

JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

Vol. 6 SEPTEMBER, 1939 No. 3

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By THE AMERICAN COLLEGE OF DENTISTS

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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; (25) *Milwaukee*, July 16, '39. [Special Convocation, Baltimore, Md., Sunday, March 17, 1940; Regular Convocation, Cleveland, Ohio, Sunday, September 8, 1940.]

Sections and dates of meetings in College year of 1938-39 (between convocations).—(1) *Kentucky*: Dec. 2, '38; June 13, '39. (2) *No. Calif.*: Nov. 30, '38. (3) *Maryland*: Apr. 12, '39. (4) *New York City*: Nov. 25, '38; Feb. 24, '39; May 5, '39. (5) *Minnesota*: Feb. 23, '39. (6) *New England*: Apr. 12, '39. (7) *Wisconsin*: Apr. 17, '39. (8) *Colorado*: June . . , '39. (9) *Pittsburgh*: Dec. 14, '38; Feb. 8, '39; Mar. 23, '39; Apr. . . , '39; June . . , '39. (10) *Iowa*: May 2, '39. (11) *Illinois*: Dec. 12, '38; Feb. 12, '39. (12) *St. Louis*: Dec. 12, '38. (13) *Oregon*: Feb. 24, '39; Mar. 11, '39. (14) *Texas*: Apr. 15, '39. (15) *Florida*: Nov. 11, '38. (16) *Indiana*: Jan. 9, '39.

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."—*Constitution, Article 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, for *remuneration*, under any condition other than those of an appointed teacher serving publicly under the auspices of a dental school, dental society, hospital, or other accredited 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, Article II.*

JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

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AMERICAN COLLEGE OF DENTISTS

REPORT OF COMMITTEE ON NECROLOGY¹

B. E. Lischer, D.M.D., *Chairman*²

St. Louis, Mo.

Fellows of the College:

As we are gathered here today to mark the passing of another year, we cannot avoid recording the great loss we have sustained by the death of eight of our members. We deeply mourn their passing, for they were more to us than friends who bring us joy and happiness; they labored valiantly with us for years to lay the foundations of a nobler profession, helped us to define those principles and ideals which alone can give birth to the dentistry that is yet to be. Their many contributions to this common cause have aided materially in advancing its aims, and permitted us to grow into our truer, nobler selves. And so in the midst of our sorrow, as we now formally record their departure, we feel that their influence abides. Let us learn, then, from this sad hour, that they are not wholly separated from us, that if we remain loyal to them and to their ideals, we shall bring to fruition the uncompleted tasks in which we have been so long associated.

Be It Resolved, That we here assembled, standing reverently, before Almighty God, and humbly in their memory, express our deepest sympathy in the loss of these Fellows and Comrades; and

Be It Further Resolved, That this expression of our sorrow is hereby entered in the archives of the College and that a copy be sent to the families of the deceased.

¹Presented at the Convocation in Milwaukee, July 16, 1939.

²The other members of this Committee (1938-39): F. H. Cushman, J. V. Conzett, R. R. Byrnes, William Shearer.



ROSCOE A. DAY, D.D.S.

1877-1939

Fellowship conferred in 1936

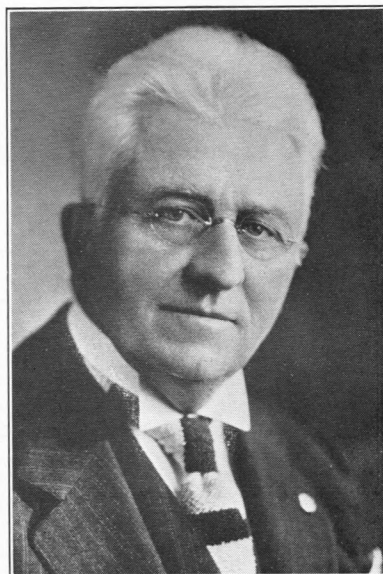
Graduated from Chicago College of Dental Surgery (College of Dentistry, Loyola University, Chicago, in 1902; served in Spanish American War; completed course in Orthodontia, Angle School of Orthodontia, 1908; instructor in Orthodontia, College of Dentistry, University of California, 1908-1913; made many contributions to the program of the California State Dental Association, and orthodontia societies; member, American Dental Association, constituent and component societies; member, Delta Sigma Delta Fraternity. He was one of the real pioneers in the field of orthodontics and his contributions to that field of service in his community serve as a memorial to him.

ALBERT MINOR BARKER, D.D.S.

1859-1938

Fellowship conferred in 1933

Entered the profession in 1878 under preceptorship; graduated College of Physicians and Surgeons in 1890; past president of California State Dental Association; past president and past secretary-treasurer, Santa Clara District Dental Society; member of Delta Sigma Delta and Omicron Kappa Upsilon. "To know him was to love him."





HERBERT SAND SUTPHEN, D.D.S.

1862-1939

Fellowship conferred in 1923

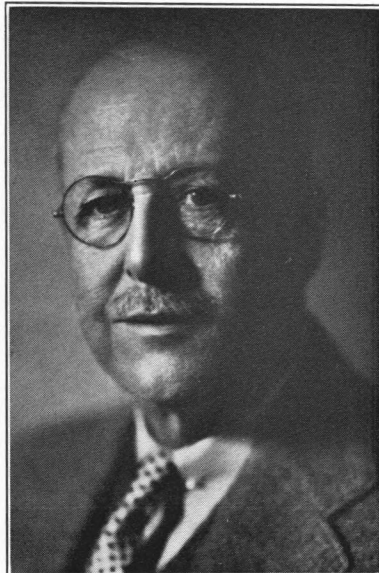
Graduated from Philadelphia Dental College in 1887; one of the founders and former dean of College of New Jersey; former instructor in Operative Dentistry; past president, New Jersey State Dental Society; former member of State Board of Dental Examiners; past president of Central Dental Association. An ardent worker for the profession.

ALBERT WILLIAM CROSBY, D.D.S.

1870-1938

Fellowship conferred in 1936

Graduated from New York College of Dentistry in 1892; special courses, Yale Medical School; professor of Dental Surgery at Yale School of Medicine; past president, Connecticut State Dental Association, New Haven Dental Association, New London County Dental Association, The Graduate Association of Angle School of Orthodontia, the Horace Wells Club; member of American Board of Orthodontia. An earnest worker and highly respected member of his profession.



**COLONEL JOSEPH SAMUELS**

1865-1939

Honorary Fellowship conferred in 1932

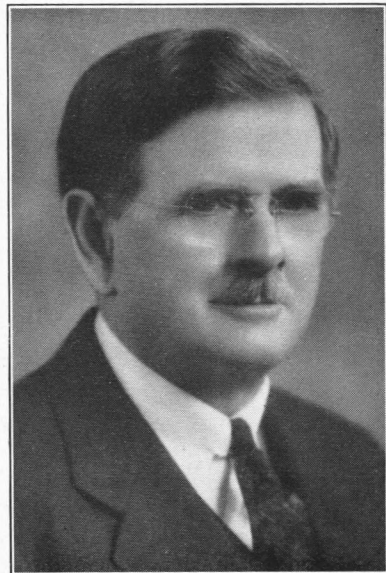
Philanthropist, lover of children and patron of dentistry, whose interest and contribution toward the dental health of the children of Providence, R. I., made possible the erection and conduct of the Joseph Samuels Dental Clinic for Children, an integral part of the Rhode Island Hospital.

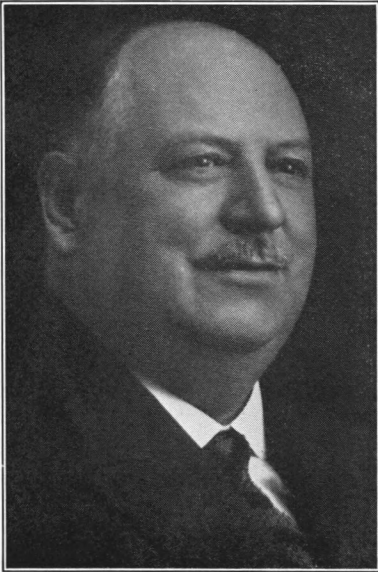
ARCHIBALD C. THOMPSON, D.D.S.

1871-1939

Fellowship conferred in 1928

Graduated from Dental Department, University of Michigan, 1899; former director of Dental Department of Board of Health, Detroit, Mich.; member, Detroit District Dental Society, Michigan State Dental Society, American Dental Association, Psi Omega Fraternity and Omicron Kappa Upsilon. A humanitarian and a gentleman of the highest type.





WALTER G. THOMPSON, L.D.S.,
D.D.S.

1874-1939

Fellowship conferred in 1930

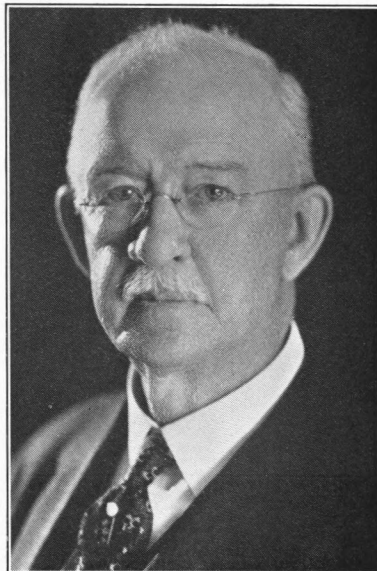
Graduated from School of Dentistry, Royal College of Dental Surgeons of Ontario, 1899; former member of Board of Royal College of Dental Surgeons of Ontario; former Director of Dental Services of Province of Ontario; past president, Ontario Dental Association and Hamilton Dental Society; former member of Hamilton Parks Board; member of Hospital Governors, Xi Psi Phi Fraternity. He gave freely of all his talents for the benefit of many.

FORREST GREENWOOD EDDY,
D.M.D.

1853-1939

Fellowship conferred in 1922

Graduated from dental department, Harvard University, 1875; former instructor, Operative Dentistry, and assistant professor, Clinical Dentistry, Harvard University; past president, Rhode Island State Dental Society, Harvard Odontological Society, Harvard Dental Alumni Association, American Academy of Dental Science; former past president, Rhode Island State Board of Registration.



AMERICAN COLLEGE OF DENTISTS

GREETINGS

Arthur H. Merritt, *President*¹

New York City, N. Y.

NEVER, perhaps, in the history of American dentistry was it confronted with problems more complex or more far-reaching in their influence upon its future than those with which it is faced in the present. It may well be that the action taken in the next few years in solving some of these problems will determine whether dentistry shall continue as a health service profession or whether it will be broken up into groups, educated on varying levels. Whichever course it takes will depend in no small measure upon what it does or does not do in the present. The American College of Dentists is alive to this situation. Many of these problems have been made the subject of intensive study during the year by committees appointed for this purpose. Their reports will form a major part of this year's program. They are bound to point the way to a clearer understanding of our responsibilities. Especially opportune will be the report of the Committee on Socio-economics.

Two speakers,² not members of the dental profession, will attend the convocation and make addresses that promise to be of more than passing interest. These, too, it is believed, will shed light on our problems.

Dentistry cannot go forward without the united support of its practitioners. Nowhere is this more clearly understood than in the American College of Dentists. In an effort to extend its influence and promote the things for which it stands, it has brought together a relatively small number who are believed to share these ideals. You have been included in this group. Upon what you and I do as individual members of the dental profession will depend the future of American Dentistry. Let it not be said of us that we were weighed in the balance and found wanting.

¹From the printed program, Milwaukee Convocation, July 16, 1939.

²Reference is made to the addresses of Mr. John P. McGalloway and Eben J. Carey, M.D. These will be published in a later issue of the Journal.



MACE AND TORCH

AMERICAN COLLEGE OF DENTISTS

CEREMONY DEDICATING TORCH AND MACE OF THE AMERICAN COLLEGE OF DENTISTS AND HONORING THE ORGANIZERS AND FOUNDERS¹

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I. DEDICATION OF THE TORCH

Clarence W. Koch, D.D.S., *Master of Ceremonies*²
Little Rock, Ark.

The following were present and took part in the ceremony:
Organizers: John V. Conzett.

Founders: Henry L. Banzhaf, Harvey J. Burkhart, Albert L. Midgley, Frederick B. Noyes, and Roscoe H. Volland.

This group was divided into four sections. Two were seated at the middle front, two to the middle rear, one to the middle on the left side and one was seated at the middle of the right side of the room. Each member of this group held a 30-inch lighted acolyte candle.

The president announced the Ceremony of Dedication.

All house lights were extinguished, leaving the room in complete darkness except for the candle lights. A moment of silence and then, with chime effect for the first eight measures, the organ played softly. After a few measures, the Master of Ceremonies spoke as follows, the music continuing throughout the ceremony:

¹Dedicatory Exercises, Milwaukee Convocation, Sunday morning, July 16, 1939.

²Members of this Committee are: Otto W. Brandhorst, Albert L. Midgley and Clarence W. Koch, Chairman.

In the beginning, dentistry was without form and void, and darkness obtained in the field of dental service. Gradually, in the North, in the South, in the East and in the West, a few tiny isolated lights began to send forth their tremulous and intermittent gleams. Gleams frequently extinguished by self-centered winds, the winds of undue pretension, of empiricism, of commercialism, of bigotry and the winds of selfishness and greed. But the keepers of these lights were undaunted by these obstacles. For they had generous supplies of the oil of courage, of understanding of conviction and the oil of noble purposes and objectives. As many times as were their lights extinguished, they relighted them with the tinder of their invincibility. In time and almost simultaneously it became apparent to a group of keepers of these lights that massing them into one common light would produce a beam of increased intensity — A beam more resistant to the onslaught of unfriendly winds. — A beam of such concentration and penetration that it would burn to ashes any professional dross upon which it might be directed. And so these lights were massed and the American College of Dentists was created.

At this point the organizers' and founders' groups, seated at the four points of the room, arose carrying their lighted candles and with measured steps moved to the center of the room. Here they joined and moved up to and in front of the altar where the unlighted torch was awaiting them.

During the movement just described the Master of Ceremonies spoke as follows:

In commemoration of the original convergence of these lights, though time has broken their ranks, they come now, as they did then, from the North, the South, from the East and from the West, converging this time to light the symbol of the great torch they lighted on August 22nd, 1920. They come now to light for the first time the symbolic torch of the American College of Dentists.

The organizers and founders by this time had formed a semi-circle around the torch and simultaneously touched their lighted candles to it, thus lighting for the first time the symbolic torch of the American College of Dentists. The torch being lighted, they extinguished their candles.

The instant the torch was lighted a concentrated beam from the spotlight illuminated the stage and the group, accompanied by a triumphal swell of the music.

The music softened again and the Master of Ceremonies spoke these lines:

All honor to you organizers and founders, you who have labored unselfishly that the burdens, both of ourselves and of humanity in general, might be less oppressive; to you who have labored, not for personal glory, but for those principles, fundamental to the advancement of our profession; to you who have been unswerving in your condemnation of unacceptable professional practices, and to you who first lighted the torch and have kept it burning so brightly, all honor! In token of the esteem in which you, the organizers and founders, are held by the College, the officers have caused your names to be inscribed on this torch, so that the generations to come may know and rejoice that you trod this earth before them. May these beneficent rays illuminate for all time the true and proper paths for professional feet to travel.

Mr. President, the Ceremonial Committee presents to you the torch of the American College of Dentists.

The President then spoke as follows:

On behalf of the Fellows of the American College of Dentists, I accept this torch and consecrate it to the high objectives to which the College is committed, and dedicate it to the memory of those constructive builders who have passed to their reward, and in honor of those who have been and are now active in the advance of dentistry — those well known and likewise those who,

in modest careers of usefulness, have done what they could to elevate dentistry in public respect and appreciation.

The torch is made of bronze, gold plated. It is 31 inches in length. On it are engraved the names of the following organizers:

Arthur D. Black, John V. Conzett, H. E. Friesell.

And the following founders:

Henry L. Banzhaf, John F. Biddle, Arthur D. Black, John P. Buckley, H. J. Burkhart, John V. Conzett, Julio Endelman, William A. Giffin, H. E. Friesell, Clarence J. Grieves, T. B. Hartzell, Thomas P. Hinman, Milus M. House, Victor H. Jackson, C. N. Johnson, E. A. Johnson, C. Edmund Kells, Albert L. Midgley, Frederick B. Noyes, Roscoe H. Volland, Charles E. Woodbury.

II. DEDICATION OF MACE

Fellows, you will be privileged to view for the first time the mace of the American College of Dentists. In a general way, all of you are familiar with a mace and its purposes. However, some necessary researches in connection with the development of your mace brought to light interesting information. The officers of the College felt this information might be of interest to you, and so have delegated to me the pleasant duty of presenting this, and also the symbology of the College mace.

The mace, in present usage, is a club-shaped staff of office, usually borne before officials or displayed on the table of a legislative or municipal body as a symbol of authority.

Originally the mace was a weapon of offense and defense, and was made of iron or steel, about 12 to 18 inches in length, with sharp steel flanges at the top, capable of breaking through the strongest armor worn in those days. The mace was carried in battle by medieval bishops instead of a sword, so as to conform to the canonical rule which forbade priests to shed blood.

Although in later years the lance, the sword and the bow and

arrow were the principal weapons of war, the mace was still used when fighting at close quarters.

For nearly 300 years the mace continued to be used as a weapon of offense and defense, but toward the end of the 15th century it began to assume an ornamental character.

At first the bottom was merely embellished with the royal arms of the reigning monarch. But in the course of time the mace was reversed, bringing the ornamental end to the top.

The earliest ceremonial maces were also intended to protect the king's person, and were borne by the sergeants-at-arms, a royal bodyguard established in France by Philip II, and in England probably by Richard I. By the 14th century, maces were encased with precious metals, and set with precious stones, and became purely ceremonial maces.

Thus the mace has been transformed from a symbol of hate to a symbol of lofty purposes and noble ideals. A symbol around which all who hold kindred ideals may rally. The mace, like the nation's flag, should be revered because of what it symbolizes.

While the mace has had its origin in the old world, many colleges and legislative bodies on this side of the Atlantic Ocean have adopted its use. Hence, in no sense is the American College of Dentists pioneering or bowing to a European custom by incorporating the mace in its ceremonies.

Now a few words about the symbology of our mace. The seal of the College forming the upper hemisphere of the mace is emblematic of the principles and objectives of the College. The figures immediately below the hemisphere represent the College officers and regents, and show them actively supporting the College seal, which is emblematic of their duty to keep aloft the College principles and objectives.

The figures stand squarely on, and are firmly supported by the lower hemisphere of the head of the mace, representing the College membership, and is emblematic of, and emphasizes the necessity for, the whole-hearted support by all fellows of the College

in all its undertakings. If the fellows do not support the action taken by the officers and regents, the officers and regents are powerless. The College is symbolically indicated by rose and lavender crystals, the College colors. The stem or shaft of the mace is divided into three parts: The upper end represents the dental profession as a whole, and indicates the intimate relationship it has with the College and the College has with it, namely, that of service to the profession at large. The middle of the shaft is ornamented on one side with clasped hands and on the other with a replica of St. Appolonia, the patron Saint of Dentistry. This symbolizes the College's friendly attitude toward all sincere and worthwhile endeavor and suggests that the friendly touch of the human hand builds in time a bulwark of mutual esteem and friendliness. The replica of St. Appolonia is to remind us that the spiritual phases of life's activities are essential to progress, human comfort and happiness.

Immediately below is placed a row of green crystal inserts. The color, green, represents the profession of medicine and is used to denote the interdependent relationship between medicine and dentistry.

The question as to the use of the mace very often arises. No better authority has been found by your Committee than the rules published by the National Association of Macebearers, England, from which I quote:

"It is hardly necessary to go too deeply into the mace being an emblem of authority. Many charters definitely state that the mace will be carried before the mayor on all occasions of importance and it has always been the practice never to separate the mayor from his emblem of authority.

"The mayor should always be preceded by the mace when he enters the council chamber for the council meeting. The members, who should be already in their places, will immediately arise on hearing the mace-bearer announce 'His Worship the Mayor', the mace will then be placed on its stand; after the mayor takes his seat the mace-bearer will retire and the members resume their seats."

Modifying the foregoing so as to blend into our western customs, it is suggested that the mace precede the president on formal occasions, of the American College of Dentists. As the mace enters the hall, the assemblage should arise as a mark of respect to the highest office within their gift. This must be taken as an honor due to the office, and not as an honor to the individual who happens to be president. When the mace is placed on its stand the president takes his seat, after which the audience will be seated.

Mr. President, pursuant to the assignment given them a year ago, the Ceremonial Committee presents to you the emblem of your authority, as President, the mace of the American College of Dentists.

THE PRESIDENT: On behalf of the fellows of the American College of Dentists, I accept this mace and dedicate it for all time to come, to unselfish and inspirational leadership. May it ever be found in the vanguard of every righteous cause; may it lead us ever onward to more noble objectives, and, should the occasion demand, may it be used like its prototype, as an instrument of destruction against all influences subversive to the forward march of dentistry in all of its activities.

(President takes mace and places it on altar.)

III. CEREMONY UNVEILING THE NAMES OF SEVEN IMMORTALS IN
DENTISTRY INSCRIBED ON THE MACE³

Clarence W. Koch, D.D.S., *Marshal*

C. E. Rudolph, D.D.S., *Mace-bearer*

John E. Gurley, D.D.S., *Orator*

THE PRESIDENT: We ask your respectful attention while we honor seven immortal names in dentistry.

³Ceremony conducted at Milwaukee Convocation, Sunday evening, July 16, 1939.

Mace-bearer moved to position on the stage at the left of and in front of the altar. Marshal and Orator took their positions at the right and left rear of the altar. Mace lying in position on altar. Lavender ribbons concealed the names of the six deceased immortals. A rose ribbon concealed the name of the only living honoree, Wm. J. Gies.

THE MARSHAL: *In the design of the mace of the American College of Dentists, provision has been made to inscribe thereon the names of men who by their noble and constructive deeds merit the distinction of being listed among the immortals of dentistry. Tonight it is our privilege to pay reverent tribute to seven such immortals.*

The following portion of the ceremony was repeated for each of the six deceased immortals.

THE MARSHAL: *The officers and regents of the College have authorized the Ceremonial Committee to inscribe in perpetuity the name of Pierre Fauchard on the mace of the American College of Dentists. In conformity thereto this has been done and is now officially unveiled.*

At this point the Marshal untied the ribbon concealing the name of Fauchard. The Mace-bearer picked up the mace and held it, mace head up, at an angle of 45 degrees, while the Orator read the following citation:

THE ORATOR:

Pierre Fauchard, 1690-1761:

Scientist — Dental anatomist — author — prosthetist.

On completion of the reading of the citation the Mace-bearer dipped the mace head until the mace assumed an angle of 45 degrees to the floor with mace head down. The mace was held in this position during a moment of reverent silence, whereupon the mace was replaced on the altar. The names of all others except Dr. Gies were officially unveiled in like manner. The

details of the ceremony are omitted because the ceremony was identical to the foregoing. The respective citations alone varied and are therefore recorded as follows:

Horace H. Hayden, 1769-1844:

Architect — interested in and undertook dentistry — completed medicine — researches in physiology and pathology — organizer — teacher — scientist.

Chapin A. Harris, 1806-1860:

Scientist — author — editor — organizer — Christian gentleman — with Hayden, organized Baltimore College of Dental Surgery, now University of Maryland.

Horace Wells, 1815-1848:

Scientist — discoverer of Surgical Anaesthesia by nitrous oxide.

Greene Vardeman Black, 1836-1915:

Student — scientist — physician — dentist — teacher — organizer — administrator — educator.

Willoughby D. Miller, 1853-1907:

Student — scientist — author.

The only living person honored by having his name permanently displayed in Dentistry's Hall of Fame was none other than William John Gies. As the Marshal removed the rose ribbon concealing his name, Dr. Gies stepped up to the front of the altar and faced the Mace-bearer, who held the mace at a 45-degree angle mace head up while the following citation was read:

THE ORATOR:

William John Gies:

Student — scholar — scientist — author — editor — philosopher — philanthropist — benefactor of the dental profession, both scientifically and professionally — friend of dentistry and of dentists.

At this point, instead of the Mace-bearer dipping the mace, as was done when this honor was conferred posthumously, the mace was raised to a vertical position and by a smart forward extension of his arms executed a salute to one of the greatest living exponents of dentistry. Dr. Gies returned this salute with an equally smart regulation army salute, to which the audience responded with whole-hearted applause.

Though six of these immortals have passed on to their reward, their noble spirit lives on. Their spirit lives on and continues to inspire and benefit mankind. By their deeds have they left indestructible footprints on the sands of time. Truly have they exemplified the thought expressed by William Cullen Bryant when he says:

“So live, that when thy summons comes to join
The innumerable caravan, which moves
To that mysterious realm, where each shall take
His chamber in the silent halls of death,
Thou go not, like the quarry-slave at night,
Scourged to his dungeon, but, sustained and soothed
By an unfaltering trust, approach thy grave,
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams.”

AMERICAN COLLEGE OF DENTISTS

PRESIDENTIAL ADDRESS

THE OBJECTIVES OF THE AMERICAN COLLEGE OF DENTISTS: THE MEANING OF FELLOWSHIP¹

Arthur H. Merritt, D.D.S., M.S.²

New York

Instead of discussing at this time the present and future objectives of dentistry (which has been the theme under consideration during the present year) it would seem to be more profitable to consider very briefly some of the objectives of the American College of Dentists — what steps it is taking to achieve those objectives and what fellowship in the College means, or should mean, to its members.

Since human nature is what it is — since

“—the heart is prone to fall away,
Her high and cherished visions to forget,”

it may not be inappropriate to remind ourselves from time to time of the standards and ideals by which we hope to steer our course — to pause in the midst of life's activities and ask ourselves, What is life, and what should be our part in it? For all, I think, will agree that “life is more than meat, and the body than raiment”, — that there is a place in professional life for the encouragement and development of those ideals which transforms an occupation for *livelihood* into an occupation for *service*. It was with this in mind that the American College of Dentists was formed.

¹Delivered at the Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²See Presidential Report, *J. Am. Col. Den.*, 6, 259; 1939, Sept. (this issue).

It has two main objectives, around which center all its activities. The first, and more important of these, is comprehended in that one word — *Service*. This is emphasized at this time for the information of those who have today been admitted to fellowship, and for those also of our Fellows who may not have been in regular attendance at these annual convocations, and further, to make clear what fellowship in the College means.

Through service, as set forth in Article I of the Constitution, the College undertakes "to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; (and) to stimulate graduate study and effort by dentists." To obtain these and related objectives, it has set up many committees, each of which is engaged in an all-year-'round study of the problems assigned to it. The members of these committees are chosen for their known qualifications for the work in hand and for their willingness to make any sacrifice that may be required of them in order to promote that for which they were appointed. Every phase of dental practice as it affects the welfare of the public and the standards and efficiency of the dental profession is constantly being made the subject of study. The comprehensiveness of the program in which the College is engaged will be apparent to any on the briefest survey of its activities.

In the field of socio-economics (one of the most pressing problems in present-day dentistry) a committee is actively at work, year in and year out, studying ways and means by which a larger measure of dental care may be provided for those who at present are being inadequately served. In order to facilitate the work of this Committee, ample funds have been placed at its disposal by the College.

With a view to a more effective service, a Committee is tirelessly at work in the promotion of research in dentistry. A broad foundation is being laid which it is believed will be fruitful along many lines. No work in which the College is engaged is more important and none is more efficiently administered.

The Commission on Journalism is still carrying on and will continue to do so, until the literature of dentistry is freed from every commercial influence — even the appearance of commercialism. One by one, the exponents of proprietary journalism have yielded to the logic of the Committee's position. One by one, the journals which they represent have gone by the board. But few remain, and these, "in their turn, shall follow them". There are, however, those in the profession who still subscribe to the old order — who, in spite of the handwriting on the wall, continue to contribute to the pages of proprietary journals and in other ways give to such journals their allegiance and support. The influence set in motion by this Committee and by others who have been active in this field must continue until every Fellow of the College and every member of the dental profession has caught a vision of the new spirit in dentistry. Not until then will the work of this Committee be finished.

Along these and many other lines, the American College of Dentists is engaged in putting into effect the object for which it was organized, namely, how it, and the profession which it represents, *may serve more acceptably*. Each year sees "something accomplished, something done." With every advance, new horizons appear and new opportunities for service present themselves. Though the goal has not yet been reached, and perhaps never will be, progress is steadily being made. Let us, therefore,

"Rejoice we are allied,
To That which doth provide
And not partake, effect, and not receive.
A spark disturbs our clod;
Nearer we hold of God
Who gives, than of His tribes who take, I must believe."

The second objective of the American College of Dentists (again quoting from Article I of the Constitution) is "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." The College, it should be remembered, is the first general honor society among dentists in this country. "The honor of membership in the American College of Dentists," as has been well said, "arises mainly from the achievements of the College and also from the opportunity to participate intimately in the increasing service of the College for dentistry and the public." It was the belief of its founders that an organization composed of members of the profession devoted to high ideals, could, working together, translate those ideals into a more effective service than would be possible by independent action. Again observe that *service*, rather than honor to members, was the prime object of the founders. To be invited to join with it in promoting its objectives means nothing less than this — that fellowship in the College is a call to duty — specifically, an opportunity for a wider and more constructive service. It is expected of those chosen for this honor, that they will become increasingly sensitive to the highest standards of professional conduct; that they will feel resting upon them an added responsibility to uphold that unwritten code of ethics upon which the College was founded: that the degree of F. A. C. D. shall be, in their hands, a badge of honor, never to be dishonored by any unworthy act.

Fellowship in the College, however, is not a negative thing. It is not simply refraining from unworthy conduct—not the turning of one's back, it may be, on certain borderline practices of the past. It is more than this. It means, or should mean, a re-dedication of oneself to a life of increasing usefulness in every professional relationship—a living, vitalizing, dynamic experience. If this is not your reaction to fellowship in the College; if you who are here today, do not return to your respective offices inspired by a deeper and more abiding devotion to duty and to your fellow practitioners, you will have missed the true meaning of fellowship. It will not be the fault of the College if this be

so, nor that of the standards which it has set up for the guidance and encouragement of all whom it invites to join with it in translating its ideals into the realities of daily living. Not until this has been done; not until the forces of commercialism have been put to rout; not until the barriers of ignorance have been broken down; not until there has been made available to every man, woman and child in these United States, an opportunity for adequate dental care, will the present and future objectives of the American College of Dentists be realized.

AMERICAN COLLEGE OF DENTISTS

PRESIDENTIAL INAUGURAL ADDRESS

*A Century of Progress and a Century of Opportunity*¹

A. W. Bryan, D.D.S.,
Iowa City, Iowa

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I. DENTISTRY'S CENTENARY

In March, nineteen hundred and forty, our profession will make a pilgrimage to the city where, one hundred years ago, was born the first school for the teaching of dentistry. At first thought one might raise the question as to the significance of that step, since dentistry had been practiced for many years prior to that time. The significance lies in the fact that dentistry then began as an entity, a profession in its own right, privileged to analyze the problems which lay ahead and obligated to assume the responsibilities pertaining thereto. History tells us that it was only through the chance of circumstance that dental education did not proceed as an arm of medicine, some believing that to be the proper place for it. We have no way of knowing what progress the profession might have made had that opinion prevailed; but we do know that functioning as a profession in its own right it now has

¹Delivered before the Convocation of the College, Milwaukee, Wis., Sunday evening, July 16, 1939.

behind it a century of progress—a record of achievement in which every member may be proud. The late President Eliot of Harvard said:

“I do not think I have seen during my seventy years of observation of the professions and the means of training them any change so great as that which has taken place in regard to the dental profession, and to the means of training dentists.”

II. A CENTURY OF PROGRESS

A century of progress leads us into a century of opportunity and opportunities do not come without responsibilities. Before discussing some of the problems that confront us for the coming years, it may be well to review some of the accomplishments of the past.

Many articles have appeared in our dental literature during the past year in anticipation of the centennial celebration. They have told of the progress that has taken place and a hurried review should not prove tedious. It is a well known historical fact that soon after the organization of dentistry in 1840, two members of our profession discovered the anesthetic properties of nitrous oxide and ether—a contribution to science and to humanity that cannot be measured in value. The world owes to Wells and Morton a debt of gratitude but dentistry owes them a greater debt because the honor and glory that came to them has been reflected into the profession, bringing dignity and respect.

By the very nature of things, the practice of dentistry involves a knowledge and possession of manipulative skill in order that the restorative phase of dentistry may be rendered. While it is true that in the major part of the past century progress in dentistry was largely in the field of mechanics, it is equally true that in the last quarter of that period the vision and responsibilities of the profession widened greatly. The relationships between oral health and systemic well-being became more apparent and

the whole pattern was changed. In an article by your speaker, published during the past year, it was stated:²

"Except for the foresight and progressiveness of those who saw the wisdom of establishing dentistry with an educational basis, it might easily have remained a craft, devoted to the purely mechanical procedures for retention of loose teeth or for the restoration of lost teeth. But we have come a long way since 1840, when the Baltimore College of Dental Surgery was set up as the first educational institution for the training of dentists."

The change in concept of the field and the responsibilities of the dentist were aptly stated by Dr. W. J. Gies as far back as 1923, when he said:³

"In its evolution (dentistry) dental defects have been repaired and lost teeth replaced with increasing regard for the esthetic and functional aspects of dental reconstructions. Many centuries passed before correction of irregularities in the position of teeth, and until means of limiting the extension of decay for the conservation of defective teeth, became common objectives in dental practice. Even then health service continued to be a subordinate purpose, and was achieved negatively, in the main, by the extraction of diseased teeth. There has also been a marked development of means for the preservation of dental function and of methods for the elimination of dental infection; and oral hygiene, as a prerequisite to the control or prevention of dental disorders, has received increasing attention. The advent of roentgenography in dental practice—as an important aid in the detection and diagnosis of hidden ailments of the teeth and supporting tissues, the general recognition . . . that infectious maladies of the teeth and surrounding tissues may occasion serious diseases, and recent findings in chemical biology . . . have made the development and application of means for the prevention of dental disorders and their systemic sequelae the paramount duty of the dental profession."

One cannot improve on the concise picture that Dr. Gies has drawn of dentistry's accomplishments in the past. Even in the

²Dentistry Celebrates, *The Journal of the California State Dental Association*, May-June, 1939, page 95.

³William J. Gies, *Dental Education in the U. S. and Canada* (Bulletin No. 19, Carnegie Foundation for the Advancement of Teaching).

face of a satisfying partial accomplishment, the future responsibilities which he designated for dentistry in the closing lines of the quotation are just as applicable today as they were when written, sixteen years ago.

III. A CENTURY OF OPPORTUNITY

We are now facing a new year and a new century. What are our responsibilities and problems and what are the means by which we might meet them? In President Merritt's inaugural address in St. Louis, he considered the present and future objectives of the profession. Obviously, those objectives have not changed in this short period, and our problems are the same. It is not my intention to review at length the topics that were presented last year, but several of the pressing problems of the times should be emphasized.

A discussion of dentistry's social responsibilities is intimately linked with the whole subject of the proposed changes in administration of health service. Although dental service up to this time has apparently been omitted from serious consideration in governmental proposals, it can be taken for granted that any legislation of social security nature which affects medical service will likewise affect dentistry. It would be boresome and is entirely unnecessary to dwell upon all of the plans and discussions that have been brought forward during the past several years dealing with socialization of health service. Suffice it to say that dentistry, in the main, has shown its willingness to "play ball"—its willingness to assume the responsibilities incumbent upon it as a profession. Despite the accusations that have been hurled at the medical profession, the fact still remains that, as a group and as individuals, millions of dollars in service have been rendered to the needy with no hope of remuneration. Medicine *does* recognize its social responsibilities and the same may be said of our profession. Dentistry has given assurance that it is ready and anxious to cooperate with governmental and social agencies

in any safe, sane, and reasonable program for health service. The insistence of dentistry and of medicine that such a program be advised and administered by capable representation from the health-service professions is a safeguard that must be given—keeping the health of the people removed as far as possible from political control.

IV. HEALTH SERVICE TO THE PUBLIC

The mechanics of the problem of rendering service to the needy is admittedly difficult and unsolved, but surely not insurmountable. This College has always been interested and active in aiding in the solution and we know that even now intensive efforts are being directed along that line. Whatever the method adopted, the service rendered must be in keeping with the traditions and standards of *American* health service, not those of a country far behind us when measured in terms of national well-being. Within the year there have been presented to the profession two plans that would radically change the quality and the scope of dental service to be rendered to the public. They were held out as a solution to the problem of dental service to the masses. Both plans provide for the training of operators on an inferior level and permitting them to practice dentistry, within limitations. With the problems that have already arisen in the dental laboratory field, does anyone doubt that the traditional practice of dentistry would not soon be threatened under such an arrangement? There are many other reasons why such proposals are unsuitable as a solution of the problem. It is not necessary to go into the details of the plans, but I wish to quote from a resolution passed by the Board of Governors of the New York Academy of Dentistry immediately following one of the proposals. It read:

“Any proposal based on the proposition that well qualified, health-service practitioners, be available for *one* economic group of the population, while only partly educated practitioners be available for *another* economic

group, is contrary to the democratic philosophy underlying our American system of government and is as unsound as it is unsocial. . . . The problem of providing dentistry for the lower income group of the population cannot be solved satisfactorily by emphasizing quantity rather than quality of service."

After a careful and deliberate analysis of the proposals mentioned, it seems reasonable to suppose that the majority of thinking professional men will subscribe to the principles set forth in this resolution. Let us find a solution, but let it be arrived at deliberately and logically rather than hastily and unwisely.

While all of the objectives in which this organization is interested are important, I shall mention only two more—dental education and research. Progress in dental practice depends basically upon progress in dental education, including not only the undergraduate phase but any means of self-improvement set up within organized dentistry itself.

V. UNDERGRADUATE DENTAL EDUCATION

Undergraduate dental education today stands upon the threshold of an epochal advance. For the past few years intensive study has been made of the problem of dental education, resulting in the adoption by all dental colleges in the United States, of uniform standards of admission and education. As a standardizing body we have the Council on Dental Education, a reorganization product of the Dental Educational Council of America. Everyone interested in dental education, and we all should be interested, has been looking forward with interest to the objectives and requirements set up by the new Council. A statement of its policies and principles was issued in March and the Council is to be congratulated on its concept of the educational philosophy which should underlie preparation in any professional field. If dental colleges meet their responsibilities in the training of dental students, they should enter the practice of their profession with a high concept of ethical standards, a reali-

zation of their obligations to society, a biological understanding and approach to their professional problems, an adequate technical training to insure good service, and an awareness of the necessity for continued education during professional life. The objectives and principles set up by the Council call for the fulfillment of all of these.

VI. NEEDS OF RESEARCH

There are those who believe that one of the most important factors in the solution of our health service problem is a long time, intensive program of education and prevention. If this be true, research is fundamental. If oral health is to be maintained, the causes of oral disease must be determined, and that can only be done as research is supported. One of the ways in which this organization may help is through its continued contributions to all agencies connected with scientific investigation. The Committee on Research of this College is ready with a program of definite aid for worthy projects of research and the College is giving liberal support to it. Much good should come from this.

It is the custom of the incoming president of the College to suggest a theme for the year. I think there is no objective deserving of more emphasis than that of a continued generous support by this organization of education and research, for upon their accomplishments depends the progress of dentistry. The second century of dentistry, a century of opportunity lies ahead—let us enter it with a firm determination that there shall be no regression from the high standards and objectives that we have adopted; let us make the beginning years of the new century a period of outstanding advancement for our profession.

AMERICAN COLLEGE OF DENTISTS

DENTISTRY'S SOCIAL RESPONSIBILITIES¹

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Minneapolis, Minn.

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I. INTRODUCTION

The evolutionary forces which have been at work in all phases of human experience have not made an exception in the case of health matters. At this time, however, it is not necessary to give a complete review of the steps through which the health professions have passed in the history of this country; an inspection of the last decade or two will be sufficient. The basis for what is known as socialization of the professions has quietly proceeded in most instances, with the aid and direction of the professions themselves. The lack of perception, however, on the part of the pro-

¹Delivered before the Convocation, Milwaukee, Wis., Sunday, July 16, 1939.

²The other members of this Committee (1938-9): G. W. Wilson, W. R. Davis, B. B. Palmer, M. W. Prince, E. H. Breuning, Maurice William.

³Report of this Committee will be published in a later issue of the JOURNAL.

fessions, of the implications of these social changes is very apparent. Few, indeed, were the people who could foresee where these trends were leading. Nevertheless, this evolution must have been along lines preferred and acceptable, else some individual or group would have challenged it. Now that the foundations are laid for further changes, even more drastic and fundamental, we, as a profession, are becoming a little alarmed.

II. OUR PRESENT STATUS

The present status of the health services compels every thinking man who is a member of the medical or dental profession to ponder the future. He is cognizant of the forces which have placed him in the position in society which he occupies today, and he knows what those forces can do if they are aimed in a direction disadvantageous for him. He remembers the pleas he used in advocating some of the legislation already in the statutes; and he is aware that the arguments he used in years gone by relative to public needs are now being employed by others not in his calling, to further the very thing he started. This may not be entirely to his advantage in the projected plans. He has fortified himself in every way except economically. Unfortunately for him at the present moment, he has preferred to work toward the ideal in ethics rather than to make the future economically secure. He has not even thought along these lines to any extent until very recently.

It has been, and still is, a difficult proceeding for him to analyze in a really objective manner, himself and his duties, in the place he occupies in the social and economic world. He knows that formerly, at least, he was responsible for certain phases of health; so it is his natural tendency to overestimate his actual worth and to take altogether too much for granted. He is like a child, kept secure from harm by his parents, who finds himself suddenly on his own, for he lacks a fundamental training in the subjects of sociology and economics. Up to the present time, fortu-

nately, the youth of the country, together with the seemingly unlimited natural resources which feed the general pocketbook, has lent assurance to his standing; and it has not occurred to him that he should worry. His job, as he has seen it, is to care for the poor, to garner a mediocre fee from the marginal group, and generally to "soak the rich."

Today the whole economic picture appears to be changing. This man is still demanding of the government every convenience and advantage, however costly, and he very often forgets that he is a part of this government. When the experience called "economic depression" is added to this, the financial load of the government becomes so great that tax burdens render the growth of numbers in the wealthy class a future impossibility in comparison to what has occurred in the past.

III. A CHANGING CONDITION

The current changes link medicine and dentistry inexorably together. In some places laws have been proposed for social medicine alone, but inevitably the time will come when the medical field will lap the dental field, and vice versa. These proposals for change are not confined to the social service groups as was the case originally. They emanate from many sources ranging from individuals in all walks of life to governmentally directed activities. Historically, we find that conferences regarding general health conditions were held during the administration of former President Hoover. The Child Health Conference and Costs of Medical Care Committee were two which were notable in their profound effect upon later developments. Health legislation of this period very plainly demonstrates the social trend, and when the present administration came into power, it immediately projected many liberal social movements. Notable among these were unemployment and old age insurance, which were instituted, and sickness insurance, which met with so much opposition from certain quarters that it was not passed.

A conference was called by the President of the United States in 1934-35 for the purpose of drafting a sickness insurance law. The experts placed in charge of this conference were selected from among those who had served on the technical staff of the Costs of Medical Care Committee. After many hearings and a great deal of debate, the staff decided to propose a compulsory insurance act as part of the Social Security Law. This act would apply to all of the population of the country from the indigent to, and including, those of the \$3,000 income level. This proposal was so sweeping that the American Medical Association and the American Dental Association remonstrated vigorously. Their contention was that the tax burden induced by such a law would be impossible in view of the heavy load already being borne by our citizenry and that such legislation would so disturb the status quo in medical dispensation that the resultant confusion and lowering of medical standards would greatly harm the population generally. The proposal was held in abeyance for the present because of these protests, but unemployment and old-age insurance phases of the Security Act had been passed in the meantime.

The third leg of the security tripod, health insurance, is still under discussion. One of the main reasons for the great opposition of the medical groups to compulsory health insurance is the bad features of the European plans, which quite naturally have been brought to the attention of the members of the professions of medicine and dentistry.

These reports and other proposals advanced by medicine and dentistry have delayed further action by congress, have stimulated many individual groups, and the government, to suggest a number of different plans for the care of members of the various economic levels. Some of these individuals and groups, who have been formulating plans, are political in nature.

In 1936 organized labor in the city of San Francisco became interested in this problem. At the conference, labor resolved to study the question of health insurance; and, at the same time,

farm groups became interested in maternal-child health and hospital care. Quite naturally, many newspapers and magazines took up the propaganda, and in several states the first of the social medical laws bobbed up. California, New York and Wisconsin were the chief centres of political agitation; and in these states we find the first laws proposed.

During this period, widespread dental service for the indigent gave the dental profession its first real test of governmentally controlled service. Many forms of dispensation were the subjects of experimentation. In all of these experiments, however, a large proportion of the dental services rendered was for the adult. Child care, which is the only hope for the control of dental lesions through proper preventive procedures, was given little or no attention. Of course, the indigent were receiving emergency service only. However, because of this beginning, the services to the indigent would be expanded and low income groups added, if the Wagner Bill should pass.

No sooner did a community work out details for the dental care of the indigent than someone proposed care of the marginal groups. In addition to this, the nation-wide syphilis and cancer program, which is sponsored by the government through the Federal Department of Health, aroused public consciousness still further as regards governmental subsidization and control.

IV. ACTIVITY AMONG LAY GROUPS

At this time, about 1936, manifestations by lay groups seemed to be spontaneous rather than directed. We find an abundance of news and magazine articles, forums, high school debates, and radio discussions and debates. It is of interest to note that medicine and dentistry simultaneously stepped up their public educational activities to a much livelier tempo. An example of this is the poster contest conducted during Dr. Williard Camalier's administration in the American Dental Association.

The collective medico-dental effort in response to this social

irritant was the making of a number of plans for "deferred payment" and "adjusted fees" for care of those unable to pay for services as they are rendered. The plans so proposed and instituted did not meet with the support of the people for whom they were made. The number who asked for dental care was less than ten per cent of the group which asked for general medical care. This shows a marked lack of response to the dental phase of this type of plan.

V. HOSPITAL INSURANCE

A notable development during this interim was hospital insurance, which grew up overnight and which now includes millions of participants. Their vested interests will, no doubt, influence any governmental action in the health services which are not actually dispensed by this group. Since this insurance is voluntary, they will insist that voluntary plans be tried in the medical and dental circles.

Apropos of this method of meeting the needs of the people, it is well at this point to call attention to the unofficial reports made to your Economics Committee this year regarding the failure of the aforementioned deferred payment plans, which were instituted by medico-dental groups in certain cities, Washington and St. Louis, and which were set up as models. Since both voluntary insurance plans and voluntary deferred payment plans serve only a limited portion of the population, their provisions for the admitted health necessities are not adequate.

Moreover, as it is pointed out by the American College of Dentists' report by Dr. Simon and Dr. Sinai, "The Way of Health Insurance"⁴:

"Every attempt to apply the principles of voluntary insurance on a large scale has proved to be only a longer or shorter bridge on the way

⁴"The Way of Health Insurance," by Dr. Simon and Dr. Sinai—University of Chicago Press, 1932.

to a compulsory system. Every so-called 'voluntary' system is successful in just about the proportion that it contains compulsory features, especially in selling and the collection of premiums. Such voluntary systems are of interest primarily because they set the pattern for the coming compulsory legislation. Many of the least desirable features of compulsory schemes were inherited from previous voluntary systems. This point is of paramount interest to nations still in the voluntary stage."

This fact should be borne in mind as we later discuss the plans prepared for the discussion of your committee this year.

Prior to 1936, the professions looked with disapproval upon the participation of philanthropic foundations in the spreading of propaganda for changes in medical health service dispensation. For this reason, the foundations markedly limited their activities both in education and in planning changes. Their place was taken by the much publicized insurgent physician group, "the 400," who proclaimed that the health of the people was the direct concern of the government.

VI. THE PRESIDENT'S INTERDEPARTMENTAL COMMITTEE

During this formative period governmental interest was sustained; and in August, 1935, the interdepartmental committee in Washington was appointed by President Roosevelt to co-ordinate health and welfare activities. From 1935 to 1937 their interests were centered on phases of the social program already made into laws such as the Old Age Pension, Unemployment Insurance, etc.; in 1937 the interdepartmental committee appointed a technical committee, made up of experts from federal agencies concerned, "to review the participation of federal government in health services of the nation and to submit recommendations on federal participation in a national health program." It is interesting to note that there has been a definite, continuous growth in the interest of the government in medical care. The personnel heading these committees, as we have said before, was composed of experts employed first by the Costs of Medical Care Committee of the Hoover Administration under Ray Lyman Wilbur.

These experts have continued throughout the Roosevelt Administrations regardless of politics, thus showing that the germ of social change persists in its steady growth.

VII. A FUTURE PROBABILITY

It has come to our attention that the social-medical program, which is being formulated as a part of the new Republican platform, will make continuous the present proposals and others not yet instituted. This statement may be further illuminated in your minds by recalling the liberal background and the statements regarding medicine, of the man who is formulating the new Republican platform, Dr. Glen Frank, former president of the University of Wisconsin.

Because of widespread discussion and knowledge of the medical care phase of the social security program, definite groups have become especially interested. A few of these are the farm groups, the labor groups, W. P. A., and the relief stratum, all of whom have given definite political significance to the issue.

The aforementioned technical committee is the political instrument of the incumbent party, whose duty it is to formulate a medical dispensation plan, acceptable to the political pressure groups just enumerated.

The interdepartmental committee wrote its program and then called a conference. At this conference in Washington in July, 1938, the following groups of society were represented: The American Federation of Labor, The Worker's Alliance, The Committee for Industrial Organizations, the farm group, the social workers, the insurgent physicians, the press, the women's organizations, parent and teachers' associations, and many others generally classified as liberals. To this conference were invited also the official representatives of organized medicine and dentistry. Here each pressure group was given the opportunity of stating its demands. The governmental committee showed great foresight

in meeting the anticipated demands of these groups; and its proposals, after listening to each group, met with almost universal acceptance, much to the discomfiture of the representatives of the organized health professions. This performance should have convinced the professions that their services were on the political block and that the wide interest evidenced could only mean that a wider participation in dispensation from a political angle was a certainty.

It is significant that the problem of dental care was given little definite consideration at the conference. Due to the lack of appreciation of the value of the dental health phase in any general health program and the possibility of monetary involvement which might make the program less desirable from a political point of view, the dental phase has been neglected. This fact should make the dental profession fight still harder for the establishment of a decent dental standard. However, since the conference much stress has been laid upon the necessity for the inclusion of dental care in any health program.

We know that lay groups in many population centers are diligently studying the health question and seriously supporting in a political way, the government program. In some centers, fortunately for the professions and people generally, we have these groups searching for the solution to the problem and calling upon the professions for help—a help which no other section of society can furnish. In other places, in spite of medico-dental protest and interference, the groups are barging ahead and trying to concoct plans which will, according to their lights, fill the needs of the community in which they live. What shall be our attitude toward each of these groups? Shall we ignore both, although we realize their potential political powers; or shall we co-operate wholeheartedly with the one which asks our co-operation and insist upon representation in the other independent group? From a patient-practitioner point of view, we are bound together in society regardless of what happens. Would not social progress in general

be bettered if we insisted upon co-operative effort? Would it not be to the advantage of all concerned if the professions should maintain a policy which would at all times leave the door open to all strata of society for discussion and co-operation? This is not benevolence, this is duty; and whether you believe it or not, it is self-preservation.

The American College of Dentists, attempting to live up to its avowed declaration of principles with which you are familiar, is now embarking upon the next step of its recognized duty. In line with this, at the last session of the Board of Regents of the College, the Economics Committee was admonished to study the voluntary insurance and deferred payment plans and to formulate a step at least, in advance of any it had taken before.

VIII. DISCUSSION OF PLANS SUBMITTED

Certain plans which were presented to the Economics Committee were designated as the "Walker Plan," the "Palmer Plan," the "Sandler Plan," and the "Brandhorst Plan." The so-called "Walker Plan" is not a specific plan, but rather a few fundamental suggestions placed before the American Dental Association for consideration in devising a definite procedure. These, the committee felt, were sound; and a member or two favored a broad statement such as this to a definite plan or policy.

The "Palmer Plan," which is designed to meet the needs of all strata of society through voluntary budgeting of the patient's income and a fee basis of payment for dentistry, is proposed to be managed by the hospital insurance group now becoming so prevalent. Provision is made for the indigent and near indigent—in fact, for all who need any help in paying for their health services—to be subsidized by tax monies paid to the hospital association administration; and they, in turn, pay the dentist who does the work. The work may be done in any dental office which applies to the hospital group and which is accepted by them. It was the consensus of opinion within the committee that a plan

such as the one submitted by Dr. Palmer might well be tried to determine whether the government would be interested to the point of subsidizing those who need help, through this type of organization, as the administrator. It was very clearly pointed out that one weakness in the plan was the definite lack of professional control. Dr. Palmer's reaction to this criticism was that professional control was preferable, but he felt that there was no dental group so closely integrated and organized that it would be accepted and trusted with the responsibilities of public money dispensation. Since the hospital insurance group is an established, big business concern, it is more likely to be capable of handling additional health dispensation and can possibly gain the confidence of the government as the agent through which dental health services might be obtained by all economic classes. Of course, the social agencies would play a very vital part in the entire set-up. I shall not attempt to supply in further detail all the points in this plan.

The "Sandler Plan" is meritorious in that it is a definite step toward preventive dentistry through a comprehensive budget-savings plan for the care of children. The plan calls for control by the profession, and the fee is based upon age per capita. The dental group is made up of those dentists who wish to subscribe to the provisions of the plan, and each man pays a yearly fee of ten dollars to be on the panel. Many of the points adopted by the College are included in this plan. As an observation, I might say that it is my opinion that in some respects the plan more closely approaches the meat of the dental situation in this country than anything that has been offered to date. We know that the man who pays the money is the one who demands the service; he does not look at the situation with the long-time view. This attitude will probably make it very difficult for the professions when they supply services in any scheme where only one age group is concentrated upon. To overcome the selfish attitude of people in general is a laborious task. The reason for trying to do this in

dentistry, however, is obvious. You have heard it said that the dental profession cannot possibly render to the American public, through any scheme, the amount of service necessary to make all mouths healthy at a specified time. If this is true, then it is obvious that the job is too big for the number of dentists existing at the present time. However, when we hear these things, we must not forget the simple psychology by which demand for any commodity is stepped up. The mere fact that dentistry is available does not mean that all the people will demand it immediately.

With our present system of practice, the number of non-productive hours spent in his office by the average dentist is very large. Let me again call to your attention the small percentage of people who make use of the facilities offered by the voluntary budget plans in the cities of St. Louis and Washington as compared to those who avail themselves of medical services. If dental insurance for all were made compulsory, there would still be the lag occasioned by ignorance and wilful neglect. This is proved by the experience gained by those institutions set up for child care in which almost every means is used in an attempt to bring to the dental office all the children in neighborhoods which these institutions serve.

For this reason, an immediate, large influx into dental educational institutions by young people who expect to make dentistry their career is not warranted at this time. Demand has not yet been created by compulsion, public education, or by any other means.

Dr. Brandhorst's suggestions, as placed before the Economics Committee in reprint form, give very important data which can be used in the general discussion and planning of changes from the present system to any of the types which have been suggested or which may now be the subjects of experimentation. Our main difficulty is the pitiable lack of authentic data upon which we might build.

IX. HEALTH INSURANCE, A VOLUNTARY MATTER

In considering all the plans and suggestions offered so far, we find that the voluntary phase is present. Somehow, we cannot bring ourselves to the point of making health a compulsory matter. This is not in criticism; rather, it is merely stating a fact. May I call your attention again to the quotation from "The Way of Health Insurance," your own volume. I am convinced that if dentistry is to figure prominently in the changes which are apparent to even a blind man, it must participate as an organized body in these changes and thus learn from actual experience.

X. A UNIVERSAL PLAN, AN IMPOSSIBILITY

On many occasions prior to this it has been pointed out that a universal plan would be an impossibility. The large urban centers cannot be treated in the same manner as the sparsely settled districts; yet the peoples of both districts must have the same standard of service — the highest standard that dentistry is capable of dispensing.

In the solution of this highly complex problem, what must dentistry propose and demand in any program wherever it is instituted? It is generally conceded that the profession should not advocate a limited program; it has been pointed out repeatedly that the maintenance of standards and provision for adequate dental service are absolutely essential. Necessarily, this policy would call for allocation of financial support sufficient for these needs. The function of the profession is to maintain these standards and adequate services, and the function of society is to supply funds to meet them. If the profession insists on standards and service adequacy and society refuses or fails to subsidize properly these necessary provisions, then society is responsible for any lack. In this situation, if it should obtain, both society and the profession would suffer. This seems to us to be the obvious result.

The American College of Dentists' advanced stand in support-

ing research in the economic phase of health service, specifically "The Way of Health Insurance," which was financed by the College, is known to all of you. As a result of experience gained in this study the author, Dr. Simon, was employed by the American Medical Association and has been the economist for a number of years in their central office in the bureau of economics. Moreover, this study has stimulated advance, notably in the formulation of the ten principles by the House of Delegates of both the medical and the dental professions.

XI. CONSIDERATION OF SPECIAL GROUPS

We have arrived at that stage in social progress where accurate statements of costs of dental care are imperative. As a result, we have instituted a study of a New York clinic (The Dental Health Service Incorporated) by which we hope to obtain statistics on a group of people who have had continuous dental care for a period of five years. These statistics may have great value in the estimation of the monetary necessities of all social dental service attempted by any group, lay or professional. When we realize that the clinic method is being used in numerous places, we know that we cannot afford to overlook this phase of the problem. *If* dental care is too costly, the professions must consider *all* methods of reducing costs. We realize the difficulties encountered in finding a clinic suitable for study, for it is felt that it is desirable to study a clinic in which adequate care has been administered on a cost basis over a period of five years, at least. This New York clinic was selected after expert investigation as one which meets, as nearly as possible, the requirements.

In the consideration of the question of how federal funds, as implied in the Wagner Bill, might be used in the several states, it is felt that in all probability the indigent program would be stepped up first and administered by the present set-up. For the near indigent group, more funds would probably be allocated for additional services in the already existing clinics and hospitals.

Funds earmarked for children's programs would be used to expand those now in operation by state welfare and state health boards. It is possible that competition may arise between the state welfare boards who handle the indigent and the state boards of health who supervise child health care. It would be well, before definite plans are made for either indigent or child care, for the state professional societies to study the present set-ups for dental care so that they will know in advance where mistakes have been made and will be in a position to recommend suitable features for the extension of well-rounded programs.

XII. THE COMMITTEE'S PROPOSAL

The Economics Committee attempted to place the participating public in categories. The following is the result of this effort:

1. Indigent group (needing all necessities of life).
2. Dentally indigent group (needing only dental care).
3. Marginal indigent group (can care for all necessities of life and for emergency dental care).
4. Group which can care for all needed services through budgeting.
5. Children from 3 to 16 years of age in all economic groups.

In the first group, services are now being paid for by tax money which is administered through welfare boards. This must be the procedure unless state medicine (salary basis for operators) is instituted for the group. Other alternatives would be the inclusion of this group in a compulsory insurance plan, which is self-sustaining and in which all other groups named are also included, or voluntary insurance in which the premiums are paid from tax funds. Should the method of dispensation be through the office of the private practitioner or through dental clinics? It is the opinion of the committee, after considerable discussion, that the clinic method of dispensation of dental services to the indigent is *perhaps* the most economical and might be the most desirable

method. This statement you will note is somewhat at variance with the report of the committee of a year ago.

Opinion was somewhat divided when the question as to the best method of dispensing dental service to the next two groups was considered. The majority of the committee thought that the less private practice was disturbed, the better for dentistry and that these groups could be directed through private practice channels and still be paid for by tax money. The last group, the one which is self-sustaining, should not be disturbed in any way which might have an effect upon private practice. In order to be effective in the development of these programs, the professions must co-operate wholeheartedly.

The committee proposes voluntary insurance programs, controlled by the professions, so that experience in methods other than private practice may be gained. This proposal comes in spite of the knowledge that in every country where voluntary insurance has been tried it is simply the forerunner of compulsory insurance.

AMERICAN COLLEGE OF DENTISTS

DENTAL SERVICES¹

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Milwaukee, Wis.

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I. INTRODUCTION

The most pressing and perplexing problem which faces the American dental profession at present, and which will become more pressing in the future, is to devise ways and means by which dental service may be made available to that large group of our population not now receiving it. A solution to that problem is the first among our current responsibilities to the public. This problem has not been thrust upon us suddenly. It has been approaching with cumulative force during the present era of unprecedented political, social, and economic reform.

The past quarter century marks the greatest period of development in the science and art of American dentistry. Advances made in this direction have been phenomenal, much to the credit of our great men of science. We have devoted the major part of our time and attention to this development, but in the meantime we have failed to appreciate the disturbing effects of neglecting

¹Delivered before the Convocation, Milwaukee, July 16, 1939.

to develop satisfactory methods of delivering our services to the masses. This unbalance in our progress may be expected of a traditionally conservative profession.

II. CHANGES IN HUMAN AND GOVERNMENTAL RELATIONS

We must now recognize, however, that changes in human relations and in the relations of the individual to the government have occurred in the United States. We must face the fact that we are now, and will in the future, live in a world which has developed new and perhaps strange philosophies of life. Social and economic reforms, whether they may be to our liking or not, have been established. Most of them will never be repealed, regardless of the political group in power.

The Social Security Act became a law on August 14, 1935. It was the fulfillment of a promise made by President Roosevelt for additional measures of protection against the major vicissitudes of life which result in destitution and dependency for many people. The Social Security Act provides for unemployment compensation, old age security, security for children, provisions for the blind, and *the extension of public health services*. The keynote of the entire act is *compulsory action*. This fact should not be overlooked in contemplating governmental plans of service. Those in charge of the National Health Conference last year served notice on the health service professions that it was their intention to move toward the completion of the final leg of the Social Security Act. In reality, this then was the first official step by the national government toward the socialization of medicine and dentistry in the United States.

III. THE NEW SOCIAL ORDER

For reasons well known to all, the organized health service professions have vigorously opposed all outside third party interference or control of methods of delivery of service. To some extent they have been successful; but now the great competitor, namely the government, backed by the influence of an established

Social Security program, almost limitless funds, and the pressure of eager political, social, and labor groups, is making it difficult for the professions to maintain control of their position. This is a grave situation which must be encountered not by continuing only to oppose the powerful influence of government interference, but by assuming a cooperative attitude and thereby maintaining our rightful place in dentistry and guiding the dental phase of the Social Security program. This demands the orientation of dentistry to the new social order. We must be willing to experiment with a long range dental program, varied in different localities, and for different groups of our population to suit particular needs, and founded upon principles which we know are sound and are necessary to assure a high quality of service under professional guidance. "Control and operation of the plan by the service professions, with complete elimination of political interference and commercial exploitation" is point #7 of 13 points adopted by the Socio-economics Committee of the College in 1936 and again in 1938.²

For reasons inherent to the system itself, there are objections to experimentation with compulsory insurance plans of delivering health service in the United States. Our American way is characterized by voluntary free action by the people. They should be free to choose whether or not they wish to be served. Both the public and the profession must be satisfied.

It is not the purpose of this brief presentation to offer a particular plan which may be used experimentally to solve our problem. Your committee on socio-economics, reporting this afternoon, will deal with that subject. There is a particular basic problem which perhaps has not been given enough attention. Regardless of what plan may be offered and when or where adopted, the relation of the dental office and its personnel, the dentist, dental assistant, and dental hygienist, must be wisely considered. What part will the dental office play in the delivery

²See *J. Am. Col. Den.*, 5, 243; 1938, Dec.

of service in this period of readjustment to the new social philosophies?

IV. ACHIEVEMENT IN THE ART AND SCIENCE OF DENTISTRY

The phenomenal development in the art and science of dentistry has been due particularly to individual initiative, ambition, desire, and effort, both in the research laboratory and the dental office. The reward for this quality of service is the satisfaction which comes from achievement. This type of effort should never be destroyed. It must always be encouraged. Members of the profession must be permitted to continue to advance the science of dentistry. The dental office and the dentist should continue to be the basic sources of all services. Any plans developed to bring dental services to the masses should be directed through the dental office as opposed to the dental clinic. The traditional position of the dentist should always be protected, for he is the basic source of progress in the quality of service.

Point #8 of the 13 points adopted by the convocation last year was: "Free choice of practitioners by patients, and free choice of patients by practitioners."

V. DENTISTRY, A PERSONAL SERVICE

Like all health service, dentistry is a personal service. The high quality rendered by the average higher type of dentist in private practice has developed under a free and independent type of practice. This system should not be substituted for any other system, but should continue as a background to encourage and stimulate excellence in the quality of service. Impending changes in methods of delivering service should be supplemental to the private independent practice.

It seems likely that dental services for the indigent and borderline group, especially in the large metropolitan areas, will be wholly or partly through government subsidy. Because of greater possibilities of mass production at low cost, the service clinic will become the competitor of the private dental office.

This will not be a wholesome situation for the private practitioner. It is difficult to conceive how the quality of service can be maintained under a service clinic system. Records made in many public service clinics operated by the government justify this assertion. Item #9 of the 13 points adopted at the St. Louis convocation states that there should be a "continuance of private practice of health service as opposed to a general clinic practice."

VI. GOVERNMENT SERVICE CLINICS

Present trends indicate that some clinics will doubtless be established under government plans and supervision to serve the indigent of some of the several needy groups. There are disadvantages to, and dangers in, this type of clinic system which are inherent to the system itself. The selection of supervisors and operators is probably foremost. Will they be chosen on the basis of ability or through political influence? Will operators be content with their environment? Will the setup offer promotion to stimulate interest and initiative? Will operators become institutionalized and assume habits of indifference? Will there be educational opportunities offered for self-improvement in a service clinic where mass production and cheap service may be paramount? Points 12 and 13 adopted by the Socio-Economics Committee in 1936, and again in 1939, at St. Louis, state:

"(12) Maintenance of the attractiveness of health-service professions as careers, so that prospective practitioners possessing high coefficients of ability, character, intelligence, and ambition may, for the benefit of both the public and the professions, continue to enter and remain in the service; (13) Retention of the fundamental American doctrine providing for rewards in compensation, prestige, and position to individuals in direct proportion to their ability, industriousness, conscientiousness, and personal attributes. To forsake this principle for regimentation would put a premium on indolence, indifference, and inefficiency in health service."

One of the several groups in need of dental service, and for which government has attempted to provide it, is the low income and borderline farmer. He is a client of the Farm Security Ad-

ministration in their rehabilitation program. Plans for the distribution of service to this group have been established in several localities by the government and with the aid of medical groups. All of these plans are supported through subsidy through government loans, and with service dispensed through the private dental office. Those based upon an insurance scheme have failed, partly because of lack of funds to pay the practitioner a fair fee. It does seem possible, however, to develop a plan in cooperation with the government which would direct patients to the dental office of personal choice, permitting them to secure service in quantity and of good quality in accordance with their ability to borrow funds and pay a reasonable fee. Any plan must be fair both to the individual and the practitioner.

VII. THE DENTAL ASSISTANT AND HYGIENIST

The dental assistant and dental hygienist have become valuable adjuncts to the dentist in his office. The assistant performs particularly in the professional and economic efficiency of the dental office and therefore in the quality of service rendered by the dentist. The dental hygienist, because of the advantage of her background of formal training, serves in the field of dental hygiene and in the education of her patients in preventive measures, in addition to her duties as an assistant. Both the dental hygienist and the dental assistant have played a significant part in the advance of the dental profession.

VIII. VARYING LEVELS OF EDUCATION

Recently some educators and others have publicly advocated dental education at varying levels so that men and women may, by a limited training be prepared to enter the field of dentistry and perform so-called simple operations for the low-income group. A proposal has been made to prepare young women operators to perform, in addition to the services of the dental hygienist, such operations as filling small cavities and extracting deciduous teeth, by requiring two years of dental training, under the

supervision of dentists educated in accordance with our present standards.

IX. SIMPLE AND COMPLEX OPERATIONS

All types of dentistry are health services, whether they be the placing of small fillings or the extraction of deciduous teeth. Formal training for the practice of dentistry has evolved from a course of six weeks to one of six years as at present. The responsibilities of the dentist have been enlarged, his status improved, and his opportunities extended by the improvement in the quality of his preparation to practice and the increasingly greater respect which the medical profession and the public have for his services. It is generally believed that there is no such thing as a simple case of orthodontics, minor surgery, a simple cavity preparation and filling, or a simple extraction. Who can say that the placing of a simple filling, or the performance of any operation may not be an etiological factor in the cause of some serious systemic disease? Who has the wisdom to determine the line of difference between a simple and a complex operation? If our undergraduate system has progressed beyond that which is necessary in time consumed, and in cost, to prepare a practitioner properly, to perform a good health service, in the light of our present concepts, let us revert to lower standards. All who provide health service should be prepared adequately and educated on the same level.

X. OUR FUTURE STATUS

Dentistry has evolved from a mechanical art to the broader level of a health service profession. What we do with our present perplexing problem will reflect upon our future status. Either we must go ahead without further hesitation and with the courage of our convictions, cooperating with the government when desirable, by experimenting with any practical plan which will enlarge its scope and advance the present and future standards of dentistry, under professional guidance, or permit other more ag-

gressive groups to take the lead and set us back to the status of a trade with its limitations of public usefulness.

In advancing toward that objective, the present unity of dentistry must be preserved. The private dental practitioner in his office, with assistant, hygienist and laboratory technician as adjuncts, constitutes the basic unit of dentistry. They represent proven value in the history of our achievements. Any new plan of service proposed must be built around this fundamental unit.

EDITORIAL

Honor societies are organized for two reasons at least, that those who have done meritorious work or service may be thus publicly recognized and further, that both they and others may be encouraged to continue and to develop. This is well and such societies do perform a valuable function within that segment of society of which they are a part and altogether contribute, in no small measure, to the total social advancement.

This is true of the *American College of Dentists* as it continues to function within the dental profession and each year sees this function more thoroughly impressed upon members and upon non-members who may be but casual observers. This infers that there must be some who sit in judgment upon their fellows and upon the work of others. Again, this is as it must be and in so far as it is humanly possible, such judgment is honestly and fairly rendered.

There are relationships in which man has no right to sit in judgment upon his fellow men, but in all of our material relationships, of which this is an example, that right does obtain. The service, the labors and the spirit of one may be justly compared with those of another, and it is by that yardstick that final judgments are determined. The earnest desire of the College, in its spirit, is that more and more shall men labor to the end that Fellowship may be offered them.

Each year must of necessity see the work of the College more effectively done and this year proved the rule of progress.

There are many matters which may be brought in review to the minds of those attending and as matters of interest to those not in attendance. The sum total of all activities means *professional advancement* and in the enthusiasm of the moment, one might be accused of boasting. It is not with any spirit of boast-

fulness, but rather with an eye to the usefulness of the profession, the help which the *College* may render, and the good which may be accomplished in men's lives, that this editorial comment is made.

It is a very easy matter, as we go on from day to day, to think only of our individual gain. This is important and must not be neglected. However, the truism has always obtained that, "he who profits most, serves best." That principle has been practiced by professional men in all the past generations. Business, today, is recognizing the need of its practice. How much more then do we, as a profession, need to keep it before us. Perhaps, to look at it a little more literally, one may suggest, "no bargain is fair, unless both parties are benefited." There must always be two parties to a bargain or a contract.

This is the business of the *College*. The *College* is not directly interested in the development of our scientific or technical phases, but is definitely concerned with our professional, ethical and philosophical progress. To that end, studies are made of our scientific and technical relationships, through commissions, which at the end of each year submit reports to be published in succeeding issues of the journal. Here are some of these committees reporting and whose reports will be published throughout the year:

Cooperation with the American Association for the Advancement of Science.	Certification of Specialists.
Endowment Fund for the Journal of Dental Research.	Education.
Pathology Register.	Socio-Economics.
Hospital Dental Service.	Endowments.
Public Relations.	Legislation.
	Oral Surgery.
	Dental Research.
	Prosthetic Service.

These committees report officially to the Regents and for a period of two days careful consideration is given them, including no little discussion as to their points of value, and finally as to

ways and means of putting the best into operation. To illustrate: for the past many years, *research* has been carried on in a more or less unorganized way: later, the American Dental Association set apart funds for research and under the *Research Commission* has carried on valuable work; research gradually grew and correspondingly more men began devoting their time to it, resulting in the founding of the *International Association for Dental Research*; then as a result of one man's labor, enthusiasm and understanding and philanthropy, the *Journal of Dental Research* was instituted; under the leadership of the College, all of these, including the American Dental Association, became affiliated with the American Association for the Advancement of Science; and at this convocation, just held in Milwaukee, the Research Committee of the College perfected plans for actual promotion of research, through allocation for funds for Fellowships and Grants-in-Aid.¹

Parallel considerations and actions obtain with regard to other committees and commissions and thus the College accomplishes its work. There is, of course, much of business to be done, for with the passing of the years, the increase in membership and in activities, there has been a corresponding increase in business and executive responsibility. All of this will be reported by the secretary.

The program of the Convocation is made up in part of addresses by Committee and Commission chairmen, who prepare what may be termed, analyses of their reports. These are prepared and presented with the thought of increasing interest among members, yet recording technical details as submitted to and considered by the Regents. All of these are of great importance for, as President Merritt said, "Never, perhaps, in the history of American dentistry was it confronted with problems more complex or more far-reaching in their influence upon its future, . . ." Some of these may be cited:

¹See page 276, this issue.

Education

Tinkerers are always with us—in every group and under all conditions. The present is no exception. There are those who would extend the practice of *simple* dentistry to a group now being trained for another purpose. The questions immediately arise, what is *simple* dentistry, and when may *simple* dentistry become *complex* dentistry, notwithstanding the further question, what will be the effects on dentists and dental practice by training for different levels? This suggestion is in reality, not original, for it has been proposed in various ways in years gone by. To it, the profession has given an unequivocal, “NO.”

Another provides for partial training of high school graduates. This, in effect, has the same undesirable features. Neither provides the answer to our problem.

The third provides, in reality, for training dental teachers and may or may not alter the undergraduate curriculum. The principal point at issue in this is as to the efficiency of the proposed plan. Teachers require full academic education, including pedagogy and finally, dental training. They must be dentists, with a dentist's understanding and vision. We must not get away from this fact. Hence, at the present moment, not one of these plans is acceptable, but the profession should know about them.

There also comes within this field, though directly under the study of the Prosthetic Service Commission, the problem between the dentist and the laboratory. This may not be acute in some sections of the country, but it is a question of concern for all. Dental laboratory technicians feel that as they can fabricate bridges, dentures and crowns for the dentist, so they can for the patient. In some localities they are earnestly seeking licensure. In the interests of the public, this must not be, for they are not dentists, nor can they perform the complete service without the knowledge possessed by the dentist. They are valuable adjuncts in practice, but the dentist is trained far beyond their training and of that we must not lose sight.

Medico-Dental Relations

Hospital Service by dentists and Dental Research have both been greatly advanced through recent years. All Class A hospitals do now or will shortly require dental service of some nature. As we qualify in this, through extension of our clinical services and the development of oral surgery to meet hospital surgical requirements, we will find our Health Service relations satisfactory to all concerned. Oral surgeons require more knowledge of bone surgery and dentists require more knowledge of medical science. Concomitantly, physicians and surgeons require more knowledge of dental practice and oral surgical procedures. These mutual understandings are proceeding at a rapid rate, depending to some extent on the elimination of an inferiority complex held by dentists and the assumption by them of their rightful place in oral health procedures.

Research has been discussed (above) and this will place us as it now has, alongside other scientific bodies.

Dental Literature

Advances made in this field were well indicated in the sessions of the American Association of Dental Editors. Editors of professionally owned literature, non-proprietary, constitute the membership of this association. They are for the most part young men and a few women. This organization was accomplished under the sponsorship of the College and is consequently considered as yet, a part of our work. But they are rapidly gaining a true vision of their task and assuming that independence of thought and action which is rightfully theirs. A glance at the program reveals the truth of this statement. In their advertising, they are in strict accord with the policies of the Council on Dental Therapeutics of the A. D. A.; through their committee on co-operation, they submit articles of merit to all member publications, for use, without recognition of publication elsewhere; they are studying the needs and problems of journalism, both as to content and finance,

including student publications; they give consideration to the training of editors and writers, the science of editing and the principle of ethics involved in the distribution of reprints. In this last is an important thought for consideration. What will you do with the man who wants 10,000 reprints of his paper?

Our literature is now virtually in our own hands—some two or three magazines are yet without the fold, but some of these are giving earnest consideration to the thought of professional control. In due time this will be accomplished.

Socio-Economics

Probably more thought was given to this one subject and to this committee's report than was given to any other or even two or more others. It is the most important problem confronting the medical and dental professions today. Upon the answer to it as a question, rests in larger part our future standards of practice. It has been before the profession for several years and the College has made extensive studies of the question. However, it has been left to the American Dental Association to take the lead in final solution. Some doubt exists as to the progress that has been made, for we appear to be about where we were in the beginning. At one time, officials of the A. D. A. reported to the House of Delegates of the A. M. A. that we had nothing to offer. Our present special committee is now struggling with the question, having submitted to the House of Delegates in Milwaukee an interesting report of their interview with the U. S. Senate Committee. The report, however, does not indicate any definite forward movement. This cannot go on longer without detriment to the profession. We must do something and for two reasons. There is a greater service that we can render and, second, if we don't, we'll find ourselves on the outside, looking in. We must know the need and we must assist in its solution. Someone will have a plan to submit shortly and one which we trust

will appear a satisfactory solution both to the public and to the profession.

Conferring of Fellowships

This has been more or less of a perfunctory procedure in the past, without any ceremony or anything to impress upon the candidate the change, which to a degree, must now come over his life. Through the years we have made minor attempts to correct and extend this part of the convocation, but it remained for this year to see the climax of effort. Under the direction of Clarence W. Koch, a beautiful ritual has been developed and jointly, between him and Albert L. Midgley, a magnificent torch and mace have been developed and included. It needs to be witnessed in order to be appreciated. The mace bears the names of seven "Immortals in Dentistry," Hayden, Harris, Wells, Fauchard, Miller, G. V. Black and Wm. J. Gies, while the torch bears the names of the founders. These are beautiful instruments and will always be at the head of the processions, at the time of conferring fellowship, in the procession with Regents and officers in their robes. Altogether, it is a beautiful and impressive ceremony, designed to impress both members and candidates of the higher values included in the College designs. For this development we are grateful to and speak in high praise of those responsible.

Dentistry's Centennial

For the past several years the College has been active in promotion of a fitting observance of *Dentistry's Centennial*. The time is now here. A plan and a program have been developed. The American Dental Association is assisting in the matter of finance and will participate in the program. The College will hold a convocation. The International Association for Dental Research will contribute to the program. It will be held in Baltimore, the city in which the first school was organized.

It is fitting that we should thus celebrate—our literature, schools and professional organizations had their births in the fall of 1839 and the spring of 1840. We now have one hundred years of experience and experiment back of us. We have one hundred years of tradition upon which to base principles of education and practice. We have all of this to demonstrate the reasonableness of our autonomy and with that as a foundation, we can look clearly into the future and make dentistry more useful to the public and to the profession.

By noting the steps over which we have come, the transformations which have been made and the new position of dentistry in the field of Health Service, we will pause and be thankful and with courage offer a better service to the generations ahead.

To all of this, the American College of Dentists gives succor and encouragement: to all of us who are members, there comes this opportunity of greater service; and to all who are not members, the solicitation comes, that you too shall hasten the time to have such association.

The theme of this convocation, "Dentistry's Present and Future Objectives," is one, apropos the time, and was adhered to and fully covered by the long list of speakers and committee reports.

ERRATUM

On page 163, Vol. 6, No. 2, line 19, the word "ten" should read "two."

AMERICAN COLLEGE OF DENTISTS

PRESIDENTIAL REPORT¹

Arthur H. Merritt, D.D.S., M.S.
New York City

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I. INTRODUCTION

Since it has been decreed, and wisely so, that the president of the American College of Dentists shall outline his plans for the year's activities in an inaugural address,² there is little need for me at this time to do more than to report briefly on my stewardship.

Before doing so, however, I want, first of all, to pay a deserved tribute to the officers and members of the various committees for the efficiency with which they have carried on, in the various tasks assigned to them. Never in my experience with many professional organizations, has it been my privilege to work with a more earnest and unselfish group. Always and everywhere, I have had the most cordial and enthusiastic support. For these things I am grateful and for these I express my thanks and appreciation.

¹Delivered before the Convocation of the College, Milwaukee, Wis., Sunday morning, July 16, 1939.

²See *J. Am. Col. Den.*, 5, 184; 1938, Dec.

II. PERSONAL LETTERS TO FELLOWS

Early in my administration, and again a month ago, I prepared and sent to each of the Fellows of the College a personal letter: in the first, inviting suggestions for, and urging cooperation in, the year's work; and in the second, calling attention briefly to the year's accomplishments, to the need of a more active support of the endowment fund of the Journal of Dental Research and to the importance of attendance at this convocation. In addition, a personal letter has been sent to the secretary of each section, to be read by him at the opening meeting of the section, in this way, hoping to increase interest in the activities of the College.

III. ACTIVITY OF SECTIONS

Three times during my administration, it has been my privilege to be present at section meetings other than those in New York, namely, Chicago, Pittsburgh, and Boston. These were inspiring occasions. It was gratifying to note at first hand, the interest and enthusiasm manifested in these sections.

Chicago, as on previous occasions, acted as host to those of our Fellows who were present at the midwinter meeting of the Board of Regents and the meeting of the Chicago Dental Society. About fifty were in attendance. Many sections were represented by informal reports. As always the Chicago Section displayed the most generous hospitality. In your name, I extend the thanks and appreciation of the parent organization for all done on this and other occasions to make the midwinter meeting a notable affair.

There were in attendance at the Pittsburgh and Boston Sections, Fellows who had travelled more than one hundred and fifty miles in order that they might be present. At each section, many participated in an informal discussion of ways and means by which the objectives of the College might be advanced. Everywhere the same spirit prevailed—loyalty to the College and to the ideals which it represents. We may well feel encouragement

in the present activities of the sections and the promise which they hold for the future. The belief of the College, that men possessed of high ideals, can, working together, render a more effective service than would be possible by independent action, has been more than justified.

IV. WILLIAM J. GIES ENDOWMENT FUND FOR THE JOURNAL OF DENTAL RESEARCH

Before concluding my report of this year's activities, I would like to call attention, very briefly, to two matters, both of which are very near to my heart and I believe, of great importance to the immediate future of dentistry. The first of these is the William J. Gies Endowment Fund for the Journal of Dental Research. I need not at this time, outline to you the purpose of this Fund nor rehearse the obligation which rests upon us as members of the dental profession to give it our wholehearted support. This has been admirably done in the report of that Committee as sent to the Fellows of the College in my letter of June 10th. Instead, I want to emphasize what was said in that letter and to point out to you, who are here at this time, how great is the need of your *individual support*. This you can give in one of several ways: by becoming an annual subscriber at \$4.00 a year, or a life subscriber at \$100.00, payable in four or ten annual payments as may be most convenient, and further, by some direct contribution to the endowment fund itself. Is it asking too much of the members of the American College of Dentists, who have been elected to fellowship in the belief that they share in its ideals, that they give to this cause the same unselfish support which they have given to other activities of the College? There is no better way in which you can advance the science and art of dentistry than by helping to complete this fund of \$50,000 by becoming a subscriber, through one or more of the plans which have been outlined. A subscription list of five thousand, plus income from the endowment fund, will not only insure the con-

tinuance of the Journal but will greatly increase its usefulness. In asking your cooperation in this, I am at the same time pledging it my life-long support. Together we can and must put this over. Every Fellow of the College is expected to help.

V. DENTISTRY'S CENTENNIAL

The second item I have in mind, is dentistry's centennial. Never in the life of any living member of the profession will there be given an opportunity of like importance. It should be celebrated in a manner befitting the dignity and accomplishments of a profession now numbering in this country more than sixty thousand members. Plans for doing this are already under way—one in San Francisco in September of this year, and one in Baltimore in March, 1940. Elaborate preparations are being made for a three-day celebration in each city. They should both receive the united support of the entire profession.

These celebrations have a two-fold purpose: *first*, to acquaint those of us who are engaged in active practice and those who will come after us, with the history, achievements and objectives of American dentistry; and *second*, to take advantage of the opportunity which this event affords, to publicize dentistry in the interest of the public.

It is essential that we, who make up the profession of the present, should find inspiration and encouragement in these centennial celebrations—that we should do our part in carrying forward the work so ably begun in the century now drawing to a close. This we must do if we are to keep faith with those who have gone before. It should be made a thrilling, life-giving experience, one that will be felt throughout the length and breadth of American dentistry. This should be its first object. But if it does only this (important though that be) it will not have achieved its main purpose. Advantage must be taken of the opportunity to educate the public in the part which dentistry plays in the preservation of health and the prevention of disease. The

occasion should serve as a springboard from which to launch an educational campaign that will be felt to the remotest parts of the United States. To do this and do it effectively, will require the services of those who are experts in the art of publicity. It will necessitate, too, the expenditure of a considerable sum if it is to accomplish its purpose. Ten thousand dollars is none too much to expend in making known the achievements of American dentistry in the past; the type of service it is prepared to give in the present, and its hopes and aspirations for the future. And who shall do this if not we who make up the membership of the dental profession of the present. It is your responsibility and mine, not that of the committees in San Francisco and Baltimore. Later you will be asked to give your support by the purchase of centennial stamps to be affixed to your letters in giving it the widest possible publicity. Purchase and make use of these stamps when the time arrives.

Opportunity knocks at our door. It places upon us a great responsibility. It is another call to duty. And if we are worthy of the faith reposed in us by the College; if we are entitled to be called professional men; if we believe in dentistry as a health service profession—one that should minister to the health of the nation—the call will not go unheeded.

AMERICAN COLLEGE OF DENTISTS

MILWAUKEE CONVOCATION, JULY 16, 1939

ABSTRACT OF MINUTES: COLLEGE AND REGENTS

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

St. Louis, Missouri

I. BOARD OF REGENTS, JULY 13, 14 AND 18

July 13 (9:15 to 12:00 a.m.); first session: present—twelve. (1) Minutes of session in Chicago with ad-interim activities read and approved. *Reports of officers:* (2) Secretary, (3) Assistant Secretary, (4) Treasurer; all accepted. *Reports of Special Committees:* (5) Committee on Cooperation with A. A. A. S., (6) Committee on Endowment Fund for Journal of Dental Research, (7) Committee on Membership, (8) Committee on Budget; all accepted. *Special Reports:* (9) Section activities, (10) Committee activities; all accepted.

July 13 (2:00–5:00 p.m.); second session: present—twelve. (11) Consideration of problems confronting the dental profession, (12) Consideration of plans for dentistry's centennial.

July 13 (7:30–10:45 p.m.); third session: present—twelve. (13) Consideration of recommendation of the Board of Censors. *Communications:* (14) New York Section; referred to Commission on Journalism; (15) Florida Section; (16) Request for bound volume of Journal of the American College of Dentists for Congressional Library; approved. *Miscellaneous:* (17) Membership card; to be issued; (18) Report of Editor; accepted.

July 14 (9:00–12:00 a.m.); fourth session: present—twelve. *Reports of committees:* (19) Hospital Dental Service; approved. (20) Certification of Specialists; approved. (21) Public Relations; approved. Name to be changed to Committee on Dental Rela-

tions. (22) Education; approved. (23) Socio-Economics; approved. (24) Dental Prosthetic Service; approved. (25) Legislation; recommendation of committee that committee be discontinued; approved. (26) Research; approved. (27) Journalism; approved. (28) Centennial Celebration; approved. (29) Oral Surgery; received. (30) Endowments; received. Section representatives had been invited to attend this session and a number were present.

July 14 (2:00-5:00 p.m.); fifth session: present—twelve. Special consideration: (31) Request of Washington, D. C., Section for cooperation in honoring Dr. F. E. Rodriguez; request granted, with suggestion for procedure. Reports of committees: (32) Ceremonial; accepted. Special Consideration: (33-12); further consideration of problems confronting the profession.

July 18 (9:00-11:30 a.m.); sixth session [first of new administration]: present—eleven. Elections: (34) Assistant Secretary, Wm. J. Gies; (35) Editor of Journal, John E. Gurley; (36) Associate Editor, O. W. Brandhorst; (37) Assistant Editor, Wm. J. Gies; (38) Committee appointments; approved. (39) Next Regents and representatives meeting to be held in New York, December 3, 1939. Accreditation of Sections: (40) Southwestern section; accredited. Special report: (41) Committee on Research, announcing recipient of Wm. J. Gies Award in Research; (42) Publication of proceedings of dentistry's Centenary meeting. Publication urged, procedure suggested and possible expense assured; local committee to look after all details. (43) Special recommendation Commission on Journalism regarding New York Section communication; approved(14).

II. CONVOCATION: JULY 16

Morning (9:00-12:30 p.m.); first session: (44) Minutes of St. Louis convocation read and approved. (45) Treasurer's report(4); accepted. (46) General Theme: "Dentistry's Present and Future Objectives:" President Merritt. Hospital Interne-

ship for Dental Graduates: (47)*Requirements:* Howard C. Miller, Chairman, Committee on Hospital Dental Service; (48)*Opportunities:* M. W. Carr, Chairman, Committee on Oral Surgery; *Dental Education:* (49)*Undergraduate,* A. W. Bryan, Chairman, Committee on Education; *Graduate:* (50)*Specialization,* J. O. McCall, Chairman, Committee on Certification of Specialists; (51)*Publications,* J. Cannon Black, Chairman, Commission on Journalism; *Public:* (52)J. O. Goodsell, Chairman, Committee on Public Relations; *Dental Research:* (53)*Need and Opportunity,* A. L. Midgley, Chairman, Committee on Dental Research; (54)*Financial Support,* E. W. Morris, Chairman, Committee on Endowments; (55)*Publication of Findings,* J. E. Gurley, Chairman, Committee on Endowment Fund for the Journal of Dental Research; *Dental Services:* (56)(a)*Dental Office,* (b)*Dental Assistant,* (c)*Dental Hygienist,* Geo. W. Wilson, Member Committee on Socio-Economics; (57)(a)*Dental Technician,* (b)*Dental Laboratory,* W. H. Wright, Chairman, Committee on Dental Prosthetic Service; (58)*Co-ordination of Services,* Wm. J. Gies, Assistant Secretary; (59)*President's Address:* Arthur H. Merritt; (60)*Dedication of Mace;* (61)*Dedication of Torch;* (62)*Acceptance of Mace and Torch by President Merritt.*

Luncheon (12:30-2:00 p.m.); second session—under auspices of Wisconsin Section: W. J. H. Benson, Chairman of Section, in chair. Members present: 205. (63)*Address—"Professional Ideals and Their Relation to Humanity,"* Mr. John P. McGalloway, B.A., Ph.B., J.D., Fond du Lac, Wis.

Afternoon (2:15-5:15 p.m.); third session: President Merritt in chair. (64)*Fellowship conferred upon following new members after ceremonial procession of Regents and newly elected members:*

Alford, F. O., Charlotte, N. C. *Applegate,* S. G., Detroit, Mich. *Asch,* A. J., New York City. *Baker,* F. C., Hammond, Ind. *Bailey,* Adams, New York City. *Barnes,* F. A., Ames, Iowa. *Bell,* F. J., Billings, Mont. *Benney,* C. R., Fort Riley, Kans. *Briggs,* E. F., Bangor, Maine. *Brooks,* C. G., New London, Conn. *Brown,* J. D., Jr., Wilmington, Del. *Carlson,* LeRoy, Min-

neapolis, Minn. *Cart*, J. F., Peoria, Ill. *Chevalier*, P. L., Richmond, Va. *Childs*, W. B., Macon, Ga. *Cleaveland*, H. H., Springfield, Mass. *Coleman*, W. E., Atlanta, Ga. *Conner*, M. I., Honolulu, T. H. *Davidson*, L. E., Kansas City, Mo. *Davis*, DeForest, Cleveland, Ohio. *Dean*, H. T., Washington, D. C. *Delaney*, H. R., San Pedro, Calif. *Dippel*, A. R., Baraboo, Wis. *Douglass*, E. D., Parkersburg, W. Va. *Douglass*, G. C., Brooklyn, N. Y. *Drake*, R. G., Omaha, Neb. *Droegkamp*, G. H., Milwaukee, Wis. *Durst*, D. L., Sacramento, Calif. *Easlick*, K. A., Ann Arbor, Mich. *Eggers*, H. L., Sioux Falls, S. D. *Ellsperman*, G. A., Bellingham, Wash. *Fancher*, W. E., Yonkers, N. Y. *Fee*, G. B., Milwaukee, Wis. *Flancher*, E. A., Milwaukee, Wis. *Gilbert*, L. I., Fargo, N. D. *Granger*, E. R., Mt. Vernon, N. Y. *Hair*, P. B., Spartanburg, S. C. *Hambly*, H. B., Jr., San Francisco, Calif. *Harker*, L. A., Minneapolis, Minn. *Hartley*, L. P., San Francisco, Calif. *Haskell*, A. W., Brunswick, Me. *Haynes*, G. F., Laurel, Miss. *Haynes*, E. T., Indianapolis, Ind. *Hemingway*, J. D., Waverly, Ia. *Hillyer*, N. L., New York City. *Hinds*, M. F., New Bedford, Mass. *Hodgson*, L. B., Breckenridge, Minn. *Hunter*, G. C., LaGrange, Ga. *Inman*, C. L., Baltimore, Md. *Jarrell*, M. F., Alexandria, La. *Jefferis*, C. R., Wilmington, Del. *Johnson*, C. W., San Francisco, Calif. *Kemper*, J. W., Ann Arbor, Mich. *Kennedy*, C. M., Des Moines, Ia. *Knutzen*, P. L., Dallas, Tex. *Kolter*, J. H., Wausau, Wis. *Larson*, G. E., St. Peter, Minn. *Leggett*, T. F., Laurel, Miss. *Lehman*, C. V., Cedar Rapids, Ia. *Leslie*, W. W., Fresno, Calif. *Little*, A. P., Richmond, Va. *Ludwick*, R. W., Lincoln, Neb. *McBeath*, E. C., New York City. *McFarlane*, W. A., Waukesha, Wis. *Mallett*, S. P., Boston, Mass. *Moore*, G. R., Ann Arbor, Mich. *Parks*, S. R., Dallas, Tex. *Pattison*, G. J., Rochester, Minn. *Perkins*, H. W., Boston, Mass. *Phillips*, P. T., New York City. *Pilkington*, E. L., Detroit, Mich. *Price*, R. E., Wilmington, Del. *Prime*, F. V., Salem, Ore. *Pritchard*, G. P., Honolulu, T. H. *Randolph*, M. F., Seattle, Wash. *Reock*, E. C., Belleville, N. J. *Riesner*, S. E., New York City. *Sager*, L. E., Boston, Mass. *Schelpert*, J. W., Jr., Mt. Vernon, N. Y. *Schneer*, J. B., New York City. *Schwartz*, P. L., New Brunswick, N. J. *Shackelford*, J. H., Detroit, Mich. *Shapiro*, Benjamin, Brooklyn, N. Y. *Shapiro*, Jacob, Brooklyn, N. Y. *Shaw*, W. S., Fargo, N. D. *Shuman*, H. B., Boston, Mass. *Shurr*, R. C., Valparaiso, Ind. *Smith*, C. M., Peoria, Ill. *Sprinkel*, A. H., Staunton, Va. *Sullivan*, R. F., Savannah, Ga. *Swift*, T. C., Mt. Vernon, N. Y. *Taylor*, W. E., New York City. *Thomas*, T. H., Minneapolis, Minn. *Thomson*, H. S., Toronto, Ont. *Thornton*, M. H., St. Paul, Minn. *Tishler*, Benjamin, Boston, Mass. *Tolan*, J. J., Milwaukee, Wis. *Van Valey*, E. G., New York City. *Wagner*, R. O., Oakland, Calif. *Walls*, M. G., St. Paul, Minn. *Walsh*, L. T., Pueblo, Colo. *Weller*, R. E., Boston, Mass. *Wennerberg*, G. N., Philadelphia, Pa. *Wilson*, W. A., Jersey City, N. J. *Wyman*, E. B., Cambridge, Mass. *Yost*, Howard, Grand Island, Neb.

(65) "The Objectives of the American College of Dentists: The

Meaning of Fellowship," A. H. Merritt. (66)Dentistry's Social Responsibilities, Chas. E. Rudolph; (67)Progress in Dentistry: Through the Centuries, J. Ben Robinson; (68)Centennial Celebration in 1940: B. L. Brun. *Reports of Committees*: (69)Gies Testimonial; (70)Legislation; (25);(71)Necrology; The following were reported as having gone to their reward since the last convocation:

A. M. Barker, '33	San Jose, Calif.	Dec. 22, 1938
A. W. Crosby, '36	New Haven, Conn.	Nov. 11, 1938
R. A. Day, '36	San Francisco, Calif.	June 28, 1939
F. G. Eddy, '22	Buttonwood, R. I.	May 17, 1939
Joseph Samuels, '32	Providence, R. I.	Feb. 12, 1939
H. S. Sutphen, '23	South Orange, N. J.	Apr. 20, 1939
A. C. Thompson, '26	Detroit, Mich.	Mar. 22, 1939
W. G. Thompson, '30	Hamilton, Ont.	Jan. 9, 1939

(72)Nominations—following for officers presented: *President-elect*, Geo. W. Wilson; *Vice-president*, H. C. Fixott; *Secretary*, O. W. Brandhorst; *Treasurer*, H. S. Smith; *Regent*(5 yr.), W. F. Lasby. (73)President asked for nominations from floor; none presented. (74)Nominees for offices presented by Committee(72) unanimously elected.(88)

Evening (6:30-10:20 p.m.); *fourth session*. President Merritt in chair. Members and guests present, 245. *After-dinner program*: (75)After ceremonial procession of Regents and officers, *honorary fellowship* conferred upon (76)L. E. Blauch, A.B., A.M., Ph.D., Washington, D. C.; (77)E. J. Carey, M.D., B.S., Sc.D., M.S., Milwaukee, Wis.; (78)F. D. Murphy, B.S., M.S., M.D., Milwaukee, Wis. (79)Unveiling of names inscribed upon the Mace: (80)Pierre Fauchard; (81)Wm. J. Gies; (82)Chapin A. Harris; (83)Horace Hayden; (84)G. V. Black; (85)W. D. Miller; (86)Horace Wells; (87)The Relation of the Public of Medical and Dental Sciences, Eben J. Carey(77);

(88)New officers installed(72); (89)Inaugural address: A. W. Bryan. (90)Total registration: 348.

Next Regents' and representatives' meeting, New York, N. Y., Sunday, December 3, 1939.

Special convocation, Baltimore, Md., Sunday, March 17, 1940.

Next regular convocation, Cleveland, Ohio, Sunday, September 8, 1940.

SECRETARY'S SPECIAL NOTES

SECTION REPRESENTATIVES' MEETING IN NEW YORK

The next meeting of the representatives of the various sections of the American College of Dentists will be held in New York City in the Pennsylvania Hotel, on Sunday, December 3, 1939.

* * *

SPECIAL CONVOCATION AT BALTIMORE

A special convocation of the American College of Dentists will be held in Baltimore on March 17, 1940, in conjunction with the Dental Centenary meeting on March 18, 19 and 20, 1940. An unusual program is being arranged and Fellows are urged to make plans to attend. Details will appear in the December Journal.

* * *

REGULAR 1940 MEETING OF THE AMERICAN COLLEGE OF DENTISTS

The regular 1940 convocation of the American College of Dentists will be held in Cleveland, Ohio, on September 8, 1940.

AMERICAN COLLEGE OF DENTISTS

DENTISTRY'S CENTENNIAL¹

B. Lucien Brun, D.D.S.,

*General Chairman, Committee of Arrangements
Baltimore, Md.*

At this time it is important to present a report of the pre-Centennial preparation that has been accomplished to date by the Maryland Committee, working in close cooperation with the Centennial Committee of the American Dental Association, and we desire that the American College of Dentists be acquainted with the general idea of the program plans which are being undertaken and developed to make the Dental Centenary the most outstanding meeting, and a long-to-be-remembered event, in dental history.

An important detail for us to mention, and for you to remember, is that of place and date. The Celebration and Special Convocation of the College will be held in Baltimore, Maryland, March 17, 18, 19 and 20, 1940. After much thought and discussion, a plan of program for the Centenary meeting formulated itself into three distinct daily sessions, so arranged that equal consideration would be given to the three all-important interests which had their recognized introduction in our professional field at about the same time, and all within the year of 1840; i. e., dental education, dental journalism, and dental organization. It has been upon these three foundation stones, a triad upon which rests our present professional structure, that your Committee has built its program of celebration.

¹Read before the Convocation, Milwaukee, Wis., Sunday, July 16, 1939.

In the brief time that has been allotted to us to acquaint you with the results of our efforts, may we first, and with all the force at our command, stress the fact that the Dental Centenary of 1940 is to be a memorable occasion, of great importance. It must be recalled and emphasized, too, that it will not be a local dental celebration for Baltimore or for Maryland, but rather an occasion that, to be properly celebrated, must include the entire professional world. With such a broad horizon before us, the plans for the Dental Centenary have been prepared. It is appropriate that Maryland should conceive and create this Celebration. We are imbued with the spirit of the occasion and consider ourselves most fortunate that circumstances have given us this opportunity. Yet the very nature of it all subdues our feeling to one of humility in assuming this very great responsibility. However, it is developing magnificently and will continue to do so with your enthusiastic support and sincere cooperation. Our Centenary can come but once.

It was indeed most gratifying to receive notice that the College had favorably considered and concluded a plan to hold a special Convocation in Baltimore on March 17, 1940, the Sunday immediately preceding the Celebration dates. This occasion of the College will prove to be a delightful prelude to the regular program as arranged, and will lend additional dignity to the entire meeting.

Our plans for the three days of celebration have been developed with thoughtful care and they will be put into effect in a manner befitting the occasion. As the program detail developed, the daily sessions were arranged in three separate divisions. To give you an idea of the schedule, on Monday morning, March 18, at 10:00 o'clock, after registration at the headquarters hotel, all are to assemble at a Baltimore theatre to participate in what will be termed a session of "Local Significance." Following the invocation, a brief address by the chairman, and expressions of welcome by the Governor of Maryland and the Mayor of Balti-

more, the principal address of this session, "Dentistry and Its Position in the Social Structure" will be the subject.

Following lunch, the first afternoon session will be called at 2:00 o'clock, at the Armory of the Fifth Maryland Regiment. This very large, modern building of unusually fine proportions will lend itself admirably to the requirements of our entire scientific program. On its drill floor (the second largest in the country) there will have been arranged a most unusual, interesting and valuable dental historic collection. To date, twenty-six of the dental schools of the country, in addition to individuals, have signified their intention of participating in this phase of the meeting, and through our chairman of Historic Exhibits, are arranging to cooperate in presenting a series of exhibits that will progressively depict the evolution of dental development during the century.

A great gallery circles this entire main floor of the Armory. This balcony connects with well-lighted, well-ventilated halls which are to be used during the three days as headquarters for the eighteen sections. The listing of these sections provides a comprehensive idea of the program:

Operative Dentistry,	Oral Surgery,
Prosthesis (full, partial and fixed),	Periodontia,
Roentgenology,	Dental Materials,
Orthodontia,	Public Health,
Ceramics,	Materia Medica,
Diagnosis and Bacteriology,	Pharmacology and
Embryology,	Therapeutics,
Histology,	General and Local
Pathology,	Anaesthesia,
Pedodontia,	Medical Relations and
	Practice Management.

Three papers will be read before each section, and each section will meet but once. They have been conveniently arranged

so that those in attendance may derive the most from the subjects in which they have a particular interest, and all will be of vital interest to the general practitioner and the specialist alike. Needless to say, our choice of contributors is being carefully made.

For the evening program there is being presented a pageant. The original script, already completed, is based upon outstanding dental incidents which have been checked for authenticity and historical correctness, and woven into a series of intensely interesting episodes, depicting these highlights of dental development and achievement during the century. (The cast for this performance will number several hundred and professional talent will fill the important roles.) The major details for this pageant have already been completed and rehearsals are scheduled to start in November.

For the first session of Tuesday morning, arrangements are being completed for an occasion of "National Significance." At this second morning meeting, the president of the A. D. A. will be the honorary chairman, and the character of the program will be of distinct interest, terminating with an address by a member of the Rockefeller Foundation with a subject most timely, "Dentistry as a Health Service."

Entirely different subjects than were presented on the previous day, and by another group of internationally known authorities, will fill the time of Tuesday afternoon's session, while in the evening there will be a repetition of the pageant. For those who had attended this novel entertainment on Monday evening, the Entertainment Committee will have completed arrangements for a dinner dance which will be punctuated with novel surprises. The final morning session will be one of academic significance. It will be at this session, and before the delegates from the invited dental and medical schools, from the state and city societies, as well as from the specialist groups from our own and from kindred professions, and our rank and file, that we shall witness

the conferring of honorary degrees. The University of Maryland will be in charge of this occasion, and with the dignified atmosphere of such a cultural setting we will fittingly terminate the third and last of these morning sessions. Wednesday afternoon will again bring us together for the last of the scientific presentations by distinguished essayists who will participate in this closing session.

During the entire three days of scientific sessions, there will be a constant presentation of moving pictures, both in color and the regular film, sent by the leading dental schools and dentists of the country. Thousands of feet of film have been promised. These will all have been previewed and correlated, and together with films now in the making will give us an up-to-date departure in modern teaching that should be appreciated. The showing of these films will in no way interfere or conflict with another part of the program, but will act rather as a supplementary contribution intensifying the interest in the various subjects of the essayists.

Immediately surrounding the historic display on the main floor, and on the same floor, will be found the manufacturers' exhibits, which, according to all indications, will be the finest ever shown at any dental meeting, and will include, together with the usual displays, actual office and operating room furnishings picturing the physical advancement made during the decades of the century.

Incidentally, entertainment has not been forgotten and plans are being formulated that will include this important consideration, both for our membership and for the ladies as well.

We do desire you to appreciate that the Centennial Celebration promises more than an opportunity to pay just tribute to the founders of our professional education, literature and organization. It will bring together the most outstanding intellects of the profession of today, and will give an opportunity to hear

of and to see the latest developments in every phase of dental art and science. It will, in short, be a post-graduate course in dentistry with men of world-wide reputation presiding and lecturing in the sections arbitrarily set up to cover each and every phase of dental practice.

Your Committee is endeavoring to make this Centenary an occasion of occasions in dental history, and we want you to anticipate it, not simply as another dental meeting, but rather as a celebration that can occur but once, and which offers, together with the pleasure and profit that will accompany attendance at such unusual programs, the renewal of old friendships that could be accomplished in no other way. So arrange your schedules that you will be able to join with us on March 17, 18, 19, 20, 1940, marking these dates as days for a pilgrimage to Baltimore, the Mecca of Modern Dentistry.

RESEARCH FELLOWSHIPS AND GRANTS-IN-AID OF THE AMERICAN COLLEGE OF DENTISTS

PURPOSE

The American College of Dentists offers *The William John Gies Research Fellowships* and *Grants-In-Aid* for the purpose of assisting, especially citizens of the United States of America or Canada, in the prosecution of problems in dental research.

The *Research Fellowships* and *Grants-In-Aid* are intended principally for those who are in the early stages of preparation for their life work and who express the intention of pursuing a career in one of the preclinical sciences fundamental to dentistry as teachers and investigators in dental schools or other institutions, or those who desire to approach problems in clinical dentistry through a discipline in one of these sciences.

The *Research Fellowships* and *Grants-In-Aid* are not intended primarily for those already well established professionally, but are designed to be of help particularly to young teachers and investigators with a dental degree, who are in need of small financial subsidies to study laboratory or clinical research problems.

A study of problems of socio-economic importance to the dental profession may be supported by either the assignment of *Research Fellowships* or by *Grants-In-Aid*.

RESEARCH FELLOWSHIPS—GRANTS-IN-AID

A *Research Fellowship*, based on a service period of ten months, shall carry with it a stipend of not more than \$1000.00 for a single person nor more than \$1200.00 for a married person.

The money appropriated for any *Grant-In-Aid* shall ordinarily not exceed \$500.00.

The appropriation of moneys for *Research Fellowships* and *Grants-In-Aid* shall be made by a sub-committee of the Com-

mittee on Dental Research appointed by the Chairman. This subcommittee, designated hereafter as the *Research Fellowship Board*, shall consist of four members in addition to the Chairman and Secretary of the Committee on Dental Research. Recommendations of the *Research Fellowship Board* shall be presented to the Board of Regents for consideration and approval. Four favorable votes are necessary for a recommendation to the Regents of an assignment of a *Research Fellowship* or a *Grant-In-Aid*.

USE OF THE MONEYS APPROPRIATED

Moneys are appropriated as *Grants-In-Aid* for the purpose of providing special materials and equipment peculiar to the project which are not otherwise available.

The entire stipend of the *Research Fellow* is designed primarily to enable the recipient to conduct research in a well-equipped laboratory unless the *Research Fellowship Board* specifies that a certain part of it be expended to provide special materials or equipment.

Under exceptional conditions and at any time the *Research Fellowship Board* may recommend the allocation of a sum not to exceed \$100.00 to a worthy individual engaged in research whose financial condition warrants it. The name of the recipient shall not be published and shall be known only to the Research Fellowship Board and to the Board of Regents.

DURATION OF APPOINTMENT

Research Fellowships and *Grants-In-Aid* shall be for one year only.

Application for a Research Fellowship or a Grant-In-Aid

- i. In the application there must be included
 - (a) A brief but informative description of the proposed research, or the research in progress.
 - (b) An additional explanation if the research in question has been previously supported from any other sources.

- (c) A statement of the source and the amount of any other aid being received for this specific project.
- (d) The reasons why the grant is needed and a list of proposed expenditures.

Research Fellowship and Grant-In-Aid funds will be transferred to and disbursed by the financial comptroller of the institution to which the recipient of a *Research Fellowship* or *Grant-In-Aid* is attached.

2. The Research Fellowship Board will consider each application with care, but shall not be required to assign reasons for not recommending a *Research Fellowship* or *Grant-In-Aid*.
3. All applications must be sent to the Chairman of the Research Fellowship Board who will prepare copies for distribution to the other members of the Board.
4. Each application should be accompanied by a summary of training and previous experience in research together with a carefully prepared list of the applicant's publications. Reprints and manuscripts should be submitted whenever possible.
5. Each applicant for a *Grant-In-Aid* or a *Research Fellowship* shall secure an advisor, acceptable to the Research Fellowship Board and preferably attached to the institution at which the work is to be done. This advisor shall sign the application jointly with the applicant, attesting his belief in the accuracy of the statements in the application and shall agree, if a grant is made, to act as advisor to the applicant during the period of the grant.

OBLIGATIONS OF THE RECIPIENT OF A RESEARCH FELLOWSHIP
OR GRANT-IN-AID

An applicant must, within thirty days of notification, signify in writing his acceptance of the terms of the grant. Appropriations once made and accepted shall be used solely for the purpose

for which the *Research Fellowship* or *Grant-In-Aid* was given, unless written permission to use them for a different purpose is obtained from the Research Fellowship Board through its Secretary.

It is understood that every recipient of a *Research Fellowship* or *Grant-In-Aid* agrees to account for all expenditures at the time of expiration of the Research Fellowship or Grant or at any time the Research Fellowship Board may require.

Any part of the funds not needed for the investigation for which the application was originally made shall be returned to the Research Fellowship Board at the expiration of the period for which they were granted.

It is expressly understood, furthermore, that all equipment or unused materials obtained by the recipient with money granted the recipient of a *Research Fellowship* or *Grant-In-Aid* shall be regarded as the property of the American College of Dentists. Such equipment or materials, or the value thereof, shall be returned *on demand* of the Secretary of the Research Fellowship Board at the expiration of the grant unless either the Fellowship or Grant is renewed, or, following a request from the holder of the equipment or materials, written permission from the Secretary is obtained to retain the materials or equipment temporarily or permanently.

Every recipient of a *Research Fellowship* or *Grant-In-Aid* shall send to the Secretary a brief account of the progress of the investigation aided by the moneys allotted. This report shall be in the hands of the secretary of the Research Fellowship Board not later than one month prior to the expiration of the grant.

PUBLICATION

The Committee on Dental Research is aware of the fact that not every investigation yields publishable results. On the other hand, if the results of any investigation are publishable it is understood that the recipient of any *Research Fellowship* or *Grant-*

In-Aid may publish them without restrictions, in periodicals or journals approved by the American College of Dentists. "Without restrictions" is construed to mean that no attempt shall be made to patent the results or make gain from them individually or for any institution, excepting the American College of Dentists which may exercise the right of patent and only for the purpose of preventing exploitation of the public.

Part of a Grant-In-Aid may be used toward the expense of publication of research done under such grant, or an additional grant for such purpose may be made.

Any publication resulting from aid granted by the American College of Dentists, through its Committee on Dental Research, should carry a note to the effect that the research was aided by a "Grant from The William John Gies Fund of The American College of Dentists" or while a "William John Gies Research Fellow of the American College of Dentists."

Ten reprints of each publication resulting from aid given the author through either a *Research Fellowship* or a *Grant-In-Aid* shall be sent to the Chairman of the Research Fellowship Board of the American College of Dentists.

MEMBERS OF THE RESEARCH FELLOWSHIP BOARD

(Sub-Committee of the Committee on Dental Research of the American College of Dentists)

Arno B. Luckhardt, M.S., Ph.D., M.D., LL.D., Sc.D., 5216 Greenwood Ave., Chicago, Ill.

L. R. Main, D.D.S., Metropolitan Bldg., St. Louis, Mo.

Irvine McQuarrie, Ph.D., M.D., Professor of Pediatrics, University of Minnesota, Minneapolis, Minn.

Alphonse M. Schwitalla, S. J., Dean, St. Louis University, School of Medicine, St. Louis, Mo.

Paul C. Kitchin, M.S., D.D.S., Secretary, 474 East Dunedin Road, Columbus, O.

Albert L. Midgley, D.M.D., Sc.D., Chairman, 1108 Union Trust Bldg., Providence, R. I.

All communications and requests for application blanks should be addressed to the Chairman of the Committee on Dental Research of the American College of Dentists, no latter than December 1st.

A LETTER TO THE FELLOWS OF THE COLLEGE
ADDRESSED TO OTTO W. BRANDHORST,
SECRETARY

The Subsection on Dentistry of the American Association for the Advancement of Science plans to hold a meeting with the A.A.A.S. on December 30, 1939, at the Ohio State University, Columbus, Ohio.

This Subsection on Dentistry includes the membership of the following dental groups: International Association for Dental Research, American Dental Association, American Association of Dental Schools and the American College of Dentists. The success of the dental section of this great body of scientists of the United States depends upon the presentation of worthwhile papers on dental subjects at these meetings.

As the Secretary of the American College of Dentists, the Executive Committee of the Subsection is requesting you to present this matter to your group at the next convenient opportunity and to give this meeting publicity in your official publication.

It is intended that a part of the dental Subsection program shall be a symposium on the subject of definite oral manifestations of systemic disease. The Executive Committee will be glad to consider contributions to the program.

PAUL C. KITCHIN,
*Secretary, Subsection on Dentistry, A.A.A.S., Ohio State
University, College of Dentistry, Columbus, Ohio.*

NOTES AND COMMENTS

THE JOURNAL OF DENTAL RESEARCH

For several years, Fellows of the American College of Dentists have been receiving without charge the Journal of Dental Research. This was made possible by the fact that an annual contribution was made from the treasury of the College to the current expenses of the Journal of Dental Research.

Since 1938, however, this same contribution has been paid to the Wm. J. Gies Endowment Fund for the Journal of Dental Research and cannot, therefore, be used for current expenses. Furthermore, those responsible for the Journal of Dental Research find that it is quite impossible to continue to send the Journal of Dental Research gratis, and have therefore advised the Regents of the necessity of discontinuing same.

The Regents have found the position taken by the Committee of the Journal of Dental Research to be logical and therefore urge upon the Fellows of the College to subscribe for the Journal of Dental Research through its editor, Dr. H. B. G. Robinson, 4559 Scott Ave., St. Louis, Missouri, or through the writer, who will be glad to take care of it for you. The subscription price (group rate) is four dollars (\$4.00) per year. No cause is more worthy.

O. W. BRANDHORST,
Secretary, American College of Dentists.

* * *

THE JOURNAL OF DENTAL RESEARCH—WM. J. GIES ENDOWMENT FUND

This committee is continuing its activities, having now perfected its organization to reach every member of the profession.

Circulars have been printed, one of which we hope will reach the hands of every member of the American Dental Association. The states have been arranged in groups, each member of the committee assuming responsibility for a certain group, calling upon each state to organize a committee. In addition, a Fellow of the College within each state has been asked to assist, and the Trustees have been asked to urge solicitation upon the different states within his district. Let's all work together to the end that this fund may be raised. Information desired may be had from the chairman, John E. Gurley, 350 Post Street, San Francisco.

* * *

AMERICAN DENTAL ASSOCIATION

RESEARCH COMMISSION'S VOLUME ON DENTAL CARIES

This volume on Dental Caries, a compilation of the result of researches to date, is one of the projects resulting from the Centenary Celebration to be held in Baltimore in March.

A commission has been appointed by the American Dental Association, under the direction of Dr. William J. Gies, to collect this material, which consists of 195 summaries. These 195 summaries are reports or conclusions by 195 different researchers all over the world. Out of this total we should be able to arrive at some conclusion as to why teeth decay.

It is now almost in final form for publication; every member of the profession should anxiously await its distribution.

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*

ADVERTISEMENTS

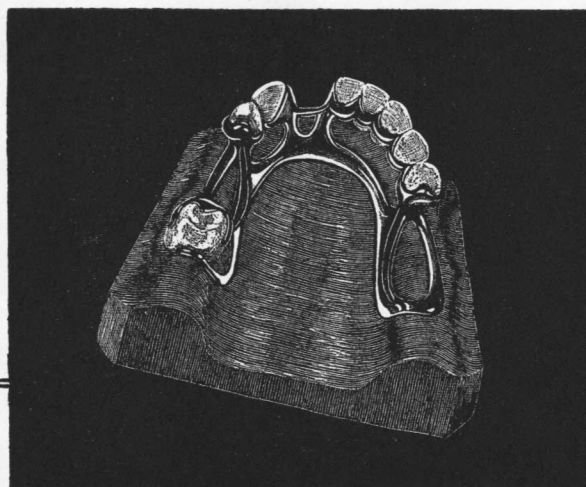
welfare of the consumer is our paramount consideration. In accordance with the recommendation of the American Association of Dental Editors, the placement of advertisements will be restricted to the advertising section.

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 confidentially 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.

WHAT PRICE *Superiority?*



Each pennyweight of Williams XXX (with Indium) Partial Denture Casting Gold represents more than just a carefully alloyed combination of dentistry's finest metals. It represents years of patient metallurgical research, years of careful study into the rigid requirements which dentistry has a right to place upon a prosthetic metal...Throughout these years Williams XXX (with Indium) has been progressively improved to its present high standard of quality, workability, durability...The Williams Gold Refining Co., Inc., Buffalo, N. Y.

Williams **XXX** WITH *Indium*

PARTIAL DENTURE CASTING GOLD

AMERICAN COLLEGE OF DENTISTS

STANDING COMMITTEES (1939-1940)

Centennial Celebration (establishment of dentistry as a separately organized profession—1939-40)—Harold S. Smith, *chairman*; Harry Bear, J. H. Ferguson, D. F. Lynch, Waldo Mork.

Certification of Specialists—H. C. Fixott (44), *chairman*; Max Ernst (42), C. O. Flagstad (41), J. O. McCall (43), E. W. Swinehart (40).

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Oral Surgery—M. W. Carr (41), *chairman*; E. R. Bryant (42), J. R. Cameron (40), C. W. Freeman (44), W. I. Macfarlane (43).

Dental Relations—J. O. Goodsell (43), *chairman*; L. E. Kurth (41), T. E. Purcell (44), Nathan Sinai (40), Wilmer Souder (42).

Socio-economics—C. E. Rudolph (43), *chairman*; E. H. Bruening (44), Wm. R. Davis (41), B. B. Palmer (40), M. W. Prince (40), Maurice William (44), Geo. W. Wilson (42).

Nominations—P. V. McParland (40), *chairman*; E. N. Bach (41), G. M. Damon (44), H. O. Lineberger (43), H. W. Titus (42).

Announcements

Section Representatives' meeting: Pennsylvania Hotel, New York City, Sunday, December 3, 1939.

Special Convocation: Baltimore, Md., Sunday, March 17, 1940.

Regular Convocation for 1940: Cleveland, Ohio, Sunday, September 8, 1940.

Fellowships and awards in dental research. The American College of Dentists, at its annual meeting in 1937 [*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." *J. Am. Col. Den.*, 5, 115; 1938, Sep.]

JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

Issued quarterly. Subscription price: \$2.00 per volume. Presents the proceedings of the American College of Dentists and such additional papers and comment from responsible sources as may be useful for the promotion of oral health-service and the advancement of the dental profession. Address: Journal of the American College of Dentists, 350 Post St., San Francisco.

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