain information as to the profession’s contribution to the community, in services rendered, taxes paid, purchasing power, etc. While considerable material has been gathered in this particular relation, it is far from complete and will not be presented at this time. The contributions made by the dental profession in any community—in services rendered, taxes paid, purchasing power, etc.—compare very favorably with those of any other group.

(10) Ways and means to publicize the activities of the American College of Dentists. The American College of Dentists should give due publicity to its activities. Its motives should be understood generally, so that the unwarranted criticisms that are sometimes directed at it, by individuals attempting to tear down the ideals of the profession, may be weighed by the rank and file and judged accordingly.

The Committee summarized its general recommendations as follows: The American College of Dentists should (1) continue its active support of the Sub-section on Dentistry of the American Association for the Advancement of Science; (2) give every encouragement to dental research, and actively support the Journal of Dental Research; (3) establish fellowships in accordance with plans submitted; (4) encourage emphasis, in the dental schools, upon dentistry’s responsibility to the public; (5) continue to be ever watchful of dentistry’s interest in its relation to public-health service and to the activities of the U. S. Children’s Bureau; (6) cooperate with the Public Relations Committee of the American Dental Association in the matter of dental education of the public; and (7) take steps properly to pub-
licize the activities of the College to the profession and the public.—
O. W. Brandhorst, chairman; T. J. Hill, C. W. Camalier, F. H. Cush-
man, H. V. McParland.

XII. SOCIO-ECONOMICS

The resignation, at the San Francisco convocation, of the chair-
man of the Committee, and unavoidable delay in the appointment of
his successor, made it necessary for the Committee to restrict its
efforts to a study of several general considerations, the results of
which were presented as a progress report. A quotation follows:

"When we come to the problem of how health-service dentistry
should be provided with the limited facts now before us, and as far
as feasible for those not now receiving it, we find great diversity of
opinion. Some believe the most important effort at present should
be directed toward a tremendous advertising campaign to compete
for the consumer's dollar, in the mad scramble today of high-powered
sales promotion. Fitting into this are plans for financing deferred
payments on a large scale. Some believe the government should
provide health-service dentistry, which includes adequate dentistry
to the indigent and semi-indigent, especially the children. Others
believe the government should provide health-service on the same
basis as education. Where state money is expended for dental
service, some would have it done in private offices and others in
clinics. Either is "state dentistry," by the way, although some seem
to think otherwise.

"There is no doubt that there has been a decided trend in recent
years toward more socialization of health service. Against this trend
there has been much opposition from some of the health-service
organizations, notably the American Medical Association, with the
American Dental Association following in its footsteps. Unfortu-
nately, the opposition has not had a satisfactory solution of its own
to offer and, consequently, has not been able to stem the rising tide.
In this connection, some recent trends in the American Medical
Association are significant, as shown at the annual meeting just
held in Atlantic City. Official minutes are not yet available, and the
action finally taken seems to have been not greatly different from past
commitments. The significant thing is the fact that the largest component—the New York State Medical Society—offered a resolution embodying radically different pronouncements to which it had given its adherence, and attempted to have these adopted by the larger body. The first of these pronouncements was the principle ‘that the health of the people is a direct concern of government and a national public-health policy directed toward all groups of the population should be formulated.’ It proposed increasing preventive service ‘through extension of public-health services, federal, state, and local.’ It suggested the need for definition of ‘adequate medical care.’ It proposed increased public funds for medical-education research and hospitals, and for adequate medical care for all indigents. These would seem to be some straws in the wind, with reference to certain forces in the American Medical Association.

“To what extent medical service will be extended in the future, it is impossible to foresee. There are too many contingencies which cannot be foretold at the present time. Great forces seem to be contending for mastery throughout the world—for mastery in our own land. The outcome, in any case, seems to portend change. How will the change affect the health-service professions? No one can tell. When health service is extended, dentistry should be in a position to see that it is given proper recognition in that extension. No health service can be efficient that neglects the importance of dental care. As extension comes, since adequate dental care for the whole population is not possible under existing circumstances, the emphasis should probably be on less than adequate care for some classes and adequate care for the child which, if carried out, would ultimately result in great extension of adequate care to all. The great needs today in health-service economics are more accurate knowledge of existing conditions and possibilities, and intelligent constructive leadership. In this leadership the dental profession should take a prominent place. Blind opposition will get us nowhere; we must have something better to offer.”—W. R. Davis, chairman; G. W. Wilson, C. E. Rudolph, E. H. Bruening, Maurice William, M. W. Prince, B. B. Palmer.
XIII. SUPPLEMENT: TREASURER'S REPORT

The balance on hand represented by cash in the Continental Illinois National Bank and Trust Co., of Chicago, Ill., as of the close of business on June 30, 1936, was $12,324.92. There was received from all sources from July 1, 1936 to June 30, 1937, inclusive, $13,821.10. During the same period the total of disbursements amounted to $8,932.21, thus leaving a balance in the bank as of the close of business, on June 30, 1937, of $17,213.81. Securities amounting to $5,000.00 par value are held to the credit of the College by the Continental Illinois National Bank and Trust Co. of Chicago, Ill., as custodians, inventory of which was attached to the report. The statement of receipts and expenditures showed in detail the sources from which the receipts were obtained, and the objects to which the expenditures have been applied.

[By direction of Dr. Albert L. Midgley, President of the College, a certified audit was made by Bagley, Vega and Co., Certified Public Accountants, of Chicago, Ill., as of June 30, 1937, and the report of the audit delivered to the Officers and Regents of the College. (J. Am. Col. Den., 4, 74; items 16, 34, 35, 36; 1937.)]

DENTAL PROSTHETIC SERVICE

I. SHALL DENTISTRY MAINTAIN ITS PRESENT UNITY?

WALTER H. WRIGHT, D.D.S., PH.D., Chairman,
Committee on Dental Prosthetic Service, American College of Dentists

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(This article is the first section of the report of the Committee on Dental Prosthetic Service of the American College of Dentists, at the Atlantic City convocation, on July 11, 1937. (See page 79.) Additional sections will be published in successive issues. The Committee's recommendations, as summarized at the end of the report, were these: (a) The College should strenuously oppose every effort or influence that would weaken the present unity of dentistry as now practised. Efforts to "elevate" dentistry to so-called "medical status," have as an obvious corollary the degradation of prosthesis to the
status of a trade. (b) The College should use its influence to prevent the licensing of dental technicians and to silence the constant propaganda of its proponents. The licensing of dental technicians as now proposed is the first step toward a break in the unity of dental practice, and a threat to the perpetuity of prosthetic dentistry on a professional basis. (c) The College should study ways and means of preventing the illicit practice of prosthesis by commercial dental laboratories, among which this illegal practice is steadily growing. (d) The College should vigorously protest the breach of dental trade advertising by the E-K Medical Gas Laboratories, Inc., and the aid of dentists and editors should be enlisted to prevent a recurrence of such advertising in the future. (e) The recommendations of this Committee, in its report in 1935, should be more freely discussed by members of the College, and receive wider publicity among the members of the profession.—Ed.]

1. REVIEW OF COMMENT (1873–83) ON PROPOSED SEPARATION OF MECHANICAL DENTISTRY FROM DENTAL PRACTICE

During the past century dentistry, by unprecedented labor, foresight, and development, has become an acknowledged profession whose oral health-service is becoming the equivalent of an oral specialty of medical practice. "Dentistry" now signifies a complete and comprehensive oral health-service in all branches and specialties of dentistry as practised by the dental profession. This autonomous and inclusive nature of dentistry did not evolve by accident; on the contrary, it has been jealously nurtured and assiduously cultivated by constant thought and heated controversy of dental pioneers and their successors. Originally dentistry consisted of two general branches, operative and prosthetic (or mechanical) dentistry, both of which were practised conjointly by a majority of practitioners. Of these two branches, operative dentistry was the most highly regarded, owing supposedly to its medical character. Prosthesis, on the other hand, was regarded by some as "undignified," "unclean," and worthy to be practised only by those lacking the finesse required in operative dentistry. It should be remembered that dentistry of that day was self-contained, including the laboratory phases of prosthetic dentistry, the constructions for which were made in the office of the dentist—commercial dental laboratories had not yet been organized. This depreciation of mechanical dentistry gave rise to serious and prolonged controversy during the closing quarter of the

1A concordant resolution, in protest, was adopted by the College. See abstract of minutes; item 47; J. Am. Col. Den., 4, 75; 1937 (this issue).—[Ed.]

last century. The survival of an undivided dental profession may be attributed to the decision, by the profession at large, that all phases of prosthetic dentistry, clinical and technical, have been and must continue to be inalienable parts of a unified oral health-service. Below are given several illustrative quotations, from the voluminous literature of that period (1873–1883), showing the arguments on both sides of the important question: Should operative and prosthetic (mechanical) dentistry be separated?

"Of the present status of mechanical dentistry, I regret to say that while rapid strides in advance have been making in the departments of surgical and operative dentistry, the so-called mechanical branch has been retrograding and losing caste, notwithstanding the urgent appeals which have been made in its behalf from year to year, by your Committee and others, who, recognizing its importance, felt that it was becoming a reproach.

"The entire separation of this branch from the remaining branches is inevitable, unless something is done to awaken new interest in it.

"Judging from the past, I do not think this is possible, and, therefore would suggest the propriety of our dental colleges striking it from their curriculums for the degree D.D.S. I do not wish to be understood as advocating turning it out-of-doors, by any means—but I would not have the degree D.D.S. dependent in any degree upon a knowledge of what is termed 'mechanical dentistry;' I would have it taught, and our students should have the same facilities they now have for obtaining a knowledge of it; and, should they prefer to spend their time in this department, after passing a satisfactory examination, they should receive a certificate or diploma granting an appropriate degree—say, Dental Mechanician. The student who preferred to spend the time of his pupilage in other departments, omitting this, should be allowed the privilege.

"It is a common thing, at the present day, for dental students to object to spending the necessary time in this department to properly qualify them for graduation, as they do not intend to practice it; and if they fulfill all other requirements and pass a good examination before other chairs, no faculty could well deny them a degree; and what is the result? The teacher of mechanical dentistry must sign a certificate which he knows to be false.

"I am aware that there will be many objectors to this proposition; but, gentlemen, I feel satisfied that this will be the final result; it is only a question of time, and the sooner the change is made, the better.

"Mechanical dentistry is fast becoming a highway for all the quacks,
charlatans and butchers that desire to enter the profession. The maker of artificial teeth will one day occupy the same relation to the dentist that the manufacturer of wooden legs now does to the surgeon.”—Eames, W. H.: Report of the Committee on Mechanical Dentistry, Trans. Am. Den. Assoc., 1873-74, p. 192.

This report by Dr. Eames was soundly criticized, a year later, by Dr. Swain, as follows:

"I desire to enter a protest against that portion of last year's report, made by Prof. Eames, advising a separation of the mechanical from the operative or surgical departments of our profession. Or more particularly, that in our dental schools it should be left entirely to the student to say whether he shall become proficient in this direction or not. It was admitted that students were graduated without their being able to pass a satisfactory examination in this branch of the profession, and that the professor of mechanical dentistry, in signing the diplomas, knowingly certified to what he knew to be false. It is my opinion that there is at present a very wide field for improvement in this branch of our profession. The number of articles which have of late appeared in the journals devoted to our interests, upon improved methods for setting pivot teeth, plainly indicate a growing desire for improved means for replacing the teeth when lost. The continued experiments, by members of the profession, for the purpose of discovering a material possessing all the virtues of vulcanite with less or none of the objections to it, and the avidity with which a new material promising these improvements is experimented with, also show that we as a profession are dissatisfied and anxious to improve this branch of our calling. Assuming these statements to be true, I can see no good reason why our dental schools should just now endeavor to throw obstacles in the way of its advance, or should desire to relieve themselves of any part of the odium at present attached to the mechanical department of dentistry.

"If, as has been stated, at some of the association meetings during the past year, 'advancement in operative and surgical dentistry has ceased' for the time being, then we hope the time has arrived when those men who have used all their talents in that direction, will look about for the means to elevate mechanical dentistry.

"The two branches cannot be separated by the general practitioner. Isolated cases may exist, and no doubt do in large cities where the one may be practiced independent of the other, but even in these few cases the operative dentist is called upon to correct irregularities, insert pivot teeth and perform other operations which require the highest order of mechanical
ability. That time will never arrive when the dentist with a country or small-town practice can separate the one from the other; and the college which sends a graduate into the field incapable in this direction, is not only doing the individual injury, but possibly an entire community. The profession has experienced little difficulty in educating themselves, as well as their patrons, to appreciate a better and higher class of operations upon the natural organs, as well as a higher remuneration for such services. An equal ambition to excel in the mechanical department, the same unity of purpose to elevate, with a more thorough and determined stand in our schools, would soon make an exhibit in this direction of which we should feel proud.

"Mechanical dentistry is not to be elevated by being made a specialty. I believe the man who operates upon the teeth of a family for years, is the one best calculated to provide the substitute when required. Knowing as he must all the characteristics of the natural organs once possessed, as well as the expressions of the face and mouth, with natural organs intact, he is best fitted to reproduce them. Neither is it to be elevated by being left entirely to the student or the boy who may be employed to sweep the office and do the dirty work of the laboratory.

"But those men who pride themselves in their ability to restore a defective natural organ to its original form with metal, as well as the teachers in our schools who claim to place the young practitioner upon the road to fame and fortune, these are men who by their precepts and works must set the example and thereby elevate or resurrect this almost dead arm of dentistry.


A year later Dr. Rehwinkel appealed for fostering care, and the development, of mechanical dentistry as a legitimate part of dental practice, as follows:

"Judging from the manner in which the reports of former committees have been received by this and other associations, and the apathy shown during discussions concerning matters relating to this branch, we are forced to the conclusion that mechanical dentistry has ceased to be popular with the profession; nay, more, that the existing union of the operative with the mechanical department is looked upon by a few of its members as a clog to the full development of either branch, and that, in the opinion of some, the separation of the two will be but a question of time...."
“Have our societies and associations given to this branch the same fostering care and consideration which has been bestowed upon the operative or surgical departments? Have any well directed and persistent efforts been made to prevent its degenerating into a mere trade? As individuals, have we not each and all contributed towards making mechanical dentistry what it is today? Have we not looked upon this branch as a little less respectable than the operative department? Have we not hesitated to acknowledge ourselves mechanicians as well as surgeons? And are we not now a little too ready to abandon a field of labor honorable in itself, and offering ample scope for the display of the highest mechanical art and ingenuity—that branch of dentistry through which the most enviable reputations have been made? Are we not too willing to abandon a good half of our legitimate occupation to a class of men who could only be too well pleased with our withdrawal, and who would thank us for throwing aside this part of our profession, and yielding it exclusively to their control.”


In 1879, a plea for the development of mechanical dentistry as a science and not as a trade, published by Pearson under the title, “In union there is strength,” included the following comment:

“We are free to confess that if we are to take the advertising ‘eight-dollars-per-set’ charlatans as a standard by which to gauge the mechanical dentist, then in common with others we cry, ‘For God’s sake let’s divide.’ But such is not the case, and need never be a necessity, if so many of our representative men, men to whom we look for advice, precept, and example, would not lead in this general cry for separation, and thus inculcate in the minds of their students and of the younger members of the profession the idea that mechanical dentistry is ‘an unclean thing,’ unworthy of the recognition of him who aspires to a position in the first rank. To such an extent is this carried nowadays that it is the rarest occurrence that you will find a young man in the profession, be he fresh from the college or from the hands of his preceptor, who will not tell you he has no taste for mechanical dentistry, but that he is a born operator . . . and while we are fully aware of the fact that our position is not at all a popular one, at the same time ‘we are free to maintain’ that if there is any art, any skill, any science in the practice of dentistry, it is in the mechanical department. In doing so I would not for a moment have it understood that I deprecate the value of operative dentistry. On the contrary, I am an ardent advocate of saving the natural teeth whenever and wherever circumstances will permit, and of never applying mechanical dentistry, except as a ‘dernier
resort;’ but when resorted to, would have it applied on sound scientific mechanical principles based upon a knowledge of the anatomical and physiological construction of the parts involved, and not dependent for success upon the file and corundum wheel. It is true that the skillful manipulation of tools and appliances may enable the merest tyro to finish a plate in a beautiful and artistic manner, and the lathe and corundum wheel will enable him to produce a semblance of articulation, but that is but a small part of the work. A thorough knowledge of the anatomy and physiology of the parts involved is essential to the construction of a perfect artificial denture. We mean such a construction as will restore to the features their natural contour, to the jaws their powers of mastication; that will reproduce perfect and distinct articulation and at the same time harmonize with the physiognomical peculiarities of the individual.

"Then let us not ignore mechanical dentistry simply because it is not always congenial with our tastes, rather let us strive to elevate it; let us cultivate it more thoroughly, cultivate it as a science and not as a mere trade; cultivate it as an essential element in the general economy of dentistry; instill into the minds of our students and the younger members of the profession the fact, that it, as well as operating, has a recognized place in dental science."—Pearson, R. I.: Missouri Den. J., 11, 452; 1879.

In an article entitled, "Shall mechanical dentistry be separated from operative?: snobs in dentistry," Hanks, in 1881, pointed out the impossibility of ever separating mechanical dentistry from general practice:

"Gentlemen—There seems to be an idea among a few dentists that the time has come when the two branches of dentistry should be divorced; that the highly cultured and finikin operator looks down upon the construction and insertion of artificial teeth as beneath him. It is the part of a mechanic's trade and not the occupation for high-toned gentlemen.

"Gentlemen, it makes my gorge rise when I read such things.

"Years ago, when dentists had no ambition to be considered a branch of medicine, they were not ashamed to acknowledge that they made artificial teeth, but rather gloried in it; took pride in it; put their best efforts into it; and brought forth better work an hundred fold than we see today.

"They, the would-be separatists, say that the making of a set of teeth requires mere mechanical skill. Gentlemen, ninety-nine one-hundredths of the work we do is work with the hands requiring skill. To make a set of teeth requires manual labor with properly formed tools or instruments, backed by good judgment and artistic taste. To fill a tooth, the premises
are not one whit changed. If anything, it is certainly more difficult to make a perfect set of teeth that will harmonize in color, shape and adaptation to the general surroundings, than it is to fill the most difficult tooth; at least I find it so. I hope when I speak this way of a set of teeth, no one will suppose I for an instant refer to the miserable botches we see every day, consisting of a conglomeration of shining bits of porcelain and red rubber, which look as if they were thrown together with a pitch-fork.

"With reference to the idea of the mechanical branch, so-called, being inferior to the operative, and being done around the corner by our poor young fledglings, while the gentlemen who consider this dirty work beneath them take all the balance, that I do not approve of. It certainly requires a higher degree of skill on the part of a dentist to be capable of doing a good artistic work in mechanical dentistry than is usually required in operative dentistry. Certain gentlemen with their high education assume to ignore mechanical dentistry, but the true inwardness of that is that they are incapable of doing it, and that is why they ignore it and cry it down.

"I did not mean to belittle the operative and surgical departments of dentistry, but I object to having the mechanical and artificial departments of dentistry belittled and looked down upon, and spoken of as being separate from dentistry, and as being beneath us to do that kind of work. If any man makes a specialty of filling teeth, he should do so without belittling the other branch, and if a man chooses to make a specialty of artificial teeth, that is his privilege, and he should follow it without belittling the other branch. In country towns—and a great portion of dental practice is there—the dentist should be a man who knows how to do all branches of dentistry, and you can never separate them, in a practical way, in country towns. They can only be separated successfully in large cities, where there is a large field for special practice. Take a village of a thousand inhabitants, and the idea of having a mechanical dentist and an operative dentist—there is one of the most impracticable things you could suggest."


The following resolution, in 1882, indicates a serious attempt to have mechanical dentistry taught as a separate calling:

"At the meeting of the Michigan Dental Association in March 1881, Dr. A. T. Metcalf, of Kalamazoo, offered some resolutions on the subject of prosthetic dentistry that were pretty sharply criticized by a large number in the profession. The resolutions, on the face, at least, conveyed the idea that the making and inserting of artificial teeth was a matter of little importance, and really beneath the attention and serious consideration of the dental surgeon. That the resolutions referred to did not fairly represent
the views of Dr. Metcalf may be rightly inferred from the following, which he offered at the annual meeting of the same body held a few days ago in the city of Detroit. The following is from the proceedings of that meeting:

"Dr. Clawson occupying the chair, Dr. Metcalf moved to take from the table a resolution, offered by him at the last session, providing for the abolition of the chair of mechanical dentistry at the University. Carried, and the following substitute was offered:

"Whereas, that part of our practice known as mechanical dentistry, when so conducted as to give patients the highest attainable results, has become so intricate and complicated that it can not be properly learned in the time now devoted to the teaching of it in our Dental College; and

"Whereas, in consequence of the insufficient instructions now given in it tends to cheapen, belittle and degrade it; therefore,

"Resolved, that the officers of the Association and the visitors to the Dental Department of the University of Michigan are hereby instructed to make all proper efforts to have mechanical dentistry taught as a distinct calling, and when students have become proficient in its various departments that they be entitled to receive a certificate of qualification to practice it, regardless of their qualification to practise dental surgery."


In 1883, Waye voiced a similar suggestion for separate instruction in mechanical dentistry:

"... until the operative and mechanical departments are divorced, and the studies which are required to fit students for the one or the other are clearly defined and taught in our colleges, and such separation is adopted and practiced by the profession, no encouraging hope of a marked improvement in prosthetic dentistry may reasonably be expected."—Waye, E. J.: "Should the operative and prosthetic departments of dentistry be separated?"; Ohio State J. Sci., 3, 456; 1883.

These illustrative arguments on the separation of operative dentistry and mechanical dentistry, from a voluminous literature, are sufficient to indicate that at no time did the dental profession advocate that mechanical dentistry be turned over to unskilled and academically-untrained artisans. On the contrary, they insisted that it be given an important place in the dental curriculum, with special studies designed to prepare the student in the science and practice of the difficult phases of mechanical dentistry. Almost all of the profession were undoubtedly opposed to separation, declaring in favor of a unified and inseparable profession, without which solidarity the collapse of dentistry as a profession was predicted. This view was clearly stated by Driscoll (1875) when he argued that only about
one hundred dentists wanted to separate operative and prosthetic
dentistry, and these favored such separation because they desired to
join the medical profession. He stated, further, that the vast ma-
majority of 12,000 dentists (1875) practised both operative and prosthe-
tic dentistry, and did not favor separation, for they derived one-
half their incomes from the practice of prosthesis (Missouri Den. J.,
7, 401, 1875).

As we now review the work of our predecessors, we see that their
plea for an awakening in prosthetic dentistry was fulfilled by an
unprecedented renaissance, which was begun during the closing
years of the last century and has continued to the present time.
Prosthesis has won unquestioned recognition as an indispensable
branch of oral health-service and continues to be practised by over
90 percent of the dental profession.

2. PRESENT AGITATION FOR SEPARATION OF PROSTHETIC DENTISTRY
FROM DENTAL PRACTICE

The foregoing historical review prepares the way for a discussion
of the present agitation, in certain quarters, for a separation of the
mechanical phases of prosthesis from the practice of dentistry, despite
the fact that for fifty years dental prosthesis, as now practised, has
been an acceptable, satisfactory, and workable solution of this
problem. This agitation is based on a pattern of dental practice in
certain other countries, where dentistry differs markedly from that
in America. Dentistry, in this country, is not only unique in its
unity of practice, but also unquestionably has attained a higher
scientific, mechanical, and professional development than in any other
nation. No other health-service profession has enjoyed a similarly
rapid or sounder growth during the present century, nor does any
face the future with greater promise of further development. Dental
education, in its recent curriculum survey, has set an example which
other and older professions may follow with profit. These facts,
which are apparent to an overwhelming majority of the dental
profession, appear not to be understood by some who are unaware
that the battle for separation in dentistry was fought and lost many
years ago. American dentistry stands united and faces the future
an indivisible profession.
In the issue of the *Laboratory Technician* for August, 1936, an editorial calls attention to the fact that "two leading dentists in South Africa suggest the advisability of the profession divorcing itself from the technical phases of denture work and turning it over bodily to the mechanics." Such editorials, while ostensibly depicting a situation elsewhere, are evidence that the editor finds the idea not without value to American commercial dental-laboratories. We shall present the other side of the South African controversy, to show that the editor of the *Laboratory Technician* has suppressed the opinion of the majority of South African dentists, who do not favor separation. The controversy over the status of dentistry in South Africa has been in progress for a long time, and has been watched with interest by organized dentistry throughout the world. Why are laboratory interests so deeply concerned about one phase of this controversy—namely, separation—unless they hope that such a pattern, if successful in Africa, will in due time be adopted in America, thus opening to the laboratories a desired field for exploitation? The following discussion (1935), by Lennox, of Shaw's memorandum advocating a conjoint medical and dental diploma, shows that African dentists are looking to America for guidance in their perplexing professional problems—just the opposite of the position of the editor of the *Laboratory Technician*, who regards Africa as an ideal.

"Note—The following article is prompted by Dr. J. Middleton Shaw's Memorandum advocating a conjoint Medical and Dental Diploma to be the aim in the future policy of the University of the Witwatersrand. His Memorandum has been sent to the various dental societies of South Africa for their opinion, by the S. A. D. A., and it is assumed that the reader is acquainted with its contents.

"It will be generally admitted by the dental profession of South Africa that modern developments in dentistry demand that dental education be extended to embrace a greater knowledge of general medicine and surgery in order to enable the practitioner of the future to fulfil his mission. The practice of dental surgery has so developed during the last twelve years that the need for that knowledge has become imperative. Whether that laudable object would be better accomplished by forcing the dental student to obtain the conjoint medical and dental diploma before being allowed to practise, or extending the present curriculum in such a way as to supply the additional education necessary, are two methods suggested, both of which have their protagonists."
"Dr. Middleton Shaw is to be congratulated on the laboriously prepared memorandum which he has prepared on the subject, and in which he suggests the former method for South Africa; that is, the conjoint medical and dental diploma. The whole matter has been thrashed out by the American Dental Association in opposition to the American Stomatological Society, the latter being in favour of the conjoint degree, and the former in opposition. Let me here point out that if the conjoint diploma were insisted upon in South Africa, it would be inevitable that dentistry would lose its identity and become merged in the general practice of medicine for all important purposes. Prof. Shaw would have us believe that a relatively large body of dentists in America and England are continually agitating to make dentistry a full medical specialty, and states that 'at all times a relatively large proportion of dental practitioners have taken a medical as well as a dental diploma.' While I personally question the veracity of this last statement (if he said relatively few it would better meet the facts), I am not so concerned with that at present; but would rather endeavour to show that as far as America is concerned, the methods he suggests of improving dental education and so merging dentistry into medicine are not only unsupported, but are condemned by American authority. The first resolution I shall quote is that of the American College of Dentists, which is representative of leading dentists in America:

'Whereas, the American College of Dentists is cognizant of the opinion and sentiment expressed in certain sections of this country, that dental practice could more effectually fulfill its functions by becoming an integral part of medical practice; and

'Whereas, it is being represented that this opinion is held or endorsed by a considerable portion of the dental profession; therefore it is hereby

'Resolved that the American College of Dentists records its conviction that the above mentioned opinion does not represent the views of more than an extremely small minority of the members of the dental profession; also

'Resolved that dentistry, which has evolved during the past ninety years as a natural and distinct division of health service, can best meet the needs of mankind by the further development of its ideals and service through separate and special educational activities, professional practice, and statutory regulation; also

'Resolved that the existing personal and professional cooperation and mutual helpfulness between dentists and physicians and between dentists and practitioners of other kinds of health service, should be continued and strengthened, and that, in harmony with the objects and history of the American College of Dentists, suitable means should be taken by the College at all times to further this accord.'—(American College of Dentists, March, 1929.)

"The second quotation I would like to make is the resolution of teachers of dentistry in America, that of the American Association of Dental Schools:

'Whereas, dentistry, as a separately organized profession, is approaching its one hundredth anniversary; and
"Whereas, it is entirely practicable for dentistry to further progress under its own 
auspices, to the end that it shall become the full health-service equivalent of a specialty 
of medical practice; and

"Whereas, there are current doubts in some quarters outside of the dental profession 
in relation to the profession regarding its own evolution and future; therefore be it

"Resolved that the American Association of Dental Schools records its conviction that 
the interests of public health, and of the medical and dental professions would best be 
served by a continuation of the separate organization of the dental profession; and be it 
further

"Resolved that this Association records its conviction that the recently advocated 
concept of an ideal dental service, to be practised by a physician dentist assisted by a 
group of technicians or dental mechanics, is neither practical nor logical, nor conducive 
to the best interests of the public."—(American Association of Dental Schools, March, 1931.)

This last is in such direct negation of Dr. Shaw’s contentions, and has been 
passed after very careful argument by such an eminent body of dental 
educationists, that one must take great heed of it.

"Dr. Shaw has quoted Italy as one of those wise countries that has 
adopted the conjoint diploma as its policy in dental education. Let me 
quote Dr. Guy S. Millberry, Dean of the Dental School, California Uni-
versity, and one of America’s leading educationists:

"The stomatologists’ concept of dental education and practice finds expression in the 
activities of a very limited group in this country who, as far as I see, are making no head-
way in dissecting a part of the practice of dentistry from its whole and grafting it on 
medicine; nor do I believe that medicine would welcome such implantation. I have no 
apprehension over the stomatologists’ point of view. In the four countries in Europe, 
Austria, Czecho-Slovakia, Belgium and Italy, where one must possess a medical diploma 
to practise dentistry, the poorest type of technical dental service is to be found. In 
Switzerland, Sweden, Norway and parts of Germany, where dentistry is taught in con-
junction with medicine, yet independent of medical supervision, as we teach it in this 
country, the best type of service is to be found.

"Based on my own study of the problem in Europe, I would both seek and recommend 
the services of dentists trained in the latter countries during the past decade, and would 
avoid service in the former, unless I knew the dentist and his work personally."—(Pacific 
Den. Gaz., 34, 415; 1931.)

"From the foregoing expressions of opinion, by men who have made a 
particular study of the problem, it may be concluded that we should pro-
cceed very cautiously before we lend our unqualified support to Prof. Shaw’s 
suggestions. Personally I think that South Africa is too young and inex-
perienced in dental teaching to try and lead and be an example to the 
English-speaking world in this matter, and it would be wiser to be guided 
by the decisions of countries older and more experienced when such drastic 
alteration is suggested.

"But now I shall pass on to deal with the matter in a more local way. 
The whole crux of Dr. Shaw’s suggestions is that the medical side of dental 
education should be increased at the expense of the technical. While
prepared to admit that our knowledge of general medicine and medical practice leaves much to be desired, I do not think it should be acquired at the expense of technical training, and the following quotation from Dr. Shaw's memorandum is a questionable addition to his quite laudable intentions:

'Except for the abolition of the post of tutor in mechanical dentistry and the appointment instead of a fully trained and competent mechanic who would perform the mechanical work of the Hospital and give instruction in mechanics to anyone requiring such instruction, no marked change would be called for in the present staffing arrangements at the Hospital.'

He further states that the following conclusions can be drawn from the context of his Memorandum, although he does not give any sound reasons for such an inference:

'As a compulsory subject mechanics should be deleted from the dental curriculum... Dental practitioners who are competent and fitted to undertake mechanical work, should have the right to perform such work, but the right should be sparingly used... Dental practitioners should in general confine their activities to intra-oral procedures, unless economic or other special circumstances required a deviation from this general rule.' (Italic mine.)

'Now all of this simply means this. No one in the future should need to learn mechanics but if he should desire to do so through special or economic circumstances, he could take tuition from a tutor mechanic, employed for his special abilities by the Hospital. I know that 'hard cases make bad laws,' but what would happen to a conjoint dentist, who at the time should decide that mechanics would not be necessary for him to take, but who later, through force of circumstances was forced to practise in some small community in the country districts? As he would not be able to do his own mechanics, and would certainly not be able to employ a full-time mechanic, he would either be forced to send all his work to the nearest dental laboratory, and this is often impracticable, or he would have to go back to the university to rectify his omission. Again, if it were to be broadcast by the mechanics to the public that the more competent man to make artificial dentures for the public is the technician, and not the dentist (for, do not the dentists receive instruction at the university from a dental mechanic tutor?), would the dental surgeon ever get any more prosthetic work, regardless whether he possessed the conjoint diploma or not? The town dentist may be able to earn a living from his conservative work alone, but any dentist who has had experience of country practice and its peculiar difficulties, will acknowledge that his work would be more than cut in half, and the remaining half would by no means provide him with a living. Also, could we possibly stop quacking in prosthetic work if Dr. Shaw's plans materialized? I am sure it would be impossible. We
could not possibly advance one reason why the mechanics should not introduce a Bill to Parliament asking for themselves the full authority to do all prosthetic dentistry, and as they are not so ethically bound together as we are by tradition and statute, what would prevent them from widely advertising their competence in prosthesis in the press. They cannot do so now as dental prosthesis is the prerogative of the dentist, but if it became theirs, and it quite easily could if Dr. Shaw's suggestions become adopted, the foregoing dismal prophesy could quite easily become fact. I therefore do not think that it is either in the interests of the dental profession or of the public that such a change should be allowed to take place. Lastly, the special ability that a dental surgeon is required to have to enable him to perform delicate mechanical operations in the mouth requires years of training the fingers in manipulation... of exactly performing the dictates of the brain. That training is not acquired only by doing operative dentistry, but that dexterity is increased by the years of dental mechanics, so that when the time comes to perform operative dentistry, the lesson of manual skill is more than half learnt. Without that preliminary training, no dentist could acquire the necessary skill and dexterity in the one year devoted to operative work as suggested by Dr. Shaw and the quality of dentistry in Italy according to Dr. G. S. Millberry fully bears me out. Furthermore, the dental surgeon's ability to diagnose the most suitable prosthetic appliance for a mouth is based upon the knowledge of the fundamental principles of dental mechanics. It would be ridiculous for a dental surgeon who is ignorant of those principles to be compelled, as he would be, to summon his mechanic to the consulting room to decide whether such or such a suggested appliance would be possible or not.

"Let Professor Shaw by all means suggest means of enlarging upon the dental curriculum so as to improve the present knowledge of dentists in regard to general medicine, but certainly not at the expense of his knowledge of dental mechanics, which up till now has stood him in good stead."—Lennox: Professional dental education in South Africa; is the conjoint medico-dental degree desirable?; South African Den. J., 9, 239; 1935.

3. PROPOSED MEDICO-DENTAL DEGREE PREDICATES SEPARATION OF PROSTHESIS FROM DENTAL PRACTICE

Whenever an argument is advanced that dentists should receive a medical degree prior to practising dentistry, the obvious corollary, that prosthetic dentistry in whole or in part should be delegated to less qualified and non-professional groups, is inferred. Such sug-
gestions appeal to many aggressive laboratory technicians because they are aware that the medical education of dentists in other countries (Hungary, Germany, etc.) has played directly into the hands of the technicians, who have seized the opportunity, either with or without license, to practise prosthetic dentistry. (See: "Should dentistry be made a specialty of medical practice?" J. Am. Col. Den., 3, 214; 1936.) That this corollary is ignored by some of the members of the American College of Dentists is shown by an article entitled, "Dentists: trained or educated," by Dr. C. D. Leake, in a recent issue of the J. Am. Col. Den. (3, 131; 1936, Sep.—Dec.; see also a note on the "Master-servant plan," Ibid., 4, 51; 1937). Dr. Leake's article displays a profound ignorance of the true nature of the technical phases of dentistry and a lack of familiarity with the final outcome of such education as he advocates. The following quotations from his article will brand it as a repetition of the kind of propaganda that the dental profession, from the beginning of its autonomous existence, has refused to countenance:

"Handicraft must not be neglected. It is the training of the hand in conjunction with the education of the mind that leads to the best results for dentists. . . . Handicraft will always remain the keystone of dentistry. . . . Dentistry must choose between a path of training for handicraft or a path of education for knowledge and judgment. . . . In other words, dentistry may become a technical adjunct to medicine. . . . It may even be well for dentistry to become a medical specialty, with dentists acquiring an M.D. degree and then employing trained technicians to do what work their judgment suggests. . . . Future dentists must choose between a handicraft training or a professional education. . . . The American College of Dentists may well consider its major problem to decide whether its influence should be directed toward developing dentists as a group of trained technicians or as a body of educated professional men."

If "handicraft will always remain the keystone of dentistry," then dentists must continue to practise "handicraft" or they will cease to be dentists. If dentists should acquire an M.D. degree, and withdraw from the handicraft phases of dental practice, there would then be no need of "employing trained technicians"—the technicians would have appropriated every technical phase of dental practice from which the profession had withdrawn. In which event, the then medical dentists would find themselves restricted to medical
practice in an already over-crowded medical profession, while dentistry of the future with new leadership, new schools and new personnel would repeat a cycle of dental development similar in many respects to that through which we have gone during the past one hundred years. The last two quoted sentences show that Dr. Leake is in no mood to compromise the issue. His sole argument is based on the assumption that handicraft training and professional education are antithetical conditions incapable of coexistence in mere dentists. In reality, the new dental curriculum is based on the very assumption that handicraft training and professional education must go hand in hand in the preparation of dental students, so that they will be able to meet the extraordinary requirements of a complete oral health-service in the practice of dentistry. Dr. Leake's comment may be paraphrased, to reflect the attitude of progressive leaders of the dental profession, as follows: Future dentists must receive a professional education in which handicraft training will be adequate to the peculiar and exacting needs of oral health-service in dental practice. The American College of Dentists may well consider its major problem to prevent dentistry from becoming a specialty of medical practice and dentists from being obliged to acquire an M.D. degree, and to direct its influence toward developing dentists as a group of technically highly trained and professionally well educated practitioners.

“SUPERFLUITY IN ORGANIZATIONS”

ELMER S. BEST

Minneapolis, Minn.

Though the attitude of the International College of Dentists is that of silence under attack, it was decided at our recent mid-year meeting to recognize the unfortunate criticism appearing in the March–June issue, page 25, of the J. Am. Col. Den., and make dignified reply. The American College indicates its good intent by providing for its publication.—E. S. B.

Mr. O. O. McIntyre, in one of his intriguing paragraphs, detects for us one of the motifs in life's symphony when he says: "... so I like the new note. I lived more than half my life before I learned the value of silence under every attack, no matter how unfair. Retaliation gets nowhere. If one has been unjustly maligned, Time will
do more to rectify the error than issuing denials and far more effectively and convincingly. One has only to wait." With this thought, personal references and like discordant inferences will be disregarded. However, from the many targets which the writer of the article endeavored to hit, one must be singled out for comment in justice to the many intelligent members of the A.C.D. One readily understands that often a member ceases to be a spokesman for an organization when fundamental principles of good taste and etiquette are transgressed. For example, one honorary society would not by common consent place itself in high judgment as to those in like class (regardless of an eight-year priority in its founding) for receiving, to quote from the article, "commendation where commendation is due, and condemnation where condemnation is due."

There are various premises laid down by the writer of the article which could in no wise conform to any known principle of logic, scientific reasoning or accumulated facts; e.g.: "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 undergraduate days," etc. Such a sample of bespectacled reasoning could not be construed as the opinion of an intelligent body of men. Another premise which one is forced to deduce from the article is the illusion occasionally held that the life-blood of an organization is the bestowing of initials after an individual's name or a plaque on his operating-room wall. These manifestations of such an association soon pale upon an individual sufficiently open-minded to see in his fellow-men those equal if not superior, although possibly lacking as great a portion of ego or extroversion. No, a society by its very meaning finds its life-blood in the association of like-minded individuals of high purposes, whose contributions are enhanced by this contact, thus contributing greater benefits to the profession of which they are only a functioning part. It is upon such a premise only that either the A.C.D. or I.C.D. can justify its existence.

The history of the I.C.D. is open to anyone interested. It was organized about ten years ago and consisted of representative dentists in every country in the world. It provides an excellent medium for exchange of information of interest to dentists throughout the world. It is in no sense political; neither does it operate in opposition to any
other academy, association, or college. At the meeting when the United States Section was organized as a separate unit, each man present stated emphatically that his association with the International College was dependent on the membership of that College as a whole; that it was not to be considered a rival to any other group. The International College of Dentists does not consider itself in any sense in competition with the American College of Dentists. There is a place for each. It would be regrettable if the two organizations could not function amicably, without nullifying the ideals of either College by undignified deportment, thereby casting aspersion on the profession.

There is much to be done, and little time in which to accomplish our aims and objectives. None should be wasted in bickering over illusions. Too often, we must say, like the blind man whose sight was partially restored: "I see men as trees walking." The need is to again have the hands placed on our eyes by the removal of distorted thinking, so that we may see "every man clearly."

THE GUGGENHEIM DENTAL CLINIC

DATA RELATING TO ITS ORIGIN

ARTHUR H. MERRITT, D.D.S., F.A.C.D.

New York City

In the early winter of 1925 and 1926 I undertook to interest Mr. Daniel Guggenheim, at that time one of my patients, in the great need that existed in New York City for a more adequate dental service to those who were financially unable to obtain it. I pointed out to him the lack of facilities in our hospitals and the great need for an institution where a really constructive service could be given. Attention was called to the excellent work that was being done in this field by the Forsyth and Eastman infirmaries, of which he appeared to have no knowledge. He manifested great interest in the project, and expressed the belief that his brother, Murry, might be
willing to consider it, saying he himself was already committed to a philanthropy which occupied much of his thought and time. At his request for a statement of what was needed in this field, plus a tentative outline of some plan by which that need could be met, I had a conference in January, 1926, with Dr. William J. Gies and asked him to prepare such a statement. I felt that no one was better qualified than he to do this because of his survey of dental education and also because I thought his opinion as a layman might carry greater weight. This he promptly undertook to do. (A copy of this outline is still in Dr. Gies’ possession.) At the further request of Mr. Guggenheim, a copy was sent to his brother, Murry, under date of January 20, 1926, with the following personal letter:

Mr. Murry Guggenheim,
c/o Guggenheim Brothers,
120 Broadway, New York City.

My dear Mr. Guggenheim:

One of the great outstanding needs of the twentieth century, and one for which almost no provision has been made, is the dental care of that part of the public unable to avail itself of private treatment.

There are practically no public institutions in this country where free dental treatment, or treatment at cost, can be obtained by those in need of such treatment, except the Forsyth and Eastman infirmaries. This condition prevails notwithstanding the fact that there are no physical defects so nearly universal as dental defects, and none from which so many people suffer physical disability.

The result is a vast amount of ill health and inefficiency among this class in our population, much of which could be prevented were proper treatment made available to them. What dentistry can do, to alleviate the handicap of declining years in those who perform the humblest tasks, has never been shown as it might be, to the everlasting honor of the man who would give to humanity the highest example of such public service.

In the hope that you might be interested in the extraordinary opportunity in New York to provide a public benefaction of cumulative value in the field of oral health-service, I respectfully request an opportunity to present such facts bearing on this matter as might be of significance, and to take with me to any conference you might appoint, Dr. William J. Gies, who has recently been making a study of oral health-service for the Carnegie Foundation. I enclose a brief memorandum on this subject, prepared by him at my request for presentation to you, that may give you additional light on the reasons for this appeal to your interest.

If you could see us for a discussion of this matter, we should be happy to confer with you at any place and time that would suit your convenience.

Sincerely yours,

(Signed) Arthur H. Merritt

To this he replied, under date of January 22, 1926, as follows:
Dr. Arthur H. Merritt,
58 West 47th Street,
New York City, N. Y.

My dear Doctor Merritt:

Mr. Guggenheim has requested me to acknowledge receipt of your kind letter of Jan. 20th, and to thank you very much for having written to him in connection with the matter, and for the memorandum by Doctor William J. Gies, which you enclosed with your letter.

While Mr. Guggenheim realizes its importance, for the time being at least he is not prepared to formulate any plans which may have as their object the establishment of an institution of this kind. However, should he at a later date desire additional enlightenment upon the subject, he will be most happy to avail himself of the opportunity you have suggested of discussing the matter further.

Very truly yours,
(Signed) Hartley Robbins, Secretary.

Between January 26 and February 6, 1926, I saw Mr. Daniel Guggenheim seven times, twice at his home. At each appointment the project was discussed and each time he expressed keen interest in it. The plan as outlined suggested cooperation with one of the existing university dental schools and called for an expenditure of three or four million dollars. Mr. Guggenheim informed me, in these conferences, that his brother, Murry, was engaged in some enterprise in South America which was then requiring much of his attention; but he expressed the hope that his brother might reconsider the matter, and suggested that I send him (Daniel) a brief outline of a modified plan that might serve as a basis for further conferences, which with Dr. Gies' cooperation, was done under date of February 16, 1926, a copy of which follows:

Mr. Daniel Guggenheim,
120 Broadway, New York City.

My dear Mr. Guggenheim:

In accordance with my recent assurance, I take pleasure in submitting herewith a memorandum of the great need for an institution for dental service in New York City. You will observe that, for approximately the amount required to found and maintain the Forsyth Infirmary, there could be established, and perpetuated, a broader and more comprehensive center for the promotion of oral health-service—and one that would also have international significance. The memorandum indicates that for the total amount suggested there could be created and continued, in one of our leading universities, a great dental institution that would include:

1. an exceptional Infirmary, for the direct daily care of many individual persons needing every type of oral health-service;

2. a Dental School of the first rank, for the training of practitioners of dentistry, by
suitable correlations between the Infirmary on one hand, and the existing Medical School, Hospital, Dispensary, and other health units, on the other;

(3) an important Institute for Research in dental science and art, by administration of the coordinated Infirmary, Schools, Hospital, Dispensary, and other health units, in such a way that research in dental relationships would be included with the other types; and

(4) an extraordinary center for the training of teachers of dentistry for service in other dental institutions in this country and abroad, and of the most urgent public needs for wide-spread dissemination of the best in modern dental practice.

A "dental center" of this character, if it could be realized in this city, would be a factor of world-wide influence for the promotion of human welfare. It would mark the beginning of a new era in the history of dentistry. So vital are the separate units outlined above, that, if they could not be established together at once, the creation of the first would serve as a magnet for the coordination of such a splendid institution at either of the great universities named in the memorandum, though it could, if that seemed best, be made an entirely separate institution.

I need not tell you how deeply I appreciate your interest in this matter, nor of my willingness to furnish you with any further information you may desire.

I sincerely hope you are feeling better. The change to a warmer climate may prove helpful. I certainly hope so.

With kind personal regards,

Very cordially yours,

(Signed) Arthur H. Merritt

During March, April, May and June, 1926, I saw Mr. Daniel Guggenheim seven times. He reaffirmed his continued interest in the matter, and told of his further efforts to engage the interest of his brother, Murry. He also told me at this time that, if he were not already committed to a philanthropic enterprise engaging much of his time and funds, he would undertake the work himself. He further informed me that he would be willing to join with his brother in carrying out the plan suggested by Dr. Gies to the extent of paying one-half of the expense involved. Meanwhile plans were being made to remove the School of Dental and Oral Surgery to the Medical Center at 168th Street, and under date of November 19, 1926, I wrote him as follows:

Mr. Daniel Guggenheim,
The Ritz Carlton Hotel,
New York City.

My dear Mr. Guggenheim:

The inclosed letter, which I received today, explains itself.

You already know of my interest in this matter and how deeply I feel is the need, in this City, of a great dental institution for the care of those who are unable to provide such care for themselves, and which at the same time would be a center of inspiration
and help to every one interested in the health and well-being of the public. It is the one outstanding need of the present.

Unfortunately, there is little I can do. I have sent my check for ... as evidence of my interest, but this is as nothing compared to the need. I know of your sympathetic interest in this problem and for that reason am writing you to inquire if, at your convenience, you would be willing to grant me an interview at which I might bring one or two of my friends to discuss the matter with you? I am not asking this for myself—but for those in our City whose welfare I have at heart, as I believe you have.

If you grant me this interview and think it wise to invite your brother to be present, I shall be glad to meet and outline to him what I believe to be a great opportunity for service.

Sincerely yours,

(Signed) Arthur H. Merritt

To this he replied under date of December 3, 1926:

Dr. Arthur H. Merritt,
58 West 47th St., New York City.

My dear Doctor Merritt,

In thinking over your letter of November nineteenth, I decided it would be better to write my brother, Murry, and transmit all of the papers to him so that he might have the time to look them over carefully and to consider the situation. This I did under date of November twenty-ninth, and I send you a copy of my letter for your information, which I should like to have you regard as strictly confidential; I also return the enclosures forwarded by you with your letter of the nineteenth, as you no doubt will have further use for them.

As I explained to you some time ago, my brother did not wish to commit himself to the financing of a foundation of any sort until certain business conditions had developed to a greater extent, and that is still the situation today. While he wishes to courteously reply to your suggestion for an interview, he feels that it would be futile at present and simply consume your time and his to no advantage.

I naturally regret that I am unable to send you a favorable response regarding this well-merited project and I hope that you may find other ways and means of carrying it through.

Very sincerely yours,

(Signed) Daniel Guggenheim

The copy of his letter to his brother, Murry, consisting of four closely typewritten pages of commercial size, is still in my possession, and is not included in this report in deference to his request that it be treated as confidential. In it he outlines at length the great need in New York of an institution such as was being considered, and refers to the work being done by the Forsyth Brothers in Boston and by Mr. Eastman in Rochester. At the proper time it should be made a part of this record as it contains an eloquent appeal for help in a project which had greatly recommended itself to Mr. Gug-
Mr. Daniel Guggenheim,
120 Broadway, New York City.

My dear Mr. Guggenheim:
I appreciate and thank you for your letter just to hand.
While I am naturally disappointed, I realize that you have left nothing undone to be
of service in this matter and I want to thank you personally for your great interest.
It is a work that is greatly needed in the City and one which I have deeply at heart.
I hope I may live long enough to see it accomplished, if not in the large way which I would
like to see it done, at least in such a way as to point the way for a larger service.
With kind personal regards and best wishes,
Sincerely yours,
(Signed) Arthur H. Merritt

Meanwhile plans were maturing for the inclusion of the Dental
School of Columbia University in the new Medical Center, and under
date of January 7, 1927, I received the following letter from Dr. Henry
W. Gillett:
Dr. Arthur H. Merritt,
Fieldston Rd. and 250th St.,
Riverdale, N. Y.

Dear Dr. Merritt:
Some important movements in dental circles are on foot. The Columbia trustees
have decided to provide the necessary space for an adequate installation for the dental
department in the new Medical Center, and have today let the contract for the steel for
it so the dental school will be a part of the Medical Center from the start—January 1928.
I am in contact with the representative of a party who is prepared to supply a million
dollars to endow dental research, and with Young and Tracy am actively at work to
show the donor that we shall have at Columbia, under the new regime, very close to ideal
conditions for the conducting of coordinated research. That is to say, the dental depart-
ment will have intimate relations with every department of the Medical School and
University so that every branch that can effectively contribute to the success of sys-
tematic research, in any particular direction, can be called upon to do so.
This hoped for status will mean that research, teaching facilities and teaching clinic
are to be adequately cared for, but that there will still be lacking adequate service-clinic
opportunities, and this is a thing that the University, the management of the Presbyterian
Hospital and the Dental Faculty are all tremendously interested in seeing provided.
An hour ago, I was told that you are, or have been, in touch with a possible source
of endowment for such a clinic. Right now, while parts of the building plan are still
fluid, is the time when such a contribution to the welfare of the public and the hospital,
and the advancement of dental education and dental prestige can be made to the greatest
economic advantage, and if made at this time, it will be 100% more valuable than if it
shall come after buildings are completed, routine established, and then be superimposed on the completed establishment.

Is there something in the statement that has been made to me, and if so, will you cooperate with us in an effort to bring the different interests together?

Please call on me for any further details you may want to have.

As every hour may be valuable now, I am sending this to your home so as to reach you promptly. If possible, call me tomorrow morning (Circle 1118), so I may know quickly as to possibilities.

Sincerely yours,
(Signed) Henry
(Henry W. Gillett)

This letter I transmitted to Mr. Daniel Guggenheim under date of January 10, 1927, with the following personal letter:

Mr. Daniel Guggenheim,
Hotel Ritz Carlton, New York City.

My dear Mr. Guggenheim:

The enclosed letter which explains itself may interest you.

You will observe that the enterprise in which you and I have been so deeply interested, has taken a new turn, so that research, teaching facilities, etc., have been, or are being provided for in a way that promises to be entirely satisfactory.

There remains, however, the need for a great infirmary, or hospital where the needy poor of our City can receive adequate dental treatment, and where clinical material for teaching, research, etc., can be obtained.

This naturally calls for an expenditure much less than that originally considered, and leaves unprovided for the most appealing feature of the whole enterprise, viz., service for those who need it most. I am wondering whether under these changed conditions, your brother would be willing to reconsider the matter. Payments could be made over a period of years, and so arranged that they could be paid out of income. A building so provided could be given the donor's name, and thus serve as a lasting memorial to his generosity.

It is only, because of my great interest in this much needed public service, which I know you share, that prompts me to write you again. May I add that I had never discussed this matter with Dr. Gillett until after the receipt of the enclosed letter, and then did not mention your name.

Sincerely yours,
(Signed) Arthur H. Merritt

To this Mr. Guggenheim replied, under date of January 14, 1927, as follows:

Doctor Arthur H. Merritt,
58 West 47th Street, New York City.

My dear Doctor Merritt:

I am in receipt of yours of January seventh, transmitting a letter received by you from Doctor Henry W. Gillett, indicating that allotment of space has been made in the new Medical Center for the adequate installation of the dental departments, but there
still remains to be provided funds for the establishment of a great infirmary, where proper dental treatment might be had by the needy poor.

This feature I know makes an especially strong appeal to you, as it does to me, and I feel that it would be a splendid thing for someone to do. I have again approached my brother regarding the matter and he tells me that there has been no change in conditions, or in his decision since I last spoke to him. I realize full well the sacrifices you are making in this cause and how much time you are devoting to it, and for these reasons, as well as my interest and belief in the work, I all the more regret that the heavy commitments I have already made and those pending make it inadvisable for me to personally undertake the donation of funds for the purpose.

I return to you the letter from Doctor Gillett, as you may be able to make use of it in some other direction.

Very sincerely yours,
(Signed) Daniel Guggenheim

A copy of this letter (name of author withheld) was sent to Dr. Gillett, who replied, under date of January 20, 1927, as follows:
Dr. Arthur H. Merritt,
58 West 47th St., New York City.

Dear Dr. Merritt:

Of course, we are very regretful that we cannot win our plea for money for dental purposes, from the people you have been working so faithfully with, but the copy of the letter you sent me apparently does not close the door against further effort with them at some later date.

I want to put this thought into your mind, for possible use, if it should at any time, seem wise: It would seem as if the more effective argument with such a man is likely to be the one that you have already used, viz.; that there would be a compensating advantage for him in giving the money while he is here to have a voice in its expenditure, and furthermore, that satisfaction from seeing its beneficent results would thus accrue during his lifetime.

It is conceivable, however, that there may come a time when an effective plea can be made for a bequest in his will, and since you have told me that the elder of the two brothers is already an aged man, this may be worth consideration when opportunity serves for further conference with the brother who is interested. So long as there is hope for a direct gift, you naturally would not want to present an alternative, but it may be worth while to have the alternative in mind.

I presume you agree with me that any such sums as have been mentioned to these men, could be left to a university without restriction, with greater certainty of continuing to do the greatest possible good. Just now a large service-clinic is a most attractive field for such a gift, but I am looking forward, and I am inclined to think you are doing the same, to a time—twenty, forty or sixty years hence—when the present great need for reparative service will be much reduced because of the elimination of a large part of present-day mouth pathology along with other preventable diseases.

With my personal thanks for your earnest effort and the assurance that the President and such officers of the University as know about it, are deeply appreciative, I am

Sincerely yours,
(Signed) Henry W. Gillett
Between January 14, 1927, and June 15, 1927, I saw Mr. Daniel Guggenheim nine times. During these visits he told me of his brother’s absorption in his South American enterprises and stated that at their conclusion, which would probably be in about two years, he felt confident that his brother would undertake the project which had already made so deep an impression upon him. He repeatedly expressed his regret that it could not be undertaken at that time. Under these circumstances I felt that I could not urge it upon him further in the light of the statement that it would be again considered at the completion of his South American commitment.

There the matter rested. Two years later—in June, 1929—under a program different in scope from that suggested in the tentative plan submitted by Dr. Gies and myself in 1926, but analogous in principle and far more ambitious than any we dared submit, Mr. Murry Guggenheim established the Leonie and Murry Guggenheim Foundation, one of the most remarkable enterprises in the history of American philanthropy. In response to letters of congratulation, dated June 24, 1929, the following letters from Mr. Murry Guggenheim and Mr. Daniel Guggenheim, each under date of June 25, 1929, were received:

Dr. Arthur H. Merritt,
58 West 47th Street, New York, N. Y.

My dear Doctor Merritt:

Thank you very much indeed for the kindly sentiments expressed in your letter of June 24th which I appreciate fully. Mrs. Guggenheim and I are very enthusiastic, and it is our earnest desire to see the program developed and carried out with as little delay as possible.

With kind regards, believe me to be,

Sincerely yours,

(Signed) M. Guggenheim

Dr. Arthur H. Merritt,
58 West 47th St., New York City.

My dear Doctor Merritt,

I am very pleased to have your letter of June the twenty-fourth. Because of the earnest efforts which you made to interest him in a similar proposal, I know that my brother Murry will be much gratified to have your approval of his plans for establishing dental clinics. I feel that he has done a very splendid and worthy thing, and am glad to have had a small part in it, by bringing more clearly to his attention the great need for work of the kind.
With sincere appreciation of your courtesy in writing to me, and with cordial good wishes, believe me to be,

Faithfully yours,
(Signed) Daniel Guggenheim

This frank report of the initiation of the negotiations which ended in the establishment of the Leonie and Murry Guggenheim Foundation are here set forth for the information of those whom it may concern, and as an encouragement to the dental profession to try to enlist the financial cooperation of their patients in meeting the great need which still exists for providing for dental research, dental education, and an adequate dental service for those who, owing to financial disability, are unable to obtain it.

EDITORIALS

ATLANTIC CITY CONVOCATION

It is a pleasant task for an editor to comment on any annual convocation of the College and meeting of the American Dental Association, but the conventions just closed provided so much of interest that it becomes the most pleasant task ever undertaken. The dental profession, as represented in its various organizations, marches along from year to year, but occasionally something happens to make one series of annual meetings stand out above another. This was the case in Atlantic City in July, 1937.

In 1901, this writer was encouraged to study dentistry by a small-town druggist, with the remark: "Dentistry isn't much now, just a mechanical trade, but in ten years from now, it will be a real profession." Was it? What happened? A review of the records may tell the tale. Along about 1912 the "focal-infection theory" as to the cause of much disease was cast upon us. At that time, the x-ray was made practical for dental use. These, along with other facts to be discussed presently, brought about a complete revolution in dental practice. Men turned to a diligent study of infections, which included bacteriology and pathology. They turned to a study of technics, in a way not before dreamed of, resulting in a demand for better alloys and investment materials. They turned to a study of 'cause,'
realizing the difficulties in handling the ‘effects,’ which meant food and nutrition and development. They came to realize a new responsibility—that dental service did not mean only filling cavities, extracting teeth and placing mechanical restorations. In short, the dawn of professionalism began to break.

But always before the dawn, there is a long period of darkness and quiet leading up to this breaking of light and a new day. During this dark period some men wondered why teeth decay. A few had, in a crude and simple way, made some observations. It was about 1909, however, that a small group of men selected one to lead them in search of the cause of caries, and in a quiet fashion studies were made. *Research in dentistry had its birth.* These studies prepared men to receive the new light which was bound to shine upon them. Presently it became apparent that certain fundamental principles in dental journalism must be advanced, for with all the new knowledge of cause and effect, and with available better materials, benefits were being turned to financial profit before reaching human need. *Professionally owned literature had its birth.* Nor was this all. In fact, it was but a beginning, for two generations of men were to be seen: the then present generation, who were endeavoring to assimilate this new found material and principles; and the oncoming, who were, but should not be confused with, the old and the new. It appeared necessary to study more carefully, educational needs and facilities. This was done, resulting in the publication of “*Bulletin No. 19,*” in 1926, and the complete reorganization of dental educational schools and agencies. Schools were discontinued or taken over by universities. Private, commercial schools and itinerant instruction had sprung up with the development of these years and these had to be stopped. Approximately five years were spent in the study and preparation of the report constituting *Bulletin No. 19.* The years immediately following its appearance were spent in establishing the new educational principles and in counteracting commercialism, both in teaching and in practice. The dawn of professionalism grew wider and wider, until the light gleamed radiantly, and today we find ourselves well set on a higher plane of usefulness, both to ourselves and to the public. *Dental education had its new birth.*

In many ways the meetings at Atlantic City represented the culmi-
nation, to a high degree, of the years of effort by men to raise their
sphere of usefulness and themselves, both professionally and socially.
During the few days immediately preceding the A. D. A. sessions, the
American College of Dentists, through its Regents, was busy with
all the things to be done. An all-day meeting of the College was held
on Sunday, July 11, when reports of various commissions were re-
ceived and discussed. During a short business session, the following
resolution was presented and adopted by unanimous vote:

"Resolved that the American College of Dentists will not admit to
membership any person holding fellowship in any similar honorary dental
organization. Fellows of the American College of Dentists who are also
members of a similar organization are requested to consider the propriety
of early withdrawal from one or the other."

The College had its functional birth.

But the "high spot" came in the evening of that day. Reference
has already been made to the manifold development among dentists,
in their change from a mechanical trade to a profession; in the change
in journalism and educational facilities; and in the development of
materials and the introduction of research. The great burden of all
this had fallen upon the shoulders of one man, not a dentist, but a
biologist, who became interested, and was the man who began the
real scientific study of the cause of caries. This man has spent years
in labor among us—1909 to date, and hereafter. He followed his
ideal in journalism through the establishment of the Journal of Dental
Research. This caused him pain and worry, effort and money (much
money), but he continued on, that dentistry might occupy her right-
ful position among the health-service professions. The entire pro-
fession is familiar with the effort and labor of this good man and we
have accepted it all. At last we paused, in an effort to make a slight
payment on account, to express our appreciation, to tell the world
what he had done, and to express to him our love and our gratitude.
This was done by 687 of us, seated at a dinner in his honor. It was
a very hot evening, but the purpose of those present was not to be
checked, even by the high atmospheric temperature. In fact, this
was exceeded by the temperature of our own enthusiasm. It was a
gala evening, and one long to be remembered as a "spiritual blessing"
to the dental profession—and to the public whom it serves. [A
résumé of the program and the addresses will appear in the succeeding issue. See item 60 in the abstract of the minutes, page 77 of this issue.]

From the standpoint of the A. D. A., it is evident, too, that real advance has been made. In conjunction with the Dental Educational Council, a full-time Secretary will be appointed, with offices at the Association's headquarters. This is a long step ahead, one which has been projected for years, and which should bring great good to the profession. Among the researches under the auspices of the Association, provision was made this year for the conduct of biological studies. This is well and marks a new era. Finally, a slight increase was granted the Council on Dental Therapeutics; not as much as some would like to have seen, but for the moment no doubt augurs well, in that this phase of our work appears more solidly established than ever.

On the whole, it was a notable meeting—the year 1937 will go down in history as one of great advance for dentistry. The profession as a whole has responded—the American College of Dentists has played its part. The College claims no undue credit—it is one whose interests are wholly ideal, and if she can serve as such a guide, that is all that is to be desired. May she do so, and forever.—J. E. G.

CONTINUED OPEN DISCUSSION OF DENTAL JOURNALISM

The editorial pages of our last three successive double numbers presented an open discussion of dental journalism. At the outset, we alluded to "the great need for increased support for, and more effective development of, non-proprietary dental journals;" indicated our purpose to give this phase of dental journalism special attention, after prospective developments in the American Association of Dental Editors (now in progress); and initiated discussion of proprietary journalism. Our procedure was described in the second of the three indicated issues. There have been two series of replies. Our correspondents have been assured that no comment on their responses would be published without affording them opportunity to reply in the same issue. Accordingly, advance copies of the present statement, restricted to the second group of responses (in our issue for March–June 1937), were submitted to those listed on page 148. The replies—third series—are assembled at the end of this editorial.
The responses in our issue for March–June 1937 (pp. 34–43) presented many subjects of special interest. Space limitations in this issue require postponement of our discussion of all but the arguments or claims in support of phases of proprietary journalism. These are summarized below; our comment directly follows each quotation or extract.

Two conditions prevent solution of the old problem of “independent journalism”: (a) “suspicion by professional men of the integrity and honesty of their colleagues;” (b) “supposed ‘profits’ derived from advertising” are presumed to prevent the beneficiaries “from being independent in their journalism.”—Weinberger, pp. 34–37.

Comment: This “suspicion” applies only to the few who appear to disregard the best interests of the dental profession. Justifiable suspicion is usually a corrective influence. The A. D. A. code of ethics implies “suspicion” of some dentists, but the code is not undesirable on that account. No one objects to “profits” in dental journalism, when derived from legitimate enterprise or from service rendered within the sphere of professional responsibility. But are profits from advertisements of any phase of dishonorable commercialism professionally acceptable, or decent in any relationship? Does their acceptance imply personal honor or professional integrity? Freedom of the press is a fundamental safeguard of liberty. This freedom, which all journals and all editors share in our democracy, should be used to disseminate information and to develop enlightened opinion. Every periodical in the United States, including newspapers, in exercising this freedom, accepts the inherent public obligation of good citizenship to “tell the truth,” to reject untruth, and to protect the public against the detrimental consequences of the pressures and contrivances of all unworthy purposes. Many editors deliberately betray this public trust “for profit.” Among the obvious duties of honest journalism is the rejection of advertisements that are untruthful or misleading. This duty is particularly evident and exacting in the journalism of the health-service professions. Does a truly professional journal accept such advertisements? Can an honorable man willingly share, directly or indirectly, in profits thus derived—or help to make them for others?
A distinction should be made between proprietary journals of the ordinary varieties and those issued by "medical publishers" of the standing of Lea and Febiger, and Lippincott, the Int. J. Orth. Oral Surg. being in the latter proprietary group.—Thoma, pp. 37–8.

Comment: The proposed distinction should certainly be drawn. We intend to discuss this situation fully in a later issue. (We take a step in this direction in the concluding paragraph of this editorial.) We hope to obtain and soon to publish the information that will enable us to base this prospective distinction on evidence rather than on assumption, partiality, or convenience. To illustrate present difficulties: some of the statements by correspondents in behalf of the Int. J. Orth. Oral Surg., although obviously well intentioned, were not accurate, and represented feelings and suppositions rather than information.

The "elimination" of "independent" [proprietary] dental journals is not "necessary to their reform. Dental initiative and dental enterprise should not be destroyed... if suspicion and prejudice could be deducted from all these charges [currently directed at proprietary journals], 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."—Grove, pp. 38–39.

Comment: We favor not "elimination" but, instead, transfer of ownership or control to ethical dental societies. We suggest that if all the "actual evils or objections" were stated by Editor Grove privately to "an unbiased group" of his selection, and the ensuing "constructive program" were then publicly outlined, the desired "coöperation" would be available. This "open discussion" represents the hope that a constructive program will be developed with the coöperation of all most directly concerned. We urge Dr. Grove to be specific as to ways and means of further procedure in the direction of his suggestion.

"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 publica-
tions will continue... 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”...

“Many of the society publications exist by subsidy... [and] if they had
to stand on their own legs, pay for themselves out of earnings and out of
efficient management, could not survive”... Last year “$40,000 was with-
drawn from the treasury of the American Dental Association in the form
of a subsidy to operate” the J. Am. D. Assoc. and D. Cosmos... “The
independent [proprietary] 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 [proprietary] 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
[proprietary] publications which operate according to the principles of
sound business in a free economic society”... 

“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.”—Ryan, pp. 39-41.

Comment: As in the preceding series of responses, Editor Ryan
contributed generously and effectively, in fact and argument, to
clarification of the situation. The commercial interests that appre-
ciate his exceptional ability as editorial director of a group of periodi-
cals show a degree of judgment that has been conspicuously lacking
in leading dental societies. That some societies are occasionally
conducted in the manner Dr. Ryan indicates is well known. It is
very regrettable that democratic processes, in every relation every-
where, are open to abuses of freedom and opportunity, and that
majorities (or controlling minorities or groups) are not always public-
spirited, judicious, or fair. Fortunately, improvement in democratic conditions occurs when a society’s needs and aims, brought recurrently into focus, receive increased attention and fidelity from the individual members; and corrections of abuses may be, and usually are, obtained by opportune discussion and democratic exercise of preference. We are confident that dental societies, as democratic agencies of professional development, are steadily becoming more completely representative of the best aspirations of their entire membership, and more perfect instruments for dental progress. We invite our correspondents to discuss these related questions:

(1) Does the “controlling group” in any dental society, in exercising its temporary power, require its editor to do anything in behalf of that control excepting to express or represent legitimate (even if sometimes unfortunate) preferences of that control? If the answer is Yes, can instances be cited?

(2) Does the “controlling group” in any dental society, in exercising its temporary power, require its editor to try to deceive or mislead the membership of the society or the dental profession, or to do (or to mask) anything else that is unprofessional or unethical, to aid that control or for any other reason? If the answer is Yes, can instances be cited?

(3) Are the abuses that may be cited in response to questions 1 and 2 inherent in the conduct of dental societies, and therefore not subject to prevention, under the present system of society management; or are they expressive only of the personal perversity of an occasional individual (“leader”) or group, and therefore subject to prevention?

Dr. Ryan alludes to the fact that many dental journals are “subsidized.” In our opinion, most of the leading dental journals should be more liberally subsidized than they are, because they cannot otherwise be made effective instruments for the advancement of the dental profession. In this respect they are like homes, churches, public schools, universities, hospitals, and many other welfare agencies, including national, state, and local governments, which are subsidized because they are not, and should not become, commercial enterprises. They cannot be conducted at their best if managed for pri-
vate profit. Dr. Ryan designates as an illustrative subsidy the withdrawal last year of $40,000 from the treasury of the A. D. A. to support its journal, copies of which were sent to all members. This withdrawal was, in effect, a transfer of funds (from coverage dues) for the actual payment, by each member, of approximately $1.00 as the informal price of his subscription. He should not, and presumably does not, expect to receive the copies for nothing. Fortunately, the kinds of advertisement that would insure free distribution have been rejected by the A. D. A. Several proprietary journals are sent free of charge to practically all dentists. Owing to this exceptional distribution, some of these journals derive large incomes from contained advertisements; but many of these advertisements, expressive of unworthy commercialism, would not be published in a truly professional journal. This is a way to make journalism pay ("efficient economic management"), but not to advance the best interests of a profession ("ethical professional responsibility"). Dr. Ryan states that "the independent [proprietary] publications cannot exist by subsidy." We understand that some of these publications are openly or privately subsidized by commercial interests.

In the foregoing quotation from Dr. Ryan's comment it is said that "if the editor of an independent [proprietary] publication fails to do effective work, he loses his position and he cannot invoke any political power to preserve it . . . effectiveness and efficiency are the only tests applied." What conditions or interests "cast the votes" that decide when the editor "fails to do effective work?" Which kind of success determines—professional or commercial—when the two kinds of success conflict, as they often do in professional journalism? Which is actually and potentially more detrimental to professional interests—an editor's fear that he will lose his position because of failure (a) to register the temporary wishes of a controlling group in a society, or (b) to meet the permanent demands of an owner for financial profits from advertisements that a truly professional journal cannot accept? As between the damage and danger, to professional journalism, from the political perversities in a dental society's control on one side and from the financial requirements of a dominant private owner on

1 A correspondent independently discusses this matter more in detail in this issue (p. 158).—[Ed.]
the other, our observations lead us to believe that the latter is by far the greater menace.

Dr. Ryan sums up the issue in this way: "We may, then, choose between the dental society publications which are endangered by politics and exist by subsidy, and the independent [proprietary] publications which operate according to the principles of sound business in a free economic society." We suggest that the following paraphrase would more accurately and clearly define the issue (changes in italic): "We may, then, choose between the dental society publications some of which are endangered by politics and exist by subsidy, and the proprietary publications some of which operate according to the devices of disreputable business in a free economic society."

In the comment on "regimentation and dictatorship," Dr. Ryan certainly is "jousting with phantoms." Where can he locate that "group of men" who now seek to, or ever could, exercise the dictatorial power he fears? Does the A. D. A. code of ethics imply any danger of this kind? It is much more probable that several publishers of journals distributed free of charge would be tempted to try to become secretly such a concentrated journalistic power than that a group in temporary control of any dental society would endeavor to, or could, attain such a dictatorship. There is not the slightest evidence of even a trace of such a movement anywhere in any dental society. Any society that tried to acquire dictatorship would be "given the laugh" by all the others. Dr. Ryan's comment on this phantom brings to mind the goblins that were feared fifteen years ago during the early progress of the Carnegie Foundation's study of dental education. Then, the independence of dental education and the intellectual freedom of the dental teachers were said, by proprietary interests, to be seriously menaced. The obvious answer to the following question is also an effective assurance against Dr. Ryan's fears: In what respect or degree was the freedom, independence, or initiative of dental education, or of dental teachers, impaired when the proprietary dental schools were transferred to universities or rechartered as philanthropic institutions? What the proponents of society control of dental journalism desire to achieve is the establishment, through such control, of journalistic fidelity to professional
responsibility and aspirations; they do not seek dominance or regimentation of individual editorial opinions or journalistic procedures. Dental societies should be devoted actively to dental advancement, and should strive to promote ethical professional purposes. The current efforts to improve dental journalism are disinterested and faithful professional endeavors to attain these objectives.

We suggest that important conclusions might develop, if the following question was subjected to frank discussion: In what respect, if any, is the proprietary (privately owned and controlled) dental journal more desirable, for the dental profession, than the proprietary (privately owned and controlled) dental school? Our own answer to this question is: In no respect. We invite our correspondents to show that this answer is incorrect.

This open debate is intended to present information, to promote understanding, and to stimulate improvement, but not to render decisions, nor to dictate anything. We are open to conviction on everything. Our further study of all the available facts leads us to suggest that a re-classification of dental periodicals into the following general groups would be useful for purposes of clear discussion and further improvement:

(A) Periodicals controlled and owned by dental societies
(B) Periodicals controlled by dental societies, but privately owned
(C) Periodicals privately controlled:
   (a) By owners exclusively engaged in the business of publication
   (b) By owners not exclusively engaged in the business of publication

This classification would emphasize control rather than ownership. Groups A and B would be "society journals." Group C, a, would consist of such periodicals as the Int. J. Orth. Oral Surg. and the Year Book of Dentistry. Under this classification, journals issued by accredited publishers would be grouped together, and "proprietary" and "independent" could be dropped as terms having no clear meanings, unless qualified by numerous particulars. Sub-groups, where desirable, would refine the distinctions. Comment on this tentative general re-classification is invited for discussion in our next issue.
In our circular letter to correspondents (July 28, 1937), who were invited to discuss the foregoing statement and any other phases of dental journalism, this comment was included: “We ask your special attention to the several questions that have been raised here and there in the proposed [above] editorial—especially those near the end of it. You are also invited to correct any statement in the editorial that may be inaccurate or open to any erroneous interpretation. We are endeavoring to bring the discussion down to differences of opinion on material issues, and hope to have your help in the effort to clarify the situation and to facilitate constructive developments.”

Names of Editors and Owners of Proprietary Journals Who Were Invited to Participate in the Further Discussion:


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

Dental Survey. Elmer S. Best (Aug. 23): The proposed editorial [above] on dental journalism further enables various individuals to air their ideas, suppositions, and prejudices, clearing a space for logical thought and sane solution. This is essential to constructive effort; the various points of controversy adequately propounded by the contributors need neither addition nor duplication.

It is highly important that first of all we talk the same language, have a B.N.A. of expression, lest we digress to the Don Quixote stage of becoming “wind-mill jousters.” The politician’s well-known

* Has not responded, for publication, to any of the invitations to participate in the discussion.
devices of camouflaging, word bungling, creating false issues, and deflecting attention from essentials, have no place within a body of men who adhere to the scientific approach and consider themselves part of an honorable profession. Thus the proposed classification [above] represents a single and a definite step forward, although the all-important principles involved in the journalistic code for dental publications have as yet not been stressed. *Primarily*, a dental journal must fill a need, and be the means through which principles of practice, important information on dental progress, numerous points of help and inspiration from authoritative sources, are conveyed to the largest possible number of readers. *Second*, dental journalism must give voice not only to the so-called authorities and the favored groups, but also to the many small voices with their valuable contributions. *Third*, dental journalism must provide in every possible way for the presentation of dental thought and discoveries so that the public may derive the ensuing benefits in the quickest time possible. These are the basic principles, the ethics of dental journalism, and would prove hard to challenge.

Any system, plan or idea which in any manner jeopardizes these principles must be contradicted and exposed. In order that all information may be disseminated, various types of literary devices must be utilized; the formal, the informal, the theoretical, the practical, all find their place. To circumscribe the literature by setting up a system whereby a set type of journalism would be forthcoming, unbridled censorship be allowed, or regimented control adopted, could lead to nothing but a decadent literature and a lowered professional status. Dental literature is not maintained to provide a sun bath for the ego of individuals or groups, but to improve and hasten the promulgation of knowledge.

Organized dentistry should act at least in an advisory capacity over material appearing in the literature; but the individual dentist, as a reader, should have an educational background sufficient to enable him to exert some intelligent selection and not be subservient to literary coddling. The editor of *Dental Survey* early realized the necessity of having representative men in the profession acting in an advisory capacity in selecting material and deciding the policy of the journal. The members of the editorial board have throughout
the years acted as valuable counselors to me in our effort to create a dental journal that would be a credit to every one interested. It has long been our definite objective to officially evolve the editorial board of Dental Survey into a bona fide dental organization. In recent discussions, it has been agreed that this step in our program should be taken immediately. Our editorial board will be the nucleus of a group whose prime objective and obligation will be the development of dental literature. Such a step, regardless of its formality, however, does not discharge the obligations of an editor and his counselors. The task of making literature for the dental profession more valuable, although difficult, is of extreme importance and our attention must never be sidetracked by other issues.

We need have no fear that the major portion of the profession will ever be swerved by the befuddled visionaries; but, being men with dynamic purpose, they will create a literature imbued with all the qualities necessary to accentuate dental progress and overcome inertia among members of the profession.

Thaddeus P. Hyatt (Sep. 2): Regarding the comment in the foregoing editorial on Dr. Weinberger's statement, we should remember that the American Dental Association's code of ethics is a standard, like all other standards. Standard weights and measures do not necessarily imply "suspicion." Speaking of the A. D. A. code of ethics there is, I believe, the suspicion or belief that it is unethical to criticize or condemn another man's work. There is also a moral standard which should restrain us from casting suspicion on anyone. A suspicion is only a belief and before accusing anyone of being unethical or unprofessional, proofs should first be presented. It is pleasing to note the more liberal attitude now being taken regarding "profits," and to learn that some profits are the legitimate progeny of honest commercial and professional parents.

Inasmuch as the subject under discussion is dental journals and dentists who are editors—and inasmuch as (so far as I know) every dental editor is a member of the American Dental Association and in good standing—the unqualified statement that "many editors deliberately betray this public trust 'for profit' " is most objectionable (1) because it violates the A. D. A. code of ethics; (2) because no

*Italic not in original.
proof is given; (3) because it is both unethical and unprofessional to cast suspicion on all dental editors, which is practically done when the guilty ones are not named; (4) because, if true, the redress should be taken through the proper channel—the A. D. A.—which is the only agent having jurisdiction regarding the professional conduct of its members, and not doing this implies suspicion that the A. D. A. might condone such offenses; and (5) this semi-public accusation is an implied insult to the entire dental profession. That these far-reaching insinuations were not intended, I can readily believe, because strong enthusiasm for an ideal has a blinding influence on what the full implication of certain combinations of words really implies. The history of the world shows that this is true.3

I am most heartily in accord with Doctor Grove's remarks, and am confident that every level-headed and sincere American feels likewise. If a new type of dental journal is needed, let us devote all our eloquence, ingenuity and constructive abilities to describing the advantages of such journals and how we may best secure them. Accusations, insinuations and unproven defamation of professional members of our profession show a deplorable lack of good reasons to support the argument that any changes should be made. Surely this cannot be true.

The transfer of ownership of all dental journals to dental societies would be a great calamity. Control of all dental journals can be secured by coöperation and recognition. When all activities associated with, or as a part, of public health, be they personal professional services, or the manufacturing of those things needed in health work—when these are all coördinated on an official basis—the mutual interest of all will be united in making possible the highest and most efficient public health work.

Most interesting is the following comment: "Fortunately improvement in democratic conditions occurs when a society's needs and aims, brought recurrently into focus, receive increased attention and fidelity from the individual members; and corrections of abuses may be, and usually are, obtained by opportune discussion and demo-

3The reader of this paragraph may suitably be asked to note the full import of the sentence, in the foregoing editorial, that immediately precedes the one quoted by Dr. Hyatt, on page 141.—[Ed.]
cratic exercise of preference." The best and most permanent success
is obtained when discussions are free from personal remarks and no
suspicions held regarding other's motives.

Regarding "proprietary dental schools," I can only speak of the
New York College of Dentistry, being a member of the Class of
1889. I have yet to find any university dental college managed
more efficiently, or to have a finer body of professional men serving
on the faculty, or a finer group of lecturers, than we had in those
days. The best interests of the student body always came first re-
gardless of profits. Every encouragement was given, every facility
known in those days was provided. Members of the faculty fre-
quently attended the student-society's meetings. The newer knowl-
edge taught today depicts the progress the profession has made during
the past fifty years. The better equipments in the colleges of today
are the contributions invented and made by the dental manufacturers.
None of these improvements are owing to the merging of dental
colleges with universities. The greatest hindrance to the develop-
ment of the best dental health-service for the people lies in the fact
that students' work, for patients, is restricted in the university dental
college by the amount of profit the patients can afford to pay to
help support the university. Had the merging of proprietary dental
colleges with universities removed these restrictions then a splendid
constructive work in the interest of dental health-service would have
been accomplished.

INTERNATIONAL JOURNAL OF ORTHODONTIA AND ORAL SURGERY.
Kurt H. Thoma (July 29): I received your letter of July 28th with
enclosures. I approve of the classification which you have made.
The question will come up whether the International Journal of
Orthodontia and Oral Surgery is to be classified under C, a, as you say,
or under B. I understand that the American Association of Ortho-
dontists are using that journal now as their official organ. [Response
is in Group B, if the American Association of Orthodontists or any
other ethical dental society controls that journal and the Mosby Co. owns
it. It is in Group A, if the Association controls and owns it.—Ed.]

NUTRITION AND DENTAL HEALTH. Carl J. Grove (Aug. 18): Con-
cerning your suggestion that I privately state, before an unbiased
group of my own selection, all the actual evils, or objections, mentioned in the current charges against independent journals, I must say that you have distinctly erred in your selection of me for such a task, considering the fact that my knowledge of the situation is wholly inadequate for the position. I believe such a procedure should be carried on by those who are fully informed on existing conditions. No doubt they have made a complete investigation and are in possession of actual facts, and thereby can give definite and accurate confirmation of these charges. I thank you for this consideration and regret my inability to serve. 4

ORAL HYGIENE PUBLICATIONS (ORAL HYGIENE, DENTAL DIGEST). Edward J. Ryan (Sep. 13): Since my return home from the Atlantic City meeting of the American Dental Association, I have spent considerable time in reflection on the subject of dental journalism. I have the very definite impression since that meeting that both sides in this debate are attempting to present valid arguments and that the debate has emerged from the arena of acrimony. I believe that your efforts in the Journal of the American College of Dentists in conducting this debate have had a great deal to do with this change in attitude.

At Atlantic City, I was impressed with the inquiries that were directed to me by men prominent in the profession. Most of these men apparently were realistic enough to appraise the situation in dental journalism as it actually exists. A cross section of their point of view according to my interpretation appears something like this:

We agree that the most desirable form of professional journalism should be that controlled by dental societies. We believe, however, that at present, some of the independent publications are doing a more progressive and aggressive job than the society publications—to destroy the independent publications, which are, in fact, setting the pace for some of the society publications, would be a definite step backward. The only way the society publications can gain their proper position is by doing the job of dental journalism better than the independents are doing it. The natural forces of clean competition can be expected to determine the better dental journals of the future.

4 The "suggestion" to which Dr. Grove refers is included in the foregoing editorial (page 142).
In your present editorial, I am happy to find your vigorous espousal of freedom of the press. Freedom of the press, of course, has with it responsibilities as well as privileges to journalists. Freedom does not mean the privilege to destroy or malign persons or groups. It does not mean the use of the power of the press to further special groups or special interests. Freedom of the press demands that controversial subjects be treated without bias or propaganda, and that both sides, in debate, be given the opportunity to tell their story.

We would like very much to participate in a conference with any representative group of dental editors to set up standards for advertisements of worthy and undesirable products, services, and the like. As I have pointed out before, our business office repeatedly rejects advertising copy that is acceptable and published in certain society publications.

One element in this discussion which is pertinent but has not, I think, been mentioned, is the relationship that the American Association of Dental Editors holds to this subject. First, I would like to say without restriction that such an association, in my opinion, is highly desirable. There is, however, a great danger of inbreeding and sterility through restricting such an association to the editors of society publications. I do not suggest that the membership of this Association be open to the editors of the independent publications. That is for the Association to determine. I do believe, however, that vitality might be given to the deliberations if occasionally the editors of the independent publications were invited to attend the meetings and participate in open discussion. The give and take of free debate would, I believe, benefit everyone concerned.

CORRECTION: Dental Students’ Magazine. In our issue for Sep.–Dec., 1936, we stated (p. 190) that a copy of a circular letter to correspondents had been sent to Dr. Harold Hillenbrand, who was then on our accredited list of editors. The information on which we acted in addressing Dr. Hillenbrand as the Editor of Dental Students’ Magazine was incorrect. We are glad to quote the following

<In this comment Dr. Ryan responds publicly to an inquiry addressed to him privately (July 27, 1937) on the possibility of bringing about an arrangement by which advertisements that represent “obviously unworthy or undesirable products, services, etc.” could be eliminated from all dental journals by “general agreement.”—[Ed.]>
statement in a letter from him, dated July 24, 1937, which will correct all erroneous impressions created by our mistake:

"The facts in the case which I wish to draw to your attention are these: the letter was never received by me or referred to me for attention. At the time the letter was sent out (July 27, 1936), I had already severed my connection with the Dental Students' Magazine. In fact, my association with that periodical was terminated, at my request, in June, 1935."

CONCLUDING COMMENT. In accordance with our standing assurance in this open discussion, advance copies of our prospective discussion of the above responses will be presented to all correspondents, for the publication of their replies with our remarks in the succeeding issue.

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HEALTH SERVICE "FOR ALL WITHIN THE MEANS OF EACH:" OPINIONS OF RESPONSIBLE LAYMEN. I. Published in Pennsylvania; during the progress of the Atlantic City meeting of the American Dental Association:

"The dentists of America aren't doing half the job they should. They admit it. They point out that 70 percent of the people in the United States are not receiving adequate dental care. In Atlantic City 15,000 dentists are meeting to 'devise ways of rendering the benefits of dentistry to all the people.' Dr. W. J. Carrington, president-elect of the Medical Society of New Jersey, dramatically called upon the dentists to stand beside the physicians in opposing "state" medicine and dentistry. Dr. Carrington admitted that 'something must be done.' He urged the organized dentists to 'pull together' to give health service to low-income groups at reduced fees. After much talk, during which socialized dentistry was condemned and recondemned, the Dental Association's committee on public health has submitted to the dentists its idea of a solution to the problem:

"Creation of dental-service sections in the health departments of each of the 48 states under strict supervision of licensed dentists.

"Organization of special courses in public health in all dental schools, with the granting of the degree 'Doctor of Dental Public Health' to graduates of these courses.

"Assigning of the special-course graduates to the dental service sections in the various states.

"The dentists are tilting at cavities with toothpicks. They want to
fight bad teeth with public lectures, college courses and subdivisions in state health departments. The Record is opposed to socialized medicine and socialized dentistry. But neither our doctors nor our dentists have made any serious effort to solve the health problems of those people now without proper medical and dental attention. Condemnation would be easier were it not for the fact that most medical men, personally, are charitable. As individuals they give of their time, skill and energy unstintingly. But the problem of adequate medical and dental care cannot be solved by individual charity of individual practitioners. It cannot be met by 'asking' doctors and dentists to 'coöperate.'

"Some sort of organization must be set up to assure all the people in this country adequate medical and dental care. If the doctors and the dentists refuse to organize such a group, if they continue to waste time passing meaningless resolutions and making meaningless suggestions, the public will be forced to step in and do the job for them. We hope that won't be necessary. But if it comes to a choice between no dental care for 70 percent of the people or state dentistry—we prefer state dentistry."—Editorial: "Attacking cavities with a toothpick;" Philadelphia Record; July 15, 1937.

II. Published in California; on the quoted comment by columnist Lawrence:

[The editorial below refers to this article, on "Government as the doctor," by David Lawrence, in the same issue.] "Washington, Aug. 26—Physicians throughout the United States will be interested to learn of the New Deal's latest experiment, which may prove the entering wedge for 'socialized medicine' in America, sometimes called the placing of medical care on a 'quantity production' basis. Like all New Deal 'experiments,' the plan to provide medical care by the group method is limited in scope at first. It is to apply for the present to the employees here of the Home Owners' Loan Corporation and the Federal Home Loan Bank Board, but it is so set up that it can just as readily be extended to all the 117,000 Federal employees here and the 700,000 or more Government employees throughout the country. Doctors have long suspected that the New Deal would seek to introduce 'socialized medicine,' but assurances to the contrary have come as usual from time to time from high quarters. The importance of the new experiment will be minimized in official quarters so as to discourage opposition and the plan will be compared to various group health plans in private industry. But the new organization, nevertheless, is so directly in line with what has been urged by persons inside the Administration who see the job possibilities and patronage potentialities of a medical bureaucracy in the Government. The latest step, therefore, may be taken to mean that the campaign for 'socialized medicine' has begun.

"The objections to this form of medical care are numerous and the best testimony is that which comes from experts who have studied the health insurance systems abroad. Thus, Sir E. Farquhar Buzzard, president of the British Medical Association, said recently in a public address: 'The chief flaw in a badly organized service, such as that
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which has evolved in this country during the last century, is lack of time, and both the
general practitioner and the consultant, in order to earn a living wage, are frequently
obliged to undertake far more work than they can deal with efficiently in the hours at
their disposal.' Regarding Germany, Dr. Paul G. Frank, another authority, says:
'For almost thirty years, I have worked as a German panel doctor under the conditions
of compulsory health insurance, and for many years I was a member of the physicians'
committee. During this period I witnessed a deterioration of the medical profession.
It came about by the removal of the sanctions of preferment by skill and the substitution
of preferment to convenience.' The same line of reasoning is expressed by Dr. William
J. Mayo of the Mayo Brothers' Clinic in Minnesota, who wrote recently: 'We of the med-
ical profession are determined that we will not be subjected to political interference.
We will not sacrifice the spiritual values of our profession for the small material gain
held out to us by political and social experimenters who are attempting now to control
the practice of medicine. We refuse to be dictated to by men who are not physicians,
who do not understand the sacred obligation of physicians to their patients.'

"The way 'socialized medicine' would develop would be to discourage younger men
from going into the medical profession and take away from those who have built up a
practice many of the patients who ordinarily come to them. It is true a large number of
doctors would have to be employed by the Government in any national scheme of 'so-
cialized medicine,' but the selection of these doctors by a political spoils system would
only be a worse step than the application for Government jobs of doctors not good enough
to build for themselves a firm reputation and adequate practice in their own communities.
The new plan to be put into effect next month by 'the Group Health Association' among
the Home Owners' Loan Corporation employes calls for payments of $3.30 a month for
men with families and $2.20 a month for single persons. 'The service,' it is promised by
one of the officials in charge, 'will include medical and surgical examinations, including
examination in special departments, such as eye examinations, laboratory tests and x-ray
examinations. In each case, complete medical and surgical care will be given. Hospi-
talization is to be given in a semiprivate room for a period of three weeks during a single
illness, without additional charge.'"

"David Lawrence, in his column on this page [above], uses a minor
New Deal project which is not health insurance as the text for an attack
on health insurance in general, which he confuses with it. The project in
question is a group clinic, apparently similar to the one now in operation
among municipal employes in San Francisco, to furnish contract medical
and hospital service to the Washington employes of the Home Owners'
Loan Corporation, for a monthly fee. It does not appear, from the
Lawrence article, whether membership in this clinic group is compulsory
on the employes affected. But the argument goes on to recite the current
half-quoted proof texts against real health insurance, as conducted in vari-
ous European countries—in none of which, by the way, do even the critics
of the faults of the actual systems propose to do away with health insur-
ance itself. They merely point out present faults which they wish cor-
corrected. Whatever may be the merits or demerits of these voluntary group
clinics, on their present small scale, what they would develop into if they
were made universal would not be health insurance at all, but state medi-
cine, to which health insurance advocates are also opposed. And even on small group scales, they operate as 'contract medicine,' to which physicians object and which health insurance would prevent.

"The very first requirement of a sound health insurance system on a state or national scale is that the patient shall choose his own physician, as he does now and deal with him individually, as he does now, in all respects except paying his bills. And even these bills are paid from the insurance fund, not by the taxpayers, and the physician is not a state employee, nor even an insurance fund employee, but an independent physician, practicing medicine. The objections to politically controlled state medicine are sound. So are the objections to the too low fees of certain European systems, which compel some doctors to serve too many patients for too little compensation and lower standards of work. But these are not objections to health insurance itself and they are evils which experience abroad has taught us how to correct. Least of all does the example Lawrence cites have anything to do with the health insurance problem which he confuses with it in his discussion."—Editorial: "Confusion on health insurance;" *San Francisco Chronicle*, Aug. 27, 1937.

**CORRESPONDENCE AND COMMENT**

*Oral Hygiene Publications (Oral Hygiene, Dental Digest): discussion of comment by Editor E. J. Ryan.* "I have read with pleasure the 'Open discussion on dental journalism' [in this *Journal*]. In the March–June responses, Dr. Edward J. Ryan makes an apparent misstatement of facts. Referring to an article by Bruening (*J. Am. D. Assoc.*, 24, 984; 1937, June), in which the cost for the *J. A. D. A.* for 1936 is given as $95,446.54 and the advertising income as $54,000, he says: '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 [*J. A. D. A.*]. The *Journal* does not have a subscription rate independent of membership dues. . . . 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*. . . . If Dr. Ryan will look at his A. D. A. card (I assume it is similar to mine), he will notice the statement: 'American Dental Association dues $4.00, which includes $2.50 for the *Journal*.' We may therefore say that subscription for the *Journal* is included in the dues and that Dr. Ryan is technically right in stating that there is no subscription rate independent of membership dues. But let us look further. Approximately 42,000 members of the Association receive the *J. Am. D. Assoc.* for a total cost of approximately $40,000 to the Association (Dr. Ryan's own figure). That means the subscription costs less than $1.00 per member, a saving of more than $1.50 over the set subscription rate. This actual rate of roughly $1.00 per year compares favorably with the rate of most of the non-throw-away proprietary journals, i.e., *D. Digest* ($2.00), *D. Items Interest* ($2.00), and *Int. J. Orth. Oral Surg.* ($7.00). The $40,000 paid from the A. D. A. treasury was not a subsidy but a payment of a portion of allotted dues for subscriptions of individual members. Dr. Ryan, in his comment on this situation, has just brought out one of the arguments for professional control of dentistry's journalism."—(7). The foregoing letter was dated Sep. 2. It presents independently, in more detail, the editorial view of the same situation, on page 145 of this issue.—[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


Excellence

The achievement of several years of painstaking research, Williams "XXX" (with Indium) is rightly called by many "today's finest partial denture casting gold." Uniform ... homogeneous ... strong ... resilient ... beautiful light coin color. Physical properties on request. Williams Gold Refining Company, Buffalo, N.Y.; San Francisco, Calif.; Fort Erie, N., Ont.

Williams "XXX"

with Indium

Partial Denture Casting Gold
RESOLUTIONS RELATING TO PROPRIETARY DENTAL JOURNALS

I. ADOPTED BY DENTAL-SCHOOL FACULTIES

Additions to previous lists

(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) Loyola University: June 3, 1935.—Whereas it is the established policy of the Chicago College of Dental Surgery to encourage high professional ideals and practices, and whereas its faculty believes it can further this purpose by limiting its support to those dental journals which are also devoted to high ethical standards, be it Resolved that the faculty of the Chicago College of Dental Surgery, Dental School of Loyola University, hereby recommends that its members contribute articles for publication to those journals only which are owned and published by, and are the official organs of, ethical dental societies.

(4) 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.

(5) 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.

(6) 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.”

(7) 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.

(8) 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 “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, Loyola (Chicago), 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 6 schools not named above.

JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

Issued quarterly. Subscription price: $2.00 per volume. Presents the proceedings of the American College of Dentists and such additional papers and comment from responsible sources as may be useful for the promotion of oral health-service and the advancement of the dental profession. Address: Journal of the American College of Dentists, 632 West 168th St., New York City.

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