

Journal

AMERICAN COLLEGE OF DENTISTS

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Minutes of the Meeting of the Board of Regents

Reports of Committees

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Journal

AMERICAN COLLEGE OF DENTISTS

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. The Journal disclaims responsibility, however, for opinions expressed by authors.

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AMERICAN COLLEGE OF DENTISTS

Objects: The American College of Dentists "was established to promote the ideals of the dental profession; to advance the standards of 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.*

Announcements

Next Meeting, Board of Regents: Chicago, Feb. 8 and 9, 1947.

Next Convocation: Will be held in Boston, date to be announced.

Fellowships and awards in dental research. The American College of Dentists, at its annual meeting in 1937 [*J. Am. Col. Den.*, 4, 100; Sep. and 256, Dec., 1937] 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

AMERICAN COLLEGE OF DENTISTS



AMERICAN COLLEGE OF DENTISTS

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AMERICAN COLLEGE OF DENTISTS

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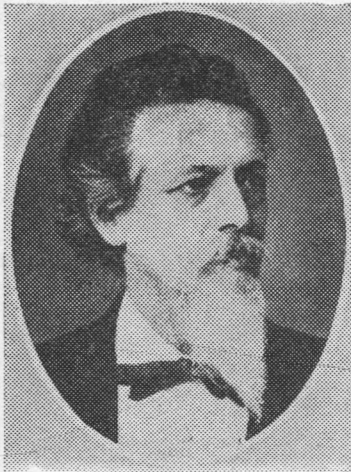
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American College of Dentists

DR. W. G. A. BONWILL says relative to *The Kind of Preparation We Need*: "While I would not disparage the growing necessity for a higher medical knowledge, I would not underestimate the *greater* need for the education of future dentists in the highest mechanical sense, as experts; not in theory, but the hands and eyes should be developed to the keenest perception of what to do and how to do it. If I had to give up either, I would cling to the mechanics of my nature and attend the best schools where my hands could be taught to do not only what others had demonstrated, but what my own brain had conceived. Without this, all our boasted medico-dental education is in vain, except in treating the diseases of the head and face. Unless this branch is more zealously cultivated and elevated, dentistry will continue to be a failure and will never fulfill its high mission. It must be made of men who are intended by nature for it; who have



a holy inspiration; and not of those who were intended for merchants, farmers, bankers and smiths. When the schools shall demand of their matriculates a preliminary examination as artisans, not in theory, but in actual demonstration, that they are capable of performing, with credit, some mechanical achievement, then a medical training will come in very well; but not unless the former is first well engrafted."¹

¹*Caulk's Dental Annual*, January, 1886, p. 9.

MEN: PAST, PRESENT AND FUTURE

By the Editor

DR. WILLIAM THOMAS GREEN MORTON

(Conversations)

A survey of the life of Dr. Morton indicates that he was a man of no little idealism but at the same time, he was intensely realistic. There is no indication that he spent much time in philosophy or in pursuit of philosophical ideas, save only that he did spend much time in thinking about accomplishments that might be made and which would be of great value to humanity.

His biographer, Dr. Rachel Baker, makes him a likeable personality and popular among children. He had, apparently, two loves, one for a woman who might adorn his home, and the other, which might be called a humanitarian benefit, because he saw the pitilessness of pain and he determined that this should be conquered.

It is interesting to note the reaction of Elizabeth's father in the following words: "We have the highest respect, my wife and I, for the profession of dentistry. . . . It's work that is needed and that has to be done. . . . But it's a profession, . . . which, in my considered opinion, has no brilliant prospects." Apparently this statement contained the greatest challenge that Morton or any other man interested in serving humankind, has ever received, and he set himself to the accomplishment of both tasks, and in both of which he won.

In a subsequent conversation with Elizabeth, he said: "I never liked business. . . . My father hated it. I do, too. . . .

"What I want to do is something important. You know, I feel . . . I know I have something in me that other people don't have."

One could go on with this dialogue but this is sufficient to indicate two things accomplished by Dr. Morton, even though he may not have thought in terms of philosophy as philosophers may be inclined to think. He discovered an anesthetic which has made possible the

elimination of pain and from that time henceforth, needing only more and more knowledge for the development of the science of anesthesia to start the whole field of anesthesia toward the high level of attainment it has now reached.

His name, of course, can never be dissociated from that of Horace Wells, these two being dentists simply because they said they were dentists. They struggled to bring themselves to whatever level they might have attained as dentists by pulling on their own bootstraps, but at the same time, these two men gave to the world the greatest humanitarian gift ever presented. Wells demonstrated anesthesia and the use of nitrous oxide while Morton began with some understanding of anesthesia and found an agent which might give more uniformly better results. He found ether.

Respect was paid to Wells on his 100th anniversary and it is with similar enthusiasm that we now pay respect to Morton and the 100 years' use of his gift. In this, the profession may have something of which to boast but in that boasting, let us remember that men are men wherever they may be found. These two called the attention of the world to themselves and naturally, to dentistry, but it is ours now to let the world know that members of the profession as a whole have continued to advance, and that dentistry, therefore, is not a profession with "no brilliant prospects," but that on the other hand, dentistry had the most brilliant prospects both in its own innate accomplishments for the good of humanity and also in the men by whom these accomplishments were made, for¹,

"As the surgeon prepared to cut for kidney-stones, Chief Justice John Marshall read Blackstone's *Commentaries* to keep his mind off the pain.

"A quarter-century later he could have left his book home. On Oct. 16, 1846, W. T. G. Morton, a Boston dentist, administered 'Letheon' (di-ethyl ether, made from sulphuric acid and alcohol) to Gilbert Abbott in Massachusetts General Hospital. Abbott dozed peacefully while surgeons removed a tumor from his neck.

¹Pathfinder, No. 20, 1946, p. 39.

"Said Senior Surgeon Dr. J. C. Warren softly: 'Gentlemen, this is no humbug!' Since then surgery, a thing of agony and terror for 10,000 years, has been merely a matter of sleeping first, aching dully afterward."

And, in 1920, Dr. Morton received honors accorded to men of merit by the Hall of Fame of New York University.

ORGANIZERS AND FOUNDERS OF THE COLLEGE

There were 21 men, leaders in the profession, who came together a number of years ago for the purpose of completing the organization of the College as many of us found it later, and know it today.

Three of these men were known as organizers—Dr. Arthur D. Black, who passed on to his reward several years ago, Dr. John V. Conzett, who answered the last call within more recent years, and on October 22nd, the third and last organizer, Dr. H. E. Friesell, was taken. To each of the two former, proper tribute has been paid, it now remains to pay our respects to the one who lived longer among us.

As we look back over the years that have passed, and the lives of men who stood out as leaders within the profession, there is much, of course, that can be said about all. There are many who have made contributions, yet who is to say that the contributions of one are greater than those of another, because contributions of whatever kind are essential to the full development of any field. What is meant by this is, if a man's life has been lived in doing menial tasks which are scarcely to be brought to the attention of men and he has done those tasks well, he is just as great in his area as is the man who has lived and done similarly in that area which is more conspicuous. Again, the conspicuous area couldn't go on without the lesser, so therefore, who is to say that one is really more important than the other? The fact remains that each man makes his contributions to the affairs of men according to the light which has been given to him.

Dr. Friesell had a long and useful life, having a far longer period of service than is given to most men. He was Dean of the School of Dentistry, University of Pittsburgh, for a period of 43 years and

had been active in professional, educational and fraternity work, at least an equal period of time. There are many reasons why this length of time is not given to most of us and occasionally there may be one who is given a longer period. Dr. Friesell's name is indelibly written into the history of dentistry of the United States, time only being required for the telling of the value of his contributions. All of us now are too close to him to let go of the non-essentials and emphasize only the essentials because of our relationships pro and con.

There were 21 founders, or excluding the organizers named above, we have 18 founders. Of these but 9 are still living. Just a few days prior to the passing of Dr. Friesell, Dr. Harvey J. Burkhart died at the wheel of his automobile. Here is one who had probably the longest period of service on record and Dr. Burkhart is one who will not be forgotten by men living today. His name too is indelibly stamped on the pages of the history of dentistry. He had long been associated with Mr. Eastman of the Eastman Kodak Company and his work in distributing Mr. Eastman's money for dental health is well known, and his interest in an honorable direction of the affairs of the A.D.A. insofar as it was his to direct, are also well known.

With the passing of these two men an era in dentistry and dental education must surely close—a new one is opening. On whom may the mantles of these two men fall?

We pay our respects to them in Hail and Farewell!

PREPARATION FOR THE PRACTICE OF DENTISTRY

Since the opening of the first dental school, dentistry has passed through a little more than 100 years of development. Looking back over this time, there are two lines along which our thoughts might be directed in seeking a comprehension of what has taken place. Both of these lines are essential to complete understanding and yet one may have greater value than the other. One may be *descriptive* and the other may be *chronological* but so far as this writer is con-

cerned, the former is to be preferred, from the standpoint of general understanding.

One's mind is directed to the study of history a quarter of a century ago when we were required to recite the events that took place with their corresponding dates and leaders, all of which was done *ad nauseum*, then promptly forgotten. The thinking with which we are really concerned is what took place and why. All of the time prior to 1840 may be wrapped up in the word "tradition" for while there is much that might be chronologically arranged, there is more that has been passed from one to the other. Nevertheless, it is the foundation on which all since 1840 has been developed.

The particular point in mind is the apparent struggle between the theoretical and the practical, the didactic and the clinical, the ideal and the realistic.

As we look back over these years and pick out a few men, Wells, Morton, Hayden, Harris, Miller, Black we find these men looking into the theory upon which our practical work is based. Then we find their students battling about the so-called theory and practice or didactic and clinical. We find dentistry today still undetermined as to the definite relationship between these two and the dentist who is the composite of both. Is dentistry theoretical and practical—or is it both, and clinical and didactic? These four terms must be modified somewhat now for we have come to a better understanding of so-called science, which is really itself, understanding. And as we look at the dentist as one with scientific attainments and a realization of their practical applications, we can presently write the complete definition of that word and of the profession which he practices.

Referring to the last pair, the ideal and the realistic, a double application of these two may be had. A dentist should be versatile in certain collateral fields or of reading, which give him an interpretation of life. Then he must develop for himself a realistic application of that. In addition to this, he must have a thorough

comprehension of the ideal to be done in his work, realizing at the same time, its realistic application.

The question still obtains—is a dentist's ability in his head or in his fingers? What he does for people has really to be accomplished with his fingers but is it not true that his head must direct his fingers?

We have submitted scientific and technical articles in recent issues of the JOURNAL suggesting the questions of the year 1946. What is dentistry? What is a dentist? What constitutes preparation for the practice of dentistry? As we look ahead into 1947, the JOURNAL proposes to attempt to answer these questions and to arrive at the completion of a philosophy of dentistry.

CORRECTION

The statement at the bottom of page 103 and top of page 104 in the June, 1946, issue of the Journal should read:

Subsequent to the filing of this statement the following "Here Are the Facts" was presented to the Regents at the meeting February 10 and 11, 1946, Chicago, Ill.

PRESIDENTIAL ADDRESS¹
THE CHALLENGE OF PROBLEMS AND OPINIONS

MALCOLM WALLACE CARR, D.D.S.
New York, N. Y.

The five year period during which abnormal conditions inevitably the result of a state of war and complicating all normal activities, has happily come to an end. This has been a period full of challenge—challenge that we carry on the usual activities of peace and at the same time meet the overpowering responsibilities for service created by a universal calamity.

Throughout this period in spite of many vicissitudes, and restrictions of the normal schedule of meetings, the officers, regents and standing committees have labored to maintain the work of the College and, wherever possible, to vigorously promote the war effort. During the past year I have endeavored, however inadequately, to serve the College and to some small extent advance the objectives for which it was founded. No words could sufficiently express the extent of invaluable and deeply appreciated assistance which I have received in this effort. I want to take this opportunity to pay my tribute, and to record my appreciation of the kind, willing and generous cooperation which has been accorded me for the advancement of the College, and to express my deep personal affection to all who rendered this service.

The war has ended, and it is plainly evident that we are already living in tomorrow's world. The American College of Dentists must join forces with national and international leadership, with other professions and statecraft, to bring knowledge, skill and wisdom to bear on the solution of the multiple problems of the new era.

In any consideration of the role that this College may be expected to assume in a changing world, it is desirable that the organization

¹Delivered at the Regents Meeting, Miami, Fla., Oct. 12-13, 1946.

and the structure of the College itself first be carefully scrutinized and evaluated, because the historical background and the quality of structure of any organization determines its capability of rendering effective service to society. For an analysis of this sort one must consider how our present programs for achievement have come to be what they are, and what their future development should be. Evaluation and prediction are difficult and there may be variations of a fundamental pattern of structure, but the challenge nevertheless is clear—it is a summons to the intelligent mobilization of the knowledge and talents necessary for a more effective, dynamic and progressive organization.

The challenge of any subject or field is a challenge to the individual. The challenge of unsolved problems in this College must reach persons who will do something about them. The foundation for any organization is the democratic principle; the test for any theory is its successful prosecution; and an organization's success is dependent wholly upon the experience, learning, skill, imagination, resourcefulness, integrity and courage of individuals. This College has an honorable and quarter century-old heritage of achievement, and now has within its fellowship greater knowledge and experience and greater potential strength and influence than at any time in its history. Therefore the College has an unusual opportunity to utilize these forces for its own advancement, and to make important contributions to the solution of many professional and socio-economic problems of health service. The constructive potentialities of the College are so impressive that it is timely to consider what form of structural change may be desirable in order to develop more effectively the strength for future achievement.

Geographical sections of the College were created about 17 years ago for the purpose of sustaining and promoting local interest in the advancement of the professional affairs of the College. There is ample evidence that some of the more active sections have an abiding interest in the affairs of the College; have held regular and well attended meetings; and have endeavored to give serious attention

to constructive criticism for the welfare and for the future development of the College. The structural framework of the College however has not provided adequately for the formal integration of these sections and of section deliberations with the parent organization. The sections, as presently constituted, are little more than local societies having only vague feelings regarding their usefulness, and with no formal representation within the structure of the College. Many sections have the conviction that the College would be strengthened immeasurably if sections had a definite voice in the conduct of the College — a composite democratic expression of opinion by section representatives elected to the Board of Regents. A structural change in the College that would provide for a representative from each section to become one of the elective regents would embrace the democratic principle of a distributed representation in the affairs of the College, and also give opportunity for formal expression of opinion and of resolutions endorsed by sections. This suggestion I place before the College as a recommendation and commend it to favorable consideration.

During the active and productive years of the College, many impressive reports and surveys by committees have been presented, received and placed on file. There have been several outstanding examples where action has been taken on the recommendations contained in reports, with the result that such action has had wide influence for good. However, a survey of the many excellent reports which have been rendered over a period of years, and a consideration of the enormous composite effort that these reports represent, cannot help but give the impression that much of value has been to casually passed over. Contemplation of this problem leads to consideration of what structural change in the College (collateral to the suggestions made in the previous paragraphs) might obviate this sacrifice of talent and attain more effectual constructive results.

Primarily it appears evident that considerable time and effort (and duplication of effort) would be saved, and the work of the standing committees facilitated by geographical concentration of

committee membership. The difficulty of effectively conducting committee work of a national organization when the members of a committee are not geographically centered has long been a recognized problem. The assignment of important standing committees to sections of the College would accomplish geographical centralization of committee membership. A standing committee thus evolved from a section would report to the section, have the advantage of discussion of its report and guidance by the section, and the report as endorsed by the section would then proceed to the Board of Regents of the College for consideration at its succeeding meeting. Furthermore, if each section had an elective representative in the Board of Regents, the respective Regent would be entirely familiar with the committee report from his section and would be capable of urging appropriate action, particularly if all members of the Board of Regents received copies of all such reports well in advance of the meeting. This plan would correlate into a pool the largest number of active minds, and should, if successful, be effective in its end result. A trial of this experiment is commended for your favorable consideration.

The Journal of the American College of Dentists, has from its beginning been a highly satisfactory and creditable journal, and should above all others in the field of professional journalism be a model of perfection. The proceedings of the College have naturally become more extensive as the College has grown, and space in the journal allotted necessarily to the publication of the routine proceedings has proportionately increased. The format of the journal would be made more attractive to readers and page space conserved for more important original contributions and expression of opinion on professional and scientific matters of current interest, if the Journal were to publish a separate annual supplement—which may appropriately be known as the *Annual Register*. This volume, separate from the journal but supplemental to it in function, would be primarily a record of detailed official information for members and for deposit in libraries for future historical reference.

The Annual Register would publish the list of officers and Regents and the membership of standing or special committees, the constitution and by-laws and the calendar of the College, the full proceedings of the Board of Regents, committee reports in full, award of prizes, or grants-in-aid, and all other official communications and executive or administrative transactions, also, the official list of current membership (which could also include a brief résumé of biographical data), elections, and, obituary notices. The Journal would then publish abstracts of proceedings for the general interest of readers. This suggestion is in accord with a plan which has been followed for many years by the oldest philosophical society in America as well as other scientific organizations and is submitted for your deliberation.

There is no end to the number of problems or of the opinions about their solution. This is characteristic of any dynamic and growing subject or organization which is intimately concerned with the well-being of people and society as a whole. Problems take on different aspects according to time and stages of development and their possible solutions vary, but fundamental principles and common approaches often lead the way in solving the most difficult problems.

The text of this brief address is but a random sampling of several outstanding problems and the author's opinions about them. It mirrors however the observations and opinions of others, it is an earnest endeavor to give sincere and accurate expression of those opinions, and it is with apology to other opinions that limitation of time makes a complete presentation impractical.

This College is an honorary academy of science comprising a select fellowship of outstanding talent, and dedicated to the advancement of the dental profession and to the promotion of the public health. Future development will be achieved when more individuals become imbued with its high purposes, and are given the opportunity and the responsibility of serving those purposes. The democratic method provides that opportunity. It gives full and equal representation to

constituents, which in addition to being a sound fundamental principle in affairs of society, utilizes a greater proportion of potential talent and distributes responsibility of administration.

The history of human achievement confirms the truth of the ancient saying that, "desirable goals are attained only by labor and hardship." This age-old challenge I commend to you and to future generations whose responsibility it is to build the College to its predestined position of leadership in American dentistry.

INAUGURAL ADDRESS¹

WM. N. HODGKIN, D.D.S.
Warrenton, Va.

We now begin a year which should witness the end of the limitations imposed by war conditions on practically all organizational effort. As there looms into sight a promise of resumption of full activity and regular convocations of the American College of Dentists, it would seem appropriate that this group devoted to service should address itself to the broadest and most fundamental interests of the profession it seeks to serve.

As throughout every war period of the past, the dental profession in World War II leaped forward in public and official esteem. Its prestige and proper status was enhanced by unescapable and spontaneous recognition of outstanding excellence of the service dental corps in the field, by a wider knowledge of dentistry as a health service and at times by the more grudging recognition through legislation or regulation. If the pattern of history be followed, there now will ensue an interval of carry-over in professional progress through the impetus of recent achievement and then a lessening pace in which progress will depend more on patient and fore-sighted building.

Despite the crowded freshman classes in dental schools today, the most certain continuing advance of the profession of tomorrow is seen as dependent upon the broad base of its manpower—on both the adequacy and the quality of its supply. Given this manpower in sufficient number and especially in quality, the profession can be assured of progress in advancing standards and prestige. Now who is to secure this supply? The answer appears to lie in the questioning rejoinder, "Who is more interested in the future supply of students, or who is better qualified in their selection, than the dental profession itself?"

¹Delivered at the Regents Meeting, Miami, Fla., Oct. 12-13, 1946.

Lest the advocacy of a program of *dental student recruitment* seem ill-timed in the face of a flood of students now clamoring for admission to dental schools, let us look a bit beyond the present. The Veterans Administration is quoted as forecasting that the present surplus of GI applicants will continue for perhaps four years. Accepting this forecast as accurate as may be had at the moment, a program of recruitment would indeed seem well timed to become operative when the present supply is exhausted. The recent and glorious achievement of the service dental corps would seem certain to attract some of the more imaginative and desirable students now in high schools and early classes of the colleges, and doubtless it will. But to rely on guidance officers, casual contacts or the primary and initiative interest of the student to attract the desired supply, is not to reckon with the competition which may gain him ahead of dentistry. Medicine, law, ministry and engineering are all professions which have been publicized and romanticized more than dentistry. Now the atomic era brings physics freshly into the field of competitors to captivate the romantic and idealistic youngster. Dentistry must seek her progeny.

The likelihood of a greater number of applicants than may be accommodated in our dental schools should not discourage the effort in search. With the aptitude testing program of the Council on Dental Education of the American Dental Association now being engaged in by dental schools, a promisingly useful agency in the future selection of students, a normal surplus of qualified applicants for consideration of the faculty admissions committees is seen as promoting the usefulness of that program rather than as a possibility of concern.

A sound program of student recruitment would appear to be based on the philosophy that every member of the profession is the ambassador of dentistry in his community, that he has in his keeping the prestige of the profession among those whom he serves. Thus the ideal selection of students for an advancing profession would indicate a regard for certain potential cultural attainments and profes-

sional attitudes as necessary complements to technical aptitudes. If this be true, how more effectively could the profession build than by seeking the best qualified students which our age yields?

A study of admissions into the dental schools of the country will reveal an appreciable advance in quantitative qualifications over the recent past, in fact, the proportion of matriculants holding the bachelor's degree is impressive. But the qualitative measurements, while improving, are not as readily assuring and satisfactory. The number of A and B students, with proven capacity for learning, are not yet in a proportion complimentary to dentistry as a career even when set against the fact that A and B students constitute a minority in practically all institutions.

Further, it is disappointing to observe in some sections that the dental school rarely attracts students from the close-by colleges regarded as natural sources of supply, and indeed in many instances fails to attract from the academic school in the University of which it is a part. Here, in these areas, the story of dentistry as a career for service cannot have been told.

Nothing in such observations should be thought as particularly critical of the spendid young men recently and now in our dental classes. As always, a goodly number of worthy and earnest men will somewhere along the line catch that spark of enthusiasm which will carry them quite beyond the achievement which could have been predicted by any transcript or supported by the most cleverly designed aptitude test known. But the point is made that students of a higher level of scholastic accomplishment and with obvious cultural advantages can be just as earnest and are just as likely to catch the enthusiastic spark, yielding a still greater percentage of achievement.

What appears needed is a nucleus of dentists in each state activating the consciousness of the profession to build for the future—a venture in intangibles. It would be difficult to measure the results of a goodly sprinkling of dentists throughout the nation, alert to the promise seen in the highest type youngsters of their acquaintances and anxious to tell them the story of dentistry. Not, of course,

repeating to them the greatest fallacy of dental history—that the dental practitioner until recent years was but a craftsman and at that part blacksmith. Rather, telling them truly of the great figures who built the American profession of dentistry through the generations and who would have graced any profession, despite a general and inaccurate appraisal resulting from the number of untrained persons who obtruded and pretended for profit.

Tell them of John Baker, of Boston, New York and Williamsburg, and one of the earliest benefactors of public education in the United States.

Tell them of Jean Pierre LeMayeur, the brilliant French compatriot who threw his lot with the New Republic, who was the close friend of General Washington and a frequent visitor to Mt. Vernon.

Tell them of Benjamin Fendall, welcomed both at Mt. Vernon and Stratford, and his son becoming by marriage the master of the latter famed estate of the Lees.

These are no boors or uncouth individuals, lacking social graces, to be labelled craftsmen and believed best forgotten.

Tell them of the better known group of dentists, Eleazar Parmly, Solyman Brown, Horace Hayden, Chapin Harris and Edward Maynard. Here is no lack-lustre quintette, wanting in romantic possibilities.

Tell them of the polished and scintillating Thomas W. Evans, a dentist, the confidant of Napoleon III, the rescuer of Empress Eugenie and the benefactor of dental education.

Tell them, surely, of those two who gave to humanity the greatest boon within the gift of man—surgical anesthesia. The dramatic story of Horace Wells, a dentist, and his discovery, as freshly told in the Centennial of two years ago, and of how we join in this year of 1946 in the Centennial of the first successful public demonstration of surgical anesthesia by W. T. G. Morton, a dentist.

Here then is a program which should commend itself to those devoted to the service of a profession. As such devotees, the energies of every member of the College are solicited in its pursuance in

wholehearted cooperation with a committee, under the chairmanship of Dr. Stephen P. Mallett of Boston, Mass., which will bring acquaintance of effective approaches and methods in implementation.

It is not contemplated that the effort would be confined to College ranks. Talent should be utilized, wherever found. The College can, however, usefully provide the mechanics of initiation. Nor is it contemplated that a student recruitment plan would spend itself in a brief period after initiation. Rather it is believed that men once engaging in such a satisfactory experience will continue an alertness which will beget rich results, however intangible.

The emphasis here given to one direction of professional interest will be recognized, I am sure, as the result of confessed enthusiasm. Crowded from mention, but not from thought and planning, are the studies and work already engaged in by the various committees and to be continued actively where indicated.

With certainty that conditions will permit a full and regular meeting next year, all planning of the officers and Regents is prompted by the persuasion that the lively spirit of the College, quiet for awhile, will be reawakened by the finest Convocation ever held. Join their enthusiasm in anticipating just that, and plan definitely to attend. Particularly are our more recent Fellows, not as yet having had the opportunity to experience attendance at an annual Convocation and induction ceremony, urged to be on hand.

The period of stringencies just ending has not been wholly without its compensations. Chiefly, it has proved the Sections as bulwarks of strength in keeping alive the spirit and work of the American College of Dentists throughout a time when the parent group was hampered in collective effort. The admirable way in which they have carried on and the demonstrated leadership within each group, make obvious that the College would lose much of potential effectiveness did it not plan to utilize this known talent. To couple these talents to the work and studies now engaging the attention of committees, and to provide sampling ideas for consideration and possible

use, the Sections are requested to accept definite assignments for the year, as follows:

(1) Each Section, and the membership in unorganized state areas as well, to participate with sustained concentration on the program of dental student recruitment.

(2) The named Sections to engage in studies supplementing the work and material of the following committees:

Education: Oregon, Iowa, Florida, Illinois.

Journalism: New York, Minnesota, Northern California, Indiana.

Preventive Service: Kentucky, Southwestern, New England, New Jersey.

Relations: Washington, D. C., St. Louis, Pittsburgh, Wisconsin.

Socio-Economics: Maryland, Colorado, Kansas City Mid-West, Texas.

May we labor worthily and effectively within the professional structure which has been built for us.

THE JOURNAL FORUM

Conducted by HARLAN H. HORNER¹
Chicago

THE PROBLEM: DENTISTRY AS A PROFESSIONAL CAREER

The Council on Dental Education has issued in the last five years two editions of a brochure on DENTISTRY AS A PROFESSIONAL CAREER. This brochure has been designed to meet the needs of guidance officers in high schools and colleges and of prospective dental students for detailed information on the possibilities of dentistry as a life work. A third edition, completely revised, has been compiled and edited by Dr. Horner. This brochure will be sent free to individuals upon application to the Council at 222 East Superior Street, Chicago, 11, Ill. The Foreword and the concluding section entitled THE OUTLOOK FOR THE FUTURE, are herewith reproduced. in place of the regular Journal Forum.

FOREWORD

One of the most hopeful aspects of our modern American life is the eager enthusiasm of millions of our youth to fit themselves, through the discipline of education and special training, for lives of usefulness. The choice of a trade, or business, or profession in a country where the ideal of self-support and economic independence prevails, is a tremendously important issue. Countless fathers and mothers, young men and women, and guidance and personnel officers in high school and college, wrestle with this question year by year. The Council on Dental Education of the American Dental Association is constantly in receipt of inquiries from all these sources concerning the basis of a sound education in dentistry, the schools and colleges in which satisfactory predental and dental education may be secured, the cost of such an education, the requirements and conditions of dental practice, the organization and literature of the profession, and the material and professional rewards of the calling.

This interest of ambitious youth in the possibilities of a career in dentistry has been greatly increased by the lessons of the war. Thousands of members of the armed forces for the first time in their lives had adequate dental attention. They experienced the bodily comfort and the personal satisfaction which come from the restoration of a mouth to normal functioning. They were agreeably surprised at what the skill and knowledge of a scientifically trained dentist could do for them. Moreover, the great majority of the youth who

¹Secretary, Council on Dental Education, A.D.A.

were in uniform find their way back to civilian life with added respect both for basic education and for specialized training in all fields of human endeavor.

With the sole purpose of helping parents, youth, guidance officers, and veterans of the war, fairly to appraise the profession of dentistry and the opportunities it offers for a happy and fruitful career, the Council has prepared this informative bulletin. The Council is not engaged in the mere recruiting of students, nor in the multiplication of numbers in the dental schools. It would take definite stand against indiscriminate herding of young men and women into dental study. The choice of a calling and a way of life is a serious business.

The Council does believe profoundly that enlightened society in the years ahead will greatly enlarge the dental service which the public now receives and that youth with good health, with proven scholastic ability, with a genuine bent toward scientific inquiry, and with the desire to serve humanity in a career which promises reasonable material rewards and great professional satisfaction, may well give careful thought to the study of dentistry. The Council hopes that this brochure may help many young men and women wisely to determine the choice of a career.

THE OUTLOOK FOR THE FUTURE

If, as a high school pupil looking forward to a professional career, or as a college student ready to enter a professional school, you are inclined toward dentistry, you may well take note of the place dentistry occupies in our national economy and in our national life. What are the prospects which will face you if you elect to study and to practice dentistry?

Dental education, dental literature and dental professional organizations in this country have their roots in more than a century of gradual development and honorable accomplishment. No one now engages in dental study without at least two years of liberal arts education. Half of the students now regularly enrolled in the dental schools upon their own motion spend three or more years in predental college study and one-fourth of the entire number earn a bachelor's degree before entering a dental school.

The professional course of study, closely related to medicine, almost entirely administered by universities, is everywhere four academic years in length and employs the biologic approach and preventive measures, as well as highly developed restorative processes. The spirit of scientific inquiry everywhere permeates dental teaching, and research into the cause of dental disease is extended every year.

Graduate and postgraduate courses of study are on the increase, and thousands of dentists resort to clinics and group conferences and studies to improve themselves in service. An extraordinarily large percentage of active

practicing dentists hold membership in the American Dental Association and subscribe faithfully to a remarkable degree to the ideals and tenets of the profession as expressed in its Principles of Ethics. In short, you may be assured, if your interest in dentistry continues, that you are contemplating entry into an honorable, learned profession.

You may quite properly ask about the need of well educated and skilled practitioners of dentistry from the standpoint of our entire population. Hundreds of studies have shown the incidence of dental caries among school children to be enormous, decayed teeth being by far the most prevalent ailment among them. Dental defects and dental diseases are found to a marked degree among college and university students, who are, in a measure, a select group. Few adults escape dental defects or disease. The widespread prevalence of dental ills was shown at the beginning of the war by the fact that one out of every five men rejected for physical reasons by the Selective Service System was rejected because of dental defects. These widely known conditions, coupled with the fact which has long been demonstrated that not more than 22 per cent of our entire population receive dental care in a given year, furnish you with ample proof that there is work to be done.

You will surely want to know also how well we keep pace with the dental ills of our entire population in the annual losses and additions in the total number of dental practitioners. For more than a hundred years the ratio of dentists to population steadily increased. In 1840 we had approximately one dentist to a population of 14,224; and in 1930 one dentist to 1728. The supply of dentists steadily increased in higher proportion than the growth of the population from 1840 to 1930. A marked change came about during the decade from 1930 to 1940. In 1940, according to the United States Census, we had one dentist to a population unit of 1865. Thus, for the first decade in the history of organized dentistry, the supply of dentists did not keep pace with the growth of the population.

The demographers tell us that our population will continue to grow for perhaps twenty years before a plateau is reached. It has been advisedly estimated that the loss of dentists annually by death and retirement from practice amounts to about 24 per thousand. To maintain the ratio of dentists to population it has also been conservatively estimated that we should have from 2250 to 2500 new entrants to the profession each year. For the ten years prior to the war, the average number of graduates from all the dental schools in the United States was 1782. It is clear, therefore, that the annual output of the schools must be materially increased if the existing ratio of dentists to population is to be maintained. There are other factors to be taken into account. All signs indicate that the war has awakened a nation-wide interest

in dental care as a means of conserving and promoting public health. Moreover, society is alert to its responsibility for the provision of adequate dental care for the entire population. When you review the entire situation, you will find that the dental profession in America is not overcrowded and is not likely to be overcrowded in our time.

But beyond the assurance of work to do and of the chance of earning a livelihood and of building up a competence, as a typical young American, you will wish to find in dental practice opportunity for a life of service to your fellows. This question is asked repeatedly by prospective dental students possessed of inherent professional instincts. The dental art, especially in its reparative and restorative processes, is more advanced in America than anywhere else in the world. The new dentistry for which you will be preparing goes far beyond excellence in mechanical performance. In recent years, it has become universally recognized that the ills of the oral cavity are closely related to the other ills of the human body. Accordingly, dental education and progressive dental practice have come to be based upon biologic fact.

Fine craftsmanship is valued as highly as ever, but the exercise of a clear knowledge of basic systemic conditions now precedes any physical process in the mouth. Thus, the emphasis in the practice of dentistry is changing from the extraction of teeth and the mechanical restoration of lost teeth to the prevention of dental ills. Dentistry continues to be an art, but it is now an art based upon fundamental scientific knowledge. Inquiry into the yet elusive causes of dental caries calls for the highest type of investigation and scientific research. The contribution which dentistry is making and will make in the future to the promotion of public health and well-being is unmeasured. Fine avenues for service to humankind await you if you decide to be a dentist.

It seems quite certain that the knowledge we now possess about the causes of dental diseases and the repair of dental defects will gradually be carried by an enlightened society to an ever increasing percentage of our entire population. How this beneficent movement is to be realized presents debatable issues. The dentists of America, desiring to see the benefits of dentistry carried to all the people, favor a policy which will be free from undesirable controls and which will maintain the relationship between individual patient and individual dentist responsible for the high estate of dental practice today. It seems equally certain that the borders of our knowledge will be extended and that the education and scientific training of the future dentist must be of a high order.

The challenge to young people in the prospect is worthy of serious consideration. The Council on Dental Education, responsible for this effort to present a truthful picture of dentistry as a way of life, would not have you

believe that it offers a soft or easy way to carve out a career. Quite the contrary is true. It calls for rugged health, sound education, deft fingers, long hard hours, and a lifelong devotion to a cause. Do not rush into it. Seek advice. Examine yourself. Reason with yourself. Appraise the opportunities and possibilities from all angles. If you take this important step, you have but to look about you to discover that thousands have found the durable satisfactions of life in the practice of dentistry in the past and have won the confidence and appreciation of their fellowmen.

AMERICAN COLLEGE OF DENTISTS
PROCEEDINGS OF THE MEETING OF THE BOARD OF REGENTS,
MIAMI, FLORIDA, OCTOBER 12, 13, 1946

REPORTS OF COMMITTEES

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3. Necrology, *J. B. Carr, D.D.S., Chairman*..... 235

MINUTES OF THE BOARD OF REGENTS

Abbreviated

O. W. BRANDHORST, D.D.S. *Secretary*
St. Louis

FIRST SESSION, OCT. 12, 9:30 A.M.

The Board of Regents met in the Everglades Hotel, Miami, Fla., on Saturday and Sunday, October 12 and 13, 1946. Six members were present. Minutes of February 10 and 11, 1946 meeting were presented and approved.

The Treasurer's report showed that on September 30, 1946, the cash balance in the Continental Illinois National Bank and Trust Company of Chicago to the credit of the American College of Dentists was \$16,480.20.

As of the same date there were held by this bank as Custodian for the College, securities amounting to \$7000 and \$9.25 in cash. Report received.

The report of the Auditors, James C. Thompson & Company, St. Louis, Mo., Certified Public Accountants, was presented and received.

The Secretary presented the report of the Tellers of the Election, whereupon the Chairman announced that the following persons were elected to the respective offices:

President-Elect—L. R. Main, St. Louis, Mo.
Vice-President—Harry S. Thomson, Toronto, Can.
Treasurer—Harold S. Smith, Chicago, Ill.

Secretary—O. W. Brandhorst, St. Louis, Mo.

Regent (5 years)—Fritz A. Pierson, Lincoln, Neb.

The Secretary reported the following deaths since the February, 1946, meeting:

Harvey J. Burkhart '21, Rochester, N. Y., Sept. 22, 1946.

Willis A. Coston '22, Kansas City, Mo. March 30, 1946.

Frank H. Cushman, '32, Boston, Mass. Feb. 28, 1946.

Donald M. Gallie, Sr. '24, Wilmette, Ill.

John M. Hale '24, Mt. Vernon, Ind. March 2, 1946.

Harry E. Kelsey '22, Baltimore, Md. March 1, 1946.

Harry C. Lawton '38, St. Paul, Minn. January 29, 1946.

R. Holmes Mason '31, Macon, Ga. March 29, 1946.

John F. Mauer '36, El Monte, Calif. April 12, 1946.

Harold J. Nelson '43, Fergus Falls, Minn. May 29, 1946.

Arthur G. Smith '26, Tryon, N. C. July 24, 1946.

William A. Young '37, Concord, N. H. January 16, 1946.

SECOND SESSION: OCT. 12, 2:30 P.M.

SEVEN PRESENT

Reports were received from the following committees:

Certification of Specialists: Report received and committee urged to complete its work as outlined.

Education: Report received.

Hospital Dental Service: Chairman W. H. Archer, presented forms for application by hospitals for approval for Dental Service as well as Standards set for Internships and residencies. Report approved.

Journalism: Progress report received. Resolutions received by the Secretary relating to the report of the Committee on Journalism were presented and reviewed.

Necrology: Chairman Carr presented resolutions on the death of Fellows since the February, 1946, meeting. Report ordered published.

Oral Surgery: Chairman FitzGerald presented report outlining activities and stating that Board of Oral Surgery was now a reality. Regents approved report.

Preventive Service: Report received.

Prosthetic Dental Service: Report received.

Research: Report received. Committee was urged to study pending legislation and recently approved legislation dealing with research funds.

Socio-Economics: Progress report received.

History: Progress report received.

THIRD SESSION: OCTOBER 12, 8:30 P.M.

FIVE PRESENT

Reports of Special Committees:

By-Laws: Progress report received.

Progress reports were also received from the Journal Committee and Committee on Ethics. The ceremonial procedures for the next convocation were discussed.

The Secretary presented an extensive review of Dr. E. W. Swinehart's article which had been referred to the Sections for further consideration. This review included also a summary of reports from various Sections on the matter.

FOURTH SESSION: OCTOBER 13, 9:30 A.M.

EIGHT PRESENT

President Carr presented his President's Address which was received. Recommendations relative to structural changes in College set-up were referred to the By-Laws Committee.

Installation of Officers:

President Carr installed the new officers and asked Dr. W. N. Hodgkin to read his Inaugural Address. Dr. Hodgkin spoke of plans for 1946-1947 and it was agreed that every effort should be made to hold a regular Convocation.

Historian for the American College of Dentists:

Dr. William J. Gies was appointed Historian for the College, the first assignment to be the writing of the History of Dental Education under the general direction of the History Committee.

FIFTH SESSION: SUNDAY, OCTOBER 13, 2:30 P.M.

(FIRST SESSION OF THE NEW BOARD)

Election of Editors:

John E. Gurley, San Francisco, Calif., Editor, Journal of the American College of Dentists.

E. G. Meisel, Pittsburgh, Pa., Assistant Editor, Journal of the American College of Dentists.

E. Frank Inskipp, San Francisco, Calif., Contributing Editor, Journal of the American College of Dentists (5 yrs.).

Allen O. Gruebbel, Chicago, Ill., Contributing Editor, Journal of the American College of Dentists (5 yrs.).

Conferring of Fellowships:

The Regents instructed the Sections of the College to again complete the conferring of fellowships for the Board of Regents upon those persons who had been approved for fellowship and who were able to attend Section meetings and upon those who could not attend section meetings, Fellowship to be conferred in absentia, pending their attendance at a regular convocation. Subsequently, fellowship was conferred upon the following persons:

Kentucky Section (December 8, 1946, Brown Hotel, Louisville, Ky., 6:00 p.m.): Dan Y. Burrill, Louisville, Ky.; Victor L. Steffel, Columbus, Ohio.

Northern California Section (December 9, 1946, Palace Hotel, San Francisco, Calif., 7:00 p.m.): Edward Boero, San Francisco, Calif.; Francis J. Herz, San Francisco, Calif.; Lloyd E. Linehan, San Francisco, Calif.; George F. McGee, San Francisco, Calif.; Compton B. Millarr, San Francisco, Calif.; Kenneth F. Terwilliger, San Francisco, Calif.

Maryland Section (November 26, 1946, Belvedere Hotel, Baltimore, Md., 6:00 p.m.): Colonel Page Purnell, Albert Chesser, Aberdeen, Md.; Harry Levin, Baltimore, Md.; Ernest B. Nuttall, Baltimore, Md.

New York Section (November 19, 1946, Hotel Pennsylvania, New York, N. Y., 6:30 p.m.): David W. Beier, Albany, N. Y.; Ralph J. Bowman, New York City, N. Y.; J. Wallace Forbes, Philadelphia, Pa.; Ashley E. Howes, New Rochelle, N. Y.; Willard T. Keane, New York, N. Y.; Lt. Col. George L. O'Grady, West Point, N. Y.; Myron A. Roberts, Buffalo, N. Y.; John J. Stetzer, Jr., Philadelphia, Pa.; David Tanchester, New York, N. Y.

Minnesota Section (December 7, 1946, Minnesota Club, St. Paul, Minn., 6:30 p.m.): Daniel A. Listiak, Minneapolis, Minn.; Myron E. Lusk, Minneapolis, Minn.; R. F. D. Johnson, Minneapolis, Minn.; Jay Nelson Pike, Minneapolis, Minn.

New England Section (November 13, 1946, Sheraton Hotel, Boston,

Mass., 5:00 p.m.): Joseph A. Corriveau, Springfield, Mass.; Archibald B. Henderson, Bronxville, N. Y.; Paul H. Karcher, Quincy, Mass.

Colorado Section (December 6, 1946, Shirley Savoy Hotel, Denver, Colo., 5:00 p.m.): Robert A. Downs, Denver, Colo.; Frank O. Raasch, Kearny, Neb. (Fellowship completed)

Pittsburgh Section (November 13, 1946, Dental Library, Pittsburgh, Pa., 5:00 p.m.): Robert I. Crumpton, Pittsburgh, Pa.; Roscoe A. Gougler, Pittsburgh, Pa.; Ellis Henry Miller, Reading, Pa.

Iowa Section (December 1, 1946, Roosevelt Hotel, Cedar Rapids, Ia., 10:00 a.m.): Cecil H. Bliss, Sioux City, Ia.; Robert C. Norman, Guthrie Center, Ia.

Illinois Section (November 15, 1946, University Club, Chicago, Ill., 6:30 p.m.): Eric Shoa-Wu Cheo (China), Ann Arbor, Mich. Graduate School; Roy G. Ellis, Toronto, Canada; William P. Kroschel, Chicago, Ill. (Fellowship completed); E. Carl Miller, Cleveland, Ohio; (Capt.) Curtis W. Schantz, Great Lakes, Ill.

St. Louis Section (November 25, 1946, University Club, St. Louis, Mo., 6:30 p.m.): Dale V. Carmichael, St. Louis, Mo.; Fred R. Child, Blytheville, Ark.; Arthur V. Diedrich, Detroit, Mich.; Thos. M. McCabe, Memphis, Tenn.; Leo J. Schoeny, New Orleans, La.; Earl E. Shepard, St. Louis, Mo.

Oregon Section (November 23, 1946, Old Heathman Hotel, Portland, Ore., 4:30 p.m.): Walt E. Hoppe, Portland, Ore.

Texas Section (November 9, 1946, Driscoll Hotel, Austin, Tex., 5:30 p.m.): Joseph W. Bailey, Corpus Christi, Tex.; Horace R. Beachum, Dallas, Tex. (Fellowship completed); Edward C. Berwick, Austin, Tex. (Fellowship completed); John B. Falls, Houston, Tex. (Fellowship completed); William C. McNeil, Silsbee, Tex. (Fellowship completed); Sam E. Mills, Houston, Tex.; Dan C. Peavy, San Antonio, Tex. (Fellowship completed); John F. Prichard, Fort Worth, Tex. (Fellowship completed); Alvan Chas. Sloan, Dallas, Tex.

Florida Section: No Fellowships conferred.

Indiana Section (November 10, 1946, Columbia Club, Indianapolis, Ind., 1:30 p.m.): Maynard K. Hine, Indianapolis, Ind.

Wisconsin Section: No Fellowships conferred.

Washington, D. C., Section (November 13, 1946, Cosmos Club, Washington, D. C., 6:30 p.m.): Alfred Cornelius Current, Gastonia, N. C.; Milburn M. Fowler, Washington, D. C.; Kenneth Luso Johnson, Raleigh, N. C.; Daniel Webster Ryan, Washington, D. C.; (Brig. Gen.) Thos. L. Smith, Washington, D. C.; M. Bagley Walker, Norfolk, Va.

Southwestern Section (October 25, 1946, University Club, Los Angeles, Calif., 7:00 p.m.): Orlan K. Bullard, San Diego, Calif.; Francis J. Conley, Los Angeles, Calif. (Fellowship completed); A. Lawrence Dunn, Santa Barbara, Calif.; B. M. Tylicki, Long Beach, Calif.

New Jersey Section (meeting held in conjunction with New York Section Meeting November 19, 1946).

Kansas City Mid-West Section: No Fellowships conferred.

Committee appointments 1946-1947:

Fellowship in Absentia: Hunter S. Allen, Birmingham, Ala.; Geo. A. Dinham, Duluth, Minn.; Ralph L. Ireland, Lincoln, Neb.

Committee appointments as recommended by President Hodgkin were approved.

I. EDUCATION

S. ELLSWORTH DAVENPORT, JR., D.M.D., *Chairman*¹
New York City

Dental Education of the present day and for the future must be founded upon and must satisfy a far broader concept of the destiny of the profession than has been recognized in the past.

A. It must glorify dental research by discovering the causes of dental caries and by developing ways and means of preventing and conquering dental and oral diseases and of maintaining vitality, health and function within the oral cavity.

B. It must equip dentists to serve mankind in far larger measure than heretofore.

C. Among the peoples of the earth, it must justify the understanding and realization that dentistry is an honored Health-Service Profession.

D. It must assume without question that dentistry is a part of Medical Science though not a department of medical practice and that its scope and field of action have a definite relationship to physical, mental and spiritual health.

E. It must so conduct itself as to attract the very highest type

¹The other members of the committee are, (1945-6): Oscar J. Chase, Jr., William H. Crawford, Luzerne G. Jordan.

of young men and women, intellectually, morally and culturally and it must equip itself with ideals which set forth clearly the duty of a professional man to civilization.

The attainment of these ideals is not easy, but your Committee makes the following suggestions to assist in pointing the way:

1. Universities should create Schools of Health Service, with medicine, surgery, dentistry, nursing, etc., as component departments.

2. Since medicine and dentistry need each other urgently, a warm and friendly relationship of cooperation and understanding should be developed between them. Mutual respect should be increased and each should encourage and supplement the other in its chosen field.

However, it should be realized without question that each will develop and mature more satisfactorily and more thoroughly if both are permitted complete autonomy and freedom of action.

3. Preliminary education of students planning to study dentistry should be the same essentially as that required for students pointing toward the study of medicine.

4. Eventually, but perhaps not immediately, all candidates for admission to schools of dentistry should possess a Liberal Arts degree.

5. Instruction and training of medical and dental students in the basic medical sciences should be identical and should be in charge of the same professors and instructors. In this way mutual respect between medical and dental students will be developed and strengthened at the source.

6. Undergraduate and postgraduate courses in subjects (such as diet, organic function, general infection, internal glands, stomatitis, syphilology, etc.), which are equally important to students of medicine and dentistry should be amplified and broadened as far as possible.

7. Technical training of dental students should be stressed meticulously and not superseded by courses in comparatively unrelated medical specialties that have no lasting or practical use in the prac-

tice of dentistry. Any knowledge of medicine is valuable, but "a little knowledge is a dangerous thing" and it will not be retained adequately unless it is utilized.

8. An intimate knowledge of the materials to be used in the practice of dentistry is essential.

9. Since research is the real, vital need of the future, with public health dentistry next in importance, programs of research should be initiated, stimulated and developed as never before.

10. The possession of the M.D. degree and all it signifies is a valuable attainment for any professional man, but it is not an essential for a general practitioner of dentistry.

11. Teachers should be chosen from among the top men of their respective professions, men with the highest concepts and ideals. Never should the teaching of medicine and dentistry be placed in charge of those who wish merely to enhance their personal prestige or those who have not been successful in private practice. Practical subjects should be taught by successful men who have had thorough, practical experience in office practice.

12. A broad concept of "Dental Health as a National Asset" should be nurtured and developed in the minds of dental students, along with a full appreciation of their obligation to mankind. They must understand and support the fundamental premise that dentistry is a Health-Service Profession, dedicated to the prevention and cure of disease and the restoration of normal function.

13. In the future there must be more dentists instead of less and these dentists must be fully qualified and better educated than in the past—not makeshift members of an "assembly line."

14. The dental profession must gear itself to meet the needs of rural communities as well as those of towns and cities.

15. If dentistry is to become increasingly attractive to the highest type of individual, dental education must shun any tolerance for socialization of the profession. It must continue to uphold the private practice system with its opportunities and its independence. As in all regimented programs, socialization pulls the ambitious, the

energetic and the well-educated back to the level of the unequipped and the unsuccessful.

16. On earth God calls upon us and chooses us as his representatives. He uses our eyes to look at the needs of the world, our feet to reach the various areas of need and our hands to bless and soothe humanity and heal its wounds.

May we not fail Him.

PREVENTIVE SERVICE

JAMES E. AIGUIRE, M.M.D., *Chairman*²
Philadelphia

In considering the problems of the preventive service the dental profession still has three major issues at stake. These are not new, although the profession is constantly working on them, and have gathered some important data. They are far from being solved or coordinated in such a way as to show any appreciable results. These problems are closely related and involve specifically, the control of dental disease, questions of dental personnel and the expansion of dental research.

This preventive service definitely ties in with the future developments in public health. This field of dentistry is excellent for determining the policy for the whole medical field, because the problems are more circumscribed and the issue clearer.

One problem at this time is that of sheer inadequacy in the number of dentists. With practically all dentists returned from the armed forces and working to capacity, less than one-fourth of the needed dental service could be rendered by the available trained personnel.

This shows the recognized shortage of dental practitioners. Then we have the rapid growth of our population, and there is no doubt that there will be an increased demand for dentistry in the post-war era, after most of the 11,500,000 men and women in uniform have returned to civil life with an entirely new concept of dentistry's value.

²The other members of the committee are (1945-46): L. M. Childers, H. T. Dean, K. A. Easlick, N. R. Lundquist.

To meet this hopeless situation from this standpoint the profession must create new auxiliary service groups or develop those already existing to render increased service. The medical group has developed this to a considerable extent, and it will be necessary for dentistry to follow. Serious thought and much study must be devoted to the suggestion that dental health care may be given to a larger number of people by auxiliary personnel trained to perform many operations now considered strictly within the province of the dentist alone. Certainly the dental hygienist is one logical person to be developed as such an auxiliary. It is readily apparent how effective such a measure would be in correcting any so-called dental man-hour deficiency that may now exist, unless an adequate supply of dentists can be provided to meet the actual demand for service. (For several years before World War II the dental schools were not graduating enough dentists to take the place of those who, owing to health or retirement, discontinued dental practice.)

There are about 5,000 dental hygienists in the United States. It is possible that an important number of them could qualify for this special training.

There should be more dental hygienists working with dentists. Unfortunately, a great many men are not aware of the valuable service they render and the many hours that could be released for other important work.

The dental assistant, although used more frequently, has not been developed to her maximum capacity in many offices. The dental laboratory technician is now doing 90% of laboratory work but it may be possible to use him more efficiently. And why not use him for the other 10%, thereby releasing many more valuable hours which are needed.

These auxiliary groups already exist but are not used to their full capacity and other new groups may be developed. But with all the development of these auxiliary groups, we are not accomplishing much toward our ultimate aim, that of prevention.

O'Rourke & Miner in 1941 gave statistics of a group of 42,700,-

000 persons attending school and college, representing one-third of our population. If each individual received four hours dental service each year, the services of 89,000 dentists working forty hours a week for forty-eight weeks a year would be required. There are 71,000 licensed dentists in the United States of whom perhaps 65,000 are actively engaged in dental practice, which makes it appear hopeless from this standpoint. Therefore, we must turn to the other two more important items, that of control of dental disease and expansion of dental research. The problem of organizing effective programs for the control of dental disease is very important.

Under this heading should be included such measures as may be taken by the patient or instituted by a properly qualified professional person (a) to prevent the onset of dental caries, regardless of the physical liability to decay of any particular tooth or group of teeth, (b) to prevent malocclusion, and (c) to maintain optimal health of the tissues surrounding the teeth. In conformity with these measures, the actual prevention of dental caries might be accomplished through three possible channels:

1. Building the teeth to be sufficiently resistant to dental caries to prevent its onset.
2. Supplying to the tooth structure an acid-resisting ingredient which may have been deficient during the period of formation.
3. Influencing the causative factors that produce dental caries.

Before considering these three approaches to the problem of preventing dental caries, it is well to note definitely certain accepted facts that bear directly on the problem.

A. The exciting cause of dental caries is local in origin and external to the teeth.

B. The predisposing causes may be: faulty tooth development, allowing structural defects of the enamel; physical form or shape of the teeth; malocclusion; and chemical reactions of the oral cavity (its fluids and food residue).

C. Dental caries always starts on the external surface of a tooth.

D. The enamel of a fully formed tooth is not materially affected by nutrition.

The foregoing statements represent generally accepted views by dental research workers.

During the formative period of the teeth, nutrition may exert some influence. However, this formative period must be considered in two phases: (a) prenatal period for the formation of the enamel of the deciduous teeth; (b) postnatal period—from one to eight years of life—for the formation of the enamel of the permanent dentition.

Modern dental research, however, indicates that the special intake of various food elements, such as calcium or phosphorus, does not necessarily favorably influence tooth development of the baby. Therefore, good nutrition during pregnancy is indicated primarily to help maintain the general physical well-being of the mother. Only in this indirect manner does it influence the dental structures of the baby. The principal prenatal influences which might act as predisposing causes of dental caries through improper structural development are the physical condition of the mother, emotional disturbances during pregnancy, and the influence of the endocrines.

In the postnatal period of enamel formation of the permanent teeth, the nutritional habits of the child may influence the structure of the teeth prior to their eruption. While adequate nutrition during the first eight years of life is presumably essential, it is not scientifically known that any particular diet will prevent dental decay. It is hoped that further study and research in this field may yield definite scientific knowledge in this important relation. It is known that fluorine absorbed from drinking water (about one part per million) makes the teeth very resistant to the action of the acid formed by the organisms that cause dental caries, so the presence of optimal proportions of fluorine in the diet may be considered a definite preventive factor. The ingestion of such proportions of fluorine during the period of formation of the permanent teeth prevents one possible imbalance of the chemical constituents of the enamel.

Recent experiments have demonstrated that fluorine, topically applied to the teeth, apparently combines with the enamel and produces therein an acid-resisting compound. This action seems most positive in newly erupted permanent teeth. Further investigation under strictly scientific conditions is being conducted on fluorine as a preventive of dental caries. If these further studies confirm those already published, the judicious use of fluorine may constitute a true preventive measure against dental caries.

From time to time attempts have been made—usually with mouth-washes—to reduce the quantity or the activity of the microorganisms that produce dental caries. They have been unsuccessful. The presence of refined sugar very rapidly changes oral chemical conditions, producing a highly acid reaction on dental surfaces and in dental defects, thus favoring the growth of the microorganisms that cause dental caries. As synthetic vitamin K retards the formation of acid, it has been suggested that, if synthetic vitamin K were incorporated with the sugar of candies, the acid formation associated with the presence of sugar in the oral cavity would be inhibited. Thus, perhaps could be corrected one of the principal causative factors in dental caries; namely, the presence of refined sugar in solution on the teeth.

Prevention of malocclusion by prescribed muscular exercises and correction of habits favoring maldevelopment of the jaws may be considered an important phase of preventive dentistry. The percentage of children who suffer from some form of malocclusion is so high that this phase of preventive dentistry should receive greater stress. Specialized knowledge and training are essential to the prescription and supervision of such exercises. It is to be hoped that greater general knowledge and practice of this important preventive measure will be developed.

It has been said that the oral tissues are an excellent index of nutritional status. The maintenance of a normal condition of the soft tissues of the mouth, then, may be within the province of nutrition. Also proper use of the toothbrush and mouth hygiene may

be considered an adjunct in preventing certain unfavorable conditions of the oral mucosa.

Protective dentistry may be considered as any or all operations or treatments that protect the fully erupted teeth and the oral tissues against existing conditions favorable to the onset of disease. This would include such operative measures as prophylactic odontotomy, extension of cavity preparation into areas of safety, space maintenance, and orthodontic treatment.

Of these measures, prophylactic odontotomy, or the operative treatment of pre-carious structural defects of the enamel, approaches as near to true prevention as is possible in operative procedures. It has been repeatedly demonstrated that this treatment, when properly carried out, protects the teeth in the specific areas treated against dental decay. If they are filled prior to becoming carious, the areas are definitely protected from dental caries. The serious injury of deep decay is prevented. The danger of recurrent decay is lessened.

Space maintenance and orthodontic treatment are very closely related and may be considered important procedures in protective dentistry. It has been estimated that the early loss of one lower first permanent molar, through the resulting derangement of adjacent teeth, reduces the masticating efficiency of the mouth 33 1/3 per cent. It has also been suggested that there is a marked correlation between the loss of the first permanent molars and a rise in the caries incidence.

The problem of handling the ever increasing demand for dental service is that of manpower and research. From the standpoint of manpower, that is available trained personnel, or increasing this number which will take many years, including possible new auxiliary groups which may come into the field, one cannot see much encouragement. In intensive research lies our hope for knowledge which will lead to the *prevention* of dental caries and disease of the supporting tissues, and thus to the meeting of this problem.

Some of the possibilities already well under way are the use of fluorids in developing a caries resistant element in the tooth structure, the use of synthetic Vitamin K in retarding the formation of

acid in the mouth, prevention of malocclusion, prevention of soft tissue involvement and protective dentistry as previously discussed.

Then we have new findings in the field of pediatrics, new theories of nutrition, new discoveries in biochemistry. These should all be thoroughly checked and their worth scientifically established before being accepted.

Legislation for the promotion of research in dental disease is one of the most urgent problems in organized dentistry, and it should receive the support of every dentist.

In this way, scientists could be mobilized as they were during the war and undoubtedly their efforts will accomplish greater developments in a much shorter time.

Much material could be edited for public consumption and these facts would do much to clarify the situation to the average individual. For many years he has been confused by the many devices and nostrums he hears or reads about every day. This confusion encourages postponement of dental care. Of course, economic barriers to adequate dental service may be difficult to overcome, but those arising from faulty concepts regarding control measures should give way to well-organized educational programs. These programs should be direct and not evade the issue involved.

The prevention or control of disease of the supporting tissues, much like the prevention and control of dental caries, can best be initiated in childhood. It is obvious that mal-formation of the jaws, and improper positioning of the teeth should be viewed as conditions which in their implications go far beyond the problem of facial disfigurement. They are too often clear indications of the probability that supporting tissue disease will affect the individual later in life. Malocclusions and mastication, so often created by mutilation of the deciduous denture and early erupting permanent teeth, also set the stage for short life expectancy of the permanent denture. Thus, if there is to be serious consideration of preventive or control measures, it is evident that it should include plans for the expansion of dental service for children, and a significant rise in child dental welfare.

IN MEMORIAM
REPORT OF THE NECROLOGY COMMITTEE

J. B. CARR, D.D.S., *Chairman*¹

Each meeting of the Board of Regents of the American College of Dentists finds some familiar faces have been deleted from the officers' staff or from the ranks of the organization.

We often speak of our friends who have departed as though they were swept out of existence. It is difficult to conceive that they have simply changed relations. We say of the sun in the evening, "It has gone." It has simply faded from our vision to shed light on some other part of the globe. We say of the ship that gradually sinks from sight, "It is gone." It is just wending its way across pathless waters to find, ere many days, a shelter in another harbor. Our friends have gone to find rest in another harbor and to shine in another realm.

As the visible beauty of the earth passes with the darkness of the night so passes the active beauty of the deeds of our friends and colleagues who have given up this life and passed into the great beyond; but as the beauty of the day lingers in our minds so lingers the beauty of the lives of these noble Fellows, many of whom pioneered in the work which we must carry on. They have built a solid foundation consisting of humanitarianism, love and service. "They have filled their niches, have accomplished their tasks."

We shall continue their work ever remembering the influence of their lives and never failing to give credit to them for the great service they gave to their profession and to humanity.

The spirit of thorough loyalty to their profession and to this organization permeated their lives. Prominent though they were in their profession they were, primarily, men.

¹The other members of this committee are (1945-46): Russel W. Bunting, Julio Endelman, Donald M. Gallie, Sr., Roy J. Rinehart.

There are those whose lifework gives the impression of solid strength and noble service. Like the mountains which rise above the surface of the earth, they abide steadfast in their places, enriching human existence. Such were the lives of these who have been taken from our midst since our last meeting.

In reality they shall not be dead until we kill them by our forgetfulness. They live on in us and through us, even as we shall live in posterity. We are a heap of possibilities coming from the past; a mass of influence for the future.

In thinking of the lives of these splendid men, our friends and colleagues, let us realize that they lived useful lives and died manly deaths. May they have the twofold resurrection—one into the great life beyond, the other in the many lives that remain here on earth blessed by their influence.

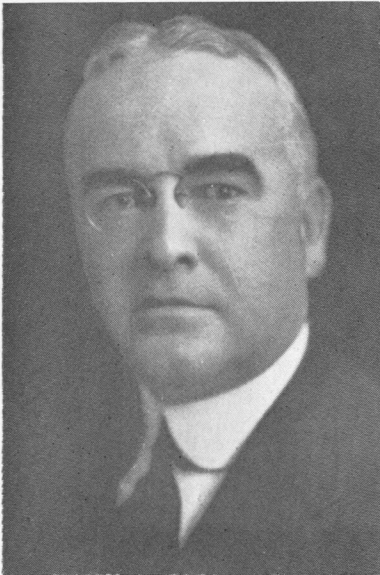
ARTHUR D'ALANSON BARBER

Ogden, Utah

1876-1944

Fellowship conferred 1933

Graduated from the University of Pennsylvania (Thos. W. Evans Institute) 1899. Member Utah State Dental Association, secretary Utah State Dental Association.



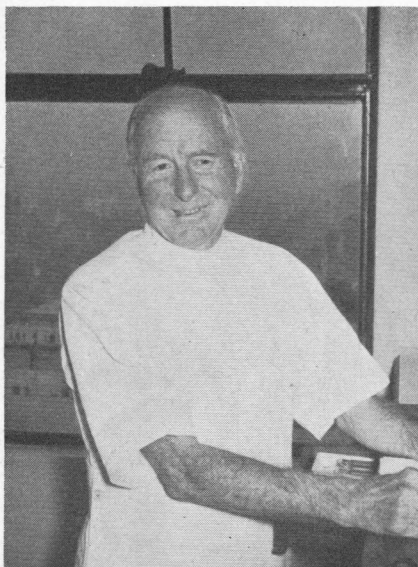
LELAND BARRETT

New York, N. Y.

1878-1945

Fellowship conferred 1929

Graduated from University of Pennsylvania School of Dentistry 1905. Member First District Dental Society, State of New York; American Dental Association; New York Institute of Stomatology; New York Academy of Dentistry; American Medical Association. Former president First District (N. Y.) Dental Society.



SHIRLEY M. BOWLES

Los Angeles, Calif.

1872-1945

Fellowship conferred 1928

Graduated from Philadelphia Dental College 1898. Member District of Columbia Dental Society; American Dental Association; American Medical Association; Los Angeles County Dental Society; Southern California State Dental Association. Former president of Institute of Dental Teachers.

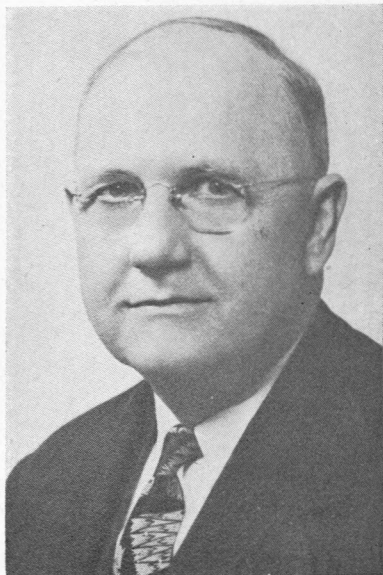
W. W. BROWN

Joplin, Mo.

1883-1945

Fellowship conferred 1938

Graduated from Washington University School of Dentistry 1908. Member American Dental Association; Missouri State Dental Association; Southwest District Dental Society; former president Missouri State Dental Association and Southwest District Dental Society.



HARVEY J. BURKHART

Rochester, N. Y.

1863-1946

Fellowship conferred 1921

Graduated from Baltimore College of Dental Surgery 1890. Director Forsythe Dental Infirmary, Rochester, New York.



JOHN V. GONZETT

Dubuque, Ia.

1866-1944

Fellowship conferred 1921

Graduated from University of Iowa, College of Dentistry 1887. Member American Dental Association; Iowa State Dental Society; Dubuque County District Dental Society; Woodbury Study Club; Chicago Dental Society; American Society for Advancement of Science; New York Academy of Dentistry; American Dental Society of Europe; former president American Dental Association, Iowa State Dental Society, Dubuque County District Dental Society, Dental Educational Council of America, and American College of Dentists. One of the founders and organizers of American College of Dentists.



WILLIS A. COSTON

Kansas City, Mo.

Fellowship conferred in 1922

Member Kansas State Dental Association;
Missouri State Dental Association; American
Dental Association.

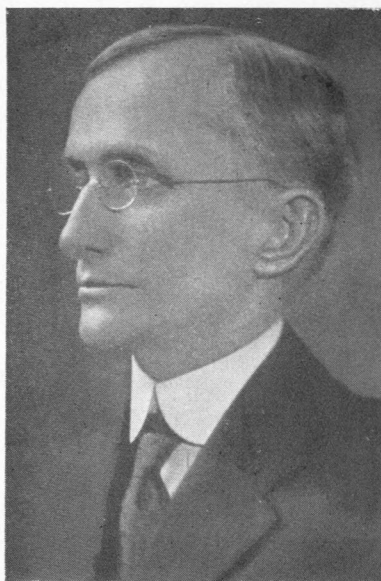
ARTHUR J. COTTRELL

Knoxville, Tenn.

1869-1945

Fellowship conferred 1933

Graduated from University of Tennessee,
College of Dentistry 1899. Member Tennessee
State Dental Association; American Dental As-
sociation; American Academy of Periodontol-
ogy. Former president Tennessee State Dental
Association.



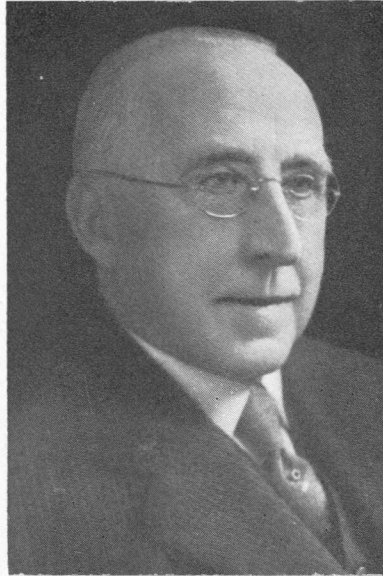
AUGUSTUS R. COOKE

Syracuse, New York

1859-1945

Fellowship conferred 1923

Graduated from Philadelphia College of Dentistry 1884. Member Syracuse Dental Society; Fifth District Dental Society, State of New York; New York State Dental Society; American Dental Association. Former president New York State Dental Society.



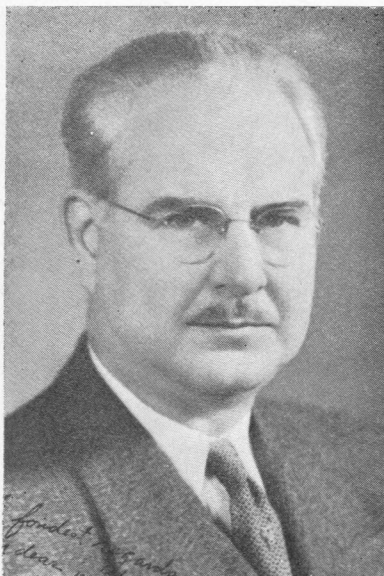
FRANK H. CUSHMAN

Boston, Mass.

1891-1946

Fellowship conferred 1932

Graduated from Harvard University Dental School 1915. Member Massachusetts Dental Society; American Dental Association; American Academy of Dental Science. Former vice-president American Academy of Dental Science.



LYNN A. FONNER

Fort Wayne, Indiana

1893-1944

Fellowship conferred 1938

Graduated from University of Indiana School of Dentistry 1914. Member American Dental Association; Indiana State Dental Society; American Academy of Periodontology.

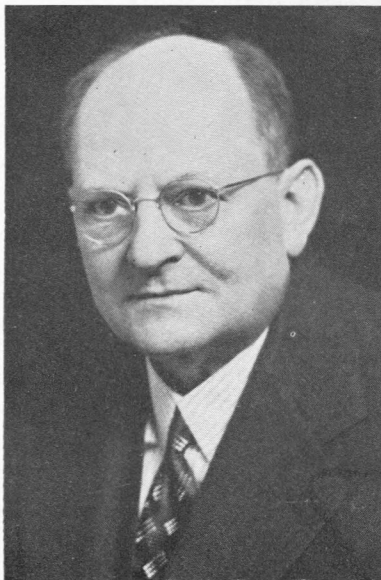
H. EDMUND FRIESELL

Pittsburgh, Pa.

1873-1946

Fellowship conferred 1921

Graduated from Pennsylvania College of Dental Surgery 1895. Member Odontological Society of Western Pennsylvania; Pennsylvania State Dental Society; American Dental Association; American Association of Dental Schools; International Association for Dental Research; International Dental Federation; dean University of Pittsburgh School of Dentistry 1904 to 1946. Member American College of Dentists; American Association for the Advancement of Science; American Medical Association; National Association of Dental Faculties. Former president National Association of Dental Faculties, Pennsylvania State Dental Society, American Association of Dental Schools, American Dental Association, American College of Dentists; Supreme Councilor Psi Omega Fraternity. One of the founders and organizers of the American College of Dentists.



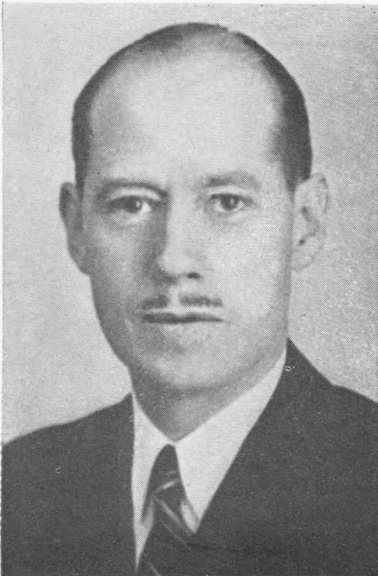
DONALD M. GALLIE, SR.

Wilmette, Ill.

1866-1946

Fellowship conferred 1924

Graduated from Chicago College of Dental Surgery 1891. Member Chicago Dental Club; Illinois State Dental Society; American Dental Association; member of Committee of Organization of the 4th International Dental Congress. Former president Chicago Dental Society; Illinois State Dental Society and National Dental Association.



CHAS. F. GANUN

New York, N. Y.

1904-1944

Fellowship conferred 1940

Graduated from New York University College of Dentistry 1928. Member First District Dental Society of New York; New York Academy of Dentistry.



NYE WHITE GOODMAN

Los Angeles, Calif.

Fellowship conferred 1931

Graduated from Western Reserve University 1905. Member American Dental Association; Southern California State Dental Association; Los Angeles County Dental Association; American Academy of Restorative Dentistry. Former president Los Angeles County Dental Association, and American Academy of Restorative Dentistry.

JOHN M. HALE

Mt. Vernon, Ind.

1865-1946

Fellowship conferred 1924

Graduated from Vanderbilt University College of Dentistry 1887. Member American Dental Association; Indiana State Dental Association; honorary member Illinois State Dental Society.



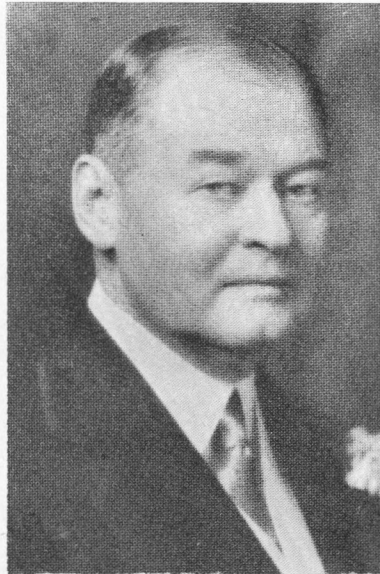
JAMES F. HASBROUCK

Pasadena, Calif.

1870-1945

Fellowship conferred 1924

Qualified and registered as a dentist in compliance with the dental laws of New York State in 1895. Member First District Dental Society of New York; New York State Dental Society and American Dental Association. Former president of First District Dental Society.



ROBERT G. HUTCHINSON, JR.

Essex Falls, N. J.

1866-1945

Fellowship conferred 1924

Graduated from New York College of Dentistry 1899. Member National Dental Association; New York State Dental Society; Odontological Society of New York; New York Institute of Stomatology; American Academy of Periodontology; Brooklyn Dental Society.



HENRY A. KELLEY

Portland, Me.

1866-1945

Fellowship conferred 1929

Graduated from Harvard University School of Dentistry 1888. Member American Dental Association; New England Dental Society; Maine State Dental Society; Portland Dental Society. Former president Maine Dental Society, Harvard Dental Alumni Association.

HARRY E. KELSEY

Baltimore, Md.

1872-1946

Fellowship conferred 1922

Graduated from Baltimore College of Dental Surgery 1896. Member Maryland State Dental Association; National (American) Dental Association; New York Society of Orthodontists; American Society of Orthodontists. Former president Maryland State Dental Association.



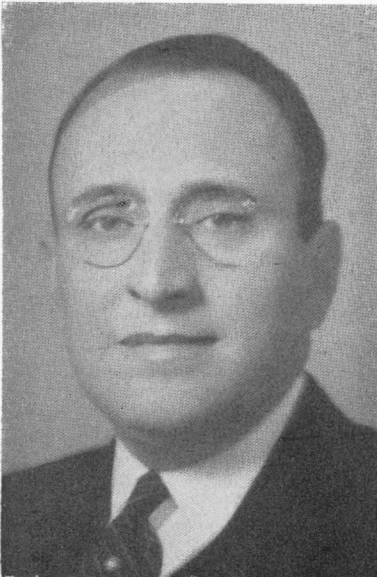
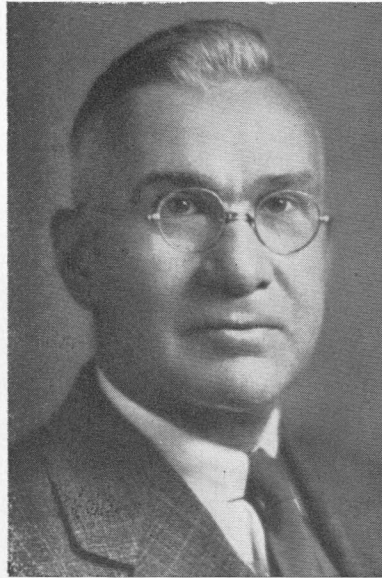
HARRY C. LAWTON

St. Paul, Minn.

1880-1946

Fellowship conferred 1938

Graduated from College of Dentistry, University of Minnesota 1908. Member American Dental Association; St. Paul District Dental Society; Minnesota State Dental Association; American Institute of Dental Teachers; Minnesota Academy of Science.



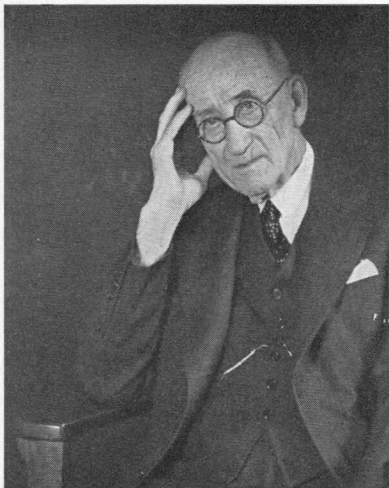
ROBERT R. LINVILLE

Mt. Olivett, Ky.

1897-1945

Fellowship conferred 1941

Graduated from University of Louisville College of Dentistry 1919. Member Kentucky State Dental Association; American Dental Association; Blue Grass Dental Society. Former president Blue Grass Dental Society.



S. BLAIR LUCKIE

Chester, Pa.

1849-1944

Fellowship conferred 1934

Graduated from Philadelphia Dental College 1882. Member American Dental Association; Pennsylvania State Dental Society; Academy of Stomatology; Philadelphia Medical Society. Former president Pennsylvania State Dental Society.

RICHARD HOLMES MASON

Macon, Ga.

1880-1946

Fellowship conferred 1931

Graduated from Atlanta Southern Dental College 1903. Member Georgia State Dental Society; American Dental Association; American Academy of Periodontology; Southern Academy of Periodontology. Former president Georgia State Dental Society.



JOSEPH P. MASSICOTTE

Providence, R. I.

1877-1945

Fellowship conferred 1925

Graduated from Tufts College Dental School 1906. Member Rhode Island State Dental Society; New England Dental Society; American Dental Association. Former president Rhode Island State Dental Society. Official interpreter (French and Italian) Seventh International Dental Congress.



JOHN F. MAUZER

Los Angeles, Calif.

1876-1946

Fellowship conferred 1936

Graduated from Milwaukee Medical College 1902. Member American Dental Association; Southern Wisconsin Dental Society; Southern California State Dental Society.



HORACE G. MEEK

Oakland, Calif.

1893-1946

Fellowship conferred in absentia 1946

Graduated from College of Physicians and Surgeons, San Francisco, Calif., 1916. Member Alameda County District Dental Society; California State Dental Association; American Dental Association. Former president Alameda County District Dental Society.

HAROLD J. NELSON

Fergus Falls, Minn.

1878-1946

Fellowship conferred 1943

Graduated from College of Dentistry, University of Minnesota, 1900. Member American Dental Association; Minnesota State Dental Association; West Central District Dental Society. Former president West Coast District Dental Society.



JOHN ALBERT NOETZEL

Milwaukee, Wis.

1895-1945

Fellowship conferred 1930

Graduated from Marquette University Dental School 1919. Member Milwaukee County Dental Society; Wisconsin State Dental Society; American Dental Association; Marquette University Dental Alumni Association.



JOHN L. PETERS

New York, N. Y.

1872-1945

Fellowship conferred 1923

Graduated from New York College of Dentistry 1909. Member First District Dental Society; New York State Dental Society; American Dental Association. Former president First District Dental Society.



ARTHUR G. SMITH

1871-1946

Fellowship conferred 1926

Graduated from Harvard Dental School 1891. Member American Dental Association; Illinois State Dental Society. Former president Illinois State Dental Society.

PAUL R. STILLMAN

Longwood, Fla.

1871-1945

Fellowship conferred 1923

Graduated from Baltimore College of Dental Surgery 1899. Member First District Dental Society of New York; New York State Dental Society; American (National) Dental Association; American Academy of Periodontology; International Association for Dental Research. Former president American Academy of Periodontology.



T. IRVING WAY

Cincinnati, Ohio

Fellowship conferred in 1932

Graduated from Ohio College of Dental Surgery. Member Cincinnati Odontological Society; Cincinnati District Dental Society; Ohio State Dental Society; American Dental Association. Past president Ohio State Dental Society; past president Cincinnati District Dental Society.



ARTHUR C. WHERRY

Salt Lake City, Utah

1880-1944

Fellowship conferred 1931

Graduated from Chicago College of Dental Surgery 1902. Member American Dental Association; Utah State Dental Association; Salt Lake County Dental Society. Past president Salt Lake County Dental Society, Utah State Dental Association, and American Dental Association.



ALLAN SCOTT WOLFE

Washington, D. C.

1883-1945

Fellowship conferred 1929

Graduated from University of Louisville, College of Dentistry, 1903. Member District of Columbia Dental Society; American Dental Association; G. V. Black Study Club; Washington Dental Club. Former president G. V. Black Study Club and Washington Dental Club.

WILLIAM A. YOUNG

Concord, N. H.

1876-1946

Fellowship conferred 1937

Graduated from Philadelphia Dental College 1900. Member New Hampshire Dental Society; American Dental Association; New England Dental Association; Concord Dental Society. Former president of New Hampshire Dental Society. Founder and former president of Concord Dental Society.



BOOK REVIEWS

Index, Dental Periodical Literature (1942-1944): This book is the next in order of the three-year publications of the Index of Dental Literature. It is published by the American Dental Association, the work being done by Mrs. Flora B. Mann and Miss Martha Mann, Indexers, together with whatever help may have been afforded by the Library and the Librarian, Mrs. Josephine P. Hunt. The Committee on Library and Indexing Service provides whatever helpful suggestions may be required. This is the second volume to be presented under subject headings or in dictionary form. It is to be hoped that this will be found to be of considerable improvement over the preceding issue and surely will be found to be of very great value as compared with the previous publications under the Dewey Classification System.

The book is just off the press and may be secured by addressing Miss Martha Mann at 222 E. Superior St., Chicago 11, Ill.

There is published along with this in reprint form *Dental Index Headings* (Alphabetical Plan) which may be had for the asking and which, no doubt, will be helpful in all libraries.

Acrylics (and Other Dental Resins): This book is issued under the joint authorship of Stanley D. Tylman, M.S., D.D.S., Professor of Prosthetics and Head of Crown and Bridge Department, University of Illinois, College of Dentistry, Chicago, Illinois and Floyd A. Peyton, Ph.D., Assistant Professor of Dentistry, Department of Metallurgy, University of Texas, School of Dentistry, Houston, Texas. It is published by the J. B. Lippincott Co. The authors have covered the subject in a way which should be of no little value to those interested in this very vital subject. To the technician, it will appeal because it is very well illustrated, and to one who may be a little more interested in the scientific phase, the chemistry of the subject is very well covered. The book sells for \$10.00.

Report of the General Education Board: This is a report on one

of the projects carried on by the Rockefeller Foundation. This is the annual report for 1945 and is of value in that one can note the extensive work being done by this philanthropic institution. Financial support is given to the Meharry Medical College and the School of Nursing. No provision is made anywhere for dentistry.

The Use of Research by Professional Associations in Determining Program and Policy: This 40-page pamphlet is issued by the Russell Sage Foundation for the year 1946 and is designed to be of help to those interested in research from the standpoint of the best use of research funds and the relation of research to professional education. The book may be had by addressing the Foundation, New York City, at a cost of 25 cents.

Research Assistance: This is a 16-page mimeographed copy issued by the United States Public Health Service, indicating the purpose of the service, kinds of research, etc., including research grants. It may be of use to those interested in research and may be had by addressing Research Grants Division, National Institute of Health, U. S. Public Health Service, Federal Security Agency, Bethesda 14, Maryland.

Appointment Book (A.D.A. 1947): This is the 1947 issue of a book with which members of the profession are already acquainted. This one contains more and new professional material which will be helpful in the conduct of one's practice. Among other items, it contains a list of accepted dentifrices. The book may be had by addressing the Bureau of Public Relations, American Dental Association, 222 East Superior St., Chicago 11, Ill., price \$1.50.

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Special abbreviations besides those of self-evident import.—A.A.A.S.: American Association for the Advancement of Science. A.A.D.E.: American Association of Dental Editors. A.A.D.S.: American Association of Dental Schools. 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. I.A.R.S.: International Anesthesia Research Society. J.A.C.D.: Journal of the American College of Dentists. J.D.R.: Journal of Dental Research.

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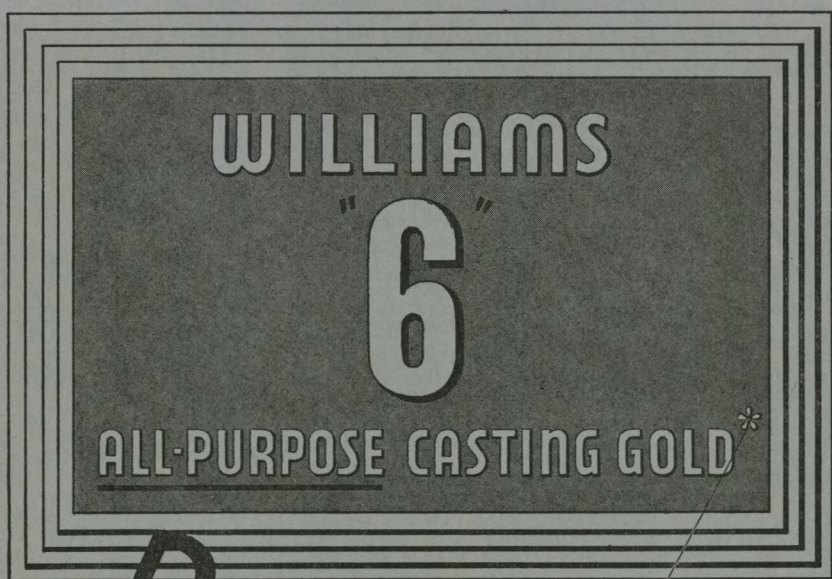
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