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# JOURNAL

## *American College of Dentists*



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## Journal American College of Dentists

Presents the proceedings of the American College of Dentists and such additional papers and comment from responsible sources as may be useful for the promotion of oral health service and the advancement of the dental profession. The JOURNAL disclaims responsibility, however, for opinions expressed by authors.

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### Objects

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

### Teacher Training Fellowship

Recognizing the need for more dental teachers and their proper training in educational procedures, the Board of Regents in 1951 established a fellowship program for the training of teachers of dentistry. The fellowship grant covers a period of one year in the amount of \$2500.

### Grants-in-Aid

Because of its interest in research, the Board of Regents in 1951 established the following grant-in-aid funds:

(a) The William J. Gies Travel Fund, through which grants are made to research workers "to enable them to visit the laboratories of other investigators to obtain first hand information on associated problems."

(b) Research Fund for Emergencies, available for aid in the event of loss of equipment, animal colonies, needed repair and the like.

For application or further information apply to the Secretary, Dr. O. W. Brandhorst, 4221 Lindell Boulevard, St. Louis 8, Missouri.



# Journal American College of Dentists

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## Calendar of Meetings

### CONVOCATIONS

October 16, 1955, San Francisco, Calif.

September 30, 1956, Atlantic City, N. J.

### BOARD OF REGENTS

October 15 and 17, 1955, San Francisco, Calif.

February 5, 1956, Chicago, Ill.

September 29 and October 1, 1956, Atlantic City, N. J.



## Presidential Address \*

HARRY S. THOMSON

Toronto, Canada

I HAVE ONE primary desire in speaking to you today, and that is to be able to properly thank you and express to you my appreciation of the honour of serving as your president. The true significance and honour is not fully recognized until one is personally the recipient. To the Officers, Regents, Committees and Sections, I extend my thanks for their generous cooperation and for the interest they have shown in College affairs and activities during the year. What I say is sincere and from my heart.

To those of you who have been received today into the fellowship of our College I offer my warmest congratulations. You have been singled out from your confreres for this distinction because you have contributed something of tangible value to the advancement of oral health services and to the elevation of professional standards. In this College you will find that your opportunities for service are greatly broadened through the privilege you now have of consulting and collaborating with the over 2000 Fellows of the College. These, your co-workers in this chosen field, are numbered among the finest minds in our profession. They need you; they welcome you.

Today, the American College of Dentists enters into the thirty-fifth year of its history. It is a record of over a third of a century of earnest endeavour; it is a chronicle of the step-by-step implementation of the principles and objectives laid down by its Founders in 1920.

From a nucleus of 20 men at that initial meeting 34 years ago, our College has grown until now a hundred times that number have been called into this fellowship from the United States, Canada, Australia, Great Britain, Europe, Asia, and the Islands of the Seas. It is a goodly company.

From the beginning, the policy of our College has been to en-

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\* Presented before the American College of Dentists, in Convocation at Miami, Florida, November 7, 1954.

courage, cooperate, and give leadership where requested, in every movement leading toward better dentistry and sounder health procedures. We have undertaken and duly fulfilled tasks both great and small. Many of them have developed into changes and movements within the profession which are an integral part of the history of dentistry and dental health of this era.

The results the College has achieved through organized projects and studies have been passed on to national, state, and local dental organizations. There many of them have become permanent projects and have helped to raise the standards of oral health service, dental public health and preventive dentistry.

However, my task today, as president, is not to dwell on the past but to review the progress made this year and to re-affirm our beliefs for those who follow. It is a good thing to take stock from time to time. Meetings such as this one today give us the further opportunity of exchanging ideas with others from both inside and outside the profession; they give us a new perspective of our responsibilities as professional men and point out to us new paths the College may explore. The usefulness and progress of the College depends upon the loyalty and active participation in its principles by its two thousand members individually.

During the current year the activities of the College have been carried out as in the past by its Officers, Regents, Committees and Sections. Through them, the programmes of the College have continued to expand. As the membership grows our responsibilities increase. In acceptance of this fact, we have undertaken a re-organization of our committees, dissolving some and forming others. Some of the new ones have devoted themselves largely this year to organizing their groups and mapping out plans for future endeavours. Reports from others show a devotion to the task in hand and progress along the course they have laid out. The reports submitted at this meeting and at our February meeting in Chicago are published in our *Journal* and are worthy of your closest study.

That I may give you a conception of the scope and variety of the subjects and projects in which these committees are involved I will quote here for your information a paragraph or two from some of them received during this year.

*From the Committee on Prevention.* The following paragraph from a report of a study which is now being organized in collabora-



tion with the Dental Faculty of the University of Michigan and the United States Public Health Services.

### *Scientific Aims*

"The general purpose of this study is to identify factors which influence participation in preventive dental practices on the part of (a) the general public, and (b) the dental profession. Blocks to greater participation will be studied including both motivational and environmental factors. Specifically, investigation will be concerned with (1) Identification of factors which facilitate or inhibit the practice of certain preventive and control measures on the part of the *public*. (2) Identification of factors which facilitate or inhibit the practice of certain preventive dental measures on the part of the *dentist*.

With data available from this study it is expected that more efficient ways of encouraging greater participation in preventive dental measures can be developed by the dental profession and by others interested in improving the health of the nation."

*The Committee on Dental Education* has a useful function in promoting dental teacher training through Fellowship awards. I quote here from Education Report 1953:

"One of the most glaring weaknesses in dental education is the inadequate preparation of dental teachers for teaching. With too few exceptions dental teachers have had no special training. To complicate the problem still more, dentistry's horizon is again being broadened in consonance with the broadening horizon of all health services. The immediate future, therefore, demands dental teachers who are not only well educated in the biological sciences and skillful in techniques but also possess a broad knowledge of social sciences and teaching methods."

The need illustrated by the report just quoted is already being faced by us. The American College of Dentists is endeavoring to relieve the situation somewhat by establishing scholarships for pedagogical training of young dentists who have an aptitude and desire to make teaching their life work; to assist dental schools in the recruitment and preparation of teachers; and to help strengthen the educational standard of the dental schools.

It is for this purpose that a scholarship of \$2500 a year is offered by

our College to qualified young dentists who have a desire to teach in our dental colleges.

### *Dental Research Committee*

The College makes two grants of money yearly to the Committee on Research. One, the William J. Gies Research Travel Fund, goes to research workers for the purpose of visiting the laboratories of contemporary workers in order to gain first-hand information about new developments which might aid in the pursuance of their own studies. A second provides immediate financial assistance in the event of accident to equipment or laboratory animals, the loss of which would endanger the course of valuable investigation.

*From the Committee on Prosthetic Dental Service* we have a report which I quote in part:

"During the past year this Committee's activities have been directed to the question, 'What shall the relation be between the profession, the commercial dental laboratories and the dental technicians?' At present it is still in a state of flux. Tied up to this is the problem of the so-called 'boot-leg' dentistry."

This committee has done a remarkable job in keeping the profession informed on the current status of the problem and developments in various parts of the country. The problem is as yet unsolved and its extent involves almost every state and province in the United States and Canada. The backlog of information the committee has accumulated is valuable and is freely accessible to local groups needing information and advice. The chairman and his committee are worthy of commendation for the earnestness and zeal they have applied to their long-continued and arduous task.

Other committees that are reporting progress at this meeting are, Student Recruitment-through the sound-film "Dentistry as a Career," Journalism, Health Relations, Public Relations, Human Relations.

Two new committees have been formed during the year, Human Relations and Public Relations. On the program for today's meeting you will hear these two subjects as well as that of Professional Relations dealt with by men who have studied and taught these subjects for years, and who can in an informative way help to increase our knowledge of their importance in our professional activities. From



the above you can obtain some conception of the broad field covered by our committees. I should like also to say a word about our Sections.

In order that the greatest number of Fellows may have a part in planning and coordinating the work of the College, twenty-nine Sections have been formed throughout the national area. Some of these Sections are limited in their activities, meeting only once a year. But many others meet regularly during the year and put on an annual meeting also that would do credit to our national and state society meetings. As a result there is within these Sections an awareness of the year-round work and progress of the College and a corresponding growth of interest and cooperation.

Sections reporting this year on programme meetings are the Carolinas, Colorado, Florida, New York, Pittsburgh, Washington, D. C., Michigan, Texas and Tri-State.

The Tri-State meeting programme published in full in the *Journal* (1953) was worthy of our highest praise. Under the theme "The Art of Living" speakers of national prominence in agriculture, education, religion, science, business and the press gave addresses that inspired an amazing amount of public interest. Newspapers and magazines printed editorials and articles that were most heartwarming to those who were concerned with the programme, and to the profession at large throughout the country. Although there was not a single speaker on the specific subject of dentistry, Dental Public Health was the motif skillfully woven into every address. For those of us who are particularly interested in human, public and professional relations this meeting had a special appeal.

Through the initiative of the Tri-State Section a new concept of dentistry and dental public health has been formed by all those who in any way came in contact with this programme. It set a new pattern in dental meetings, and because of it the prestige and public esteem of our College has been raised to a higher level.

Other Sections are working with similar aims. The Carolinas Section is raising funds for a Dental Foundation for North Carolina. The New York Section, through an advisory council, will endeavor to do more through our Health Services and aims also to promote closer cooperation between dental school faculties and the American College of Dentists in the matter of Student Recruitment. The

Washington, D.C. Section is considering ways to stimulate research in dentistry.

It is the hope of the officials of the College that the change that has taken place in our central headquarters and the appointment of a full-time secretary will provide the inspiration, facilities and machinery for full programmes in every Section.

During the past year the interest of the individual Fellows in the administration, projects and programmes of the College has reached a high level. This was indicated in the increased number of responses to the questionnaires and letters sent out by the central office, and by the gratifying number of Fellows who wrote letters to the president in acknowledgment of his three letters from the president's office.

Now, what about the rank and file of the Fellows? What have they been doing during the past year? From reports we learn that many of them have been taking an active part in a movement that is rapidly spreading over our profession. I refer to the widespread organization of study clubs, round-table discussions, seminars and workshops which form a large part of the annual meeting programs of many of our state and local societies, and post-graduate refresher and short courses that are being conducted in the dental schools by our universities, etc. Although the popularity of these is most gratifying, necessarily the enrollment must be limited, with the result that many applications for courses must be refused. These conceptions of organized groups for graduate study and professional responsibility represent, I believe, the most important development in dental education that we have encountered since our undergraduate days.

### *Prevention*

Of paramount importance today is an extension of the use of preventive procedures by dentists in their daily practice. These preventive practices are known to every dentist and it is alarming to learn that they are employed by so few.

It is regrettable that when the public, and many dentists, too, think of prevention their thoughts center upon only the chemistry of dental caries, and the merits of diet, mouth cleansing and such measures. But prevention is broader than that, and can be applied to every operative procedure at the disposal of the dentist. It in-



volves contour, contact, space maintenance and occlusion in restoration techniques. It involves the application of your knowledge of Bacteriology, Pathology, Bio-chemistry, Bone growth and development, Biometrics and Heredity. It calls for saliva tests, charting color changes in soft tissue, bite-wing x-rays, patient and family history sheets. It involves fluoridation of drinking water and topical application of fluorides. It most emphatically involves dental public health education for your patient and the general public.

In an earlier reference in this report I quoted a paragraph giving an outline of a survey to be financed by a group of which our College will be a part, to determine just why dentists disregard preventive practice procedures. Lack of knowledge is not the reason. The most likely reason for this disregard is the difficulty in breaking up the old routine that we have carried on since our graduation. Breaking a habit is not easy, but we can try. We *must* try, for we are a profession caring for human ills and not just skilled mechanics.

The Fellows of the College are a chosen group two thousand strong. Each one of them has given evidence of outstanding achievement in promoting and extending the finer things in dental practice. So you might justly ask why do I iterate and re-iterate to you in a presidential address, this subject of prevention and preventive practice procedures. Why do I? Because only in re-iteration can we extend the knowledge to those in our profession who are not fully convinced that our greatest responsibility lies in prevention. Also I hope that you will take your enthusiasm on this subject to the programme committees of your national, state and local meetings and persuade them that prevention should have a most important part in all of their meetings and deliberations. Perhaps you will give leadership in forming a study club or annually conduct a work shop to study and discuss the findings and reports of research groups working on prevention.

Prevention has something of a spiritual quality. For through the practice of it we are thinking and reaching forward to the ideal, instead of just performing a task mechanically. Remember, "The results of doing things with your hands seems better when you also use your heart and soul."

The College is intensely interested in prevention and is willing to give generously of its resources to any effort that will bring pre-

ventive procedures to their rightful and vitally important place in dental practice.

Because of my life-long interest in the subject, I feel a strong urge to express my convictions on Dentistry for Children, to which I have already referred at length in my April letter. I believe that our greatest responsibility, collectively and individually, is to give a service that means better health, happiness and greater opportunity to the children of our country. This will bring us as individuals, the greatest possible reward for our professional activities and will write the history of our College in everlasting records.

The following questions and answers are provided by our Secretary:

Are we satisfied with our own efforts to date?

Our accomplishments should be satisfying to the degree of denoting progress, but not to the extent of suggesting a "resting on the oars."

Are we satisfied with the present standards and efficiency of dentistry?

Only the person steeped in practice and interested solely in production and income with no thought of the future can be satisfied with present standards and efficiency of dentistry. Meeting the demand for more services to more people on the one hand and visualizing the possible effect of broadly applied preventive and/or control measures on the other, suggest a re-evaluation of our standards and efficiency in light of present day needs and future progress.

Should studies be made to determine whether or not our present standards are sound or if we are the victims of mechanistic environment, etc.?

A re-evaluation in view of present trends and demands might easily point the way to unprecedented changes. It should not be superficial. The various facets should be studied by competent persons and brought into summary in a way that will retain all the good efficient segments of our present efforts and weave them with the new.

Do present conditions suggest a different approach, a more intensified effort, to stimulate graduate study and effort by dentists?

Recent developments and present trends toward broader social responsibilities suggest the re-examination of our basic concepts to determine the soundness of our foundation, the type of structure to be built, and maintained, and how our profession can best serve the public in the immediate future. Our College is well equipped to make such an evaluation. The College has always given encouragement to broader education. Since research and graduate study go hand in hand, it has probably made its greatest effort toward graduate studies by encouraging and supporting research. It has offered fellowships, encouraged internships and residencies, and the training of specialists in the various fields.

Is the graduate and post-graduate program on a plane where we would like it to be?

These programs are still in the early stages of development and should be re-studied. A pertinent question that might well be considered now is— "What limitations should be placed in the specialty fields in dentistry?"

With socialization always a threat what can we do to keep the public informed?

The best way to meet demand for socialization is to seek and gain the confidence of the people and keep them informed on health matters and their solution.

In this address I have endeavored to unfold to you a composite picture portraying our progress in fulfilling the functions of our College. We are striving to reach a goal that requires faith, hope and charity. Faith that dental caries and diseases of the mouth shall be controlled and prevented. Hope that through earnest organized efforts and scientific research we shall ultimately discover their cause. Charity for our objectives, which are aimed not only at ourselves individually, our profession or the College collectively, but have meaning only as they reach as much of humanity as they may help and serve.

I wish to pay a tribute here to our Secretary, Dr. Otto Brandhorst.

He is the animating spirit of the College. His devotion to its well-being is as natural as eating or sleeping, and very frequently he neglects both of these to further promote the interests of the College.

The growth of the College and its prestige today is in a very large measure due to his direction and guidance of its affairs, his energy, resourcefulness and loyalty. I thank him for all of these and for his kindness and help to me during this year as President.

I am closing this address with the last paragraph of the President's address given by Dr. Charles E. Rudolph in the year I received my fellowship.

"There are no entanglements of any kind in this organization to obstruct free thought and action. Each one of us has reached the highest honour in the organization when he has had fellowship conferred. May this unique position give us zest and determination to lend our unselfish and wholehearted aid to the end that dentistry shall not only hold its present position in the social fabric of our country but shall stride forward in its service to mankind."



## Professional Relations:

### Up One Side . . .\*

WILLARD C. FLEMING

Dean, College of Dentistry  
University of California

ONE OF THE traditional *tall* stories of the West that has stood the test of time has been the cowboy's poker-faced recital to the wide-eyed tenderfeet of the growth and development of the four-footed Galumpus. The Galumpus is an animal that lives in the hill country and walks only to the left, with the result that the legs on the downhill side are always longer than the legs on the uphill side. This works fine until the Galumpus leaves the narrow confines of the hill country and seeks broader horizons on the plains where, as you can imagine, he falls flat on his face.

Like many another figment of the imagination, this may have a real life analogy. We are hearing constantly of the growth and development of the material and technical side of our civilization and the failure of the social and ethical side to keep pace with this growth.

One wonders if our health professions have not suffered a similar unilateral development whereby our growth in technology and professional competence and material gains is tending to over-shadow the social and ethical side of our calling.

The growth of dentistry has not been a haphazard affair. True enough, the development of dentistry has been helped by advances in many other fields, such as medicine, chemistry, metallurgy, and so on; but the direction dentistry has taken has come about by the concerns of the leaders of our profession, concerns that encompassed many items.

One important concern of any profession is its relationship with the public. This is particularly true of those professions that are licensed by the State because this licensing constitutes the granting

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\* Presented at Convocation, American College of Dentists, Miami, Florida, November 7, 1954.

of a monopoly. We, as dentists, have a monopoly to practice dentistry. This monopoly has been conferred by the State, and what the State has given us, the State can take away, or so dilute that it will no longer constitute a monopoly. The medical profession has suffered this dilution with the licensing of a variety of substandard practitioners. In view of medicine's experience, it is important that we scrutinize ourselves from time to time and examine our standing with the public.

During the past thirty years the technical and professional side of dentistry has grown in the public's esteem. In 1923 I sat in the Greek Theater of the University of California to receive my D.D.S. degree. I had worked hard for this award and was proud of my efforts and proud of the profession I was about to enter. The President of the University asked the candidates for the D.D.S. degree to rise and we did, and there was a titter that swept over the Greek Theater. Here were the candidates for the dental degree: the plumbers, the artisans, the butt of cartoon artists' jokes. I was so angry I had tears in my eyes. However, this picture has changed; the candidates for the Doctor of Dental Surgery degree now receive the same respect and commendations as the candidates for other degrees. This change has been a slow, gradual process and the responsibility for the change lies in part with members of this audience and others who have been concerned and have spent hours of toil in striving to improve the status of their profession.

Now I have the uneasy feeling that this growing esteem has slowed down, and that there is some evidence that we are not held in the same high regard we were several years ago. It is evident to me that the medical profession has slipped in this respect. If this is true, we should examine our own status because, whether we like it or not, our status is closely allied with that of medicine. I have no objective evidence, but I do have enough comments, letters, alumni reaction, reaction of lay groups, stories of recent graduates, and my own general observation, to feel that we should be concerned.

The dentist has two roles to play in his community: one, as an important member of the health profession, and the other as a citizen and a member of his community. We have made great progress in our professional role. One does not have to recount to this group our growth and development along the lines of professional competence. Our dental organizations, our research programs and our edu-

cational programs have made great strides. Our health and educational programs, and finally our endorsement and push for fluoridation, have set upon us the stamp of a profession rather than a trade, for in this program for control and prevention of dental disease we are looking to the total welfare of all the people. This is the role the dentist plays as a member of the health profession. We are well developed on this side. However, the purpose of this paper is to discuss the second role, the other side. As I look at this side of the dental profession today, I have a number of concerns.

I am concerned with the emphasis that the profession is putting on economics and practice management, with whole county and regional meetings devoted to these subjects. One can agree that dental economics and practice management are important facets of our professional life, but to devote an entire meeting to such a subject denotes, in my opinion, an emphasis that is not healthy for the profession and is not good public relations.

I am concerned with the abuses of the post-payment plan and the public reaction. I think of the patient who comes to a dental office for simple reparative treatment and leaves the office "sold" with an extensive rehabilitation program on the post-payment basis. This "no money down and a year to pay" idea is not a part of the ethical practice of dentistry. There is no doubt but that many of these rehabilitation programs can be defended on a strictly dental basis, but we have to consider our patients as people and recognize their emotional and economic limitations. We are not appliance salesmen who may take advantage of a "budget system" to sell the highest-priced goods and thus earn a higher "commission." I am not condemning the post-payment plan, but am concerned over the abuses we must always be on the look-out for if we are to protect our status with the public.

I am concerned with the attitude our students encounter as they graduate and move into the profession. They cannot help but be impressed by the obvious, and sometimes offensive, display of prosperity and interest in the "fast buck" by some of the dentists in their community. Let me illustrate with a story. Not so long ago I invited one of our recent graduates to be my dinner guest at a local county meeting in the community where I practice. At the table, as frequently happens, one of the dentists produced a set of models and passed them about with the question, "What is your diagnosis?" One

of the men remarked, and not entirely facetiously, "Oh, about \$300.00" I did not like to think of the impact of this and other comparable episodes on the young men entering the profession.

Interest in financial gain is strong enough in the professional student, without members of the profession encouraging this attitude by the type of thing I have just cited. In a survey, supported by the American College of Dentists, we are attempting to determine the various motivating factors that influence a young man or woman to select dentistry, medicine, dental hygiene, pharmacy, nursing, public health, as their career. The prospect of substantial financial reward is the number two factor recorded by the dental students. It is number one for the hygienists. Parenthetically, the number one motivating factor for the dental and medical groups is the applicant's feeling that he is suited for the particular field of his choice.

Please remember that our students come from about the same section of the American people as you and I did. I know of no dental students who come from wealthy families; I know only a few who have struggled up from poverty. Most of us come from the great middle group. From families where the subject at the dinner table revolves around money—meeting the next payment on the car—providing for security in the years ahead, and so on. Many of our students come from families where father is engaged in a business or trade that exists on a "let the buyer beware" basis and the dinner table is frequently a place to recount the "fast ones pulled" that day.

With this background, it is no matter of chance that in an economic survey in the West, the dentist leads the physician in his saving program, even at the expense of professional improvement. I suspect this is true elsewhere, and may account in part for what seems to be unusual interest in money and security.

We have four years in the dental school to change the philosophy of a "fast buck" to a philosophy of service. True enough, it is the job of the school to select students who are capable of developing as professional men, but it is also the job of the profession to guide our young graduates both by precept and by example in the matter of professional service and professional attitudes.

I am concerned with the attitude of some of our local and state societies toward the requests of such groups as parent-teacher organizations and labor unions to aid in developing plans for the distribution of service to their members. This year in California the Inter-



national Longshoremen and Warehousemen's Union and the Pacific Maritime Association approached the State Dental Association for aid in developing a plan to provide dental service under a fee schedule for the children of their members. Their program called for both an open and a closed panel of dentists, the closed panel being a well-known group in the Bay Area, the open panel to be members of the California State Dental Association.

The attitude at first of many members of the dental association was a shock to me. Their attitude was that we should halt this movement by injunction, as it was a violation of the Dental Practice Act of the State of California. I am as interested as the next person in the retention of the dentist's rights to practice his profession as an individual. I do not believe that dentistry or medicine can be practiced competently by a corporation or a union, but I am also aware that times and trends change. I am aware that we have eighty thousand dentists in a country of one hundred sixty million people. I am aware that the Dental Practice Acts can be amended and changed by the vote of the people. I am also aware that one does not arrest trends in our social development by injunction.

We dentists are the experts in the field of oral health. It seems to me we should be aware of trends and we should accept the job of guiding change and legislation in such a way that it will promote the dental health of the people. I do not believe this can be accomplished by a heels-in-the-ground attitude or by injunction.

I cannot leave this subject without reporting that the State Association did not officially take this attitude, but through the Dental Service Committee has worked with the Union and the Maritime Association to the point where many dentists are now accepting these children in their offices on a fee schedule not to exceed \$75.00 per child. Like the radio announcer, I would like a brief pause to announce that the American Dental Association has quite rightly taken the stand that such problems are local problems, and while they will assist in providing data and such, the important decision is one that must be made at a local level. An accolade to the American Dental Association!

I am concerned also about the apparent readiness of dentists, like others, to accept the dictum of the group as to their thinking. The professions are one of the last strongholds of the individualist, the person who thinks otherwise, who is not afraid to speak out. It seems

a shame to see us lose this most important asset. The most outstanding example in group thinking, or the control of the individual by the group, is in the teen-agers where dress, manners, speech and even food is dictated by the group, where the individual will do almost anything rather than be looked on as an "odd ball." One wonders if we can afford to look askance at these youngsters, for it is of concern to me to see our dental organizations evading the responsibilities of making decisions and planning new programs for the continued development of the profession. More and more we are relying on paid professionals, sometimes not even members of the profession, to make these decisions—decisions that should arouse controversy and differences of opinion, but are too frequently placidly accepted as part of the group thinking.

It is of concern to me to see dentists, professing as we do to be educated people, and yet propping up the walls of the fast disintegrating racial discrimination barriers by an apparent indifference. We may have intolerance in our social and political organizations for some time to come, but the sciences, particularly the health sciences, should lead the way in solving the problems incidental to racial and other minority problems.

In the first place, there are few of these "concerns" that have objective evidence to support them, and thus fall into the possibly inaccurate category of opinion. One could be wrong.

In the second place, it is only the profession itself that can or should change these conditions. It should not be too difficult; already there are signs that this side of dentistry is undergoing some revitalization, and one of the revitalizing agents is right in our own College. I refer to the recent activities of our Tri-State Section.

Many of you are new members and may not be familiar with the organization of our College. The American College of Dentists, like the A.D.A., is a national organization, made up of a number of local Sections. One of the most active of these Sections is the Tri-State Section, which includes the states of Arkansas, Mississippi, and Tennessee. This Section for the past six or seven years has, by actions and example at its annual meeting, been advancing the role of the dentist as a citizen. These programs have built a respect for dentistry and an understanding of the objectives of the American College of Dentists. The programs reach not only the other health professions but the citizenry as a whole.

Last year the program revolved around the theme "The Art of Living." Over 400 members of dentistry and other groups heard discussions on this subject from members of the health professions, agriculture, the press, education, science and the church. These are reported in the June issue of our *Journal*. I commend it to you as required reading. This is the best example that I can cite of our College doing its job to support the role of the dentist as a citizen and a member of his community.

Another bright spot on the other side of dentistry is the forthcoming survey of the dental profession in the United States. The speed of our growth, the obligations that accompany professional status, the trends in the American way of life with its concern over the health of the individual and his right to a state of well-being, are all factors that point to the need for an impartial survey of the dental profession to determine its place in the changing modern society. It is to the credit of the profession that such a survey is being developed through its national organizations. It will be administered by an outside agency, the American Council on Education, and will cover four facets of our profession: dental education, dental research, dental practice, and dental health. Self-examination and self-analysis are signs of maturity, and one is grateful that our profession can demonstrate this maturity. At least we recognize we are in a changing world and that survey and re-survey is an obligation we must assume if we are to maintain our status in the world around us.

In conclusion, I would like to summarize the points made in this discussion. It has been pointed out that as a licensed profession we have been granted a monopoly by the State and we owe it to the State to scrutinize ourselves from time to time. There is little doubt that we have made great progress in the technical and professional side of dentistry where we play the role of a member of the health group. However, there is another role that a member of a profession must assume, and that is as a citizen and a member of his community. It is this side of dentistry that has been discussed. A number of points of concern are mentioned, as well as a couple of items that indicate that at last the profession is recognizing the second role of the dentist.

I close with a suggestion. The American College of Dentists is made up of leaders and doers in the profession, and in this case it should take the lead in guiding our profession and our members in

this second role of the dentist. This can be done in several ways, partly through our Sectional organizations, as the Tri-State Section which has so competently shown the way, and partly through the individual efforts of the members themselves. Frankly, during my early years as a member of the College I often wondered what function the College performed in dentistry, other than honoring those members of the profession who performed beyond the call of duty. It is only in recent years that I have become conscious of the dual role of the dentist and I have come to realize that the College must assume the leadership in developing this other side of dentistry. As we grow in professional stature we must grow bilaterally if we are to preserve our balance and position in the world around us. To me, the evidence seems to indicate that one side needs to catch up with the other.



# Dental Research—Current and Future\*

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## NEED FOR DENTAL RESEARCH

THE IMPORTANCE of dentistry as a health profession is manifested by the large number of its practitioners. Thus, the public demands and supports almost half as many dentists as it does physicians. This fact coincides with the almost universal prevalence of chronic dental disease. The high attack rate of dental diseases has few parallels. Basically dentistry is concerned with two chronic diseases; dental caries—a breaking down of the hard tooth tissues—and periodontal disturbances—loss of the investing structures of the teeth. The control and prevention of these two diseases in their various forms are dentistry's major concern. There are of course other responsibilities in regard to repair, restorative and corrective procedures such as prosthetics, oral surgery, orthodontics and pedodontics. However, the overwhelming dental health problem is the correction and prevention of dental caries and periodontal disease. In common with many other chronic diseases such as degenerative, mental, metabolic and neoplastic diseases, dental caries and periodontal disease have been strikingly resistant to preventive measures. Nevertheless, marked advances are being made in the elucidation, etiology and prevention of dental caries. Research and only research, in the clinic and in the laboratory, and above all a correlation between the two can provide the control measures necessary to minimize or to prevent

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\* A report to the Washington, D. C. Section of the American College of Dentists April 22, 1953, by the Committee of Research of that Section, consisting of J. A. English, Capt. (DC) USN, Head, Dental Division, Naval Medical Research Institute; E. G. Hampp, Senior Research Associate of the American Dental Association at the National Institute of Dental Research; and George C. Paffenbarger, Chairman, Senior Research Associate of the American Dental Association at the National Bureau of Standards.

The opinions or assertions in this article are the private ones of the authors and are not to be construed as official or as reflecting the views of any of the foregoing agencies.

dental disease. How can the clinical evaluations and the laboratory studies be brought closer together to narrow the gap between opinion and fact? Perhaps more clinicians who are research-minded and more research workers who are clinically-minded are needed.

Limited as it has been, dental research is now on the threshold of some unique and monumental methods of controlling some dental diseases. The following brief outline of several of the areas of dental research and control now being explored in this country, seems to point that way in a few instances:

#### FLUORINE AND ITS RELATION TO DENTAL HEALTH

In 1931 three independent groups of research workers found that excessive fluorine in the drinking water was the specific cause of a disfiguring dental malformation—chronic endemic dental fluorosis, commonly called mottled enamel. It has been decisively demonstrated that when low fluoride domestic water supplies are used mottled enamel does not develop. On the other hand, high concentration of fluoride causes mottled enamel and a deficient amount is associated with high dental caries rates. Research is needed to find effective, economical processes of removing excess amounts of fluorine from endemic areas where several millions of our population reside. Some work, but not nearly enough, is being done in this field.

Dental research by classical epidemiological methods has conclusively shown fluorine in trace amounts of approximately one part per million is associated with a markedly low prevalence of dental caries. It was astounding to find that a trace element in an amount of one part per million was beneficial while an excessive or deficient amount resulted in mottled enamel on the one hand, or a high dental caries prevalence on the other. Consequently, a considerable amount of current dental research is concerned with the role of fluorine in the body economy. These include investigations upon the toxicity of ingested fluorides, effect of topical applications upon the teeth and adjacent tissues, the fluorine content of foods, the essentiality of fluorine in human and animal metabolism, its uptake and utilization and effects.

It has been demonstrated that the topical application of a two per cent solution of sodium fluoride to children's teeth results in an average reduction of about 40 per cent in caries incidence as meas-

ured by the number of decayed, missing and filled teeth (DMF Index). Numerous field studies are now under way to determine if the fluoridation of water is as effective in preventing decay as are natural occurring waters containing fluorine. These are long term field tests and the older ones have been under way since 1945. Progress reports show the general trend to be a markedly reduced caries prevalence (DMF Index)—on the order of about 65 per cent. The consistency of the reductions already observed in these independent studies strongly support the fluorine-dental caries hypothesis. This finding of dental research, that the most chronic of all human diseases may be remarkably reduced by adding a sometimes naturally occurring ingredient to a deficient water supply, is an outstanding achievement in the mass control of disease.

More research is needed. The mechanism by which the ingested and the topically applied fluoride ion holds dental caries in check needs to be determined. This calls for very basic studies on the nature of the hard tooth tissues. Several investigations of this type are under way but many more are necessary before a solution to the important problem may be obtained. The surface has scarcely been scratched.

A comparison is needed among the epidemiological and other vital statistics of populations residing in areas where fluorine occurs in varying amounts in the water supply and in fluorine-free areas. Some work has been done in mortality statistics.

Leads have been uncovered that ions other than fluoride, such as ammonium, sodium and stannous, may play a potent role in caries inhibition. These leads should be relentlessly pursued.

The ingested fluoride may not affect mature enamel significantly but little or no clinical, laboratory or epidemiological investigations have been made. There is also confusion relating to the effectiveness of topically applied fluoride on adults in reducing the incidence of dental caries. Here again additional work is needed.

#### STRUCTURE OF THE TEETH

The effectiveness of the fluoride ion in preventing dental caries has stimulated additional research on the actual structure of the hard tooth tissues, especially enamel. Current researches on both the organic and inorganic components of teeth are in progress but need considerable impetus because of their basic nature. The same holds

for a determination of many physical and chemical constants for the hard tooth tissues.

The histology, physiology, and pathology of the pulp are being actively investigated in some laboratories. These include the response of the pulp to thermal, mechanical and chemical injury or stimulation. Some of these investigations should be directed toward diagnostic instrumentation which is vitally needed and also toward the development of substances such as cavity lining materials which will stimulate the production of secondary dentin.

#### SALIVA

There must be a fair balance in solubility relationships of the enamel-saliva system. Otherwise, the enamel would be dissolved or calculus would be precipitated. That these conditions occur frequently indicates an imbalance. Here is a far-too-neglected field in dental research that has considerable potential for extending our knowledge of the cause of dental caries, erosion, and some types of periodontal disease.

There is a sexual dimorphism in rat salivary glands, and this adds impetus to the idea that there are hormonal relationships involved in the function of these organs. In dogs the saliva is almost sterile when examined for bacterial activity, which suggests a possible role of saliva in immunity. There are measurable amounts of specific antigenic substances in salivary fluids following disease, in the same sense as there are antigens in blood serum. Some time ago it was suggested that the intrinsic factor required to activate vitamin B<sub>12</sub> was produced by the salivary glands. Recent research indicates that salivary tests may be important diagnostic aids in determination of the sex of the fetus, caries activity, and some types of oral lesions. These are just a few examples of the fascinating fields of research open to dental personnel in biology, biochemistry, immunology, etc., in the study of the salivary environment of teeth.

#### MOUTH HABITAT

The flora and fauna of the mouth are probably more numerous and diverse than in any other region of the body. The role of these organisms, animal and plant, in mouth infections, in systemic disease and in the relation of mouth infections to systemic disease is not



well known. The bacteriology of the normal as well as the diseased mouth, is extremely complex. For instance, there is one view that the microorganisms found under pathological conditions are no more than an overgrowth of these found normally in the mouth. Several investigators are actively engaged in the basic bacteriology of the oral cavity; however, more time and effort are needed in this neglected field of endeavor.

The ecology of these mouth habitants is extremely important, especially the antagonisms, and little is known about them. The metabolism of some of the organisms of the mouth is a fruitful avenue of approach that is being pursued by a few investigators.

Other bacterial studies in progress include bacteremias of dental origin and the role of bacteria, yeast, molds, actinomyces, leptothrix, and other types of organisms on the formation and function of dental plaques. These plaques are of various types—dissolution of the enamel occurs under some—calculus is formed in others—sometimes neither occurs. The dental plaque is a comparatively unexplored field of investigation in dental research and needs intensive study.

#### DENTAL CARIES

Research on dental caries appears to be developing several tenable leads; 1) Bacteria are necessary (germ-free animals do not develop caries on cariogenic diets), 2) a food debris substrate is necessary (animals fed via stomach tube indicate this), 3) restriction of the carbohydrate intake reduces caries incidence, 4) oral hygiene with and without therapeutic dentifrices reduces caries incidence, 5) the fluoride ion ingested during the period of tooth formation or topically to children's teeth applied markedly reduces decay of teeth.

The utilization of some of these findings in preventive measures concerns many research workers, especially the means of applying them as control procedures. For instance, it is difficult if not impossible to restrict the use of refined sugar in the diet. However, if a harmless substance could be added to refined sugar which would interfere with the enzyme systems required in bacterial metabolism, then a practical method of caries control might be created.

Some method of arresting caries, incipient and progressed, other than by restorative methods will go a long way in making dental service available to great masses of people. The detection of caries,

especially that occurring prior to any gross morphologic changes, can perhaps be accomplished by proper instrumentation based upon fluorescence, sonance, thermal or electrical properties, translucence or some other property. That is why it is so essential that the physical and chemical constants of the hard tooth tissues be determined. After the detection of dental caries, its arrest by procedures such as remineralization, treatment with anti-caries agents, plugging the minute spaces with highly insoluble organic substances such as an alginate, for example, may be possible. There is considerable evidence available showing that caries may sometimes be arrested before the continuity of the tooth is broken, and further, that the damaged enamel has in some way changed so that the previously damaged area becomes more resistant to decalcification than adjacent areas. Few investigations are in progress in this field. Many others are needed to thoroughly explore this promising avenue.

#### PERIODONTAL DISEASE

There is a number of entities under this broad classification none of which has effectively yielded to preventive measures. Only a small proportion of dental research concerns itself with periodontal disturbances. One of the great hindrances has been the difficulty of reproducing the diseases in laboratory animals. Our knowledge of the etiology and prevention of these periodontal maladies is extremely scanty and will from necessity draw heavily upon the basic disciplines before a slight insight may be had toward the solution of this complex and devastating dental problem.

Today, after years of bacteriologic research in this field, it is not certain that any single bacterium or group of organisms is responsible for periodontal disease. Although bacteria may not be the primary activators of the pathologic alteration of oral tissues in periodontal disease, there is no doubt that microorganisms can and do cause extensive tissue changes once a pathologic process is initiated. For example, it is known that some invasive bacteria elaborate a system of enzymes known as "spreading factor" or hyaluronidases. These enzymes enable the bacterial cell to diffuse products of bacterial metabolism into the host tissues, and thus more easily and quickly extend the entire pathologic process by destruction of the cementing or ground substance of tissue. The individual organ-

isms present in the periodontal pocket have not been characterized definitely and consequently no studies have been done on the enzymes which they might elaborate and which might affect the course of periodontal disease. Therefore, this is one of the outstanding basic bacteriologic problems which must be investigated in regard to oral disease.

In addition to the bacteriology of periodontal disease there is an ever-increasing body of evidence that seemingly indicates that certain local and systemic factors may alter the normal physiologic tone of the oral tissues thus paving the way for inroads of infection by oral organisms which under normal circumstances are innocuous. If this is true, it is necessary to learn more about the fundamental processes that govern the activities of living tissues, in particular oral tissues, by investigating the vital processes going on intra- and inter-cellularly and to determine the physical and chemical basis on which the vitality of the cell depends. In this respect, it is essential to study and characterize the various enzymatic activities of healthy and diseased oral tissues and to develop methods for localizing the enzyme sites within cells and tissues. In addition to studies on intact tissues, investigations should be conducted on subcellular components such as mitochondria and other particulate cellular fractions as well as certain soluble components of the cells. Virtually all metabolic activities occurring in living cells and tissues are enzymatically mediated and can be characterized both biochemically and enzymatically, on the basis of their reaction patterns. Biochemical "lesions" may possibly precede those of a histological nature. It is becoming more obvious to scientists that a histologically demonstrable lesion is nearly always preceded by a "lesion" at the biochemical level of cellular organization. It is this breakdown in the orderly enzymatic pattern in cells that results in the histological lesion. Therefore, a thorough understanding of the normal enzyme patterns of periodontal tissues must be available if we are to understand how the metabolic patterns of these tissues may be affected by endogenous and exogenous factors.

Further, in the field of nutrition, only a few studies have been conducted in respect to the influence of vitamins, trace elements, protein balance, fatty acid and carbohydrate metabolism in order to determine their effect on such local factors in the oral tissues such as

vascularization, tissue tone, and cellular physiology which contribute to the total health of both the hard and soft oral tissues. In addition, the influence of the endocrine secretions on the above mentioned processes should be more thoroughly investigated.

Today many new techniques and methods are rapidly appearing for the investigation of the organic constituents of the cell. Dentistry must utilize, incorporate, and expand the ever-increasing advances of histochemistry, biochemistry, enzymology, cellular physiology, biophysics, etc., in order to continue to present dental disease in an understandable fashion based on new developments in these basic disciplines.

By no means should the local factors be neglected since much of the periodontal disease appears to be initiated by the deposition of calculus. It is imperative that intensive researches on the mechanism of calculus formation be instituted. Then too, the maxilla and the mandible provide a uniquely favorable environment for research on bone absorption and deposition. Here again, the need is great because tooth mortality is high from periodontal disease.

#### THE SCIENCE OF DENTAL MATERIALS

Because enamel has little or no ability to repair tissue destruction, as do all other body tissues with the single exception of the lens of the eye, much of dental therapy consists of surgery of the hard tooth tissues and of artificial repair with inert materials. These constitute the only known methods to repair the gross ravages of dental caries. If the teeth and adjacent tissues are lost, either from caries or periodontal disease, then the lost tissues are replaced with artificial substitutes functionally and esthetically efficient. These biomechanical procedures, which constitute the overwhelming majority of dental health service procedures, are both reparative and preventive. They will remain the chief procedure in dental health service until research yields sufficient knowledge to assure mass reduction of prevalent dental disorders. Consequently, research on dental materials constitutes an important part of dental research. Current research includes development of new materials, improvement of the old, determination of their physical and chemical properties that have dental significance, the definition of satisfactory materials by means of physical and chemical tests, and investigations of the effect

of technic of using the materials upon their properties and hence upon their serviceability.

Needed research includes the development of insoluble anti-cariogenic adhesive cementing media and filling materials with the necessary physical, chemical and esthetic attributes. Basic development of high polymers having such qualities to a workable degree would improve dental health service greatly.

As amalgam is used in approximately 70 per cent of all dental restorations, it could well be considered as the most important restorative agent in dental practice. Present research should stress basic work on the mechanism of the setting of amalgam and the development of a good zinc-free amalgam. Present-day amalgam containing zinc reacts unfavorably with slight moisture contaminations.

#### MISCELLANEOUS

A large number of dental research projects are in progress in varied fields. To cite a few: growth and development of the face and head (orthodontics and physical anthropology); radiography; physiology of the mouth; oral surgery; pain control, especially in operative dentistry; epidemiology; indices of caries, periodontal disturbances, and malformations; genetics; anomalies; effects of atomic radiation on oral structures; antibiotics; and therapeutic dentifrices.

#### NEED FOR SPECIAL STRESS IN DENTAL RESEARCH

It appears that the incidence of dental disease is increasing. Also, that dental defects are developing in the population faster than the existing or predicted dental personnel can correct them. This indicates that only by additional control and preventive measures that research may provide can dentistry hope to cope with dental disease. It would be shortsighted policy indeed if emphasis were placed primarily on increasing dental personnel to the point where dental defects could be corrected. It is neither feasible economically nor sound practically in the light of rapidly advancing knowledge being disclosed by research and its logical aftermath, the development of preventive measures.



## Public Relations\*

HERBERT B. BAIN

Chicago

IT IS A PRIVILEGE to appear on this program, particularly to follow such outstanding speakers as Dr. Hollister and Dr. Fleming. As a matter of fact, they have done such a thorough job in summing up the human relations and the professional side of dentistry that this talk can only be an amplification of their points presented so ably to you this morning. If we were to eliminate the human factor and the professional factor from dental public relations, I am afraid that we would have nothing left but a collection of dry, dull and useless sets of wordy definitions and impractical hypotheses. Actually, human relations, professional relations and public relations are so interwoven that it is impossible to isolate any one from the others.

I believe that one of the great difficulties in achieving the type of public relations for a group that most of its members think it should have lies in a failure to agree upon what actually constitutes good public relations. Far too often, the public relations programs of groups, firms and individuals operate like Dr. Fleming's Galumpus—falling flat on its face when confronted with the realities of achieving results amid the complex pressures and cross-currents of present-day life.

Many of you have heard me define public relations rather simply as good performance publicly appreciated. At the risk of being repetitive, I should like to use this definition as the basis for this talk. Actually, the principle enunciated by this short definition is not new to any of you. Each of you has followed this general precept in your day-to-day relationships with your patients, with your colleagues. Otherwise, I should doubt quite sincerely that you should be here now. In your practice, in your relationships with your colleagues—in your human relationships—you must have good performance. It is also necessary that your fellow humans think so too.

The founders of dentistry, those vigorous, hardy pioneers who

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\* Presented before the American College of Dentists, in Convocation at Miami, Florida, November 7, 1954.

made the profession out of chaos only a little over a century ago, adhered to this principle. I am sure it was not easy. Dr. Fleming recalls the uninformed attitude of certain of his classmates of the early 1920's. The tremendous development and growth of the profession since then—the problems that had to be solved; the obstacles that had to be overcome—are things in which most of you have participated. Vexing and difficult as these were, they are dwarfed by the trials, the handicaps, the pressures which were faced by the founders of the profession a century or so ago. Those men and their hopes and frustrations provided the foundation upon which this great profession now stands.

In those days, they didn't call it public relations. They probably didn't even bother to sit around listening to speeches on the subject. Instead, and I think the record bears this out, they concentrated on performance. They laid the pattern for those three broad ingredients which Dr. Harold Hillenbrand has so ably summed up as the essential principles of a true profession: 1—education beyond the usual level, 2—self-government and discipline, and 3—service to the public.

Since the very first days of the profession, there have been those who sought to wear the professional label, accepting its benefits without adhering to professional principles. Over the years dentistry has established an enviable record in its zeal to rid itself of the charlatans and the diploma mills. The latter long since are gone but, unfortunately, there are still some of the former hanging as tightly as they can on the fringes of professional respectability. It is the performance of these individuals with borderline ethics that must be of continuing concern. I know of no other professional group which has done such a thorough job as have dentists in preventing what Dr. Fleming called a "dilution" of professional services. Outside of the advertisers, who are gradually becoming an almost extinct species, and the "bootlegging" laboratory technicians, professional dental services have withstood dilution, thanks in very large measure to the adherence of the great majority of dentists to the hard-won ideals and standards upon which the profession is founded.

It is only through good performance that we can begin to achieve good public relations. As the previous speakers have emphasized, these involve our attitudes and actions both as individuals and as professional men. In addition to achieving the type of performance

or service of which we can be proud, we must also enable others to know what we are doing.

The second part of our definition, the public appreciation of our performance, cannot be overlooked. You cannot achieve the maximum amount of good public relations if you fail to provide the proper type of publicity for your activity. To paraphrase an old saying: even if you do build the best mouse trap in the world, no one is going to beat a path to your door unless he knows about the trap and just exactly where your door is located.

In carrying on a publicity or information program, we must ascertain carefully that we do have something worth being publicized. I'm sure you all know of instances in which publicity has been premature or where it has actually been harmful. Publicity must be secondary to the program, to the performance and to the service.

A case which I have used from time to time to illustrate this point concerns a medium-sized community where the local committee did an excellent job in publicizing the observance of National Children's Dental Health Day. All of the usual things were done—feature articles were published in the newspaper, radio broadcasts were made, the mayor issued a proclamation, special programs were staged in the schools, the posters supplied by the A.D.A. were dutifully put on display. From a publicity standpoint, the show was good. But what about the public relations of the profession?

The committee, in its enthusiasm for publicity, had neglected to discuss its plans with the full society. No attention whatsoever had been paid to the question of whether dental services for young children were available in the community. Unfortunately, the two or three men who did take child patients were booked solidly. The others didn't want children as patients. Mothers who had been encouraged and stimulated by the local publicity to have dental checkups for their children became annoyed when they found that they couldn't get an appointment for their children for several months. Local society officers were badgered with complaints. The A.D.A. received a few irate letters in which the dental profession was roundly castigated for its lack of interest in the welfare of children.

This incident did not create good public relations for the profession in that community. The profession ended up in this particular endeavor with its public relations far worse than if there had been

no publicity. This, of course, was an isolated case. In the long run it did serve in getting the dentists in the community to concern themselves with the problem of dental care for children. But it was the hard way to achieve good public relations.

I believe firmly in utilizing all available methods of communication to secure the necessary support and understanding of the programs which dental societies and groups such as the American College of Dentists carry on. Of course they must have publicity; they must inform their own people; and at times they must inform the public. But publicity must be used wisely and sometimes sparingly.

I always have had little patience with those who first use the public press to solve a problem or to call attention of the profession to some new technic or device. Not only is this procedure apt to be most annoying to the other members of the profession, sometimes it can be harmful. I believe firmly that our own problems must be worked out within the framework of the profession before they can be presented to the public. I do not believe that the worth of dental nurses is a matter to be decided by editorial writers of the public press. The same is true of technics, of so-called therapeutic dentifrices, and of the current rash of claims for the "drill-less drill" operated by "soundless sound." I long have felt that those who rush into print with glowing reports of untested and unproved products, devices and technics are neglecting the basic premise that performance must come first. One only has to say "Hartman" to recall to mind the host of so-called wonder dental products of yesteryear. I understand that another new dentifrice containing another caries-preventive agent is soon to be revealed to the public. Soon, as one wag put it, there will be so many miracle agents in the tube that there won't be any room for the tooth paste!

In all of this, we do have a responsibility, both as individual citizens and as professional men. We need to take a more active interest in public relations. Public relations cuts across the entire profession. It involves each member. It involves each of our organizations, our societies, our associations. Public relations is, therefore, the responsibility of the profession. It is a matter that cannot be relegated to outsiders. It is a matter that cannot be turned over to so-called experts. It is a matter that is the basic responsibility of every member of the profession. I was pleased to hear this principle

enunciated here this morning. I have had the privilege of working in dental public relations for many years and I know that no public relations man can assume for you your basic responsibility as professional men. Public relations consultants can advise you. They can give you technical help. But you who constitute the profession must decide what your own performance, what your own program is going to be. This cannot be turned over successfully to an outsider whether he be a lawyer, a public relations consultant or a politician.

The American College of Dentists is in a unique position to help materially in shaping the public relations of the dental profession. As leaders in your own communities, as active members of the A.D.A., as successful practitioners, you exercise tremendous influence upon dentistry's public relations, both by your actions as individuals and as prominent members of organized units of your profession.

High among the many contributions to the profession which have been made by the College are the surveys and compilations of information and expert opinion so essential to the planning and development of sound programs. An extension of this type of inquiry is soon to be made nation-wide by the American Council on Education at a cost of something like one-half million dollars. While final details remain to be worked out, plans have progressed under the able direction of Dr. Otto Brandhorst to that point where this survey seems assured of becoming an active project.

Such a survey will be of great value to all members of the profession. With knowledge of public attitudes, with knowledge of the attitudes of our own people, we can plan and act far more wisely.

As I sat here this morning, I was particularly impressed with the premise that the profession, while progressing rapidly in scientific development, is lagging in keeping up with social demands made upon us by modern society. I agree that we have many problems, many vexing problems that will require all our resources, all our skills, all of our energy. I do not believe, however, that we have slipped. I do not believe that we are going backwards. Rather, I believe that we are suddenly finding ourselves the object of more searching attention by greater numbers of the public. We are discovering that more is expected of us.

The painstaking campaigns of health education which dentists have waged, often alone and unaided, over the years is paying off with an increased awareness of the importance of preventive den-



tistry. The labor union programs which are now being developed on the West Coast, designed not to bring dental care to the union members but to their children, are an excellent illustration of the new thinking, of the changing concept of the public toward dentistry. These new concepts pose new problems which we must face. We must be ready to develop the type of programs that the public wants. We cannot sit idly by and let someone else do it. We must be prepared to take the initiative. To do otherwise would be disastrous.

As has been noted here, we do have our share of problems. By the same token, we do have, latent though it may seem to be at times, the abilities and the resources and the manpower to meet these problems face to face and to work out adequate and proper solutions. Pre-payment plans, post-payment plans, group care programs, community programs, fluoridation, research, education, auxiliary aids, "bootleg dentistry," excessive fees, grievance committees—these and many others are problems that confront us, that involve our public relations.

To summarize—I believe that as individual citizens and as professional men we must pay greater attention to the impact of our courses of action upon our public relations. Public relations are determined by the services which are performed, the things that we do and the public understanding or appreciation of these services and these actions. By being conscious of the relation between performance and public appreciation I am certain that we can, both as individual citizens and as a professional group, keep pace with the growing demands for professional service from an increasingly health-conscious public.

## Inaugural Address\*

JAMES H. FERGUSON, JR.

Baltimore

I CAN THINK of no distinction in dentistry that could be bestowed upon a member of the profession, more worthy of reverence and esteem than that of the presidency of the American College of Dentists. Abraham Lincoln said, "The greatest gift to man was the Holy Bible." We concede that belief with the thought that perhaps the second greatest gift to man is friends. Through your friendship and confidence, I assume the leadership tonight of a group that has world wide recognition for its many contributions to the growth of our profession.

I have no feeling of exaltation about the honor. Instead it is one of profound humility, as I view in retrospect the accomplishments of those great immortals who laid the foundation for the structure we now have. I have cherished their memory and your friendship over the years and I am appreciative of the confidence you repose in me. I accept the presidency of the American College of Dentists as a challenging responsibility which will afford an opportunity to work with you as we move forward steadily.

There are many things pertaining to the function and usefulness of the College that I would like to discuss this evening, as I enter upon my administrative duties. Time, however, will permit only brief mention of a few salient matters of common interest to us.

No president can hope to find immediate answers to all the manifold problems that are facing us on the Sectional and national levels of the College, but I hope with the help of far-sighted friends in this group to give serious thought and perhaps plant the seeds of solution to some of them.

There are two questions that everyone who holds a Fellowship in the College should often ask himself and not be satisfied until he has probed deeply for the answers. First, is the College functioning as

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\* Presented before the American College of Dentists, in Convocation at Miami, Florida, November 7, 1954.

its twenty founders desired? Second, are we justifying our existence by forging ahead, broadening our scope, and dispensing greater benefits to humanity as our founders expected us to? These questions properly weighed with all the wisdom at our command should help us to more clearly define our approach to many problems as we move on to greater opportunities. The potentialities of the College are boundless, and in developing them we must be alert to changing conditions in dentistry as they affect the profession from every angle. In the enunciation of policies and plans we must be ever mindful to see that none of them conflict with those of the American Dental Association.

I have faith that there is a solution to many of our problems and I base it on what has gone before. Some of the finest contributions to American dentistry in the field of literature, research, teaching and organizational leadership have been made by members of the American College of Dentists. I have been fortunate in knowing all the founders of the College. Doctor H. Edmund Friesell and Doctor Clarence J. Grieves were my friends. The latter was also my teacher. These two far-sighted men had unshakable faith in the greatness of our profession. They were confident of our unlimited usefulness in the field of public health, and had an abiding faith that those selected for Fellowship in the years ahead would find new horizons and elevate dentistry to become a great health agency.

Here we are thirty-four years later striving to keep faith with them. As we move forward new situations will develop and we will be faced with dental problems more perplexing than they have ever been in the history of our profession. Our approach to them may determine the channels of dental thinking for years ahead. Let us therefore think profoundly and carry on with vision and determination to fulfill the objectives of the College. In laying the foundation for the American College of Dentists, the founders left us a heritage that paved the way for gigantic dental progress. By planning and laboring effectively the years ahead will be filled with mammoth achievements. If we are alert to extol the aims of the College, and if we establish our course by the light of a great moral purpose, our goal will be attained and posterity will record our efforts as not being in vain.

### A BROADER SERVICE OF USEFULNESS FOR THE COLLEGE

I want to call your attention to certain developments that have taken place in the administrative structure of our organization during the last year and to tell you of the increased opportunities afforded to more broadly utilize the College, individually and on the Section group level.

For several years the officers and board of regents have realized that we were reaching the point in the life of the College where it was becoming imperative that we make certain administrative changes in directing our steadily increasing activities. Two years ago President Pierson asked Doctor Thielan, Doctor Hodgkin and myself to serve as a committee from the board of regents to study the problem and make recommendations as to what should be done. At the time of the St. Louis convocation two years ago the committee visited the central office headquarters. In evaluating conditions we observed that the secretary's duties had increased to such proportions that in the line of progress it was found advisable to recommend some changes. The survey revealed that Doctor Brandhorst was carrying on in an office space that was entirely inadequate for an organization with a membership of two thousand. For a number of years he had been giving several hours a day from Monday through Friday to College administrative work. He had been putting in about five hours on Saturdays and frequently carrying on many of his duties from his home during the evenings.

The committee realized, as every member of the College does, that our secretary had served us for more than fifteen years in a highly efficient manner and with great devotion to the highest ideals of the College, and that he had done so without financial remuneration. Because of the magnitude of his work it was our opinion that we had grown to the point of needing central office enlargement and the employment of a full time paid executive secretary. We so advised the Board of Regents and further recommended that Doctor Brandhorst be asked to assume the secretaryship on a full time basis. He agreed to do so and the board engaged him for five years beginning last October 1 at a very modest salary for a man of his stature and experience. He has given up his orthodontic practice and school work, and the American College of Dentists' activities are now given his entire attention. Like Cincinnatus who was called from the plow

to save the Roman army, Otto Brandhorst was called by the regents to serve as our executive secretary!

In our approach to the central office changes we felt that any recommendations must be made on a long range basis.

At the beginning of this administration, Doctor Brandhorst is going to take over the business management of our *Journal*. He will work closely with the publishers. Doctor Gurley has retired as editor and I want to personally thank him for the work he has done. In expressing gratitude I know I speak for our entire membership. He has made a contribution to our growth that will be an inspiration to his successor, Dr. Alfred E. Seyler, of Detroit.

The decision to employ a full time executive secretary was made largely on the premise that our membership has increased from 400 to over 2,000 during the last fifteen years. From 200 to 250 nominations are being processed each year and exacting detail in the handling of the affairs of the College requires more and more attention. The committee felt the secretary should be a member of the College and that his salary should not be excessive or beyond what we can afford. We felt it should be sufficient to attract a man of ability and stature, with qualities of mind and heart that would enable him to administer his office with a combination of efficiency and graciousness. We felt in obtaining new and larger headquarters it should be entirely separate from a dental practice and in keeping with the dignity of the College.

You may be inclined to ask the question (and rightfully so) what effect is all this going to have on the future usefulness of the College? In my opinion one of its most far-reaching effects will be the establishment of a closer relationship between the central office, the local Sections and the standing and special committees. The secretary will be expected to visit with the Sections for the purpose of getting them organized in constructive movements relative to our many oral health problems. Sections that are showing initiative will be encouraged in the development of their own programs. I refer specifically to the excellent leadership which has manifested itself in Tennessee, Arkansas and Mississippi by the Tri-State Section. I had the privilege of speaking to that fine group in Memphis last December. I know those forward looking leaders in the heart of the Southland will agree that our regent, Bob Vincent, has been a great inspiration to them. Every year the parent body of the College through the officers



and regents will outline a workable program for those Sections that show too much complacency. Our executive secretary will serve as the liaison officer between the parent group and the local Sections to see that each one endeavors to carry through with proficiency.

The motivating influence which prompted the founding of the College was to give recognition for meritorious achievement in professional advancement. One of the objectives often overlooked is our obligation to improve public understanding and appreciation of oral health service, and we must be ever mindful of that in our long range plans to more fully utilize the College structure.

If the American College of Dentists is to continue as a potent force in promoting the finer things in dentistry, our concept of its purpose must be re-evaluated. In broadening our efforts we must closely associate our plans for new committee activities with all of our objectives. We must uncover, utilize and take advantage of our latent talent. We have a wealth of it among our Fellows. Let us tap it from every angle and watch for new contributions.

#### SECTION ACTIVITY

One of our pressing problems and one of greatest concern to the officers and regents is the inactivity of many of the Sections. One of the most serious things that can happen to any organization is a feeling of complacency among its members. It stunts growth of a group more than anything else. The American College of Dentists is no exception. Some of the Sections have developed an appalling indifference to functioning progressively. Any Section holding only one or two meetings a year with a pleasant social hour and a talk irrelevant to our objectives is not fulfilling its responsibilities. Our Sections are component parts of the national organization, as they should be, and it is on that premise we feel the parent body should each year outline a workable program for the Sections. A program fundamentally built to elevate ethical, cultural and educational standards in dentistry. The officers and regents of the College feel a deep responsibility in aiding with the establishment of progressive programs with the local Sections under the direction of the executive secretary. In the promotion of this plan we solicit your complete cooperation. When the officers and regents have under consideration the development of new areas of activity, the Sections should en-

deavor to supply the basic information needed to carry out the plans. There has been a notable lack of cooperation on the part of some of the Sections to furnish our executive secretary with this much needed information. We must not allow apathy to weaken the usefulness of the College. We must banish it completely and go forward with greater energy. It has probably been in a very great measure the inevitable concomitant of a terrible war. No longer can we use the global war as an alibi for work left unfinished and progress halted. The American College of Dentists must certainly enter into a constructive analysis of this apathetic condition and find a remedy to stimulate interest, and intelligently influence dental thinking along the proper channels. I do not want to give the impression that I feel we should establish the College as a reform agency for dental thinking in America, but I do reserve the hope of an aroused profession to the challenging problems ahead and the further hope that we bring about a more positive plan of action in many of our approaches.

The local Sections afford an opportunity to develop an informed leadership of great usefulness. There are boundless opportunities on the Section level to make notable contributions to dentistry. Doctor Swinehart, one of our past presidents, pointed out some years ago several ways in which a concerted effort on the part of the Sections would open up unlimited opportunities for a greater public health service on the part of the College. His suggestion of allocating national committee activities to the Sections certainly merited an experiment in that direction. We must get away from the idea that the American College of Dentists is primarily an honor society and in the overall picture realize that the College owes us nothing. Our concept should be one in which we envision an opportunity to exert a forceful influence in all forward movements of dentistry. This influence should be especially strong in the development of our cultural growth.

To the new members taken in today I offer my congratulations. Receiving an invitation to Fellowship in the College is a milestone in your career. May I remind you that the invitation was not extended on the premise of what the College holds for you? Instead it was done on what we believe *you* hold for the College by way of your interest and service in promulgating our objectives. If you fail us

in that I am sure your sponsors would be the first to admit the error of their judgment. In your new environment I am sure you will find stimulating interests and challenging opportunities for professional growth. May this new blood taken in this afternoon infuse us with renewed vigor to think less of our rights and in a broader sense more of our responsibilities to carry on in the light of what we think best nearly three and a half decades after the founding of the College.

During our one hundred and fourteen years of dental education we have left no stone unturned in the improvement of our technical skill. It has been a natural course of events because we are a very young profession. In all types of operative procedures we have endeavored to perfect ourselves. Immeasurable strides have been made in prosthetics. Oral surgery has seen revolutionary changes. Periodontics has offered new hope to countless patients who fifty years ago would have inevitably lost all their teeth. Endodontics has come to the front as a highly essential specialty. Advanced methods in handling children have saved countless primary teeth. Orthodontics has made homely young faces less homely, and beautiful young faces more beautiful. All of these were natural outgrowths of an aggressive young profession inspired by Chapin A. Harris and Horace Hayden a little more than a century ago.

There have been numerous social and ideological changes in American culture. Our cultural development has not kept pace with our technological growth though we have always had men of cultural backgrounds and cultural interests among us. An awakening of the profession to the necessity of supporting its own journalism was spearheaded by men of vision in the College who were interested in our cultural advancement.

#### SUGGESTIONS FOR SECTION ACTIVITIES

It is unfortunate that our profession is notoriously a non-reading group because much of the literature of dentistry is extraordinarily good. If we are to cope with other groups culturally, we must do more serious reading.

It would seem to me that a more positive guidance in collateral reading might be provided by the dental schools, and also that stronger emphasis be laid upon the importance of reading current dental literature.

I once heard a noted Jesuit educator of national renown and the head of a boys' school say that if the teacher failed to arouse interest in reading by the age of 12, the job was hopeless.

Notwithstanding the statement, I still believe it possible to inculcate reader interest in the young dental student. By so doing, the men in the field of dental education will have laid the foundation for a well rounded professional man.

I cannot think of an evening more profitably spent than a program of reviews in current dental literature put on by members of one of the Sections. It would probably reveal the extent of reader interest among the group. A symposium covering some of the phases of journalism would be a good Section activity. A review of the trends in dental research and in the field of antibiotics would lend itself to an interesting study. With one or two well informed leaders such a program would be enlightening. Another field of endeavor is the development of leaders among the younger men.

There are many opportunities for Fellows of the College to make notable contributions at the Section level. A study to determine the percentage of children who lose time away from school because of oral health problems would give us additional information of value.

Reciprocity between states could also be an object of study for a Section. The Sections of the College have a wonderful opportunity to make a serious study of root canal therapy, with the purpose of establishing a better standard of service in that much neglected field. Only a few months before he died I received a long letter from Doctor H. E. Friesell, outlining some points on which he felt that one or more of the Sections could make an intelligent approach to the standardization of root canal therapy. An interesting project for a Section to undertake in an industrial area would be one to determine the cost of dental ill health in man-hours lost in industry.

The socio-economic problem is an all-consuming one for any Section. In facing it we should neither lean too far to the left or the right. Neither should we be influenced too much by the popular idea that the middle of the road will get us nowhere. Somewhere along the middle of the road it would seem that a truly creative area could be established so that some of our problems could be solved compatibly with basic American principles.

Sections in areas where there has been no effort made toward water

fluoridation have an excellent opportunity to develop an informative program of interest disclosing to the public the proven reduction in caries in those areas where there is fluoridation. The trend today is toward prevention, and we must exert every effort to keep it there.

Trends in professional standards could be an interesting object of study for a Section.

A study of the need for financial support of dental education and research could develop into a notable contribution as to ways and means to approach the problem. It might be well for a study of this type to be made by one or more of the Sections in the larger centers of population. It could be an impelling incentive to inspire men to work and could enlighten us regarding available funds for research, fellowships and educational facilities.

As a Section activity I cannot over emphasize the importance of a study of the use of the numerous auxiliary services. They have a place in our dental health program and we must be ever alert to see that these services keep within the fields designed for them and do not develop and establish any professional concepts that are unsound. We must continually point the way for the greatest field of usefulness in each of the auxiliary groups.

As a study for a Section activity I submit this as one that is paramount in making a lasting contribution. It is an appraisal of the opportunities of the American College of Dentists. Such an appraisal would give your officers and regents valuable information in their long range planning.

#### THE GRADUATE FELLOWSHIP PROGRAM

Six years ago, the College committee on education submitted a Graduate Fellowship Program for the training of teachers who showed an aptitude for advanced training. The regents saw an opportunity for the College to make a contribution to dental education of far reaching proportions and thereby approved the proposal. Three years later a subsequent committee made further recommendations to the board which culminated in actively establishing the program as a College project. Under the chairmanship of Doctor George M. Anderson and his capable co-workers the 1954 committee set up a plan that will simplify the work of future committees and augment their usefulness in carrying through the program from



year to year. The facets of the problem of dental education are many and we feel the establishment of such a program offers the College an opportunity to contribute to improved standards of teaching.

In the early years of dental education the profession encountered many problems that seemed almost insurmountable. One of them was the inadequate preparation of dentists for teaching. There was no source from which teachers could obtain advanced training in highly specialized fields. That picture has now changed and there are schools that offer excellent graduate training programs. It was a source of much satisfaction when the College saw an opportunity to establish a Graduate Fellowship Program for advanced training of teachers.

I think one of the functions of this year's committee headed by Doctor Wm. F. Swanson should be a broad range study of the overall picture of graduate training. An effort should be made to determine the extent of dental school administrators' interest and their willingness to "play ball" with us in carrying out the objectives of the program. The success of it will fundamentally depend upon two things. First, the proper selection of candidates of promising teacher caliber and second, the willingness of the school in which the candidate is obligated to teach to contribute its share to his training. The College is limited in what it can afford in the execution of such a program. It is under no obligation to expend its money for the training of dental teachers. The schools, however, are under an obligation to employ properly trained teachers and we are trying to help them meet that obligation. May our coordinated efforts prove effective in the advancement of improved dental instruction.

#### PREVENTIVE SERVICE

Doctor Carl Sebelius of Nashville has done such an outstanding job as chairman of the preventive service committee that I am re-appointing him to head the same committee next year. If the fruits of his labors are to be realized it is important that he continue to spearhead the development of the program of the Interview Project being carried out at the University of Michigan under the direction of Doctor Axelrod. "Factors which influence participation in Preventive Dental Practices" is the title of the project and the purpose of the study is to identify factors which may influence participation

in preventive dental practices on the part of the general public and the profession. The project offers unusual possibilities and we await its development with much interest.

#### HUMAN RELATIONS

The much neglected field of human relations is the theme of this meeting. It is a timely one and I want to commend President Thomson for selecting it.

We are living in an era when more emphasis is being laid upon government than upon those being governed. It would seem to me to be more in keeping with the best traditions of early America if we laid less emphasis upon "New Deals" and "Fair Deals" and more emphasis upon *ideals*.

Over the years we have laid great emphasis on improved techniques in all branches of dentistry. This is as it should be. Now let us move to another stratum and lay emphasis on an improved human relationship toward the patient, a relationship that unfortunately does not exist in the routine dental practice of many men. We are going through a period of clashing ideologies, but in doing so we should not lose sight of the fact that human sympathy and understanding must remain eternal. In recent years new interests have been appearing in some of our current dental literature that should lend itself to some new approaches to our thinking with regard to the human interest relationship.

There are two periods in the life of every dental patient that call for much human understanding, friendly interest, and the proper psychological approach. The first is with the two or three year old child on his first visit to the office, and the second is with the edentulous patient after the loss of her last tooth when you hand her a mirror and she sees what in her eyes is a completely different face.

We should never lose sight of the fact that in handling patients we are not always confronted with people of logic. Occasionally we face the patient who is full of prejudices with regard to the service they are to receive.

Sometimes the patient's ego transcends to the point of feeling their knowledge of their dental needs is superior to ours. Often it is good for us to put ourselves subjectively in the place of our patients, so that we may evaluate situations from their point of view and

bring ourselves to a realization that we are dealing with human beings. If the spirit of human kindness motivates our heart in our relationship with our patients our usefulness as members of a great health profession becomes boundless. Human emotions rule and control the lives of people and there are various types of emotional elements that enter into it. The age and health of the patient is often a factor.

In our every day contact with our patients we should be ever mindful of the opportunities afforded to exert a profound influence over the lives of those that come under our care.

In writing his memoirs a great English philosopher said, "No man in any walk of life, however humble or great, has lived in vain, whose qualities of mind and heart have made a contribution to the health and happiness of the human race."

If those God-given moral and spiritual qualities rise within us they are bound to express themselves in a way that will influence the lives of men. In that spirit may we wisely chart our future and go forward in the best traditions of American dentistry.

## MINUTES OF CONVOCATION

November 7, 1954, Miami, Florida  
(Abbreviated)

By O. W. BRANDHORST, *Secretary*

### MORNING MEETING

The morning meeting was called to order by President Harry S. Thomson at 9:00 o'clock.

The following program was presented:

Invocation—Rev. R. Wiley Scott, D.D., Community Church, Miami, Fla.

#### Executive Session:

Minutes of Cleveland Convocation presented and approved

Report of Secretary. Received

Report of Treasurer. Received (see minutes Board of Regents)

President's Address. Harry S. Thomson

Report of Necrology Committee (see report p. 62)

Report of Nominating Committee. The following officers and regents were elected:

President-Elect            Kenneth C. Pruden, Paterson, N. J.

Vice-President           Clemens V. Rault, Washington, D. C.

Treasurer                William N. Hodgkin, Warrenton, Va.

Regents (4 years each) S. Ellsworth Davenport, Jr., New York, N. Y.

Donald W. Gullett, Toronto, Canada

The following program was presented:

Address: "Human Relations in the Practice of Dentistry" (informal talk). Speaker: William G. Hollister, M.D., M.P.H., Atlanta, Ga.

Address: "Professional Relations: Up One Side . . ." Speaker: Willard C. Fleming, D.D.S., Dean University of California, College of Dentistry, San Francisco, Calif.

Address: "Public Relations." Speaker: Herbert B. Bain, Director, Bureau of Public Information, American Dental Association, Chicago, Ill.

Adjournment, 12:00 m.

## LUNCHEON MEETING

The luncheon meeting under the auspices of the Florida Section and presided over by Dr. Edward L. Thompson, Sr., Chairman of the Florida Section, was held in the Bayview Room of the McAllister Hotel. Three hundred fifty attended. The speaker was F. G. Walton Smith, B.Sc., A.R.C.S., Ph.D., Director, University of Miami Marine Laboratory, Coral Gables, Fla. The subject of his address was "The Last Frontier."

## AFTERNOON MEETING

The afternoon meeting was called to order by President Thomson at 3:00 o'clock, following the procession by the officers and guests.

Dr. A. B. B. Moore, President and Chancellor of Victoria University, Toronto, Canada, was the Convocation speaker and his topic was "A Way of Life."

Fellowships were conferred upon the following persons:

Irving I. Abramson	Baltimore, Md.
Harold Vivian Ackert	Rochester, N. Y.
Harold Kane Addelston	New York, N. Y.
Theodore Cata Agins	New York, N. Y.
Leonard Clayton Alexander	Milwaukee, Wis.
Allan N. Arvins	New York, N. Y.
Morris Baline Auerbach	Brooklyn, N. Y.
Edwin W. Baumann	Arlington Heights, Ill.
Elmer Fred Bay	Omaha, Neb.
Fred Norman Bazola	Chicago, Ill.
Earl C. Bean	St. Louis, Mo.
Richard C. Beatty	Cleveland, Ohio
Morris Barrington Bell	Air Force
Ingvald G. Bergh	Watertown, S. Dak.
William Biederman	New York, N. Y.
John T. Bird, Jr.	St. Louis, Mo.
C. H. Blackstone	Navy
Louis Blatterfein	Brooklyn, N. Y.
Charles F. Bouschor	Dallas, Tex.
William Branstad	St. Paul, Minn.
Hermann Braun	Irvington, N. J.
N. Weir Burkman	Birmingham, Mich.
Homer Daniel Butts, Jr.	Pittsburgh, Pa.
Donald Simcox Carnahan	Pittsburgh, Pa.
Jose M. Gonzalez Cepeda	San Juan, Puerto Rico
Richard Chace	Orlando, Fla.
Bernard S. Chaikin	Boston, Mass.
Theodore Roosevelt Champlin	Plainfield, N. J.



Paul Chung	Chicago, Ill.
John Morgan Clayton	Kansas City, Mo.
Lawrence Dewey Cleek	Charleston, W. Va.
Walter B. Corley	Alexandria, La.
Euripides E. Cosimi	Santurce, Puerto Rico
Henry DeLa Cossitt	Toledo, Ohio
James P. Coupland	Ottawa, Can.
Lewis H. Daniel	Navy
Ernesto Davilla Diaz	San Juan, Puerto Rico
Lawrence Anthony Donahoe	Omaha, Neb.
Andrew J. Dooner	Pueblo, Colo.
Victorian Alexander Dube	Montreal, Can.
Walter E. Dundon	Chicago, Ill.
Clarence A. Dunn	New York, N. Y.
Jacob A. Englander	New York, N. Y.
Jay Harold Eshleman	Philadelphia, Pa.
Hubert Eversull	Kansas City, Mo.
Edward T. Fischer	Fairfield, Conn.
Clarence Knight Garrard	Lynchburg, W. Va.
Burdett L. Gainsforth	Ogallala, Neb.
Thomas B. Garvey	Lancaster, Pa.
Howard Graham	Toronto, Can.
William M. Greenhut	New York, N. Y.
Russell F. Grider	Louisville, Ky.
Louis I. Grossman	Philadelphia, Pa.
Byrnal Muse Haley	Warrenton, Va.
Charles Hattauer	New York, N. Y.
Ralph Waldo Helms	Toledo, Ohio
Isador Hirschfeld	New York, N. Y.
William P. Humphrey	Denver, Colo.
Joseph Fisher Jacobs	Kansas City, Mo.
Edmund Engler Jeansonne	Navy
Hugh A. T. Keenan	Corning, N. Y.
Norbert C. Kephart	Air Force
S. James Krygier	Wilmington, Del.
Charles S. Kurz	Carlyle, Ill.
Kenneth Evermont Lawrence	Kansas City, Mo.
Hiram Adoniram Laws, III	Chattanooga, Tenn.
John B. Lazzari	Veterans Administration
Jacob C. Lifton	New York, N. Y.
Chauncy Clark Lillibridge	Crete, Neb.
George F. Lindig	New York, N. Y.
Ralph Spurr Lloyd	U. S. Public Health Service
Harry L. Logan	Pottsville, Pa.
J. Clarence Longfellow	Bellefontaine, Ohio
Eugene D. Lyon	Baltimore, Md.
William C. McCaskill, Jr.	Dallas, Tex.
Lowell Edison McKelvey	Army
Frank A. McKennon	Waxahachie, Tex.
Murray Thornton McNeil	Los Angeles, Calif.

William Richard Mann  
 Carlos F. Maristany  
 Joe Minor  
 Philip James Modjeski  
 Joseph O. Mona  
 Frank Earl Nicklaus  
 Glen Emerson Parrish  
 Moses Lee Parker  
 James Gestie Perkin  
 Eugene L. Pessagno, Jr.  
 Arthur R. Poag  
 Charles Taylor Pridgeon  
 Sherman Arthur Pyfrin  
 Stanley Rice  
 Robert O. Schraft  
 George Nicholas Schulte  
 Arthur W. Schultz  
 Joseph Schure  
 Lawrence M. Schulstad  
 Raymond T. Scull  
 Harlow L. Shehan  
 Arthur N. Siegel  
 Arthur E. Smith  
 Isaac A. Smothers  
 Francis Charles Snyder  
 L. A. Stark  
 John Bertrand Stoll  
 Douglas Millard Strang  
 W. Ross Stromberg  
 Douglas John Sutherland  
 Henry Richard Sydenham  
 Robert Thoburn  
 Chester V. Tossy  
 Robert Leonard Walsh  
 Harry Edward Weber  
 Harold V. Westerman  
 Jesse Vernon Westerman  
 Phillip Turner Williams  
 George J. Witkin  
 Bertram Lionel Wolfsohn  
 Berkley S. Wyckoff  
 Edward Bernard Zlonczewski

Ann Arbor, Mich.  
 Ponce, Puerto Rico  
 Atlanta, Ga.  
 Richmond, Va.  
 Veterans Administration  
 Veterans Administration  
 Spokane, Washington  
 El Paso, Tex.  
 Toronto, Can.  
 Baltimore, Md.  
 Hamilton, Can.  
 Navy  
 Veterans Administration  
 Beverly Hills, Calif.  
 San Francisco, Calif.  
 Air Force  
 Los Angeles, Calif.  
 Brooklyn, N. Y.  
 Bradenton, Fla.  
 Reading, Pa.  
 Jackson, Mich.  
 Navy  
 Los Angeles, Calif.  
 Evanston, Ill.  
 Navy  
 Clarksburg, W. Va.  
 Navy  
 Los Angeles, Calif.  
 Loma Linda, Calif.  
 Vancouver, B. C. Canada  
 Army  
 Daytona Beach, Fla.  
 Okemos, Mich.  
 Army  
 Lincoln, Neb.  
 Minneapolis, Minn.  
 Navy  
 Atlantic, Iowa  
 Yonkers, N. Y.  
 San Francisco, Calif.  
 Santa Barbara, Calif.  
 Jersey City, N. J.

Because of their inability to be present, fellowship in absentia was conferred upon the following persons from foreign countries:

Henry Lennard Beyron  
 Jean Deliberos  
 Sir Wm. Kelsey Fry  
 Knut Gard

Stockholm, Sweden  
 Paris, France  
 London, England  
 Oslo, Norway

Gerald H. Leatherman  
Gosta Lindblom  
Poul O. Pedersen  
Wallace Stewart Ross

London, England  
Stockholm, Sweden  
Virum, Denmark  
London, England

Honorary Fellowship was conferred upon Mr. Herbert B. Bain, Chicago, Ill.

Adjournment for reception at 4:00 p.m.

#### EVENING MEETING

Dinner was served to 350 persons with the following program presented:

Introduction of guests

Inaugural Address: James H. Ferguson, Jr., Baltimore, Md.

Presentation of Service Key to Harry S. Thomson, Toronto, Canada, by Fritz A. Pierson, Lincoln, Neb.

Entertainment: "When America Sings," The Miamians

Adjournment at 10:00 p.m.

## MINUTES OF THE MEETINGS OF THE BOARD OF REGENTS

November 6 and 8, 1954, Miami, Florida  
(Abbreviated)

By O. W. BRANDHORST, *Secretary*

Meetings held in McAllister Hotel, Miami, Fla., Saturday, Nov. 6 and Monday, November 8, 1954.

#### FIRST MEETING

Meeting called to order by President Harry S. Thomson. Fourteen Regents present.

Minutes of meeting of February, 1954 at Chicago approved. The Secretary's report on the minutes indicated that all instructions per minutes, had been carried out.

Under reports of officers and regents, members of the Board were informed of activities in various areas and problems needing attention were discussed.

Ad-interim mail ballots were confirmed.

The Secretary reported that 52 Fellows had passed away since the last meeting of the Board in February. (See Necrology report, page 62.)

The resignations from membership of Drs. Ewing P. Brady, St. Louis, Mo., Clarence C. Chumbley, Memphis, Tenn., and George F. Winchester, Boston, Mass., were accepted.

Dr. William N. Hodgkin, Treasurer, reported as follows:

*November 6, 1954*

As of October 30, 1954, the funds of the American College of Dentists on deposit with the Fauquier National Bank, Warrenton, Va., are represented by balances and safety-deposit box holdings as follows:

*General Fund*

Bank balance of October 30, 1954 .....	\$19,136.53	
Less checks outstanding .....	1,023.75	
	<hr/>	
Actual check book balance .....	\$18,112.78	
U. S. Savings Bonds, Series G and K .....	30,000.00	\$48,112.78
	<hr/>	

*H. Edmund Friesell Endowment Fund*

U. S. Savings Bonds, Series G .....	3,300.00	
Savings Account (representing accrued interest) .....	477.22	3,777.22
	<hr/>	
Total assets .....		\$51,890.00

The accounts of the College were audited by James C. Thompson & Co., of St. Louis, Mo., at the close of the fiscal year ending June 30, 1954.

*Committee Reports*

Reports were received from the following standing committees:

Prosthetic Dental Service	Dental Student Recruitment
Research	Socio-Economics
Journalism	Public Relations
Education	Preventive Service

*Specific Actions Taken*

The Board approved a proposed study on "Motivation for the

Study of Dentistry" by the University of California, School of Dentistry.

The Board approved a proposed study at the University of Michigan to evaluate Dentist and Patient Reaction to Preventive Measures in Dentistry.

The Board approved a Teachers' Training Fellowship for Dr. Richard P. Mitchell of Loma Linda, California.

Adjournment at 12:15 p.m.

#### SECOND MEETING

The afternoon meeting was called to order at 1:30 p.m., by President Thomson. Thirteen Regents were present.

The afternoon was devoted to hearing committee reports. (See list above)

Following reports of committees, the Board discussed Section activities and ways and means of carrying forward the objectives of the College.

Adjournment at 5:15 p.m.

#### THIRD MEETING

The evening meeting was called to order at 7:30 p.m., by President Thomson with thirteen Regents present.

The discussions of College activities was continued.

#### *Actions Taken*

Dr. George C. Paffenbarger was appointed as College representative to the American Association for the Advancement of Science for a period of 4 years.

Dr. Wendell L. Wylie was appointed Committeeman-at-large for a two year period.

The changes proposed in the nomination blank were approved.

It was decided to continue to publish the *Journal* of the College without advertisements.

The budget for 1954-55 was approved, with an anticipated net balance of \$7,691.17.

President-elect James H. Ferguson, Jr., was asked to represent the College at the inauguration of the new president at Buffalo University, Buffalo, N. Y.

Adjournment at 10:00 p.m.



## FOURTH MEETING

The first meeting of the new Board convened on Monday morning, November 8, at 8:30 o'clock, with President Ferguson presiding. Thirteen regents were present.

Special commendations were approved for Dr. John E. Gurley, who retired as Editor, he having served on the Board in one capacity or another throughout the years of his fellowship.

Dr. Alfred E. Seyler of Detroit, Mich., will take over the duties of Editor.

The following Contributing Editors were elected:

Elias S. Khalifah, St. Louis, Mo. 5 years

John E. Buhler, Atlanta, Ga. 5 years

Chester V. Tossy, Okemos, Mich. 1 year (to fill unexpired term of  
Dr. Gullett, now a regent)

Dr. William J. Gies was re-elected Historian.

Plans for the Chicago meeting of the Board of Regents and the San Francisco meeting were discussed.

The President announced the theme for the meeting in San Francisco to be "Meeting the Challenge of a Changing World."

Adjournment at 11:00 a.m.

MINUTES OF THE MEETING OF THE  
BOARD OF REGENTS

February 6, 1955, Chicago, Illinois

The Board of Regents of the American College of Dentists met in the Conrad Hilton Hotel, Chicago, Illinois on February 6, 1955, with President James H. Ferguson, Jr., presiding. Twelve members of the Board were present.

Minutes of the Miami meeting were approved.

The Secretary's report on the minutes was received.

## REPORTS OF OFFICERS AND REGENTS

President Ferguson reported on his correspondence with members

following his letter to the membership. A widespread interest was manifest. Report received.

The Secretary reported the following deaths since the Miami meeting:

John F. Baumgartner, West Bend, Wis.	December 9, 1954
Theodore C. Blatau, Rochester, N. Y.	December 27, 1954
Clifford F. Clark, Menomonie, Wis.	December 25, 1954
Crown O. Diehl, Hagerstown, Md.	December 30, 1954
Carey H. Jenkins, Hood River, Ore.	November 5, 1954
Andrew H. Henderson, Greenville, Miss.	July 1, 1954
George W. Hillias, Kansas City, Mo.	November 19, 1954
Timothy Leary (Honorary), Jamaica Plains, Mass.	November 16, 1954
Glenn Jasper Pell, Indianapolis, Ind.	December 7, 1954
William R. Pond, Rutland, Vermont	November 22, 1954
Robert E. Price, Newark, Del.	January 2, 1954
Allen L. Voiers, Jeffersonville, Ind.	December 30, 1954
Lewis R. Thompson (Honorary), Washington, D. C.	November 13, 1954

#### TREASURER HODGKIN REPORTED

As of January 31, 1955, the funds of the American College of Dentists on deposit with the Fauquier National Bank, Warrenton, Virginia, are represented by balances as follows:

##### *General Fund*

Bank statement of January 31, 1955 .....	\$25,396.20	
Plus credit due from Hanover Bank .....	75.00	
		<hr/>
	\$25,471.20	
Less outstanding checks .....	1,135.45	
		<hr/>
Actual balance .....	\$24,335.75	
U. S. Government Bonds, Series G and K .....	30,000.00	
		<hr/>
	\$54,335.75	

##### *H. Edmund Friesell Endowment Fund*

U. S. Government Bonds, Series G .....	\$ 3,300.00	
Savings Account (accrued interest on above bonds) ....	523.37	3,823.37
		<hr/>
Total		\$58,159.12

Respectfully submitted,  
WILLIAM N. HODGKIN, *Treasurer*

The Regents reported on activities in their general areas. Reports received.

The Board recessed at 12:15 p.m., to attend the Illinois Section Luncheon.

The afternoon meeting, convening at 2:30 o'clock, was devoted mostly to a review of the committee activities of the College, resulting in the further allocation of fields of activities to the various committees.

A discussion of plans for the San Francisco meeting indicated they were well in hand.

## REPORT OF THE COMMITTEE ON EDUCATION

The 1948 report of the Committee on Education proposed that the College should develop a graduate program for dental teacher training and that funds be allotted to support it. The Regents approved the proposal and the 1951 report of the Committee on Education outlined later developments whereby the Deans of the Dental Schools had been requested to contact the administrator of the Department of Education in their particular university and ascertain the reaction towards the College program. Approval having been obtained, the Committee then developed a prospectus and application form, the College included \$2500 in its budget for a fellowship and public announcement of the program was recommended to the Regents by the Committee. It was also suggested in order to further implement the program that a study be made of Dental School curricula to determine more accurately what special training should be afforded those preparing to teaching in Dental Schools. As a result there is attached to the 1951 Committee report a detailed outline of a "Proposed Graduate Program in Dental Education" prepared by Temple University to which one may refer for an understanding of the preparation necessary to obtain a Doctor's or Master's degree in Dental Education.

The Committee on Education took the initiative in considering applicants for fellowships and the Board of Regents gave approval to its recommendations. We find, therefore, that the fellowship program has been functioning a little over two years. It has not been too well understood nor have the details of its organization been too well outlined. The first recipient took his fellowship at Northwestern University and went to Marquette University; the second is at Michigan and the Henry Ford Hospital and will go to the University

of Nebraska; for a stipulation in the acceptance of the fellowship was that the person becoming a fellow must agree to return to teaching after receiving his training. This is clearly outlined in the application for fellowship.

The secretary of the College and the chairman of the Committee on Education have received several communications about precautions deemed necessary to prevent errors in or abuse of the program. The chief question raised related to the possibility that a person selected for the fellowship might not conform to the intent of the program, which is to prepare teachers for staff positions in dental colleges, but look upon the fellowship program as a source of training for a specialty to which he might apply himself as a practitioner part or full time. The pamphlet outlining the College program specifically states it is for the training of dental teachers and we cannot envision an applicant that we might accept having any other idea than that which we convey to him when he is considered for the fellowship. He is to be a teacher, not a part or a full time practitioner and no one should have the least doubt about it.

The Committee made several suggestions for changes of wording in the brochure as well as the application form, with the purpose of clarifying the intent.

Under the College fellowship program courses should include teaching methods which are best obtained in a graduate school of education and only courses which are planned to include teaching methods should be considered as being acceptable under the College fellowship program. That is because, and this point cannot be too often or too positively emphasized, the letter and the spirit of the College effort is to develop teachers and not specialty practitioners. Graduate courses which now exist in dental schools are designed primarily as an aid to specialization practice. They lack the basic needs of the teaching fellowship program and, therefore, do not qualify unless augmented by additional teacher training facilities. *And* as a general rule we believe it would be better for a fellow to obtain teacher training in an institution other than that with which he was or is connected for in doing so he will have possibilities for a greater breadth of vision.

The Committee reviewed the three applications received and submitted its recommendations in detail to the Board of Regents for its approval.

During the year, another problem was presented to the Chairman of the Committee on Education. It related to the need for financial support for dental education and a consideration of means and methods to obtain the same. After discussing the matter with the Secretary it was agreed that this might well be the project for a special committee.

*Actions taken:*

The Board of Regents approved the suggestions of the Committee and instructed the Secretary to incorporate same in the pamphlet and the application form.

The Board of Regents approved the recommendation of the Committee on Education that Dr. Richard P. Mitchell, School of Dental Medicine, College of Evangelists, Loma Linda, Calif., be granted a Dental Teacher's Training Fellowship at the University of Michigan.

November 6, 1954

Summarized by O. W. Brandhorst

The following informational material was attached to the report:

Exhibit A—Proposed Graduate Program in Dental Education prepared by Temple University, leading to Doctor's or Master's Degree in Dental Education.

Exhibit B—Report on Graduate and Post-Graduate Progress in Dentistry in 1952-53, prepared by the Council on Dental Education of the American Dental Association.

Exhibit C—Application for Fellowship.

Exhibit D—Pamphlet Program of the American College of Dentists for the Training of Dental Teachers.

## REPORT OF THE PREVENTIVE SERVICE COMMITTEE

At the conclusion of the report of the Preventive Service Committee two years ago, it was stated that the committee felt that there should be a discussion and a study made of blocks which keep some people from the attainment of optimum oral health and some dentists from practicing preventive measures. It was suggested that the study be made by a social research group and that carefully-thought-out questions be used which are subject to the technic of a public opinion poll.

During the following year the committee explored ways of fol-



lowing through on the suggestions made and it was found that the Division of Dental Public Health of the U. S. Public Health Service was planning a study to determine some of the reasons why the public does not take advantage of the preventive dental measures available to them. It seemed logical to the committee that if the proposed survey of the dentists' relations to preventive measures could be coordinated with the study of the attitudes of the public, data of more value could be compiled. Several meetings were held and by July 15, 1953, it appeared that clearance of administrative details, the schedule, the sample selection, budgetary and administrative problems would soon be made so that the American College of Dentists and the U. S. Public Health Service might be co-contractors of the survey with a commitment from the College of \$2,500.00 to assist in the payment of interviewers.

A few weeks before the meeting of the College in Cleveland a letter was received from the Surgeon General of the U. S. Public Health Service to the effect that it would not be possible for the Service to participate in the program and suggested that funds might be obtained from a foundation or by application to the Institutes of Health.

In March, 1954, it was found that Dr. Nancy Starbuck Meltzer who had prepared the schedules for the U. S. Public Health Service and who was interested in seeing the survey carried out, was joining the staff of the social science unit at the University of Michigan School of Public Health. Information was also received that Dr. Nathan Sinai and staff would like to see such a survey conducted in cooperation with the American College of Dentists.

Arrangements were made for a joint meeting in Ann Arbor on April 16, 1954. Dr. Brandhorst and the chairman met with the Michigan group. Drs. Skupa and Pelton, members of the Committee, were invited but were unable to attend.

The morning was devoted to a discussion of the proposed survey. At this meeting it was decided that the Michigan group would submit a survey plan to the Institutes of Health for a research grant on November 1, 1954, and that the draft of the project would be prepared with sufficient copies so that the chairman could submit them to the members of the committee, the officers and the Regents of the College for their information, review and suggestions. This was

done and all the suggestions were compiled and submitted to the Michigan group.

On October 11, 1954, another meeting was held, this time in Buffalo, N. Y., where the meeting of the American Public Health Association was being held. Those in attendance were the chairman and Drs. Easlick, Axelrod and Sinai. It was decided at this meeting that it would serve a useful purpose if prior to the November 6, 1954 meeting of the College, the officers and regents would have an opportunity to study the survey schedule and the plan of project organization. This material was sent on October 18, 1954. It was also decided that the application would be sent to the Division of Research Grants prior to November 1, 1954.

On October 21, 1954, Dr. Henry Vaughn, Dean of the University of Michigan School of Public Health, sent the following letter with the application to the Division of Research Grants:

"Sirs:

"I am transmitting herewith Application for Research Grant for a project 'Factors which Influence Participation in Preventive Dental Practice,' to be conducted by the School of Public Health.

"This project has been prepared at the request and with the assistance of the Committee on Preventive Service, American College of Dentists. Formal support of the American College of Dentists, including an indication of their financial participation, will be submitted directly to you following the meeting of their Board of Regents on November 7, 1954.

"Dr. Nancy Starbuck Meltzer, who is designated as the Principal Investigator, does not hold a permanent position in the School of Public Health and is being supported at present entirely from grant funds.

"In our judgment this research project has been very well conceived and the personnel and resources available to carry it out are of the highest technical competence. I am pleased to give it my unqualified endorsement."

#### RECOMMENDATIONS

It is recommended that the Secretary of the College, Dr. O. W. Brandhorst, send a letter to the Division of Research Grants telling of the action taken on the project today.

It is further recommended that financial support be provided for a three fiscal year period at the rate of \$2500.00 each, provided the grant is approved by the Institutes of Health. Since the project is planned for an 18-month period beginning October 1, 1955, it is suggested that the first fiscal year be considered the year just ending since an appropriation in the amount of \$2500.00 was made available.

Respectfully submitted,

November 6, 1954.

WILLARD FLEMING

RUTH MARTIN

WALTER J. PELTON

A. J. SKUPA

CARL L. SEBELIUS, *Chairman.*

## REPORT OF THE NECROLOGY COMMITTEE

CARL J. STARK, *Chairman*

Your Necrology Committee consisting of David W. Brock, Willard Ogle and Carl J. Stark, submits this following report for your consideration and at the conclusion of its reading moves its acceptance as a matter of record and that a copy be sent to the nearest surviving relative of each deceased Fellow.

### MEMORIAL WINDOWS

The pendulum of life in man constantly swings between a smile and a tear. Yesterday, like the spoken word, the tick of the clock, the arrow from its bow, is gone and cannot be recalled. Tomorrow is not yours and it is uncertain whether it ever will be. "Death, like generation, is a secret of nature," and if it did not exist it would be necessary for science to invent it.

It was John Burroughs, the eminent naturalist, who upon the loss of an intimate friend said "Another pane is broken through which we feel the chill of the world about us." It remains for us, granted a reprieve by nature, to reconstruct this broken window and replace it with a composite MEMORIAL WINDOW, with each segment represented by a deceased Fellow. As we look Heavenward through this window, toward the white radiance of eternity, using our tears

as a telescope, we see 52 beautifully tinted segments, each a complete unit in itself. This rainbow of achievement and promise took over a half a century of mellowing. Represented are segments in the field of Dental Education, Research, Public Health, and Military Service; segments of many years of chair-side practice, including every specialty; segments representing world renowned clinicians and essayists. An occasional segment, almost crystal clear, but radiant in reflected glory, represents some of our younger members. Perhaps—"Heaven seeks its favorites earlier."

We know that behind and beyond this composite MEMORIAL WINDOW, God is not appraising these members for their degrees, honors or fellowships, but for their character, their humility, their service, and their scars.

As we unveil this MEMORIAL WINDOW may we flank it on the East by Tennyson and his "Crossing the Bar," and on the South by the 14th Chapter of John; and on the West by Bryant and his "Thanatopsis" and on the North by David and his Twenty-Third Psalm.

Included in this report are names of members who have won title to such distinction and risen to such professional altitude that will command the attention of men as long as human records shall endure. The clock of scientific Dentistry would be set back many years if these members had not lived.

Through the nobility of their lives they affected the quality of their day.

God, who planned the time of our coming into this world, plans also for our departure from it. It is ours to fill the years with loving service that we may truly live the years appointed us. As an elemental part of nature our work should represent a broken-off piece of our spiritual estate, and our lives should be a manifestation of what we think of God.

The Sun Dial denotes position and time but is most inadequate in portraying the warmth and magnitude of the sun. In this humble spirit your Committee acknowledges with grateful appreciation the borrowing of several passages from other men's thoughts. Even with this borrowed eloquence, we know we can no more evaluate their lives by reading and listening, than we can measure in inches the breadth of a summer breeze or weigh in ounces the fragrance of a rose.

It is most appropriate that we present the beautiful roses as a floral tribute in their memory, here in Miami, the city of Magic, and in this tropical and peninsular state, the Spanish origin of its name meaning "Easter Flowers" as it provides a fitting resurrection theme for our service.

"Life is real; life is earnest; And the grave is not its goal;  
Dust thou art, to dust returnest, Was not spoken of the Soul"

Whether we characterize the passing of these members with a snuffed candle, flags at half-mast, boots and stirrups in reverse, as life's most beautiful adventure, as going through a door or a gate, or crossing a bar, as silent temples, the curtain drawn, or a ship disappearing over the horizon; with our heads bowed and with grateful hearts we rejoice with these Colleagues as they take up their citizenship in their new world, and receive their Fellowships on High.



RUSH P. ABBOTT (*Opposite*)

West Point, Miss.

1878-1954

Graduated from Vanderbilt University in  
1903, Fellowship conferred in 1934



DOUGLAS M. BEEBE

Army

1906-1954

Graduated from Northwestern University  
Dental School in 1933, Fellowship con-  
ferred in 1952

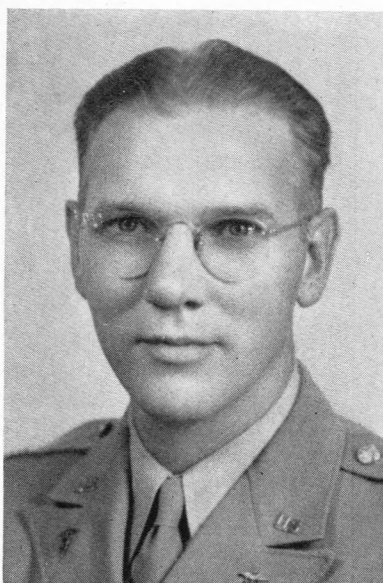


CHESTER A. BAKER

Washington, D. C.

1877-1953

Graduated from National University in  
1902, Fellowship conferred in 1932





WILLARD S. BELL (*Opposite*)

Ozone Park, N. Y.

1895-1954

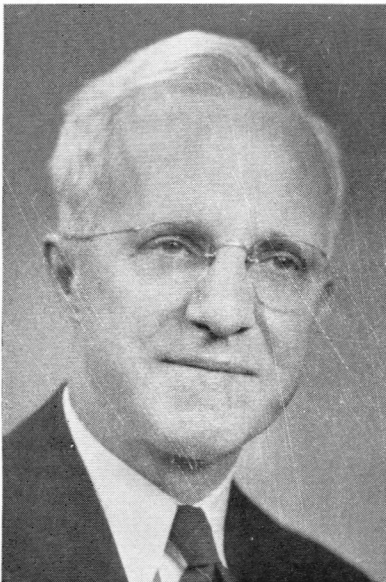
Graduated from University of Buffalo  
School of Dentistry, Fellowship conferred  
in 1950

CHARLES M. BENBROOK

Los Angeles, Calif.

1871-1954

Graduated from College of Physicians and  
Surgeons, School of Dentistry, Fellowship  
conferred in 1927



PAUL E. BOMBERGER

Lancaster, Pa.

1895-1954

Graduated from Medico-Chirurgical Col-  
lege of Pennsylvania in 1915, Fellowship  
conferred in 1944

LOUIS BRAUN (*Opposite*)

Detroit, Mich.

1898-1954

Graduated from University of Michigan  
School of Dentistry in 1920, Fellowship  
conferred in 1950

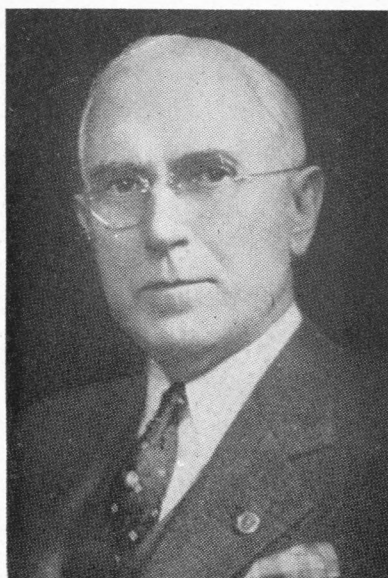


HOMER C. BROWN

Columbus, Ohio

1868-1953

Graduated from Ohio College of Dental  
Surgery in 1890, Fellowship conferred in  
1923

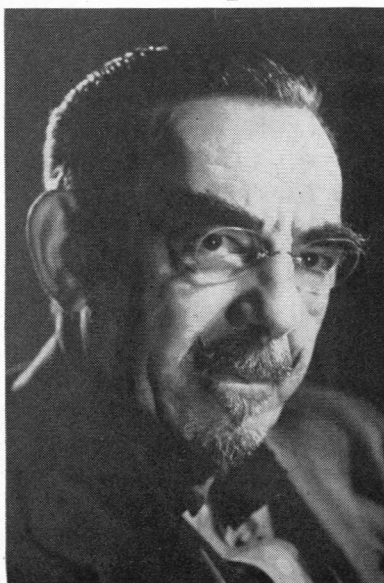


B. LUCIEN BRUN

Baltimore, Md.

1884-1954

Graduated from Baltimore College of  
Dental Surgery, Fellowship conferred in  
1929





CHARLES R. CANNON  
Georgetown, Delaware  
1893-1954

Graduated from Baltimore College of  
Dental Surgery in 1916, Fellowship con-  
ferred in 1940



JAMES B. CARR  
Indianapolis, Ind.  
1881-1954

Graduated from University of Indiana,  
School of Dentistry in 1905, Fellowship  
conferred in 1931



TERRY P. BULL (*Opposite*)

Army

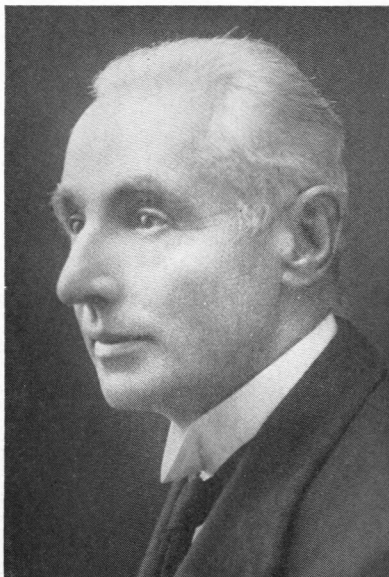
1889-1953

Graduated from Ohio Medical College in  
1912, Fellowship conferred in 1944



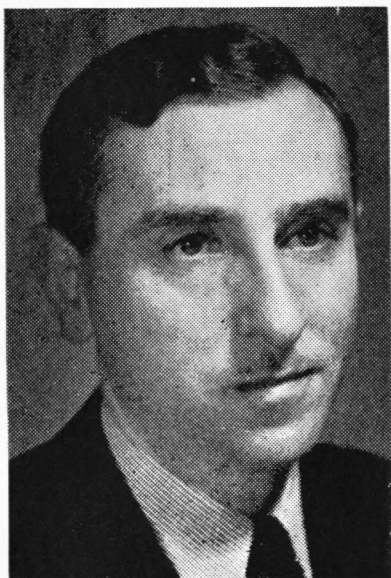
PERCIE C. CHARLTON (*Opposite*)  
Pymble, Australia  
1867-1954

Graduated from Royal College of Surgeons in 1908, Fellowship conferred in 1928



MORRIS COHEN  
New York, N. Y.  
1903-1954

Graduated from New York University College of Dentistry in 1924, Fellowship conferred in 1953



JOHN G. COLGAN  
McCook, Neb.  
1900-1954

Graduated from Creighton University School of Dentistry in 1921, Fellowship conferred in 1938







MELVILLE R. COULTER (*Opposite*)

Mankato, Minn.

1881-1954

Graduated from University of Minnesota,  
School of Dentistry in 1909, Fellowship  
conferred in 1938

HARRY M. CRAWFORD

Dallas, Texas

1901-1954

Graduated from Baylor University, School  
of Dentistry in 1929, Fellowship con-  
ferred in 1952

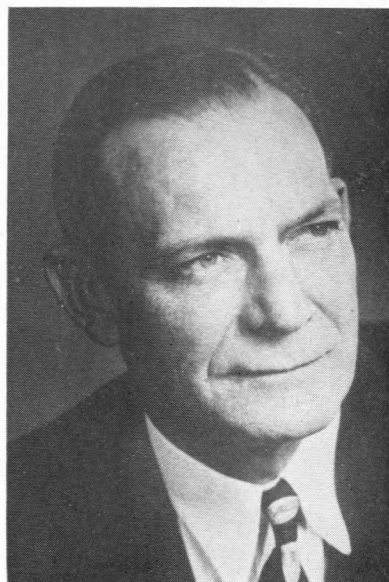


JACOB IRWIN ESSIG

Louisville, Ky.

1901-1954

Graduated from University of Louisville,  
College of Dentistry in 1924, Fellowship  
conferred in 1950



RALPH A. FENTON (*Opposite*)

Iowa City, Ia.

1881-1954

Graduated from University of Iowa,  
School of Dentistry in 1913, Fellowship  
conferred in 1929

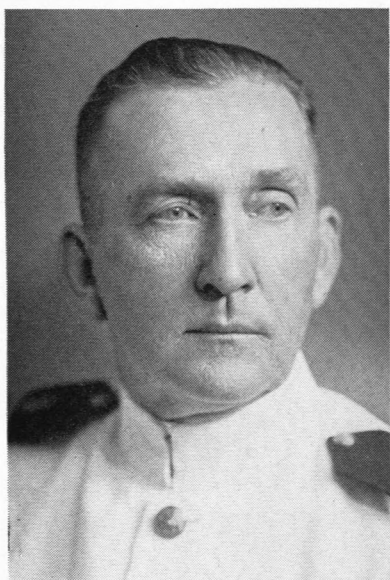


R. ANDREW FERGUSON

Louisville, Ky.

1889-1954

Graduated from University of Louisville,  
School of Dentistry in 1916, Fellowship  
conferred in 1940



JOHN J. FOLEY

Ft. Dodge, Ia.

1892-1953

Graduated from University of Iowa,  
School of Dentistry in 1917, Fellowship  
conferred in 1942





TIMOTHY A. HARDGROVE (*Opposite*)  
Fond du Lac, Wis.

1874-1953

Graduated from Chicago College of Dental Surgery in 1901, Fellowship conferred in 1924

JAMES FRANCIS HENEGAN  
New York, N. Y.  
1897-1954

Graduated from New York University College of Dentistry in 1922, Fellowship conferred in 1942



LOUIS V. HAYES  
New York, N. Y.

1891-1953

Graduated from Baltimore College of Dental Surgery in 1918, Fellowship conferred in 1938

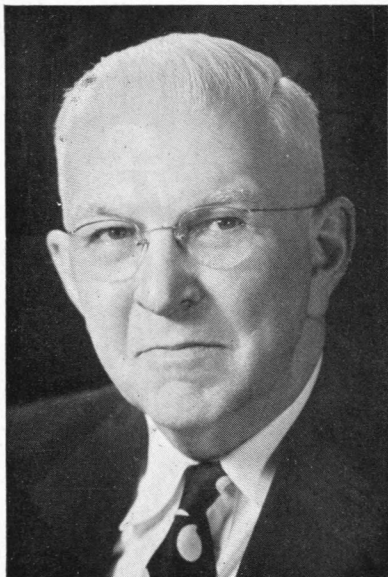


CARL W. HOFFER (*Opposite*)

Nashville, Tenn.

1883-1954

Graduated from Vanderbilt University  
Dental School in 1908, Fellowship conferred in 1926



ROY S. HOPKINSON

Milwaukee, Wis.

1885-1954

Graduated from Marquette University  
School of Dentistry in 1910, Fellowship  
conferred in 1928

LESTER CALLAWAY HUNT

Cheyenne, Wyo.

(U. S. Senate)

1892-1954

Graduated from St. Louis University  
School of Dentistry, Fellowship conferred  
in 1951

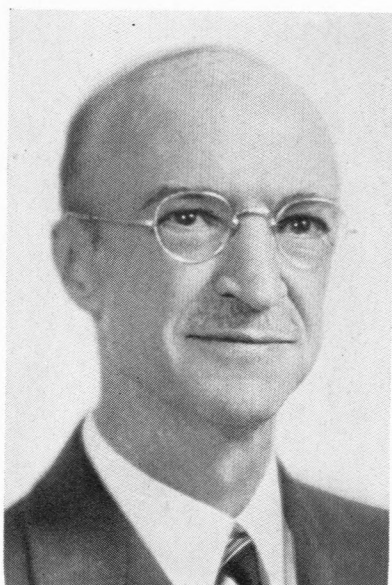






CHESTER W. JOHNSON  
San Francisco, Calif.  
1895-1953

Graduated from University of California,  
College of Dentistry in 1918, Fellowship  
conferred in 1939



HARRY B. JOHNSTON  
Atlanta, Ga.  
1880-1953

Graduated from Atlanta Dental College  
in 1916, Fellowship conferred in 1938

VERNON L. HUNT (*Opposite*)  
Arcata, Calif.  
1894-1954

Graduated from College of Physicians  
and Surgeons School of Dentistry in 1916,  
Fellowship conferred in 1934



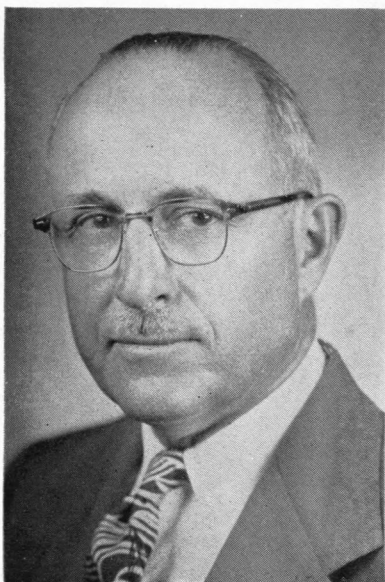


WILLIAM E. KENNEDY (*Opposite*)

Indianapolis, Ind.

1873-1953

Graduated from Indiana Dental College  
in 1901, Fellowship conferred in 1937

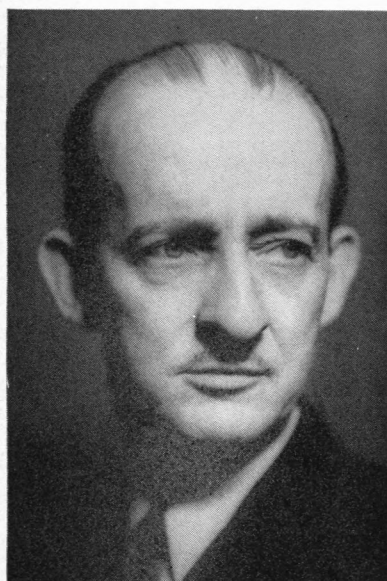


LEO W. KREMER

Ft. Lauderdale, Fla.

1893-1954

Graduated from Northwestern University  
School of Dentistry in 1914, Fellowship  
conferred in 1938

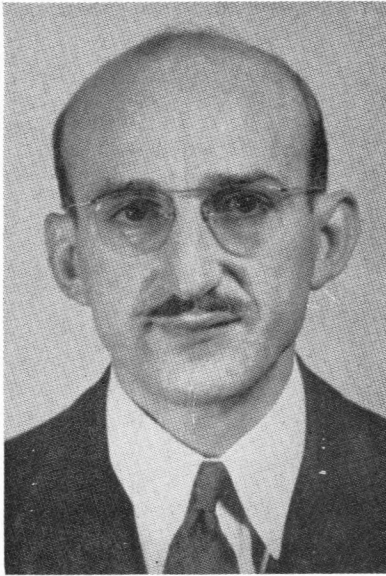


F. WADE LARUE

Indianapolis, Ind.

1889-1954

Graduated from Indiana Dental College  
in 1913, Fellowship conferred in 1931



DANIEL A. LISTIAK (*Opposite*)

Minneapolis, Minn.

1909-1954

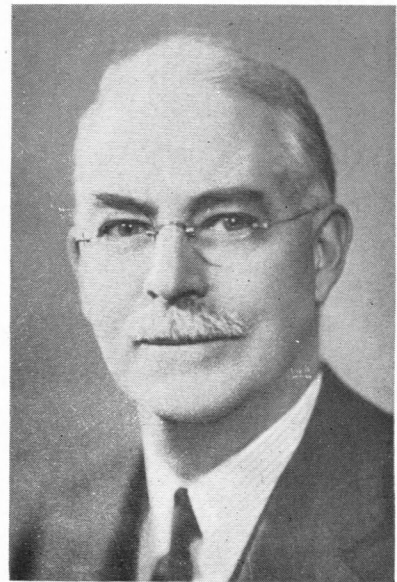
Graduated from University of Minnesota,  
School of Dentistry in 1932, Fellowship  
conferred in 1946

FREDERICK H. LUM, JR.

Chatham, N. J.

1875-1954

Graduated from New York University  
College of Dentistry in 1898, Fellowship  
conferred in 1936

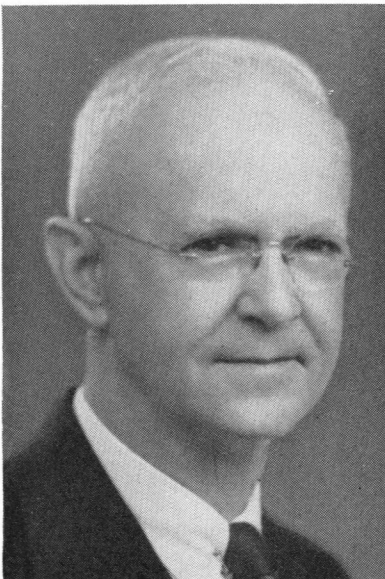


WILLIAM D. MCCARTY

San Antonio, Tex.

1879-1953

Graduated from Ohio College of Dental  
Surgery in 1900, Fellowship conferred in  
1938



JAMES C. MORTONSON (*Opposite*)  
Milwaukee, Wis.

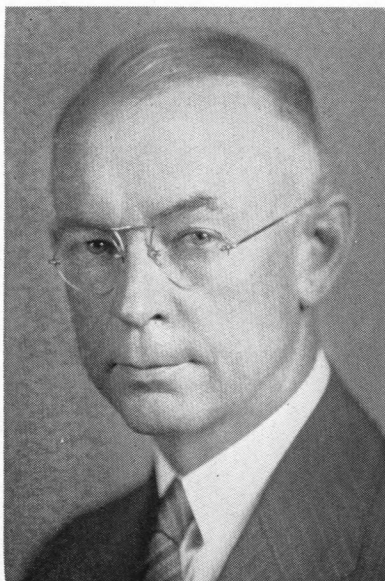
1881-1953

Graduated from Chicago College of Dental Surgery in 1906, Fellowship conferred in 1927



CLAUDE M. PARKS  
Winston-Salem, N. C.  
1900-1953

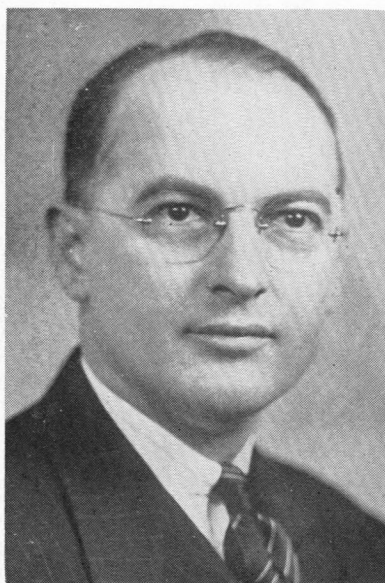
Graduated from Atlanta-Southern Dental College in 1923, Fellowship conferred in 1950

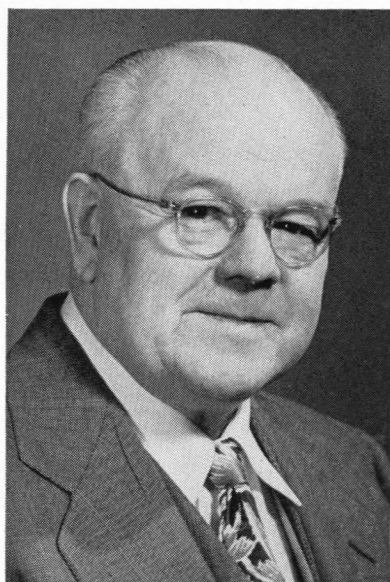


WALTER T. NEWTON  
Houston, Tex.

1896-1954

Graduated from Texas Dental College in 1918, Fellowship conferred in 1938





GEORGE B. SCOTT  
St. Louis, Mo.  
1881-1954

Graduated from St. Louis University  
School of Dentistry in 1917, Fellowship  
conferred in 1943

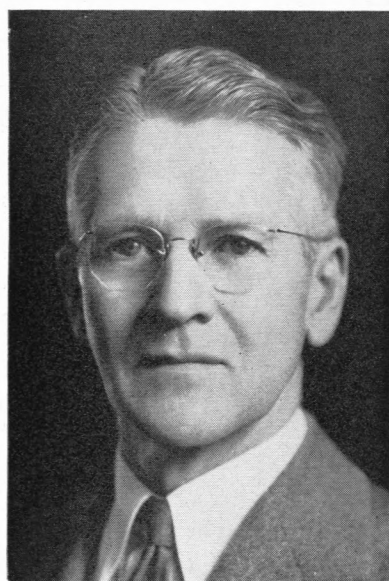


JAY D. SCOTT  
Kansas City, Mo.  
1899-1954

Graduated from Kansas City Western  
Dental College in 1925, Fellowship con-  
ferred in 1938

FRANK H. PRATT (*Opposite*)  
Seattle, Wash.  
1887-1953

Graduated from North Pacific College of  
Oregon in 1916, Fellowship conferred in  
1951





HERBERT BATES SMALL (*Opposite*)

Burlington, Vt.

1877-1953

Graduated from Baltimore College of  
Dental Surgery in 1904, Fellowship con-  
ferred in 1938



DAVID F. SPINNEY

Boston, Mass.

1875-1954

Graduated from Harvard University Den-  
tal School in 1900, Fellowship conferred  
in 1938

HARRY STRUSSER

New York, N. Y.

1896-1954

Graduated from New York University  
College of Dentistry in 1918, Fellowship  
conferred in 1950







WALTER D. VAIL (*Opposite*)

Army

1886-1954

Graduated from St. Louis University  
School of Dentistry in 1912, Fellowship  
conferred in 1943

HAROLD W. WELCH

Chicago, Ill.

1893-1954

Graduated from University of Louisville,  
School of Dentistry in 1918, Fellowship  
conferred in 1940

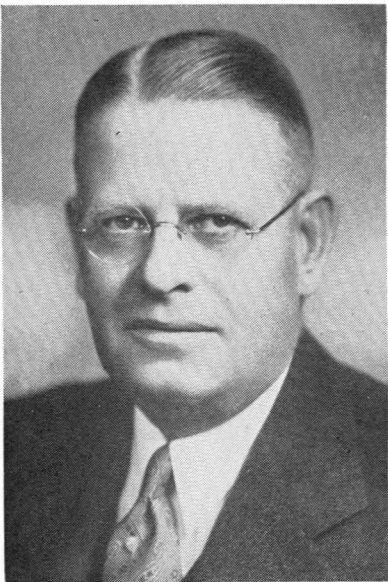


FRED FLETCHER WHITCOMB

Omaha, Neb.

1880-1954

Graduated Creighton University, School  
of Dentistry in 1906, Fellowship conferred  
in 1953



ALONZO J. WIMBERLY (*Opposite*)

Sweetwater, Tex.

1886-1954

Graduated from Atlanta Dental College  
in 1907, Fellowship conferred in 1948



PHOTOGRAPHS NOT AVAILABLE

FINN J. BRONNER

New York, N. Y.

1887-1954

Graduated from University of Penn-  
sylvania, College of Dentistry in 1918,  
Fellowship conferred in 1937

ARTHUR E. CORBY

New York, N. Y.

1888-1954

Graduated from University of Penn-  
sylvania, School of Dentistry in 1917,  
Fellowship conferred in 1950

CHRIS S. VAN HORN

Bloomsburg, Pa.

1871-1953

Graduated from Pennsylvania College of Dental Surgery in 1894,  
Fellowship conferred in 1932

# Committees 1954-1955

## *Auxiliary Dental Services*

WILLIAM D. MCCARTHY, *Chm.* 1955  
 ETHELBERT LOVETT, *Vice-Chm.* 1956  
 MERRITTE M. MAXWELL ..... 1957  
 PAUL L. CHEVALIER ..... 1958  
 ALLISON M. STINSON ..... 1959

## *Financial Support for Dental Education and Research*

EDGAR W. SWANSON, *Chairman* 1955  
 FRED B. OLDS, *Vice-Chairman* 1956  
 LESTER W. BURKET ..... 1957  
 EARL B. HOYT ..... 1958  
 DOYLE J. SMITH ..... 1959

## *Education*

WILLIAM F. SWANSON, *Chairman* 1955  
 ROY G. ELLIS, *Vice-Chairman* 1956  
 PHILIP E. BLACKERBY, JR. .... 1957  
 FRANCIS J. CONLEY ..... 1958  
 HARRY B. MCCARTHY ..... 1959

## *Health Relationship*

E. HORACE JONES, *Chairman* .. 1955  
 JOHN STEEN, *Vice-Chairman* .. 1956  
 WILLIS R. OSMUN ..... 1957  
 HORACE L. CARTEE ..... 1958  
 JAMES E. JOHN ..... 1959

## *Human Relations*

JOHN E. GURLEY, *Chairman* .. 1955  
 WILLARD C. FLEMING, ..... 1956  
*Vice-Chairman*  
 HARRY S. THOMSON ..... 1957  
 WILBUR McLARIN DAVIS ..... 1958  
 HAROLD H. HAYES ..... 1959

## *Journalism*

CARL O. BOUCHER, *Chairman* .. 1955  
 LEROY E. KURTH, *Vice-Chm.* .. 1956  
 WALTER A. WILSON ..... 1957  
 THOMAS F. MCBRIDE ..... 1958  
 HARRY LYONS ..... 1959

## *Necrology (one year appointment)*

GERALD A. MITCHELL, *Chairman*  
 GERALD A. DEVLIN  
 IRVING M. STRANSKY

## *Nominating (one year appointment)*

EDGAR H. KEYS, *Chairman*  
 A. H. MERRITT      L. W. THOM  
 R. F. SULLIVAN      F. T. WEST

## *Preventive Service*

CARL L. SEBELIUS, *Chairman* .. 1955  
 WALTER J. PELTON, *Vice-Chm.* 1956  
 RUTH MARTIN ..... 1957  
 D. ROBERT SWINEHART ..... 1958  
 DOROTHEA F. RADUSCH ..... 1959

## *Prosthetic Dental Service*

WALTER J. PRYOR, *Chairman* .. 1955  
 HERBERT L. ESTERBERG, ..... 1956  
*Vice-Chairman*  
 LUZERNE G. JORDAN ..... 1957  
 ALLISON GALE JAMES ..... 1958  
 VICTOR L. STEFFEL ..... 1959

## *Public Relations*

JOHN F. BURKE, *Chairman* .... 1955  
 FREDERICK C. ELLIOTT, ..... 1956  
*Vice-Chairman*  
 ALLEN O. GRUEBBEL ..... 1957  
 KENNETH R. GIBSON, SR. .... 1958  
 MARION F. JARRELL ..... 1959

## *Research*

HENRY A. SWANSON, *Chairman* 1955  
 THOMAS J. HILL, *Vice-Chm.* .. 1956  
 MYRON S. AISENBERG ..... 1957  
 WM. G. MCINTOSH ..... 1958  
 MAYNARD K. HINE ..... 1959

## *Student Recruitment*

WENDELL L. WYLIE, *Chairman* 1955  
 RALPH J. BOWMAN, *Vice-Chm.* 1956  
 FRANK P. BOWYER, JR. .... 1957  
 J. WALLACE FORBES ..... 1958  
 FRANK J. HOUGHTON ..... 1959

## *Socio-Economics*

FRITZ A. PIERSON, *Chairman* .. 1955  
 THOS. R. MARSHALL, *Vice-Chm.* 1956  
 DONALD H. MILLER ..... 1957  
 WM. B. RYDER, JR. .... 1958  
 RICHARD C. LEONARD ..... 1959

## *Continuing Educational Efforts*

LEE ROY MAIN, *Chairman* .... 1955  
 WILLARD OGLE, *Vice-Chairman* 1956  
 CYRIL F. STRIFE ..... 1957  
 GEORGE W. REDPATH ..... 1958  
 LESTER E. MYERS ..... 1959

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- PITTSBURGH: T. F. McBride, *Secretary-Treasurer*, 4808 Fifth Ave., Pittsburgh, Pa.
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# Pledge of the American College of Dentists

I have read a copy of the Constitution and By-Laws of the American College of Dentists.

Recognizing that the American College of Dentists seeks to exemplify and develop the highest traditions and aspirations of our calling, I hereby accept, as a condition of Fellowship in the College, all its principles, declarations and regulations.

I pledge myself, as a member of the American College of Dentists, to uphold to the best of my ability the honor and dignity of the dental profession, and to meet my ethical obligations to my patients, to my fellow practitioners, and to society at large.

I also pledge myself to refrain from all practices that tend to discredit the profession, including employment, or holding proprietary interest, in commercial corporations supplying dental products or services to either the profession or the public; participating in radio programs that advertise proprietary preparations sold to the public; bartering in fees; making excessive charges without rendering commensurate service; dividing fees with other health service practitioners; or, in any other manner taking advantage of the ignorance or confidence of the patient.

I further pledge myself to devote my best endeavors to the advancement of the dental profession, and to perfect myself in every way possible, in the science and art of dentistry. I shall be ready at all times, to give freely to dental colleagues, privately or publicly, the benefit of any knowledge or experience that I may have that would be useful to them; but will give courses of instruction in dentistry, for remuneration, only as an appointed teacher, serving under the auspices of a dental school, dental society, hospital, or other accredited professional or educational agency.

I subscribe to this Pledge of the American College of Dentists.



