

JOURNAL OF 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 1939-40 (between convocations):—(1) *Kentucky*: Sep. 25, '39; June 12, '40. (2) *Northern California*: (3) *Maryland*: Jan. 10, '40. (4) *New York City*: Oct. 27, '39. (5) *Minnesota*: Feb. 21, June 15, '40. (6) *New England*: (7) *Wisconsin*: Nov. 12, '39; Apr. 21, '40. (8) *Colorado*: June . . , '40. (9) *Pittsburgh*: Nov. 29, '39. (10) *Iowa*: May 6, '40. (11) *Illinois*: Dec. 11, '39; Feb. 11, May 9, '40. (12) *St. Louis*: Oct. 23, '39. (13) *Oregon*: Oct. 14, Dec. 9, '39; Mar. 9, June 8, Sep. 14, '40. (14) *Texas*: Apr. 10, '40. (15) *Florida*: Oct. 12, '39. (16) *Indiana*: Jan. 8, '40. (17) *Southwestern*: (18) *Washington, D. C.*: Oct. 30, '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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DENTISTRY THROUGH THE CENTURIES

J. BEN ROBINSON, D.D.S., *Baltimore, Md.*¹

The incident of the beginning of institutional dental education, which has long been regarded as the event in dental history that marks the origin of dentistry as a profession, cannot be isolated and studied effectively without regard for its antecedents and for the evolutionary processes that set the stage for its inception. The influences that functioned to project the first college cannot be rightly interpreted unless there is a clear understanding of the forces that consciously or unconsciously had operated down through the ages to create the concept back of its establishment. In studying the problem of dentistry's independent professional status we are aided greatly in our understanding if we trace the history of the processes that operated to produce it.

The beginnings of formal dental education and professional independence have been carelessly confused with medical education and medical attitudes. Various interpretations have attempted to explain the autonomy of dentistry on the grounds that the University of Maryland, School of Medicine, denied dentistry a place in the medical curriculum because "the subject of dentistry was of little consequence and thus justified their unfavorable action."² In view of the widespread belief in this legend and its unquestioned acceptance by both medicine and dentistry it is little wonder that commentators refer to dentistry as "an outcast", "a pariah", "an errant child", or, better still, the illegitimate child of a medical rape. For years no one inquired into the truth of this concept; as a consequence it was per-

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²Simon, William: History of the Baltimore College of Dental Surgery. Fourth International Dental Congress, St. Louis, Missouri, 1904. Reprint, p. 11.

mitted to gain credence until finally both medicine and dentistry conditioned their efforts to solve the problem of medico-dental relations on the basis of medicine's presumed contempt for dentistry. The results of recent investigation indicate that the University of Maryland is entirely innocent of any act of indifference which may have embarrassed the beginning of dental education and that autonomous dental education and dentistry's independent professional status resulted from deeper and more profound causes than the mere act of a few short-sighted individuals.

Institutional dental education made its appearance with the founding of the Baltimore College of Dental Surgery in 1840; but this event did not mark the separation of dentistry from medicine. It is important to remember that dentistry did not have a spontaneous beginning. The tendency of dentistry to separate from medicine appeared far back in history as a result of the influence of natural forces that stimulated dentistry's beginning and conditioned its growth. These forces began to operate long before the time the University of Maryland was accused of rejecting dentistry, and continued to operate down through the centuries, to bring into existence ultimately a separately organized specialty of medical practice. The fundamental factor involved in this separation was the peculiar nature of the therapeutic measures involved in oral health service, measures which could not be included successfully in the scheme of conventional medical practice.

From the earliest times of which we have knowledge medicine had included in its art of practice suitable attention to the treatment of oral diseases; but the classical civilizations of Greece and Rome made the first direct contributions to the foundations of dental science. During the period of Greek and Roman supremacy there developed a body of scientific knowledge that has served as the foundation for a rational art of dental practice, and it was during this era that the groundwork was laid for dentistry as it is known today. Hippocrates, Celsus and Galen all

made profound contributions to the advancement of medical science and to the improvement of the medical art. Their researches included consideration of the factors of direct importance to dentistry, and their discoveries added materially to the scope and usefulness of dental science.

During the period when Greek civilization was at its height the practice of medicine and surgery was conducted from centers called shops. After the secularization of medical practice through the influence of Hippocrates these shops multiplied and gained in popularity. This development naturally promoted interest in all phases of medical practice, and the special field of oral practice was given impetus along with other neglected branches of surgery. This situation probably led to the inception of dentistry as a special branch of medical service.

The existence of a group of oral specialists strong enough to command the attention of leading physicians and surgeons appeared in the eleventh century. Abulcasis, who wrote during the latter part of the eleventh and the early part of the twelfth centuries, definitely refers to an independent group which he characterizes as "silly and foolish barbers". Abulcasis, one of the truly great surgeons of history and one of the few who gave careful attention to the problems of the oral cavity, developed through diligent care a technique for oral treatment based upon the same sound procedures that guided him in all his work. There is abundant evidence to be found in his writings to prove the existence at that time of a special group known as "barbers" which had achieved both importance and strength.

Between the eleventh and fourteenth centuries much progress was made by the oral specialist. The great surgeon, Guy De Chauliac, not only recognized the existence of oral specialists, whom he referred to as "dentators", but took an opposite view to that of Abulcasis, conceding them the right to perform the operations for which they had specially prepared themselves. Guerini states, "Guy observes that operations on the teeth are

particular (proper) to barbers and to 'dentatores' to whom doctors have abandoned them."³ Guy recognized the duties of this special group and noted that their scope included not only hygienic treatment, the use of medicaments, and surgery but also the filling of teeth and so-called "manual operations". It is quite apparent that at this time there was a well-defined group of specialists devoting their time to the treatment and repair of oral organs, and Guy suggests that this group had arisen because doctors had deferred to them in all matters involving the oral cavity. While a clear differentiation of dentistry must have taken place much earlier—even during the era of Roman supremacy—it remained for medical authorities of the fourteenth century to recognize it officially.

The term "dentista" was first used to distinguish the dentist as a specialist in 1461. By the middle of the sixteenth century it was in common use. During the same period the importance of the services rendered by the practical dentist had improved in esteem to the point where the eminent surgeon, Giovanni of Vigo, admitted the need for the dental specialist in these words: "For this operation [extraction] there is need of a practiced man, and, therefore, many medical and surgical authorities have expressed an opinion that this operation should be left to expert barbers and itinerant quacks who operate in public places. He, therefore, who desires to perform this manual operation in the best manner will derive great advantage by frequenting men who are expert in performing it and by seeing and impressing well on his memory their manner of operation."⁴ There is reason to conclude from Giovanni's observation that physicians and surgeons were little skilled in dental operations and that there was at that time a competent group of specialists operating on the teeth.

At the opening of the eighteenth century we find a recognized

³Guerini, Vincenzo: *A History of Dentistry From the Most Ancient Times Until the End of the Eighteenth Century*. Lea & Febiger, 1909. P. 144.

⁴Idem, p. 160.

group of oral specialists whose members devoted their time fully to the restoration and repair of teeth, to remedial treatment of oral lesions and to the surgical treatment of oral structures. This group had developed independently of medicine after the latter had abandoned interest in the special therapeutic measures involved in oral treatment. Some writers have insisted that medicine's unconcern was induced by a lack of respect for the mechanical procedures incident to dental practice; others have contended that medicine was conscious of the importance of a competent oral health service but because of the highly technical character of most of the therapeutic measures involved in dental operations, could not include them in its training for medical practice. Therefore, medicine abandoned them completely to a special group that gave promise of meeting fully the problems of health involved in the oral cavity. From the early eighteenth century dentistry was in form and substance an autonomous profession.

Pierre Fauchard lived during the first half of the eighteenth century. He is to dentistry what Hippocrates is to medicine. He assembled a body of knowledge derived from many sources, and through his remarkably creative ability produced a truly scientific art of dental practice. He made many worth-while original contributions to the dental art, laid down fundamental rules for guidance in practice, and fixed standards of service that clearly identified the specialty of dentistry as we know it today. He wrote extensively on every phase of dentistry, including reference to the medico-dental relations: "The authors who have written on anatomy, on surgical diseases and operations, have only treated very superficially the part relating to maladies of the mouth and teeth. . . . Besides, there does not exist any public or private course of surgery in which the theory of dental maladies is amply taught and in which one can receive fundamental instruction in this art, so necessary for the healing of these maladies and of the neighboring parts.

"This branch of the art having been but little cultivated, if

not wholly abandoned by the most celebrated surgeons, their negligence has caused it to fall into hands of persons without theory and without experience, who practiced it in a haphazard fashion, guided neither by principles nor method. In Paris, it is only since 1700 that people's eyes have become opened to this abuse."⁵

This evidence reveals that the interest which conventional medicine had taken in problems of the oral cavity was on the wane, and that little or nothing had been done to provide educational opportunities for the practical dentist. Books on surgery antedating Fauchard contained little of value to the dental surgeon; such indifference on the part of competent scientific men had served to debase the dental art and had caused it to pass into the hands of incompetent, uneducated pretenders. Fauchard fearlessly and vigorously attempted to supply the deficiencies resulting from medicine's indifference, to stimulate activity among the more competent practical dentists in order to bring about a higher standard of skill and to reclaim oral surgery from the incompetent hands into which it had fallen. He was successful in laying the groundwork for the ultimate recognition of dentistry as an independent profession.

The eminent John Hunter was another who made important contributions during the eighteenth century to the strength and character of dentistry. While Fauchard systemized and rationalized the art of dental practice, John Hunter devoted himself so effectively to a study of the structures, functions and diseases of the human teeth that he placed the subject of dentistry on a truly scientific foundation. Guerini says: "His *Natural History of the Human Teeth* (London 1771) and his *Practical Treatise on the diseases of the teeth* (London 1778) initiated in English a new epoch for the dental art, which, abandoning its blind empiricism,

⁵Fauchard, Pierre: *Le Chirurgien Dentiste, on Traité Des Dents*, 1728. Preface, p. V.

began to take its stand on the basis of rigorous scientific investigation."⁶

Although Hunter contributed more than any other researcher to the science of dentistry, he also committed grave errors that hindered the progress of the art for many years. He was a general surgeon and not a practical dentist: he did not have clinical opportunities to test the validity of his theories; consequently his conclusions, based on theory, were often erroneous, and these errors, supported by his unusual reputation, were extremely harmful and too long perpetuated.

Hunter insisted on placing limits on the assumed capabilities of practical dentists. While he conceded to the dental surgeon the right to perform certain operations, he reserved to the general surgeon the right to operate on what he saw fit to call the more difficult cases, although the difference was a matter of degree and not of principle. Through this attitude he unconsciously contributed to the lack of esteem in which the practical dentist was held. He was doubtless honestly motivated through a fear of the harm that might be done by those who lacked necessary qualifications; yet this attitude reflected unfavorably on the better educated, more competent dentists of whom there were many in his day. Despite his obvious mistakes Hunter added tremendously to the science of dentistry. His achievements in science, when brought in relation to Fauchard's improved art of practice, constituted a sound base upon which a competent independent branch of health service was soon to be superimposed.

The nineteenth century opened auspiciously for the practical dentist. The eighteenth century had been a period of preparation. There had been a marked increase in the number of competent, well qualified dentists; there had been also substantial improvements in dental literature and a growing professional consciousness that was slowly but surely leading up to develop-

⁶Guerini, Vincenzo: *A History of Dentistry*, etc. P. 318.

ments that would mark dentistry as a separate profession. The preceptorial form of education had begun in the eighteenth century and was at high tide at the opening of the nineteenth. The better educated dentists admitted to their offices promising young students to whom they taught the science and art of dentistry in its best form. Courses of lectures on dentistry were given in the University of Maryland, School of Medicine, from 1823 to 1825, where students pursuing the art were encouraged to study its science. This circumstance was highly important since it led directly to the founding of an independent dental college. Dental literature had gained strength and prestige through the diligence and interest of dentists in Europe, as well as by a number of outstanding contributions by American dentists. But of equal importance was the recognition of dentistry as a specialty of medicine by the Medical and Chirurgical Faculty of Maryland in 1805. The Charter founding that institution was interpreted legally to include dentistry as a specialty of medicine, and under the licensing feature of the Charter dentists were examined and licensed to practice the art of dentistry in Maryland. This act on the part of the Medical and Chirurgical Faculty conferred upon dentistry recognition of autonomy that had existed in fact for many years and which was universally recognized only a few years later.

Dental education, literature and organization were not spontaneous developments of 1840. They had existed in a formative state for many years, had been encouraged passively by medicine for a long time, and had been contributed to by medical researchers without discrimination. These fundamental elements were fully established during the period 1839-40. In 1839 the *American Journal of Dental Science*, the first dental periodical, was given to the profession and served as the beginning of what is now a broad and useful literature. The Baltimore College of Dental Surgery was chartered by the Maryland Legislature,

February 1, 1840. The original plan of formal dental education closely resembled the plan of instruction in the medical schools of the period. The resemblance of its pattern of education to medicine's indicates that the two are by nature very similar—identical in their biological foundations, divergent under the influence of the peculiar nature of their special therapeutic measures, but parallel in their arts of practice. The American Society of Dental Surgeons was derived from the influence exercised by the Medical and Chirurgical Faculty of Maryland on its dental members.

Two important conclusions may be drawn from the facts of dental history. The first is that the physician, the surgeon and the medically trained dentist had little direct part in the evolution of the profession. The belief that dentistry was scorned by medicine and that its appeal for educational opportunities in the medical program was rejected, may be regarded, in the light of newer knowledge, as entirely false. It becomes the responsibility of the dental profession to educate itself to its true nature and character and having done so to educate the other professions and the public, that they may understand that dentistry is not an "errant child" but a legitimate self-determining profession over which medicine has exercised little influence for or against.

Another conclusion is that dentistry cannot be made a part of conventional medical training without injury to the quality of service which it is expected to render. No one familiar with the evolution of dentistry and the causes that operated to establish its autonomy can fail to realize the significance of the natural separation between the two arts of practice. I cannot express better my interpretation of the medico-dental relation than to quote from a former address: "It is all well and good to argue that the *art of dentistry* should approximate in character the *art of medicine* as an aid in the solution of oral health problems.

But to the careful observer it is clear that they can be brought only so near, after which the nature of one becomes intolerable to the nature of the other; this point is reached when the intricate problems of dental practice are not understood by medicine or when under the most favorable circumstances the medical curriculum cannot develop in the student, the dentist's art without altering the traditional concept of medical education. The restorative and reparative procedures in oral treatment that were not and could not be mastered by the physician without special training were the first cause of the separation of dentistry from medicine. This characteristic difference will continue to serve as a natural barrier to their union. As a consequence, these two arts cannot merge without injury to both; they can and should parallel as separate useful branches of the healing art."⁷

The future of dentistry depends largely upon the intelligent understanding which dentists have of the genesis of their profession and upon a strict conformity of professional policies and activities to the fundamentals which served to bring dentistry into being.

⁷Robinson, J. Ben: *The Motives and Purposes of Undergraduate Dental Education*. Read before the Harvard Odontological Society, Boston, Feb. 15, 1939. See *J. D. Educ.*, 4, 27; 1939, Oct.

AMERICAN COLLEGE OF DENTISTS

OPPORTUNITIES IN HOSPITAL INTERNSHIP FOR DENTAL GRADUATES¹

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Chairman, Committee on Oral Surgery

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I. INTRODUCTION

Hospital internship is now recognized as a useful means of rounding out the students' undergraduate dental education, and as a basis for further training leading to specialization. Osler was one of the first to recognize the importance of close cooperation between teaching institutions and hospitals, and said that the hospital is the only proper college in which to rear a true disciple of Aesculapius.

Owing to advances in medical and dental science, and in pedagogics, recent graduates of university dental schools have obtained a far better training than former graduates, in the examination and care of patients, and in medico-dental relations.

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939. Read by Chas. W. Freeman, D.D.S. See also Report to Regents, Oral Surgery, *J. Am. Col. Den.*, 6, 360; 1939, this issue.

²The other members of this Committee (1938-39): E. R. Bryant, J. R. Cameron, C. W. Freeman, W. I. Macfarlane.

As a result of these improved educational methods a closer union has developed between hospitals and dental schools and it is apparent that the usefulness of dental internships has reciprocally expanded for both the dental intern and the hospital.

II. EDUCATIONAL METHODS

Although hospitals that provide dental internships have developed improved educational methods, the recent progress suggests that the possibilities in this relationship have not yet been generally appreciated, and are now only at the beginning of their development. The representatives of that group in the dental profession who are assuming responsibilities in an authoritative way for the creation and maintenance of basic standards in hospital dental service and the training of the dental intern, are becoming a marked group in our profession. Whether these responsibilities are assumed by local forces of circumstances or by choice, the creative features and the results obtained make this work a fascinating field and the training of an intern staff is one of the most important duties and privileges of those who direct hospital dental services.

III. RELATIONSHIP OF DENTAL SCHOOLS TO HOSPITALS

Adequate leadership is a requirement for success in the administration of a hospital dental service and for the training of the intern. However, the foundation work must be done in the universities and especially in the dental schools before the student begins his internship. Few dental schools maintain useful relationships with hospitals and, as a rule, dental students receive very little clinical instruction outside the dental infirmaries. Furthermore, if dental students had gained some conception of the organization, policies and administrative procedure of hospital dental service, they would be better able to appreciate and support certain basic standards of hospital administration.

There are manifold opportunities afforded by the hospital to

the dental intern. Upon arrival at the hospital the intern immediately realizes that he is surrounded by a different environment than any with which he has previously been in contact, and the adjustment to this environment is not always readily accomplished, particularly in the absence of some fundamental undergraduate training. The intern also realizes that the hospital offers new fields of opportunity, and although it is true that a person gains knowledge in proportion to his ability to absorb, it is a difficult matter for the intern to know how, exactly, to take advantage of these opportunities. One of the first responsibilities of the director of the service should be to orient the new intern to this entirely changed environment and also immediately to direct his attention to the many opportunities that lie ahead. These are limited only by the intern's physical and mental capacity.

IV. OBJECT OF INTERNSHIP

Fundamentally, internship *per se* was established for supplemental training of the intern and not primarily for the advantage of the hospital, or for the convenience of the attending staff. Opportunity should immediately be made available for the first-year intern, for supplemental clinical training in diagnosis and technical operative procedures in which he has received fundamental training during his undergraduate course. Then, as rapidly as possible, this training should be expanded so as to include collateral training in various phases of the principles of clinical medicine, in which he has had little or no experience, and later into fields of research.

Dental internships are not required by law, therefore, it is generally true that recent graduates who seek internships do so to broaden their clinical experience, or to prepare for specialization or research. Men having this sincerity of purpose deserve encouragement and training—the obligation to train and to inspire them cannot be overemphasized. Furthermore, the dental

graduate who devotes a year to hospital internship should certainly be afforded the opportunity of gaining collateral medical knowledge and experience which is not included in the undergraduate dental curriculum, and should not be required to spend the entire year as an assistant in the out-patient dispensary pursuing routine dental procedures.

V. HOSPITAL DENTAL SERVICE

Basically, the intern should be given the opportunity to gain as much practical experience as possible offered by the Department of Dentistry. Hospital dental services vary considerably as to scope or limitation of dental operations performed. However, whatever may be the scope of dental service offered by the department, whether it be a service that offers experience in all the branches of dentistry or whether it is limited exclusively to oral and maxillo-facial surgery, the intern should receive adequate instruction in the fundamentally dental procedures. By sufficiently prolonged clinical experience one becomes capable and proficient, granting he has the aptitude, and he may even excel. Experience not only develops proficiency in technical ability, but teaches also the equally important lesson of judgment which makes clear boundaries and limitations.

Special consideration should be given to the relation of oral sepsis to systemic disease, and to the oral (secondary) manifestation of systemic disease. If the hospital dental service is essentially oral surgery, the intern should be well trained in clinical surgery, surgical pathology, and histopathology.

VI. HISTORY TAKING

Interns should be trained to record accurately, and be required to keep detailed records of special cases selected for clinical research. Blumer³ emphasizes the fact that, from a medical point

³Blumer, George, M. D., Some Discursive Remarks on Bed Side Diagnosis, *Yale J. of Biology and Medicine*, 6, 571; 1934.

of view, case records are important not only as a basis for study of disease, but also as a means of self-education. He also wrote:

"It is often, after all, a rather difficult matter to put an adequate and satisfactory history on paper. It is an art in itself and is only acquired by experience and practice, not merely practice in history-taking itself, but experience in the physiognomy of disease and in the natural history of the common maladies. I have the feeling that in many of our hospitals the intern's attitude of indifference to case records is fostered by the shortcomings of the visiting staff. . . . They, too, do not always realize that the habit of putting down one's observations in writing not only increases descriptive powers but develops capacity for observation and clarifies one's own concept in a given case."

Members of the attending staff should allow sufficient time during the daily round for instruction of the intern and adequate arrangement should be made for holding special clinics, particularly follow-up clinics for the interns, clinical meetings and clinical lectures. The interns should be required to attend clinico-pathological conferences and general staff meetings, and take an actual part in the preparation, presentation and discussion of case reports. They should be trained in staff organization and in the importance of the staff conferences which will develop the necessary qualities of leadership. The intern should be encouraged to read dental literature in connection with their case reports and articles should be assigned in the library journals for special study. They should also be encouraged to become familiar with the medical literature and to correlate this phase of their work with the opportunities which should be afforded them in collateral medical fields.

VII. THE SECOND-YEAR RESIDENT

The intern, and particularly the second-year resident, should be given adequate pathological laboratory training. It is preferable that he be trained to do routine laboratory work for patients on his service. He should at least be trained in numerical and differential blood counts, routine bacteriological smear prepara-

tions, and histopathological tissue preparations. He should be present at autopsies, and under appropriate circumstance, should be permitted to assist the pathologist. He should receive formal instruction in general anesthesia and if possible be certified by the Department of Anesthesiology.

Dental interns should also be extended the opportunity of special instruction in the principles of medicine and physical diagnosis. They should attend the medical and surgical rounds, take part in the general discussion, and finally, they should become familiar with general operating room technic and, if possible, be permitted to assist as second or even third assistant in general surgery. This would give the oral surgical intern valuable experience in the principles of surgical technic, which may be very well applied in many ways to oral or maxillo-facial surgery.

VIII. CONCLUSION

Thus, various measures of educational value will be developed, which will result not only in a better and broader training of dental interns, but also in providing the best possible care of patients. Such activities unavoidably create new opportunities, transforming the hospital into an excellent continuation school and preparing the dental graduate for better service in his practice.

AMERICAN COLLEGE OF DENTISTS

UNDERGRADUATE DENTAL EDUCATION¹

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Chairman, Committee on Education²

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I. INTRODUCTION

For several years we have been concerned about certain unsettled conditions in dental education. These had to do with the long drawn out process of reorganization of the Dental Educational Council of America to form the new Council on Dental Education. The majority of dental schools have been in the readjustment period of changing to the 2-4 plan which was approved by the American Association of Dental Schools in 1934. Perplexing problems have faced these schools. In 1936 the American Association of Dental Schools adopted tentative admission requirements and included in them a resolution that, during a two-year trial period, regulation by any standardizing group should not be imposed. It was generally understood that, when and if the reorganization of the Dental Educational Council was accomplished, there would necessarily be set up certain standards which would have to be met by all schools seeking approval of that organization. Among the standards would be those pertain-

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939. See also Report to Regents, *J. Am. Col. Den.*, 6, 357; 1939, this issue.

²The other members of this Committee (1938-39): J. T. O'Rourke, F. W. Hinds, L. M. Waugh, R. S. Vinsant, Harry Lyons, J. E. Aiguier.

ing to predental requirements for admission. At the meeting of the American Dental Association in Atlantic City the reorganization of the Council was completed, and all faculties have been looking forward with eagerness to its first report. The withdrawal of the existing rating of schools by the Council in 1938 aroused added interest, and, while admission requirements were important, the educational standards to be set up became of prime interest.

II. OUTLOOK FOR DENTAL EDUCATION

In March of this year the Council presented its statement of policy, principles, and criteria. It is to be congratulated for the high standards set up; their attainment in dental education will mark another great step in the steady progress that has been made in the past twenty years. The report shows extensive thought and labor and a keen analysis of the problems that dental education must solve as it takes its full place as a "University discipline, conducted in harmony with the purposes and methods of higher education." In the words of a University official having direct contact with dental education—"It is a splendid document from the standpoint of an excellent conception of the educational philosophy which should underlie *any* professional curriculum."

In the light of the increasing responsibilities of dentistry in the field of health service the emphasis of the Council on the balancing of curriculum time to fulfill the growing needs of prevention and treatment is well placed; likewise the need for an increase in the training in medical sciences, in order that there may be a sounder training for the practice of dentistry on a biological basis, and a closer cooperation and understanding with other branches of the healing art.

Worthy of special mention is the attitude of the Council toward the objectives of instruction to the end that students may *find* knowledge, rather than *receive* it, in a way that will allow

them to "avoid the discipline of self-education". In keeping with the same principle is the emphasis on the importance of the utilization of clinical time and material in a manner that will result in actual attainment of education rather than the mechanical fulfillment of a requirement.

It is gratifying to note the somewhat liberal stand taken by the Council on substitution of credits in administering admission requirements. The Curriculum Survey Committee recommended that dental colleges interfere as little as possible with the students liberal arts education. With the former one-year requirement for admission there was little chance for electives, and even with the two-year plan not a great deal of choice is given. A distinct advantage comes, however, in the case of those applicants who have acquired a broad, cultural training, with perhaps no thought in mind of a professional career. They come seeking admission to dentistry with a baccalaureate or even a master's degree. Because of a deficiency in a prescribed course we have, up to this time, been unable to admit them until such deficiencies have been removed. This has obviously been unfair to the applicant, unfair to the school, and educationally unsound. If there were justification for the opinion of the Survey Committee that predental education should be interfered with as little as possible, the result that would naturally follow would be to accept for admission those courses which the applicant had chosen for his cultural training. The Council has recognized the reasonableness of this and, with the exception of chemistry, substitution may be allowed, depending upon the amount of credit presented by the applicant.

The faculties of several schools have been somewhat disturbed over certain specifications in the requirements for admission. It has been pointed out that there is variation in different sections of the country in the semester hour values of some of the liberal arts courses. This is particularly noticed in junior colleges and a complication arises in meeting the six and eight-hour minimum

standards set up by the Council. Another complication arises in the fact that many junior colleges do not offer courses in organic chemistry, thus making it necessary for many of the predental students, who otherwise could prepare themselves with less expense, to take one year at a four-year college. These, of course, are details that the Council can be expected to consider as necessary adjustments are made.

III. DOUBLE STANDARDS IN EDUCATION AND PRACTICE

Your committee feels that critical cognizance should be taken of two proposals which were presented during the past year and which may have important influences on thought concerning the future trends of dental education and practice. Reference here is made to (1) a paper titled, "Possibilities and Means of Improving Dental Conditions in the United States,"³ read by Dr. Guy S. Millberry at the annual meeting of the American Public Health Association in Kansas City, October 28, 1938; and (2) to Dr. R. W. Tench's⁴ presidential report to the Dental Society of the State of New York at their annual meeting in May of this year.

The proposals offered in both of these communications are practically identical in that both propose the creation of a professional entity, within dentistry, of inferior education and training. The authors of these proposals contend that this is the solution of the vexing problem facing the profession in its concern regarding adequate dental care of the public. Dr. Millberry calls attention to the dental hygienist with laudatory comments and suggests that, with a limited amount of additional training, the hygienist could be licensed to perform restorative services under supervision for underprivileged children. Dr. Tench's plan is, in effect, a similar one, proposing to allow those with an inferior preparation to practice the so-called simpler dental procedures

³*Am. J. of Pub. Health*, 29, 321; 1939, April.

⁴*New York Herald-Tribune*, May 11, 1939.

for the low-income populace under supervision of licensed dentists.

Your committee views these proposals with much concern. In so doing, it heartily approves of the protest against Dr. Tench's report registered by the board of governors of the New York Academy of Dentistry. President Arthur H. Merritt was on the committee which offered this protest. The following quotations from their resolutions⁵ seem pertinent:

"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."

With these opinions your committee is fully in accord and proposes that similar resolutions be adopted by the College.

It may be observed that, while the *theoretical* need for dental care is great, the actual demand is not sufficient to keep all those now in the profession fully engaged. A scarcity of dentists does not exist and the proposal to develop an adjunctive professional personnel of inferior training on this supposition is unwarranted.

Your committee is further concerned in regard to the present and future status of the dental hygienist. It may now be observed that the hygienist is being used as an "entering wedge" for a wider licensed adjunctive professional personnel of very limited training. It is important to note that there is a growing tendency to increase their privileges and recent legislation indicates that the trend is being taken seriously by the profession. The dental practice act of Rhode Island has just been amended to make it a cause for revocation of the dentist's license if he permits a dental

⁵Ibid.

hygienist to perform any operation except the cleaning of teeth. A bill was introduced in the Iowa legislature this year which would greatly increase the field of the hygienist, making it possible for her to do as much or more than that provided by the Millberry proposal. The bill was lost in the committee.

Our attention has also been called to this movement in regard to the laboratory technician. The proposals by Drs. Millberry and Tench are in the same category. It is no state secret that the hygienists are frequently exploited in practice beyond their legally established limits of practice. This is a matter of grave professional and public concern. Dental hygienists are now employed in the United States Public Health Service. Should the federalization of practice become a reality under the United States Public Health Service, the hygienist may be forced upon the profession and the public, in a role of far greater importance than now appears in the best interests of all concerned.

IV. JOURNALISM AND THE UNDERGRADUATE

If the standards of professional journalism are important to the practitioner how much more important they should be to the undergraduate student. Your committee has discussed this question in most of its previous reports and, at the risk of being accused of boresome repetition, it wishes to offer further comment at this time.

We note with interest that at the meeting of the American Association of Dental Editors a paper will be presented, entitled, "Should Our Association Sponsor a Publication for Dental Schools?" This indicates an awareness on the part of the association of a need for the proper direction of undergraduates in the matter of the selection of their literature and the stimulation of student writing. This is a step in the right direction.

The matter of professional journalism is one of tremendous importance to the profession. Commercial journalism has flourished in the past and to a great extent has provided all of the

reading material to a great many members of our profession. In the past decade a great deal has been accomplished in the improvement of professional journalism, but there is still much to be done. We realize that there is a need of more high-class professionally controlled journals. At the present time many good papers are lost to literature for the lack of space to publish them. President Merritt pointed out last year the great need in the development of journals to meet the requirements of our growing profession.

In every attempt to start a new professionally controlled journal we are confronted with the problem of financing. That means only one thing, that sufficient demand has not been created to the extent that members are willing to pay for more journals. It would seem that the problem is one of creating demand rather than demanding more money. Habits are difficult to change among older members of the profession. We find that a great many changes have been made in methods of teaching dental students during the past decade. Would it not seem that the place to develop reading habits would be in the dental colleges and thus create a demand for good literature among members of the profession of tomorrow?

In a great many schools membership in the Junior A. D. A. is a requirement for members of the junior and senior classes, and each student receives the A. D. A. Journal. Teachers more and more are using the Journal in classroom instruction and are giving assignments from its contents. In schools where this has been followed out it is observed that students have to a great extent discarded the commercial journals; they have found good literature, they are busy studying it, and a habit is being developed. This does not go far enough. We have in our colleges many students who desire to express themselves and this is the reason for the success of certain types of journals—the commercial type wherein student papers have been printed. The ambition of the student to have his essay published is a laudable one and should

be encouraged. Some schools have solved the problem through a school journal. Would it not be desirable if a National Students' Journal for members of the Junior A. D. A. could be established? A recommendation is of little value unless a method of carrying it out is offered at the same time. Faculties of dental colleges think nothing of adding an instrument costing several dollars to the required list and there should be no great problem in asking the student to subscribe to a professional journal, prepared especially for him—an instrument, in fact, designed for mental and professional training rather than the development of mechanical skill. Through subscription, such a publication might be largely self-supporting. Last year there were approximately 3600 junior and senior dental students. At one dollar per year the income would help materially in the cost of publication. Many of the freshmen and sophomores would subscribe, since the sophomores are eligible to Junior A. D. A. membership.

Perhaps the proper place for the development of such a publication would be the American Dental Association, but in view of the intimation of interest carried in the program of the American Association of Dental Editors, a cooperative study of the needs for such a student journal would no doubt be productive of good. The Committee on Education of this College will be glad to assist in any way possible. The undergraduate classroom is the place where the influence of dental journalism is first felt and the old adage, "as the twig is bent, the tree's inclined", most certainly applies.

AMERICAN COLLEGE OF DENTISTS
REQUIREMENTS FOR HOSPITAL INTERNSHIPS FOR DENTAL
GRADUATES¹

HOWARD C. MILLER, D.D.S., *Chicago*²
Chairman, Committee on Hospital Dental Service

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I. HOSPITAL TRAINING OF THE DENTAL INTERN

Dentistry is faced with the problem of establishing a program of professional training for the recent graduate by means of hospital affiliation. Such a program will be valuable in the further development of dentistry as an important division of health service. It will enable the younger members of the profession to develop a broad scope of vision into the various pathologic conditions that occur within the mouth, and assist them in associating such conditions with general systemic disturbances. It will be valuable in the development of good surgical judgment, which is so imperative if dentistry is to become an integral part of the modern hospital organization. Good surgical judgment is not merely the conclusion reached after superficial examination, but is a comparative evaluation of a positive oral diagnosis, together with the experience of the dentist in the management of such

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²The other members of this Committee (1938-39): Leo Stern, C. W. Stuart, E. A. Charbonnel, R. W. Bunting.

cases. Experience, plus thorough examination, may therefore be said to be of prime importance in the development of what is termed good surgical judgment.

II. DENTAL TRAINING FOR HOSPITAL SERVICE

The dental intern who has had the advantage of hospital association, and the training and experience to be gained from such an affiliation, will certainly have better judgment and a broader knowledge of dentistry as an important division of modern health service. He will be better able to practice his profession, realizing dentistry's obligation and responsibility in this important field.

III. REQUIREMENTS FOR DENTAL HOSPITAL INTERNSHIP

It is obvious, therefore, that in establishing rules by which dental interns will be appointed to these services, too great care cannot be exercised in selection of candidates. The first requirement for appointment should be that the applicant be a graduate of an accredited dental college. The appointment should be made upon the recommendation of the faculty or dean of the college. In the larger hospitals, where the service requires more than two dental interns, competitive examinations may be held. The second requirement is that the applicant be of good character and have a high scholastic rating. These requirements are essential, inasmuch as the dental intern is entering a comparatively new field, and his conduct will be the criteria upon which dentistry will be evaluated in the minds of those with whom he comes in contact. The appointment should be made according to the regulations of the hospital in which the appointment is desired, and the applicant should be approved by the medical staff of that hospital. Any hospital that operates a Department of Dentistry should have provision for at least one dental intern.

The appointment of dental interns will depend entirely upon the type and extent of the dental service rendered in the hos-

pital. The regulation of such service is so inter-related to the entire subject of hospital dental service, that the requirements and rules necessarily become a part of the complete plan which it is hoped will soon be adopted by hospital and medical organizations.

Should a recent dental graduate be assigned to a hospital where the dental staff is inactive, and in which his work is not properly supervised, little value will be derived. His value to the hospital, medical staff, and to the further development of dentistry as a part of health service will depend entirely upon the attending dental staff and the activity of the dental department.

When possible, the dental intern should have a rotating service and should be trained in history-taking, laboratory procedures, particularly interpretation and recording of such findings, instruction in physical diagnosis as related to dental conditions, instruction and training in the administration of general anesthesia, and he should be encouraged in carrying out one or more phases of dental research under the supervision of the attending staff.

The number of dental interns in a given hospital should be in proportion to the size of the hospital, the number of visits in the outpatient department and the amount of dental service rendered. In the larger hospitals with three or more dental interns, a resident or second-year intern is desirable. In such hospitals a rotating service such as is now employed for medical interns is usually adopted. The period of service is for one year, with two months' assignment to the different services—medicine, surgery, anesthesia, eye, ear, nose and throat; and on through the various departments, depending upon the type of service rendered by the hospital.

Because the requirements for hospital internships for dental graduates is so dependent upon the adoption of a plan for hospital dental service, brief mention of recent developments in connection with this service is pertinent to the subject. Your at-

tention is called to a change that has been made in the rules governing the medical staff of hospitals, appearing in the report of the Council on Medical Education and Hospitals³:

"III. MEDICAL STAFF—Since the medical staff is the most important factor in the delivery of medical service to the patients, too great care cannot be exercised in the selection of staff members. The staff should be limited to physicians holding the degree of doctor of medicine from medical colleges acceptable to the Council on Medical Education and Hospitals, having satisfactory qualifications as to training, licensure and ethical standing, and to dentists who are graduates of recognized dental colleges and whose professional ability and standing are known to the medical staff."

A recommendation contained in the 1938 report of this committee was to the effect that effort should be made to amend the rules governing qualifications for staff memberships in Class A hospitals, to include members of the dental profession. To what extent the work of this committee affected the new regulation is not known, but at least it has occurred, and a dentist who is a graduate of an accredited dental college may now be recognized as a member of the medical staff of a registered hospital.

IV. MINIMUM STANDARDS OF HOSPITAL DENTAL SERVICE

Another important recommendation of the committee made in 1938 was that the committee prepare a plan for minimum standards of hospital dental service, during 1939. The Committee on Community Dental Service of the New York Tuberculosis and Health Association, under the chairmanship of Dr. John Oppie McCall, through a subcommittee on Dental Standards and Services in Hospitals and Institutions, with Dr. Malcolm W. Carr as chairman, completed such a report.⁴ Their recommenda-

³Report of the Council on Medical Education and Hospitals, *J. A. M. A.*, 112, 2166-68; 1939, May 27.

⁴*J. A. D. A.*, 26, 1016; 1939, June.

tions have been brought to the attention of the American Hospital Association, who will consider the matter at their annual meeting to be held in September. Effort is also being made to present the plan to the American Medical Association through the proper committee.

V. IDEAL HOSPITAL DENTAL SERVICE

As chairman of your Committee on Hospital Dental Service I have had considerable correspondence with the New York Committee, and have attempted to cooperate to the fullest extent. Copies of the report of the New York Committee, entitled, "Basic Standards of Hospital Dental Service as a Fundamental Requirement of Approved Class A Hospitals," have been submitted to all members of your committee, who will study the plan and we will present a decision thereon, after their opinions have been recorded and tabulated.

VI. ACTIVITIES OF THE AMERICAN AND CANADIAN HOSPITAL ASSOCIATIONS

In addition to this activity, the American Hospital Association, through the Committee on Dental Care and Internships in Hospitals, recently made the following announcement:

"Recognizing the need for a greater extension and uniformity in the dental services in hospitals in America, and of the desirability of better facilities for dental internships, the Council on Professional Practice of the American Hospital Association has appointed a committee for the purpose of studying this relationship and of compiling a manual on Dental Services in Hospitals. As the President of the American Hospital Association is resident in Toronto, Canada, and is deeply interested in clinical services and internships in general, the Council on Professional Practice agreed that the nucleus of the committee might readily be zoned in the Toronto, Canada, area with corresponding members located elsewhere on the continent and that the American and Canadian Dental Associations be asked to participate in this study. It is then pro-

posed to submit the draft to leading dental educators and directors of hospital dental services for their criticisms and suggestions.

"This is an excellent opportunity for the dental profession to outline the ideal hospital dental service, to suggest the relationship of the dental to other clinical services and to set forth the educational possibilities of the hospital in the training of the dental surgeon. When accepted for publication this will become one of the official bulletins of the American Hospital Association.

"The Committee on Dental Services in Hospitals is an organizing, coordinating and editing body, formed at the request of the Council on Professional Practice, acting under the authority of the American Hospital Association and entrusted with the task of directing the preparation of a manual on 'Dental Care and Internships in Hospitals.'

"The manual after approval by the Council on Professional Practice will be adopted by the American Hospital Association as the official standard for the formation, equipping, administration and direction of Dental Services in the member hospitals of the Association in the United States and Canada. The committee is composed of a general chairman, appointed by the Council on Professional Practice of the American Hospital Association, a general secretary and two assisting local members one of whom is an oral surgeon with hospital training and one general practitioner with wide experience in Public Dental Health. The above together with a local medical representative of the Council on Professional Practice (the present President of the American Hospital Association) constitute the nucleus committee.

"In addition, there are two representatives of the American Dental Association, appointed by the American Dental Association, and similarly appointed, two representatives of the Canadian Dental Association.

"At the discretion of the nucleus committee and with the approval of the Council on Professional Practice, additional representatives of the interested bodies may be appointed to the committee if such appointments appear advisable to facilitate the completion of the study.

"The American Hospital Association desires to afford every opportunity to the dental profession to participate and cooperate in the formulating of standards which will determine the future status of the dental service and its personnel in the member hospitals in Canada and the United States. The committee will be very appreciative of any suggestions or assistance which can be obtained from other organizations or committees, and will be happy to give due credit to work already done by other bodies.

"The members of the committee will be considered to be acting in a consulting, cooperating and advisory capacity to the nucleus committee, who in conjunction with the representative of the Council on Professional Practice of the American Hospital Association for their decisions and actions."

The appointment of this committee by the American Hospital Association indicates that this organization recognizes the importance of adequate dental care for the hospitalized patient, and gives promise of a uniform plan for dental service in hospitals being adopted by hospital and medical authorities. Your committee will cooperate and assist all organizations conducting similar studies, and will continue its own efforts in forwarding the elevation and standardization of Hospital Dental service. We will also continue to carry out the recommendations contained in our previous reports.

AMERICAN COLLEGE OF DENTISTS

PUBLICATIONS IN GRADUATE EDUCATION¹

J. CANNON BLACK, D.D.S., *Chicago*²

Chairman, Commission on Journalism

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I. THE EARLY 19TH CENTURY

Let us for a moment glance at the status of dentistry in America during the early part of the 19th century. Throughout this period, dentistry was considered a mechanical trade rather than a learned profession. Professional ethics were at a low ebb, quackery was rampant, and many were exploiting the public. There were, however, those practicing dentistry who were beginning to recognize dental diseases as a menace to the human body, and that an effort must be made to create a profession dedicated to this branch of the healing art.

II. DENTAL SOCIETIES

In order to accomplish their purpose, local dental societies were organized which brought together those practitioners who were imbued with a thirst for knowledge, and a desire to develop dentistry into a specialty.

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²The other members of this Commission (1938-39): H. J. Noyes, E. G. Meisel, R. C. Willett, T. F. McBride, W. B. Dunning, G. M. Anderson, Leland Barrett, Walter Hyde.

III. THE AMERICAN JOURNAL OF DENTAL SCIENCE

In the early years these local societies considered many problems, among them, the creation of a national organization, the means of educating those who desired to practice dentistry, legislation controlling those in practice, the question of financing these activities, and the ever-present disgrace of quackery and commercialism.

They recognized the advantages accruing to members of societies and also their further professional and educational need, which could be met through dental literature. A committee was appointed to study the possibility of publishing a dental journal, with the result that the American Journal of Dental Science was established. An effort was made to send the first number to every dentist in North America.

The promised content of this journal is of interest. It was to contain biographies of dental writers and practitioners, standard works on dental theory and practice, communications from contributors relating to physiology and pathology, and general management of the teeth and adjacent parts. It also promised that quackery would be exposed and the public instructed how to avoid the impositions of ignorant practitioners. Through its medium the profession was brought closer together, the desire for knowledge and the exchange of ideas was promoted, the need for a national organization was recognized, and a school was created for those aspiring to practice dentistry. The following year the American Society of Dental Surgery was established, and the Baltimore College of Dental Surgery was organized. With the first number of the American Journal of Dental Science, dentistry as a separate branch of the healing art was born and with a journal to direct, to educate, and to record its growth.

It is now 100 years since the first journal appeared. During that period, the number has grown from one publication in 1839, to 109 in 1939—from a journal of 96 pages in its first year, we

now find in our periodicals in the year 1937 3625 pages of original articles alone and of sufficient value to be recorded in the Dental Index.

IV. THE MARCH OF THE YEARS

The march of these years sees an interesting record of our journalistic growth. We note the obstacles which were constantly arising, the discouraging periods when dentistry was at low level, and the demoralizing influences which were constantly seeking personal gain. Trade house and commercial journals endeavored to control our literature and were assisted by many practitioners and organizations. Constant demands were made that our periodicals be under professional control and that our pursuits be freed of mercenary influence. Through the medium of professionally controlled publications, contributors and editors were persistently striving to educate the members to recognize their responsibility to the profession and to the public, and to realize that times were changing and that they must break away from old customs. Today this mandate for professionally controlled dental literature has almost been fulfilled, as there are but few publications which are not acceptable.

That first volume of intellectual vigor marked the exodus from old methods and displayed a realization of the need for, and the possibility of, building a growing profession of superior knowledge and expert skill. It recognized the necessity both of an organization and the establishment of a preliminary source of training augmented through the years by the pages of our periodicals. Then, as now, these publishers did not associate education as belonging wholly within the classroom but were convinced that intellectual progress goes steadily on beyond these boundaries.

Education merely begins upon graduation from school, but the inspiration which we receive there creates a conception of how our professional life and educational advancement will progress.

We turn to our literature which is the keystone of a profession and the public record by which our true worth is evaluated. It is one of the driving powers of a profession. We need its aid in helping solve the many uncertainties which constantly confront us.

V. THE EDUCATIONAL VALUE OF JOURNALS

The rank and file of our profession must become conscious of the educational value of literature and realize that when they enter practice they must enter it with the intention of being students all through life, for if they are to serve their profession and the public successfully they must strive faithfully to keep abreast of the most recent developments in, and the best thought regarding, the numerous problems which are arising, and this cannot be done without constant study.

The student must look to his professional publications for assistance. He must go to the published transactions of the governing body of the American Dental Association to find a record of the activities of his parent organization—the guiding spirit which is venturing to direct the progress of his profession. Herein he will find the problems of the past, the decisions of the present, and plans for the future.

In the pages of our official journal he will find recorded the ablest convention addresses, made doubly valuable in printed form; the original ideas and plans of learned men the country over; monthly findings of benefit from the Council of Dental Therapeutics; essays on the economic situation and our relations to the public; and editorials analyzing and giving expression to the vital professional issues of the day. Our State and local conditions are presented in such publications as deal with them in their entirety and in relation to each other.

Here research takes its place as a contributing factor without which there could be no lasting advancement. We must not overlook the fact that research deals not only with today and tomor-

row, but its foundation is laid in the past. Almost every great modern scientific discovery or invention can be traced back to the pioneers who designed the groundwork upon which the future was founded.

VI. THE DENTAL INDEX

As a further support to educational advancement through our periodicals and to assist the student in his search, an index of dental literature has been prepared. Under the guidance of the late Dr. A. D. Black, and using his modification of the Dewey Decimal classification, the profession now has an index of fifteen volumes, of priceless information beginning with the first journal and completing this year, 100 years of dental literature. It is interesting to note that this index is the only complete record of a profession's periodicals beginning with the first published issue and continuing to the present. The index in its existing form is a lasting memorial to Dr. Black's untiring effort.

Your attention is called to a very important use of our journals. Through the aid of the Dental Index the library of the American Dental Association has been able to institute a Package Library, consisting of clippings, reprints, and abstracts on special phases of dentistry. Packages have been compiled on several hundred distinct subjects, and over 1000 duplicates are available. This service is used by over 400 of our members each month.

Thus the practice of dentistry could not have progressed so rapidly in recent years had we not had the path to follow which was blazed by that first journal of a century ago. This basis of our journalism, being augmented by others through the years, is an object which should be continually kept in sight. It is, and always will be, the province of journalism to lead and to lead.

AMERICAN COLLEGE OF DENTISTS

PUBLIC DENTAL EDUCATION¹

J. O. GOODSSELL, D.D.S., *Saginaw, Mich.*²

Chairman, Dental Relations Committee

Public dental education is the responsibility of the dental profession. No other group can assume this obligation. Nevertheless, there are those who, aiming at commercial exploitation of the ignorant, take advantage of half-truths and would have us believe that what they utter is education of the people in dentistry. In this age of keen competition some vendors of dental remedies seek to outdo others in claims of merit, while attempting to lull the profession into slumber by such suggestions as: "See your dentist!" A few members of the profession contribute in many ways, perhaps unthinkingly, to the distribution of misinformation to the public. For these and other reasons, it seems that if the public is to be informed properly as to the true values to be found in dental service we first must educate ourselves in good methods of procedure.

There are many dental groups seriously attempting to serve the public by telling them, through available agencies, about the importance of dentistry and the hazards of neglect. But they meet with the resistance of other interests competing for public attention—interests which seem to many to be more important unless the story which is told by us is well related. No doubt there is a better public appreciation for dental service now than ever before as a result of what has been done, but there is room for much improvement. It does not seem likely that a change

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²The other members of this Committee (1938-39): Wilmer Souder, O. W. Brandhorst, Nathan Sinai, T. E. Purcell.

for the better will be very marked unless the whole program becomes well organized under the direction of a full-time department of public relations. The development of a "top-to-bottom" organization to serve dentistry in its public relations, including dental education of the masses, is not a part-time job in any sense. Efficiency only can occur if all programs of public dental education are well integrated under the direction of some qualified individual working full time at the task. He could tell us how to utilize the resources at our command and—what is more—see that we use them.

In the absence of such a director or coordinator we, naturally, must do the best we can. First, we have to make up our minds as to our goal. Then we can consider the best means for realizing our ambitions. In general, our wish, it would seem, is that the public shall appreciate the need for our services sufficiently to obtain them—not solely for our benefit, but for theirs. The achievement of our goal depends on the manner in which we approach our problem, and our degree of success is likely to be proportional to the amount of intelligence as well as effort, which we expend.

We cannot hope to reach the public without studying the art of persuasion. It would be well if we all would learn something of the fundamentals of advertising. Regardless of the agency to be utilized—the press, the radio, a parent-teachers' meeting or the patients in our offices—there are certain essentials to be observed if we are to impress those with whom we speak.

First and foremost we must appeal to the public in its own self-interest—not ours. There is no person so important to an individual as himself. We cannot command attention unless we recognize the priority of his concern and emphasize the benefits accruing to him when adequate dental service is rendered. It is unnecessary, here, to mention the values to be derived.

What we have to say must contain an air of reasonableness.

It should be presented in a form which is logical to the average lay mind.

We should convey the impression that we understand the problems confronting the people—and we should attempt really to understand them.

To make our presentation effective it should be spoken in language that can be comprehended. There is no surer way of losing attention than to employ words which have no meaning to the listener. We are accustomed to a vocabulary which seems simple enough to us, but to the ordinary person many of our terms are formidable, not recognized and create a blurred image in his mind. There is no loss of dignity when we utilize simplified speech.

The foregoing are but a few pertinent points to be involved in the art of persuasion. In the application of this art and as to publicity, the following are apropos:

First, let's get acquainted with our local editors. Perhaps they never have had anyone talk to them about dentistry. It will be much easier to get their cooperation when we need it if they know something about our problems. Why not ask them to offer suggestions? There is nothing so flattering to anyone, editors included, as an implication that his advice is sought and respected. Try to place ideas in his mind which he believes he originated. One will fight with great vigor for a product of his own imagination, especially if he thinks it worth defending.

Another item worth considering is that of attempting to read the public mind and learn what it is thinking. If we get there early and put into words something which we know will gain popular support we will get credit for an innovation. If the health-service professions had been aware of popular thought they would not now find themselves so thoroughly on the defensive.

If we can, we should make news. There are social and scientific advances which have some romance and are newsworthy if we are not too blind or apathetic to see them. If the business of

making news is rather dull, at the moment, we frequently can get on the tail of some other kite and sail along with it.

We must always remember that the public may not think our view the most important. They may be critical of us, our motives or our ideas. As an illustration, we probably feel, and no doubt justifiably so, that the control of any health service should be in the hands of medicine or dentistry. But, apparently, some people do not. If they did, there would be no cause for fear of lay control in the extension of health care and the Wagner Act would not provide for the administration of its provisions by lay agencies. We should remember that stereotypes exist. We have ours and others have theirs. A proper solution lies in the harmonizing of viewpoints by argument, logic and compromise. Recognition of these facts will aid us in our efforts.

The objectives of public dental education should be the ideal of preventive as well as curative dental care. Such perfection may never be achieved but our goal should ever be before us. Anything which contributes to the fulfillment of our ambitions is worthy of our consideration. It is suggested in the brief, foregoing remarks that adherence to the fundamentals of the art of persuasion will prove of value to us if we will but use them. We must not expect miracles from any scheme or technique of public relations and education but, intelligence, continuous effort and planning will improve our prospects of success.

AMERICAN COLLEGE OF DENTISTS

THE DENTAL TECHNICIAN AND THE DENTAL LABORATORY¹

W. H. WRIGHT, D.D.S., Ph.D., *Pittsburgh, Pa.*²
*Chairman, Committee on Dental Prosthetic Service*³

Dentistry's present and future objectives, in regard to the dental technician and the dental laboratory are summed up in the recommendations of the Committee on Dental Prosthetic Service as follows:

I. "The committee advises a joint study of the profession-technician relation and suggests that the professional representatives on the committee shall be *informed* dental leaders who previously have thoroughly considered the objectives to be attained through such a joint study."

In a previous report⁴ the committee recommended a joint study of the profession-technician relation. Objections, based on past and present experiences with the technicians and laboratories, have tended to postpone the inevitable meeting between the profession and its adjunct, the technicians. The time has come when the profession must meet with responsible groups among the technicians in an effort to protect the rights of the profession, to define the activities of technicians, and, above all, to assure to the public an increasingly better grade of oral health service in prosthetic dentistry. Such conciliation will not be easy. Unpro-

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²Three addresses, one by Dr. Geo. W. Wilson [*J. Am. Col. Den.*, 6, 243; 1939, Sept.], this one by Dr. W. H. Wright, and the one following by Dr. Wm. J. Gies, should have been published as a unit, but unavoidably they were not. They should be considered in order as here indicated.—*Ed.*

³The other members of this Committee (1938-39): A. P. O'Hare, W. H. Grant, F. M. Hight (deceased), A. H. Patterson.

⁴*J. Am. Col. Den.*, 6, 150; 1939, June.

fessional standards and disgraceful abuses within the profession, demand for statutory regulation by the technicians, violation of Dental Practice Acts by laboratories, and the shaken confidence of the public, all militate against the easy adjustment of profession-technician difficulties.

Objections must not stand in the way of mediation. The longer such a joint study is postponed the more difficult it will become. The profession, though weakened, is unified, and under effective leadership may be expected to reach an harmonious profession-technician agreement.

A joint study of the profession-technician problem will bring together two groups, each with its own objectives: the profession anxious to preserve its own unity and to protect the oral health of the public; the technicians, insistent on licensure, eager to obtain control of certain phases of dentistry—a control which in the future might disrupt the unity of dental practice and lower the quality of prosthetic oral health service to the public.

2. "The College should suggest to the American Dental Association that a Professional Relations Committee be appointed to study the need and to formulate plans for the effective and harmonious cooperation of agencies and adjuncts which contribute to the professional services of the dental profession. This committee should lend assistance in coordinating the efforts of affiliated dental groups toward conciliation and agreement in the present dental laboratory controversy."

If dentistry of the future is to maintain its present unity of practice, leadership must be provided by the American Dental Association. At present the responsibility for protecting the profession against encroachment rests upon local dental organizations. Frequently the problems arising in such emergencies are new to the officers and must be learned by experience. With an active and informed Professional Relations Committee, the American Dental Association would be ready to render immediate and effective leadership for study and conciliation in all pro-

fession-adjunct exigencies. Such a committee would encourage the profession in its stand for unity and restrain laboratories and technicians in their encroachments upon the profession.

3. "Each state dental organization should be requested to urge amendment of its Dental Practice Act, if necessary, in order to prohibit dental laboratories and technicians from serving the public directly."

Recently, the dental profession in Illinois has been harassed by the activities of dental laboratories and technicians. Our report recounts the recent attempt to obtain licensure of dental laboratories and registration of dental technicians through Senate Bill No. 337. This Bill was promoted in the face of strenuous opposition by the profession. According to the proponents, the Dental Practice Act was inadequate; so the Bill was drafted to prevent laboratories and technicians from serving the public directly. Evidence of such "illicit practices" was presented, although the profession was aware of these through the Chicago Classified Telephone Directory, which lists "Dental Laboratories for the Profession", and "Dental Laboratories for the Public".

On June 24, 1939, the Laboratory Service Bill was defeated by the Illinois State Senate at first reading, which brought to an end the fourth major attempt of the dental laboratories and technicians to gain statutory regulation.

During the same week the Illinois State attorney's office raided one of Chicago's larger illegal dental laboratories. Two owners pleaded guilty and agreed to discontinue their illegal practice by closing their offices. This successful enforcement of the recently amended Illinois Dental Practice Act discredits the many statements that the Dental Practice Acts are not effective in controlling illegal dental practice by technicians. Members of the College should urge state legislative committees to study carefully their present Dental Practice Acts with a view to amendment, if necessary, to prevent unqualified persons from practicing dentistry.

4. "All state dental organizations should be vigilant in preventing licensure of dental laboratories and registration of dental technicians."

Last year Gies and Walker⁵ of the College presented proposals for an equitable settlement of the profession-technician controversy without resorting to statutory regulation.

An article included in our present report denounces such proposals as inadequate and not acceptable to the technicians. To quote, "*Organized dental laboratories, knowing conditions . . . see no solution except legislation. . . . These laboratories also know that the only way to drive the illegal practitioners out of business, . . . is to put the dental laboratory industry under strict state regulation, license all technicians,*" . . .

Dental Practice Acts are effective or can be made effective in punishing offenders. Therefore, the committee asks, why license? Why do laboratories and technicians seek license in order to control illegal practices which are already proscribed by all Dental Practice Acts? No person may perform any intraoral phase of dental practice unless he has been trained, examined, and licensed to do so. Laboratory technicians who render dental service to the public are violating the intent if not the letter of the law. Why, then, should another law be enacted to make illegal those violations that are already illegal?

It is to be doubted whether the real aim of technicians is law enforcement. Other motives lie behind the laboratories' concern over the violation of Dental Practice Acts. Dental laboratories in their own words, "*have no desire to encroach upon professional territory*". They want "*to put the laboratory industry under strict state legislation, license all technicians, clearly define exactly what a technician can and cannot do, and fix heavy penalties for any unlicensed person conducting a dental laboratory or doing a tech-*

⁵J. Am. Col. Den., 6, 134 and 138; 1939, June.

nician's work". That is an innocent-sounding statement; yet, in Italy, it succeeded in locking the dentist out of his own laboratory.

A pertinent question arises; what is "*a technician's work*"? A technician is an adjunct of the dental profession. He assists the dentist, when delegated to do so, by fabricating dental appliances according to the dentist's prescription. The "*work*" belongs to the dentist; if he preferred to do it himself the laboratory technician would have nothing to do. So-called "*technician's work*" is in reality the dentist's work, temporarily entrusted to the technician on condition that it be done according to the dentist's instructions and specifications. It is now proposed that this work of the dentist shall become the legal prerogative of the dental technician. Once such licensure were granted, the dental profession would be at the mercy of its adjuncts, the technicians. Control of extraoral phases of prosthetic dentistry would pass to the technicians, who could then dictate their own terms to the profession. Methods of processing, materials, prices, etc., would be determined by the technicians alone; the dentist would pay the bills.

Licensure of technicians is subversive of dentistry as it is now practiced. We insist that the proposed licensure of technicians carries a threat against the unity of dentistry, especially if politically-controlled, socialized, or insurance dentistry should become a reality.

5. "Organized dentistry should demand more rigid enforcement of Dental Practice Acts and aid enforcement by reporting illegal practices and offenders to the proper authorities."

Enforcement of already existing Dental Practice Acts and not enactment of new Laboratory Service Acts is imperative. Money which is being paid by the dental profession to prevent unlicensed persons from practicing dentistry is not being used for that purpose; it is being diverted into other channels where, at the moment, it may be more urgently needed. Would it be possible to earmark the license fee of twelve to fifteen thousand technicians

to control the illegal practices of laboratory technicians in America? Licensure is easily obtained in lean times, since it is a source of much-needed revenue. Enforcement, on the other hand, is obtained with difficulty because it involves expenditures. Is it logical to expect the enforcement of proposed Technician Licensing Acts when we see existing Dental Practice Acts unenforced, especially since both Acts proscribe the same violations? When the dental profession demands enforcement it will get it in spite of the fact that some unscrupulous dentists are conniving with and abetting the technicians in violation of the law.

6. "Dental organizations should urge the correction, among their members, of practices which are subversive of the profession's welfare and which impair the quality of oral health service rendered to the public."

The inconsiderate dentist is not aware that his careless practices may affect the welfare of the entire profession. We are shocked when we hear that laboratories are advertising directly to the public in newspapers and in telephone directories; we are insulted when mail-order dentists, against whom an injunction prohibiting their use of the mails has recently been issued, advertise in the public press; we are indignant when we learn that certain dentists own stock in dental laboratories; we are outraged when dentists go bail for illegally practicing technicians who have been caught by the law; but these irregularities are only the outward manifestations of internal corruption. Dentists who have lost their professional perspective give no thought to their indiscreet or illegal conduct. They think they are shrewd or clever when they ask a technician to make an impression, to select the teeth, to design partial dentures, to adjust a denture in the patient's mouth, and when they send a patient directly to the laboratory for a repair. But these same dentists are the first to complain when the technicians, having learned these tricks, try to eliminate the dentist as a useless "middleman". These are the dentists who send all their work to the laboratory, then complain

that the work is not done right. These are the very dentists, unless they rapidly mend their ways, who some day may be sitting idly in their offices while governmental or insurance agencies reduce the overhead by sending prosthetic patients directly to legalized technicians.

Such dentists, and there are many of them, must be made the subject of professional concern. A program aiming at the correction of such abuses should be developed in each dental organization. There must be a renaissance of professional ethics, and an impelling realization that we survive only through the high quality of the service which we render to the public.

7. "The formal training of persons adjunct to the dental profession shall be under the control or the advisement of the profession."

Our report calls attention to the recent licensing of schools of mechanical dentistry in the state of New York. In the past, such schools have been denounced and ridiculed by dental laboratories whose writers have frequently stated that technicians from these schools could not find employment in dental laboratories because they were poorly trained. Each graduate of such schools was a potential competitor of the laboratories; yet nothing was done about it until licensure of these schools became mandatory. Immediately, three laboratory leaders together with three dentists were appointed on the advisory committee with power to guide the advertising policy, to advise on contractual arrangements with entering students, also to work with the school authorities in planning curricula, equipment and materials. The laboratories were not slow to recognize a potential threat to their unity and to suggest the need for an advisory committee on which it should have representation.

Educational standards are lacking among the laboratories at present. Increasing demands on the laboratories will involve better training of technicians. Authorized schools for training all technicians are not far in the future. Since technicians ultimately

serve the profession, the profession must have a part in training them or in planning their training. The current lack of interest and cooperation on the part of the profession is a short-sighted policy for it will certainly lead to more difficult problems in the future.

Looking to the future the committee visualizes:

1. A profession, whose training, organization, and research will continue to provide an adequate oral health service in prosthesis for the public;
2. A profession, which having jealously guarded the inherent rights of the public to receive a high-grade oral health service, has earned and retained the exclusive right to render that service;
3. A profession, inspired by high ideals and freed from all base practices;
4. A profession whose integrity and unity have been preserved; and lastly,
5. A profession with wise and respected leadership, confidently facing the new day with its many problems and its added responsibilities.

AMERICAN COLLEGE OF DENTISTS

COÖRDINATION OF DENTAL SERVICES¹

WILLIAM J. GIES, M.S., Ph.D., *New York City*²

Coördinator

At this stage of the proceedings we have passed beyond the time scheduled for the beginning of the President's Address. To prevent further disorganization of the program, I shall usefully coördinate my own present service by briefly alluding to my subject instead of discussing it. What I intended to say would have led to this concluding counsel of perfection: All the services that Drs. Wilson³ and Wright⁴ have very ably described—separately and in the interrelationships that are essential for progress in oral health-service—should be so effectively and harmoniously coördinated in dental practice that collectively they would yield the greatest possible benefit for the patient, the maximum contentment for the practitioner, and all due advantages for all who coöperate to these ends.

May I add very briefly the opinion that increasing dangers of positive *discoördination* within the dental profession now urgently require concerted attention and action. Thus, in current discussions of socio-economic relationships, uncertainty and bewilderment are conspicuous hindrances to progressive decisions. Recent proposals for the partition of dentistry include the (a) allotment of "simple" dentistry to dental hygienists; (b) creation of "sub-dentists" to do "cheap" dentistry; and (c) transfer, to medical practice, of the portions of dental prac-

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²See footnote No. 2, p. 325, this issue.

³Wilson: *J. Am. Col. Den.*, 6, 243; 1939, Sep.

⁴Wright: *Ibid.*, 6, 325; 1939, Dec.

tice that some physicians regard as "preferred" stock, (*d*) much of the "common" stock to be given to dental technicians. These and analogous conditions, which threaten to impede the most effective development of dental health-care, should be considered carefully in a factual appraisal of dentistry that would take the form of a comprehensive and authoritative yet brief and clarifying statement for the information of the lay public, for the orientation of dentists, and for the restraint of all groups having disruptive designs on dental organization. It is a pleasure to add that the Regents have authorized the compilation of such a public statement—to be prepared with the aid of many dentists, and of others, to be invited to collaborate. It is hoped that the proposed statement will merit the endorsement of the American Dental Association, and that its publication will serve constructively to coordinate dental views, dental purposes, and dental decisions, in the public interest and for professional development.

AMERICAN COLLEGE OF DENTISTS

PUBLICATION OF FINDINGS¹

JOHN E. GURLEY, D.D.S., *San Francisco, Calif.*
Editor, the Journal

This is an epochal year for dentistry and the dental profession. I do not refer to the calendar year but rather to the hyphenated year, 1939-1940, for in 1839 our literature was inaugurated while in 1840 the first school of dentistry was established and that society which became the logical precursor of the American Dental Association was organized. This bifurcated year marks the 100th anniversary of the real birth of American dentistry and even of the dentistry of the world. It is fitting, then, that next year we should celebrate the 100th anniversary of the opening of the first school and which in the very nature of things will carry with it no little thought relative to dental associations and dental literature. We should fix in our minds the fact that we now have one hundred years of experience and experiment back of us—that we now have one hundred years of tradition on which to establish the autonomy, the usefulness and the correctness in procedure of dentistry, dental education and dental practice.

It would not be opportune at this time to attempt a historical review of the development of dentistry, except to suggest that much of this development has taken place within the professional lifetime of most of us. Especially is this true regarding our literature, about which I am presumed to speak.

If you wish an interesting experience, go through the literature of the last 25 to 30 years and note the change, both in style and content. The content of twenty-five years ago, while supplying

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

the information of that day, had a high commercial value as compared with that of today, which has no real commercial value, but does have a high scientific and professional value. There is an old maxim to the effect that "men do not solve their problems, they only see the solution." We sometimes become, perhaps, a little over-imbued with the results of our labors in so far as our literature is concerned; we may feel that we have forced a change from commercial dominance to professional dominance. The fact is, we have. But not by any particular strategical moves on our part; rather by the slow, evolutionary change from the status of a craft, with a mechanical genius, to the status of an art, with a scientific genius.

The literature of yesterday with its high commercial value was readily received and published by commercial and manufacturing houses. Yet, I would not charge that they were influenced wholly by this one thought for there was, with it, no doubt, a thought of helpfulness and usefulness. But as our literature became more scientific in character and as certain of our products were required to meet standards set by the organized profession, competition in business necessarily took on another form and the publication of literature was of no more value to one commercial house than to another.

Our new literature is likewise more expensive to publish than the old. It is generally more profusely illustrated and with tables and charts which are expensive to reproduce. Therefore, there has been during the years a gradual discontinuance of the proprietary journal with a corresponding increase in the non-proprietary type. We, as a profession, now realize pretty thoroughly that it is ours to publish our own literature and further, that it is right that we should.

Our readers are, of course, mostly clinicians, but within our group we have, in addition to clinicians, administrators, teachers and scientists. Therefore, it becomes necessary for us to look at

the whole picture and see what is necessary to be done. We have a large parent body, the American Dental Association. It is essential that the publication of such an organization should be in a general way, manifold in character: it should bring to our members and its readers literature of a clinical type produced by clinicians; it should expend some effort in the development of health service with particular relation to public health workers within the ranks of the profession; and it should lead out in organizational, professional activities. This journal should be the interpreter of scientific contributions by researchers to its members in clinical practice who are students. In other words, the journal and its editor constitute a teaching and leading force within the profession.

We have developed today quite a body of researchers who are carrying on their work in different parts of the country. Their findings need to be published for the benefit of each other and any who may care to read. This is true with particular reference to teachers whose business it will be in so many cases to interpret their findings for the undergraduate student. We need, therefore, a journal of dental research. We have one, and are busily engaged at the present moment in raising an endowment fund for its permanent support.

Then, that group of teachers and administrators and even for any who may be interested along that line, we need a journal of dental education. This we have and which is provided by the American Association of Dental Schools.

Then there is within the profession this, our own body, the American College of Dentists, whose business it is to explore new fields of thought and new lines of opportunity of service adaptable to the profession. We are specifically interested, neither in things technical nor scientific; therefore, we do not promote them directly. We are interested in the development of the professional aspect of the profession, including ethics, philosophy, application of our scientific advances, the art of dentistry and whatever

else will make for its further usefulness within the community. For this particular type of presentation to the profession, another journal is needed and which we are operating as the Journal of The American College of Dentists.

Then, in addition to these, we have our numerous state associations and local societies, many of which publish some kind of an organ, anywhere from a bulletin to a journal of fair proportions. These correspond in their need and usefulness, only in a smaller way, to the Journal of the American Dental Association. They are a sort of composite of all other journals. They have to do with the development of the profession in all of its interests, the work of the organization which supports them and the carrying of educational material to their readers. We might go on in the consideration of some of the specialties of dentistry, one or two of which are supporting journals of very reasonable worth, but time will not allow.

For all of these no small amount of money is required. In many instances funds are reasonably provided by the association which that publication represents. Editors should give very careful attention to the publication of material and the expense involved that they may be receiving and providing for their readers the most under the conditions at hand. In many cases this is done and yet, as one looks over the volume of literature, he is inclined to feel that there is much opportunity for improvement. There are many things to which an editor must give thought and among others is that his publication should appeal to the reader in such a way as to create a desire to read it.

His publication should be known as one which carries material of real worth—able discourses by able men; it should be authoritative and as coming from men who can and do speak with authority; these being true, its information will be true and it will be dependable; he should publish as little as possible of his own writing, except perhaps editorials. Yet, in these, he should know what he wants and what his readers need, then secure the best

prepared man to write it. He should have a good printer, easily read type, material set up so as to attract attention, well spaced yet without waste. Material can be so set up as to carry values from important on through relatively important, relatively unimportant and unimportant. Care must be exercised in these details. If a committee or a man has seen fit to expend effort in the preparation of a manuscript, courtesy allows him the satisfaction of seeing that in print, provided it has merit. If it has not, then it becomes the editor's duty to handle the matter properly. Much that our committees report should be available as record; hence, we should publish that.

The members of the dental profession can be pretty well supplied with literature at the present time; they receive the Journal of the American Dental Association and their own state journal. I would like to urge subscription to the Journal of Dental Research for there is so much of value there for every clinician. Then, if one desires, he has the Journal of Dental Education and the Journal of The American College of Dentists to which he can subscribe if not a member of either organization. The Dental Review for Children is doing a very nice piece of work, and the Annals of Dentistry, published by the New York Academy of Dentistry, is supplying good literature.

In the publication of our own proceedings, we should be willing to, and desirous of, expanding some each year that our Journal might become more useful, not only to our own members but to any who might be readers. "As a man thinks, so he is." Our thinking is largely determined by our reading; let's see to it then that we become an increasing number of readers and concomitantly that we may have more thinkers within the ranks of the profession. As we develop more readers and more thinkers, so will we, as a social group, be more useful to our public and as for ourselves, we will come to an understanding of what is meant by the expression, "the abundant life;" and further, we will find ourselves living that "abundant life."

AMERICAN COLLEGE OF DENTISTS

DENTAL RESEARCH: NEED AND OPPORTUNITY¹

ALBERT L. MIDGLEY, D.M.D., Sc.D., *Providence, R. I.*

*Chairman, Committee on Dental Research*²

Standing in this presence today, and reviewing in my mind the progress of dentistry during its century of organized professional life, I am newly impressed with the potency of these words, *need* and *opportunity*. *Need* is a challenge to be met with the best of our strength and intelligence. *Opportunity*, though it may sometimes beckon genially, is more often a vantage-ground to be earnestly sought, watchfully guarded, and progressively extended in the light of growing wisdom and experience. *Need* was a noon-day reality and *opportunity*, the break of dawn for dentistry a hundred years ago; neither has failed us since; both have spread and increased their light with the years, revealing by degrees the substance which has developed our present stature as a health-service profession, with ideals and responsibilities of which our predecessors little dreamed. In the Fellows of this College, need and opportunity have fostered a noble sense of public obligation: the rock foundation of the principles and programs to which the American College of Dentists dedicates its ever-deepening thoughts and ever-aspiring services. The diversified committees of the College, each charged with the task of clarifying our position with respect to some need and its related opportunities, may be said to hold the outposts and control the searchlights, that

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939. See, also, Report to Regents, *J. Am. Col. Den.*, 6, 363; 1939, this issue.

²The other members of this Committee (1938-39): W. D. Cutter, P. C. Kitchin, J. E. Gurley, A. B. Luckhardt, L. M. S. Miner, P. J. Hanzlik, Irvine McQuarrie, L. R. Main, A. M. Schwitalla.

no matter of legitimate concern may be passed by—no need concealed, no opportunity withheld or overlooked.

In undertaking a survey of the need and opportunity for promoting dental research, there were two directions towards which we naturally looked for guidance and support. The International Association for Dental Research, with their continuous devotion to the scientific solution of dental problems, and their distinguished *Journal of Dental Research*, have the knowledge, experience and judgment, indispensable to such an undertaking. They have listened cordially to our plans and projects, and lent to our deliberations the services of a cooperative committee whose information, advice and assistance have been available and invaluable at all points.

The other appeal was to those of the medical profession who might be in a position to further our urgent desire for intimate cooperation and a common point of view in studies which tend to the solution of our interrelated problems. A close and cordial relationship between dental and medical students in laboratory and hospital is a major objective in the promotion of dental research. If it can by any means be brought about, a stimulating rivalry, an avoidance of duplication in tests and experiments, a consolidation of results for the benefit of both professions, will be the immediate gains to be counted on both sides. And, there will also be generated a mutual confidence and respect which would constitute the ideal bond between the two health-service professions. With these ends in view, we have not only communicated our projects to all the deans of dental and medical schools in the United States and Canada, soliciting the cooperation of their faculties, but have, by persistent effort, assembled their opinions, inquiries and suggestions on the subject of the medico-dental relationship. These replies, tabulated and put into composite form, should lead to inferences and deductions of genuine worth.

The results of these preliminary studies have become available

at an opportune time. Published reports of contemplated action at Harvard University have focussed attention upon the status of dentistry, and the improved coordination of dental education with medical education. We may assure ourselves at once that no university can, by its internal policy, convert dentistry into an oral specialty of medical practice. On the other hand, besides giving valuable emphasis to the essential kinship of the two professions, Harvard University might produce those excellent dental teachers of biological science whom our dental schools have long desired to secure—especially by avoiding the conditions of the Yale experiment of some years ago, concerning which Dr. Frederick B. Noyes gave the following judgment at a meeting of the American Association for the Advancement of University Education in Dentistry, in December, 1936: "So far we have made little progress in the development of dental teachers. This results partly from the fact that the men who would make good teachers can do better financially in practice, but largely from our inability to interest men in teaching. The attempts which have been made to broaden the training and viewpoint of technically-trained men, for example, in the Yale experiment, have largely failed, because as soon as the man obtains a medical degree he wants to practice medicine or surgery, and abandons his dental training. This is probably chiefly because of the fact that in acquiring his medical knowledge he has not been given a vision of its application in the practice of dentistry. It may help medicine but it will never help dentistry if the man who obtains a medical degree in addition to his dental degree wants to forget immediately that he was ever called a dentist."³

It has been said that at Harvard, the committee now studying further developments is considering the possibility of including, in the new plans, the training of consulting experts in dental science for hospitals and health-centers, whose tenure of those positions should create corresponding opportunities for dental

³*J. D. Educ.*, 2, 87-8; 1937, Dec.

internes, and for dental practitioners in the out-patient departments. The medical point of view will certainly have been acquired by these consultants. Will it be equally true, as it should be, that doctors of medicine from Harvard or elsewhere will have acquired the dental point of view? It is to be hoped that new plans at Harvard will include changes in medical education with the curriculum so revised that medical students will get not only dental and pathologic courses but also some experience with dental diseases. Should the graduates of medicine at Harvard develop a real, practical dental sense in the solution of the problems of dentistry, that is something. This, as you know, is a desideratum upon which we have laid emphasis in our efforts to establish an effective medico-dental relationship in graduate study and research.

Our hopeful interest will follow all experiments, having constructive intent, and in the meantime we shall press forward with our own plans. First, to vitalize our schools by encouraging the spirit of research, which, fully aroused, should serve as a magnetic attraction for both teachers and students with capacity for real mental growth. To such minds, a void of knowledge to be filled, a ray of new truth to be thrown upon some obscure problem, carries the excitement of high adventure; and we trust that the added incentive of the William John Gies Fellowships and Grants-In-Aid may play a useful part in awakening them to greater activity.

We also need the spirit of research, as well as its results, in our professional life. In this age of amazing new contacts with the forces of nature, what man of active mind is content to live only for the daily task and its immediate reward? We want discoveries that give new zest to our thinking, or fresh insight to illumine what we have many times observed. The ambition to profit by all new truth, to spread it abroad for the benefit of our colleagues, possibly to add some contribution to the sum of it all, is to be fostered by every means in our power. For this purpose

the William John Gies Award for Achievement in Research has been devised, as a conspicuous honor to be conferred as occasion arises.

There is also involved in our professional ambition and opportunity, the need of bringing to their highest fruition our relations with the public whom we serve. We believe that this need is bound up with the medico-dental relationship which we have already discussed, and that any effort to set forth the claims of dental research upon public confidence and support will be vitiated without that relationship. But we have also a separate duty to instruct and protect the public by making people familiar with the scope of our science and technical proficiency, and their correct application to problems of oral and systemic health. It seems important to let them know that the work of technicians or mechanical apprentices cannot be a full equivalent to what is done by the skilled hand working in assured harmony with the instructed mind. Because our professional vantage-ground is not clearly seen, and is even subject to invasion, it is planned that the William John Gies Award for Achievement in Research may be awarded not only to one who has made an outstanding contribution to the scientific progress of dentistry, but also to one who, over a number of years, has devoted himself unselfishly to the organizational, scientific and socio-economic interests of the profession.

For a hundred years dentistry has been an organized profession, yet still finds itself in the inspiring position of a pioneer, meeting the challenge, seeking and grasping the opportunity, with the invincible determination to render a better, broader, and more intelligent service to mankind. The dental profession realizes fully the position, values and importance of dentistry as a division of health service. And, in the solution of its problems it is susceptible only, and clings firmly, to the influences of proven principles, incontrovertible facts, solid advance in study, and real certainty.

AMERICAN COLLEGE OF DENTISTS

FINANCIAL SUPPORT FOR DENTAL RESEARCH¹

EMORY W. MORRIS, D.D.S., *Battle Creek, Mich.*

Chairman, Committee on Endowments²

It has been stated on many occasions that dental research has not received its proportionate share of grants made by foundations of this country in their endeavor to improve the health conditions of mankind. Many millions of dollars have been spent by these organizations in the health field, but all these expenditures to date have been mainly along three lines:

1. For the establishment of local, state, and national health agencies so as to provide public health services, which in the past have been mainly to improve sanitary conditions and control epidemic and endemic diseases.

2. Public health education, which has been primarily to train personnel to administer and develop these public health services.

3. Research to control specific disease. The first attacks in the field of research were made on those diseases that affected the greatest number of people, such as yellow fever, malaria, and diphtheria, because by the control of these specific diseases the mortality and morbidity rates of a whole country could be affected.

It seems very logical that those diseases that definitely affected the mortality rate should have received first consideration on the part of these organizations.

¹Convocation, Hotel Schroeder, Milwaukee, Wis., July 16, 1939.

²The other members of this Committee (1938-39): A. H. Merritt, D. N. Cameron, Abram Hoffman, Hubert C. Miller.

We all recognize that dental caries has been and is one of the most prevalent of the diseases of mankind and that if we could develop a mass attack upon this disease, as has been waged against some of the other major diseases, we could make very definite contributions toward its control. However, we must also recognize that the problem of dental caries had to be considered in proper relationship to all the other health problems that confronted the health professions during this particular time, and inasmuch as dental caries is of a chronic nature and does not directly affect the mortality and morbidity rates, it has not received the consideration of some of the more acute diseases.

During the past five years many hopeful signs have appeared on the horizon indicating that dental diseases must be recognized and given greater consideration than heretofore:

1. Many of the public health problems in the field of sanitation, especially in the control of contagious diseases, have been answered. The emphasis in the field of public health is changing from a consideration of those problems that merely affect mortality rates to a consideration of the specific needs of the individual or to a consideration of some of the diseases chronic in nature. Dental caries is one of the greatest problems. It affects every individual.

2. There has been a demand in the past two or three years on the part of both the federal and state governments for men trained in the field of dental public health to assist in developing state and national dental programs in an effort to improve the dental health conditions in this country. To date, 32 of our state health departments have full-time dentists on their staffs who are attempting to develop educational and service programs for the people of those states.

3. The effect of our educational programs has created a demand on the part of the people of this country for more adequate dental service as has been evidenced by the attitude that

they have expressed in the various health conferences that have been held in the past year.

4. There have been increased expenditures on the part of government in the form of grants to state and local organizations to assist in the development of dental service programs.

These and many other trends indicate that we are going to be expected to provide an answer as to how dental caries can be controlled. We have made tremendous progress in the mechanical fields, and our next great development must be in the biologic fields.

Financial support is necessary if we are to make further development, and we have two main sources from which we can expect to get financial support:

1. Private Agencies—Foundations

The total assets of the larger foundations of this country total nearly a billion dollars, and during the year 1937 the total grants made by the 39 largest foundations in the country was \$36,537,597.69. Of this amount, \$13,495,898.38 was expended in the fields of medicine and public health, which includes the fields of dentistry, nursing and psychology. Of the total amount granted by these organizations, dentistry received \$397,452.00, and of this amount \$365,000.00 was made by one foundation. However, this does not truly represent the expenditures made by these organizations in the various fields of dentistry, but represents grants that were made by these foundations to universities and groups that were carrying on outstanding pieces of work in the dental field. Many of the foundations are carrying on demonstration and service programs which are self-directed but are not included in this figure. Gifts by such men as Eastman, Forsyth, Cousens, and Guggenheim, which have made outstanding contributions to the development of dentistry in this country, are not considered research grants even though a great deal of valuable research has been done along with their service programs.

We can hope for additional contributions from private agencies to dentistry such as those that have been made in the past. However, we are going to have to look further than the private organizations for needed financial support in our research program. The endowment system in this country is in danger of becoming a thing of the past. The system is gradually being destroyed in at least three ways:

1. Income yields from invested funds have drastically fallen.
2. The main source of new endowments has dried up.
3. Future purchasing power has become extremely uncertain because of the threat of world-wide inflation.

Interest rates, which naturally represent the greater part of income from endowments, are said to be the lowest in history. In February, 1939, the average return on all U. S. Treasury bonds stood at the rate of 2%. During the same month in 1926 it was nearly 4%. Inasmuch as stability and safety for the long pull are the first consideration, endowment funds are invested largely in low return securities, such as government bonds. The main reasons for the drying up of the usual endowment sources are smaller individual incomes; declining profits from business; high income, inheritance and gift taxes. It has been chiefly the individual of large means who has, in the past, established the endowments. Such individuals have experienced a long period of income uncertainty, as well as the constant threat of even greater taxation if fortunate enough to gain entrance to the higher income brackets. Furthermore, the feeling that the government will do it, that the government will look after everything, has contributed, to a considerable extent, to the drying up of the endowment source. The fact that for several years most economists have predicted that inflation is just around the corner, has also been a contributing reason why individuals with means have been reluctant to give away competence during a period of uncertainty and a doubtful future.

2. Government

The only other financial support that can be expected is from government and we are all aware of the apparent interest that government has today in assisting in the solution of many of our health problems. Of course, private organizations cannot expect to match the sums for research to which the government has access. The government could readily make an appropriation in any one field that would far surpass the entire contributions of all the private agencies in all fields. However, we must bear in mind, if major support for our research program is to come from governmental sources, that it does not stifle the individual initiative that has been such an important factor in all of the major contributions that research has made to improve the health of mankind.

AMERICAN COLLEGE OF DENTISTS

PROCEEDINGS OF THE MILWAUKEE CONVOCATION,

JULY 16, 1939.¹

REPORTS OF COMMITTEES TO THE BOARD OF REGENTS²

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I. CENTENNIAL CELEBRATION

Harold S. Smith, D.D.S., *Chairman*³

Chicago, Ill.

The Officers and Regents of the American College of Dentists, as well as your Committee on Centennial Celebration, have, since the time of the Committee's last report, proffered the co-operation of the College to the Centenary Committee of the Maryland State Dental Society in connection with their plans for a Centennial Celebration of Dentistry in Baltimore, March, 1940. The College will hold a special Convocation meeting there at that time.

Your Committee has had pleasant correspondence relations with the General Chairman of the Maryland Committee, Dr. B.

¹For reports to the College, see *J. Am. Col. Den.*, 6, 259-269; 1939, Sept.

²For reports of Necrology and Mace and Torch Committees, see *J. Am. Col. Den.*, 6, 197-214; 1939, Sept.

³The other members of this Committee (1938-39): Harry Bear, W. H. Mork, D. F. Lynch, J. H. Ferguson.

Lucien Brun, as well as with Dr. Earl W. Swinehart, and others. Your Committee is desirous of giving every possible support to the celebration which is planned at Baltimore.

It is suggested that these matters receive further discussion by the Board of Regents at this meeting.

II. CERTIFICATION OF SPECIALISTS

John Oppie McCall, D.D.S., *New York, N. Y.*

Chairman, Committee on Certification of Specialists⁴

The Committee on Certification of Specialists has, for geographical reasons, had no meeting during the year. Dr. Flagstad and the chairman attended, on October 24, 1938, a Conference of delegates from several organizations at which the subject of specialization in its various aspects was discussed and several actions taken. The subject was so completely covered in that meeting that it seemed unnecessary for this committee to initiate any supplementary action, and we have so agreed with the understanding that the actions of the Conference above referred to are herein endorsed. The report of their actions is included herein.

The report of the Conference with a list of delegates appointed thereto is appended to this report. The Conference is expected to meet again this year and to proceed to the actual organization of an Advisory Board for Dental Specialties.

General consideration of the subject as discussed by the Conference brought out the fact that there are many difficulties standing in the way of legalizing specialties and of providing for licensing of specialists under state laws. It was also felt that it was uncertain that legal limitation of the practice of some specialties is at present feasible or in the best interest of the public. What was believed to be clearly desirable from all viewpoints was the

⁴The other members of this Committee (1938-39): Max E. Ernst, H. C. Fixott, C. O. Flagstad, E. W. Swinehart.

certification of specialists in certain fields through examination by qualified boards set up within the various specialties. In order that these boards might develop equivalent standards for certification and otherwise proceed in a harmonious fashion, it was believed that an Advisory Board for Dental Specialties should be established.

Action favoring this step was taken by the Conference and this group is expected to organize an Advisory Board for Dental Specialists at the coming meeting of the American Dental Association. That board will have a position of authority only in the sense that it will be made up of delegates officially appointed by representative societies in the various specialties.

The orthodontists have a certifying board now functioning and the periodontists are expected to organize a certifying board at the meeting to be held this summer. As a member of their committee your chairman has been active in drawing up a constitution for such a Board and in determining standards for certification. The oral surgeons have not reached the point of organizing a certifying board although they are actively discussing this matter. The need for this is acute in view of the desirability of standardizing hospital dental service, in which the oral surgeon plays so important a role.

The American Association of Denture Prosthetists have not, so far as we know, entered actively into the discussion of a certifying board and standards for certification. Such action is desirable, as is also similar action by the American Society for the Promotion of Dentistry for Children. This group has not indicated that they are ready to proceed, but they are interested. The Association of Public Health Dentists have indicated informally that they do not feel that certification of public health dentists is desirable at present.

Early in May your chairman attended a hearing called by the New York State Board of Dental Examiners to discuss the legalizing of specialists. Representatives of the orthodontists, periodon-

tists and denture prosthetists spoke. There was a marked divergence of opinion as to the feasibility and desirability of setting *legal standards* and holding *special State Board examinations*, the consensus of opinion being that the matter should be dropped for the present as far as legislative activity is concerned.

So much for discussions and actions on the subject of certification of specialists during the past year. Your committee does not believe that the time is ripe for urging state legislation for certification of specialists, especially in fields where there is considerable doubt within the profession as to whether the specialist should limit his practice to his accredited specialty. The orthodontists have found it difficult to agree on legal standards and further exploration of this field may well be left to them.

There is increasing need, however, for setting up of *standards for specialists* in the fields mentioned above, together with the publication of lists of *specialists* accredited in those fields. Such lists would, of course, have no legal status but would be extremely useful to specialists and general practitioners alike in the reference of patients. Your committee feels confident that each of the specialties mentioned can be depended upon to set proper standards and to regulate certification in such a manner that the qualifications of those listed can safely be accepted by all in the profession.

Your committee recommends that the College approve the organization of an Advisory Board for Dental Specialties as outlined above. Your committee believes this Board should be organized under the auspices of the American Dental Association. We believe that the College through its individual members can effectively bring about the desired organization.

There is great need for the development of standards for specialization and the creation of a certifying board in Oral Surgery and your Committee recommends that the College, through its individual members, take active steps toward promoting the

needed action in the American Society of Exodontists and Oral Surgeons.

We recommend that the College endorse our position in the legalization of specialties and that legal limitation of the practice of specialties by state legislation be not encouraged at the present time.

The following are the Minutes of the above-mentioned Conference:

Meeting of Delegates to Consider the Development of Dental Specialties

An all-day meeting commencing at 9 a. m. was held October 24th, 1938, in Room 104 Hotel Statler, St. Louis, Mo. The following delegates and guests were present and took part in the meeting although the representatives of the American Association of Dental Examiners stated that they were there as observers and were not authorized to commit their organizations: Doctors Allshouse, Brownlie, Fitzgerald, Hooper, Leonard, Loeb, McCall, Mead, Noyes, Flagstad, Spalding, Terry, Thomas, Ward and Wood. (The list of organizations invited and delegates duly appointed is appended.)

The meeting was called to order by Dr. Leonard, who, upon motion, was elected chairman for the day. Dr. Mead was elected secretary.

After discussion it was unanimously resolved to recommend to the constituent organizations:

1. That representatives be appointed from the same organizations as were invited this year, to meet next year in connection with the A. D. A. meeting to organize an Advisory Board of Dental Specialties and to be the members thereof.
2. That the plan of membership shown on pages 10 and 11 of the booklet of the Advisory Board for Medical Specialties be followed for the Advisory Board for Dental Specialties.

3. That the preparation for specialists in dentistry after 1944 should be a master's degree or equivalent earned under a graduate faculty and devoted to appropriate subject-matter, plus three years of practice.

4. That provisions be made for standards of qualification for well-recognized specialists of ten or more years of standing.

5. That universities with dental schools be asked and stimulated to provide graduate instruction in subjects suitable as preparation for the specialties in dentistry.

6. That it be a function of the Advisory Board for Dental Specialties to publish a roster of specialists certified by the specialty examining boards together with appropriate biographical data, especially that relating to preparation for the specialty; this roster to be available to dentists, physicians and hospitals.

7. That the Advisory Board for dental specialties shall act purely in an advisory capacity in matters of dental legislation affecting specialty practice, making contact and cooperating in these matters with the American Dental Association and the American Association of Dental Examiners through the representatives of these organizations in the Advisory Board.

8. That the meeting for organizing the Advisory Board for Dental Specialties at the next meeting of the A. D. A. shall be Tuesday morning of the Convention week in the headquarters hotel.

9. That Doctors Leonard and Mead act as a committee during the year until the next meeting to prepare for the meeting in 1939.

The following organizations were invited and appointed delegates:

American Dental Association: Sterling U. Mead, 1149 16th St. N. W., Washington, D. C. Ira C. Brownlie, Metropolitan Building, Denver, Colo.

The American Association of Dental Schools: Russell W. Bunting, College of Dentistry, University of Michigan, Ann Arbor, Mich. Leuman Waugh, 576 Fifth Ave., New York City.

Council on Dental Education: Not functioning at time of the meeting due to reorganization.

The National Board of Dental Examiners: Harold W. Alden, 160 Main St., Northampton, Mass. Morton J. Loeb, 66 Trumbull St., New Haven, Conn.

The National Association of Dental Examiners: Morton H. Jones, Chairman, Comm. Dental Specialists, 1553½ No. 4th St., Columbus, Ohio. R. P. Thomas, Secretary, Heyburn Bldg., Louisville, Ky. Minor Terry, Education Building, Albany, N. Y.

The American College of Dentists: C. O. Flagstad, 1549 Medical Arts Bldg., Minneapolis, Minn. E. W. Swinehart, 717 Medical Arts Bldg., Baltimore, Md.

The American Association for the Advancement of University Education in Dentistry: Frederick B. Noyes, University of Illinois, College of Dentistry, 808 S. Wood St., Chicago, Ill.

The American Association of Orthodontists: Harry Allshouse, Jr., 6333 Brookside Plaza, Kansas City, Mo. Claude R. Wood, Medical Arts Bldg., Knoxville, Tenn.

The American Association of Oral Surgeons and Exodontists: Harry M. McFarland, Professional Bldg., Kansas City, Mo. Leslie M. Fitzgerald, 718 Roshek Bldg., Dubuque, Ia.

The American Association for the Promotion of Dentistry for Children: Floyd E. Hogeboom, 1203 Pellisier Bldg., Wilshire at Western, Los Angeles, Calif. John C. Brauer, 106 Foorest N. E., Atlanta, Ga. Alternates—Chas. A. Sweet, Walter C. McBride.

The American Association of Denture Prosthetists: Russell

W. Tench, 745 Fifth Ave., New York City. B. L. Hooper, 909 Sharp Bldg., Lincoln, Neb.

The American Academy of Periodontology: Harold J. Leonard, 630 West 168th St., New York City. John Oppie McCall, 422 East 72nd St., New York City.

The American Academy of Restorative Dentistry: Appointments were to be made at their October meeting.

The American Association of Public Health Dentists: Vern D. Irwin, Minnesota State Board of Health, University of Minnesota, Minneapolis, Minn. Earnest Branch, North Carolina State Board of Health, Raleigh, N. C.

Invited Guests: Edward Spalding, 555 Maple Ave. W., Birmingham, Mich. Marcus L. Ward, 1306 Cambridge Road, Ann Arbor, Mich.; President-Elect A. D. A.

(Signed) HAROLD J. LEONARD, *Chairman*,
STERLING V. MEAD, *Secretary*,
Organization Committee.

III. EDUCATION⁵

Alvin W. Bryan, D.D.S., *Iowa City, Iowa*
*Chairman, Committee on Education*⁶

In view of current proposals concerning dental education and with desire to spur the profession into such activity as may counteract these untoward influences, we wish to submit the following:

Resolutions

Whereas, the profession of dentistry is on the threshold of a new century of its development and growth, and

⁵For address to the College, see page 301, this issue.

⁶The other members of this Committee (1938-39): J. T. O'Rourke, F. W. Hinds, L. M. Waugh, R. S. Vinsant, Harry Lyons, J. E. Aiguier.

Whereas, the study and report of the needs of dental education and dental practice made by the Survey Committee of the American Association of Dental Schools has pointed out vast opportunities for dentistry in the field of health service, and

Whereas, the formation of the Council on Dental Education and its announcement of a sound program of dental education sets the stage for an epochal advancement in education and practice, and

Whereas, suggestions are being offered for new ventures in education and practice that are not in keeping with the high standards already attained, therefore, be it

Resolved, that the American College of Dentists go on record as being opposed to any plan of dental education or dental practice which represents retrogression rather than progress, and which seeks to provide various levels of health service for different economic sections of the public. And be it further

Resolved, that the American College of Dentists extend its support for any plan or effort to solve the problem of health service to the masses which is based on a continuation of the highest ideals of professional practice and tradition.

IV. LEGISLATION

B. Lucien Brun, D.D.S., *Baltimore, Md.*

*Chairman, Committee on Legislation*⁷

The Committee on Legislation, endeavoring to determine what specific duties it was supposed to perform, first studied and reviewed carefully the reports of previously appointed legislative committees of the American College of Dentists, desiring to familiarize itself with what had been attempted and intending to

⁷The other members of this Committee (1938-39): W. N. Hodgkin, W. A. McCready, G. S. Vann, Marcus L. Ward.

carry on from that point any worthy program that had been inaugurated and not completed. In our inexperience, it was felt that this would be a proper approach to prevent aimless endeavors, resulting in an eventual inactive and perfunctory report. As further consideration was given the matter of legislative committee duties, it became evident to the present Committee that, since no specific problems had been undertaken by any previous legislative committees nor had any definite duty been assigned to them, the reports therefore did not contain any specific unfinished undertakings. Nor were the recommendations made by previous committees of such a character as would warrant, in our opinion, any serious consideration, as they contained either suggestions that could not have been practically applied for the betterment of the College or the profession, or, if a program had been formulated that would eventually have made some of these recommendations possible, the expense to the College for legal counsel and advice would have been a very large one, and in the final analysis would have given to the College a practically valueless mass of material.

Since the American Dental Association, from whose ranks we draw our membership, maintains a professional legal staff in addition to active committees on Legislation and on Process Patent, which committees are constantly dealing with legislative matters in the Congress and in the different states (when requested to participate), and, too, as each state dental society has its legislative committee and, in the majority of cases, legal counsel as well, the necessity for an active legislative committee within the American College of Dentists appears to this Committee to be questionable.

After giving consideration to these several phases of the dental, legal and legislative set-up of the nation, and at the same time recalling the objectives of the College as we understand them to be, we felt that the only possibility of work by this Committee would be to endeavor to correlate, in a very incomplete and sim-

ple way, such material as has been accumulated by the American Dental Association and the several state societies, if such material could have been made available to the College and a legal staff provided to work in conjunction with its Legislative Committee to develop such a correlated report, all of which seems to your Committee not only a most impractical, but an actually impossible task. Furthermore, if the Legislative Committee should presume to make such a report without the aid of experienced legal counsel, such recommendations would have little weight with the College and would receive even less consideration from the authorities of the American Dental Association.

Therefore, assuming that the American College of Dentists is an honorary organization in the true sense, whose principal objectives are the development of educational and cultural details, we wish to report that after giving the subject careful consideration our conclusion is that for the American College of Dentists to have an active Committee on Legislation does not lend itself to the aims and purposes of the College—nor the Legislative set-up of the dental profession and we therefore recommend that the Legislative Committee as such be discontinued as a regularly appointed committee of this organization.

V. ORAL SURGERY⁸

Malcolm W. Carr, D.D.S., *New York, N. Y.*

Chairman, Committee on Oral Surgery⁹

The Committee on Oral Surgery, during the past year, has continued the study of a number of problems selected for investigation. These problems in general relate to the practice of oral surgery as a specialty of dentistry and may be summarized as follows:

⁸For address to the College, see page 295, this issue.

⁹The other members of this Committee (1938-39): E. R. Bryant, J. R. Cameron, C. W. Freeman, W. I. Macfarlane.

1. *Practice:*

- (a) The present status of the practice of oral surgery as a specialty of dentistry, particularly in relation to the scope and limitation of work.
- (b) The present tendency of medicine in certain localities to attempt to dictate the limitations of oral surgery as a specialty of dentistry, and to transfer oral surgery to the practice of medicine (surgery).
- (c) The present need for increasing the number and quality of oral surgical societies, particularly regional societies.
- (d) The desirability of certification of specialists in oral surgery.

2. *Hospital Dental Service:*

- (a) The oral surgical service as an integral part of modern hospital organization; a systematized plan of management based upon minimum standards of service.
- (b) Internships in oral surgery.

3. *Education:*

- (a) Survey of undergraduate curriculum.
- (b) Survey of graduate and post-graduate courses in oral surgery.

4. *Journalism:*

Creation of a Journal of Oral Surgery.

5. *Legislation:*

- (a) A study of the education laws of each of the forty-eight states, as the law applies to the practice of oral surgery as a specialty in dentistry.

- (b) A study of the advisability of qualification of the dentist to sign a certificate of death under appropriate circumstances.

6. *Medico-legal:*

- (a) A study of court decisions relative to malpractice suits in which a dentist or oral surgeon has been named as defendant, and compilation of a file of medico-legal abstracts.
- (b) A study of the desirability of establishing a Bureau of Legal Dentistry and Legislation.

The Committee has attempted during the past year to formulate certain basic problems for investigation (alluded to above) and then to select certain of these problems for intensive study. Furthermore, the Committee has established a policy of attempting to make effective progress by the solution of one or two of these problems each year rather than to keep a large number of subjects under actual consideration at one time. However, the nature of several of the studies require more or less continuous study over a period of years, or indefinitely, therefore, it will be necessary to compile data concurrently for a longer period of time, and to devise a plan for the effective culmination of this more extensive phase of the work.

The Committee has already made reference in previous reports to a number of problems listed herein, although it has not made formal recommendations to the College regarding them.

Further consideration has been given to the need for a Journal of Oral Surgery. Previous reports have indicated that such a journal would probably be self-supporting and, is actually desired by a large number of oral surgeons. Although the College could not appropriately sponsor such a journal, the Committee believes that acceptance by the College of this opinion regarding such a journal may possibly stimulate support for a Journal of Oral Surgery.

The Committee favors a National Board of Oral Surgery, the purpose of which would be to formulate standards of preparation for those wishing to be certified as proficient in oral surgery.

In accordance with the now established policy of the Committee on Oral Surgery, specific problems will be studied each year with the purpose of making some definite recommendation to the College at each annual convocation and, at the same time, a number of concurrent studies will be pursued over a longer period of time, which will eventually be reported upon in the form of a complete survey.

VI. RESEARCH¹⁰

Albert L. Midgley, D.D.S., *Providence, R. I.*
*Chairman, Committee on Dental Research*¹¹

It is a pleasure to report for the Committee on Dental Research upon its accomplishments during the past year.

As stated in former reports, the activities of the committee have been confined solely to three projects: (1) The William John Gies Award for outstanding achievement in research, (2) The William John Gies Grants-In-Aid and Fellowships, and (3) The attainment of an effective medico-dental relationship.

Since the St. Louis Convocation, the committee convened in Chicago, February 12, 1939, in Cleveland, March 17, 1939, and in Milwaukee, July 15, 1939. These meetings were held with the hope of further developing a mechanism, in the promotion of each of the items above mentioned, which might serve as a standard whereby future deliberations of the committee would be more or less routine in character.

The sub-committee on awards, at the outset, adopted a policy

¹⁰For address to the College, see page 340, this issue.

¹¹The other members of this Committee (1939): W. D. Cutter, P. C. Kitchin, J. E. Gurley, A. B. Luckhardt, L. M. S. Miner, P. J. Hanzlik, Irvine McQuarrie, L. R. Main, A. M. Schwitalla.

of making haste slowly with the view of avoiding the waste of false starts and unforeseen pitfalls. It has given concentrated thought and attention to the values of awards, and their conclusions have been studied very carefully by the entire Committee on Dental Research. The committee definitely decided that the time and place of the bestowal of the award shall be within the discretion of the Research Fellowship Board; that the award shall be in the form of a suitably inscribed citation; that traveling and all other expenses incidental to the bestowal of the award shall be met by the American College of Dentists; and that a permanent record of all citations so awarded shall be effected by the publication of the same in the Journal of the College. The committee is convinced that no stipulations should be made as to the frequency of the bestowal of the award. They shall be granted for meritorious service, as conditions may warrant. The first award will be made at the Centenary Celebration, which is to be observed in Baltimore, Maryland, in March, 1940.

Dr. Arno B. Luckhardt and his able sub-committee have given much time and thought to the development of regulations and other items incident to Research Fellowships and Grants-In-Aid. With the hope of giving his splendid outline wide publicity, copies thereof were mailed to the non-proprietary dental journals, the Journal of the American Medical Association, various prominent Foundations, the International Association for Dental Research, and to the Deans of the Medical and Dental Schools in this country and Canada.

Through intensive study, emphasis has been given to improvement of the medico-dental relationship. The epitome of replies received from medical and dental deans to the communication from the Committee on Dental Research, last fall, has been further revised and condensed by Dr. Lloyd E. Blauch. His summary emphasizes very clearly that there is practically no serious difference of opinion or motive as to the objects which we are seeking. It is obvious, too, that the medical and dental

deans, as a group, are ready and willing to go hand in hand in the solution of the interrelated problems of medicine and dentistry. The compulsion of that task was constantly upon us, and at no point was there shown the slightest desire to do anything but discover the best means to attain this objective. There is an undertone of high respect and of enthusiasm for that which the committee is trying to do. This is decidedly encouraging.

The committee has adopted the philosophy of taking the middle of the road in its travel, striving to have in mind, and to make a sound application of the rule of reason and common sense. Whether the dental degree should antecede the medical degree or be superimposed upon the latter appears to be the beginning of the end of the discussion. The suggestions of serious-minded men and of faculties of medical and dental schools, must be given earnest attention, for, only through that channel may enlightenment come to all. Even the views of those who feel that the dental hygienist should be a species of a hybrid dentist, and that dental mechanics should supersede those fully qualified through what is done by the skilled hand working in assured harmony with the instructed mind, should not be cast aside. Whether the content and quality of the present setup, the material at hand, the accomplishments of 100 years of men educated and trained to become dentists, the training in the biological sciences, and achievements in the attainment of digital skill, form a satisfactory foundation for continued wholesome and vigorous professional growth, is a question that should be properly determined through a meeting of the minds of physicians and dentists, medical and dental educators, and others who have a clear perception of our problems. Let those, who will, experiment. Let us support them in their experiments, but have constantly in mind, that some things may be ideal in theory but are not always attainable in practice.

Serious consideration was also given to the distribution of funds from the \$25,000 allotted the Committee on Dental Re-

search by the College. It has been voted to request the Board of Regents to grant \$5,000 for the use of the Fellowship Board for the year 1939-40; also, to devise ways and means whereby funds from the College for the use of the Committee on Dental Research may be maintained and augmented.

The Committee on Dental Research, rather than confine themselves to their own views and opinions, opened the doors to men of vision and ability upon whom they could rely for inspiration, encouragement, guidance and information in each phase of their work. It gives us pleasure to add to this formal reading of the result of our labors, that we are most fortunate in having in our midst men of the dental and medical professions, though not members of our committee, who have devoted themselves unselfishly to the solution of our problems. The Committee on Dental Research is deeply indebted and expresses its appreciation to Drs. Lloyd E. Blauch of Chicago, Otto W. Brandhorst of St. Louis, Herbert E. Phillips of Chicago, Charles E. Rudolph of Minneapolis, Harold S. Smith of Chicago, and Frederick C. Waite of Cleveland. Likewise, the appreciation of the committee is extended to the members of the Cooperating Committee appointed by the International Association for Dental Research, Drs. Alvin W. Bryan of Iowa City, Frank H. Cushman of Boston, and Thomas J. Hill of Cleveland, who gave generously of their time, ability and effort in the work of our committee. All of these mentioned are recognized as sincere and devoted students of dentistry and of professional problems.

AMERICAN COLLEGE OF DENTISTS

ABSTRACT OF MINUTES, AD-INTERIM MEETING OF BOARD OF
REGENTS, 1939-40, SERIES NO. I

HOTEL PENNSYLVANIA, NEW YORK CITY,

DECEMBER 3, 1939

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

St. Louis, Mo.

Morning Session: Present, 8. Minutes of sessions in Milwaukee read and approved. Report of Officers: President, theme for year: "Dentistry's Centennial: Progress and Opportunity"; President-elect, report accepted; Secretary: The deaths of the following Fellows reported: T. L. Grisamore, Chicago, Ill., Oct. 16, 1939; F. M. Hight, Houston, Tex., Aug. 6, 1939; Wm. H. McCracken, Detroit, Mich., Sept. 12, 1939. The secretary reported that up to Dec. 1, 1939, 480 ballots on the change in the constitution had been received; 465 of these were for the proposed change; 12 were opposed and 3 ballots were defective. Number of votes required for a change in the constitution, 414 (a majority of the voting membership); balloting was declared closed and the constitutional amendment declared passed.

Assistant secretary reported on the activities of the various sections and committees. Report accepted.

Treasurer's report: Report showed balance on hand as of November 30, 1939, \$24,565.97 plus securities \$5,000 (par value).

Editor's report: Report received with suggestions for plans for publishing reports from sections.

Afternoon and Evening Sessions: Present, 8. Report on Centennial meeting at Baltimore by E. W. Swinehart. Report ap-

proved. Program for American College of Dentists' convocation on Sunday, March 17, 1940, at Baltimore, presented by secretary. Approved.

The secretary reported that correspondence with Secretary Moulton of the American Association for the Advancement of Science indicated their interest in dentistry but urged greater membership. The secretary was instructed to urge upon all Fellows to become members of the American Association for the Advancement of Science.

Regents' Meeting: Voted that Regents hold meeting in Chicago on Feb. 11, 1940.

MINUTES OF THE FOURTH ANNUAL MEETING OF SECTIONAL
REPRESENTATIVES, AS GUESTS OF THE NEW YORK SECTION,
HOTEL PENNSYLVANIA, NEW YORK,
DECEMBER 3, 1939

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

The representatives' meeting was held in the Southeast Ballroom of the Hotel Pennsylvania, New York City, on Sunday, December 3, 1939, with about fifty (50) persons present. After a delightful luncheon, with good fellowship abounding, Dr. Wm. J. Gies, Chairman of the New York Section, extended greetings and presented Dr. A. W. Bryan, President of the American College of Dentists. Dr. Bryan in turn presented Dr. Arthur H. Merritt, President of the American Dental Association and immediate past-president of the American College of Dentists.

Dr. Merritt spoke on the opportunities of the College, stressing the desirability of sections maintaining a year-round interest and contact in College affairs and the possibility of publishing section activities in the JOURNAL. He urged that the President attend as many section meetings as possible for the stimulation of the interest of the members as well as for his inspiration. Dr.

Merritt stressed the importance of dentistry's centennial and urged all to attend. He stated that March 11, 1940, had been selected as the date for nation-wide dinners by the profession in commemoration of dentistry's centennial as well as to arouse interest in the celebration at Baltimore the following week.

The minutes of the representatives' meeting held in Chicago on February 12, 1939, were read and approved. President Bryan then called upon the several section representatives, who responded as follows:

Maryland Section—Earl W. Swinehart: Dr. Swinehart stated that the Maryland Section had been busy with the centennial plans and every man was assigned to duty.

Minnesota Section—Chas. E. Rudolph: Dr. Rudolph stated that Socio-Economics had been stressed by their section during the past year. He expressed the hope that the proceedings of their meeting might be published in the near future.

Washington, D. C., Section—Luzerne Jordan: Dr. Jordan stated that many of their members were busy making proper contacts with the government, but urged that wherever possible, persons should obtain desired information from properly authorized committee. He stated progress had been made in regard to the plaque for Dr. Rodriguez.

Illinois Section—Harold S. Smith: Dr. Smith urged the early publication of committee reports in the JOURNAL to arouse the interest of the members in College activities.

New England Section—A. L. Midgley: Dr. Midgley stated that medico-dental relationship had been their theme of activity for several years and reported progress.

Pittsburgh Section—E. G. Meisel: Dr. Meisel reported that the Pittsburgh Section usually outlined its program for the year and assigned activities to members, their plan being to supplement the American College of Dentists' activities.

Wisconsin Section—G. W. Wilson: The secretary read a report for Dr. Wilson, who was prevented at the last moment from

attending. The report indicated that the matter of Prosthetic Dental Service was the subject of special interest in their Section.

St. Louis Section—O. W. Brandhorst: Dr. Brandhorst stated that the St. Louis Section, too, was especially interested in the prosthetic problem. He also took the opportunity to present an outline of the program for March 17, 1940, at Baltimore.

New York Section—L. M. Waugh: Dr. Waugh expressed the appreciation of the local section for the meeting of the Regents and representatives. He stated that their section had been especially interested in journalism and graduate instruction.

All representatives brought greetings from their respective sections. Meeting adjourned at 3:45 p. m.

THE CENTENNIAL OF AMERICAN DENTISTRY¹

ARTHUR H. MERRITT, D.D.S.²

*President of the American Dental Association
New York, N. Y.*

On March 17, 18, 19 and 20, 1940, in the City of Baltimore, under the auspices of the American Dental Association, American dentistry will celebrate the centenary of its birth. This should prove to be an epoch-making event in its progress. Never in the life of any living member of the profession will there be an occasion of like importance. Already, plans are under way to make this a memorable affair. A program is being prepared that will be unique.

On Sunday, March 17th, the American College of Dentists, in cooperation with several other dental organizations, including the American Dental Association, American Association of Dental Schools, American Association of Dental Editors, the Inter-

¹Published simultaneously in the *Journal of the American Dental Association*, State journals and local bulletins.

²This is the second in a series of articles being written by President Merritt.

national Association for Dental Research and Omicron Kappa Upsilon, will put on a program showing the steps by which dentistry in this country has advanced to its present high standing. These will be represented by Organization, Journalism, Education and Research.

In each of the several scientific sections to be held on March 18, 19 and 20, three essayists, chosen for their known qualifications for the assignment, will present papers. Each has been selected as representative of the best in his field. Men of high distinction, outside of the profession, will address the general assembly.

On two of the three evenings, a pageant depicting the history and progress of dentistry will be presented. Rehearsals are now under way to make this an outstanding feature of the celebration.

Attendance at the meeting in Baltimore should be an unforgettable experience, one which no dentist, interested in the history and progress of his profession, can afford to miss.

This centennial celebration has two main objectives, the first of which is to acquaint the members of the profession with the travail, birth, development and progress of American dentistry. It is an inspiring record. Beginning as a mere craft, dentistry has in the brief space of one hundred years developed into a profession recognized throughout the civilized world for its excellence. It has made health service its goal. It has transformed an occupation for livelihood into an occupation for *service*. To the world, it has given the greatest boon within the gift of man—surgical anesthesia. These facts should be reemphasized to the members of the profession for their inspiration and encouragement. In order that this may be done, plans are being considered for simultaneous celebration of our centenary by every dental society in the United States on March 11. This will add greatly to the interest of the occasion and make possible the participation of those who may not be able to attend the celebration in Baltimore.

The second, and equally important objective, is to take advantage of the opportunity which the occasion offers, to inform the public of what dentistry has achieved in the past, the service it is prepared to give in the present, and its plans for the future. It should, in a word, be made the occasion for widespread publicity. Never was there provided a better opportunity. *It must not be allowed to go by default.* To do this properly, funds in considerable amounts will be required. With a view to paying some part of this cost, and at the same time give greater publicity to the event, commemorative stamps will be sent to the members of the profession by the committee having the celebration in charge. Purchase these stamps when they arrive and affix them to your letters as you do the relief stamps. Send in your dollar or as much more as you can. The cost will be trifling compared to the educational value of the plan. Also publicize dentistry's centennial among your patients. Tell them of what American dentistry has accomplished in the first century of its existence. And lastly, *make your plans now* to attend the four days' celebration in Baltimore next March. With *your cooperation*—you who are one of the 45,000 who make up the membership of the American Dental Association—our centennial celebration can be made an unqualified success—a memorable event in the history of American dentistry. *It needs only your cooperation to make it so.*

EDITORIAL

ORIENTATION THROUGH DENTAL HISTORY

Dentistry in its present stage as an autonomous profession is distinctly an American accomplishment. Throughout the world this is credited, even among those leaders of variant political ideologies who scoff at the social and economic accomplishments of the United States. This being true, it is strange to encounter practitioners who manifest concern and discontent as to their status and prestige in the family of professions, or to hear the oft-repeated statement that "dentists as a group exhibit an inferiority complex."

If such concerned individuals are numerous, or the observations as to group behavior accurate, it would appear likely that we have failed widely in one phase of orientation of those entering the profession. It seems possible that in concentrating on development of the highest technical standards we may have overlooked the tremendous value of dental history in orientation of the individual and in obviating an erroneous attitude which neither begets self-respect nor serves as a suitable foundation on which to build real prestige.

There has been far too ready acceptance of the false idea that the early history of the profession yields solely a succession of mechanical operators. The truth is, as evidenced by a broader study of dental and of contemporary history, that the dental profession has run a course somewhat parallel with that of medicine; naturally not so broad in its scope of service and therefore not of as prompt prestige in community life, but nevertheless a parallel course in its more restricted field. The contrast is that medicine has studied all phases of medical history in its development with appreciative interest whereas the concerned individual in dentistry has apparently sought a studied evasion of dental

history as if fearful of its story. Like the poet's man of achievement "he despises those rungs by which he did ascend". Actually the phases of either profession are but accurate indices to the national cultural conditions of any period examined.

Much erroneous interpretation in dental history may be attributable to the examination of remnants of a period, usually the most unsavory remnants at that, with no study of the contemporary setting from which they were taken, but contrasted solely with standards of today. Drawings and etchings of crude extractions or descriptive bits of operative procedure are noted with revulsion but often without the realization that in the Middle Ages a large portion of the healing art became the habitué of the street corner and the market place. And yet we know the profession was one with medicine, of the same noble lineage, and that dental relief, and often restoration, engaged the interest and attention of practically every prominent figure in medical history.

Again in our own Colonial period are we prone to read those precious bits of history in newspaper announcements, frequently the only clues to identity and movements of these desultory practitioners, and stamp them unworthy progenitors because of immediate contrast with ethical and clinical standards of today. For a true perspective some of the customs and crudities of Colonial life must be borne in mind. A fair picture can scarcely be gained by reading alone from the Virginia Gazette that Dr. John Baker, on his arrival in Williamsburg in 1772, announces his Anti-Scorbutic Dentifrice will "eradicate the scurvy, be it ever so bad". It is well, for more accurate evaluation, to scan contemporary press announcements and note Dr. John Tennant's Seneca Rattle Snake Root advanced as a panacea for the fevers of the tidewater country, or a prominent attorney advising that he "intends to collect more money or do less business". Many other items will yield the hint that a dental announcement at

which many feel shocked is but an index to the forthright and often crude customs of the period. In truth, both Drs. Baker and Tennant were highly esteemed in the Colony and the latter of such interest as to be the subject of an intended biography.

Nor is it broad historical study to look askance at the guarded operative procedure and patents of the early dental practitioners without some knowledge of the "Vaccination Trust" with which medicine was beset over the same period. We have a ready ear for the cry of the prominent early dentist against the "gasconading charlatan" without hearing the like plaint of the contemporary ethical physician against the "quacks, arcanums and bedside banditti".

If there were lacking an abiding conviction that medicine is one of the noblest endeavors in which man may engage, the above use of the medical background might be held in questionable taste. But there is as strong persuasion that the study of dental history is meaningless, save against the coincident medical and general cultural background. If we take pride in the progress and development of our nation, in that nation's advances in public interest, we can take no less ordinate pride in the development of one of its most distinctive accomplishments.

The renaissance of interest in dental history, as evidenced by exhaustive study and excellent volumes on the dental histories of a few of the states, is one of the most hopeful trends to be noted in the profession. And the year ahead, with the Dental Centenary Celebration, should give further impetus to that interest. It should be possible then to lend emphasis and conviction to the fact that at the very time when the nadir of dental standards, measured by contemporary curves, was reached in this country the profession was yet so rich in leadership as to achieve its greatest accomplishments. The horde of untrained operators who, with no legal barriers to prevent, proclaimed themselves dentists in the depression during Jackson's second administration

brought an intolerable situation which but quickened the aims of the illustrious group who sought to establish dental education, dental literature and dental organization.

The history of the period may be studied with benefit not only by the individual lacking orientation as regards appreciation of his profession. It may be studied with equal profit by those charged with responsibility in the profession. All situations that have been faced or will be faced are the results of historical developments; patient and intelligent action demands a consciousness of development and trends.

—W. N. H.

CORRECTION

In the September issue of the Journal, page 283, appears a notice concerning the volume on Dental Caries. This was said to be one of the projects resulting from the Centenary celebration. This is an error. The development of this volume has been under consideration by the Research Commission of the American Dental Association and others for a considerable time. The work was finally inaugurated through a special committee under the direction of the Research Commission, but appointed by the Trustees of the American Dental Association. Further statement concerning the personnel of the committee and the volume appears in this issue under the title, "Book Review."

CORRECTION

In the June issue of the Journal, page 157, appears this statement: "The secretary of the Institute is president of the laboratories which are publishing the new proprietary journal, Cal." Although this information was secured from an apparently reliable source, it has later been determined that the president, Major W. S. Rice, of the laboratory publishing Cal, is in no way associated with the Dental Institute of America. Also, on page 155, line 9, June issue of the Journal, the number reading 33 should read 211.

—J. C. B.

DENTISTRY ONE HUNDRED YEARS AGO

The following items of information are very interesting. They have been developed as a part of the publicity leading up to the Centenary Celebration to be held in Baltimore in March and are submitted herewith with the thought of showing that these men in our early history had a vision reaching far ahead. Further, it is a correct vision based upon true philosophy and philanthropy. We should read it now understandingly and appreciatively.—Ed.

INFORMATION CONCERNING THE AMERICAN SOCIETY OF DENTAL SURGEONS

SOLYMAN BROWN, M.D., *Secretary*
(*American Journal of Dental Science*, Vol. I)

Among the primary objects kept steadily in view by the projector of this society and his professional coadjutors, may be alleged, first: The Public Good, resulting from the united efforts of the most distinguished and enterprising practitioners in the United States, aided by those of other countries, in settling the best methods of practice in all forms of dental disease.

* * * * *

How much soever may be done by isolated individual effort to acquire personal distinction and emolument, benefiting a narrow circle of patients, the true philosopher and genuine philanthropist embraces within the scope of his vision a wider horizon. Leaping with benevolent dexterity from the circle of selfishness, he stands erect in the unlimited dominions of Truth and Charity, performing the appointed duties of his sublunary existence for the benefit of mankind. Not so with those who contract themselves like the tortoise within their own shells, and make no excursions except for booty.

* * * * *

A second object of the projectors of this society is to embody

all regular and worthy dental practitioners throughout the United States, in a properly organized fraternal association for the suppression of quackery and imposture.

* * * * *

To this end it will be the constant effort of the members of the American Society of Dental Surgeons to bring within their fraternity all those deserving individuals in every section of the country who are desirous of introducing true theory and honorable practice into the profession.

* * * * *

In the second place: The encouragement of genuine merit and well-intended effort in the cause of humanity will have the effect of sustaining a respectable class of dental practitioners, to whom alone the public will, in time, learn to look for relief in dental diseases. Hitherto, the community has been almost wholly uninformed as to the comparative competency of the several classes of professed surgeon dentists. This society will have power to establish lines of demarkation between the truly competent and the mere pretenders to dental knowledge. Such as deserve the support will be sustained and encouraged by the combined influence of the entire dental association in the United States, insomuch that the simple fact of membership will constitute a passport to public favour.

* * * * *

In the third place: The elevation of the profession from the condition of scattered individuals to the rank of an organized association, recognized by the laws of the land, and acknowledged by similar bodies among the other professions, will be one of the earliest effects of the formation of the American Society of Dental Surgeons.

* * * * *

The subject of conferring the degree of dental surgery has engaged the early attention of the society and the committee appointed to prepare the diploma and its appropriate seal has

already nearly completed its task. Every member of the society, honorary as well as active, will be entitled to a diploma by paying into the treasury a stipulated sum, to be used for the benefit of the society. Although the simple act of conferring a scientific degree does not of itself impart any additional knowledge, it may be made at least an evidence of knowledge already acquired by theory and confirmed practice.

The encouragement of dental colleges like that in successful operation at Baltimore is a favourite object of this society, considered as one of the means of accomplishing the great objects of the association. Whether the society will organize a college of its own, or merely encourage the formation of several in various sections of the Union, remains yet to be determined. There cannot exist a doubt, that the constant demand for properly educated dental practitioners in twenty-six states, besides several territories soon to become states, will require more than one dental college as soon as this mode of professional education shall be generally pursued. When we reflect that the necessities of the community will require at least one dentist to every four physicians throughout the land, in order to counteract the luxurious habits, the hereditary tendencies, and the inveterate negligence of the inhabitants on the score of cleanliness of the teeth, we arrive at the necessary conclusion that schools of dental instruction will be demanded in the ratio of at least one to four, compared with those of general surgery and medicine.

The dental magazine already established, being the first publication of the kind in any age or country, so far as history informs us, has received the decided approbation of the society, with the assurance of its constant support. Although the conductors and original projectors of the American Journal of Dental Science were quite willing to resign the publication into the hands of the society that body was disposed to decline the transfer, believing that the periodical would be best conducted on its present plan, modified perhaps, on the appearance of the second

volume, so as to assume the form of a quarterly instead of a monthly publication.

* * * * *

But thus far I have spoken only of disqualifications, which has prepared the way for answering directly the question before us: "What are the essential qualifications for membership in the American Society of Dental Surgeons?"

Respectable talents; creditable acquirements; professional integrity; and a good moral character. These four requisites are esteemed indispensable to a useful performance of the difficult and delicate duties of the dental surgeon, and all these, therefore, will be deemed essential to a fellowship in this association.

NOTES AND COMMENTS

AMERICAN ASSOCIATION OF DENTAL EDITORS

The American Association of Dental Editors, in their meeting in Milwaukee, showed an advance in understanding and spirit and manifested an increased desire to be of use to the profession of which they are the literary part. An all-day meeting with dinner and an evening program was held, during which time many papers on different subjects pertaining to dental literature were presented and discussed.

It is interesting to note the growth that has taken place in the comparatively few years, both from the standpoint of membership and of understanding. In January, 1932, the membership was 49, representing 49 periodicals; in July, 1939, the membership was 260, representing 93 periodicals. Quoting from President McBride's address: "In January, 1932, there were 89 publications under professional control and 26 privately controlled. Today there are 115 under professional control and 18 privately controlled; of these 18 not under professional control, two-thirds are conspicuously house organs, advertising pamphlets, or laboratory organs."

The association has gone ahead with its work, developing a Code of Abbreviations for the titles of periodicals and a uniform method of making bibliographic references. This, in itself, is a great advance due to the ease with which readers will be able to connect up a current article with one of earlier appearance. Much time has been given to the work involved in the editor's job, so that when and if the time comes, that more funds can be provided we will have within our profession a literature second to none.

Officers elected for the current year are: Harold J. Noyes, Chicago, President; Grace R. Spalding, Birmingham, Mich.,

Vice-President; Otto W. Brandhorst, St. Louis, Secretary-Treasurer.

* * *

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

This committee is proceeding at a rapid pace with its work. Starting with an original committee of eleven, the committee has grown, including the secretary of each state society, with a committee of three appointed within each state, augmented by one member of the College within each state, and in addition, we have asked the trustees of the American Dental Association each to lend a helping hand within his district. This gives us a large committee, out to raise, in round figures, \$27,000 to complete the Endowment Fund for the Journal of Dental Research.

One member alone has turned in over \$500 in cash and pledges. If each one of the committee will work as diligently we will see the fund completed. We hope every member of the profession will be interested to the extent of a nominal contribution.

* * *

DENTAL CENTENARY CELEBRATION

The College and the entire profession are now looking forward to the Centenary Celebration to be held in Baltimore, Md., March 17, 18, 19 and 20, 1940. This should be the occasion of a great celebration on the part of the profession. We now have 100 years of experience and experiment back of us. We have 100 years on which to base the autonomy of our profession. We have 100 years of service to the public and in which we have seen the profession grow from a thing with a mechanical genius through art and into a scientific field. We ought to be glad and we will show that satisfaction at the celebration in Baltimore.

SUB-SECTION ON DENTISTRY—A. A. A. S.
COLUMBUS MEETING

The Executive Committee of the Section is composed of Dr. J. L. T. Appleton of Philadelphia, Dr. T. J. Hill of Cleveland, and Dr. Paul C. Kitchin, Secretary, of Columbus.

The personnel of the local committee of arrangements is Dean W. D. Postle, chairman; Dr. C. O. Boucher, Dr. R. D. McFarland, and Dr. Paul C. Kitchin. The following program will be provided and all Fellows are invited to attend:

PROGRAM

Saturday, December 30, 1939, 9:00 a. m.

Room 102, Derby Hall, Ohio State University

1. Reduction of Experimental Rat Caries by the Addition of Fluorine to the Diet. Sidney B. Finn, School of Medicine and Dentistry, University of Rochester, Rochester, N. Y.
2. Reduction of the Solubility of Enamel and Dentin by Fluorine. J. F. Volker, School of Medicine and Dentistry, University of Rochester, Rochester, N. Y.
3. The Effect of Fluorine on the Formation of Acids by Mouth Bacteria. B. G. Bibby and Mary Van Kesteren, School of Medicine and Dentistry, University of Rochester, Rochester, N. Y.
4. Inhibition of Experimental Dental Caries by Fluorine in Desalivated Rats, and Related Studies of the Salivary Glands. Virgil D. Cheyne, School of Medicine and Dentistry, University of Rochester, Rochester, N. Y.
5. A Method of Repositioning the Mandible in the Treatment of Temporomandibular Joint Lesions. B. N. Pippin and A. J. McCullough, School of Dentistry, Washington University, St. Louis, Mo.
6. Physiology of an Ovarian Dermoid Containing Teeth. Rudolph Kronfeld, Foundation for Dental Research of the Chicago College of Dental Surgery, Chicago, Ill.
7. The Inhibitory Action of Synthetic Wetting Agents and Other Compounds on the Metabolism of the Plaque Material Associated with Human Dental Caries. B. F. Miller, Zeller Memorial Dental Clinic, Chicago.

8. Bacterial Flora in Experimental Dental Caries of the Rat. Effects of Certain Enzyme Inhibitors Incorporated in the Diet. R. M. Harrison, Zeller Memorial Clinic, Chicago.

Saturday Luncheon, 11:30 a. m., Pomerene Hall, Ohio State University

Saturday, December 30, 1:30 p. m., Room 102, Derby Hall

Symposium Subject:

DEFINITE ORAL MANIFESTATIONS OF SYSTEMIC DISEASE

1. A General Consideration of Definite Oral Manifestations of Systemic Disease. Edw. H. Hatton, Dental School, Northwestern University, Chicago.

2. Oral Manifestations of Blood Dyscrasias. T. J. Cook, School of Dentistry, University of Pennsylvania, Philadelphia.

3. The Oral Manifestations of Some Endocrine Disorders. Lester R. Cahn, 944 Park Ave., New York.

4. Diseases of the Soft Tissues of the Mouth. Presented by Motion Pictures in Color. J. R. Blayney Zeller Memorial Dental Clinic, Chicago.

5. Oral Lesions of the Soft Tissues in Nutritional Deficiency States. Bruce K. Wiseman, Dept. of Medical Research, Ohio State University, Columbus, Ohio.

6. Syphilis of the Mouth. William N. Taylor, College of Medicine, Ohio State University, Columbus, Ohio.

7. Oral Manifestations of Experimental Dietary Deficiencies in Monkeys. Norman H. Topping, U. S. Public Health Service, Washington, D. C.

8. Mucous Membrane Disturbances of the Oral Cavity in Relation to Endocrine Disturbances. David Weisberger, Harvard Dental School, Boston.

9. Dental Conditions in Diabetic Children. George Stein, Harvard Dental School, Boston.

STATEMENT REGARDING THE PROPOSED NEW PLAN OF DENTAL
EDUCATION AT HARVARD UNIVERSITY

LEROY M. S. MINER, *Dean, Harvard Dental School*

During the past year a Harvard University committee has been studying the problems of dental education. The report of this

committee has been considered by the Faculty of Medicine and by the University Administration.

No official statement regarding the suggestions of the committee has yet been released. Nevertheless, various accounts, based entirely upon rumor, have appeared. It is unfortunate, both for the Harvard Dental School and for dental education, that many irresponsible and misleading statements have been made which, in large part, are without foundation in fact.

It is not possible to release the details of the plan which has been formulated at this time, but it is expected that a full account of it will be made public not later than January 1st. In the meantime, the following observations may serve to correct some of the many misapprehensions that now exist:

1. Harvard is not "going to end its dental school after seventy years".

2. It is not true that, beginning this fall, the Harvard Dental School would cease to exist. As a matter of fact, the Harvard Dental School did accept this fall the usual first-year class, with a full quota of students, and will carry this class through the entire four years under the present framework.

3. There is no truth in the statement, as applied to the present situation, or to the contemplated new plan, that "All candidates contemplating the study of dentistry must first enroll and qualify by acquiring the degree of doctor of medicine, before entering upon the study of dentistry."

4. The statement, that the objective of the new course in dentistry will be not to train men for the general practice of dentistry, is misleading. Whatever new plan is adopted, it will still be possible for men to qualify for general dental practice and to satisfy requirements for licensure.

5. The statement has been made that Harvard is going to discontinue teaching prosthetic and other forms of restorative dentistry, and confine itself simply to preparing men for oral sur-

gery and other specialties. Again, this is wholly without foundation in fact.

6. The dental profession may rest assured that any modifications in the curriculum now under consideration will, if put into effect, be expected to elevate the importance of dentistry as a profession, and neither to lower its standards nor to diminish its effectiveness.

7. Until a full account of the plans of the new course has been presented officially, we ask the many who are interested in the Harvard Dental School and in the progress of dental education to delay judgment.

* * *

A MEDICAL AND SCIENCE ADVISORY COUNCIL

Dr. Willard C. Rappleye, dean of the College of Physicians and Surgeons of Columbia University, was elected president of an advisory council established at a meeting held on June 24 at Chicago, by representatives of the Association of American Medical Colleges, the American Hospital Association, the Catholic Hospital Association, the Federation of State Medical Boards of the U. S. A., the Advisory Board for Medical Specialties, the National Board of Medical Examiners, the American College of Physicians, the American College of Surgeons, the Association of American Universities, the American Association for the Advancement of Science and the American Public Health Association. The purpose of the council is to correlate the efforts of universities, hospitals, licensing bodies, public health associations and boards of specialists.

—*Science*: July 7, 1939 (p. 13).

BOOK REVIEW

PERIODONTAL DISEASES (Diagnosis and Treatment), by Arthur H. Merritt, D.D.S., M.S., F.A.C.D., F.A.C.P. (Second Edition.)—Published by The Macmillan Co., New York. Price \$3.50.

The author of this book is well known in the profession, occupying at the present time the office of President of the American Dental Association. He is recognized among periodontists as an authority and the call for the second edition of his book would indicate its value to the practitioner. It consists of 205 pages, including a well-arranged index and is divided into 22 chapters, including one entitled, "Conclusions".

It is essentially a guide for the clinician, though the undergraduate will find a wealth of material for the beginning of his days in clinical procedure. In Chapter II, the author defines Periodontia, followed in the next with a discussion of nomenclature, or the different forms of gingival and periodontal disease, with the treatment recommended. His emphasis upon diagnosis, with a full discussion of differential points in diagnosis, make this valuable. Treatment cannot be properly carried out unless a correct diagnosis has been made. The etiology must be known, in so far as possible, then treatment can be administered. He follows this plan throughout the text. One chapter is devoted to the subject of Vincent's Infection.

The book might well be divided into two parts, Periodontia and Periodontoclasia—the one, disease of the gingiva and the other, disease of the periodontium. The same form is followed in the latter section, including a discussion of food and nutrition with a splendid table of foods as sources of vitamins.

The clinician will find this text of great importance in his clinical work and of no less importance from the medicinal and scientific approach to the treatment of this or these diseases.

A.D.A. RESEARCH COMMISSION, VOLUME ON DENTAL CARIES
Published by the A.D.A., 212 E. Superior Street, Chicago, Ill.

Under the direction of the Research Commission of the A.D.A., through a special committee consisting of Daniel F. Lynch, Washington, D. C., chairman; William J. Gies, New York City, secretary; and Charles F. Kettering, Detroit, Michigan, Counselor, there has been compiled a list of researchers in the field of dental caries, together with a statement from each as to the work which he has done, including his conclusion as to the cause of dental caries. This book, then, is a compilation of the opinions of 195 living investigators representing 25 different countries. It becomes at once a complete statement as of this date concerning this disease so baffling to the dental profession. No attempt has been made to arrive at a composite conclusion, but here are as many possible differences of conclusion as there are men at work.

This is a very valuable book to the dental profession, through whom its value must be reflected to the people whom we serve, through our services. It is comprised of 188 pages with an average of a little less than a page devoted to each individual. Therefore, it will be easily and interestingly read and studied. Every member of the A.D.A. should avail himself of a copy of this book. Price, \$1.00.

* * *

The 1939 Year Book, edited by several members of our profession, and published by the Year Book Publishers, Inc., 304 S. Dearborn Street, Chicago, Illinois. Price \$3.00.

The 1939 Year Book of Dentistry is off the press. It constitutes a digest of all the best that there is in dentistry, not only from literature published by or for the dental profession, but some which reaches out into others as well. From a technical

standpoint it contains, according to an analysis of the book, "121 technics every dentist can use." It is concise, easy to read, presenting a digest of 376 articles selected from 87 scientific and professional publications issued in the United States and eleven foreign countries, including 500 illustrations. More than half of the digest carries comments by the editors.

This book saves you the price of many magazines and the labor of reading lengthy articles. The best is given to you and if you require an article, it may be easily had. It is edited by well-known men in the dental and medical professions.

You may order the book on ten days approval.

SUPPLEMENT

It is our custom to reprint, in a Supplement in the terminal issue of each volume, various matters of permanent interest, which might otherwise not be included in the bound volumes.

NOTES AND COMMENTS

Although America leads the world in dentistry, it is a leadership based more upon ingenuity of a mechanical sort than upon the amount or character of research done on the anatomy, pathology or physiology of the oral cavity. Almost no dentists are trained in such a way that they can do research of a quality comparable to the research of medical and surgical problems. Until our dental schools are brought more closely into line with our medical schools much of the mechanical brilliance of American dentists will remain that and nothing more, and the essential curative and preventive measures will go unstudied.

Owing largely to the support and stimulus of the Carnegie Corporation an auspicious beginning in this field has been made. But the field is vast, and large sums are necessary adequately to cover it.—*The Rockefeller Foundation, Review for 1938, p. 33.*

* * *

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

An effort was begun a little more than a year ago to raise an endowment fund of \$50,000 for the permanent support of this Journal. It should not be necessary to advance argument in behalf of this campaign for every practising dentist knows the value of *The Journal of Dental Research*. We have a total of cash and pledges to date of a little more than \$20,000. This leaves a balance of approximately \$30,000 to be raised.

A committee has been appointed to conduct a campaign for this fund. The campaign is being initiated among the members of the College and the members of the American Dental Associ-

ation. May we count on the support of every member of the College!

* * *

AMERICAN COLLEGE OF DENTISTS

(A) Sections

Dates of meetings in College year of 1938-39 (between convocations).—(1) *Kentucky*: Dec. 2, '38; June 13, '39. (2) *Northern California*: Nov. 30, '38. (3) *Maryland*: Apr. 12, '39. (4) *New York City*: Nov. 25, '38; Feb. 24, May 5, '39. (5) *Minnesota*: Feb. 23, Apr. 10, '39. (6) *New England*: Apr. 25, '39. (7) *Wisconsin*: Apr. 24, '39. (8) *Colorado*: June 23, '39. (9) *Pittsburgh*: Dec. 14, '38; Feb. 8, Mar. 23, '39. (10) *Iowa*: May 2, '39. (11) *Illinois*: Dec. 12, '38; Feb. 12, Apr. 24, '39. (12) *St. Louis*: Dec. 12, '38. (13) *Oregon*: Feb. 24, Mar. 11, '39. (14) *Texas*: Apr. 15, '39. (15) *Florida*: Nov. 11, '38. (16) *Indiana*: Jan. 9, '39. (17) *Southwestern*: Mar. 1, June 13, '39. (18) *Washington, D. C.*: Mar. 30, Apr. 12, June 27, '39.

(B) Standing Committees (1938-39)

By-laws—W. J. Gies (39), *chairman*; H. M. Semans (41), M. S. Aisenberg (40).

Centennial Celebration (establishment of dentistry as a separately organized profession—1939-40)—H. S. Smith (41), *chairman*; Harry Bear (43), W. H. Mork (42), D. F. Lynch (40), J. H. Ferguson (39).

Certification of Specialists—J. O. McCall (43), *chairman*; M. E. Ernst (42), C. O. Flagstad (41), E. W. Swinehart (40), H. C. Fixott (39).

Education—A. W. Bryan (43), *chairman*; J. T. O'Rourke (43), F. W. Hinds (42), L. M. Waugh (42), R. S. Vinsant (41), Harry Lyons (40), J. E. Aiguier (39).

Endowments—E. W. Morris (43), *chairman*; A. H. Merritt (42), D. U. Cameron (41), Abram Hoffman (40), Herbert C. Miller (39).

Hospital Dental Service—Howard C. Miller (43), *chairman*; Leo Stern (42), C. W. Stuart (41), E. A. Charbonnel (40), R. W. Bunting (39).

Journalism—J. C. Black (40), *chairman*; H. J. Noyes (43), E. G. Meisel (42), R. C. Willett (42), T. F. McBride (41), W. B. Dunning (41), G. M. Anderson (40), Leland Barrett (39), Walter Hyde (39).

Legislation—B. L. Brun (40), *chairman*; W. A. McCreedy (43), M. L. Ward (42), W. N. Hodgkin (41), G. S. Vann (39).

Necrology—B. E. Lischer (43), *chairman*; F. H. Cushman (42), J. V. Conzett (41), R. R. Byrnes (40), William Shearer (39).

Nominations—J. B. Robinson (42), *chairman*; H. O. Lineberger (43), W. F. Lasby (41), P. V. McParland (40), E. P. Brady (39).

Oral Surgery—M. W. Carr (41) *chairman*; W. I. Macfarlane (43), E. R. Bryant (42), J. R. Cameron (40), C. W. Freeman (39).

Prosthetic Service—W. H. Wright (43), *chairman*; A. P. O'Hare (42), W. H. Grant (41), F. M. Hight (40), A. H. Paterson (39).

Public Relations—J. O. Goodsell (43), *chairman*; Wilmer Souder (42), O. W. Brandhorst (41), Nathan Sinai (40), T. E. Purcell (39).

Research—A. L. Midgley (42), *chairman*; W. D. Cutter (43), P. C. Kitchin (43), J. E. Gurley (42), A. B. Luckhardt (41), L. M. S. Miner (41), P. J. Hanzlik (40), Irvine McQuarrie (40), L. R. Main (39), A. M. Schwitalla (39).

Socio-economics—C. E. Rudolph (43), *chairman*; G. W. Wilson (42), W. R. Davis (41), B. B. Palmer (40), M. W. Prince (40), E. H. Bruening (39), Maurice William (39).

(C) *Officers, Regents, and Editors*

Listed on the title pages (two) of this volume.

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Special abbreviations; besides those of self-evident import.—*A. A. S.*: American Association for the Advancement of Science. *A. A. D. E.*: American Association of Dental Editors. *A. C. D.*: American College of Dentists. *A. D. A.*: American Dental Association. *A. M. A.*: American Medical Association. *A. P. H. A.*: American Public Health Association. *D.* or *d.*: dental or dentistry. *I. A. D. R.*: International Association for Dental Research. *J. A. C. D.*: *Journal of the American College of Dentists*. *J. D. R.*: *Journal of Dental Research*.

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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

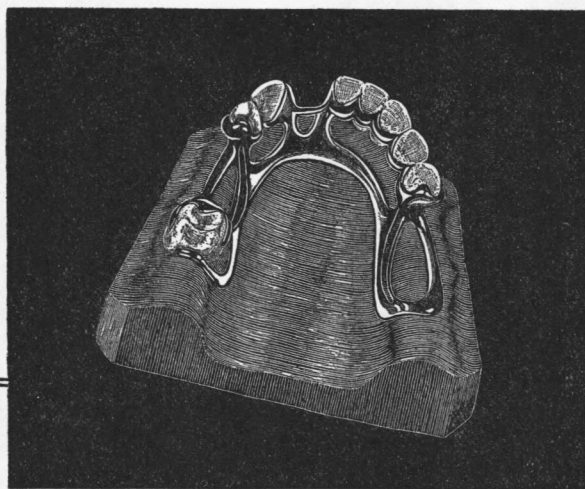
welfare of the consumer is our paramount consideration. In accordance with the recommendation of the American Association of Dental Editors, the placement of advertisements will be restricted to the advertising section.

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

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Announcements

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

Next Annual Convocation: 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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