

# JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

Vol. 5 . . . . . SEPTEMBER, 1938 . . . . . No. 3

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Published quarterly at Mount Royal and Guilford Avenues, Baltimore, Maryland

By THE AMERICAN COLLEGE OF DENTISTS

Editorial Office: 632 West 168th Street, New York City

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## AMERICAN COLLEGE OF DENTISTS

*Convocations* have been held on this schedule (since organization in *Boston*, Aug. 20 and 22, '20): (1) *Chicago*, Jan. 26, '21; (2) *Milwaukee*, Aug. 13 and 18, '21; (3) *Montreal*, Jan. 25, '22; (4) *Los Angeles*, July 16 and 19, '22; (5) *Omaha*, Jan. 23, '23; (6) *Cleveland*, Sep. 12, '23; (7) *Chicago*, Mar. 5, '24; (8) *Dallas*, Nov. 12, '24; (9) *Louisville*, Sep. 22, '25; (10) *Philadelphia*, Aug. 22, '26; (11) *Chicago*, Jan. 26, '27; (12) *Detroit*, Oct. 23, '27; (13) *Minneapolis*, Aug. 19, '28; (14) *Chicago*, Mar. 24, '29; (15) *Washington*, D.C., Oct. 6, '29; (16) *Denver*, July 20, '30; (17) *Memphis*, Oct. 18, '31; (18) *Buffalo*, Sep. 11, '32; (19) *Chicago*, Aug. 6, '33; (20) *St. Paul*, Aug. 5, '34; (21) *New Orleans*, Nov. 3, '35; (22) *San Francisco*, July 12, '36; (23) *Atlantic City*, July 11, '37; (24) *St. Louis*, Oct. 23, '38.

*Sections and dates of meetings in 1937-38.*—(1) *Kentucky*: June 14, '38. (2) *Northern California*: Oct. 27, '37; Mar. 25, '38. (3) *Maryland*: June 17, '38. (4) *New York*: Feb. 11, May 20, '38. (5) *Minnesota*: Feb. 24, May 6, '38. (6) *New England*: Nov. 23, '37; Apr. 27, '38. (7) *Wisconsin*: Apr. 25, '38. (8) *Colorado*: June 20, '38. (9) *Pittsburgh*: Nov. 17, '37; Jan. 12, Apr. 13, June 29, '38. (10) *Iowa*: May 4, '38. (11) *Illinois*: Dec. 6, '37; Feb. 13, '38. (12) *St. Louis*: Sep. 27, '37; Jan. 14, '38. (13) *Oregon*: Feb. 24, June 25, '38. (14) *Texas*: Apr. 27, '38.

*Objects*: The American College of Dentists "was established to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; to stimulate graduate study and effort by dentists; to confer Fellowship in recognition of meritorious achievement, especially in dental science, art, education and literature; and to improve public understanding and appreciation of oral health-service."—*Const., Art. I.*

*Classes of members* (each member receives the title of Fellow—"F.A.C.D."): (1) "The *active* members consist of dentists and others who have made notable contributions to dentistry, or who have done graduate, scientific, literary, or educational work 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 II.*

*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 is not an organic part of it; or (c) exact exorbitant fees for courses of instruction in dentistry under any auspices." . . . —*Constitution, Art. II.*

## JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

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## THE GIES DENTAL RESEARCH FELLOWSHIPS AND AWARDS FOR ACHIEVEMENT IN RESEARCH<sup>1</sup>

ALBERT L. MIDGLEY, D.M.D., Sc.D., F.A.C.D., *Chairman*

*Committee on Dental Research, American College of Dentists, Providence, R. I.*<sup>2</sup>

My presence with you this evening is an honor and privilege which I greatly appreciate. I have looked forward to it not only as a personal pleasure, but also as an opportunity to pay my tribute to your distinguished achievements and notable affiliations during the eighteen years since your organization was effected, and to acknowledge the debt of all members of our profession to a body of men whose function it is to enlarge the scope of dental science. The American College of Dentists has been drawn steadily and inevitably to the conviction that the dental profession, freed from the trammels of commercial control and established upon a basis of scholastic equality with medicine, can have *no object more worthy* than the promotion of dental research, the sparkplug in the medico-dental mechanism. It is the window that opens toward the future, the beaconlight on the hill, the sure promise of professional progress and opportunity which will draw to our ranks men and women fit to assume the responsibilities of health-service in this modern world. And because of this conviction I wish to set before you certain plans and projects which the Committee on Dental Research of the American College of Dentists desires to carry forward with the cooperation of the International Association for Dental Research.

Scientific initiative is the watchword of the day. The social and economic problems of government, the processes of manufacture, the

<sup>1</sup> Address at the concluding session of the Sixteenth Annual Meeting of the International Association for Dental Research, Minneapolis, March 12 and 13, 1938. An abstract was published in the Proceedings of the said meeting: *J. Den. Res.*, 17; 1938, Aug.

<sup>2</sup> Members of the Committee on Dental Research, of the American College of Dentists (1937-38): 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, W. D. Cutter.

production and distribution of food, the utilization of even trifling by-products—*everything* is being subjected to actual or so-called scientific scrutiny and correction. It is needless to say that dentistry has been far from backward in the application of science to its theory and practice, and in casting its educational program in the newer molds. Dental research has penetrated far into the twilight zones of human knowledge in order to utilize the world's inorganic resources for the benefit of mankind. The very nature of our ministrations requires the most accurate knowledge of substances and the utmost precision of method in their use. Individual patients are certainly aware that astonishing resources of knowledge and skill, of delicately adjusted instruments and perfectly prepared substances, are instantly available for their needs. What I wish to emphasize is that the present moment, when the people as a whole are wide-awake to the importance of scientific activity, is the time for dentistry to demonstrate its zeal for research *as openly as possible*, and thereby assert its claim upon public confidence and support. We cannot afford to neglect this opportunity to focus attention upon our usefulness as a specially-equipped health-service profession; and upon the fact that we need and deserve endowment, to ensure the continuance of progress toward the solution of dental problems, the maintenance of inspiring teachers in our dental schools, and the dissemination of knowledge by means of dental literature. The best publicity that I can recommend is a vigorous and determined action in developing the most favorable conditions for the prosecution of dental research.

The Committee on Dental Research of the American College of Dentists believes that one very important condition is a close, effective, and mutually cordial medico-dental relationship. This has been partly achieved in hospital practice, thanks to the wisdom and friendliness of the Council on Medical Education and Hospitals of the American Medical Association in recommending dental service for hospitals. Why not in research laboratories as well? Do not the joint responsibilities for public health, and the interrelated problems of dentistry and medicine, offer a more than sufficient basis for intimate cooperation? Can we not promptly establish the point that a living body depends upon the normal interaction of all its parts, and is impaired by every defect in healthful functioning? It



is well known that in cases of focal infection the dental outlook is exceedingly important to the physician; and it is assumed that dentists should be able to recognize dental and oral pathological conditions that may be the cause of or associated with disturbances elsewhere in the system. Why not conclude, once for all, that similar problems call for coordinated effort and a common point of view, and that both professions would derive profit from a stimulating rivalry in such studies as bacteriology, biochemistry and nutrition? Can there be any question that scientific progress, far-reaching in its results, would be the logical outcome of such a policy? Other graduate studies for dental students (those leading to special practice, teaching, and separate branches of research) would continue to be clearly distinguished and adequately provided for. But if we can, at one stroke, and without subordinating our interests to those of medicine, win professional prestige and avoid duplication of effort by coordinating all useful discoveries, why not take a decisive step in that direction? The isolation of dentistry, with its attention focused chiefly on restorative procedures, belongs to the past. The environment of today calls for a new dentistry, which the Committee on Dental Research of the American College of Dentists is eager to develop with the aid and sanction of all good influences and appropriate agencies. We are ready to invite the interest of the medical profession in a coordinated program of give-and-take in research problems of value to both professions. I am here to ask your wholehearted support for this project, and your advice as to practicable ways and means. Our Committee will be in constant need of the assistance of a committee from the International Association for Dental Research, and would be gratified by the immediate appointment of such a correlating committee.<sup>3</sup>

The other project upon which we are now concentrating attention is the direct promotion of dental research by grants from the William John Gies Fellowship Fund and by the bestowal, annually, of the William John Gies Award in recognition of outstanding achievement

<sup>3</sup> The Association, heartily accepting this invitation, created a standing *Committee on Cooperation with the American College of Dentists*, consisting, for the year 1938-39, of the following members: Thomas J. Hill, *chairman*; Alvin W. Bryan, and Frank H. Cushman.—[Ed.]

in research. Our function in relation to the fellowships is two-fold: (1) To assist the Committee on Endowments of the American College of Dentists in convincing philanthropic organizations of the quality and value of dental research, so as to invite and retain their substantial interest and support. (2) To set up the machinery for administering the funds, by passing upon such matters as (a) fields of study which shall be open to applicants for grants; (b) qualifications of applicants; (c) places where research shall be carried on; (d) size of grants; (e) auspices under which reports shall be published.

In regard to the award for distinguished achievement, we consider it a matter of great importance that the time and place of bestowal shall glorify the recipient in the eyes of his fellow-workers, and add as much as possible to the prestige of the unostentatious labors to which he and they are faithfully devoting themselves. Such occasions are all too rare in the experience of scholarly endeavor. "Its triumphs are won, not amid the cheers of excited multitudes, but in lonely hours of patient concentration. It is a virtue fugitive and cloistered, in Milton's beautiful phrase: to be forced into the limelight and decorated with insignia, however worthy the motive, is alien to its nature." Does it not seem to you that the annual meeting of the International Association for Dental Research would afford just such an occasion as we desire for this ceremony, with members of the American Association of Dental Schools and of Omicron Kappa Upsilon in attendance, and the American College of Dentists in special coordinated session? Could there be a more appreciative audience than such an assembly? We desire your cooperation in arranging the details of the ceremony, and deciding what form the award shall take—whether medal, citation, or other distinction. A correlating committee such as I have already suggested would be of inestimable service in these matters and also in nominating candidates for fellowships and awards—the former to be granted on or after July 1, 1938, and the latter beginning in 1939, the centenary of organized dentistry in America.

I sincerely trust that in this practical exposition of our projected activities—and in this frank request that you assume a share in them—I shall not seem to have abused the kindness which prompted you to invite a representative of the American College of Dentists



to meet with you. The value and significance of being in touch with minds striving toward the upbuilding of dental science impressed and inspired me deeply, and I have made use of the opportunity to address you on subjects which seem to me to be of present and vital importance to us all and likewise to the public welfare.

Behind the International Association for Dental Research, and in close contact with the American College of Dentists, has stood for many years the valiant figure of our common benefactor and vigilant, resourceful friend, Dr. William John Gies. Many-sided as he is, there can be no mistaking the unity and consistency of the aims and purposes which he has imparted to us, his disciples; as we have depended upon him, so we can trust one another; his greatness is of the kind that lifts others into some share of it; he asks us to remember that dentistry has a soul which is *marching on*; so I cannot but believe that our concerns are yours—and yours, ours. To cherish and keep alive what he has planted must be our constant care, and to this end we must lean upon one another for both spiritual and practical support, borrowing and lending from our independent sources of experience and initiative wherever it is possible to do so without obtrusion. The American College of Dentists, for example, can perhaps make useful contacts from which a research organization is inhibited; while still depending, perforce, upon data which only the International Association for Dental Research can furnish. Above all, we are to remind one another that the future is ours so long as we have *vision* and *ideals*, but is lost if we allow ourselves to sink in the slough of self-sufficiency or soar on the wings of empty enthusiasm.

The laws of health are immutable; it is for us to delve farther and farther into their hidden secrets, and discover more and more surely the principles which govern their application to human welfare. With the words of an eminent preacher, Reverend John A. McClorey, ever before us: "Let us not mistake theories for proven principles, plausibilities for incontrovertible facts, enthusiastic interest for solid advance in study, and unbounded assurance for real certainty."

## AMERICAN COLLEGE OF DENTISTS

### PROCEEDINGS OF THE FIRST AND SECOND ANNUAL MEETINGS OF REPRESENTATIVES OF THE SECTIONS

OTTO W. BRANDHORST, D.D.S., *Secretary*

*St. Louis, Missouri*

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#### I. FIRST ANNUAL MEETING: CHICAGO, ILL., FEB. 14, 1937<sup>1</sup>

*Dr. F. G. Conklin*, Chairman of the newly organized Illinois Section and Chairman of the conference, introduced the *President* of the American College of Dentists, *Dr. A. L. Midgley*, who, alluding to this meeting as the first of sectional representatives of the College, stated that they had been brought together for an informal discussion of College affairs. He announced that his presidential theme for the year was *medico-dental relations*, and invited free expression of views regarding this theme and any other matters of interest to the College.

*Dr. A. D. Black* expressed the opinion that there is a very definite place in dentistry for a critical group like the American College of Dentists—a group which has high ideals and which, in offering opinions and in making proposals, will support its views. The attitude of the College, he felt, should always be friendly, helpful, and constructive. He suggested that the College should interest itself in the welfare of young practitioners, and encourage them to engage in advanced study. He urged the attainment of harmony in all of the work of the College.

<sup>1</sup> This meeting, preceded by a luncheon at which the Illinois Section was host and held at the Stevens Hotel, was attended not only by representatives of sections but also by about forty-five additional members of the College.



*Dr. A. B. Luckhardt* stated his feeling that the American College of Dentists should be the spearhead of dentistry, and indicated appreciation of his election to honorary membership.

*Dr. Howard C. Miller*, referring to the activities of the Committee on Hospital Dental Service, stated that five questions on dentistry were included in questionnaires then being issued to the various hospitals by the American Medical Association. He expressed confidence that important constructive improvements in medico-dental relations were in progress.

*Dr. J. V. Conzett* intimated that perhaps the College had been lax occasionally in the selection of members. He urged that young men be taken under the wing of each section, and suggested the possibility of junior membership.

*Dr. A. H. Merritt* spoke on research and the opportunity of the College to promote it. He suggested the assignment to the sections of problems for study and report.

*Dr. R. J. Rinehart* referred to the desirability of placing dentists on hospital boards to encourage better medico-dental relations.

*Dr. C. E. Rudolph* alluded to the opportunities for cooperation with other organizations without intrusion into their prerogatives or impairment of ours. He found that the attitude of the newly elected men was one of appreciation; that they regarded the College as the lighthouse of the profession, with a definite program; and that the masses looked upon it as an elevating influence.

*Dr. E. W. Swinehart* referred to the objects of the College. He regarded the College as a fact-finding body to facilitate important decisions. He urged the use of talent in all sections and the elimination of all possible political by-play.

*Dr. G. W. Wilson* suggested that medico-dental relations be made a subject of special study in all sections.

*Dr. A. W. Bryan* expressed the hope that the various sections would study current methods in education.

*Dr. J. E. Gurley* alluded to the desirability of removing "all the weeds from our garden;" stressed the importance of idealism in all relations; and urged that all sections become acquainted with the various activities of the College.

*Dr. F. G. Conklin* felt that all members should acquaint themselves

with the active affairs of the College, and establish reader interest in the *Journal*. He suggested the appointment, in each section, of several committees on various activities of the College.

*Secretary O. W. Brandhorst*, approving the idea projected by Dr. Wilson—that medico-dental relations be studied by all sections—suggested that this should be continued from year to year; that the President, at the beginning of his term, should announce his theme for the year; and that each section should promptly be given notice of the selected presidential theme, so that definite studies of it could be made by all sections.

On motion by *Treasurer H. S. Smith* it was voted that an informal meeting of representatives of the sections, such as this, be held annually in conjunction with the Chicago Mid-Winter Clinic Meeting.

## II. SUBJECTS OF PROSPECTIVE DISCUSSIONS BY THE SECTIONS

Pursuant to action taken by the Regents at one of their sessions at Atlantic City in July, 1937, to quicken interest and independent endeavor among the sections, the Assistant Secretary of the College sent to the secretary of each section a copy of the following "memorandum for members of sections," dated October 14, 1937:

"The Regents believe that the sections wish to include, at each of their meetings, discussions of, and action on, timely subjects, such as (a) the main recommendations in presidential addresses and reports of committees; (b) other constructive projects presented at convocations; (c) ad-interim problems before the Regents; and (d) matters primarily affecting, or originating in, the sections. In accordance with this belief, the appended list [of subjects of prospective discussions by the sections] is submitted [for the Regents] in the hope that it may be useful to each section. Please present copies of the list to each of your section's members. . . .

"1. The presidential address and other addresses, also reports, etc., during the morning and afternoon sessions of the Atlantic City convocation, fill pages 53-126 of the September issue of the *J. Am. Col. Den.* The sections will presumably wish to take action on some of the many matters there presented. *Should not these pages be carefully studied by every member of the College, preparatory to appropriate constructive action?*

"2. The theme for the next annual convocation of the College is 'Public relations.' How, in the judgment of the sections, may the College and



the individual sections most effectively promote *public relations*—of dentistry and of the College?

"3. Would it be desirable for each section to select a theme concordant with, or independent of, the general theme as a guide in the sectional activities for the year?

"4. Should there be an annual meeting of delegates from the sections—in association with the annual convocation of the College or independently? If so, what should be the objects and scope of the meeting?

"5. How may the objectives of the College be realized more perfectly in each section's community? Are any of the sections, as such, engaged in constructive efforts for the local promotion of dentistry?

"6. A new standing Committee on Dental Research has been appointed, to formulate plans for awards, by the College, (a) to active and promising young workers in special need of small grants to aid them in dental research; also (b) in recognition of outstanding achievement in dental research. It is believed that in this way the College can give timely aid to deserving young workers in, and also effectively stimulate, dental research. Further details will be indicated as the Committee develops its plans. Sections may wish to help to discover, and to aid young and promising, research workers.

"7. Should not committees be appointed, by the sections, to work *locally* with the standing committees of the College for the development, *for example*, (a) of more and better dentistry in hospitals, and (b) of greater protection against the anti-professional influences of commercial dental-laboratories? These illustrative opportunities for constructive cooperation by the sections receive special attention in the reports of the Committees on Dental Prosthetic Service, Hospital Dental Service, and Oral Surgery (see 'Contents' on p. 77 of the Sep. [1937] issue of the *J. Am. Col. Den.*).

"8. What means may be used effectively, by the individual sections, to acquaint the profession throughout the state, and dental students locally, with the objectives and activities of the College?

"9. How may the ceremony of formal admission to fellowship at the convocations be further improved?

"10. Should women be admitted to fellowship in the College? There is no existing constitutional prohibition, but no woman has been admitted. (This question is now before the Regents for decision. An indication, before the next convocation, of each section's preference is invited by the Regents.)

"11. Should not the views of the sections on important matters be ex-

pressed, from time to time, in the *J. Am. Col. Den.*? Should not selected members of the sections be delegated, *by the sections*, to represent, in special articles, the constructive sentiments *expressed or developed in the sections*?

"12. Are prospective students of dentistry, in the communities in which sections exist, adequately informed regarding the nature and purpose of predental education? Should not the local educational institutions be requested to give as much publicity to the scope and import of predental education as is now given to premedical education?"

### III. SECOND ANNUAL MEETING: CHICAGO, ILL., FEB. 13, 1938<sup>2</sup>

*Dr. G. R. Lundquist*, Chairman of the Illinois Section and Chairman of the conference, presented *Dr. T. E. Purcell*, Dean of the St. Louis University School of Dentistry, who in turn introduced *Fr. Alphonse W. Schwitalla*, Dean of the St. Louis University School of Medicine and Regent of the St. Louis University School of Dentistry, who read an interesting and instructive paper on "Some problems common to medicine and dentistry."<sup>3</sup>

Chairman Lundquist asked all to stand in silence for a few moments, in tribute to the memory of Dr. Arthur D. Black, deceased (Dec. 7, 1937).

Chairman Lundquist then invited the *President* of the American College of Dentists, *Dr. C. E. Rudolph*, to conduct the executive proceedings. Official sectional representatives, and others, discussed activities of the sections and of the College, and presented suggestions to increase the usefulness of the College and of the sections.

*Maryland*: Dr. E. W. Swinehart indicated that medico-dental relations had been the special topic of discussion in the Maryland Section. He stressed the desirability of closer contact between the sections and the College, believing that thereby a better understanding of the activities of the College could be brought about.

*New York*: Dr. A. H. Merritt reported that at an outstanding meeting of the New York Section, on Feb. 11, 1938, attended by Past-president Midgley and President Rudolph, socio-economics was

<sup>2</sup> This meeting, preceded by a luncheon at which the Illinois Section was host and held at the Stevens Hotel, was attended not only by representatives of sections but also by about fifty additional members of the College.

<sup>3</sup> Schwitalla: *J. Am. Col. Den.*, 5, 40-51; 1938, Mar.-June.



the chief problem of discussion. He raised the question whether fellowship, in special cases, might be conferred at meetings of sections.

*Minnesota:* Dr. J. M. Walls referred to the importance of regular meetings of the sections, and suggested an interchange of information on sectional plans and activities.

*Pittsburgh:* Dr. P. V. McParland stated that, at one of the Section's recent meetings, it was voted to approve suggestions in a paper by Dr. W. H. Wright. In harmony therewith he presented the following views for the Pittsburgh Section:

"(1) The rapid growth of the College has brought in many new members, but has given them no specific tasks to perform.

"(2) The work of the College is conducted principally by the officers and committees at annual convocations, after which the average member figuratively folds his hands until the succeeding convocation.

"(3) Wider distribution of work and responsibilities seems to be desirable.

"(4) Sections should be officially represented by a delegate or delegates—with a voice—in the affairs of the College.

"(5) The officers and prospective delegates would provide a group representative of the entire College, before which (a) reports of standing committees could be read and discussed, (b) general policies studied and decided, (c) objectives formulated, (d) current work planned, and (e) regional problems of the College presented for deliberation.

"(6) Sections should become vital and functioning groups, each section annually formulating its own working program definitely related to objectives of the College. This work might be related to the efforts of standing committees, to ways and means of disseminating the ideals of the College, or to crystallization of opinions on issues affecting the welfare of both the public and the dental profession.

"(7) The annual convocations should attract the members for renewed inspiration and vision, and send them away to redouble their efforts to make their professional aspirations come true."

Dr. McParland then offered, for his Section, the following resolution:

*"Resolved*, that the group in attendance at this meeting favors the creation, in the American College of Dentists, of a House of Representatives, to meet annually at the time of the convocation; and that a committee be

appointed to formulate a definite outline of such a set-up, and report to the sections prior to submission of recommendations to the next convocation."

The recommendations and resolution, as presented for the Pittsburgh Section, were, by vote, referred to the Board of Regents.

*Iowa:* Dr. J. V. Conzett reported that Dr. John Scholten was seriously ill and not expected to recover (died Mar. 8, 1938). The Secretary was instructed to send greetings to Dr. Scholten. Dr. Conzett believed that the Iowa Section, having studied medico-dental relationships, noted improvement. He suggested that a plan be developed to make the activities of the College committees better known to sections, possibly through meetings of sectional representatives, as proposed by the Pittsburgh Section.

*New England:* Dr. E. A. Charbonnel stated that his section had made a special study of hospital dental-service and dental-internship, and hoped other sections would also give this matter special attention.

*Wisconsin:* Dr. W. J. H. Benson remarked that his section found the time just prior to the "state meeting" the most opportune for an annual sectional meeting. He raised questions as to the best method of collecting sectional dues.

*Illinois:* Dr. G. R. Lundquist presented a paper, on "What dentistry may do to improve its status," as the report from his Section. His paper was referred to the Board of Regents; quotations follow:

"Since dentistry desires that its standing as a profession be respected, it should also accept the obligation to protect itself from needless attack or criticism. One of the ways in which this may be accomplished is by developing a more suitable method of selecting Doctors of Dental Surgery or Oral Surgeons for appointment to hospital staffs. The American College of Dentists, through the respective sections, could aid such institutions to this end by functioning as a selective clearing house for hospitals desirous of obtaining the information the College can make available relative to particular candidates. Such selections should be determined by 'proper background' and adequate training; they should never be political appointments. The impropriety of many political selections has degraded dentistry in various medical centers.

"The College might supply factual evidence for radio broadcasts of manufactured products. Mouth washes and tooth pastes might need particular attention. Consideration should be given to the mighty asset



known as *good-will*, which is created not necessarily by high ideals nor by the righteousness of the cause, but often by the manner in which projects are brought to fruitful maturity. Condemnation of any undesirable advertising program for manufactured products is useless unless accompanied by a proposed solution of the problem. Unfortunately the impetuous zealot has often been permitted to alienate the good-will and respect of some reputable commercial interests. Certainly consultation, by a selected committee of the College, with manufacturers of advertised products, would lead to the development of scientific information for dissemination over the radio. At present many manufactured products are being sold to a misinformed public largely because of misleading radio broadcasts. To correct this situation the advertising manufacturers should be informed of the possible use of some of their available funds for researches in the field of dentistry. They could be invited to make research grants to responsible educational institutions, such as university dental schools, so that when adequate scientific data become available, approval of their products by the American Dental Association might follow. In this way dentistry might develop a program for the general health and well-being of mankind. Manufacturers could be made to appreciate the fact that they, also, by cooperation, would be making a contribution to this end. There can be little doubt that if the U. S. Public Health Service could be brought to a realization of the magnitude and seriousness of dental disease—and the relation of dental disease to public health—the active interest and support of the Service for such a program could also be enlisted. It follows that a coordinated dental-health campaign—directed under the combined auspices of the American Dental Association, the American College of Dentists, and the U. S. Public Health Service, with the financial assistance of interested private institutions—would carry sufficient prestige to offset any real or imaginary objections that might be stated against it.

“The Illinois Section of the American College of Dentists suggests that undergraduate students, particularly senior classes, be informed—by a suitable representative—of the existence, work, and aims of the College, so that such men will be encouraged to qualify for membership in the College. The Section also suggests (a) that suitable papers, clinics, or lecture demonstrations be given at convocations by representative men in the broad field that is related to the attainment and maintenance of the health of mankind. This would keep the College alert, as every living worth-while organization should be. (b) The *Journal of the American College of Dentists*, at the proper time each year, should publish an out-

standing piece of work in the realm of the health of mankind, either in the field of dentistry or medicine; and possibly offer a prize in keeping with the achievement. (c) The American College of Dentists should propose, to the officers of the Army Medical Museum, the organization of an Oral Pathology Register in Washington—where the available material is now under the care of an Army Sergeant—to be similar to those (eye, heart, tumor) now in operation. This Register, with an office, desk and microscope, should be made accessible to members of the College for purposes of study."

*St. Louis:* Dr. T. E. Purcell stressed the importance of putting dentistry back into the dental office, and urged that the College interest itself in the problems presented by the activity of laboratory technicians, dental hygienists, etc. *Dr. W. J. Gies* (New York), endorsing Dr. Purcell's suggestion, stated that special efforts were then in progress in this relation.

*Kentucky:* Dr. E. C. Hume outlined the "Big Brother" idea as used in Kentucky, and urged others to try it. He expressed approval of the resolution presented by Dr. McParland. He also recommended responsible publicity, for the activities of the College, in a journal having a large circulation.

Two sections, *Colorado and Northern California*, were not represented.

*Drs. T. J. Hill* (Ohio), *R. R. Gillis* (Indiana) and *R. S. Vinsant* (Tennessee) also spoke briefly. *Dr. Harold S. Smith* (Illinois) presented *Dr. P. J. Hanzlik* (California), who, for the Council on Therapeutics, expressed appreciation of the good-will and support of the College. *Dr. C. W. Stuart* (Illinois) was complimented on the quality of the program provided, at this meeting, by the Illinois Section as host.

## AMERICAN COLLEGE OF DENTISTS

### AD-INTERIM ACTIONS OF THE REGENTS

1937-38: *Series no. 3*<sup>1</sup>

*New sections.* Oregon and Texas sections accredited; organized at meetings held, respectively, on Feb. 24 and Apr. 27, 1938.

*Animal experimentation.* Following resolution adopted; Secretary instructed to forward copies to all authorities concerned:

"The American Association for the Advancement of Science, recognizing the important rôle of animal experimentation in the study of diseases, especially those of childhood, and in the perfecting of those procedures and treatments to which no small part of our community owes its life and continued presence among us, regards with apprehension the activities of certain groups which are attempting to prevent the use of unclaimed animals for study in qualified institutions of medicine and research and which are endeavoring by direct and indirect means to cut off the supply of animals needed in the production of antitoxins and other biologic products. This Association is in accord with the practically unanimous and often expressed authoritative voice of science and medicine that animal experimentation has conferred inestimable benefits upon mankind, as well as upon animals themselves, and is essential to the progress of the biological and medical sciences.

"The American College of Dentists, having a membership of about six hundred and representative of the dental profession in the United States and other countries, is confident that a fully informed public will not support legislation which would seriously interfere with the progress of preventive and curative medicine."

*Certification of specialists.* Request of Committee of American Academy of Periodontology, for cooperation in plans for joint action of national organizations on certification of specialists, approved. President, having been instructed to appoint two members of A.C.D.

<sup>1</sup> All actions here recorded were voted by correspondence. For previous series in 1937-38 see *J. Am. Col. Den.*: (a) 4, 256; 1937, Dec., and (b) 5, 68; 1938, Mar.-June.



Committee on Certification of Specialists to represent College, selected Drs. C. O. Flagstad and E. W. Swinehart.

*Annual convocation:* St. Louis, Mo., Oct. 23, 1938. All sessions to be held in ballroom of Statler Hotel. All Fellows in attendance requested to register. Evening session to be "open;" guests welcome.

*Certified public accountant:* Mr. James C. Thompson, St. Louis, Mo., selected as auditor for current fiscal year.

*Sectional representation.* Each section requested to send representatives to session of Regents, Friday afternoon, Oct. 21, at St. Louis, to hear committee reports and participate in discussion and action thereon.

July 13, 1938

*Attest:* Otto W. Brandhorst, *Secretary*

## DENTAL PROSTHETIC SERVICE

### IV. DENTAL TRADE ADVERTISES DIRECTLY TO THE PUBLIC<sup>1</sup>

WALTER H. WRIGHT, D.D.S., PH.D., *Chairman*

*Committee on Dental Prosthetic Service, American College of Dentists, Pittsburgh, Pa.*

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On January 11, 1937, the E. K. Medical Gas Laboratories, Inc., of Bloomfield, N. J., inaugurated an unprecedented advertising campaign in which *Aldenol*, a synthetic resin for prosthetic dentures, was advertised directly to the public in *Time*. The statements in four of these advertisements are quoted below.

#### A. FOUR ALDENOL ADVERTISEMENTS IN TIME

(1) "*Something should be said publicly about dental plates* [photograph]. More than 10% of us use dental plates. But because people just don't talk about artificial teeth, you're not likely to hear about the advances that are being made. That dull, red, hard-rubber base is no longer necessary. That slightly unpleasant 'denture breath' can be eliminated entirely. Excellent fitting qualities can be obtained. You can above all keep your mouth absolutely immaculate, because *Aldenol*—the modern base for dental plates—is non-porous.

"Even if you just started wearing your plate yesterday, it is worth while talking to your dentist tomorrow about *Aldenol*. He will tell you

<sup>1</sup> This article is the fourth 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. The first three sections were published successively in the last three preceding issues: *J. Am. Col. Den.*, 4, 1937; pp. 110 (Sep.), 240 (Dec.); and 5, 1938; p. 52 (Mar.-June). Members of the Committee on Dental Prosthetic Service (1936-37): W. H. Wright, *chairman*; P. C. Lowery, A. H. Paterson, C. H. Schuyler, W. H. Grant.—[Ed.]

that *Aldenol* is a plastic material which can be moulded in exact faithfulness to the impression he takes in your mouth. Its color is a natural translucent pink. Its surface is hard and glossy—it can be washed perfectly clean. Isn't that enough to make you want to inquire at once? (It's really wise to have two plates, anyway—as insurance against the embarrassment that might follow breakage.) Send for information.

"We think it worth while to read a comprehensive (though non-technical) booklet on denture bases. The coupon will bring it to you by return mail in plain wrapping. *Aldenol*: The hygienic base for dental plates.

[Return coupon] "E. K. Medical Gas Laboratories, Bloomfield, N. J.: Please send me your booklet on *Aldenol*—the hygienic base for dental plates. Name..... Street..... City..... State..... Your dentist's name....." [*Time*: Jan. 11, 1937.]

(2) "*The 'spare' nobody talks about* [photograph]. Few people have 'spare' dental plates because the subject is hardly ever mentioned. Yet if you broke your present plate, wouldn't next week be embarrassing? And, after all, more than 10% of us employ dental plates. It is a good idea to be forehanded and talk to your dentist now. If you have had your present plate some time, changes in your mouth may have altered its fitting comfort.

"Excellent fitting quality is characteristic of *Aldenol*. This new hygienic dental base forms an exact replica of the dentist's plaster impression. But its principal advantage is the fact that you may keep it immaculate. It is non-porous—its surface is hard and glossy—and it is much more comfortable in your mouth. Talk to your dentist about *Aldenol*; read about it yourself, also. Send the coupon for a comprehensive discussion of denture bases. *Aldenol*: The hygienic base for dental plates.

[Return coupon] "E. K. Medical Gas Laboratories, Inc., Bloomfield, N. J.: Please send me your booklet on *Aldenol*. Name..... Street..... City..... State..... Your dentist's name....." [*Time*: Feb. 1, 1937.]

(3) "*Keep in step with your dentist* [photograph]. The dental profession has advanced remarkably in the last few years. The method of making dental plates has been greatly improved. Are you keeping up with your dentist? Have you had an appointment lately? You may be missing the benefits of these advances. If your present plate has warped, it is probably also uncomfortable. Your dentist is now able to give you a more natural looking dental plate than ever before possible.

"Think how embarrassing it would be if your present denture should break. Your dentist can help you avoid that, too. Modern methods now



make a 'spare' plate practical. Talk to your dentist about a new one this week—and get his opinion of *Aldenol*—the hygienic new denture base. An *Aldenol* denture helps prevent 'denture breath.' It has a smooth, glossy surface to which food particles do not cling. It has a natural pink color and 'gets along well' with the gums. Send the coupon for comprehensive information. *Aldenol*: The hygienic base for dental plates.

[Return coupon] "E-K Medical Gas Laboratories, Inc., Bloomfield, N. J.: Please send me your booklet on *Aldenol*. Name..... Street..... City..... State..... Your dentist's name....." [Time: Feb. 22, 1937.]

(4) "*That tabooed topic of dental plates* [photograph]. Volumes have been written about mouth hygiene—but hardly a word is said about dental plates. Because of the delicacy of the subject, few people have heard about the improvements made in the materials of which plates are constructed. Your dentist is able to fit you with a better dental plate than a few years ago, one that is life-like in appearance and easy to keep clean. Arrange an appointment with your dentist today. Ask him about replacing your present plate and having a 'spare' denture made. Breaking of your present plate can cause a week or more of embarrassment. And get your dentist's opinion of *Aldenol*—the hygienic new denture base. *Aldenol* is natural in color, non-porous, lightweight and exceptionally comfortable. Send the coupon for comprehensive (but non-technical) information. *Aldenol*: The hygienic base for dental plates.

[Return coupon] "E. K. Medical Gas Laboratories, Bloomfield, N. J.: Please send me your booklet on *Aldenol*—the hygienic base for dental plates. Name..... Street..... City..... State..... Your dentist's name....." [Time: Mar. 22, 1937.]

#### B. ADVERTISER'S LETTER, CIRCULAR AND BOOKLET ON ALDENOL

In addition to the four advertisements in *Time*, the makers of *Aldenol* distributed a letter, circular and booklet to any of the laity who signed and returned coupons from the advertisements. The statements in the letter and circular, and some in the booklet, are quoted below.

#### *Aldenol letter*

"*Has your mouth changed?* Just as the wearer of eye-glasses must have periodic examinations to insure good vision, the wearer of dental plates should consult his dentist regularly to make sure that his denture fits properly. The mouths of most people gradually change over a period of

years. A set of artificial teeth fitted with the greatest scientific skill five years ago may fit very poorly today. Not only does the mouth change, but many improvements have been made in the materials with which plates are constructed. Often, the best denture of a few years ago is out of date today. It is no longer necessary to wear unsanitary, hard-to-clean dentures that absorb mouth secretions. Remarks such as 'I could see he was wearing "false teeth" fifteen feet away' now need not be.

"The wearer of an *Aldenol* denture does not ever hear such remarks. *Aldenol* is a new plastic material with a natural color that harmonizes with your mouth. It is surprisingly easy to keep clean because it is non-porous and does not absorb mouth fluids. Its firm, smooth surface is comfortable in the mouth. In a short time, thousands of dentures have been made with *Aldenol*. Perhaps one of your friends whom you do not suspect of wearing artificial teeth is wearing one. May we suggest that you make an appointment with your dentist to examine your denture and ask him about *Aldenol*?"

#### *Aldenol circular*

"*Aldenol* has what it takes to make natural-looking comfortable dentures. Now you can keep artificial teeth *perfectly clean*. *Aldenol*: Natural gum color; does not warp; more than ample strength; light in weight; well tolerated by mouth tissue; non-porous; does not develop unpleasant odors; easy to repair; good thermal conductivity.

"Artificial teeth are easy to keep immaculate when the denture is made with *Aldenol*. Ordinary dentures absorb tiny food particles and odors—*Aldenol* does not. It is almost completely non-porous, with very low water absorption. Food does not cling to it—even salad oil—and that's a test. Hence, it does not absorb or release any offensive odors. Stained, neglected *Aldenol* dentures can be restored to their natural appearance and cleanliness by a few minutes work with pumice and brush-wheel. Modern hygiene and cleanliness demand *Aldenol* dentures.

"The first reaction in wearing an *Aldenol* denture is its amazingly natural gum color. It blends into the mouth and gives the smile a natural ease. Even at short distances, one's friends do not think of *Aldenol* dentures as 'false teeth.' It makes the truest reproduction of oral tissues that can be achieved. Next, one notices the mouth-ease and comfort of an *Aldenol* denture. It does not produce irritation and soreness. Now it is possible to have a 'spare' denture when *Aldenol* is used. It will not get out of shape or warp while in or out of use. Strength: *Aldenol* dentures have plenty of it. The transverse strength of *Aldenol* is more than enough to

withstand the stresses of mastication. At the same time, *Aldenol* is lightweight.

"*Aldenol* brings life to your dentures. *Aldenol*: The phenol-resin that brings life to your dentures. The meat of the nut is inside. Rebasing and repairs are easily made. Broken teeth can be replaced with scarcely a visible sign of the repair. Revulcanizing does not lessen the strength of an *Aldenol* denture. See that your next denture is made with this hygienic dental base. *Aldenol* has everything."

*Aldenol booklet*<sup>2</sup>

"In checking up the repairs on these dentures it was found that less than 1% of *Aldenol* dentures were returned for repairs due to breakage" (p. 4). [Nothing is said regarding the discoloration and staining about the necks of the teeth so commonly experienced with some of the newer resinoid materials.]

"In selecting a shade of pink for *Aldenol*, we found the profession entirely lacking in unanimity of opinion as to just what shade of pink was proper" (p. 4). [The dental profession is evidently not highly regarded by the makers of *Aldenol* and will no doubt be similarly regarded by the laity who read the booklet.]

"Also, due to the inert chemical character of *Aldenol*, its tolerance to mouth tissue is superior to rubber. Certain of the fillers used in vulcanite are oft times quite irritating to mouth tissues. Once a patient becomes accustomed to an *Aldenol* denture, he will fight strenuously against the return to vulcanite, simply on account of mouth comfort" (pp. 7, 8). [The dental profession would appreciate the information, on which the makers of *Aldenol* base their statement that "certain of the fillers used in vulcanite" are "quite irritating to mouth tissues." By such unwarranted advertisements, the public is prejudiced against vulcanite, which since the advent of resinoid substitutes continues to hold a unique position in denture construction and an enviable position in the minds of the *Aldenol* promoters.]

"While the details of technique are not important to dentists as a general thing, at the same time it is our firm conviction that the simpler the technique the better the results" (p. 8). [Here the obvious desirability in the public interest, that the dental profession should be in possession of all techniques relating to denture prosthesis, is disregarded by the makers of *Aldenol*, who would place the dental profession in the position of salesmen anxiously waiting to write orders for the highly advertised brands of

<sup>2</sup> The statements within brackets are comment by the Committee.



the company that can create the greatest ballyhoo. At this moment the makers of *Aldenol*, no doubt, feel that they are leading the market.]

C. CORRESPONDENCE BETWEEN CHAIRMAN WRIGHT AND  
MANUFACTURERS OF ALDENOL

Immediately after the first advertisement appeared in *Time*, your chairman wrote the following protest:

*Letter from Chairman Wright to E-K Medical Gas Laboratories, Inc.:  
Jan. 12, 1937*

"I take this earliest opportunity to protest your advertisement in *Time*, January 11, 1937, page 57, in which, contrary to custom and without regard for the dental profession, you carry an advertising campaign to the American public. If 'something should be said publicly about dental plates,' it is the dental profession only who should say it. The dental profession has never delegated to any commercial organization the right to speak for it publicly, nor to use high-pressure advertising, whereby the public is told to 'talk with your dentist tomorrow about *Aldenol*.' Such an approach to the public is intended to create a demand for *Aldenol*, thereby subjugating the rights and prerogatives of the dental profession to the whims of the public and interfering with oral health-service as now practised.

"Your reference to rubber being 'no longer necessary' is contrary to fact, and opposed to the opinion now held by the vast majority of dentists who are aware of the shortcomings of the newer substitutes for rubber. If such unwarranted liberty were granted to one commercial group, it would be but a short time until the public demand for highly advertised brands of dental products would make it difficult, if not impossible, for the profession to properly care for the oral-health needs of the American public.

"I enclose a reprint of an ad-interim report of the Committee on Dental Prosthetic Service of the American College of Dentists. On pages 12 and 13 you will find a brief reference to 'trade-mark' products. This subject has been more fully presented in a recent meeting of the College, but reprints are not yet available. I request that no booklets, as advertised, be given to the public, and that the dental profession be given definite assurance that such advertising is not in keeping with the policy of your Company. Steps are now being taken to present this exploitation of the profession, together with an unfavorable clinical report on *Aldenol*, to the entire dental profession. May I have an immediate reply."

*Letter from Mr. A. P. Horner, of E-K Medical Gas Laboratories, Inc., to Chairman Wright: Jan. 14, 1937*

"It was a distinct disappointment to us to receive your letter of January 12 stating your disapproval of our advertising which appeared in *Time* of January 11, more especially when we consider that we have had only commendation up to this time. Certainly it is not our desire nor, as a matter of fact within our power, to interfere with the 'rights and prerogatives of the dental profession.' In this connection we wish to point out that the 'rights and prerogatives' of the medical profession have not been affected by the advertising which is done by prominent manufacturers of pharmaceutical products.

"If the advertising to which you object is instrumental in promoting consultations between dentists and patients on the subject of dental restorations, we believe a service has been performed not only for the patient but to the profession as well. As you know, there are thousands of ill-fitting plates being worn today. An effort which may aid in correcting this condition, we do not believe should be condemned by you."

#### D. ADDITIONAL PROTESTS

Several similar protests, included below, show that this type of advertising to the laity is contrary to precedent and has been strenuously opposed by the profession and dental trade alike.

*Dr. Charles F. Harper, Editor, New Jersey State Dental Journal, to E-K Medical Gas Laboratories, Inc., Jan. 20, 1937*

"Permit me to inform you that your advertisement of *Aldenol* appearing in the January 11th issue of *Time* was the subject of discussion at the mid-winter meeting of the New Jersey State Dental Society, and that your usurpation of the prerogatives of the profession aroused the utmost resentment among the four or five hundred members present. Such methods have no place in a public health service and are contrary to the recognized ethical standards of our profession, while the impression you seek to convey to the public that the fit of a denture is dependent upon the material used is a deliberate misstatement of fact, and can only be interpreted as intended to cast discredit upon the men in the profession who render this service. In view of the repeated disappointments we have had in the past with denture bases of such materials as you advertise, your attitude seems as ill-chosen as it is offensive."

*Resolutions presented by Public Relations Committee; adopted by Board  
of Directors and First District Dental Society of New York,  
Feb. 1, 1937*

"Whereas there have appeared in a nationally circulated magazine two advertisements setting forth to the public claimed merits of a material compounded for use in prosthetic dentistry; and

"Whereas the public lacks both the necessary experience with, and knowledge of, dental materials to enable it to determine the value of such a material, or to ascertain the accuracy of any claims made for a particular material; and

"Whereas such advertisements, if condoned, might become common practice and the public subjected to inconvenience, disappointment or injury, and the practice of dentistry be embarrassed by the operations of merchandising institutions; and

"Whereas the practice of dentistry is a highly specialized profession, conducted for the purpose of best serving a public need, and is not a business or merchandising agency for the sale of materials; be it therefore

"Resolved that the First District Dental Society of the State of New York, an affiliate of the American Dental Association, hereby records itself as being opposed to the advertising in lay publications of materials or equipment designed for use in the rendering of dental service. We record this protest because we believe the special training of the dentist, together with the research facilities of organized dentistry, enable dentistry to best judge which materials or substances are proper for use in the practice of dentistry; and be it further

"Resolved that a copy of this resolution be sent to the advertising manager of *Time* (magazine), to the E-K Medical Gas Laboratories, to the Second District Dental Society, and to the proper Committee of the American Dental Association."

*Action by the Odontological Society of Western Pennsylvania*

The Odontological Society of Western Pennsylvania threatened a boycott of a proposed *Aldenol* clinic to be held in Pittsburgh, unless the E-K Medical Gas Laboratories, Inc., gave assurance that advertising directly to the public would be discontinued. The Company



stubbornly refused to change its avowed policy and, instead, cancelled the proposed *Aldenol* clinic.

The Committee's complete report contains copies of numerous letters and telegrams between the Pittsburgh representative of *Aldenol*—M. Feldman and Company—and the E-K Medical Gas Laboratories, Inc., which show that the Feldman Company defended the profession's stand and insisted that the objectionable advertising be discontinued. On March 25, 1937, a letter from the E-K Medical Gas Laboratories, Inc., terminated their relations with M. Feldman and Company as "a situation unsatisfactory to all concerned." Thus, without warning, the proprietors of *Aldenol* cancelled their contract with the Feldman Company, which had done much to promote the sales of *Aldenol* in this region. Nevertheless, rather than see the dental profession outraged by such unprecedented advertising, this Company gladly relinquished its interest in *Aldenol*.

#### E. FURTHER DISCUSSION

This uncompromising position of the makers of *Aldenol* permits of only one interpretation; namely, that they are unwilling to let the "test of time" recommend *Aldenol* to the dental profession. Suspicions are aroused that pursuance of such a course, against the protests of the dental profession, may be a repetition of similar advertising programs designed to "clean up the market before the public gets wise." Dentistry has but one answer to such commercialization—boycott. Every dental society and every professional dental journal should bring this violation to the attention of all dentists. Only by such protests can we prevent similar outrageous exploitations by commercial interests that would compromise the dental profession by tempting the dentist to sell his professional birthright and ethics for a mess of *Aldenol*.

This situation was epitomized by Dr. C. F. Harper, in the *New Jersey State Dental Journal* (April, 1937, page 33), from which we quote below:

"As a further justification for his attitude, the E-K (*Aldenol*) representative calls attention to the fact that drug houses advertise their products direct to the public, without objections from the physician. But the physician is not required to prescribe these products, so where is the paral-

lel? The physician may be concerned, indirectly, and he may object to this practice, as we know he does, but he has no responsibility in the matter, either personal or professional. The dentist, on the other hand, is of necessity the dispenser of such materials as are advertised by the E-K Medical Gas Laboratories, and others of their kind. It is he who administers them, so to speak, and it is he who is responsible for results. Shall he, then, be forced to accept dictation in the use of dental products whose only merits rest on the unsupported claims of blatant advertisers?"

#### V. COMMITTEE'S GENERAL RECOMMENDATIONS

Sections I, II and III of this report were published in preceding issues, as indicated in the footnote on page 131 of this issue. The Committee's general recommendations, as summarized at the end of the report, are presented below:

(1) 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.

(2) 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.

(3) 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.

(4) The College should vigorously protest the breach of dental-trade advertising by the E-K Medical Gas Laboratories, Inc.,<sup>3</sup> and the aid of dentists and editors should be enlisted to prevent a recurrence of such advertising in the future.

(5) The recommendations of this Committee, in its report in 1935,<sup>4</sup> should be more freely discussed by members of the College, and receive wider publicity among the members of the profession.

<sup>3</sup> A concordant resolution, in protest, was adopted by the College: *J. Am. Col. Den.*, 4, 75; 1937, Sep.

<sup>4</sup> Dental prosthetic service: *J. Am. Col. Den.*, 2, 153, 1935 and 3, 60, 1936.

DENTAL PROSTHETIC SERVICE  
COMMENT ON A SECTION OF A REPORT ON THIS SUBJECT

I. FRANKLIN MILLER, D.D.S., M.A.

*Pittsburgh, Pennsylvania*

The preceding issue of the *Journal of the American College of Dentists* (pp. 52-67), presented a section of a report, by the Committee on Dental Prosthetic Service, which contains many statements at variance with actual conditions. The writer has been a laboratory proprietor and is also a dental practitioner, and therefore feels qualified to speak without bias for both sides.

The Report begins: "Laboratory leaders are continually offering arguments to show how indispensable the dental laboratories are to the dental profession." Although there are several prominent laboratories in this country, there are, in the ordinary sense of the word, no leaders. The laboratory industry, as a group, is as completely disorganized as any group anywhere, the failure of the American Dental Laboratories Association affording sufficient proof of this assertion. Although at one time active in this Association, the writer has never heard a laboratory owner make the statement that laboratories are "indispensable."

Some technicians are engaged in illegal practice but it will be found that, not uncommonly, some dentists have encouraged it. The writer agrees with the *Laboratory Technician* that the "laboratory is just what the dentist made it." In every city there are laboratories that are doing good work under ideal conditions, serving the better dentists on an ethical basis, while these dentists in turn serve their patients well. On the other hand, if the dentist insists on low-cost laboratory work, he makes it possible for the inferior laboratory to function. Fortunately the mortality of such laboratories is high.

Contrary to the Report, no laboratory ever wanted dental schools to discontinue teaching prosthesis. If it were possible for every dentist to qualify for his own prosthetic work, the percentage of



"make-overs" in the laboratory could be cut in half, and every one—patient, dentist, and laboratory—would benefit. To a considerable extent, it is the dental profession's fault that many laboratories are not competent. The condition can be corrected by providing training facilities and standards for the creation of dental laboratories, and by refusing support or patronage to any individual inadequately trained or equipped. Experience and intimate contact have proved that the moment the laboratory industry attempts to set up competence standards, it is accused of meddling with the prestige of the profession.

The objection in the Report to base-metal dentures is valid, owing not merely to the mechanical and biological unsoundness of the one-piece casting, but also because of the possibility afforded the occasional unscrupulous dentist to present such metals to patients as rare and costly alloys. A dentist, however, and not a laboratory man, introduced the technic for these unsatisfactory appliances, and the generous acceptance and approval by the dental profession popularized their use. The Report was correct, too, in stating that the plan for making it impossible to fabricate these materials in a dental office was unsound. But that argument is obsolete. The latest count lists on the market 63 base metals, and the most recent of them is so workable that it requires even less equipment and facilities than those necessary for gold.

Despite all beliefs, laboratory men are too busy with their own problems to concern themselves with exploiting the public. Again, contrary to the Report, it is not at all likely that the laboratory men will ever be concerned with exploiting the public by suggestions of their indispensability to the dentist. They want to work for the dentist.

Doctor Schuyler's paper, as quoted in the Report, has merit, although one exception should be noted. It is difficult to mete out punishment for illegal practice because of the apathy of the dental profession. It is also a challengeable yet agreeable statement that says every dentist should employ a technician. Every dentist wants to employ his own technician, but only a few can afford even a dental assistant. The Report's recommendations in this regard seem hopeless of achievement under present economic conditions.

Desiring regulation, not usurpation, laboratories never have wanted, and doubtless never will wish, to become "a legal part of the dental profession," despite the Report's statement on this subject. The depression necessitated the dismissal of many employees, who went into "business for themselves" and who make livings by slashing prices sufficiently to attract a few dentists who are doing the same. With regulatory measures and a sense of discrimination, and a yardstick set by the profession, the mushroom growth of the laboratories, mentioned in the Report, might not have occurred. The writer agrees with the statement that the commercial dental-laboratory would go out of business if dentists employed their own technicians. When an industry or service is no longer necessary, it dies. The moment the dental laboratory becomes dispensable, no influence within it will be strong enough to curb the tide of the economic forces of supply and demand. However, there has not been—and it is likely that for many, many years there will not be—any need for the laboratories to resort to the policies or propaganda, implied by the Report, to discourage private technical assistance.

The writer is one of the dentists "who try to do everything," and consequently feels that the Report is not sufficiently broad and sympathetic on this issue. Graduated from a dental school which provided as thorough an education as it is possible to obtain, he "does everything" because he has the facilities, qualifications, and a genuine liking for practising all phases of his profession. He wants to practise dentistry as an art and a health service, and hence is shocked to see the term "greedy" applied to men in his field. In general, far more skill, energy, and enthusiasm are required to "do everything" than to specialize.

The Report says that the Committee believes that practically every advance in laboratory procedure was due, either directly or indirectly, to the dental profession. If the Committee assumes that only dentists have created technics, materials, equipment for better prosthesis, the Report's statement errs. Taggart invented the cast-gold inlay, but it took the facilities and resources of the manufacturers of dental golds, investments and equipment to perfect his idea. Bonwill started dentistry on the high road of denture prosthesis, but it took a laboratory man to develop the idea of a compound impression

material, and an engineer to perfect an articulator. Four different dentists have brought forth the latest ideas on mechanical posterior teeth, but it has taken the vast resources of several large tooth manufacturers to develop and create an interest in the idea. As for denture-base materials, in which so much progress has been made, the chemist, not the dentist, should be given credit. Every profession must use the findings in other fields that are applicable to its own problems. Dentists, as other professional men, must welcome progress from wherever it comes. We must control, if need be, any usurpation of our professional duties, but must never fail to give credit where it is due. Such an attitude encourages creative work; any other seems to get us nowhere.



## DENTAL OBJECTS VS. DENTAL SUBJECTS<sup>1</sup>

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"*Mechanical dentistry*" never existed as a subject. The term has been described, but never defined. When the term "prosthetic dentistry" was substituted, "mechanical dentistry" satisfied the principle of prosthesis. The change of name, however, was a nominal one and the definition of prosthesis appeared to satisfy a principle, which already existed. "Mechanical dentistry" referred to *objects*: (1) false teeth and (2) the man who made the teeth. But the term "prosthesis" presents a principle—and a principle is a *subject*. The indenture system of dental education proceeded upon a method of objective thought which, at present, is a traditional habit, and particularly exists in the minds of the dentists who are members of dental-college faculties.

Had the *principle* of prosthesis been comprehended at the time the term "prosthetic dentistry" was substituted for the term "mechanical dentistry," the term "operative dentistry" would have died at birth; for "operative dentistry" refers thought to "the operator"—a man identified as a dentist and *not* to the subject of his interest. Before dentists can comprehend any idea contained in the new formula—"dentistry is a branch of the healing art coequal to a specialty of medicine"—the traditional ideology of the indenture system of dental education must first be understood. The indenture system proceeded entirely upon an objective mode of thought. In order that dentistry could be recognized as a profession, it became obvious that the very system of education, the scholastic system, must supersede the indenture system—the latter being the system acceptable to learning a trade. Dentistry was transformed from a trade and is now a profession. The change required more than a century of years. The

<sup>1</sup> In this paper Dr. Stillman gives special attention to some phases of an earlier discussion entitled: "They do not speak the same language;" *J. Am. Col. Den.*, 4, 13; 1937, Mar.-June.—[Ed.]

objective of dentistry's first formula, "dentistry is a profession" has been accomplished. Dentistry has entered a new era under the force of the new formula cited above.

There is now much confusion of ideas. Some ideas are ephemeral; they live only if they develop truth. Error cannot long endure. Generation follows generation. Life exists, but the life of an idea is dependent upon the validity of its principle. Truth lives eternally. The existence of dentistry is an obvious fact. It is the dentist who clings to an outmoded ideology—to traditions based upon misconceptions of facts. The new formula has revived a very old hope. A vague idea exists that there is an occupational relationship between dentistry and medicine. And the new formula has revived an interest in that old idea. A profession identifies an occupation. Now that dentistry has been identified as an *art*—"a branch of the healing art" [with medicine defined as the healing art], it is proper to ask: "What kind of an art does the present status of dentistry represent?" The healing art is a biological art, if "art" properly refers to something to be intelligently *done*. We know that the biological phenomena which we call "healing" actually occur. We think we know as a fact, having observed it, that a wound which occurs following tooth extraction actually *heals*. Can dentists identify that phenomenon as "healing art?" I think *not*.

All art requires material. Even literary art identifies its material. The material of the healing art is an organism. A dentist's patient can be comprehended as an organism. Once a patient of a dentist was called "a customer;" that idea passed under the influence of the formula: "Dentistry is a profession." Can we yet accept the idea that dentistry is a biological profession? If so, what about *material* of dental art? The principle of technological art is *fabrication of inert material*. Prosthesis requires inert material. An object is *made* out of inert material. When the object has been fitted to an organism, and is accepted by the organism, it is not until then "a prosthetic appliance." The appliance becomes associated with life, *in situ*, but its material is incapable of vitality.

It will *not* be difficult for "a prosthetic dentist" to accept the principle of prosthesis. He already possesses it and he can recognize it, *ipso facto*. But should the idea be presented to "a professor of

operative dentistry"—that without prosthesis the principle, his subject, does not exist—figuratively he will yell "murder!" Let him! For "*operative dentistry*" never existed as a *subject*. The derivation of that term identifies an *object*—"operating room." The *esse* of the interest of the dentist, while working in *that* room, identifies the scope of operative dentistry. "Professor" of an object! Schoolmen, think that over.

A series of errors occurred leading up to "operative" dentistry. A dentist once required at least two rooms in his shop: one front, one back. The practice of dentistry was then an open occupation for all who could do the work. It attracted gold-and-silver smiths and these, like Paul Revere of equestrian fame as an example, were artisans. Dentistry, the occupation, referred to teeth. Physicians and barber-surgeons limited their dental services to extraction of teeth, while the artisan-dentists "made" artificial teeth, *e.g.*, George Washington's artificial teeth. Some of them—physicians—were called "Doctor;" some were graduates of medical schools; some were products of the indenture system of medical education. No dental school then existed. The formula, "Dentistry is a profession," appealed to the imagination of dentists. It was a step toward dignity. The physicians who entered dentistry having been called "Doctor," the custom spread until all dentists began calling each other "Doctor." This title gradually became a synonym for "dentist," but the custom led to confusion. So, frequently the question was asked: "Are you a doctor-*physician* or a doctor-*dentist*?" Dentists began to ask themselves: "What kind of a doctor am I?" "I am a surgeon" came the answer. The dentist-"surgeon" usurped patronage of the barber-"surgeon." Medical-surgeons began to appear, but they were none too cordially accepted by medical physicians. The dentist, already a doctor, became a "surgeon-dentist." These ideas developed "Doctor of Dental Surgery," the chosen degree to be conferred by the proposed dental college, then in the process of organization. But long before the college existed, the sequence of ideas developed as follows: (1) "I'm a doctor." (2) "I'm a surgeon." (3) "Surgeons operate." (4) "I shall call my front-room, operating room." (5) "Operative dentistry" (filling teeth); is that surgery?

*Oral surgery is surgery.* Under the new formula, oral surgery has

arrived—"a branch of the healing art." Oral surgeons have abandoned what is yet understood and taught as the practice of dentistry. It was the new formula which identified dentistry as "an art," and it identified the *kind* of art. Healing art has an entirely different general principle. Here the biological materials, the parts of the organism, make the repair. Biological philosophy can state: "*material can work.*" Technological philosophy (inert material) contradicts; it states, *material cannot work*. Each is *right*, within its own sphere of intellectual interest.

Medicine delegates its prosthesis to an artisan; calls him technician. Why? Because two incompatible philosophies of art cannot mix; intelligence will not permit it. The M.D.-D.D.S. has attempted it. Not one has ever succeeded in practising both arts as an occupation. Education can present the *sciences*, that is knowledge. The principle of art is very different. Dentists are rapidly advancing in biological science—but not in the art. The art of dentistry is technological from its traditions; its philosophy is technological; prosthesis is technological. Physicians, because of their education, can not include prosthesis in their practice. The same idea, only in reverse, applies to dentists.

The only solution I can comprehend is to *glorify* dental prosthesis by comparing it with medical prosthesis, and showing dentistry its superiority in that branch of art. Praise *technological* dentistry and its development. When that idea is digested and no inferiority complex remains, then bring out the new infant: *biological dentistry*—a branch of the healing art coequal to medicine. That baby will live and be still young when technological dentistry is too old to learn. Men do die, but life will always survive. What, then, is life?



## A COURSE IN PROFESSIONAL ETHICS

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Only within recent years has the subject of professional ethics received a place of importance in formal undergraduate instruction. It is probably a safe statement that the great majority of men of middle age, in dental practice in this country, were graduated without having given more than incidental attention to the moral relationship which exists between the dentist and his patient; between one practitioner and another, and the profession as a whole with the public welfare. It is gratifying to note that today twenty-five of our dental schools give courses in ethics, either as curricular units or as part of comprehensive courses which include dental history, jurisprudence, economics and office management. It is difficult to classify the statements of these schools, as in each a slightly different slant is given to the official status of the subject of ethics, in reference to the collateral topics mentioned. In a few schools outside of this list, ethics is referred to as a topic so subordinated that it cannot fairly be ranked as a "course." The *Report of the Curriculum Survey Committee of the American Association of Dental Schools* (1935; chapters 33 and 34) discusses courses of instruction under (a) social and economic relations of dentistry, and (b) practice management. These titles comprise the broad implications of professional life.

Our young men graduate with four years of training, which follows from two to four years of pre-dental college work. The possible eight years of preparation for professional life are devoted at first to cultural subjects and later to scientific studies and procedures. Building upon a broad biological foundation, the medical and finally the dental training require large blocks of time for highly technical work to be achieved by digital skill. In so far as the scientific and practical details of this complex educational "layout" are concerned, the graduate is or should be prepared to receive patients and treat conditions

proper to dental practice. He may be, but quite often is not, adequately trained in a knowledge of what constitutes a professional man, as contrasted with one adjusted to the scope and purpose of commercial life. Too often the young man has chosen to be a dentist because he has been told that a good living may be made quickly in dental practice—and with little thought of the obligations inherent in a professional career. It is doubtless true that much thought is now being given to this important part of the training of a dentist. In most schools jurisprudence, ethics, economics and the social aspects of dental practice are grouped under one inclusive title, which may be "practice management." Dental history is closely associated, and is often a part of this composite subject; but care is necessary not to overload a single unit of instruction, if it is to be effective.

The purpose of this brief paper is to outline a course in professional ethics, consisting of ten lecture periods, as given in the School of Dental and Oral Surgery, Columbia University, since 1933. The course is given during the third trimester of the junior year. It is considered important for the boys to have the content of this subject in mind a full year before graduation. Collateral reading is advised and indicated, but not required, as the subject is discursive and not easily limited, except by the lecturer. His plan of procedure in the development of topics is however very definite, and the student who misses a period is at a serious disadvantage. To bring this point home effectively, a question concerning the topic of the previous day is placed on the blackboard at the beginning of each period, and ten minutes is allowed for written answers. This plan serves a triple purpose—punctuality, a record of attendance, and evidence that the student has or has not grasped the matter presented, and his answer is marked accordingly. A tabular record is kept of these daily marks and when satisfactory, in each case, the record is considered the equivalent of a formal examination. Students so rated are exempted from a final test. It has been interesting and gratifying to note the high standard of results secured by this method.

The course opens with a discussion of the question: Why have we chosen a professional instead of a commercial career? Comparisons along broad lines are made of these alternatives—the emphasis being

laid on the leading motive in the one case of personal service to human beings, as contrasted with the primary objective of gain in the other—while making it clear that high standards of conduct are necessary in both. The terms “ethics” and “conduct” and “character” are here defined—and the outline of human conduct is traced, from the primitive nomad beginnings to those in which a tribe or community consciousness was developed. The force of authority—of myths, taboos, sanctions—in the formation of public opinion, the transition from obedience to custom to that of conscience, a brief history of ethical theories in the evolution of morality and free will, the definition of “good” and “bad,” of individualism and its relation to social good, are considered in general terms. The attributes of human character, the virtues and vices, the rights and duties of the individual, are discussed briefly and the thought carried to the building of conscience, or the *duty of good-will*. The Golden Rule being the climax in human conduct, it is pointed out that each normal person in this world is confronted by two alternatives: decline the calls of duty and pay the penalty, or make good-will to others a *rule of life*. This decision has its bearing, of course, on one’s citizenship, his profession, his patients and himself: the building of character being the final achievement of morality.

From general principles the subject proceeds to a careful consideration of the spiritual attitude of a professional man—and specifically that of the dental graduate and the ethical problems which beset him in his daily work. The important difference between selling a commodity for a *price* and rendering a personal service for a *fee*; the distinction between professional wisdom and technical skill; the position of trust which is accorded the man of high professional ideals, and the reasons why all advertising for patronage or any forthputting attitude of a practitioner is condemned: these topics lead naturally to a consideration of *the dentist and his patient*. Considerable time is devoted to the intimate and confidential character of this relationship; to the personality of the practitioner and his willingness to meet the varied personalities of his patients; to the importance of good manners and habits; to sound judgment, firmness with kindness, punctuality, with insistence upon “seeing through” any emergency situation; to

the importance of being a practical psychologist in the handling of apprehensive humanity: these qualities being essential in the conduct of daily practice.

The winning of a practice; the disadvantage of becoming busy too quickly and the value of the early years in consolidating one's technical skill; of the importance of "children's dentistry;" of social contacts—friends, churches, clubs; of the handling of new patients and the approach to the new "case;" of methods to determine proper fees, estimates, etc.; the pernicious effects of "fee-splitting;" the dentist's general attitude in assuming responsibility for a patient: this list of headings, with those already noted, bring out many points for discussion and conference, as we go along.

Next the relationship of the dentist and his colleagues is in order. The student is cautioned against unnecessary criticism of the work of a fellow practitioner—on the need for scrupulous courtesy at all times in that relation; and on consultation; caring for the patients of other dentists; a man's duty to his profession, in sharing official duties, and in passing on—and improving—the knowledge of his day. Professional journalism and scientific research present opportunities here. The questions of specialism, of patents, and of comparisons of the A.D.A. with the A.M.A. codes are discussed in bringing the course to a close. A general conference and review clear up, so far as possible, a crop of interesting questions. Every effort is made to bring out the living interest of such discussion in its manifold bearings on our daily problems.



## SOME COMMENTS ON DENTAL HEALTH-EDUCATION

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"Dental health-education" is a popular term in present dental circles and literature and, as sometimes used, the inference is given that it is the magic wand that can solve all the dental ills of the public and the financial ills of the profession. In other words, if the value of dental health is only stressed forcefully and attractively enough, everybody will want it so urgently that they will somehow manage to get it, just as they get automobiles, radios, and movies. In this view, dental health-service is apparently just a problem of salesmanship in the keen competition for desirable things. But it is not so simple as this, for health service cannot be sold like gadgets.

There is no longer any question about the importance of dental health and its influence on general health. These are acknowledged by science and by the other health-service professions. There is also no question about the great need for education on this subject, but there are some important factors that should be kept in mind in this connection. The most important one concerns the facts. It is amazing how much so-called dental health-education material will not bear close scrutiny as to factual content—a defect that is not confined to commercial preparations. One of the very best, most popular, and attractively illustrated books—by a prominent dentist and intended as a text for children—contains these bald statements: "*By keeping your teeth clean:* (1) You save your baby teeth, which protect the second teeth forming within the jaw. (2) You keep the natural form of your face. (3) You keep your health by avoiding disease. (4) You grow strong healthy second teeth. (5) And you are free from toothache." Is there a dentist living today who believes such palpable falsehoods? Most children of school age soon learn that these claims are not true. The same book says: "If your gums bleed when you brush your teeth, brush them anyway. If you brush

your teeth regularly several times a day the bleeding will stop and your gums will become hard and pink." These quoted statements vitiate the whole book and yet it has many attractive qualities.

Similar instances could be cited from much of the current dental health-literature, for it does not adhere to accepted facts. Thus, extravagant claims, such as those mentioned above, are made for the toothbrush. Claims are made for diet that are not borne out by research. It is in these two realms that the greatest deviations from truth occur, although sometimes the inference is left that dentistry can repair damage even to the extent of making badly broken down and diseased teeth just as good as new. Untruth and exaggeration have no place in health-education material, which should be founded on accepted facts. Departures from truth are found out sooner or later, and the reaction hinders rather than helps in creating and maintaining correct attitudes and habits.

Dental cleanliness is desirable as an esthetic and healthful habit. It should be advocated for what it can do, not for what it cannot accomplish. Furthermore, it is unwise to stress a frequency of brushing, as is so often done, which is beyond reasonable possibility or expectation. A well-balanced diet and proper nutrition are desirable for general health as well as for mouth health. Yet there is no known diet that will build teeth that are impervious to dental decay. Building sound teeth is desirable, but we should not fall into the error of making mineral and vitamin claims that cannot be substantiated.

The need for proper balance of emphasis should be kept in mind. When all is said and done, at the present stage of research, *the great and really important factor in dental health-promotion is dental health-service by a competent dentist.* The toothbrush and diet can accomplish a little but, until the way to establish immunity to dental caries is discovered, dental service is absolutely necessary to remove infection and is the greatest factor in the prevention of infection. Dental service may be difficult to obtain, or may be beyond the means of large groups of people under present conditions, but dental health-education *must* get people into dental offices for reparative or preventive service that only a dentist can give, or such health education isn't worth very much. This should never be forgotten.

A *second* condition, which should obtain in all dental health-education, relates to methods and standards. Not only should the educational material contain true statements in proper balance, but of almost equal importance—especially for use in schools—it should conform to the best educational procedures. Here again much available dental material is open to criticism and is not acceptable to discriminating administrators and teachers. It may not be well prepared or organized, and may advocate methods of presentation that are not approved by forward-looking educators. Even the best dental material is apt to have some glaring fault. It may have too much quantity and not enough quality. One of the crying needs in dental health-promotion, today, is good high-grade dental education-material from a national source and available to all at cost. Few agencies or communities have the facilities or means to develop their own except in a limited way, and it should not be necessary. Some national organization, such as the American Dental Association, should have proper assistance and advice in the preparation of such material to enable that body to add more of high quality to the little that is now good and acceptable. All of this material should be adaptable to various needs, and developed with the aid of competent technical and educational assistance.

A *third* factor in dental health-education, which is of great importance but which is too often overlooked, is education of the dentist to deliver health-service dentistry. We hear much in dental circles about the importance of educating the public. There is equal need to educate the dentist—in fact those of us engaged in dental health-promotion realize that education of the public is going faster than that of the dentist, especially in the matter of dental health-service for children. Too often teachers and parents are discouraged and confused by the attitude of the dentist to whom children are sent or taken. Infection is ignored. Preventive fillings are not inserted. Health service is given a black eye because the dentist does not like to work for children. *Competent "children's dentistry" is the most important dental service that can be rendered today.* It must be given in increasing amounts, and with increased skill, if we are to make much headway in improving dental health. It is fortunate indeed that the Social Security Act is providing means for refresher

courses in "children's dentistry" in so many states. No more important contribution to dental health-education can be made at the present time. Education of the dentist to deliver health service *must* go hand in hand with education of the public to desire such service.

We repeat, then, that dental health-education cannot be promoted like the sale of commodities. There are three fundamentals that must be kept in mind, if our aim is dental health and not wishful thinking. First, we should adhere to established facts in proper balance. Second, dental health-education material should conform to generally accepted educational standards, both as to subject matter and methods advocated. Third, education of the dentist in health-service dentistry is just as important as education of the public in regard to the need.



## EDITORIALS

### STATE MEDICINE

Political doctrines of a socialistic or communistic nature have been established in Germany, Italy, Russia and many other European countries, and are currently being promulgated in the United States. They are characterized by the collective organization and supervision of the community in the interests of the mass of the people by the method of collective control of the means of production. They represent paternalism and collectivism in opposition to individualism. Every aspect of living has been affected by the establishment of these doctrines. The health-service professions have not escaped the influence of this European evolution. They cannot logically escape the influence of change in the United States. Just as political changes are imminent in America, so also may changes be expected in science, art, industry and associated human relations. The health-service professions in all European countries have long been socialized. The clouds of socialization hang low over the professions in America.

The most paternalistic form of socialization is perhaps that which is known as state medicine. When we say "medicine," dentistry is always implied, because it is a division of health service. "State medicine" is used to designate a system of medical care which is created, administered and controlled, directly or indirectly, by legislation. It is a system of medical service provided by the state at public expense. It is basically a method aimed by its advocates to distribute the economic burden of sickness. Socialized systems as practised in some of the European countries deal not only in medical service, but also in cash benefits. This is one of the most dangerous features of the system. The theory of state medicine was born of political leadership during periods of unrest and evolutionary change in answer to the question as to how to provide more medical, hospital, dental and pharmaceutical service for the great middle-class of people. It is a feature of paternalism in government. It is founded upon the

theory that government has the remedy for all afflictions. The only complete system of state medicine in existence today is in communistic Russia. The so-called Saskatchewan Plan is of that nature, but provides only the services of general practitioners for people in rural districts. Other socialized forms are established in practically all countries.

Will state medicine as a system be established in the United States? The answer may be made more clear by further inquiry. Is it as a system compatible with our democratic form of government? Have we, at present, a democratic form of government in the United States, or are we tending toward some modification which will permit adoption of a system of state medicine? Whatever success this system may have enjoyed in Russia can be attributed to the paternalistic form of government which created it. A democracy is individualistic and incompatible with a system of state medicine. Are we still a democracy? The answer to this question will determine the extent to which a system of state medicine may be expected to work in the United States. If we are drifting away from the typically American democratic form of government then we may be entering that danger zone where state medicine, at least in appeal, may become a sequence to a new order of living.

The history of all socialized forms of health service shows that they usually "enter the picture" quietly through the back door of evolutionary or revolutionary political expediency. They are frequently introduced as experiments, with direct or indirect legislative background or as permissive acts of legislation. This is pernicious in evolutionary political change, because of its unobtrusiveness. Witness the Group Health Association of Washington, D.C., a tail to the kite of the Social Security Program through the Federal Home Loan Bank. The plan allocates \$20,000 of tax money to guard the health of federal employees in that activity of government—partially, at least for a start, at public expense. This is a form of state medicine. It is based upon the theory that if the government could go into almost any business, it could and should go into medicine. Congress has not passed laws to authorize the practice directly. The Social Security program, however, seems to permit legal appropriation for the purpose. Nobody appears to have interfered with the appropria-

tion for the Federal Home Loan Bank, or with its effort to sell the idea of voluntary cooperation to its employees. The plan is so arranged that employees will pay two-thirds and the taxpayer one-third of the costs. The experiment may spread to other governmental agencies and eventually to the population at large. The Assistant Chairman of the Home Loan Bank Board is said to have remarked that, if it works, it must be a good thing. Dentistry is not included in the present set-up, because, according to the Director, everyone would take advantage of dental service if it were free, rush to the dentist, and there would not be enough dentists to do all the work. It is planned to include dentistry eventually, however—no plan of health service can be complete that excludes dentistry.

Advocates of state medicine argue that if it is feasible to have a system of public education, free to all and supported by taxation, so also should health service be provided on the same basis. The advocates of state medicine, however, would not include all the people as public education does. They do not seem to consider the staggering added costs of health service, including dentistry, for the already oppressed taxpayer. According to the report of the Committee on the Costs of Medical Care, an adequate medical program would cost from \$20 to \$40 per person per year. And again, according to the investigations of the Michigan State Medical Society, an adequate system of medical care would cost \$118 per family per year. According to Mencken (*American Mercury*, Feb. 1933) the cost of the public schools has risen from \$5 per pupil in 1880 to \$100 in 1933. In all likelihood the costs of public health-service would rise even more, because of the obvious complications of administration. Sources of additional taxation and ability to pay taxes are diminishing rapidly. These two services, if administered at public expense, certainly would be the knockout blow to the shackled taxpayer.

Curative health-service is a personal service and demands intimate confidence between patient and practitioner. People can be successfully educated in groups, and the general public-health and welfare can be promoted by state departments or commissions by vaccination, immunization, and quarantine, as a division of the educational system. There is a valuable and effective place for preventive health-service. Education in all its aspects lends itself satisfactorily to public admin-

istration and control. Curative medicine is not a service that can be dispensed to individuals successfully by the state. It is a personal value, and most satisfactorily dispensed by the personal health-servant under private circumstances. State medicine, being founded upon paternalism, should be limited to the indigent sick and preventive public-health programs. Private medicine is founded upon individualism, and thrives best in a democracy.

The final answer to the question, as to whether the plan would work here, lies in the immediate political future of the United States. If we can hold fast to our American type of democracy, and resist the invasion of radicalism into our land of the free, state medicine with its inadequacies will cease to be a serious menace to our professional ideals. If, however, present political trends continue and the United States becomes a social democracy, it is certain that some socialized form of health service will become the logical order, with state medicine on the ground floor.

The organized health-service professions have attempted to prevent the establishment of socialized health-service because of the demonstrable weaknesses and bad effects of all forms. Enough consideration has not been given by the professions to the influence of current social, economic and political changes and to the demands of the public, backed by ambitious political leaders and social-service workers, for more and cheaper health service. The scope of our future efforts should be broadened to include not only resistance to the inadequate and dangerous proposals of bureaucrats, but also to constructive proposals by the professions to meet—under professional control—the need for our services by the low-income and borderline groups of the population.—G. W. W.

#### SELECTION OF DENTAL TEACHERS

For some years we have seen the division of the dental profession into various camps above which fly the banners of "100-percent vitality," "surgical treatment," etc. Likewise in the field of education there are contending factions, outstanding among which are the "content" and "method" schools of thought. The "content" group feels that a good teacher's value lies in the knowledge of his subject. The "method" proponents feel that his value lies in the way in which



his subject is presented. As in all matters that are feelingly discussed, the probabilities are that both ideas have merit, and the correct answer lies somewhere between the two. Obviously, each idea carried to its extreme would provide very poor teachers. A person who has full knowledge of the subject but no knowledge of presentation would rank equally as low, as a teacher, as one who knows nothing of his subject but understands the methods of teaching. Dental teaching has not escaped this controversy, and many schools have examples which both prove and disprove these contentions. There can be little doubt that the large majority of dental teachers are in the "content" group: men who understand their subject thoroughly but whose success in teaching has been attained by trial and error.

A large majority of clinical teachers give a great deal of time, with little or no salary as immediate reward, and it would be difficult to ask them to give more time to improve themselves in the methods of teaching. The profession and the schools are grateful for their services so unselfishly given. However, we have the problem of more and more material being fed into the dental curriculum, as our objectives change and the scope of dentistry expands. The time for teaching remains the same, and the only solution seems to be in a better organization and in methods of teaching that are more efficient. We would not care to return to teaching by apprenticeship methods, nor should we be content with the present system based almost entirely on "content."

As our dental teachers have had no opportunity to improve themselves in teaching methods, they must of necessity be using the same general philosophy in teaching as that upon which they themselves were taught. Most of us will admit that the general philosophy of education has changed in the last generation; and as members of a most progressive profession, it is not consistent that we should urge progress in the practice of dentistry and not avail ourselves of the latest methods in dental teaching. We have borrowed from medicine, chemistry, and bacteriology for our practice, why not from general education for our teaching? Students entering dental college, today, have had two or more years of association with professional teachers in the schools offering pre-dental education. Their first experience with the "amateur" teacher in a college of dentistry provides some-

what of a shock and a disappointment at their first contact with the profession they have chosen to enter.

A condition as important as this is not corrected overnight, but requires a considerable amount of thought and planning if changes are to be effected. Every graduating class has one or two individuals who, by their undergraduate activities, have shown that they have some of the qualifications of a good dental teacher. These men could become members of the faculty on a part-time, clinical-teaching, private-practice basis, much as is done today. However, some time should be spent in studying methods in one of the schools of education. Ten to fifteen years of association with such graduates should give any faculty, or committee, an insight into a young man's interest, ability, knowledge of content and methods of teaching, sufficient to justify their selection or rejection of him as a full-time teacher.

Most dentists at this period after graduation face the most productive period of their practices. Naturally the higher income of private practice diverts the majority of men into that field. However, a great many dentists would accept the lower income from teaching if there was any assurance that their future in that field was reasonably secure. To many men tenure, retirement allowance, opportunity for study, research, and teaching are acceptable substitutes for the higher income of private practice. With full knowledge of the productive years ahead of him, the young dental teacher has an important decision to make. If he is to decide in favor of teaching he should justly demand that the path of the future be reasonably clear.

Peik, in the National Survey of Education of Teachers, states: "Ways and means must be developed to attract and to select persons more carefully for teaching on the basis of such qualifications as health, ethics, scholarship, scientific attitude, breadth of view, mental alertness, and personality, and finally ability to develop art and skill in teaching." Such evaluation of a man cannot be accurately made except over a considerable period of time. Selection of a teacher with the above qualifications cannot be made on the basis of an interview, or by personality or aptitude testing; and, in the field of general education, offers those employing teachers a real problem. However, the situation in dental and medical teaching does allow a *period of evaluation* for several years, while the prospective teacher is in part-

time practice and part-time teaching. In such a period, a carefully selected committee of any faculty could appraise the young dental teacher and indicate, by their action, whether he could best provide for his future in the field of dental teaching or in private practice.—  
W. C. F.

#### SPECIALIZATION AND GRADUATE STUDY

The certification of specialists in dentistry has recently become a matter of considerable interest, and several suggestions have been made regarding desirable methods of procedure. In several states, and in provinces of Canada, recent legal enactments have placed the authority for such certification in the board that is also responsible for issuing licenses to practise dentistry. Definition of a specialist in medicine or dentistry is not as simple as would at first appear. The establishment of the boundaries of the specialty, the restrictions imposed upon the specialist, and the rights of general practitioners in the same field, present many problems yet to be solved. May an orthodontist, on occasion, excavate a carious cavity, and may a specialist in "children's dentistry" use an appliance to intercept malocclusion? If an orthodontist applies silver nitrate to prevent or control caries is he practising outside his field; or, if he fails to do this when indicated, does he give his patient the best that his knowledge and skill permits? May the prosthodontist correct a malformation of the edentulous mouth by surgical means, or must he leave it to an oral surgeon who may not agree with the prosthodontist on the procedure? How may a periodontist obtain the best results, if he is not permitted to correct improper contour and contacts of necessary restorations? With all these matters incompletely defined, one thing appears to be certain: the dentist who is not a specialist is permitted to practise in the fields of all specialists in dentistry. The future may develop a tendency in certain groups to attempt to restrict the practice in each field to those who have special licenses; but that time is probably far distant, and some of the present practices and methods of distributing dental service may be modified before that problem has to be faced.

One of the immediate difficulties which confront any board authorized to certify specialists is an evaluation of the preparation for special

practice. This is especially difficult as the legal authority must have hard and fast rules. We must all admit that occasionally an individual will educate himself in a specialty (as most of our present specialists have done), or become proficient by working with a specialist for a period of time. In such cases there is no authoritative body to issue a certificate of adequate training and experience, nor is it entirely practical for a board to give an examination which will adequately determine the actual qualification of the candidate. The custom, in both the medical and dental professions—to begin specialization after many years of general practice—possibly has many faults, but the requirement of a certain course of study in an accredited institution for a dentist with twenty years of experience in general practice may not be entirely satisfactory. Such a course, if properly planned, should be definitely beneficial to any practitioner, but whether it can be made a requirement for specialty practice without injustice may be open to question. The opposite program—to prepare for special practice immediately after graduation from dental school, and without any background of general experience—is also open to criticism, but will probably become an increasingly popular plan. If such a course includes adequate clinical experience there is little doubt that the public would be served better in the end than by self-education in practice; but such a specialist must be particularly alert to avoid the development of a narrow outlook on the entire program of dental service.

The preparation for specialty practice by extra study has not developed in accredited institutions in this country to a point where facilities are available for special training for the numbers who plan to specialize. Unless adequate facilities are provided in recognized institutions there is danger that private courses will be established and demand recognition for their graduates as specialists. This would inevitably lead to confusion and uncertainty, and should be avoided if possible. If the various states establish educational requirements for specialization, the dental schools will undoubtedly expand their facilities to include special courses in preparation for specialty practice. The requirements for admission and for graduation from such courses should be given careful consideration by dental educators in the United States, and a reasonably uniform require-



ment should be adopted for the guidance of future legislative programs.—C. W. F.

#### ARE THE NON-PROPRIETARY DENTAL JOURNALS MEETING THEIR RESPONSIBILITY?

During the past few years the dental profession has become increasingly conscious of the limitations of its journalism. To quicken this interest, by presenting certain salient facts, the Commission on Journalism of the American College of Dentists surveyed the *original* articles in the non-proprietary dental periodicals in the United States—as published during the years 1935, 1936, and 1937—to list the periodicals in which they were printed; to determine the number of pages devoted to such articles; to ascertain the number of pages of discussions and illustrations, etc. President's addresses and editorials, although "original" in the sense used in this survey, were not included. The desired information was secured from the official card index of the *Index of Periodical Dental Literature* for the specified years. The following table, prepared at the recent conclusion of the survey, shows, in classified form, the number of pages devoted to original articles:

<i>Subjects of original articles</i>	1935	1936	1937
Dental anatomy, histology, physiology . . . . .	113	223	216
Pathology . . . . .	559	919	885
Oral hygiene . . . . .	27	80	96
Operative dentistry . . . . .	257	352	338
"Children's dentistry" . . . . .	104	116	131
Orthodontia . . . . .	275	358	340
Radiography . . . . .	47	41	123
Oral surgery . . . . .	286	439	420
Prosthetics . . . . .	361	505	331
Periodontoclasia . . . . .	114	261	308
Dental jurisprudence, ethics, socio-economics	539	411	440
	<u>2682</u>	<u>3705</u>	<u>3628</u>

An examination of these findings shows that there was a loss of 77 pages in 1937 compared with 1936. This loss becomes relatively greater when one takes into consideration the fact that the data for

1937 included *Dental Cosmos*—a proprietary magazine in 1936 but merged in January, 1937, with a non-proprietary journal. Original articles occupying 1055 pages were published in *Dental Cosmos* in 1936. A study of the effect of the merger of *Dental Cosmos* with the *Journal of the American Dental Association* gives additional interesting data. In 1936 the *J. A. D. A.* had 2070 pages of original articles; *D. Cosmos* had 1055—a total of 3125. In 1937, the journals having been united, only 1475 pages were devoted to original articles—a loss of 1650. It is gratifying to find, however, that the profession, accepting the responsibility placed upon it, is showing growing appreciation of the importance of the scientific aspect in connection with the purely mechanical and technical phases for, as indicated by the data above, pathology leads the lists of subjects discussed.

This survey of original contributions for a period of three years was restricted to the 38 journals from which articles were indexed and classified for the *Dental Index*. The Commission on Journalism of the American College of Dentists, in their report for 1936, listed 106 non-proprietary publications. This marked difference raises several questions. Are there too many dental publications? Are many without adequate financial support? Is there a lack of editorial training? Are some of the articles now being written of poor literary, or scientific, or professional quality? Is personal ambition paramount in the purposes of the individual contributor? Is the profession at large demanding better literature, and is it awake to the wide educational possibilities of its own journalism? Would district or regional journals increase the value and growth of our professional literature? Do some of these questions point to reasons why approximately two-thirds of the non-proprietary dental journals publish no original articles of sufficient value to merit notice in the *Dental Index*? These are conditions and prospects that should engage the earnest attention of the whole profession.—J. C. B.

#### EDITORIAL FALSIFICATION IN THE AMERICAN JOURNAL OF ORTHODONTICS AND ORAL SURGERY

Journalism is an important phase of public education. Professional journals, which are essential agencies for instruction within the

respective professions, cannot perform their educational functions acceptably unless they are completely reliable sources of professional information. To be respectable and desirable, a professional journal must be rigorously and consistently truthful, not only in purpose but also in procedure. A dental journal that is not characterized by such attributes as professional fidelity, educational reliability, and editorial integrity, may presume to speak for, but does not represent, the profession of dentistry.

An editor of a *truly professional journal* accords complete freedom of speech to all responsible contributors who express their views in a respectable manner. In maintaining a "free press," within budgetary limitations, *such* an editor cannot presume to be responsible for comment by others in his journal. But the statements published in a *truly professional journal*, as written by the editor himself, are distinguished by their invariable fidelity to truth and justice. *Such* an editor's keen realization of the fraternal obligations to his reliant colleagues, for truthful, fair, clear and adequate presentation of each subject he elects to discuss, prevents him from yielding to any temptation to distort or to misrepresent the truth in any relation for any reason. The fact that the editor of *such* a journal has special, perhaps protected, opportunities to strike foul blows impels him, in self-respect, to restrain every impulse to violate the requirements of real sportsmanship. His readers expect him always to be "a square shooter."

We greatly regret that wanton disregard for these elements of decent journalism was shown in an editorial by "H. C. P.," entitled "The three little pigs," in the issue of the *American Journal of Orthodontics and Oral Surgery* for August, 1938 (pp. 807-08). The obligations of responsible and intelligent editorship were repudiated by "H. C. P." in all parts of his statement. Instead of alluding to the many discreditable details of his editorial, we shall discuss the falsifications in only its first three sentences, which (1-3) are quoted below (*italic not in original*):

(1) "Not that it means anything in particular but it at least inspires a yawn *in the hot weather to learn* that the Executive Board of the American College of Dentists advised the American Journal of Orthodontics and Oral Surgery, and also the officers of the American Association of Orthodontists,

that the aforesaid board in executive session *decreed* that the Journal and the Association *must meet with* certain stipulations and requirements pertaining to the *publication of orthodontic literature.*"

[*Passing comment:* Copies of the communication from the said Executive Board were delivered to the recipients including "H. C. P." last February, not, as pretended, during the summer. The said communication was a fraternal one, not a "decree." "Must meet with" means *must encounter*, but presumably "H. C. P." intended to say "must meet," i.e., comply with. The said communication did not pertain "to the publication of orthodontic literature," but only to the professional status and rating (classification) of the American Journal of Orthodontics and Oral Surgery, which publishes the two general kinds of dental literature indicated by its title, and also advertisements that are not "orthodontic literature."]

(2) "It [said Executive Board] stated that upon these stipulations being fulfilled, the American College of Dentists would *permit* its approved list of dental journals to be augmented by one more publication, namely, the American Journal of Orthodontics and Oral Surgery."

[*Passing comment:* The word "permit" misleads the reader into concluding erroneously (a) that the said Journal had not been placed upon the "approved list" before the communication mentioned in the first quotation above was issued, and (b) that it was not on that list at the time the editorial by "H. C. P." was written.]

(3) "The dead line for meeting the requirements of this *ultimatum* was fixed within the year 1939."

[*Passing comment:* There was no "ultimatum;" merely an indication, based on acceptance of published claims, of the extension of a transition period during which, *if the recipients were interested*, there would be ample opportunity comfortably to convert nominal into actual conditions, and make a temporary rating permanent.]

Readers of the three consecutive sentences quoted above (1-3) who had no information on the subject other than that derived from the distortions of truth in these sentences, and in the rest of the editorial by "H. C. P.," probably concluded that the "Executive Board of the American College of Dentists" had presumptuously issued a "decree," demanding that the Association and the Journal comply with unreasonable "stipulations and requirements pertaining to the publication of orthodontic literature," admission of the name of the *American Journal of Orthodontics and Oral Surgery* to the College's list of approved dental journals to follow surrender to the edict, the "dead line for meeting the requirements of this ultimatum" being indefinitely "within the year 1939." The same trustful readers, believing that "H. C. P." is a truthful editor—having become indignant at the al-



leged arrogance of the College—might not have noticed that the editorial by “H. C. P.” (a) did not state why or when the Regents of the College addressed the Association and the Journal as claimed; (b) did not quote any part of the “decree;” (c) did not indicate the scope, nature, or spirit of the intimated “stipulations and requirements;” (d) and did not specify just why or when, “within the year 1939,” the terms of the “ultimatum” would have to be met. These important omissions helped “H. C. P.” to deceive his readers.

The main facts that show some of the gross distortions not only in the three sentences quoted above but also throughout the rest of the editorial by “H. C. P.,” in his evident endeavor to discredit the American College of Dentists, are outlined below in quotations (A–D) from an editorial on pp. 101–3 of the issue of the *J. Am. Col. Den.* for Mar.–June, 1938.

(A) *Reasons why the Regents of the American College of Dentists sent identical communications to the American Association of Orthodontists, and to the owner of the American Journal of Orthodontics and Oral Surgery:*

“During the progress of the open discussions of dental journalism, in the successive issues of this *Journal* since June 1936, representatives of the American Association of Orthodontists stated publicly or privately that the *International Journal of Orthodontia and Oral Surgery* (now the *American Journal of Orthodontics and Oral Surgery*), which is owned by the C. V. Mosby Company of St. Louis, has been controlled in its professional relationships by the American Society of Orthodontists (now the American Association of Orthodontists). Although these representatives have conceded that this professional control is nominal rather than actual, and subject to the caprice of the owner or his successors, official representatives of the Association regard this tenuous control as professionally useful. Practical considerations require recognition of this situation; but it is obvious that, if the Association’s nominal professional responsibility could be made real and definite, on a binding agreement between owner and Association, *all interests would be served and none harmed. Many members of the Association prefer this outcome.*” [Italic not in original.]

(B) *The date of the identical communications, to the Association and Journal, indicated in quoted sentence (1) above; also a copy, including all “stipulations and requirements:”*

“Copies of the following formal notice were sent simultaneously, on February 24, 1938, to the President of the Association and to the owners of

the Journal: 'The Regents of the American College of Dentists, at a meeting in Chicago on February 13, 1938, received from the Commission on Journalism a report that included references to the *American Journal of Orthodontics and Oral Surgery* to the following effect:

"Officers of the American Association of Orthodontists have stated publicly, and in private correspondence, that the owner of the *A. J. O. O. S.* (formerly *I. J. O. O. S.*) publishes that journal in harmony with the stated wishes of the official representatives of the A. A. O.; that under these conditions the A. A. O. practically controls the said journal; and that the said journal is being conducted in accord with the Association's professional purposes."

'The Regents—acting on this report and believing that the Association's control of the *A. J. O. O. S.*, which is now only nominal and informal, could be made actual and formal to the great advantage of the dental profession, the Association, the owner, and the journal—voted (a) to remove the *A. J. O. O. S.* provisionally from the Commission's list of non-acceptable journals; (b) to give that journal publicly a temporary accreditation as a periodical controlled by a dental society; and (c) to continue that temporary accreditation until the present nominal control has been converted into legal control, by formal contract between the Association and the owner, provided the said legal control will be obtained before the adjournment of the annual meeting of the A. A. O. in 1939.' "

(C) *General professional principles on which the identical communications (B) were predicated:*

"The action of the American College of Dentists, in giving the *American Journal of Orthodontics and Oral Surgery* a temporary accreditation that removes it from the Commission's list of non-acceptable journals, was grounded in esteem for orthodontics, animated by desire for the further advancement of dentistry, and suggested by aims to strengthen the truly professional spirit of dental journalism. The Regents voted to continue the temporary classification of the *A. J. O. O. S.*, until the adjournment of the A. A. O. meeting in 1939, to give the members opportunity in two annual meetings to determine, by deliberation, whether they are sufficiently interested in the matter to make the temporary classification permanent. It was felt by the Regents—in a sportsmanlike spirit—that nothing should be done to imply anything excepting a friendly and fraternal interest in an outcome that would be fortunate for all concerned; and it was believed that two [annual] meetings would afford time for all discussions that might be involved." [Italic not in original.]

(D) *General fraternal spirit of the constructive professional views on which the action of the Regents was based:*

"We have great respect and esteem for the specialty of orthodontics as one of the most advanced means of oral health-service. *We accept every available opportunity to promote its advancement and the welfare of its practitioners. We hope to see it in high esteem, and an accredited function, in dental graduate education.* Our hope that the American Association of Orthodontists will be able to acquire actual professional control of the journal for which the Association pays apportionments from its treasury is due to our belief that, by so doing, *the Association would not only enhance its professional self-respect, but also would give the dental profession in general and the public added reason to acclaim the quality and standing of organized orthodontics.*" [Italic not in original.]

The foregoing summary (A-D) of the pertinent facts indicates that the Regents of the American College of Dentists, readily accepting published and private assertions by officers of the American Association of Orthodontists to the effect that the Association controlled the *American Journal of Orthodontics and Oral Surgery*—and in accordance therewith and with recommendations by the Commission on Journalism—on February 13, 1938, (a) *provisionally removed that journal from the College's list of non-acceptable dental journals*, and (b) temporarily placed it "in Group B in the new classification—among "periodicals controlled by dental societies, but privately owned." If the said assertions by officers of the A. A. O. had not been published and accepted, this responsive action would not have been taken by the Regents—the claims occasioned the approbative decision. Disregarding the technical difficulty that the control ascribed to the A. A. O. was admittedly only nominal (not actual, but "subject to the caprice of the owner or his successors"), yet accepting as real, attainable and desirable the professional purpose and prospect that the claims implied—and also to avoid suspension of the basis of the classification of dental periodicals, maintained by the Commission on Journalism—the decision by the Regents was made effective for a transition period that presumably was long enough to enable both parties directly concerned, if interested, to readjust responsibilities *contractually* in accord with published claims. There was nothing in the action of the Regents to indicate that this transition period would not be extended—

unlike an "ultimatum"—*if the Association, being interested, so desired*; and the identical communications conveying notice of the approbative action contained neither assumptions of authority over the Association or the Journal, nor terms of disrespect for, or insolence to, any of their representatives.

"H. C. P." did not indicate, in his editorial, why he laboriously and joyously misrepresented this situation (and other matters), nor why he endeavored, by falsification, to create prejudice among the readers of his journal against the American College of Dentists, rather than, by honorable means, to promote understanding of an act that was expressed in a fraternal spirit, *and which obviously was intended to advance the welfare of both organized orthodontics and his Journal*. But despite our ignorance of his motives, we are confident that the unfairness of his editorial and the untruth in its phraseology represent neither the manners nor the morals of the membership of the important professional organization for which, unfortunately, "H. C. P." is an official spokesman.

#### OPEN DISCUSSION OF JOURNALS CONTROLLED BY DENTAL SOCIETIES

It had been our intention, as stated on page 105 of the preceding issue, to begin in this a "discussion of deficiencies and improvements in the journals controlled by dental societies." The related discussion on page 165 of this issue, of the results of a survey by the Commission on Dental Journalism, is, in effect, our first step in this direction. The findings and recommendations of the Survey Committee of the American Association of Dental Editors will be reported at the annual meeting in St. Louis on October 22, and published soon thereafter. To avoid the possible appearance of endeavoring to anticipate conclusions in that report, our further discussion will be postponed to the next issue and thereafter conducted in the light of the findings in that report.

#### NOTES

*On the relation of dentists to technicians and commercial dental-laboratories.* Private correspondence between the author of a prospective paper on the subject of this note, and a friendly critic of the manuscript, elicited dissenting comment of public value, which we



quote below with the consent of those directly concerned:

"The outline of your paper presents a carefully developed analysis of the present laboratory situation, but fails to note the important fact that recognition of the good laboratories will probably not help the situation. About 90 percent of all laboratory work is being done in small, poorly equipped laboratories by poorly trained technicians. These small laboratories are patronized for the most part by average dentists, especially in cities. The good laboratories are already known and recognized in each community, but do the dentists flock to them? No, they hunt the bargains. After the proposed classification and accrediting has been done, will the profession patronize the accredited laboratories? With only one-half of the dental profession belonging to organized dentistry, the answer is No. The poor laboratories will continue to flourish, and competition will be so great that honest dentists will be compelled, as they are now, to patronize the cheap laboratories to compete with other dentists in their own communities.

"You have talked with many dentists about this situation, and they agree that the commercial dental-laboratory is here to stay, but they do not tell you what is going on. This I see with my own eyes in the mouths of hundreds of patients brought or sent to me annually by dentists. I have seen the records of the work these dentists did while they were students. I know how they were prepared—how some of them felt about ideals in dentistry before graduation. What happened? These well-intentioned young dentists compared their work with the work of other dentists who are 'getting away with it,' and asked themselves why they should spend so much time doing the work themselves, when their competitors were taking the short-cut and sending it to laboratories? They, too, then sent their work to laboratories. At first they sent only the vulcanizing and polishing, later the setting-up of teeth, later the selecting of teeth—and finally everything but making the impression, and with this they sometimes asked the help of laboratory technicians. This increased patronage of the laboratory does not encourage the average dentist to devote his time to the biologic basis of dentistry. It helps him to make more and more impressions, to insert more and more poorly made and frequently patient-crippling dentures that hasten the degradation of prosthetic oral health-service as we see it. Further, the very fact that a dentist

can send his prosthetic work to a laboratory degrades prosthesis in his eyes. He does prosthesis not as a health service, but chiefly as a means of paying his office rent. These dentists, knowing that perhaps a majority of the public will wear almost any kind of a denture (to wit: the mail-order denture factories, and 'hand-me-down' advertising dentists), conduct their pseudo-professional practice on that assumption.

"The average dentist wants money. The laboratories play directly into his hands, and abet him in 'turning out plates,' not in rendering a 'high-grade oral health-service' in which increasing consideration is given to 'scientific and biologic phases of prevention and treatment in dental care.' Most high-grade dentists will have none of this commercialization of dentistry, and *these are the dentists who are striving toward an intellectual goal; these are the biologically minded dentists.* The oral health of the patient is their chief concern, and they know that it is not to be assured through association with the commercial dental-laboratory. They have their own private laboratory technicians. Why? Because they have found few, if any, laboratories capable of rendering the high-grade work they demand. Most of these dentists could momentarily save money by sending their work to a laboratory, but they know that, *in the long run*, they would lose money, patronage and, above all, their self-respect.

"I have a friend whose plan comes as near the ideal profession-laboratory relation as could be expected. He does all of his prosthetic work, including setting-up the teeth, flasking and packing, after which he sends the packed flask to the laboratory to be vulcanized and finished. He warns the laboratory technicians that they may polish around the teeth, but they must not touch the peripheral border, or muscle-trimmed area of the denture. He is a busy practitioner, yet he deliberately takes time to do most of his own laboratory work because it saves him and his patients the time and trouble with remakes, which are commonly involved when he allows the laboratories to do more of his work.

"Now comes the sad part: the great majority of city dentists lose their manual facility and, with it, their intellectual ability to plan, to guide, and to direct. We must remember that, today, dental students are given a *few-months course* in prosthesis during their *two preclinical*

*years and a few months actual experience* in the clinic during their *two clinical years*. A few schools now exempt the student from the laboratory experience in the clinic. Compare this preparation with the apprenticeship required of a plumber, carpenter, bricklayer, or plasterer, during which he practises only one particular trade. Is it not obvious that a regularly trained carpenter, for instance, is better trained in the manual phases of his trade than is the average graduating dentist in prosthesis? The dentist at graduation has merely learned the fundamentals, but does not have back of him five years, let us say, of constant work in prosthesis. What happens when the dentist graduates? Having had many subjects and so little of each, while in school, he immediately makes matters worse by assigning his own rights to the laboratories. If each graduating dentist were compelled to do all of his prosthetic work for a period of, say, ten years after graduation, he would then have manual dexterity, and judgment in planning and directing, and the laboratory would not be such a serious menace. Many dental graduates, recently thrown upon their own (having been carefully supervised while in school), are responsive to the avalanche of proposed short cuts, to highly advertised products, to so-called modern laboratory ways of doing things, and give up in bewilderment. They are incapable of detecting even the errors in the laboratories' high-pressure propaganda. Resigned to their fate, they become puppets, and go along with the crowd.

"Is it not clear that the present dental educational system provides only sufficient training and experience to enable the graduate to begin to practice with safety? This explains why the laboratory makes such an appeal to the newly graduated dentist. His rudimentary training in school is frequently forgotten like a dream. Skills which should have been further developed, studies which should have been further pursued, ideals which should have been cherished—after graduation all are sacrificed to the easy way, the laboratory way. Is it any wonder that the laboratories have become increasingly bolder and assertive? Strange to say, there are signs of an awakening. Honest dentists are returning to dental schools for graduate study, after which they go out to control their own destiny unshackled by the laboratory influence. Dentists in small towns and in the country are buying more laboratory equipment and supplies, which indicates an effort to re-

claim prosthetic dentistry for the profession. The subject is being talked of in dental societies, and in some localities men are restudying the basic principles of prosthetic technology.

"There must be an effective way of dealing with this issue. I am trying to discover what dental education can do to prevent the degrading mental slump which some dentists experience soon after graduation. This problem is one involving the dental profession. We cannot clean up the laboratories to make the dental profession be good; instead, we must start with the dental profession, and the laboratories will be compelled to follow that example. I see no prospect of achieving any agreement between the laboratories and the profession before a definite understanding is attained within the profession as to what constitutes a professional practice and what a quasi-professional one. By constantly pointing out what is right and wrong, through papers, editorials, clinics, etc., the profession will be made conscious of the fact that it chiefly is to blame for present chaotic conditions.

"Until the profession has decided the part a laboratory may play in fabricating professional prescriptions, it would, I believe, be folly to try to get the profession, the laboratories and the public together. Any effort among the better element would be offset by the bad element, in the profession and in the laboratories. I feel certain that we must start at home, by means of education, and that this education must be begun in dental schools. It is urgently necessary to give each student a thorough training in all the technical details so that he can do the work himself, or direct its fabrication by an assistant or by a laboratory. The dentist should not be taught to cooperate with the laboratory, as is done in some schools, and the laboratories should learn to cooperate with the profession. Today, commercial laboratories are devising all kinds of new ideas and forcing them, good or bad, down the professional throat. This should not be permitted to continue. The laboratories should not be allowed to tell the profession what to use. The only legitimate reason for their existence is to *assist in doing exactly what the dentist wants done*. The dentist writes the prescription—the laboratory may fill it.

"Perhaps ultimately we shall discover that the commercial laboratories, with money to support research (not in biologic phases, but in mechanical phases), cannot be curbed in their desire to compel the



profession to follow the laboratory way. In that event, it may be necessary for our schools to educate technicians who will be certified by the dental profession, and who will be available only to members of the profession. These school-trained men would have a somewhat professional outlook and standing, and would not care to turn commercial, especially if their certification should be permanently revoked for this breach. The situation would then be somewhat like that in England before 1921, when every busy dentist had his own laboratory technician. The worst feature of this lies in the fact that in England these technicians were ultimately licensed to practise dentistry. This was a very unusual situation, and presumably would never occur here. However, if licensure of technicians should come to pass, would it not be better to license professional technicians who had been trained in a dental school and accustomed to working in a dentist's office, rather than handtrained commercial technicians, whose chief interest in dentistry is the money?"—(3).

*Dental research: Is the term inadequate?* In our issue for March-June (p. 114), in a note on this subject, it was stated that a "release" by a "university news office" included this statement: "It is a growing conviction that 'dental research' is too narrow a term to be applied to the investigations needed to disclose the many-sided character of dental disease." Several correspondents supplement our comment by stating that terms change in import, and new meanings are added, as convenience and progress determine. "Protein," "carbohydrate," "vitamin," are among the many whose original import has either been lost or replaced by acquired significance. So with "dental research"—it "means all that has been conveniently imported into it." Some correspondents inquire: "Where can we find evidence of the 'growing conviction' that 'dental research' is too narrow a term to be applied to the investigations needed to disclose the many-sided character of dental disease?" Some members of the International Association for Dental Research say they "never encountered expression of this conviction anywhere else than in the quotation above."—(4).

*Dental Cosmos and the American Dental Association.* In our issue for March-June (p. 114), in a note on "Dental Cosmos and the American Dental Association," these questions were raised: "Did the uni-

versities that accepted various proprietary dental schools into integral relationship 'glorify the commercial taint,' or 'compromise a principle?' Is it not a fact that, in these 'mergers,' the universities accomplished a public service by converting, in each case, a proprietary dental school into a non-proprietary one?" A correspondent adds this further question: "If the universities were not 'tainted' by 'taking over,' and 'making parts' of themselves, various proprietary dental schools—and retaining the names of some of these proprietary dental schools—by what manner of reasoning can it be concluded that the A.D.A. was 'tainted' by 'taking over *Dental Cosmos*' and making it a part, and associating its name with that, of the *J. Am. Den. Assoc.*?"—(5).

*Dean Owre's biography (III).*<sup>1</sup> Several correspondents having suggested the publication of the review of Miss Wilson's biography of Alfred Owre, as contained in the issue of the *Journal of the American Medical Association* for August 13, 1938 (p. 650), we present it below:

"*Alfred Owre: Dentistry's Militant Educator.* By Netta W. Wilson. Cloth. Price, \$4. Pp. 331, with 8 illustrations. Minneapolis: University of Minnesota Press; London: Oxford University Press, 1937. This volume is the result of a desire of a number of Dean Owre's friends and former faculty associates in the University of Minnesota to sponsor a tribute to his memory. The book sets forth the record and achievements of Dean Owre in an understanding manner and in a completely sympathetic vein. To this extent the volume accomplishes the purposes for which it was written and consequently will be pleasing to his friends and to those who were in accord with his views on the "level technician plan" of dental education and who agreed with Dean Owre's enthusiasm for the Russian communistic system of health service. In a sympathetic, fictional biography, to be read with the full understanding that the reader is perusing it for inspiration, pastime or amusement, it is of no consequence if the presentation departs somewhat from reality. However, the nature of the sponsorship of this book, the fact that it is published

<sup>1</sup> Some of our views of this biography have been published in the issues of this *Journal* for Dec. 1937 (p. 269) and Mar.-June, 1938 (p. 106). See also, in the latter issue, the paper by Dr. McCall (p. 70).

by a university press, and the note of authenticity lent to the work by the personnel mentioned in the section on acknowledgments all give the impression that the contents of the volume may be accepted as strictly factual. The importance of any biographic work must be based on the accuracy and truthfulness of its contents. Only thus can history of value be written. *It is to be regretted that Miss Wilson's book contains many gross inaccuracies.* It is of relatively small import that she undoubtedly wrote with every intention of recording only an accurate history. *Unfortunately the fact remains that the volume, in years to come, may be accepted as a true record of an important phase in the history of the dental profession. Any suspicion of deliberate intent to misstate or mislead may be dismissed because of the gross nature of some of the errors.* As a tribute of loyal friends, and as a running history of the life and activities of the dean of two dental schools, the book is interesting and well written. *However, as a factual history of a controversial period in the growth of the dental profession and its system of education, and as a reference work for the future student of the period, the book, through its loose treatment of important events and conditions, is of little value.*" [Italic not in original.]

*Response of organized medicine (Sep. 17, 1938) to the Government's program at the National Health Conference (July 18-20, 1938), as interpreted by editors of journals representing "radical" opinion.* "Organized medicine comes along: The House of Delegates of the American Medical Association, meeting in extraordinary session, inched forward on the question of social medicine. It endorsed parts of the government's program advanced at the National Health Conference, with the important exception of compulsory health insurance. In place of that, it favored the voluntary hospital insurance which is already an accomplished fact in many cities throughout the country, the expansion of workmen's compensation laws to cover occupational diseases, and a voluntary form of cash indemnity insurance to meet the heavier costs of illness. It still does not favor group or cooperative health plans which involve giving salaries to doctors instead of paying them by the piece. It insists that, to avoid the bogey of political control from Washington, the recommended extension of free services financed by public funds be entirely under local auspices. And it

throws doubt on the demonstrated need for additional hospitals in some sections of the country. The Association has only itself to blame for having missed the opportunity for leadership in this field."—*New Republic*, 96, 199; 1938, Sep. 28.

"The American Medical Association's House of Delegates, called into special session for the third time in its history, voted a spectacular reversal of A. M. A. policy when it committed the association to partial support of the national health program of President Roosevelt's Committee on Health and Welfare. After an opening session at which a united front of physicians was urged to fight 'unsound doctrines,' the House of Delegates in a series of resolutions advocated recognition of the principle that the complete care of the indigent is a responsibility of the community, indorsed the establishment of a federal Department of Health, and appointed seven physicians to meet with a group of physicians of the federal government to discuss methods of coordinating health and welfare activities of private and government medical workers. On the other hand, the delegates opposed any form of compulsory health insurance and emphasized in more than one resolution that the community health is a local problem and should be dealt with by local medical societies, relief authorities, and similar agencies. The action of the A. M. A., after its long and bitter opposition to government 'interference' in the field of medical care, is extremely significant. It is all the more so since the A. M. A. has not abandoned its functions as a political and trade association; on the contrary its action indicates that the handwriting on the wall has become so clear that the medical politicians can ignore it only at the risk of having no influence on the government's program. But whatever the motives of the A. M. A., its decision to bow, even halfway, to the inevitable was well taken. Meanwhile, we are pleased to note that in New York State plans have been announced for the framing of legislation permitting mutual non-profit cooperative associations, along the lines of the Associated Hospital Service, which would cover physicians' services as well as hospitalization at a cost of four cents a day to subscribers."—*Nation*, 147, 283; 1938, Sep. 24.

[See the editorial ("State Medicine") on page 157 of this issue.]



## 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-

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

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

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

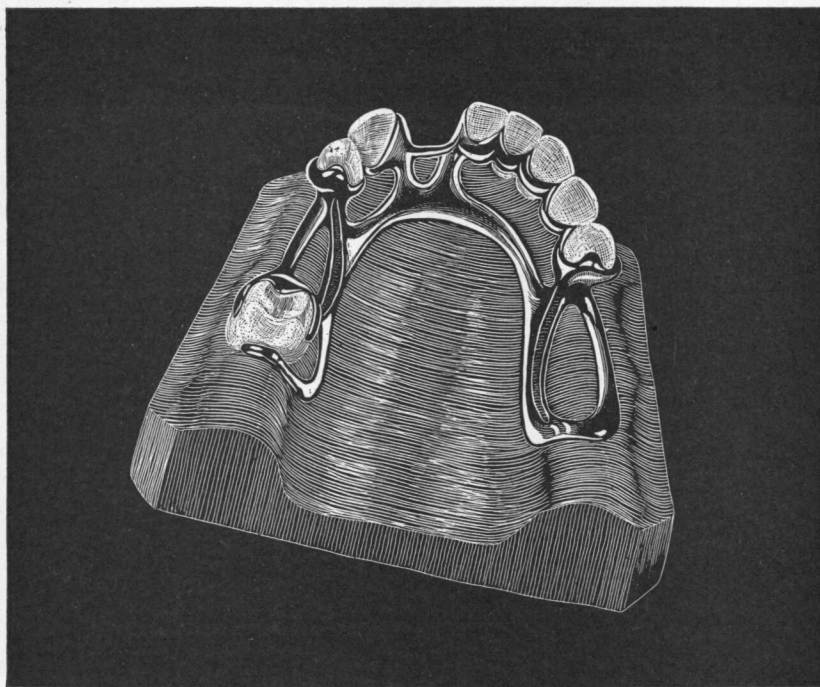
## NEW BOOKS

**The history of dentistry in Missouri.** Compiled and published under the direction of the HISTORY COMMITTEE OF THE MISSOURI STATE DENTAL ASSOCIATION. 1938: Pp. 600—7 $\frac{1}{4}$  x 4 $\frac{5}{16}$  in.; cloth, \$6.00. Ovid Bell Press, Inc., Fulton, Mo. [Address: Dr. W. B. Spotts, Chairman of the Central History Committee, University Club Bldg., St. Louis, Mo.]

**Fractures of the jaws.** By ROBERT H. IVY, M.D., D.D.S., F.A.C.S., Professor of Maxillo-facial Surgery, School of Medicine and Graduate School of Medicine—and of Clinical Maxillo-facial Surgery, School of Dentistry—University of Pennsylvania, and LAWRENCE CURTIS, A.B., M.D., D.D.S., F.A.C.S., Assistant Professor of Maxillo-facial Surgery, Graduate School of Medicine—and School of Dentistry—University of Pennsylvania. *Second edition.* 1938: Pp. 192—7 $\frac{1}{8}$  x 4 $\frac{1}{16}$  in.; 199 illustrations; cloth, \$4.50. Lea and Febiger, Washington Square, Philadelphia.

**The 1937 year book of dentistry.** Diseases of the mouth, pathology and research; operative dentistry; oral surgery; prosthetics; orthodontics. Edited, respectively, by CHARLES G. DARLINGTON, M.D., GEORGE W. WILSON, D.D.S., F.A.C.D., HOWARD C. MILLER, D.D.S., F.A.C.D., CHARLES LANE, D.D.S., F.A.C.D., GEORGE M. ANDERSON, D.D.S., F.A.C.D. 1937: Pp. 808—6 $\frac{1}{8}$  x 3 $\frac{1}{2}$  in.; 574 illustrations: \$3.00. Year Book Publishers, Inc., 304 S. Dearborn St., Chicago, Ill.

**Principles and practice of public health dentistry.** By J. A. SALZMANN, D.D.S., Editor, *New York Journal of Dentistry*; Head, Dental Service, New York City Vocational Schools; Member, New York Society of Orthodontists, American Public Health Association, etc. Foreword by ALFRED WALKER, D.D.S., F.A.C.D., Member, New York State Board of Dental Examiners; Associate Professor, New York University College of Dentistry; Formerly Chairman, Committee on Community Dentistry, New York Tuberculosis and Health Association. With a special chapter by JOHN OPPIE MCCALL, A.B., D.D.S., F.A.C.D., F.A.A.P., Director, Murry and Leonie Guggenheim Dental Clinic; Chairman, Dental Advisory Committee of Committee on Neighborhood Health Development, New York City, and HARRY STRUSSER, D.D.S., Chief, Dental Division, New York City Department of Health; Lecturer on Dentistry, Columbia University College of Dental and Oral Surgery. 1937: Pp. 584—6 $\frac{1}{2}$  x 3 $\frac{3}{4}$  in.; 15 illustrations; \$4.00. Stratford Company, Boston, Mass.



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## ADVERTISEMENTS

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**Accepted dental remedies—1938.** Containing a list of official drugs selected to promote a rational dental materia medica, and descriptions of acceptable nonofficial articles. COUNCIL ON DENTAL THERAPEUTICS. Pp. 284— $6\frac{1}{2} \times 3\frac{5}{16}$  in.; cloth, \$1.00. American Dental Association, 212 E. Superior St., Chicago, Ill.

**Alfred Owre: Dentistry's militant educator.** By NETTA W. WILSON. *Foreword:* GUY STANTON FORD; pp. vii–viii. *Acknowledgments:* N.W.W.; pp. ix–xi. *Part I: The Life of Alfred Owre:* Pp. 3–198. Chapters—(1) A boy from Norway. (2) The making of a dentist. (3) Dean at Minnesota. (4) At home and abroad, 1905–1915. (5) The war years. (6) The Carnegie Survey. (7) The last Minnesota years. (8) Dean at Columbia. (9) The Columbia Clinic under fire. (10) Dean Owre versus the dental societies. (11) The future of dentistry. (12) “Red medicine.” (13) The last year. (14) “This living record.” *Part II: Selected writings of Alfred Owre:* Pp. 201–304. *Bibliography and index:* Pp. 307–331. 1937 (Dec. 10): Pp. 331— $6\frac{3}{4} \times 4$  in.; 11 illustrations (half-tone); cloth (purple, gold); \$4.00. University of Minnesota Press, Minneapolis Minn. [See book review, page 178, this issue.]



## AMERICAN COLLEGE OF DENTISTS

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### *Announcements*

*Next convocation of the College*: St. Louis, Mo., Sunday, October 23, 1938. Headquarters: Hotel Statler.

*Next sessions of the Regents of the College*: St. Louis, Thursday, Friday and Saturday, October 20, 21 and 22; Hotel Statler.

*Fellowships and awards in dental research*. The American College of Dentists, at its last annual meeting [*J. Am. Col. Den.*, 1937, 4; pp. 100 (Sep.) and 256 (Dec.)], inaugurated plans to promote research in dentistry. These plans include grants of funds (The William John Gies Fellowships) to applicants, in support of projected investigations; and also the formal recognition, through annual awards (The William John Gies Awards), of distinguished achievement in dental research. A standing committee of the International Association for Dental Research will actively cooperate with the College in the furtherance of these plans. Applications for grants in aid of projected researches, and requests for information, may be sent to the Chairman of the Committee on Dental Research of the American College of Dentists, Dr. Albert L. Midgley, 1108 Union Trust Bldg., Providence, R. I. [See "The Gies Dental Research Fellowships and Awards for Achievement in Research:" this issue, pp. 115-19.]

### JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

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