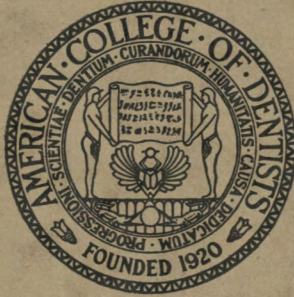


Volume 19

Number 4

Journal

AMERICAN COLLEGE OF DENTISTS



December 1952

Published Quarterly for General Circulation by
THE AMERICAN COLLEGE OF DENTISTS

\$3.00 a Year

75 Cents a Copy

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.

Published Four Times a Year—March, June, September, December

Entered as Second Class Matter September 3, 1948 at the Post Office at Baltimore, Maryland under the Act of March 3, 1879
Copyright, 1952, by the American College of Dentists—*Made in United States of America*

THE WAVERLY PRESS, INC., BALTIMORE, MD., U.S.A.

Address of the Editor:

John E. Gurley, D.D.S. 350 Post Street, San Francisco, 8, Calif.

Entered in the Index To Dental Periodic Literature.

American College of Dentists

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Announcements

Next Meeting, Board of Regents: Chicago, Feb. 8, 1953.

Next Convocation: Cleveland, (date to be announced).

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Published Quarterly for General Circulation by
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1951-1952

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Next Convocation: St. Louis, Sept. 7, 1952.

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JOURNAL

American College of Dentists

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*"Great leaders don't tell men of their virtue;
they try to show them their possibilities".*

LADY ASTOR.

PRESIDENTIAL ADDRESS¹

THE MARKS OF AN EDUCATED PERSON

WILLARD C. FLEMING, D.D.S.²

San Francisco

One of our modern prophets, H. G. Wells, has said; "Civilization is a race between education and chaos." The truth of this statement is becoming more and more apparent as the relations between men and between nations becomes more and more strained. Modern "stepped-up" methods of transportation and communication have resulted in a conflict of ideas and prejudices of people who have not yet been prepared by educational processes to understand fully the world around them. I cannot be as pessimistic as many who feel that our material and mechanical advances have been so great that the educational and cultural aspects of our civilization have been left hopelessly behind in this race against chaos.

There is good evidence that the relations between men and between nations are becoming more a matter of *understanding* each other than a matter of *international laws* or *force*. Negotiation, arbitration, mediation, and compromise are in far greater use than ever before. The old order of might makes right is giving way to efforts to understand the other fellow's point of view, or to "educate" him to understand ours.

Medicine and dentistry have long recognized the need for programs to educate the public to the value of procedures which the profession considers necessary to health. We can legislate for health laws only after an educational program has made the value of such laws apparent to the people. Think of the prejudices and ignorance that had to be cleared away before the procedures concerned with vaccination and typhoid became workable. Our fluoridation programs are effective only in informed communities.

In a like sense, the medical and dental professions had to prepare their members to understand the needs and the problems of the people. This broadening of the minds of the members of the pro-

¹ Convocation held at St. Louis, Mo. Sept. 7, 1952.

² President of the College and Dean, College of Dentistry, University of California.

fession is accomplished not by command but by education. Our preprofessional college years are designed largely for this purpose: the development within our profession of an educated membership.

We use phrases such as "educated membership" or refer to someone as an "educated man" pretty loosely, and seldom stop to ask, "Just who is an educated person?" or, better yet, "What are the marks of an educated person?" What is it that distinguishes the educated from the non-educated? First of all, the ranks of educated people are not necessarily filled only by people with formal schooling. The educated person does not have to possess a wealth of factual information. He does not have to be a learned man as we think of a sage or a professor, but the educated person has to acquire either in school or in work the right habits of learning, or better yet, the right habits of thinking, which in turn mark him as an educated person.

I am not belittling higher education, as I am a firm believer in formal schooling beyond the high school level. What I am trying to do is to emphasize that the educated mind can develop with or without the benefit of formal schooling. Experience has shown, however, that the average person benefits from the discipline of schooling far more than if left to his own devices. As most of us are average, it goes without saying that we should plan to continue our formal education.

One of the characteristics or marks of an educated person is the ability to keep an open mind on every question until all the evidence is in. If a man learns either in school or at work to keep his mind open to new facts, even though they are at variance with his opinions; if he is willing to change his mind even at the cost of personal pride; if he is willing to examine all sides of every question and review without prejudice the evidence against his own opinion; if he is willing to withhold judgement until all the evidence is in; if he can do all of these things, then that person may be considered as having acquired one of the main characteristics of an educated person. This man is free from superstition and dogmatism. He is no longer a *group thinker*. He has developed the power to handle and control facts. He is his own *independent thinker*.

Another mark of an educated person is his willingness to accept new ideas for examination and testing. He never laughs at a new idea no matter how ridiculous it may appear. Our history is replete

with examples of people who laughed at new ideas: the idea that the world is round; that a sailboat can run into the wind; the idea of being able to talk over a wire; or in their opinion, funnier still, the idea of talking at great distances through the air. The laughter of these people has been drowned by the cheers that accompanied the achievement of these *impossibilities*. Let us remember that practically everything man has imagined, he has been able to accomplish: to fly like a bird; to travel twenty thousand leagues under the sea; to communicate across great distances. Even Dick Tracy's wristwatch-radio is an accomplished fact. One exception to date is inter-planetary travel. Who can deny that this will not be accomplished and probably in the lifetime of some of us?

The ability to work and cooperate with others is another mark of an educated person. Human beings are gregarious; they prefer to live in groups and at the same time maintain a certain degree of independence. One might say that we have some of the characteristics of both sheep and cats. It is this sort of dual personality which makes humans what we are. If all of us were sheep, we would mill around forever, going no place in particular. If all of us were cats, we would live independently of each other and remain just cats. It is the educated person who recognizes this dual personality of the human race, and realizes that we must work together and at the same time maintain enough independence of spirit to provide the leadership necessary to continue to progress and develop. The educated person realizes when he sits at the council table to solve this problem or that problem which may arise between groups of people or between individuals, that he should not feel that he is there to win a victory for his side or his idea, but that he is there to solve a problem. Unfortunately, in the past many of our problems involving human relations have not had the benefit of this attitude. One needs only to look at the problems arising out of the relations of management and labor to see an example of this.

Another mark of an educated person is his freedom from prejudice. Many of us interpret this as relating only to racial prejudice, but the problem is much broader than the matter of race, since religious and minority groups of all kinds are also subject to discrimination. This is a conflict between prejudice and tolerance. It is a conflict that is not confined to this country but is world-wide. From time immemorial men have had great difficulty in living with other men

who have a different color, a different language, a different method of worship, and more lately, a different philosophy of economy and politics. The educated person has learned that, essentially, people are the same the world over. He knows that they have the same hopes, ambitions, fears and affections, regardless of race, color, or creed, and that they react in much the same way to ridicule, to insecurity, to praise. We will continue to have these problems of prejudice with us for a long time. They will not be solved by legislation or fair practice acts, except in so far as these keep us aware of the problem. The real solution will come through education. Prejudice is vulnerable to education, and to education only; the two are not compatible. There is no room for prejudice in the mind of an educated person.

There are other marks of an educated person, such as his ability to enjoy his leisure, his freedom from boredom, etc. However, the four we have discussed: openmindedness; willingness to experiment with and test new ideas; cooperativeness; and freedom from prejudice, are in my opinion, the essential characteristics.

The dental profession can express satisfaction with the achievement of the first three of these characteristics: namely, openmindedness, experimentation, and cooperativeness. The last characteristic, freedom from prejudice, has not been wholly achieved. True enough, as individuals and as a profession we have made some progress, but the whole step has not yet been taken.

The American College of Dentists is a selected group of the dental profession. Its membership is, and should be, an educated group, educated in the broadest sense of the word. Our members are selected largely from the leaders of our schools, local, state and national societies. The College itself has an enviable record as a catalyzer within the profession and as an organization that has taken the lead in the solution of many of our social and professional programs.

As one studies the trends in the times and the trends in the American way of life and the world-wide reaffirmation of the principles of freedom and equality, it is not in keeping with our best tradition that we remain on the sidelines and let the rest of the world go by. It is in keeping with our tradition that, without precipitant action, we study and develop ways and means to broaden the base of our membership and take the final step that will allow us to achieve fully all of the marks of an educated person.

INAUGURAL ADDRESS

F. A. PIERSON, D.D.S., *Lincoln*

On the first page of each copy of the Journal of the American College of Dentists appears the following statement: "The American College of Dentists was established to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; to stimulate graduate study and effort by dentists; to confer fellowship in recognition of meritorious achievement, especially in dental science, art, education and literature; and to improve public understanding and appreciation of oral health-service."

The first four of these objectives were adopted by that small group of unselfish, conscientious and altruistic dentists who in 1920 organized the American College of Dentists. These twenty dentists envisioned the good that could come to the dental profession from such an organization with a comparatively small membership provided the members, individually and collectively, would strive to attain the objectives which had been adopted and incorporated into the first article of the Constitution.

The objectives were so well conceived by the founders that no change has been made in the original four in thirty-two years. However, a fifth has been added. It is interesting to note that only one of the objectives, the awarding of Fellowship, offers anything to the members, and originally this was placed last, implying that it was less important than the other three. It might have been well to have placed the fifth in fourth place and continue to make the awarding of fellowship the last objective.

As has been stated, only one offers anything to the members. The other four place an obligation upon him to work conscientiously and earnestly as an individual and in groups to achieve the goals set forth. It is not necessary that his work be limited to College groups. There are many other groups, dental and civic, in which a Fellow may aid in carrying out the objectives of the College.

Even in his daily life and contacts he should conduct himself and govern his speech so that the objectives shall be achieved. He should not wait to exert his influence for the benefit of the public and the profession until called upon by a section or committee of the College but should help to initiate and actively participate in the activities

of other dental and nonprofessional groups. The latter is particularly important as one of our problems is that of public relations. We have been accused of failing to participate in civic affairs.

The world is in need of honest, unselfish capable leadership. In the dental profession many leaders can be found within the membership of the American College of Dentists.

The caliber of the members has been such that the College has always been a dynamic organization. Our part is to keep it so. We must not be content with past achievements. We must not let down our predecessors who carried the torch for over thirty years. How well they discharged their obligations is testified to by their accomplishments in several fields.

No other single group had as much influence in raising the standard of dental literature as the American College of Dentists and this was accomplished when the membership of the College was only about 300. The initiation of other activities such as certification of specialists, hospital dental service, prosthetic dental service, to mention just a few, is evidence that our predecessors were not content to rest on the achievements for which they had been rewarded by Fellowship in the College.

It has not been my intention to bring these past activities to your attention for the purpose of giving the College and the Fellows a pat on the back but rather to remind the members, both old and new, that fellowship conferred upon them should not mark the end of their efforts on behalf of professional progress but rather the commencement of new and fresh opportunities for professional and public service.

Within every organization there are problems and the College is no exception. We have had as few serious differences of opinion as any organization such as ours could have. This, I believe, is due in a large measure to the fine work of our capable secretary, Dr. Brandhorst, who has served over a period of seventeen years.

Nevertheless there are a few problems which have not yet been resolved. Local disputes as to the qualifications and the eligibility of dentists for fellowship arise and sometimes create ill feeling among members of the College. The officers and Board of Regents are endeavoring to find a solution which, if it does not entirely eliminate this problem, will reduce it to the very minimum.

In this connection let me state that if the Fellows will follow the

instructions in the brochure entitled "Requirements for Eligibility and Methods of Election to Membership in the American College of Dentists," a copy of which has been mailed to every member, many misunderstandings may be avoided.

Another problem which is now receiving consideration by the officers and Board of Regents is that of a new type of fellowship. In dental schools and other institutions of learning there are many teachers and research workers who are working closely with the dental profession and making valuable contributions to dentistry but because these individuals do not have a D.D.S. or D.M.D. degree they are not eligible for active membership in the College. It is believed by many Fellows that due to the fact that there are many such individuals who in their own fields are rendering services which will greatly assist in achieving the objectives of the College, provision should be made in the Constitution and By-laws for an affiliate or associate membership.

While I do not know the average age of the Fellows of the College, it appears that as the organization becomes older the percentage of older members becomes greater. It would seem that younger men who have demonstrated an unselfish interest in advancing the cause of good oral health for the public should be sought out and nominated for Fellowship. While I believe there is a definite place in the College for men of mature age, judgment, and experience, I am just as certain there is a place for younger men of vigor and enthusiasm.

The activities of the College are largely carried out by committees and sections. The number and type of committees vary at different times and it is quite possible a survey will reveal that some which have been very active in the past and contributed greatly to the advancement of the College and profession have now become inactive because their work has either been completed or has been assumed by some other organization. In such cases it would be well to discharge the committee and make its members available for other activities.

Some of the twenty-eight sections of the College have been and now are very active in carrying on worthwhile projects while others are inactive. This may not be the fault of the section as some have few members who are many times widely scattered geographically, making it difficult to work on group projects. Members of these

sections and those in unorganized areas are urged to make their contributions toward achieving the goals of the College through their local dental societies and as individuals. The most effective work of those members of larger sections, where meetings can be held easily, might possibly be done as an organization.

Let me urge those sections which have taken up studies, as suggested by President Fleming, to continue with them until they are concluded. Many worthwhile projects require more than one year of study. Those sections which have not had a project during the past year are urged to find one of particular interest to a majority of its members. Such an activity on the part of a section will give it a great lift.

In planning the activities of the College for the coming year I should like to depart somewhat from the usual custom of mapping a detailed program and suggest a few problems for consideration. It should be emphasized that the problems are with us now and their solution is desirable as early as possible. This will require the intellectual ability and energy of us all. These problems present a definite challenge as the future status of the profession will depend somewhat on how they are solved.

There are two phases of so-called social security in which we, as members of the dental profession, are or should be concerned. We may be interested to some extent in other phases of the Social Security Act, but Compulsory Health and Old Age and Survivors Insurance are of vital importance to us.

The members of the profession are almost, but not quite, unanimous in their opposition to Compulsory Health Insurance. This makes this problem one of making clear to the public the disadvantages to them of this type of service compared to that now available. We cannot convince the public of this simply by calling it "Socialism" even if it is. The trend is toward more and better health service and if the public at large is convinced that compulsory health insurance will come nearer giving them more and better health service than our present system, then eventually, we will have compulsory health insurance.

I believe a great deal can be accomplished by individual practitioners to build up opposition to compulsory health insurance. The best and most effective way of dealing with this problem is to endeavor in our professional capacity always to treat people in

such manner that they will have no desire to change from the present system, which we believe is better for all concerned than any other system yet devised. Though it is not perfect we must remember we are living in a world of imperfect individuals. Our part in perfecting the world is to improve ourselves and the services we render. If each member will endeavor to do this it will invite confidence in the profession and in the system. While the problem of compulsory health insurance is not pressing at the moment it is almost certain the issue is not dead.

The second phase of social security, sometimes referred to simply as "Social Security," is Old Age and Survivors Insurance coverage for self-employed dentists. While the members of the profession are nearly unanimous in opposition to compulsory health insurance this is not the case with Old Age and Survivors Insurance for self-employed dentists. Members of the profession are nearly equally divided on whether or not dentists should be included. The survey conducted by the A.D.A. in 1951 indicated there was a difference at that time of only about three percent between those favoring and those opposing inclusion.

In the Reference Committee's report on Old Age and Survivors Insurance at the meeting of the A.D.A. in Washington last October it was recommended that action be withheld for a year and that an attempt be made by the dental societies to better inform their members of the provisions of the Act. The members of the Reference Committee in making this recommendation, which was unanimously adopted by the House of Delegates, were convinced that very few members were well informed.

Time will not permit a discussion here of the provisions of the Act but I should like to say that a very good case can be made, either for or against inclusion, if one wishes to ignore certain features and stress others. It is impossible to compare this so-called insurance with standard insurance since private insurance carriers could not duplicate the provisions as they do not have the power either of compelling participation or of taxation which the Federal Government has.

All sections of the College, as well as individual members should make a thorough study of Old Age and Survivors Insurance to determine its effect on the country, the profession, and the individual. The matter will again be taken up by the House of Delegates

at this session of the American Dental Association and it is my fervent hope that each member of the College will consider the problem on a broad basis and not on the basis of whether it will be profitable to him at the expense of someone else. Such reasoning certainly is not consistent with the ideals or objectives of the College.

As a profession, in a measure, we are a privileged group inasmuch as state laws prevent unqualified persons from practicing dentistry, and admittance to practice is largely determined by members of the profession itself. We should, therefore, as an organization stress self-discipline of the members of our profession. The Principles of Ethics provide some rules of conduct but I believe true ethics are felt and not learned by studying a rule book although the rule book is necessary. But in spite of rule books, differences of opinion do arise occasionally between the dentist and his patient and it seems to me that in these days of arbitration and compromise, arbitration committees could do much to iron out such misunderstandings. Having been on the receiving end of some of these differences I am heartily in favor of the professional organizations themselves setting up some committee to hear both sides of such differences and suggest settlements. In some areas of the country this method has been very successful in cultivating confidence in the profession and in building good public relations. It is imperative that we conduct ourselves so that the public realizes and is convinced our aim is to serve and not to exploit. Ill will, resulting from a misunderstanding or unhappy experience is usually not limited to one member of the profession but extends to the profession as a whole. As a result the prestige and esteem of the entire profession is lowered.

Last year Dr. Bunting pleaded for our assistance in carrying out the Civil Defense Program. It has been very difficult to arouse much interest in this program which is important and may become very necessary. The Fellows of the American College of Dentists are urged to assume their places in local civil defense programs. While the medical sub-committees are usually in charge of a medical man, the dentist can be of great help and our members should volunteer their services in this program which may mean life or death for many.

Another problem which in my opinion merits study and consideration is the influence which outside organizations may have

on members of the profession, particularly the younger members. We all believe that every qualified professional person should have the opportunity to attain a reasonable degree of economic security through rendering honest, efficient, and thorough health service. Nevertheless the influence which may sometimes be exercised by commercial organizations associated with dentistry as suppliers of materials or services may not meet the standards of professional ideals and ethics. Many such organizations are sponsoring courses in dental technics as well as practice management. These latter courses are frequently sponsored on the basis that they will increase the income of the dental practitioners. I doubt very much that the organizations sponsoring such courses are as interested in better serving the public as they are in increasing their own income. I also have serious doubts that they are at all interested in maintaining the ideals of our profession and I am quite sure that humanitarianism, which is a part of every profession, has no place in such courses. It might be very worthwhile to study the effects of the teaching of such courses upon the concept of professional ethics and ideals of individual practitioners.

A trend in dental practice which would merit study is increasing specialization. While no one would seriously question the value of some specialization it would be well to consider its effect upon the availability of health service to the public as well as its economic effect. Many are of the opinion that the trend toward specialization is making it increasingly difficult for the public to obtain adequate service and making the cost almost prohibitive. If this is true it would be well for the profession itself to ascertain just how far specialization should go and take steps to remedy any adverse condition and bring about a balance.

It has been said that no other profession works so hard to put itself out of business as the dental profession. If this is true it is commendable. In spite of several sources which are opposing and combatting the efforts of the dental profession to reduce caries, progress *is* being made. We must use all of the methods known to reduce the ravages of dental caries and their resultant sequelae. We must not be content with present methods of caries control, but while we are extending the application of these proven measures we must continue to search for new, more efficient, and practical methods.

Where the problems I have mentioned are now being studied by other organizations, particularly the American Dental Association, I believe we should lend our support rather than pursue separate and independent studies. It is only in unexplored fields where it is suggested that independent studies and activities be carried on by the College.

It would be very gratifying if the American College of Dentists, through its members, should be instrumental in resolving these few problems during the coming year, or if substantial progress toward their solution should be made. This is well within the realm of possibility if each member will recall the objectives of the College and determine to do his own full share.

Let us not be found wanting when weighed on the scales of professional standards and ideals adopted by those twenty conscientious, unselfish dentists who founded the American College of Dentists thirty-two years ago.

BE STRONG.

*We are not here to play, to dream, to drift.
We have hard work to do, and loads to lift.
Shun not the struggle, face it, 'tis God's gift.*

BE STRONG.

*Say not the days are evil and fold thy hands and acquiesce.
O shame! Who's to blame?
Stand up, speak out and bravely, in GOD'S name.*

—Maltbie T. Babcock

SECURITY VS. FREEDOM¹

CLEMENT S. MIHANOVICH, Ph.D.²

St. Louis

Freedom is a sacred heritage and one of mankind's most precious possessions. Security, freedom from economic fear, is a desire deeply rooted in the hearts of all men. Ideally speaking, both should be the birthright of all. Morally, they are the birthright of all. Practically, full freedom and complete security cannot be realized in the modern complex society in which we live. If we possess one we may possess it at the expense of the other. We may, however, cherish one more than the other and by so doing help to realize the other.

Our choice today, in reality, lies between security and freedom. We have discovered that both are almost incapable of full realization. Which shall we choose? Which should come first and which should follow and why? Answers to these questions will reveal our political, social and economic philosophy. The answer may well spell the difference, some time in the near future, between our well known American way of life and the paternalistic way of life that has now engulfed Europe and a good portion of the rest of the world. Today we are confronted with the task of making a choice. We face a real crisis in the political future of this country.

What precisely is this crisis and how did it arise? Students of urban life have for a long time been familiar with the maxim that as our economic structure becomes more complicated our social life becomes more complex. Complexity of social life is necessarily and almost inevitably a result of economic complications. One factor, however, deducible from this maxim, has not been so evident even to the professional sociologist and economist, and much less to a larger portion of the American population, namely that as the industrial revolution advanced, evolved and re-evolved, and as society and its component parts became more enmeshed, individual and group liberties have declined. The state has assumed, is assuming, and in all probability will continue to assume certain rights, privileges, and duties of its citizenry. If this state of affairs continues, the end result may well be state capitalism or state paternalism or state socialism.

¹ Address, delivered before the Convocation, St. Louis, Sept. 7, 1952.

² Professor of Sociology, and Director, Department of Sociology, Saint Louis University.

Students of social history and contermoporary social life who have kept their fingers on the irregular and rapidly beating pulse of society have been aware of the rise of a number of disturbing symptoms, since World War I: 1, private industry has increasingly sought security through government aid; 2, wars have given a tremendous impetus to the increase in public powers; 3, the masses no longer seem to trust private enterprise and they have little faith in individual initiative; and 4, the attitude of too many people has been and is, "I'll take a chance on any government that will guarantee to prevent a recurrence of what happened in the 1930's" . . . or "Let the State do it, and let the State keep on doing it."

Statements such as I have made can easily be characterized as personal opinions and labelled as emotional outbursts against this or that political party in the United States, especially during an election year. Consequently it will be necessary for us to take a look at recent attempts made by our government to pass certain social laws which, in themselves, could easily bring about that which we have feared so much.

On March 11, 1943, the National Resources Planning Board presented to the late President Roosevelt a report on postwar planning. Among the recommendations were the following:

1, Government partnership in private industry; 2, The developing and extending of interconnecting power systems—furtherance of the TVA project; 3, Federal finance and equal access for all young people to elementary schools, high schools, and colleges according to students' abilities; 4, Virtually complete socialization of medicine; and 5, Extension of federal disability benefits and unemployment compensation coverage to classifications "now exempt under the Social Security Act."

All five recommendations have been translated into the form of bills. One bill, covering point one, is now dead, the rest are still very much alive, though not very active, lying at the feet of Congress, pending further consideration, debate and possible passage.

Our government's idea of planned economy is set clearly, in my opinion at least, in the *Economic Stability Act of 1949*. This was called the Administration Bill. It was sent from the White House to Congress. At present it appears to be in a state of suspended animation. If it were enacted as written the President would be invested with the following powers:

(1) To determine goals for American industry, as the government of Great Britain has done for the British industry;

(2) To develop and administer such federal programs as may be deemed necessary to supplement the efforts of private industry to achieve the goals;

(3) To provide public funds "for the expansion of capacity and production", and to do this "without regard to the limitations of existing law";

(4) To contract with private persons to operate the new industrial capacity created with public funds, and to acquire all the necessary property by purchase or lease, and to do this also "without regard to the limitations of existing law";

(5) To engage in state trading, that is, to procure essential materials abroad, either for the use of the government itself in its undertaking to supplement private enterprise or for resale in the United States, "particularly to small and independent enterprises", and this again "without regard to the limitations of existing law";

(6) To transport, store, process and refine the materials procured by state trading;

(7) To control the distribution of goods by priorities and allocations, under voluntary arrangements if possible, in a mandatory manner, if necessary;

(8) To fix maximum prices;

(9) To govern wages.

I feel sure that you can see a great deal of similarity between this *Economic Stability Act of 1949* and the recommendations of the National Resources Planning Board of 1943.

I do not wish to create the impression that all social legislation is bad and unnecessary. It must be admitted that some of the social legislation that we have received in the past was essential. However, we should begin to wonder when the government decides to grow and act in octopus-like fashion. For example: since 1932 the government has grown to such an extent that today we have 2.5 million people on the government civilian pay roll, an increase of 317 per cent since 1932; federal spending on an annual rate has increased to \$85.4 billion, an increase of 1,717 per cent; today 24 million persons are getting United States checks, an increase of 1,100 per cent; the government debt has risen to \$263 billion, an increase of 1,249 per cent.

At this point you might have begun to wonder why this should concern you, the dentist. The tie-up might not be as complex as it appears. In my opinion you are now the target of this power-seeking state. By you I mean the dentists, physicians, and lawyers. The state started to steam-roll you into submission by erecting a series of bills whose purpose it was to create a system of compulsory health insurance or socialized medicine as it is erroneously known. Although the physicians were specifically mentioned in each of these bills, in most of them you were indirectly mentioned or implied. On the whole the medical and dental profession rejected these bills. The cry of regimentation, of socialization, of totalitarianism rose from the presses of your professional journals. Congress began to back down. The President and the Federal Security Administration under Mr. Ewing began to modify their plans for health insurance. These modifications were not accepted by you, the professional men and women. Proponents of compulsory health insurance re-entrenched themselves after retreating a little. They are now building up their defenses and storing their ammunition. In the meantime they are sending out a number of feelers and, in one sense, at least, they are having their own Korean truce. They are trying to weaken your resistance by offering you so-called special considerations such as those under the Keogh-Reed bills (H.R. 4371 and H.R. 4373).

You are, under these bills, given a temporary relief from taxes. At the writing of this speech the Keogh-Reed Bill is intended to amend the Federal Internal Revenue Code so as to enable self-employed professional persons, such as yourselves, to exclude from current taxable incomes amounts sufficient to finance a retirement annuity. It is a voluntary pension plan. The purpose of the bill is to remove the so-called discrimination in federal income tax laws initially created in 1942 against the self-employed in the matter of pensions. A self-employed person, would, of course, have to declare the annuity as it is received during his retired years as taxable income, that is, the bill provides for tax deferment until the retired years of life of certain portions of income received during the working years of life. The bill does not permit tax avoidance as such. It limits the amount of annual income excludable from income taxes to \$7500 or 10 per cent of earned income—whichever is the lesser amount. On the basis of recent surveys by the United States Department of Commerce of the incomes of physicians, lawyers, and

dentists, it has been estimated that the average monthly pension starting at age 70 that could reasonably be expected under this bill would be \$208 for physicians, \$146 for lawyers, and \$140 for dentists.

It must be admitted that interested parties are now working on amendments and revisions of this bill which would liberalize the taxable provisions as originally stated in the bill.

Whatever the outcome of this bill, I wonder how many of you have asked yourself this question?: Why does the government permit itself to be interested in a bill that will supposedly give me tax exemption of about 25 per cent on my pension? Why is the state so solicitous about your old age at the present time? Your profession with the medical profession did not receive a high rate of consideration and respect when you were asked to "voluntarily" participate in the various health insurance bills. Is this the patrol that has been sent out, under the flag of truce, to feel out your defenses, and to capture a few of you? I am asking the questions and not answering them. I am not trying to be sensational. I am only trying to be cautious, as cautious as any man should be when someone offers him something for "nothing." It is for you to answer these questions.

I do not deny the fact that most of you would benefit, economically speaking, by participating under the present provisions of a bill like that of the Reed-Keogh bill. I do not deny that you would economically benefit temporarily at least, even if you were permitted to participate under the present system of old age pensions as provided for in the Social Security Act. Those of you who are younger will carry more than your share of the burden. Those of you who are older will benefit more. However, I do wish you would ask yourself this question: What price am I going to pay for this concession and what price are my children and my children's children going to pay?

The government never distributes anything free of charge; it is not a Santa Claus. Obviously the price must be reckoned in terms other than dollars and cents.

Because there looms the shadow of socialism, it must be borne in mind that social legislation is similar to morphine administered to a diseased patient in the throes of severe pain—it relieves and deadens the pain, it cures nothing, but if carelessly administered it may become habit forming and eventually kill the patient.

Why has all this social legislation been effected, and why is there more and more of it on the way? As we stated before, it is true that

some of the legislation we needed badly. But it must be recognized that the American people, business, industry and some of our professional groups are gradually losing their sense of responsibility and forgetting their individual sacred obligations.

Political science teaches us that the state has the right to intervene in private and group affairs when and if the common good is seriously and obviously threatened; but the state never has the right to interfere. The sad fact is that through the insistence of the people, upon the urging of the government, the government has not hesitated to interfere and has very often failed to distinguish between interference and intervention. To a certain extent this lack of individual responsibility has begun to permeate some of our professional groups.

In our day the American press has made the word rights a byword, loosely used and loosely interpreted. But little or nothing is mentioned of duties—duties toward our God, ourselves, our personal integrity. And rights without duties are meaningless.

There is the fearful possibility that we are heading into that most terrible paradox: individual liberties explicit in the pages of the Constitution and the Declaration of Independence, and those same liberties crawling across the land, bound in the red tape of governmental control and moving to the irregular beat of congressional legislative drums.

It is with you the men of the middle class and the professional class to whom now falls the responsibility of preserving America's most precious heritage, freedom of action. Men such as yourselves have always acted as the fulcrum in the balance of power in a nation. You were the people that prevented nations from going either to the extreme right or to the extreme left. When the totalitarianists and the collectivists planned to take over a country they first eliminated you. Witness the gradual extinction of the Centrist Party and the Jewish merchant group in Germany and the simultaneous rise of Hitler. Witness the liquidation of the Kulak in Russia, the small merchant in Yugoslavia, the trader in communist China. Witness these and take heed. I do not wish to say that we are deliberately being collectivized in the U. S. What I am trying to state is this: Up to the time of the seizure of the steel industry, a few months ago, and the decision of Federal Judge Pine, later upheld by the Supreme Court of the United States, our country was gradually

chaining individual and group liberties by purchasing group privileges. This was done in somnambulistic fashion, for I feel sure that many of the individuals who were behind these movements failed to realize fully the consequences of their acts. Let us arouse them from their drugged sleep, from their pipe-dreams. Let us tell them that we have solved many of our problems collectively in the past. We can continue to do so in the present and in the future. The next time the urge to pass a law or secure a privilege descends upon us, let us stop and ask ourselves: "Can we solve this problem without the assistance of Uncle Sam?" Let us resolve first to exhaust all other means to meet the problem before we even contemplate asking Congress or the state legislature to step in.

Initiative, responsibility, duty, sweat and more sweat are the virtues that made this country what it is. If we do not return to these virtues and if we do not keep them we will be selling our heritage for a mess of pottage.

Freedom is a sacred heritage and one of mankind's most precious gifts. It cannot be bought and it cannot be sold, but to keep it is expensive. Are we willing to pay the price?

Dying, Horace Greeley exclaimed: "Fame is a vapor, popularity an accident, riches take wings, those who cheer today will curse tomorrow, only one thing endures—character."

Newell Dwight Hillis

THE UNIVERSITY TAKES ITS STAND¹

ALLEN P. FARRELL, S.J.²

Detroit

When the thirteen American colonies resolved to "go it alone," the Founding Fathers saw fit to justify their act by the Declaration of Independence. Jefferson, their spokesman, declared that "a decent respect for the opinions of mankind requires that they should declare the causes which impel them to the separation." In much the same spirit, in this its 75th year, the University of Detroit, an independent and privately supported institution in an increasingly government-dominated society, makes this declaration of its own purpose of insistent independence.

This university stands alone and independent because it was created to hand down from generation to generation a definite body of fundamental convictions for which it will make no compromise and can permit "no entangling alliances." To its students of one faith it transmits the beliefs of its accredited authorities, and believes that in so doing it is the benefactor of the entire community. But to all its students, no matter what their faith, it teaches with insistence and absolute conviction a concept of life and government that is as American as is the Declaration of Independence. In fact the University of Detroit, contrary to an unfortunate trend in higher learning in this country, still takes its stand squarely on that Declaration and vindicates its teachings as proclaimed by Jefferson, subscribed to by the Founding Fathers, and declared by John Adams to have been "in the minds of us all." Freedom to continue to vindicate that basic American spirit, unmoved by the educational moods of the passing hour, is abundant justification for the independent status of this University and is a compelling claim upon the support of friends of the original American spirit.

Unmoved by the educational moods of the passing hour, most Americans, taken up with the business of earning a living, have little concept of the attacks being made upon the "original American spirit" in the learned world. Most loyal citizens would as soon assail

¹ Prepared by the Committee of the 75th Anniversary of the University of Detroit, June 1, 1952.

² Dean of the Graduate School, and Chairman of the Committee.

their own mothers as the Declaration of Independence. With the Declaration they acknowledge it "self-evident that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. That to secure these rights, Governments are instituted among Men." These convictions, held by most Americans as their birthright, are being assailed from one end of the collegiate world to the other. For a very large part of that world the Declaration, this most fundamental document in American life, is dubbed a rather inane mass of glittering generalities. As Professor Carl Becker of Cornell has said, what the Founding Fathers declared "self-evident truths" were in fifty years treated as little more than sophistry. The original manuscript of the Declaration may be dusted off and given a ride on the Freedom Train for the admiration of the hinterland on the occasion of a liberty bond drive or other national emergency. But the Declaration belongs to the nursery phase of our national development, before the days of the Great Enlightenment.

Here are a few samples of the prevailing professorial scorn. The first citation is from George Lundberg, who at the annual convention of the American Sociological Society in 1943 declared in his presidential address: "One would think that if recent events had shown anything, they had shown that there are no such things as inalienable rights. The only rights we know about are those which a community from time to time chooses to grant and respect." The well-known political scientist, Professor Chester C. Maxey, is as emphatic in his *Political Philosophies* (Macmillan, 1938, pp. 207, 208): "There are, of course, no such things as inherent and inalienable rights. They are purely a figment of the imagination, wish-fulfillment in political thinking." A third quotation typical of the prevailing mood we have from Morris R. Cohen, an outstanding American philosopher of our generation and professor in half a dozen prominent universities, East and West. In an article in the *Philosophical Review* ("Jus Naturale Redivivum," November 1916) he said:

"To defend a doctrine of natural rights today requires either insensibility to the world's progress or else considerable courage in the face of it . . . everyone who enjoys the consciousness of being enlightened knows that doctrines of natural right of man are, and by right ought to be, dead. The attempt to defend a doctrine of natural rights before historians and political scien-

tists would be treated very much like an attempt to defend the belief in witchcraft. It would be regarded as emanating only from the intellectual underworld . . ."

In defiance of that scorn, the University of Detroit takes its stand with the Founding Fathers and defends the Declaration of Independence as the most solid and worthy expression of political conviction that America has produced. With Montesquieu we hold that a nation's decadence begins when it loses sight of the principles on which it is founded. Hence the University feels that she deserves the generous support of loyal Americans when she continues to spend herself from generation to generation vindicating for her thousands of students the wisdom of our American government as first established.

THE NATURE OF HUMAN NATURE

Here then are some of the "self-evident truths" and "Creator-endowed rights" to which this University gives unfailing support today as throughout her history. Man is not merely the product of his heredity and environment. To a degree he is also the product of his own making. In his conduct he is no mere deterministic automaton, no "graven image pushed from behind." Despite the far too common testimony of the professorial world as voiced by the influential criminologist Harry Elmer Barnes, this University holds that man can be "wilfully perverse"; the "multiple murderer" is to be held accountable as the "amiable and generous benefactor" is not. It is pure materialistic dogma to say (with Barnes), "There is not the slightest iota of choice allowed to any individual from birth to the grave." It is as right scientifically as it is traditionally American to proclaim, I am the captain of my soul!

This University too is in full accord with the death-bed warning of George Washington: "Beware of the man who attempts to inculcate morality without religion." She believes that there is an essential, Creator-imposed morality, shown by the nature of things. Hence, because all men have essentially the same human nature, none may be used as a mere means to the end of another. Not all morals are relative, to be determined by the relationship of conduct to a man-made objective. Hence the wilful destruction of the innocent is murder no matter by whom performed or for whose convenience. Not "all morality is custom made." Some things are right,

some wrong by their very nature. No Kinsey Report of sexual promiscuity can make the violation of marriage vows anything else than adultery, to be morally deplored. The standards of sexual morality were promulgated by the Creator through nature. Sexual promiscuity is as truly contrary to God-given nature as is perversion or incest. We agree with the repented Communist Freda Utley (after her six years of Moscow horror), that "Some standards of absolute morality are necessary to mankind if we are not to return to the life of the brute." But we hold that those standards are to be found in nature as it comes from the hands of God; as every maker's will is found in the nature of the thing made.

Hence the University of Detroit, standing with the Founding Fathers' concept of natural law morality, rejects such a norm as that of the midwestern university professor Millard S. Everett, who recently stated:

"Any desire whether powerful or weak, or any end whether chief or small, may with perfect morality be realized, and should be realized, providing it does not interfere with the realization of other desires to the extent of reducing the sum total of human satisfaction."

Quite aside from the impossibility of passion-filled youth judging of the effect of his indulgence upon the "sum total of human satisfaction," there is the Creator-promulgated code needed to keep us from returning "to the life of the brute." For the same reasons we are no more impressed with the New England Professor George P. Murdock's plea for a re-writing of the premarital moral code on the score of prevalent laxity, "the advent of contraception and the scientific mastery of venereal disease."

With the Founding Fathers—and contrary to the all too prevalent academic thinking—this University denies that human rights are made by a majority vote. For us each human being, no matter what his "race, color, or previous condition of servitude," has rights—and corresponding duties—from the God of nature, equal and inviolable. The Nazi-attempted extermination of entire peoples was no less a moral monstrosity if provided for by a majority vote. A majority can be as tyrannical as a minority and is even more dangerous since less subject to appeal or control. Inviolability must be established for the deserving even though a minority of one. The rights of innocence to impunity we hold—with the Founding Fathers

—are “unalienable.” To secure these rights (as Jefferson wrote), “Governments are established among Men.” This teaching alone is the bulwark—and the only bulwark—against Communism and Fascism alike. Totalitarian forms of government are not moral evils merely because they won’t “work”; they are tyrannical perversions by their very nature. The State was made by and for man, not man for the State. Civil government is in the very nature of things a necessary device for the cooperative satisfaction of man’s needs and his protection from the arbitrary. Hence it is a part of the plan of the author of nature; and the rights of the State over the individual are from that nature necessarily limited and constructive. To the “statist” such statements are of course “laughter holding both its sides”; but nothing that science has shown us in the course of our national history suggests that they are not as self-evident and timeless as they are said to be in the Declaration of Independence.

One consequence of this University’s concept of the State as “for the individual” is her repudiation of Marxist Socialism in all its forms. The cure for maldistribution of property is not less private property but more. State ownership of all productive property means state control of all living. Economic control means total control. The nineteenth century Bishop Von Ketteler of Mainz was merely clear-sighted when he declared:

“Even if all the Utopian dreams of the Socialists were realized, and every one was fed to his heart’s content in this universal labor State, yet should I for all that prefer to eat in peace the potatoes planted by my hand and to be clothed with the skins of the animals I reared, and therewith remain free, than to fare sumptuously in the slavery of the labor State.”

If present wealth concentration is an evil, at least it does not completely lock the door against its own gradual and orderly correction; whereas against the omnipotent State no resistance short of suicidal revolution is possible. Lord Acton’s “Power tends to corrupt, and absolute power corrupts absolutely” is no less true today because so frequently recalled.

“UNLESS GOD BUILD THE CITY . . .”

But the ultimate safeguard for all human rights, as well as the ultimate safeguard of government itself, the University of Detroit sees only in the spirit of religion. George Washington’s warning in

his farewell address is even more timely today than when spoken a century and a half ago. "Whatever may be conceded to the influence of refined education on minds of peculiar structure, reason and experience both forbid us to expect that national morality can prevail in exclusion of religious principle." Religion must spread her influence if the spreading corruption in government is not to endanger our very national existence. When the embittered convict's universal sneer, "Everybody has his racket," comes to wear more than a semblance of truth, America will be in danger. The duties of office-holding and citizenship alike must be envisioned as based on religion, to be lived out as a matter of conscience between the man and his God rather than through fear of wire-tapping, marked money, or a Kefauver investigation. Walter Lippman spoke only solemn truth when he reminded us all: "The liberties we talk about defending today were established by men who took their conception of man from the great central religious tradition of Western civilization, and the liberties we inherit can almost certainly not survive the abandonment of that tradition."

In final explanation of her reason for independent being, the University of Detroit, one of the largest privately supported universities in the old Northwest Territory, cites a passage of the 1787 Ordinance by which that Territory was originally established: "Religion, morality, and knowledge, being necessary to good government and the happiness of mankind, schools and the means of education shall forever be encouraged." In this University, the obligations of man to God and his fellow men are taught today as in the Detroit of the elm-lined streets of seventy-five years ago. The moral standards of the "dear dead days beyond recall" are vindicated even as in the days of the Founding Fathers, although on all sides principles of conduct seem to melt and run. And knowledge, including both the findings of true science and the principles of sound philosophy—the "self-evident truths" of the Founding Fathers—are in this University completely at home, rather than what Justice Oliver Wendell Holmes lamented as the "experiments in negations" breeding "increasing skepticism of patriotic values." Our campus is no producer of young cynics knowing the "cost of everything and the value of nothing." Idealistic youth is not here left to learn life's values through the bitter experience of straggling back deflowered from a Volga boat ride.

We do not in this University refuse the name knowledge to everything outside the findings of the laboratory; for we are convinced that "there is a difference between truth and falsity, good and bad, and that truth, goodness and right are objective standards even though they cannot be experimentally verified." In our opinion as in that of Robert Maynard Hutchins, the restriction of the term knowledge to the field of experimental verification has brought with it "despair because the keys which were to open the gates of heaven have let us into a larger but more oppressive prison house." Professor Carl Becker of Cornell University characterized the change in concept of life's meaning produced by the secular spirit as a replacement of the "conception of existence as a divinely composed and purposeful drama by the conception of existence as a blindly running flux of disintegrating energy."

THE UNIVERSITY TAKES ITS STAND

The University of Detroit firmly takes its stand with the religious concept of life's meaning.

Man is the unique creature of the Omnipotent God; all men are brothers under the Fatherhood of God.

The relationships of men, their rights and duties, are based on the divine plan and are in conscience imposed. Moral decision can be rationally arrived at.

In the light of man's spiritual nature and eternal destiny, his educational needs can be known and adequately supplied. It is only because of blindness self-imposed that educators need confess, with John Dewey: "We agree that we are uncertain as to where we are going and where we want to go, and why we are doing what we do." Blindness has no more justification in education than in industry, and promises no more worthy product.

The product which the University of Detroit deliberately plans is, and will continue to be, one that is not alien to the thoughts of the Founding Fathers, because both are products of the "great central religious tradition of western civilization."

MEDICAL ETHICS¹

THE IRVING S. CUTTER MEDALIST ADDRESS

GEORGE F. LULL, M.D., *Chicago*²

The following story, "Medical Ethics," runs so true to form and is of so great value to dentists as well, that it appeared well to reproduce for our readers. You may substitute dentists or dentistry where indicated and have a valuable lesson.—Ed.

As a fellow physician and fraternity brother, I appear before you today to talk to you who are Actives and Alumni about some of the things that are being lost sight of by a small group of individuals who belong to this profession of ours. The ideals which most of us who are alumni had when we entered the profession are not the ideals of a certain segment of medical men at the present time.

ADVICE OF SIR WILLIAM OSLER

Sir William Osler said many years ago, "Let the doctor pay heed to his education and ethics, and his reputation will take care of itself." Osler expressed a basic philosophy for members of our profession when he said this, and those who have followed these precepts in spirit have found it can pay rich dividends.

If Osler's admonition was true when he uttered these words a half century ago, how much more urgent is its recognition needed at the present time, for today more than ever before, medicine is in the public eye. Many more lines of newsprint are given over to the activities of the medical profession than in past years; and many more people are more interested than ever before in the ethical as well as the technical phases of medical practice.

ON CODES OF ETHICS

Physicians outlined a Code of Ethics many, many years ago; and the profession adhered to certain concepts of ethics even before these were formulated or put into print.

¹ The Irving S. Cutter Address, given at the Twenty-fifth Grand Chapter Meeting of Phi Rho Sigma Fraternity, Macatawa, Michigan, June 23, 1952.

² The author of the article, "Medical Ethics," is George F. Lull, M.D., presently Secretary and General Manager of the American Medical Association. Permission to reproduce given by the Author and the Editor, Geo. H. Kress, M.D., of Phi Rho Sigma Journal, 48:1, 1952 (Sept.).

In the Principles of Medical Ethics of the American Medical Association, the following appears:

"A profession has for its prime objective the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession, an individual assumes an obligation to conduct himself in accord with its ideals."

The above language did not constitute an original promulgation at the time it was first uttered as a canon of ethics. It was merely the crystallization of the characteristics of behavior of the best medical practitioners at all times and in all ages, embodied summarily in the foregoing words. Dr. Edward R. Cunniff of New York, the distinguished chairman of the AMA Judicial Council, appeared before the House of Delegates in 1948, and traced briefly the development of these Principles of Medical Ethics. And it is from his report that the substance of this historical sketch is taken.

DOCTOR PERCIVAL'S ENGLISH CODE OF 1803

The first printed Code was published by Dr. Thomas Percival of England in 1803. He was asked to arbitrate the differences between two members of the staff of the hospital with which he was associated, and after settling this dispute, he became exceedingly interested in the welfare of the medical profession and its future development. In 1792, at the request of a group associated with the Manchester Infirmary, he began to compose a series of ethical principles as a guide to the members of his profession. After some years, and helped by the criticism of his friends, he revised and published his manuscript.

AMERICAN CODES

The New York State Medical Society adopted a series of Principles of Ethics in 1823, and in 1832 the Baltimore Medical Society did likewise. Both of these series were practically the same as Doctor Percival's original Principles of Ethics. Finally, at the first national medical convention which assembled in New York in 1846, at which time and place the American Medical Association was born, the following resolution was introduced:

"That it is expedient that the medical profession in the United States should be governed by the same Code of Medical Ethics, and that a committee of seven be appointed to report a Code for that

purpose at a meeting to be held in Philadelphia on the first Wednesday of May, 1847."

The resolution was adopted, and a committee was appointed with Dr. Isaac Hays as Chairman. In presenting his report to the convention on June 5, 1847, Doctor Hays stated that his committee, after a careful examination of the Codes then in practice in a larger number of States, found them to be based almost entirely on that of Dr. Thomas Percival. Doctor Hays further reported that the language of this original document was used in most instances to a considerable extent; not only because of its precision and clarity but also because of its merit, as recognized by the approval and adoption of the other committees. Nevertheless, the Principles were modified somewhat in 1880, and rewritten in 1903.

Since that time, some important additions have been made. Those of considerable importance to the profession are the Principles concerning advertising, solicitation of patients, contract practice, and the splitting of fees.

In recent years there have been several attacks on these Principles as they now stand, and requests have been received that they be completely revised. The complaints in the main were that the language was not clear and that the Principles were difficult to interpret. In the same measure, it is well to realize that this criticism may apply to the laws enacted by the different legislatures of this nation. It is practically impossible to write a law or a principle of ethics in such terms that it will be correctly interpreted by all. For that reason one of the functions of the Judicial Council of the American Medical Association is to interpret the Principles of Medical Ethics.

The Council undertook, in 1948, to reword the Principles in order that they might be more clearly understood. The Principles themselves remained unchanged.

MEDICAL ETHICS MORE IMPORTANT TODAY THAN EVER

This is certainly a time when medical ethics are more important than ever before, as we are witnessing the upsurge of strong, anti-democratic forces to medicine. Therefore we must take greater pains than ever before to protect and strengthen the idealism which has made our profession so individualistic.

It is this sort of idealism which has always led the public to rank medicine in the same category as the ministry. In other words, a

member of the profession has the moral responsibility of rendering care over and above the call of duty, be that to rich and poor, just and unjust, friend and foe alike.

The high opinion in which the profession is held by the public is due in large measure to the whole-hearted manner in which the great majority of physicians have conducted their professional life in accordance with the accepted Principles. The Principles have always stressed first the duty of the physician to his patient. They remind him of the full responsibility that is his, once he has accepted the patient. They also point out that the patient is free to choose his own physician. Also, the physician should respond to any request for assistance in times of emergency, or whenever public opinion expects such service to be given.

The tragedy is that among licensed practitioners there are a few doctors who put aside any idealism they may have had, using their profession to work only for their personal financial betterment. It is the existence of this small group that aids in stimulating the growth of insidious, indiscriminate smearing of doctors as a class, and the general disparagement of all of our profession's ideals.

Sir Thomas Watson years ago painted a traditional portrait of a Doctor of Medicine as follows: "The profession, having for its end the common good of mankind, knows nothing of national enmities, of political strife, or sectarian dissensions. Disease and pain, the sole conditions of its ministry—it is disquieted by no misgivings concerning the justice of its clients' cause; by dispensing its peculiar benefits, without stint or scruple, to men of every country, and party and rank, and religion, and to men of no religion at all." Such, however, is not the picture that is very often painted of the doctor by his enemies of today.

UNETHICAL DOCTORS DO MUCH DAMAGE

We know well that in physical numbers, the doctors who violate the Code of Ethics are few. Also, that many of the good works performed by members of our profession pass unnoticed.

At the present time with high-powered press agents of socialized medicine waiting to use newspapers, radios, and television, these publicity purveyors can multiply one bad action almost into thousands. For this reason we cannot be complacent over the fact that our erring brothers form such a small part of our profession. The

harm and injustice done by them is far in excess of what their limited numbers or places in the profession would indicate.

One of the Principles of Medical Ethics states in substance that a doctor should not make a profit out of drugs, appliances, and so forth, but that his profits should be made only from the charges for his professional services. In the last few years, we have had examples of doctors taking kick-backs from optical houses on the sale of eye glasses; and recently the press has contained stories about some doctors receiving rebates from drug stores through being ostensibly taken into partnership by the druggist, either by buying stock in his store or having it given to them.

All of such actions are violations of the Code.

HARM DONE BY PHYSICIANS WHO OVERCHARGE

While hundreds of doctors do thousands of dollars worth of work without receiving any fees for their services, there are a few physicians who overcharge their patients. This group fails to realize that by making money rather than good service their supreme goal, they are sometimes blocking their own careers. They do not realize that sooner or later it may become known that they indulge in sharp practices, their patients then losing trust in them and going elsewhere.

DAMAGE TO VOLUNTARY INSURANCE AGAINST SICKNESS

Unethical conduct involving voluntary insurance against sickness is another fraud that is perpetrated by some members of the profession. This tends to lessen public confidence, not just to one individual, but to the whole medical profession as well. Such frauds also undermine the development of voluntary prepayment plans.

Not long ago in California, much publicity was given to the fact that a group of doctors who worked with one of the Blue Shield Plans were systematically robbing the Plan by charging for work not done, and overcharging for work that was partially or totally performed. Thus they were getting rich at the expense of their brother physicians. As I recall, out of 11,000 physicians participating in this particular Plan, there were only less than two hundred who were guilty of this practice. These men had not yet learned that liberty depends upon individual integrity and responsibility.

AMA BUREAU OF INVESTIGATION

The American Medical Association operates a Bureau of Investigation. We try to track down quack doctors and fake remedies, and expose their real nature to the public. Every year hundreds of worthless medicines and treatments are put on the market by promoters. Although some are harmless, many others are dangerous. Sad to tell, some of them are endorsed or supported by doctors. Such physicians are willfully violating that section of the Code providing that a promise of a radical cure is unethical.

One recent case of this sort will probably stand as a classic example for some time to come. It involves a Canadian doctor who for nearly twenty years has been boasting of a secret serum alleged to cure cancer, stomach ulcers, and arthritis. During this entire period he has refused to give out any details about the formula of this so-called serum. He warns that the formula must be kept highly secret because doctors need special training to administer it safely. Only recently, through unusual circumstances, a popular article in a national weekly revealed the identity of this secret substance. It is reported to contain *B. coli*, and *streptococcus fecalis*, bacteria obtained from ordinary sewage. Despite his exposure, this doctor continues to victimize hundreds of American cancer sufferers. He still operates his "clinic."

IDEALS MUST BE TRANSLATED INTO ACTION

Today as never before, there is need for singleness of purpose in our every thought, word and action. This need arises from the life or death struggle in which medicine finds itself. Therefore, let us as individual men and women who make up the medical profession consider what can be done to keep our ideals high, and to improve public understanding of the physician's job.

It seems to me that these goals can best be achieved by doing everything in our power to strengthen the idealism of physicians to be and young doctors. This initial training should be done in the medical school. And this idealism should be carried on after the individual student graduates and goes out into the world to earn his living.

Medicine has a right to ask the colleges to prepare youth in mind and heart for the lifetime of practice which lies ahead.

If idealism is to survive, it must be given meaning and per-

manence. It can only be kept alive by a philosophy of medicine based not on personal profit but rather on a doctrine uttered nearly two thousand years ago: "He that loseth his life for my sake shall find it."

Hippocrates recognized the fact that a physician should interest himself in the education of the men who are to follow him. This is something that we doctors in America are now doing our best to carry on. It is reported today that approximately 12,000 physicians are teaching in medical schools and receiving no salary for their work.

THE PHYSICIAN-PATIENT RELATIONSHIP

Another thing that we should guard is the relationship between physician and patient. This relationship must be a sympathetic one, but at the present time, with so much stress on technique, some young doctors pay more attention to the patient's soma than to the patient's psyche.

Since our first obligation, as set forth in our Code, is to our patients, we must not only give the time to making a careful examination and diagnosis, but we must have the patience to explain in general the nature of their disorders, and, in general, also what we intend to do to treat these disorders. In other words, we must give patients the sort of attention that can only arise when there is genuine interest in fellow human beings and their medical problems.

MEDICAL RANKS MUST BE KEPT CLEAN

One of the Principles of Medical Ethics which is set forth very clearly is very often neglected, namely: "A physician should expose without fear or favor, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession." If we do not adhere to this Principle, we have no one but ourselves to blame if unethical physicians continue to exist in the ranks of medicine.

PLACE OF MEDICAL SOCIETIES

One of the Principles states further: "For the advancement of his profession, a physician should affiliate with medical societies." You should not join a society and simply pay your dues. You must give some of your time and energy to its advancement. This is what helps keep a medical organization strong and democratic.

You frequently hear the charge that the official policy of the American Medical Association is dictated by a few. I would call to your minds that these few are elected first by the physicians in county medical societies sending delegates to their state conventions, and these state conventions electing delegates to attend and act for them in the House of Delegates of the American Medical Association.

In other words, all elected physicians are subject to the will of the majority. If this will is not made known, the majority has only itself to blame.

Our medical organizations must be kept strong and vigorous. The success of a national organization rests directly on the strength of its constituent state societies and they in turn on their component county medical societies.

SOME FUNCTIONS OF ORGANIZED MEDICINE

Organized medicine is a great power for good in many ways. By disciplining its members and seeing that they adhere to the Code of Ethics, and by emphasizing that the patient shall receive the highest type of care possible, rendered by those who have shown that they are qualified to give this care, organized medicine controls the means whereby the patient gets the best.

Physicians as a group also have a responsibility in educating the public so that the individual understands how to avoid illness and how to take care of himself along simple, easily understood lines.

THE PHYSICIAN'S CIVIC OBLIGATIONS

The physician should remember, also, that he is a citizen of his community, and he should not dodge the responsibilities of such citizenship. He should take part in community activities, and he should let his voice be heard not only in things professional but in things political. Unless he takes part in community activities, he has no one but himself to blame if the affairs of his community are mismanaged.

If we are loyal to our Code of Ethics, with confidence in ourselves, and steadfastness and unity as a profession, and a determination to serve without thought of improper gain, we will continue to go forward in the future in just as spectacular a manner as we have advanced during the last fifty years—which were truly “the golden years of medicine.”

DENTISTRY AND PUBLICITY

JACOB SHAPIRO, D.D.S.¹

Brooklyn, N. Y.

Does good dentistry get good publicity? Does it get enough good publicity? There is no doubt that good publicity men are to be had. There is also no doubt that here and there organized dentistry has availed itself of their services, but as yet merely a small beginning has been made. In the main, publicity is the art of bringing to public attention, items of news relating to advancements in the science or the art of dentistry, or of some event in which the practice of dentistry is concerned.

The Fellows of the American College of Dentists, more often than not, have given very little thought to the art of creating publicity. They have shunned it for themselves and have to too great an extent, carried a distaste for it into their relationship with organized dentistry. This has been a natural carryover and is quite understandable.

Newspaper editors and editors of periodicals are engaged in the job of publishing items concerning current events which, in their opinion, will interest and inform the public so that the public in turn will read their papers. They do not make the news, but they decide what is news, and the emphasis and slant with which it is to be presented. The function of selection and emphasis makes their judgments necessarily discriminating, depending on the conception each editor may have of his reader's threshold of acceptance.

Under the circumstances, it will be seen that for dentistry to obtain publicity it must first select an idea or a situation which can be presented to editors by a publicity man who knows how to prepare it interestingly, and also to persuade editors that the material is news. Because dentists are interested in one aspect of dentistry, it does not follow that all of the public or even any considerable portion of the public will be interested in the same aspect. The reader's chief interest is based on what the material may mean to him, now or in the future. The publicity man's function is to find the least common denominator between the dental content and the reader's capacity to understand. The special skill required is to perform this feat without outraging the verities of the factual content, thus re-

¹ Contributing Editor.

maintaining on good terms with the dental practitioner, while presenting to the public a partial, but not distorted, interpretation. This, the editor and the reader will accept as having present or prospective effects on themselves, their families, or their friends.

What the dental practitioner forgets, but the publicity man remembers, is that the word "news" is the plural of "new." The next thing forgotten by the one and remembered by the other is that news is based on happenings of today, not last month or last year. There must be an event to which the material in the release is tied.

Every publicity man knows that part of his job is to arrange occasions for public statements to be made, and it is his function to see that dental spokesmen make them with clearness, strength, brevity, and discretion. At times this may call for the combined capacities of a Chesterfield and a Machiavelli, for it is not always easy to get a dental practitioner to say exactly what he means, within the compass of what a newspaper will quote, and to omit what may harm his cause more than it helps. In a word, the dentist is an expert on the content; the publicity man is an expert in expressing the content effectively to the public. If, he is able to bring his clients to the point where they think in terms of what their words will mean to the public (not merely to their own colleagues), and grant the right of the public to have opinions, wrong or right as they may be, then the publicity expert is exercising a public relations function.

It is possible that many of our Fellows who are pained or discouraged in the matter of dental publicity might revise their views if they would take the time to study the mechanism of publicity and consider whether dentists are competent to handle it. Some believe they are not, and they further believe that the more dentistry employs competent public relations counsel, the better will be the impression made upon the public. True, they cost money. In the complicated civilization of today an idea is not self-propelled from the point of origin to its destination. If the idea is to be disseminated to large numbers of people, it will not run like wild fire among them without cost. The radio, the newspapers, the magazines, the movies, and the automobile subject the citizen to a continuous bombardment of impressions.

The idea that we wish every citizen to know must force its way among these distractions. The bill for the freight must be paid, made

up of items for expert personnel, postage, mimeographing, printing. Skill and money are required if we are to be heard above the welter of confusing voices, shouting on every hand various ideas that are to somebody's advantage, all to be impressed upon the public consciousness.

PROFESSIONAL IDEAL IS THREATENED

Popular ideas of a profession are somewhat confused by the modern meaning of professionalism in its relation to athletics. Preferable to the concept of "professional" as used in opposition to "amateur" as used in athletics, is that a profession consists of a group of men pursuing a common calling as a learned art and as a public service. Thus the adjective "professional" has a very different meaning.

This pattern is the one in which dentistry, medicine, the law, the ministry and teaching have developed and achieved their stature. Other important callings have come in recent years to be considered among the professions, being of much the same substance, "as learned arts, taught in universities and pursued in a tradition of learning." Such are journalism, engineering, business administration, social work and public administration.

For many the idea of ethics helps to distinguish the profession, since ethics is implicit in its pursuit—not that a trade cannot and should not be ethically conducted, but its primary object is commercial and has a slightly different code. Codes of ethics must vary according to the group, though basically they are the same. Three ideas are essential in a profession: organization, learning and the spirit of public service, and a code of ethics. The earning of a living in a profession does not detract from its concept but may be curbed by the professional spirit. This is also implicit in professional organization, that professional societies and associations exist only for the purpose of protecting and improving the standards of service, not for the material benefit of the persons practicing the profession. If benefit accrues to the practicing personnel it follows naturally in an improvement in the quality and the conditions of the practice.

Our forefathers distrusted specialists in any line and put their faith in the versatility that had been so essential to their own success. This may have been to the detriment of the professions. But during the last two generations specialization has developed. As political

thought breaks away from its fear of governmental oppression of the individual, new pressures appear. From four sources in today's society the professional ideal is being threatened. These are the exigencies of the individual economic existence, which is always present; the increase in detail in every branch of learning, leading of necessity to partnerships and groupings; the pressure of business methods; and eventually the advent of the service state and the growing tendency to rely on official rather than on individual private initiative and to commit all things to bureaus of politically organized society.

Here is the great menace to the professional ideal, "the development of great government bureaus and a movement to take over the arts practiced by the professions and make of them functions of the government to be exercised by its bureaus in a super-service state that may become a service super-state." It is not the idea of the service state that is repugnant, for welfare service that ameliorates the lot of many persons must continue. It is the difficulty of maintaining a balance between individual initiative and regimented cooperation.

The service state is a political step forward. But we must not let it turn back upon itself and lead us to absolutism. There is no surer road to absolutism than an unchecked omniscient bureaucracy. Freedom is not a natural state for man, which rushes in wherever a political vacuum exists. It must be fought for, cherished, and guarded against threats from within as well as from without. It is based on tolerance, which is one of the rarest social and political attributes.

OUR BREED SHOULD BE IMPROVED

Much of the thought concerning the distribution of dental services is based on the assumption that there is a store of unused potential dental services that should be properly distributed. We have sowed, harvested and gleaned our learning over the years. Now we are garnering it; let us open up the bins and release it to a long-starved public.

This idea suffers on closer inspection. Dental care consists of knowledge, applied by men who have learned, to patients. This knowledge is the working capital of dentists, built up through many years of experience and decades of research. There is nothing overpowering in the amount of our present dental knowledge, but the

application of this knowledge to human beings is a complex and difficult affair that requires the use of well trained dental practitioners. Without these men, who can apply it properly, dental knowledge is sterile. Unfortunately, a D.D.S. degree confers neither wisdom nor honesty on the recipient; wisdom in its broader sense includes not only factual knowledge but also the ability to apply knowledge with judgment. Honesty is the *sine qua non* of dentistry, without which dental practice degenerates into the collection of a fee with or without the contribution of commensurate benefit.

The question at hand is, do we have any reservoir of men to apply our dental knowledge, any reservoir that is not drained, any potential that is not kinetic? Do we have any group of competent men whose present time-budget is ready for the expanded services of a legislative dental plan? A moment's consideration will reveal that we do not have such an unexpended surplus; indeed, we are operating with a deficit.

For all their effectiveness, modern dental technics are of little avail unless applied by men of wisdom and integrity. Modern tools force upon us the necessity of becoming better craftsmen. When dental care was simple it was also harmless, and the fine exercise of judgment required of the present-day dental practitioner, working with his sharp and penetrating instruments, was less frequently required. Yet the raw material from which dental practitioners are fashioned has not changed.

Individuals within the dental profession possess all the virtues and all the faults of any large cross-section of population. In addition to the wise and honest dental practitioners, we have our full share of loud-mouthed dentists and researchers who are long on theory but short on judgment. These facts and this deficit of quality are disturbing only if we set out to distribute our allegedly undistributed dental care by legislative extension of dental services. In creating a broad national dental-care plan it should be recalled that the harm done by poorly qualified men becomes multiplied as the square of the number of patients they treat. There are all too few dental practitioners who exemplify the best in the profession, and they are already overburdened.

How can this deficit be met? Is there any way of multiplying the good dental care dispensed by one person? In a limited sense, yes. One occasionally encounters that happy circumstance in which an

older man surrounds himself with a group of devoted and effective associates. But this is a rare phenomenon in dentistry. More frequently the able, older man becomes increasingly absorbed in administrative or other non-effective duties that enhance his national reputation but limit rather than extend his contact with the public. This type of work should be delegated to personnel trained for that purpose, not to the best clinicians and investigators.

Is there any way of increasing the total number of capable men? Better recruiting should be the answer. The admissions committees of dental schools should raise their standards by every honorable means. The interest and enthusiasm of the most capable undergraduates in the colleges must be aroused. Until we have succeeded let us not try to dispense to the public more dental care than we possess. We must meet our present deficit of quality before incurring any more obligations for quantity. One may raise the objection that the public will not wait—that labor unions or insurance groups will insist on the extension of dental care. Some well intentioned and well financed group will establish a dental-care plan, and by chance or ignorance, will place it under the direction of poorly qualified dentists. The patients will be cared for by men with pet theories, which were formerly inflicted on relatively small groups of private patients. But these patients will not drift off into the happy limbo of another man's practice. They have made their pre-payments over the years and they will return for amends; the bad news will gather like flies around offal on a hot summer day. The backers of this scheme will come to realize that although their expenses have been met they are operating under a deficit, a type of deficit peculiar to dental undertakings.

The definition and control of competence is the central problem of dentistry today. It seems wiser to move toward the solution of this problem than to multiply the total number of dentist-patient contacts by legislation.

TOBACCO AND DENTAL CARIES

MILLARD D. GIBBS, D.D.S.¹

Hot Springs National Park

Scientific research has advanced the cause of dentistry in an incalculable manner, but there may be opportunity for still further achievement. Tobacco is chewed and smoked by millions annually, and tobacco markets and manufactured products represent a very large proportion of world economy. It is the chewing of this weed, as it is called, that is to be brought to your attention in this discussion.

The oral cavity of tobacco chewers presents a very definite picture of arrested dental caries. There is an abundance of evidence to justify a careful investigation, even beyond that of chewing gum.

Tobacco has a pronounced chemical effect, and influence upon the reaction and the flow of saliva. Tobacco in any form is habit-forming and in the oral cavity of some smokers the mucous membrane presents a peculiar color. These characteristics present a picture that calls for study. Surfaces worn to exposed dentin as well as carious processes turn a jet black, apparently arresting further progress. Personal observations were made over a period of eighteen years while practicing in Kentucky, in what is known as the Black Fired Tobacco Section. There are many types of the leaf. Burley and one-sucker varieties are air-cured. The dark broadleaf is cured by firing over a smouldering fire. All types are sprayed in the fields with arsenate of lead to destroy worms. Paris-green was formerly used. In addition to these chemicals, the soil and its preparation must be considered. The fertilizer generally used is the bone variety.

Many growers, while preparing their crops for market, cultivate the habit of chewing "the weed." There is much grit from the soil on the leaf and it acts as emory powder, causing extensive abrasions of the occlusal surfaces reaching, in many cases, down to the gingiva.

The color characteristics of dental caries are significant for as it is known the white type is faster in its destructive processes than other types. The darker the color the slower the destruction. Chemistry is the basis of study in dental caries. Tobacco, with its chemistry, could be an answer to some of the unsolved problems.

¹ Contributing Editor.

There are many who chew the natural leaf, while others acquire the habit of "snuff dipping." Both men and women and some young people become habitual users of snuff. What causes the apparent control of dental caries in these cases, if known, could bring about a change in the practice of dentistry. Not that dentists would encourage tobacco chewing, but that they might come to know the exact chemistry involved. It might even be a step in finding the causative factor. The chemistry of tobacco, as presented by the *Encyclopedia Britannica*, is as follows: "The nature and proportion of the chemical constituents of tobacco are greatly modified by the compulsory diversion of the life processes of the plant to the sole object of producing leaves suitable for smoking purposes, and also by the changes caused by the curing and fermentation. In addition to containing the volatile alkaloid, nicotine, the characteristic constituent of tobacco, sugar and starch are present in considerable quantities in bright varieties of leaf, and also salts of such organic acids as acetic, citric, malic and oxalic. In consequence a much higher proportion (about 50%) of the constituents of the leaf is soluble in water, than is the case with other plants. The insoluble constituents are made up chiefly of cellulose and pectic acid, which in combination with lime, impart rigidity to the vegetable structure, and of albuminous matter and tannin derivatives. The amount of the nicotine ranges from 2% in bright leaf to 5% or more in dark varieties. The proportions of ash obtained from dry tobacco varies from about 10% in light leaf to 25% in cigar and other dark varieties. . . .

"Nicotine, a volatile liquid, is the principal alkaloid of tobacco, in which it occurs to the extent of 4% to 5% along with minute amounts of closely related alkaloids. Pure nicotine is a highly poisonous colorless liquid." Tobacco chewing stimulates the salivary glands and the flow of saliva is usually excessive.

According to *Dorland's Medical Dictionary*, "Tobacco contains the alkaloid nicotine, and unites the qualities of a sedative narcotic with those of an emetic and diuretic. It is also a heart depressant and antispasmodic. It is employed as a relaxant, an anodyne in orchities, used as a poultice, and in intestinal obstruction by rectal injection. Internally it is used in tetanus and poisoning by strychnine. Its smoke is inhaled in asthma and spasmodic laryngitis, and the juice is applied locally for the destruction of parasites."

From the definition of tobacco, we find that as a therapeutic agent

it has many uses, both palliative and germicidal. The tobacco used in cases observed have been natural leaf and cured types.

Some tobacco addicts have been known to sleep with it in their mouths and others swallow much of the "ambeer." Many users keep tobacco in their mouths almost continually.

From the chemical analysis of tobacco, and its actions in the mouth, including arrested caries of the teeth of many who have continually chewed the leaf, something of value may be hidden therein.

The difference between intelligence and an education is this—that intelligence will make you a good living.

AMERICAN COLLEGE OF DENTISTS

PITTSBURGH SECTION

McPARLAND MEMORIAL ROOM

(A letter of transmittal)

Pittsburgh, Pennsylvania
May 12, 1952

Dr. John E. Gurley
350 Post Street
San Francisco 8, California

Dear Dr. Gurley:

The Pittsburgh Section of the American College of Dentists has unanimously approved the enclosed material to be published in the Journal of the American College of Dentists.

We feel that this is an important contribution of members of the College and a worthy tribute to a man who worked intelligently and unselfishly to further the aims of the organization.

We suggest that it be included in an early issue.

Cordially yours,

CHARLES B. WALTON,
Secretary, Pittsburgh Section



A P. V. McParland Memorial Room was established recently at the School of Dentistry, University of Pittsburgh. Dr. McParland, at the time of his death in August, 1949, was chairman of the Pittsburgh Section of the American College of Dentists and vice-president of the national organization of the College.

In February of 1951, Dr. Leo Shonfield, then chairman of the Pittsburgh Section of the College, at an appropriate ceremony in the University's Cathedral of Learning, presented a check for \$3,600 to Dr. R. H. Fitzgerald, chancellor of the University of Pittsburgh. This sum was contributed by over 300 alumni of the dental school and by friends of Dr. McParland. The funds have been used to equip a special room which is now serving as a demonstration room for the teaching of operative dentistry. A bronze plaque has been placed on the door of the Memorial Room in recognition of Dr. McParland and his achievements.

For 37 years, Dr. McParland was a member of the faculty of the School of Dentistry, University of Pittsburgh; when he resigned in 1947 he was professor of operative dentistry. Most of Dr. McParland's 45 years as a dentist saw him an active figure in local, state, and national dental organizations. He was an enthusiastic worker in local (Pittsburgh) dental societies, served as president of several, including the Odontological Society of Western Pennsylvania, and in 1926-27 was the 59th President of the Pennsylvania State Dental Society. In the 20 years following his term as state president he was an active participant in the sessions of the Pennsylvania House of Delegates, and served almost continuously, as a committeeman. He also served on several committees of the American Dental Association and the American College of Dentists. In addition he took great interest in the local and national councils of his dental fraternity, Psi Omega.

Although well known in University of Pittsburgh athletics—he was one of the early football players and for more than two decades was a member of the University Athletic Council—he is probably best remembered as a teacher of operative dentistry. It was for this reason that the Pittsburgh Section of the American College of Dentistry sparked the drive for funds to establish the Memorial Room.

This Room, now fully equipped and being used for demonstration purposes, is a fitting memorial to an experienced teacher of operative dentistry—Patrick V. McParland.

AMERICAN COLLEGE OF DENTISTS

NEW YORK SECTION

COLUMBIA UNIVERSITY HONORS DOCTOR WILLIAM JOHN GIES

As one of the founders of the School of Dental and Oral Surgery, Columbia University, in 1916, Dr. William J. Gies was honored by the University and by his many friends, by the erection of a bronze plaque in the School building, on Friday, June 6, 1952. The plaque consists of a bas-relief portrait of Dr. Gies, by the sculptor Edgar Zell Steever, with an inscription beneath.

An executive committee consisting of Dr. Henry S. Dunning, of New Canaan, Connecticut, Dr. Arthur H. Merritt, of New York and Dr. William B. Dunning, of Englewood, New Jersey., Chairman, with the support of a large and representative Sponsoring Committee, had the matter in hand. The actual occasion was a very happy one, with a large attendance of guests, the presence of Dr. and Mrs. Gies, and the good fortune of a beautiful afternoon. Here follows a report of the unveiling ceremony.

PROCEEDINGS

AT

COLUMBIA UNIVERSITY

SCHOOL OF DENTAL AND ORAL SURGERY

FACULTY OF MEDICINE

Dedication
of the
WILLIAM JOHN GIES PLAQUE

June 6, 1952

Four o'Clock

PROGRAM

Presiding..... William B. Dunning, D.D.S.

INTRODUCTIONS

DR. DUNNING: Dr. Gies, Mrs. Gies, Ladies and Gentlemen: We are gathered here this beautiful afternoon to honor an extraordinary man. He is not a dentist, but it is a fair statement that no dental graduate during the last forty years has exerted a more profound influence upon dental science, dental education and dental literature than our dear friend, Dr. William J. Gies, who is the center of interest today.

I am sorry that my brother Harry cannot be with us. He is doing some grandfatherly duties in the country for a young family afflicted with measles; but he sends his best wishes to Dr. Gies and to you all.

I speak of my brother Harry, as I would naturally because Dr. Gies and Harry together had so much to do in those days when the school was being organized.

Dr. Gies has been honored in many directions and by many organizations but our particular thought today is the fact that he was founder of this school of dental and oral surgery. Our thought runs chiefly in that direction. I am now going to unveil this plaque and will read to you the words thereon:



WILLIAM JOHN GIES
PH.D.

*Professor of Biological Chemistry
Columbia University 1901-1937
A Founder of
The School of Dental & Oral Surgery
Distinguished Leader in Dental
Journalism, Research and Education
Author of the Carnegie Survey of
Dental Schools - United States
and Canada 1921-1926*

(Plaque unveiled)

"William John Gies, Ph.D." We thought we would use that inclusive title because we realize if we added all his honorary degrees we probably would exhaust the alphabet and run out of bronze, so we have just given him the broad designation "Ph.D., Professor of Biological Chemistry, Columbia University, 1901 to 1937; a founder of the School of Dental and Oral Surgery; Distinguished Leader in Dental Journalism, Research and Education; and Author of the Carnegie Survey of Dental Schools, United States and Canada, 1921-1926."

A pretty big group of very important facts but, as I said before, we are concentrating on a certain thought this afternoon—what he has done for this school.

I am going to call now upon a very dear friend, Dr. Arthur H. Merritt, who claims to have known Dr. Gies longer than anybody else in connection with the dental world. I take great pleasure in introducing Dr. Arthur Hastings Merritt. (*Applause*)

DR. MERRITT: Dr. Dunning, Dr. Gies, Friends, and Co-Workers: One of the interesting experiences of my professional life has been the opportunity which I have had to meet from time to time and to work with men I might never have known otherwise. And may I say, by way of introduction, that among all those with whom I have been in close contact over a period of more than forty years, none has meant more to me than our guest of honor on this occasion.

We have met today to pay tribute to one who, though not a dentist or a member of the dental profession, is one of its greatest benefactors.

For more than forty years Dr. William J. Gies has given of himself, his time, his resources and his extraordinary talents to the advancement of dentistry. His has been a life of service, almost without a parallel in the annals of American dentistry. It is altogether fitting and proper therefore, that we, who are the beneficiaries of his many years of service should pause in the "busy-ness" of life to give expression of that appreciation which is felt by all who have been the recipients of his generosity and to record in imperishable bronze his contribution to dental education, in the part which he played in the organization of the School of Dental and Oral Surgery at Columbia University.

In October, 1909, a committee of three, of which the writer was at that time an infant member, was appointed by the New York

Institute of Stomatology to undertake a study of certain problems affecting the practice of dentistry.

Having been informed that Dr. Gies, Professor of Biological Chemistry at the Medical School at Columbia, might be of assistance, he was invited to meet with the committee around a dinner table at the City Club. This was the dental profession's first contact with the man who was later to be known wherever dentistry is practiced.

At that time his knowledge of dentistry and its objectives was limited to an occasional visit to the family dentist. The Committee outlined to Dr. Gies the problem it had in mind, the need of research in dentistry and solicited his cooperation. With the enthusiasm so characteristic of him, Dr. Gies entered into the research projects which the Committee, as representatives of the dental profession, outlined to him, and never since has he been absent from its councils.

Time will not permit of more than a brief mention of a few of his almost innumerable contributions to professional progress. Among these are the founding of the *Journal of Dental Research* in 1919, which he edited and prepared for publication gratuitously for sixteen years. Second, the organization of the International Association for Dental Research in 1920, with a present membership of 659, with 39 active sections, 8 of which are in foreign countries. Third, a five-year study of dental education under the auspices of the Carnegie Foundation; and fourth, one of those most active in the promotion of plans which led to the establishment of a school of dentistry at Columbia University.

Incomplete though this review is, it is altogether an inspiring record. Few, if any, in the history of American dentistry have made so great a contribution to its progress. Nor has it been unappreciated. Every honor within the domain of dentistry has been bestowed upon Dr. Gies, to which has been added several honorary degrees by American universities.

As a lasting memorial to Dr. Gies and as further evidence of the esteem in which he is held, the William J. Gies Foundation for the Advancement of Dentistry, Inc., has been established with a fund, at present, approximating \$75,000. More than 600 individual members of the dental profession throughout the United States, plus many dental organizations, have contributed to the fund. Further contributions and bequests within the near future will substantially

add to the endowment. By provision of its charter only the income can be used, the fund being kept intact as a lasting memorial to one of dentistry's most distinguished benefactors.

However, notwithstanding all that has been done or may be done in the future, the debt which the dental profession and the public owes to Dr. Gies will always remain unpaid and unpayable.

In times such as these, when one half of the world is in arms against the other half; when greed and corruption are abroad in the world; when much that mankind holds as sacred is being trampled in the dust, it is well to be reminded on occasions such as this, that there are some things that cannot be destroyed; that service such as that rendered by our guest of honor will always occupy an honored place in the annals of mankind. "For this is a volume of that Book, in which Man's members were written, which in continuance were fashioned, when as yet there was none of them." And of such may it be said, as has been said of those who walk uprightly; "He shall be like a tree planted by the rivers of water that bringeth forth his fruit in his season. His leaf also shall not wither and whatsoever he doeth shall prosper."

DR. DUNNING: Thank you, Dr. Merritt, for a beautiful address. We appreciate it, I am sure. I am so glad that our Dean could be with us this afternoon. We shall be glad to hear from Dr. Rappleye. (*Applause*)

DR. RAPPLEYE: Dr. Dunning, Dr. Gies and our friends here at the Dental School: I don't suppose there is any occasion that is quite as happy as that of a group of friends assembling to pay tribute to one of their colleagues. We are doing that today. Dr. Merritt has recited the remarkable story of your life but it has only been partly told. Whatever he said is an understatement.

We are very happy here in the university, first, that you should have been associated so many years with us, and second, that you have done so much for dentistry in this university and so much for dentistry as a profession throughout this country and the world. I hope it will bring, as you and I know it will, an enormous amount of satisfaction to you and to all concerned.

We are particularly pleased to be here today to pay tribute to a young man like you because you have never grown old and you never will. This plaque is going to serve as an inspiration to generations of

students who will come here and will read about you and talk about the things for which you laid the foundation so many years ago.

We take pride today in having you with us and having this tribute from your friends and colleagues and at Columbia University, and among others, we will eternally be in your debt.

I hope God will bless you for many, many years of youthful vigor and understanding of the professional problems of your great profession.

We thank you for coming too, for this is really an auspicious occasion and we love you for it. Thank you very much. (*Applause*)

DR. DUNNING: We cannot let this occasion go by without hearing a few words from Dr. Hickey, Assistant Dean, who has had so much to do in forwarding the broad plan of our school. (*Applause*)

DR. HICKEY: Doctor Gies, I am a child of the family today. Your association with dentistry was well along in years before I even arrived in the world. I stand here now as a representative of what you have given to the profession and particularly what you have given to Columbia—the foundation of this school, which I say, with justifiable pride, is second to none, and it was done on a foundation that hasn't changed. The foundation hasn't moved; it hasn't slipped, and the building that you men have built upon it has only grown stronger.

I consider it a real privilege to be allowed by the university to take what part I can in the administration of this dental school which you helped to give us. I thank you, Sir. (*Applause*)

DR. DUNNING: The nicest part of this program is to get right down to the man himself; so, Bill, (as he is called affectionately by his friends) here is your chance. (*Applause*)

DR. GIES: Mr. Chairman, I assumed, when I received the invitation to be here today, that I would listen to interesting speeches; and then, in the customary way, rise and indicate my appreciation and hearty thanks. The speeches have been so directly personal, and so complimentary in all respects, that I find it very hard to adhere to that purpose of saying merely "Thank you" and "I appreciate your kindness." On this occasion, with the clock staring directly at us, I feel that brevity and directness, summarizing only what I had expected to say, will be an adequate response to your felicitations. Yet after forty years of active effort as, what I have often

called myself—"A dental preacher"—I find it very hard to stop at this point.

I have been so busy through the years in preaching ideals of dental development and progress that, at practically every opportunity, I repeat some of the generalities of my various proposals. Yet to do that now, with a preacher's enthusiasm for his own sentiments, and under the influence of this very stimulating occasion, I might take several hours in which to accomplish it. So I shall adhere to my original purpose: to make it evident to you that I wish I could tell you everything I think about dentistry, and yet to show restraint enough to avoid saying more than just a little.

I am sure some of you will be amused when I say that I have thought of myself through the years—not being a dentist—as a preacher of the ideals that should animate dentists. In that effort, as idealism and good feeling and devotion to public welfare are main considerations, if a man has ordinary fluency of speech he may make a very favorable impression.

On an occasion of this kind, when a permanent memorial has been placed, one is deeply impressed by the sincerity and earnestness of the sentiments which have brought about a decision of this kind. Although I have passed eighty years of age, I hope to live to be at least a hundred—(*Applause*)—to live twenty years more so that, on my passing to my eternal reward, if any—(*Laughter*)—there may be additional manifestations of this kind in memory of my sincere and earnest endeavors to promote dentistry.

Now and then I have made appeals to dentists to regard themselves as useful and fortunate servants of mankind. In the dental profession, as in all of the health-service professions, one who devotes himself earnestly, by way of his knowledge and expertness to the welfare of others, performs a magnificent, permanent, valuable service. Dentists are fortunate in being able to feel that every effort they make for, and every endeavor they apply to, their patients, assures that eternal reward we all hope to earn and to receive.

Mr. Chairman, I thank you very, very earnestly and heartily for the kindness, the generosity, the professional esteem which the plaque represents. Hesitating though I do, to discontinue, I hope that my farewell thanks will remain in the recollections of each and all of you. (*Applause*)

DR. DUNNING: I should have said in the first place, how happy we are to have Mrs. Gies with us here today. (*Applause*)

DR. GIES: The Chairman's charming comment about Mrs. Gies gives me a good excuse to add what was in my mind several times as I went along, but which I concluded not to mention. Mrs. Gies and I were married 53 years ago and she is my sweetheart now as she was on our wedding day. (*Applause*) I don't recall a single thing, in all my years of effort to promote the advancement of dentistry that I mentioned to her, that she didn't heartily endorse, thus enabling me to go forward as if I were not only one person but two. (*Applause*)

DR. DUNNING: Today and now we will consider this meeting adjourned. We appreciate your coming. At the end of the hall you will find some light refreshments. Thank you.

MICHIGAN SECTION

1951-1952

A DEFINITION OF DENTISTRY

RENÉ ROCHON, D.D.S., *Detroit*

THE PROBLEM

The report which I have been requested to make to the American College of Dentists this morning, in certain respects, can be considered juvenile. Our section, the Michigan Section, is the baby State Organization of the College. Even though the interest shown by its members has greatly increased from year to year and although the section's achievements have yearly become greater, being only three years old, it cannot lay claim to much maturity. As an organization we still feel so juvenile that we cannot even claim to have reached adolescence. Moreover, in the light of the definition of the term adolescence by an adolescent himself we look upon the future stages of our growth with some trepidation. This young man of High School age defined adolescence as "A period of life between puberty and adultery". Despite our youth and despite our inexperience, yet unafraid to adulterate our future, we of the Michigan Section saw the need to activate our present, and in order to elabo-

rate on the work so well started by our predecessors we made a search for a worthwhile project of study. We sought a problem which could not only be partially solved in an evening's session but one which after an evening's work could well be considered a rough model, worthy of further development, a potential contribution to the progress of our profession.

After having been led many times into dead end streets, our search finally ended in Battle Creek, Michigan, in the office of a member of the College, Dr. Blackerby, whom we all know as the dental director of the Kellogg Foundation. Phil., as most of us recognize him, said to me, "Do you know that Dentistry needs a more up to date definition?" "No I don't," I replied. "Well, it seems to me," he continued, after a discussion of the idea, "That the formulation of a new definition could very well be considered a worth while project for our section." All those of our members who were consulted took kindly to the idea. We, therefore, decided to activate a plan of action, which would enable the members of the Michigan Section to formulate a more modern definition of dentistry.

OUR PLAN OF ACTION

At the outset we decided that our preliminary study should consist of an evening's discussion of the problem. Briefly stated the controlling purpose of this discussion would be: "The Role of Dentistry in the Field of Health Service; its Aims, Objectives and Limitations; the scope of Dentistry in the light of Medico-Dental Cooperation; and finally, the formulation of a definition of dentistry."

In order to reach such an objective in the short space of an evening we soon realized the necessity of control of all the time factors, as well as of the scope of the discussion. First, we would have to be very discriminating in the selection of our discussers, and recruit them from among those who could handle the broad and controversial aspects of the problem; secondly, we should control the material presented by them and also restrict them to the topic under discussion; and finally, we should impose a definite time limit on each speaker's discussion. This, of course, presented many difficulties, but we solved them in the following manner. As our initial step we selected two speakers from each of the professions, medicine and dentistry. All of them were men recognized for the definiteness of their views. The participants selected were Dr. Joseph Molner, Detroit Commissioner of Health, a man of wide experience

in matters related to Public Health and Public Relations; Dr. John H. Schlemer, a teacher of jurisprudence, a physician, a lawyer, editor of a Medical Journal and an Officer of the American College of Physicians; Dr. Oliver White, an orthodontist, a devoted worker in the field of dentistry and a man known for his broadmindedness and understanding of the general problems concerning our profession; lastly, Dr. Raymond Girardot, a dentist recognized as a man who practices dentistry in its broadest medico-dental aspects.

There you have a variety, a team full of promise but a team, the members of which might well be difficult to confine to the subject under discussion. To gain this very point we provided each one of our speakers with a typewritten copy of four controversial articles related to the subject to be discussed. We requested them to reconcile the controversies found therein with their own opinions and also requested them to limit their discussion to the controversial points covered in the four articles. Included with the four articles were eighteen definitions of dentistry, the resultant of a very intensive library search. Finally, in order to control any possible verbosity on the part of our speakers we requested them to write out and read their discussion and also to limit their presentations to fifteen minutes. Our speakers took very kindly to the limitations placed upon them and complied with utmost graciousness to all our requests. Their discussions were to the point and we reached our objectives within the limits of attention of the audience.

The following definition was adjudged as the one which fundamentally provided the best material for further study. It was Dr. Schlemer's definition which reads as follows: "Dentistry is that part of the science and art of prevention, cure, and alleviation of disease of the human organism as a whole, that manifests itself psychologically, physiologically or pathologically in the oral cavity."

This definition as was mentioned previously, we accepted for further study. First we submitted it to the Dean of a law school, a graduate of Harvard University and one who for years had been closely associated with a dental school. In turn we submitted the expanding definition for consideration, to many experts in the various fields of dentistry. After having achieved what we considered the ultimate in scope, we submitted the definition to professors of English versed in expository writing. Lastly, in order to give it the final dental touch we sent it to our own Editor John Gurley for study and report. Today we are ready to reveal the results of our

labors. We do so, however, with some hesitancy, because we realize the difficulties that one can encounter when one deals with words. A good example of possibilities can be found in the following anecdote entitled the "Queen's English." It was told by the British Colonial Secretary, Oliver Lyttleton, at the Independence Day Dinner of the American Society in London.

He related an incident which illustrates beautifully the suggested point regarding the use of words. The Vicar of a Church destroyed during World War II in East Anglia wrote an American Colonel who had been stationed in the badly bombed town. He explained to the American officer that a fund was being raised to rebuild the ruined Church. The American replied in a charming letter and enclosed a check for \$5,000.00.

The members of the Congregation were so grateful that they sent the Colonel a recording of the Consecration Ceremonies. The Colonel in turn invited friends in to hear it and all were delighted at the opportunity. Suddenly the Colonel took the recording from the phonograph and smashed it on the floor. The Bishop had just begun to speak and, referring to the Colonel's gift, he said, "Now let us bow our heads and thank God for this timely succour."

THE DEFINITION

Under the circumstances we know that you will be broadminded regarding our temerity.

Our definition is: "Dentistry is that special field of Health Science or Health Service which has for its object the care of the teeth, jaws, and associated tissues and structures. The principle concerns in such care are the prevention of dental disease, the promotion of growth and development of the teeth, and related tissues and bones, their preservation and restoration through medicinal, surgical and other appropriate means. Promotion of the health of the masticatory apparatus, frequently requires the investigation and care of other portions of the body, as well as of the oral cavity and also consideration of related esthetics and psychosomatic problems." There you have our version, we lay it at your feet for your critical appraisal.

THE AFTERMATH

Most meetings engender the unexpected. Ours was not the exception. A controversy arose, the outcome of which I would like to

report to you. During the discussion, after the presentation of the papers Dr. Sam Harris, one of our members, questioned Dr. Schlemer in the following manner. "Dr. Schlemer finished his very amiable talk with a conclusion that he was very grateful for the excellent cooperation that was developing more and more between medicine and dentistry and I am sure he echoed the feelings of everybody present. I am sure, too that if the Fellows of the American College of Physicians had been present, they would also have echoed that idea. I should like, however, to ask a question in all humility, a question which I feel is very important to an average dentist like myself. Would it help, in the cooperation between medicine and dentistry, and would it perhaps impress the general public a little more favorably regarding the status of the two groups as a team, if we could refer to the practitioner of medicine as a physician and the practitioner of dentistry as a dentist, rather than to the physician as a doctor and to the dentist as a dentist? I referred that question to the panel." Dr. Molner jumped in, replying, "A rose by any other name would smell equally as sweet."

In turn Dr. Schlemer gave his reply, "I would like to say one thing", "It so happens that I am a member of the editorial board of the Detroit Medical News of the Wayne County Medical Society. After working on this paper I have been toying with the idea of writing an editorial for the Detroit Medical News on the cooperation between the doctor and the dentist. I will have to give it more thought."

Three weeks ago, I received the following letter and an explanation from Dr. Schlemer. I convey the whole thing to you without prejudice:

Dear Dr. Rochon: "I have been doing some thinking along the lines of the discussion we had in your office some time ago, and have finally come up with something that may or may not be what we had in mind. I am sending it along for what it is worth, and you may use it or not as you see fit. With kindest regards, I am, Very sincerely yours, John J. Schlemer."

The Editorial is entitled: *Quibbling over the Minutiae*.

"Faint rumblings of discontent come to our ears from friends among the dental surgeons because the public, including us, neglects the title that is rightfully theirs in favor of the convenient and

familiar terms. They seem to feel that "dentist" connotes a mere technician's mechanical manipulation with the oral cavity.

"Perhaps this is only the mark of an era, an era that a thousand years from now they will call the age of fancy titles. I've taken my car to the lubritorium and the proprietor of the local tonsorial parlor cuts my hair. Time was when I wanted a drink I dropped into a saloon and the bartender wiped an imaginary speck from the bar and asked me, "What'll it be?" The old swinging doors are gone now, and in their stead we have bronze and granite portals, and emblazoned thereon in gold letters three inches high the names of the mixologists on duty at the bar within to mix our drinks. They'll drop a cherry and a dash of grenadine and christen the thing a manhattan, but it's the same old drink I used to get in the corner saloon. And the mixologist turns out to be the same old bartender, and there is nothing fancy about the swish of his towel as he wipes the imaginary speck from the bar or about his, "What'll it be?" I don't care what you call the man who takes care of your teeth, be it Doctor of Dental Surgery or dentist or just plain Doc. He is still the man whose work demands a wide variety of professional skills. He's no mere technician, this dentist of ours. Compared with the dentures he turns out, Grandpa's store teeth look like something Mammy made. He does his restorations with little fuss or pain, and they bring back to you the functions your teeth had when you were a boy. And all the while he is watching for any pathological conditions that might be discovered through his knowledge of the oral cavity and its relation to the body as a whole. If he's a dental surgeon worthy of the name, he's too busy thinking about his job to worry about what he is called. It's time to stop quibbling over the minutiae. The honor is not in the title: It is in the man."

BOOK ANNOUNCEMENTS

ANNUAL REPORT GENERAL EDUCATION BOARD: This is the 1951 Annual Report of this Board, founded originally by John D. Rockefeller in 1902. The purpose of this Board is the distribution of funds among areas in the United States requiring aid. There are no public contributions to either medical or dental except as one or the other or both may be included in humanities. Gifts are extended in the large part to Negro schools, but to Negro and white schools both, in "a search for talent." It is an informative report, interesting to read, and may be had by application to the Board at 49 W. 49th Street, New York.

A TEXT BOOK OF PHARMACOLOGY: This is a new text book on the principles and application of Pharmacology, designed particularly for medical students, but not without usefulness to dental students as well. The book consists of 1240 pages, with an index and 284 illustrations. In it the author, William T. Salter, M.D., Professor of Pharmacology, Yale University School of Medicine, treats of his subject, beginning with the "Heritage of Pharmacology, including a little of tradition and much of history."

The use of drugs in their various application, and the various requirements of the human body for drug treatment, is thoroughly discussed and well illustrated. It is a scientific text, but its philosophy is very apparent. Published by W. B. Saunders Company, Philadelphia. Price \$15.00.

DENTISTRY FOR CHILDREN: This is the third edition of this book by Dr. John C. Brauer, Dean and Professor of Pedodontics, University of North Carolina, School of Dentistry. In this edition the author was assisted by William W. Demeritt, D.D.S., Professor and head of the Department of Pedodontics, School of Dentistry, University of North Carolina; L. B. Higley, D.D.S., Professor of Orthodontics, University of Iowa; Maury Massler, D.D.S., Professor of Pedodontics, College of Dentistry, University of Illinois; and Isaac Schour, D.D.S., Professor of Histology, University of Illinois. This is a book of 454 pages, with an index and 291 illustrations. These authors are all well known within the profession and this book should serve a useful purpose in teaching pedodontics. Pub-

lished by Blakiston Company, 575 Madison Ave., New York. Price \$10.00.

TEETH AND HEALTH: This is the title of a new magazine, this one being Volume 1 and Number 1, under the title indicated above. It is termed "An educational magazine for healthy living," designed to be non-technical and illustrated for home, school, and library. It is published by the Dental Publishing Company, 121 Esplanade Road, Fort Bombay, India, and is edited by Dr. M. K. Patel. It will be published quarterly. The subscriptions being Rs 4.

By way of comment, the first issue of this journal makes a very good presentation and is worthy of consideration because of the material which it brings but also to know what is being done in this great country of India as well as to lend encouragement for what they are doing.

The first number contains two articles by Americans and seven by native dentists, all of whom have either English, German, or American degrees, or any two or three of these degrees.

PHARMACOLOGY IN CLINICAL PRACTICE: This is a book of 839 pages with 152 figures; although designed for undergraduate teaching, yet it becomes at once a valuable reference book for the dentists and physicians. The author, Harry Beckman, M.D. is Director, Department of Pharmacology, Marquette University School of Medicine and Dentistry; consulting physician, Milwaukee County General Hospital and Columbia Milwaukee. Published by W. B. Saunders Company, Philadelphia, 1952. Price \$12.50.

SPECIAL OF DENTAL ANATOMY AND PHYSIOLOGY AND DENTAL HISTOLOGY: This is the 8th edition of Volume 1 of a two-volume set. The book consists of 481 pages, with an index, excellently illustrated, with some in color. There is also a chapter on Histological Technic. Published by Staples Press, Ltd., 70 E. 45th St., New York, N. Y. 1952. Price \$10.00. Author, T. W. Widdowson.

DESIGN OF THE NATURAL DENTITION: This represents "An investigation into the physical attributes and mechanical principle of the Dental Function." It consists of 126 pages, with an index, and is well illustrated. The author, H. H. Boyle, D.D.S. and L.D.S. (R.F. P.S.) Glas. R.C.S., Edin. He is consultant to the Welsh Regional Hospital. Published by Staples Press, 70 E. 45th St., New York. Price \$4.25.

INTRAVENOUS ANAESTHESIA IN DENTISTRY: This book consists of 152 pages, with an index. It should be valuable to anyone using anaesthetic agents, with particular to the newer ones now available. The author, S. L. Drummond-Jackson completed this book for the F.D.I. Congress, held in July 1952. Published by Staples Press, 70 E. 45th St., New York. Price \$5.00.

THE TEACHING OF RELIGION IN AMERICAN HIGHER EDUCATION: This is a five-chapter book, consisting of 158 pages with an index, each chapter written by different authors. The first chapter being written by the editor of the book, Christian Gauss, Dean Emeritus of Princeton University. Dr. Gauss is well known throughout the education world, and his administration concerning the teaching of religion is well worth considering because of its moral and ethical principles, as well as the spiritual value of religion itself. Published by Ronald Press, New York.

THE ROCKEFELLER FOUNDATION: This is the annual report of this foundation in its support of various phases of education. It might be a consideration of special importance at this time because of studies in international relations and in the problems of aging. It is published by the Foundation, at 49 West 49th Street, New York, and may be had for the asking.

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—Albert Einstein

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