

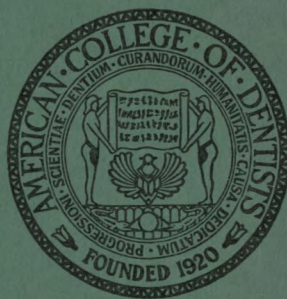
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American College of Dentists



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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.

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President's Address*

JAMES H. FERGUSON, JR.
Baltimore, Md.

I WELCOME YOU to the thirty-fifth Convocation of the American College of Dentists. It is indeed a milestone in dental progress. For an organization such as ours to have contributed so much to the growth of our profession in three and a half decades is an accomplishment of great import. The impact of our contributions to American dentistry has been felt in the fields of education, research and literature particularly. We must continue our interest wholeheartedly in all phases of these subjects, for they are of fundamental importance in meeting the requirements for an improved oral health service.

It would be a transgression of propriety for a retiring president to make recommendations regarding policies and plans for the future of the organization he heads. To a degree, such a procedure could tie the hands of his successor who may have different views, but whose views should take precedence. Therefore, as I give you an account of my stewardship I hope you will interpret my remarks as a result of observation and any suggestions I make must be evaluated on the premise of their effect upon our future growth.

We are all in accord that those basic principles laid down for us by the founders of the College must be maintained with moral integrity.

It is a wonderful thing to be living in a country where we can appeal to reason within the framework of democratic processes. America offers and encourages a market place for ideas where all things must run the gamut of competition for acceptance in the struggle for the minds of men.

We all know that stupendous forces are changing the world and that dentistry as a profession must recognize them and make preparation to meet them. Therefore, the theme of this meeting is FACING

* Presented before the American College of Dentists, in Convocation at San Francisco, California, October 16, 1955.

THE CHALLENGE OF A CHANGING WORLD. There are many challenges facing dentistry today and in approaching them we must realize that additional burdens must be borne by those who believe in the free liberty of men—a concomitant if not the price of an orderly liberty.

Einstein, shortly before his death, said, "We are approaching the dawn of a new intellect." If that is a reasonable assumption we sincerely hope that our profession will stand erect and always maintain in its heart a devotion to those ideals so completely exemplified by Hayden and Harris one hundred fifteen years ago.

In the scale of existence it is well to remember that none of us can ascend higher than our obedience to principle will take us. In the interest of progress, science will undoubtedly take much of the world apart. Let us trust that a sound philosophy will manifest itself in reassembling the parts that are worthwhile. It should be our prayerful hope that we will always have religion to give it meaning.

In this era of conflicting ideologies we must never lose faith. The spirit of idealism was deeply rooted by the founders of the American College of Dentists when they conceived the establishment of an organization "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 Fellowships in recognition of meritorious achievement, especially in dental science, art, education and literature; and to improve public understanding and appreciation of oral health service."

Let us follow those objectives, and in this age of confused thinking face our problems intelligently and realistically and never compromise when it involves upholding the principles and ideals that have made dentistry a great profession dedicated to those moral and spiritual qualities so wonderfully exemplified by the great immortals who founded the first dental school. They focused the compass and new horizons opened to give us the opportunity to make contributions that have raised us in public esteem as a health agency. These contributions have pyramided for more than a century as we stand shoulder to shoulder with medicine in an effort to contribute to the health of the human race. By comparison with medicine, the law and the ministry, we are a young profession, but by charting our course by the light of public service, we have gone far in alleviating human suffering.

I cannot urge you too strongly to give support to the purposes of the College and to bear in mind that there are values associated with them to which all of us should adhere. We must never be detoured from our objectives. We are in a very unique position to influence men to work constructively toward the profession's growth. May the College ever be the flywheel of progress that gives balance to combined efforts and may we always provide the milieu for open discussions. If we fail to pioneer and venture down new paths of endeavor our field of usefulness narrows itself to a point of stagnation.

I think it unfortunate that some of our friends in the College look upon the organization as a social one, primarily to promote good fellowship. There are others who think the College is the medium through which papers and clinics should be given on various aspects of technological subjects. We are interested in an improved restorative service to the patient in all departments and that is as it should be. The component and state dental societies throughout the country are doing a very effective job in projecting papers and clinics of a practical nature and our fund of knowledge should be augmented through their channels.

Problems of technical professional competence should be primarily those of the dental school. Secondly, it is the responsibility of the constituent societies of the American Dental Association (with the latter pointing the way) to promote all facets of improved techniques. The specialty groups are likewise following the aims and purposes of their established societies by promoting advanced methods of operative procedures and having their top-trained men instruct those with less training. It is being done through papers, clinics, postgraduate study courses, etc. They are to be commended highly for their efforts to better equip the profession to meet the ever increasing demand for a better standard of dental service. It therefore behooves us to explore other areas in our effort and desire to be helpful in pushing forward the frontiers of oral health.

During the last half century we have made phenomenal strides and during the life-time of the College our profession has grown in stature. As a group we cannot claim full credit for this because there are many altruistic men outside the College. I do claim without fear of contradiction that we have pulled a large share of the weight in this forward march and we have done so without grandeur, or any desire for personal glory.

During the life of the College there have been many changes of a social, economic and political nature. As important as it is, a high order of professional dexterity is not the complete answer to meeting many of the problems raised by these changes. We should look farther and make an effort to influence dental thinking in a change of some of its attitudes.

In community activities we are forced into a role of leadership because of our increased stature as a health profession. There is an increasing demand for a wider distribution of dental service. We do not like it but we have to concede that our economy is becoming more socialized and we should be thinking in terms of what effect it is going to have on our service to the public.

Let us recognize this trend of creeping socialism and instead of talking, concentrate on common purposes to defeat it. A wider distribution of dental service should emerge from recognition of the importance of developing a commonality among all groups of dentistry with motives in the public interest. This commonality will inevitably bring interweavings of many of dentistry's functions and will rebound to the public good as we move farther ahead.

When the concerted efforts of a few are joined in a common purpose results of enormous proportions can develop. When the concerted efforts of all recognized dental groups join forces in a common goal toward a more equitable distribution of dental service the problem will be solved within the framework of democratic processes.

As a profession our progress has been history making, partly as a result of individual genius but perhaps even more because we have learned of the power of individuals working together. A commonality of purpose however is not without its dangers, the most serious being the creating of an atmosphere of discouragement for individual thinking. We do not want that to happen. Insofar as the American College of Dentists is concerned we only want men to conform their attitudes and thinking to channels that will be helpful to the dental health of our republic.

One of our purposes then should be to vigilantly protect those elements of individuality that commonality might endanger.

I know of a well populated county in a moderately well-to-do

farming community where there is only one dentist. The people are becoming irritated and impatient because none of the young graduates returning from their service in the Army and Navy are manifesting any interest in locating there. If dissatisfaction of this kind gains momentum from state to state it could ultimately result in government intervention. If we want to avoid proclamations let us enthusiastically give demonstrations of our interest in planning dental service for all groups.

We will always have the impecunious element of society with us and a vast majority of those unfortunately thrown in that category are there through no fault of their own. They have often been the victim of financial reverses, illnesses, or loss of employment. Impecuniosity can befall any of us and it can do so at any time. Let us therefore approach the problem in a spirit of true Americanism, and let us do it in a Christian, God-loving, humanitarian way. Government ideologies that would tend to regiment dentistry are not the proper approach to a high order of dental care.

There is a revolutionary spirit spreading throughout the world today to overturn the social order and to subvert the moral order. It is motivated by a desire to get rid of many restrictions. Dentistry is feeling the impact of this. An example is with some of the auxiliary personnel. In one of the states the laboratory group recently endeavored to amend the dental law permitting laboratory technicians to render denture service with the aid of a full time licensed dentist to take impressions and carry out other procedures at the chair. In other words, an office would be established at the laboratory and patients would visit there for all prosthetic service. Fortunately, an alert, aggressive and high-minded group of men were able to thwart this vicious endeavor. I regret to say that we have men in the profession (none in the College I hope) who go along with these revolutionary ideas.

There have been instances where some members of the medical profession have made an effort to interfere with the prerogative of the oral surgeon in administering general anesthetics. In Maryland a bill was prepared for introduction in our state legislature prohibiting anyone from engaging in this field unless it was done under medical supervision. The matter came to the attention of some of

our group and through the uncompromising and concerted effort of one of our men in the Maryland Section of the College the physicians were persuaded to withdraw the measure.

We must give every consideration to the protection of dentistry as governed by statute, and we have an obligation here that can probably best be carried out on the Section level. Dentistry's role in the service of public health is an important one, and we must be permitted to work closely with the medical profession if the health of our nation is to receive the attention to which it is entitled. Fortunately these medical trends have gained impetus only among a minority group and we must solve them with determination to let nothing stand in the way of the progress we are making in the control and treatment of oral conditions.

As a group dedicated to idealistic principles and intellectual honesty it is our profound duty to be ever alert to philosophies and doctrines that tend to subvert our dedicated purpose of contributing to the oral health of the human race. It is unfortunate that the climate of opinion often inhibits people from expressing what is in their hearts. Observation over the years has shown me that many able men are inhibited from seeking the truth about dental problems because of a fear of being considered odd. Bear in mind if you please that wholesome and honest differences of opinion make life a fascinating experience. It is not the way we approach a problem, the important thing is what motivates us to do it. It is rarely difficult to detect an honest heart. There have been occasions during the life of the College when a word here, or a word there, have given our leaders challenging ideas. I am sure the past presidents of the College will agree to that.

A magazine article some years ago dwelt at length with world changes during different eras. It disclosed some interesting facts that brought on these changes. Some were in the interest of religious freedom and others for political expedience and territorial gain. We go back to 1801 and Wilberforce said: "I dare not marry, the future is so uncertain." Five years later in 1806 William Pitt said: "There is scarcely anything around us but ruin and despair." Forty-three years later in 1849 Disraeli said: "In industry, commerce and agriculture, there is no hope." Three years later in 1852 the dying

Duke of Wellington said: "I thank God I shall be spared from seeing the consummation of the ruin that is gathering around us."

Therefore, as we take a retrospective view of the history of the human race we immediately realize that it has from time to time passed through eras of great significance and countless difficulties. Events both good and bad have transpired during each of those eras that have had a profound influence upon the lives of the people of all nations.

We should be ever alert to new eras, and at the same time keep a watchful eye over professional trends during those eras. Herein lies an opportunity for the College to use its potential strength to wisely influence men in their attitudes toward the humanities of life.

At the present time we are passing through a period of confused thinking and conflicting philosophies. As we FACE THE CHALLENGE OF A CHANGING WORLD we find so many ideologies locked in combat that it is difficult to separate the chaff from the wheat. Perhaps we should take an optimistic view of this difference in thinking and believe if history repeats itself right will in the end prevail and democracy will survive. It may be a different type of democracy, but if we dedicate our lives toward influencing intellectual honesty in private and public life, we will have made a contribution to the human race. One of our illustrious past presidents has said, "The great and true role of the College is influencing the lives of men."

Our concept of our responsibilities should extend beyond what we see through the mouth mirror. We should try to constructively influence public opinion in the selection of able and honest candidates for governmental office whether on the local, state or national levels. We should interest ourselves in the civic, cultural and religious development of our communities. Regardless of nationality or creed, we all realize that a community of right living and right thinking people is more stable than one not so inclined. There are values and ideals associated with a tried and tested way of life and we should lean heavily upon them. The values we cherish were given to mankind by an all powerful Creator, and we are duty bound never to surrender them. There will be times when they will seem perilously close to failure, but the battle can be won if we are

uncompromising in our effort to prevent the acids of modernity from eating away ideals based on Christian principles. The pathway to success in any walk of life is largely through peace of mind. Happiness is the result of one's endeavor in the cumulative experiences and relationships with human beings.

I am reluctant and frankly feel very humble in mentioning any specific work of the administration as it applies to my personal efforts. It would seem, however, that a review of at least part of the nine point program I projected in the December tenth letter might be in order. As you will recall, areas of activity for specific study were outlined in my communication to you. I believe now as I did then that within the framework of those areas offered for study lie opportunities for professional advancement that would broaden our scope of usefulness.

I have received a large number of letters from men in all parts of the country and the interest they have manifested has been highly gratifying.

The basic purpose of the Sections is to carry out the objectives of the College on the local level and any Section failing in that is not carrying its share of the load in our professional advancement. It is our right and privilege to nominate men for Fellowship who merit it on the premise of their contributions to dental progress and their devotion to the ideals of the profession. We have a profound duty, though, that transcends all others and it is that of giving of our time and effort to change certain professional attitudes. There is much opportunity for missionary work along this line, and particularly among the younger graduates. If we can inculcate the proper humanitarian attitude in dental public relations we will have done a noble work. Some years ago when I was on the Maryland Board of Dental Examiners, I examined a man in prosthetics who impressed me as having all the qualities a young graduate should have. He excelled in dexterity. He had a delightful personality and temperament and in my conversations with him I thought he was a man of high ideals with an excellent conception of his professional obligations to the public. When I saw him two years ago he told me he rarely made any effort to save broken down teeth. He did not believe in root canal therapy and it was his policy to obtain his fee before the service was undertaken. You can imagine my disillusionment. In talking with

friends I find that similar cases are more common than we would like to believe. Such a lack of ideals hurts our progress and will inevitably lead many patients to the belief that they are not getting the service they are entitled to. It is well to bear in mind that we should spend more than we earn on the two commodities honesty and kindness.

Permit me to point out a few areas that are badly in need of exploring and which offer unusual opportunity for study on the Section level. I am convinced that a program to carefully gather statistics of trends in professional standards would reveal much information of value to the College. Other dental groups would likewise benefit from such a survey. A study of this type undertaken by four Sections geographically separated might be the proper approach. One in the far west, one in the middle west, one in New England or a Middle Atlantic state and one in the south.

Trends in our way of life and their effect upon the profession could develop into an area of activity. I can visualize such a Section study revealing information of great value to dentistry.

There are many types of practice that fall into different categories but in the overall picture they basically strive for the same thing, namely an improved dental health service. We are cognizant of the importance of dentistry but let me urge you on the Section level to work diligently toward an improved medical and dental relationship. Dr. Albert L. Midgley, one of our outstanding past presidents, has blazed the trail along this line and pointed out to us that it is one of our important functions. Herein lies an opportunity for those Sections situated in areas where there is an atmosphere of non-cooperation between medicine and dentistry.

In 1840 Hayden and Harris paved the way for dental education and laid the groundwork for our professional advancement. In 1920 the twenty founders of the College revived the spirit and faith of Hayden and Harris in a moral leadership that has profoundly influenced our dental way of life. It would therefore be a rewarding thing for any Section to study ways and means of pointing out to the public spirited people of wealth the need of financial support for dental education. It would seem that those of us in private practice might be letting opportunities pass to impress upon our patients of substance the great need for financial aid in the fields of dental

education and research. The late Doctor Harvey J. Burkhart is a striking example of what can be done in challenging the interest of philanthropists. We are all familiar with what Mr. George Eastman did to establish and endow centers to promote mouth hygiene and we know it was done because of Doctor Burkhart's abiding belief in preventive measures as the first step in tooth conservation. The Ward family was undoubtedly inspired, and prompted to give to Northwestern University Dental School through their contact with members of the dental profession.

Every Fellow of the College should diligently work toward getting more money for dental research into the Federal budget. Liberal appropriations are made for medical research of which we all approve. In the medical research budget of the Public Health Service totaling thirty-two million dollars, less than two per cent is allocated for dental research! This is entirely out of line in the over-all health picture and it should be our consecrated duty to work toward a more equitable distribution of Federal research funds. Through dental research we can bring together the undiscovered elements and the known elements and evaluate them one against the other. Our Fellows in the College who are teaching in the schools have a challenging opportunity to direct some of their students into research channels.

I have no conclusive opinions about psychosomatic dentistry but there is a growing group in the profession who feel it should be evaluated for what it is worth and that we should engage in a broad understanding of its social implications. We therefore suggest this as a Section study for any group that might be interested in the psychosomatic conception of the study and control of dental diseases. The concept of public welfare is broad and inclusive. The values it represents are spiritual as well as physical. In the history of the world the opportunities for progress today are greater than they have ever been. These opportunities should stimulate our thinking and challenge our interest as we go forward.

I think we can justifiably ask ourselves whether we are culturally disintegrating under the impact of an advancing technology. There has been an absorbing interest in the development of technical studies in our age of scientific achievement. So much so that the humanities or cultural studies have been pushed into the background. We must recognize the value of such studies and the need

for retaining them as we apply our educational accoutrement to be-setting social and human problems. Technical knowledge is indispensable but it is no substitute for a warmhearted and comprehending outlook upon the human story.

I would like to report to you that there is much interest being manifested at the Section level around programs of reviews in current dental literature. I hope this trend gains momentum and I urge you older men to lead the way and encourage our younger Fellows. Every endeavor should be made to develop a broad, well informed and effective leadership among the younger men. The proper and adaptable place to develop a program of such potential value is in the Sections. Our younger men should be encouraged in study club activities, reader interest and a high concept of professional ideals. By concept and example we should point the way to the proper attitude toward the human relations aspect of dental practice. Therein lies an opportunity for some of us to dedicate part of our time and effort at the Section level.

I subscribe to a weekly country paper that is published and edited by a boyhood acquaintance and direct descendant of General Joe Johnston, the distinguished Confederate general. The motto of that little paper (which goes out every week to about thirty-five hundred subscribers), is "The Noblest Motive Is the Public Good." In our approach to an improved public relationship we might bear in mind that the public good is the goal toward which we are all striving.

An industrialist speaking before our Baltimore Rotary Club last year said, "Great business organizations in this country are today more concerned over their human relationships than with any other single problem." I was impressed with his statement and I feel it reveals a change in American thinking that is gaining impetus. In our zealous desire to develop a proper concept of professional attitudes in public relations we must do nothing inimical that will have the impact of strangling the spirit and initiative of young men in our group. There is a wealth of talent among them and in their zeal to explore new fields they should receive encouragement. There are broad areas of activity in which common action is possible and practicable. They should be encouraged to freely express their views and make suggestions motivated by a desire to extol the objectives of the College.

I do not feel we are completely utilizing the brain power of the

College among the younger Fellows. We are making a mistake by not doing so. I know you share with me the hope the next decade will see a frank recognition that new frontiers have opened. If we utilize all the mental equipment of our more than two thousand members our hope will become a reality. Therefore one of the important problems immediately before us is a complete utilization of our man power, and it should begin at the grass roots level of our twenty-nine Sections in the College.

In connection with young men coming into the College we should all consider it an obligation to interest the better type of students to enter the profession. Ultimately over the years the College will gain.

The Graduate Fellowship Program for Dental Teachers is developing well under the able guidance of the committee on education. This constructive and generous contribution on the part of the American College of Dentists to better equip men in the field of education is of great value and should continue in our long range planning. The policy of requiring the prospective teacher to take his training in a school other than the one from which he graduated should be adhered to. Properly directed the program can develop far reaching proportions.

In approaching the multitudinous problems of advancing the standards of oral health we do not want to become turgid or tedious, yet we do want the American College of Dentists to continue its goal toward developing a notable stability and permanence of an institution rather than the transitory qualities of just another dental organization. Everywhere we see monuments of stone and concrete built to honor those great immortals who have contributed to the cause of American freedom. It is reasonable to assume that no individual or group of individuals will build a monument in memory of the efforts of any of our group. However, if we can continue to epitomize the higher qualities and ideals of an era that is changing and at the same time develop a concept of thinking that is progressive and sound, we will have made a contribution that will stand as a monument to the College.

Our committees have functioned unusually well this year and I am deeply appreciative of their response when called to action. In developing our program around the theme of FACING THE

CHALLENGE OF A CHANGING WORLD we drafted the chairman of each committee to participate in this drama of moving our frontiers. The material they are presenting is merely part of a specific assignment of the total committee activity. You can be assured that insofar as the American College of Dentists is concerned, its cavalcade will move a step farther through the individual and combined efforts of your morning essayists. As long as we have men of their high purpose and sound philosophy of thinking our boundaries will not remain status quo.

My confreres among the officers and board of regents have been outstanding in a highly conscientious application to their responsibilities.

Executive Secretary Brandhorst and his administrative assistant, Miss Crawford, have shown a devotion to the objectives of the College that has carried them far beyond the call of duty. To all who contributed to our year's growth I extend my deepest gratitude and appreciation.

I cannot let the opportunity pass without thanking you for the high privilege of serving the College as your President. The experience has been an enriching one.

As the dawn of other days opens and new opportunities appear on the horizon, may an effective leadership carry us farther along the road of progress. By so doing we will be extolling the objectives of the College, contributing to the health and happiness of the human race, and moving into a broader echelon of professional achievement.

Convocation Address*

ROBERT GORDON SPROUL, B.S., Litt.D., LL.D.
President, University of California

SOME SIX MONTHS ago, your highly competent Secretary, Dr. O. W. Brandhorst, extended to me the official invitation of the American College of Dentists to deliver this address, and in a moment of weakness, induced in major part by the persuasiveness of the Dean of our College of Dentistry, Dr. Willard C. Fleming, I blithely accepted. Ever since I have been wondering why. For the more I read and remembered from personal experience about dental education, which I presumed to be the general subject to which you would expect me to address my remarks, the more I became convinced that the only enlightenment I could hope to offer you would be enlightenment about the extent of my own ignorance.

This is the explanation for the announced title for my address this afternoon that I gave to your Secretary, namely, "Beneficial Emanations From an Oral Cavity." This title, feeble in its facetiousness and conceited in its assumption of wholesomeness, was a desperate response to a demand with a deadline date, by which date, unfortunately, I had not the slightest idea of what I was going to talk about! I should like now to substitute for it another title on which I have some reason to hope that the emanations from my oral cavity may be inoffensive if not beneficial, namely, "Reflections on a Quarter Century of Close Association With Dental Education." Even this topic, I recognize, is vulnerable, as were all the others I rolled about in my troubled mind, in that you to whom I am talking, undoubtedly already know more about it than I shall ever know. And I cannot but ask myself why I should bore you with remarks, when almost any one of you is better able to do this than I. This conviction of mine was strengthened when I sought advice from Dean Fleming, and was given a double-barrelled answer: (1) "Avoid jokes on dentistry as you would avoid the plague. There won't be anyone in your audience who hasn't heard every one of them, not

* Presented at San Francisco, California, October 16, 1955.

once and again, but again and again and again—and all of them have come to be traumatic to the profession. (2) It really doesn't matter what you talk about, so long as you talk about thirty minutes—no more and preferably less." This latter advice, you will be glad to know I have accepted. You may, therefore, expect me, in the words of Mark Twain, to "be brief but tedious."

Before proceeding further, good manners dictate—and I willingly comply—that I should make at least some complimentary reference to the organization you represent—the American College of Dentists, and express my genuine gratitude for the Fellowship which the College has voted to confer upon me. I cannot, of course, in good conscience subscribe to all the complimentary reasons which have been dreamed up for thus honoring me, but I will admit that they have not altogether missed the target circle labelled: "Contributions to Dental Education." In other words, Jonathan Swift might well have had me in mind when he wrote his little verse:

*"'Tis an old maxim in the schools,
That flattery's the food of fools;
Yet now and then your men of wit
Will condescend to take a bit."*

Not merely in polite response to your nod of approbation toward me implied in the Fellowship, but in all sincerity, I can return the compliment by praising the ideas and ideals, the purposes and practices of the American College of Dentists. For I have done a bit of homework for this occasion, and have found that the activities of the College are such as to command the respect not only of educators in general, but even of the most academic of university professors. For one example I choose from among many, I learned from my reading that the American College of Dentists stresses the importance of continuing education for its members, and for the dental profession generally. Thus, the College allies itself with the modern university, and contributes significantly to the attainment of its design of lifelong learning.

In earlier, simpler times, such lengthening of the period of preparation for skilled professional service may have been less imperative than it is now. For example, in the days of the beginnings of dental education, when the body of knowledge was relatively small, it was almost inevitable that the curriculum and the instruction should be

largely vocational—that emphasis should be laid upon the immediate, so-called practical aspects of the practice of the profession. The development of ability in the graduate to adjust himself and his works to changing conditions and new ideas was left largely to lucky chance and native talent.

Today, when the circle of science is so wide in its range and so deep in its content—and not least in dentistry and its allied health services, the need for education more broadly conceived is imperative. This training, moreover, must be of a type that will not only enable the graduate to treat the public safely and expertly, but will also stimulate him to learn after graduation, and thus to contribute to the advancement of both the art and the science of his profession. In other words, modern, successful dental education, like all education at the professional level, involves the inculcation of students with a desire and a determination to continue their studies, both as individuals and in organized groups.

The achievements of American dentistry—the best dentistry in the world—can be attributed, I believe, to two major factors: (1) the general acceptance of this concept of lifelong learning by American dentists, and (2) the development of dental schools in the United States as university schools, rather than, as in many European countries, either as purely technical schools or as subsidiary agencies of medical education. This development of autonomous schools of dentistry has been responsible for the continuing development of dental education in this country toward the status of a true scholarly discipline.

In 1930, when I assumed my present post of high honor and extreme peril as President of the University of California, the dental schools of the United States were more in number than they are today, but less in facilities and teachers. By present day standards, the philosophy and methodology of the dental education they offered, and their approach toward the solution of dental problems could hardly be described otherwise than as primitive. The preparation of many of their graduates was consequently inadequate to an age of spectacular scientific advances, especially in the health sciences, and too few of these were equipped to meet properly the legitimate needs and demands of the public for dental care. The marvel is that so many dentists thus trained turned out to be so much

better than the system that produced them. Given independent responsibility, usually under university auspices, American dental schools have put their house in order, reduced their number from sixty-three to forty-three, established high standards, and won for themselves increasing confidence and cooperation from the other health services, even including Medicine.

One of the most obvious results of the independent development of American dental schools, in a university environment and a scholarly atmosphere, has been the achievement of standards of clinical practice unsurpassed anywhere. The skill of the American dentist is admitted almost universally to be superior and, as a consequence, the American public as a general rule gets better dental care than people in other lands. This is true, even though American dentistry may have lagged behind the dentistry of some of these lands in the field of biology, at least until the last quarter of a century—the period coincidentally of my presidency of the University of California. But this deficiency was recognized by both the dental schools and the men of inquiring mind whom they had graduated, and I think it may fairly be said today, that even in biology equality has been achieved, if not superiority.

Another and perhaps less generally anticipated result of the federal of commonwealth type of integration of American dental schools with universities, has been the expansion of research in medical science in its relation to dentistry. I hardly need to remind this audience that advances of this kind have disturbed many of the traditional ideas of dentists toward the prevention, control, and effective treatment of dental ills and defects. This ferment has been beneficial to the profession and the public alike, for research serves the needs of patients only as its findings are ultimately tested in the dentist's chair. Effective answers to the problems of oral disease, as of all other diseases cannot be determined with certainty through the efforts of researchers in laboratories alone. The clinicians must apply to human beings the findings of the academicians, check and recheck on their accuracy, and with these clinicians and their patients will rest always the ultimate decisions.

Conversely, the superior dentist must know more than the causes of dental disease, and how to repair damaged teeth. He must be familiar, also, with the influences of heredity and environment, of

nutritional and other metabolic factors, and of biological processes in general upon the course of dental disease. Of the contribution that a college of dentistry in a university—not as a stepchild of another profession and discipline, but as a full-fledged member of the family—can make in this biological field, I can fortunately speak in terms of the College of Dentistry of the University of California, and the concrete achievements of its faculty—to say nothing of its alumni.

Our dental scientists, working both alone and with colleagues in other departments, have done much to clarify the relationship of nutrition to ills not only of the teeth but of the body as a whole, e.g. by developing the concept of pyorrhea as a biological and medical problem, rather than as a purely local, oral disease. It was they, too, who made the first analysis of the calcium and phosphorus content of the blood, and a determination of the relationship of these elements in human saliva. They have also added enormously to knowledge of the role of minerals, vitamins and hormones in the maintenance of good health, general as well as dental, by demonstrating the relationship of mineral deficiencies to tooth deformity, and of Vitamin B deficiencies to gum and tooth damage.

Entering a more controversial area, where there is much research yet to be done, before definitive statements can be made by a university president, whatever the embattled researchers may say, our dental scientists have been leaders in the formulation of hypotheses concerning the etiology of dental caries. The strongest proponents of the two leading—and conflicting, I might add—theories of the origin of caries, are both professors of ours, undoubtedly well known to you, one of whom promulgates the “acid theory,” and the other of whom speaks up for “direct bacterial invasion.” Be one, or the other, or both, or neither of these hypotheses as to origin correct, it has been demonstrated by the acid theorist, in extensive tests, that rampant caries can be controlled by limiting the intake of sugar and carbohydrates.

Public health is another sector in which American dental schools, in association with other university divisions, have made impressive progress. The promotion of oral hygiene, the encouragement of preventive consultations, the development of public school services, are all examples of programs that promote the general welfare of

the community, and obtain its active cooperation. Perhaps the most striking example of all, is the campaign for water fluoridation. Each of these highly useful programs that I have mentioned has to do with health deficiencies which involve neither morbidity nor mortality, on which legislation is difficult to get, and which require, therefore, the cooperation of an informed public.

Less dramatic than fluoridation but fundamentally more significant, is the progress that has been made in the control of caries—the evidence that forty per cent of our people today seek dental care as a preventive, as against twenty-five percent thirty years ago. In view of the non-fatal character of this disease, the fact that it is not subject to legislation, and the human inclination to procrastinate, the increasing tendency of the public voluntarily, to take preventive measures is truly remarkable. And the credit for this popular movement undoubtedly must be given to the educational campaign which has been carried on vigorously and continuously by the dental schools, by dentists, and by dental hygienists. This fact is highly important, not only in itself, but even more because it offers an invaluable guide as to action to be taken when other and far worse diseases, such as cancer, for example, become susceptible to control.

Concurrently with research and public health education, dental schools which stand on their own feet as true parts of universities, with scholarly ideals and academic standards of quality, have consistently imparted to their students, and helped to maintain among their graduates, superb technical and clinical competence. And, by the way, if you don't mind my boasting a bit, we like to think that, in the University of California School of Dentistry, the passion for clinical excellence is even more deeply ingrained than elsewhere.

After all, Californians have inherited the rugged pioneer spirit of the days of the gold rush—the days of old, the days of gold, the days of '49. In those days, when a man had a toothache he wanted the tooth fixed or removed. He had neither time nor patience for the frills of prevention or health education. Skill in dental repair was his sole measure of a dentist's worth, and the men who founded our College of Dentistry were strong men, harmoniously attuned to this clinical tradition.

Even more significant, however, was the fact that, being imbued

with the pioneer spirit, these founders and their successors were not frightened by new ideas. While maintaining high standards of clinical instruction, they have also taken momentous strides in new directions, along untrodden trails. They have demonstrated leadership in dental education experiments, e.g., the organization of a department of dental medicine within the College—one of the first in the United States; the first establishment of a four year course in dental hygiene, and the first inauguration of a specialty in orthodontics.

They recognized, too, the need for more complete integration of clinical training and didactic instruction, and alone among dental colleges, I believe, set up a course in teaching methods for young faculty members—a move, one might say, to relieve them of their amateur standing—a consummation much earlier achieved in the field of intercollegiate athletics. Continuously, and to this very day, they have been surveying the curriculum, seeking improvements, in the light of progress, in dental science and its application to the patient.

These advances could not have been achieved, I am fully aware, without the cordial support of the leaders of the dental profession, such as the members of the American College of Dentists and related bodies, and especially of our own graduates in active practice. Their faith, their works, and even their evangelism, have been the very foundation stones of the development in our College of a progressive, enlightened program, and the acknowledgment of its status as a university discipline. Thus the College has attained an academic maturity and scholarly dignity in which the whole University today takes pride, and makes ungrudging contributions.

As an example of the type of encouragement of which I have just spoken, I would refer you to the objectives stated briefly and succinctly by the American Association of Dental Schools some twenty years ago, namely, to train students:

- "a) to be competent in the maintenance of oral health and the treatment of oral diseases, disorders and deficiencies, with understanding and appreciation of the relationships between oral and systemic conditions in health and disease;
- "b) to cooperate effectively with persons engaged in allied fields of service."

One line of improvement, through continuous self examination, in which I have been particularly interested, is the broadening of

the educational background of practicing dentists, so that they may have even better understanding than they now have of the social sciences and the humanities, and thus be equipped to assume an even larger share than they already do, of leadership in our American society. For the dental curriculum of the future, I am certain, will offer social as well as professional opportunities to students, as do other schools of truly university quality—opportunities for the attainment of knowledge that serves the needs of society as a whole, not only in dentistry but in citizenship.

These observations of mine this afternoon have not been designed to tell you gentlemen where to head in, I assure you, for the very good reason that I don't know nearly enough to be your guide. The problems of dental education, as of dental practice, are of a highly technical character. Only the members of the profession, including the faculties of the schools and colleges of dentistry, possess the necessary information and experience to solve them, and from them alone can effective leadership be expected.

I have not even attempted to outline a universally applicable pattern of dental education, for I am sure that none such can be designed. My sole purpose has been to focus my little beam of light upon what I have witnessed, and deemed promising, in the course of a lifetime of close association with a University and a College of Dentistry, both of no mean stature; and perhaps thereby to offer additional stimulus to you who have a wide range of knowledge and experience, to dare new thinking. Thus, and thus only, can we hope to raise even higher the standards of dental care in America.

In a democratic society such as ours, changes cannot be decreed or enforced, and we would not have it otherwise. Our reliance has always been placed, and must continue to be, upon the slow but certain processes of education, and the leadership to make these processes effective must come largely from universities and from organizations such as the American College of Dentists, and from their inter-relationships. Indeed, this is the only valid justification—the *sine qua non* of the continuing and fruitful existence of such institutions.

Today there are some forty dental schools and colleges, and most of these are good schools, basically because of the efforts of this organization and others like it, cooperating wholeheartedly with

institutions of higher learning. Helpful, also, have been the standards for licensure which have been established, again on the initiative, and with the active support, of this and other associations of like character. Thus has the enrollment of dental students of good quality been increased, the distribution of well trained dentists between urban and rural communities improved, and dental practice in general placed upon a truly professional plane.

One more thought and I shall close—a vagrant thought if you will—a dream. If dental schools are to be worthy in the highest degree of their university associations, they must provide increasing knowledge that will serve the needs of society in citizenry as well as in dentistry. Their curricula must be characterized even more than they are now, by breadth and depth, as well as the bulls-eye of technical skill. This may mean more of liberal arts education for the dentist as for all other professionals, and the cultivation of that spirit of ethics and service to humanity which is so eloquently set forth in the Hippocratic Oath for practitioners of medicine. Neglecting these cultural and spiritual facets of a complete and rewarding life, we stand in grave danger of constructing, in this modern technological age, merely a myriad of what Thoreau called "improved means to an unimproved end."

Clearly, in the complex society in which we live, as was said so well by the late Professor Alford North Whitehead of Harvard University, "the rule is absolute, the race which does not value trained intelligence is doomed. Not all your heroism, not all your social charm, not all your wit, not all your victories at land or at sea, can move back the finger of fate. Today we maintain ourselves. Tomorrow knowledge will have moved forward yet one more step, and there will be no appeal from the judgment which will then be pronounced upon the uneducated."

The most valuable asset of our nation is unquestionably the really superior minds that it produces. Consequently the discovery and encouragement of such minds in dentistry, as in all the activities of life, is the highest function that we as schools and as citizens can perform. Through the cooperative efforts of universities and organizations such as the American College of Dentists, we are most likely to perform this function successfully. And successfully we must perform it, if our nation and our civilization are to survive.

California and Some Rugged Individualists*

WENDELL L. WYLIE
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ALMOST FROM THE DAY ON which I was invited to address this luncheon group, I have puzzled over a remark made by a man responsible for the organization of today's meeting. He said they were arranging to have clergymen participate in the two other events of the day, but since I was the luncheon speaker, none would be necessary at this time. I hardly know how to interpret this remark, nor even know how to dress for the occasion!

I have neither the intentions nor the capabilities of delivering a sermon this Sunday morning, but I think I shall take a text. This will not be a Biblical text, for I would not trust myself in that direction either, but rather a phrase which is emblazoned upon one of the state buildings in our capital city of Sacramento. It is a vigorous phrase and I should like to know who coined it. It brings up memories of the days when this was a land of discovery, a state which could look towards population growth, a state which is today a part of the growing edge of America. This phrase runs: "Send us men to match our mountains."

There is no time in a brief luncheon talk to speak of all the colorful men who have come to California in her long history; since some limitation must be set, before this audience one could logically stay with the healing arts.

It is a poor scholar indeed who does not identify California's early history with Spanish conquests. It comes as a surprise to some, however, that that doughty Englishman, Sir Francis Drake, beached his boat not 15 miles away from here—some 40 years before the celebrated landing on Plymouth Rock.

The fact that it was *not* a clear day when he came this way may have had profound significance in the history of America. Because

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it was a foggy day, he sailed past the Golden Gate. He thereby missed the greatest natural harbor in the world with its numerous shelters from the fury of the open sea, and a land populated only by docile Indians. One wonders—if it *had* been a clear day, would Englishmen have marched westward from the Pacific at the same pace as they penetrated inward from the Atlantic seaboard?

We may date medical history in California from this event. Five of the crew had but recently died, and in the opinion of the chaplain aboard, it was the work of a wrathful diety. Sir Francis thought otherwise, possibly because his own brother was one of the deceased. At any rate, he ordered the ship's surgeon to perform an autopsy on the brother. This established that the death was due to natural causes. This incident, with its somewhat shadowy documentation, is called the first post-mortem examination performed in California. To me the rest of the story is equally intriguing and allows another conclusion. It is recorded that the chaplain was manacled, and required to wear an "humiliating badge." And so you see, this might be looked upon not only as the first post-mortem in California, but the priest's fate might also be regarded as the first malpractice judgment on the shores of the Pacific!

Being an amateur historian, and laying claim to *that* title only for the duration of this talk, I need not follow the practices of professionals. I shall not tell you who did what for the first time, nor when and where he did it. I may skip from one time to another with utter disregard for continuity, and of course I shall limit myself to a consideration of some of the colorful characters who have been identified with the healing arts in California. I choose to do so for the specific reason that your organization is dedicated to the recognition of unusual men in the profession of dentistry. Paradoxically enough, some of the very people of whom I would speak could be regarded as the men least likely to get by the Board of Censors. But judged in the light of their own times, they were men and very much so, and likely to be long remembered. We go in for a little different kind of individuality today, but nonetheless this organization is dedicated to the recognition of the uncommon man.

Just as Gaul was divided into three parts, California history may be divided in two: before the Gold Rush and after. In that earlier more placid day, there were a few with formal training in medicine,

but there were a great many more who had a smattering of misinformation and were not loathe to help their fellow man and themselves in the process. The lack of formal training seemed to make little difference to the clientele. When in 1858 a local doctor was suspected of not having a diploma, a San Francisco newspaper tossed this editorial comment into the furore thus engendered: "A diploma given by public opinion is worth more than one granted by a faculty."

In the pre-Gold Rush days, if one did any medicine at all, one also did something else. There was a trapper and frontiersman named James Ohio Pattie who had no claims at all on medical training. He did have, however, some smallpox vaccine, saved for the same reason that I save nuts and bolts—one never knows when he can use them. His forethought proved to be admirable, for he found himself in jail in San Diego and purchased himself a quick pardon by vaccinating the entire community.

That vaccination and the wherewithal to do it could be a marketable commodity was demonstrated still later by one who was, among other things, a dentist. His name was William A. Streeter, and like some modern dentists I know, he was also a mechanic. He did in fact set up the first steam engine in California, one which was brought around the Horn from Baltimore. If James Ohio Pattie's benefits from the smallpox vaccination were immediate and transient, Streeter's could have been called in modern parlance, a long-term capital gain. He moved around the state a good bit and in San Francisco he had picked up a good strain of the virus. This he took with him to Monterey, which was then the metropolis, with San Francisco little better than a village. In Monterey there was widespread dissatisfaction with the vaccinations done by one man a few months before. He had innoculated the people against smallpox all right, but he had given many of them syphilis in the process. Streeter's effective and uncontaminated strain of virus made him many friends in Monterey, chief among them Governor Micheltorena. Almost simultaneously the Governor requested Streeter to care for a wounded servant, and the military captain of the Presidio asked him to be the medical officer. With great sorrow Streeter was obliged to remind the Governor of his own edict against those who would practice medicine without a certificate. Streeter would be very happy

to lend his services, were it not for his reluctance to defy the Governor's ruling. There was no need of course to rescind the ruling, and the Governor speedily saw the point; he gave Streeter a certificate and thereafter he practiced no dentistry. This was through no lack of love on Streeter's part for his first-chosen profession; he had merely observed that the residents of California were divided into two classes: those who had virtually perfect dental health and those who had otherwise but didn't give a damn!

Many fortunes were made out of the California Gold Rush, although precious few of them were made by mining gold. On the whole it was far better to stick to the logistics of the operation and other related activities. Somewhere between 1300 and 1500 practitioners of medicine were attracted to the state when the gold fever struck. Many who came to seek the gold at first hand later found that their original vocation was a convenient refuge into which one might retreat. Life was lived with a good deal of verve in those days and an incident in what was then called Hangtown but is now called Placerville was very typical. This yeasty mining community had been served by one Hullings who may or may not have had a diploma given by public opinion, but certainly had none given by an institution of learning. He resented the arrival in town of Dr. Edward Willis, who took no pains to conceal the fact that *he* had a diploma in medicine. Because the diploma was the immediate source of offense, Hullings with admirable directness fortified himself with liquor and went to the office of Willis, where he tore up the diploma. Willis straightway shot him dead, a considerably more speedy action than one can get from the local committee on ethics.

Another quaint character was one of several here in San Francisco. As you travel this week from your hotel to the convention hall, you will cross Jones Street, and when you do so I ask you please to think of Dr. Albert P., for whom the street was named. He did many things besides medicine, often simultaneously. He practiced law and published a newspaper. He was interested, however, in only one thing and that was gold. It was his pleasure to wallow in it, and I do not use the term as a figure of speech—he literally did.

A certain amount of confusion was engendered in these earlier days, not so much by the large numbers of medical practitioners in their midst, but the variety of kinds. There were allopaths and

homeopaths and eclectics, and the only basis for a layman's choice was the quality of the prose in the advertisements. These extolled the virtues of various tonics and pills, and the exceptional merit of individual practitioners. Indeed, a San Francisco editor of the day declared these medical advertisements to be so objectionable that he would not allow them to appear in his newspaper. This was no less than James King of William, who was later to pay dearly for extending his high principles into the field of politics. His murder touched off the organization of the Vigilantes, a movement which undertook to clean up San Francisco. The death of James King of William, editor and political crusader, was the most celebrated killing in a community and in an era which offered many from which to choose. This editor with the strange name had been regularly denouncing corruption in government and the mounting disregard for decency on the part of renegades in and out of political office. When he singled out a gambler by the name of Charles Cora for specific attention, the latter ambushed him in the streets and dropped him with a revolver shot. A real connoisseur of crime would tell you that the murder of this editor was a most unsatisfactory one, doing no justice to the courage and nobility of the victim. It was never even settled whether the bullet in his chest was the fatal instrument, or whether he died from the clumsy ministrations of the physicians in attendance. The sponge was left in the wound, and whether or not it should have been left, assumed considerable importance in a civil trial. This was not the trial of the gun-wielder, who got such speedy justice that he learned of the sponge through no earthly means of communication. However, an alleged accessory came to trial, a man who could hardly be held accountable for assisting a man into the grave, if it could be established that the victim had been doctored to death rather than shot to death.

The ugly quarrel divided the medical profession in San Francisco and found Hugh Huger Toland on one side and Richard Beverly Cole on the other. That these two men could later get together to establish the school which ultimately became the Medical School of the University of California is nothing short of a miracle. Of the two, Cole was by far the more colorful character. I might add that in that day, the medicos were in no way reluctant to participate in public affairs. They were mayors and editors and postmasters and

governors and legislators, and much given to the fostering of cultural and humanitarian groups. Cole was particularly influential in the community; a street is named after him, too. One thousand acres of lush greenness, known the world over as Golden Gate Park, was established because of the influence of Dr. Cole. He manifested this influence in a considerably less admirable way when it came to locating the City and County Hospital of San Francisco. His enemy, Toland, had established a medical school and named it for himself, locating it logically enough in the center of the city. In order to make it as difficult as possible for Toland's faculty and students to use the facilities of the City Hospital, Cole saw to it that it was located in an area that had previously been regarded useful only for grazing, and accessible only over miles and miles of boggy roads. Few people could claim, should they ever want to, that through their own malice they were able to dictate an inconvenient location for a public institution. Cole was able not only to do it once, but to do it twice. The daily lives of several thousand people on the present University of California Medical Center campus would be different—and in some respects less complicated—if Cole had not later come to despise another doctor, one by the name of Lane.

Lane had perpetuated the medical school which his uncle, Cooper, had started, a school which now lives on as Stanford. Lane had selected a location close in to the city's activities. When the University of California had to decide whether or not to accept for a medical center a gift of land far out on the sand dunes, Cole persuaded them to do so. This site made it possible for Cole to locate his medical school at a distance well-removed from the hated Lane and also at an elevation which, as Cole put it, would permit him to look down on Lane and his medical school.

The denouement of this account of the trivial bickerings of men who could at times be petty, perhaps demonstrates that Lane after all had the last word. Cole was something of a bon vivant, and he got around the town a good deal. On his finger he wore a large ring which was so ostentatious and so distinctive that virtually every medical man in San Francisco could recognize it as belonging to Cole. Dr. Cole had the misfortune of losing this ring in an establishment devoted to the conduct of a profession. The profession was, in fact, the one known as "the world's oldest." Through

circumstances which history does not record, his arch-enemy, Lane, found this ring, and it was known to Cole where he found it. Thereafter the ring became a possession which was never off Lane's person. He would carry it in his vest pocket, and invariably to medical meetings. It had always been Dr. Cole's habit to talk grandiosely and interminably at such meetings, and on subjects of his own choosing. Lane would put up with just so much of this and then, in a seat near the platform, he would remove the ring from his pocket and toy with it in a fashion which could not escape Cole's notice. This invariably brought Dr. Cole's remarks to a fairly prompt conclusion.

I suspect that there was no amount of money that could purchase this ring from Lane, for ever since I have known how well it served Dr. Lane, I have wished that I might have a similar sort of magic amulet to use in meetings of the Academic Senate.

Because so many of you are visitors to our city, I will wager that when I alluded briefly before to advertising, many of you made the mental observation that I might well be talking of current history. I am sure you have all seen the magnificent signs on Market Street. The men who caused them to be erected will not be meeting with us this week, but nonetheless, in the eyes of the law, they are dentists, and more than once we have been asked by visiting dentists to account for the presence of those signs in our city. There is a story which goes with those signs which I should like to tell you, believing that it does fit logically into the chronicle of colorful men in California identified with the healing arts. In order to do so I must leap headlong into modern times and even offend people who believe that we cannot discuss with objectivity confreres who have but lately departed our midst. I should like, nevertheless, to tell you of one colorful figure of modern times whose death we mourned but three short years ago. He affords an interesting contrast to some of the individuals whom I have already mentioned.

It is great fun to account the outrageous actions of those who have become, through the passage of time, remote figures. We cannot contemplate with any admiration, however, the machinations of a Pattie or Streeter turning to personal advantage the terror which swept San Diego or Monterey with the coming of an epidemic of smallpox. We chuckle when we hear of Cole manipulating the

location of public institutions out of spite and vanity, but we like to think that we would countenance no such thing today.

The modern figure who furnishes my final incident assures me that our professions have come a long way and that one need not be a renegade to be at the same time colorful. He was not only a Fellow of the American College of Dentists, but he also served as a Regent. The life of Ernest Sloman teaches us that one can be vigorous, constructive and utterly selfless, and still be a person worthy of anecdote.

This single item out of a long and fruitful career has to do with enactment of legislation in the Thirties intended to curtail the activities of advertising dentists. As well as my memory allows me, I shall tell it as I heard it from Ernest Sloman himself. He worked arduously with the legislative committees of the two dental societies in the state to persuade California's lawmakers to do the following things: forbid by dentists the advertising of prices; forbid the assertion of superior claims; forbid the display of prosthetic devices; forbid the display of large signs. As might be expected, this drew the wrath of the advertising dentists, who had an organization of their own, and moreover a war chest, with attorneys and lobbyists to use it. I regret to report that they received material assistance from the newspapers of the state, possibly because they looked with alarm upon the loss of much display advertising. The opposition swooped with delight upon the prohibition of large signs and held it up to ridicule. How large must a sign be to be large?—Would not the distance from which the sign was to be read materially affect how large a sign might appropriately be? And so on and so on. Dr. Sloman allowed the kettle to bubble and boil until the eleventh hour, at which time he met the legislative committees of the Senate and Assembly in Sacramento. These small-town lawyers and ranchers as might be expected, asked a great many questions about the large signs of which they had heard so much. With all of the innocent bewilderment of a child who had come to the wrong birthday party, Dr. Sloman avowed that he knew nothing of law nor the framing of legislation; he was merely a dentist and completely bewildered. He proposed that since there was so much objection to the ruling against large signs, it must be a very bad ruling and that therefore it should be withdrawn altogether. The legislators were impressed with the sweet reasonableness of the

man, and since the opposition had concentrated all their fire on this one point, the legislators assumed that by its withdrawal they were pleasing everyone. This was just as Ernie had planned it, and the legislation was passed. That is why today the advertising dentists do have large signs, but have precious little else.

The story of the healing arts in California, whether taken systematically as a real scholar would have done it, or flitting about as I have done it, is a fascinating one. Besides the few individuals whom I have mentioned, there was Pegleg Smith who achieved fame, a nickname and a few added years of life by amputating his own leg. There was John Marsh who became a cattle baron, building his fortunes upon, of all things, a baccalaureate degree from Harvard, the Latin of which led people to think it referred to medicine. There was the dentist Robert Semple who got out the state's first newspaper and joined in the Bear Flag Revolt which sought to establish California as a country independent of Mexico. And when I think of all these things, there comes to mind the folk saying current in these parts when English was yet to be spoken on these shores: "De medico, poeta y loco. Todos tenemos un poco." Perhaps it has some pertinence today: "Of medicine, poetry and insanity, we all have a little."

Inaugural Address*

KENNETH C. PRUDEN
Paterson, N. J.

THE AMERICAN COLLEGE of Dentists was established to promote the ideals of the dental profession. Because of this unselfish motivation and because it has persistently worked toward the attainment of this objective, the College has won the respect of the profession.

Now on its thirty-fifth year, the College numbers about 2300 dentists. All have been selected because of their achievements in the various professional fields of literature, education, organization or research, in addition to the art and science of dentistry.

Let us ask ourselves, how can such a group of recognized leaders best exert a good influence and aid in the advancement of the dental profession? Certainly it is not by duplicating the work being done by the American Dental Association through various Councils and Committees and in effect, competing with its parent organization.

The College's widely scattered membership, loosely organized into twenty-nine geographic sections and fifteen committees, would make such a program impractical.

What we can do and are attempting to do, is to utilize the experience and maturity of our members. We do this by providing the opportunity for organized, constructive study of dentistry's many and various problems. Facts and opinions are gathered by committees assigned a definite phase or problem; trends are studied and in annual reports, the findings are presented to the membership together with comments and conclusions, if any are warranted. Those who were present this morning, heard a number of these excellent reports.

It is the intention of the Editor of the JOURNAL to publish as many of these reports as possible in order to stimulate the thinking of the entire membership (rashly assuming that the entire membership read their JOURNAL).

* Presented before the American College of Dentists, in Convocation at San Francisco, California, October 16, 1955.

To further promote this organized study by the committees, it is planned to have committee meetings at the central office in St. Louis and this year, for the first time, funds are provided in the budget for the travel expenses of these committees.

The Sections are likewise being urged to select projects either independently or in conjunction with committees, serving as fact finders, providers of sectional opinion and information on local problems and usages.

Let us ask ourselves, is this work a waste of time and effort? Since we are dealing with abstract problems, it will be difficult to evaluate results immediately but who can deny that an intelligent and informed membership can and will exert a good influence on the profession? When it is remembered that many of our members are currently serving on important American Dental Association Councils and Committees, as Editors of dental journals or as Deans and teachers in dental colleges, it becomes more apparent that our influence will be felt.

Humorous reference has been made to our reading habits—but the matter is serious. If each of us would resolve to read the JOURNAL from cover to cover, think how we would multiply, not only the usefulness of the JOURNAL, but also the effectiveness of our program of self education and indirectly the progress of professional advancement! The recent change in format and content of the JOURNAL is intended to increase reader interest and promote this very program and I plead for your individual cooperation in this respect.

Let us review, briefly, some of the problems which have received and are still receiving study by the College.

1. Ways and Means of securing greater financial support for dental education and research.
2. Public Relations—How can dentistry gain better acceptance by the public?
3. Health Relations—How can dentistry work out better relations with the medical and other health service professions?
4. Dental Education—How can our dental schools improve their products, namely: each new crop of dentists?
5. Student Recruitment—How can we help to insure an adequate flow of the best type of "would-be dentists" into our dental schools?

6. Auxiliary Dental Service—Are we making the best use of dental assistants, dental hygienists and dental technicians to increase and improve our services to our patients? What abuses are noted and what can be done about eliminating them?
7. Prosthetic Dental Service—How can we control the threat to the unity of our profession caused by the rapid growth of the dental laboratories as a semi-independent craft?
8. Research—How can we promote dental research, which after all, holds the greatest promise for reducing dental ills?
9. Preventive Service—How can we stimulate the preventive aspect of our service, remembering that professions are distinctive in that their aim and ideal is to make the need for their service unnecessary?

I have touched upon about half of the problems and projects with which the College is concerning itself—which should be enough to remind us that there is a real need for serious thought and action by each of us.

For many years now, I have been concerned about a relatively minor problem which has to do with the intimate aspects of our College organization. I refer to the recurrent complaints about our method of selecting new members. Some men complain that the standards are being lowered and hence membership ceases to be an honor, while others complain that good men are turned down and embarrassed, making them unfriendly to the College.

Complainants are reminded that all nominations are screened by an impersonal secret Board of Censors on the basis of the information supplied by the nominators on the nomination blank. Also that complete secrecy regarding nominations is a cardinal rule of the College. A further check is made on nominees whose achievement record is approved by the national censors, by submitting their names to five or more secret local censors, who comment on the nominee's local standing, professional and personal.

Thus on a comparative basis, the best men are given preference, which should maintain a high standard. Every effort is made to keep good men from being turned down by urging nominators to secure and supply complete information on the nomination blank and by ruling out objections based on petty jealousies at the local level. In any event, if the nominee does not know of his proposal, he will

not be embarrassed and his name can be resubmitted with additional achievement data, after a year's lapse.

It is the sincere desire of the Officers and Regents that all worthy men become members of the College. It is for this reason that no numerical limit has ever been placed on the membership. Members are urged to look about them and nominate every dentist of high ethical standards whose achievement might make him eligible. His failure of acceptance, on first proposal, will not be embarrassing if secrecy is observed and should not be construed as a black mark against him.

A comment on another phase of College activity is in order at this time. That is the activity of our long time and now full-time Secretary. The new central office is functioning most efficiently and Doctor Brandhorst has even found time to make a chart with innumerable lines in colored ink, showing how every dental problem is related to every other problem and what committee is concerned with each and where overlapping occurs! My first reaction, on seeing this five foot opus, was that I hadn't realized how complicated dentistry is. However, I expect to find out before this year is over!

As I take office as President of this fine body of dentists, I do so in all humility and I pledge my earnest efforts to maintain the high standards set by my illustrious predecessors. I thank you for your patience tonight and bespeak your indulgence and cooperation in the year ahead.

Greetings From Norway

KNUT GARD*
Oslo, Norway

ON BEHALF OF MY organization and myself, I should like to express my deepfelt gratitude to the American College of Dentists for having found me worthy of being elected a Fellow.

Mine is a small country in the northwest corner of Europe, with, among other things, the northernmost town in the world. It is larger than England but has barely three and a half million inhabitants. There are just as many Norwegians in this country as there are in Norway. It is not a rich country, but it is a good country for those who live there.

The Norwegian is known to be an individualist, which is due to the fact that there are farms spread out in islands, and the islands are kept widely apart from each other by high mountains, deep fjords and deep forests. We are all spread from these farms, but it is quite natural that an individual should have a chance to develop.

This, in a few words, is our background.

In Norway we have around 2,000 dentists; not so many, but with a population of three and a half millions it gives us one dentist per 1,700 inhabitants.

We all, you and I, come from surroundings which, perhaps not constantly but rather on account of the circumstances of the country in question, permit us to develop according to our individual talents and temperament. The education given in our homes, schools, and churches encourages this individualistic line of thought and makes us quite appropriate for living in our own country, but it does not teach us to adjust to others. We do not fit in so easily as citizens of the world, either generally or within our profession.

In one respect, however, we all have the same fundamental principle and that is when ethics are concerned. It is Christian ethics that form our basis, and for the dental profession the professional ethics are of special importance.

* Secretary General, Norwegian Dental Association.

In Norway we have a joke that says it is impossible to control a physician, a dentist, or a watchmaker.

The student in a dental school learns all the things that will enable him to practice dentistry, but I am afraid that in many schools practical and theoretical education requires so much attention that the ethical education, which is equally important, is more or less forgotten.

Within our profession it is very important that the student should understand the ethical responsibility connected with dentistry. The student, and later the dentist, should always be reminded of this responsibility, which makes dentistry interesting and rewarding. Our work is tiring and it easily leads to indifference. That makes it all the more important for us to keep the ethical requirements in mind which, if we follow them, will certainly make us more satisfied and happy.

I know that the American College of Dentists is fully aware of its task in this respect and in my greetings from Norway I include my sincere thanks for the efforts and achievements of the College in this area.

Our Professional Responsibilities and the Public

FRITZ A. PIERSON, D.D.S.*
Lincoln, Neb.

AT THE BEGINNING of a short discussion on the subject it might be appropriate to mention a few reasons for assuming that professional persons individually, and professional groups DO have responsibilities to the public.

First, a truly professional person is an *educated* person in a broad sense of that word. Second, he has accepted a prescribed code of conduct for his relations with his fellow practitioners and with the public. And third, he has dedicated his life to serving his fellow men.

Dr. Willard Fleming, in his presidential address to the College, defined some of the essential characteristics of an educated person as "Openmindedness; willingness to experiment with and test new ideas; cooperativeness, and freedom from prejudice." He also stated that these characteristics are not necessarily acquired through formal education. And I might add that they are not confined to formally educated persons.

The colleges of dentistry in recent years have broadened their curricula to include some subjects not strictly scientific, which are intended to make the graduate dentist more social conscious, broaden his general knowledge, and increase his understanding of his fellowmen, thus adding to his value as a citizen as well as enabling him to enjoy life more fully.

So far as professional training is concerned it is so specialized that the integrity of the professional person should be above the slightest taint of suspicion. The lay person in need of professional service is at the mercy of the particular profession. The acceptance of and adherence to a code of conduct based on the Christian rule to do unto others as we would have others do unto us should insure fairness and justice in all our dealings.

* Chairman, Committee on Socio-Economics.

Whether or not he realizes it at the beginning of his professional career, a member of a profession who practices that profession has actually dedicated his life to SERVICE. The making of an honest and adequate living is a worthy motive but the supreme motive should be to serve.

Having the foregoing attributes, a member of a profession should be eminently qualified to become a leading citizen and to make his influence for good felt in the affairs of his community, state and nation.

Responsibility to the public is both individual and collective. Individual responsibility may be dismissed with the statement that every professional person is obligated to strive continually to inform himself on all matters which will enable him to render the very best professional service to those he serves. Less than this no man should do.

As an outstanding citizen of his community the professional man should interest himself in civic and community affairs. The solution of a great many civic and governmental problems may be aided by participation on the part of well informed professional persons.

Our profession is often accused of lack of interest in problems outside our own field. Active participation in such problems might lead to better public relations which in turn lead to a realization on the part of the public that the profession has its problems too.

While an individual may do a great deal to discharge his obligation to the public, this age in which we are living requires more and more group action. Knowing this, it behooves the professional person to ally himself with groups and organizations which are striving diligently to improve life for people.

Here again we have groups which are interested in the professional aspects as professional education, professional qualifications, public health, health legislation, etc. Professional groups have always interested themselves in these fields. The advice of professional groups has always been influential in these fields and has led to measures which have been beneficial to the public. Continued interest and activity on the part of the profession in these matters are imperative.

A profession should assume responsibility for the discipline of its members. To an extent professions are privileged groups inasmuch

as state laws attempt to prevent unqualified persons from rendering professional services, and the profession provides the personnel whose duty it is to determine who are qualified. However, after licensure, differences may arise between members of a profession or members of the professions and the public. Many of these differences are not questions of law but of ethics and methods of practice. These differences can very often be resolved to the satisfaction of all concerned by groups of impartial persons. This method of settling disputes is becoming more widely used and meeting with considerable success in improving relations between the various professions and between the professions and the public. It is the responsibility of our profession to make such service available.

During recent years many plans for providing and paying for dental service have been developed, some sponsored by the profession and some by lay groups. Those profession-sponsored have been largely limited to pre- and post-payment plans. Such plans are in operation in several communities and activity on the part of professional organizations in their development is commendable and conforms to the present day theory of payment for goods and services. Where such plans are in operation the profession is discharging a measure of its responsibility to the public.

The profession in the First District Dental Society of New York City, has embarked upon a pilot plan of group dental health insurance, the objective of which is to provide dental care for a group of people, eligibility for which is determined on the basis of income. The fee paid to the participating dentist is fixed. This is a plan which should be watched carefully and critically to determine whether or not it improves the quality or increases the dental service available to the public.

The use of union welfare funds to purchase dental care on a large scale is a relatively new development. Large welfare funds have been accumulated by unions which are interested in obtaining dental service for union members and their families, to be paid for out of welfare funds. These plans seem to be most advanced in California, Oregon and Washington. Dental organizations have set up service corporations in an attempt to work out the arrangements between the unions and the profession. The present plans are set up on a temporary basis and at the end of the trial period the partici-

pants will decide whether or not they will be continued as set up, changed, or abandoned. Time will not permit a discussion of the details of these plans, but it is obvious that the dental organizations involved are discharging their responsibilities by cooperating with the lay groups in an attempt to aid those who are not conversant with dental problems in the solution of their mutual problems.

By these means the profession is in a measure discharging its responsibility to the public. The profession will not be found wanting when methods of providing more and better dental service to the public are considered.

Prevention—the Earmark of a Profession*

CARL L. SEBELIUS, D.D.S., M.P.H.**
Nashville, Tennessee

THE MEMBERS OF THE dental profession need to take a careful inventory to see if the many obligations which earmark them as a professional group are being met. There are many challenges and problems which face the dental profession today, and the decisions reached and the judgment used in meeting these situations will make for a stronger profession or a profession with less prestige than it now has.

In recent years many changes have taken place. There has been a remarkable growth in our population with the birth rate nearly double since 1940. Marriages have decreased but there are more three-, four-, and five-child families in our present population.

A new pattern of living has developed: suburbanism is more common; educational methods and procedures are changing and the public is confused by false advertising especially through the media of television and other types of commercial exploitation in dental matters.

The financial side of living has also changed: the income of the middle class has increased nearly 200 per cent during the past ten years in many areas; there are fewer exceptionally wealthy and fewer exceptionally poor people; luxury buying has become the rule rather than the exception, with air conditioners, automobiles, television sets and other items now purchased by many. Time payments and insurance buying have now become a way of life.

Has the attitude toward medicine and science accompanied the economic change? Many changes have taken place in the science and practice of dentistry. Scientific achievements have been noted in the dental field: water fluoridation; topical fluoride; the team

* Presented at the Convocation, American College of Dentists, San Francisco, California, October 16, 1955.

** Chairman, Preventive Service Committee, Nashville, Tennessee.

approach to the treatment of handicapped people such as the cleft palate child; more scientific treatment of malocclusion; the use of new antibiotics; more effective cutting instruments; better operative technics and indices for measuring the prevalence of dental caries and the potential development of indices for periodontal disease as well as measuring the prevalence of malocclusion. Has the dental profession effectively utilized to the fullest these procedures to provide a better dental service for more people?

Another question to be answered—is dentistry as a profession meeting the preventive requirements which earmark it as a true profession? At the present rate approximately 25 years will be needed to fluoridate all approved municipal water supplies, and at the present time few children are receiving topical fluorides as a routine procedure.

There are many other questions worthy of an answer, such as, are the dentists using effectively, known accepted preventive procedures at this time? What percentage of dentists is utilizing low carbohydrate diet plans and lactobacillus counts as a preventive procedure? What percentage of dentists is attempting to do something in the field of interceptive orthodontics? What place is dentistry to play in the control of chronic diseases and the problems of the aging? Has sufficient interest been demonstrated in the prevalence, etiology, diagnosis and treatment of periodontal disorders? Do we know the prevalence of oral neoplasms in the population as to type and location? Is dental research receiving adequate attention when only one dollar is now being spent for dentistry for every 100 in the field of medical research? Are public health programs being adequately supported by the dental profession when even today there are several states without the services of a dentist to direct a public dental program? There are 53,000 full-time public health workers and approximately one per cent of them are dentists.¹

Has the dental profession utilized auxiliary personnel to the fullest? It is known that much is to be desired as far as dental manpower is concerned. Available data indicate that there is need for 15,000 additional dentists. Available data also indicate that the ratio of dentists to population is gradually decreasing.² How can the present dental manpower offer more service to the people? Can the dentist do so by increasing his productive capacity by means of the more

effective utilization of auxiliary aids such as hygienists, technicians and assistants? It has been demonstrated that a dentist with one auxiliary aid can see 36.8 per cent more patients. A dentist with two employees can treat 68.8 per cent more patients.^{4, 5}

With 56.8 per cent of the dentists employing one assistant, 6.3 per cent two assistants, and 4.6 per cent one hygienist, are all dentists seeing as many patients as they are able?⁸ Should consideration be given to the redistribution of dentists where there is a demand and a lack of dentists to provide dental care?

Is the dental profession taking advantage of the increased income in the population? Is the profession utilizing the technics and abilities of the social scientist? If not, more thought should be given to ways of motivating people to practice known preventive procedures as well as to seek the dental service needed. If the profession knew more about the motivation of people, would not prospective dental patients replace part of their luxury buying with sound investments in health?

Considerable attention has been given in recent years to the general subject of education. What is the status of financing dental education? In the past five years, 40 million dollars has been spent for new buildings, remodeling and expanding the facilities in the dental schools, but the data indicate that there is an immediate need for an additional 40 million dollars. It is estimated that approximately 100 million dollars will be needed in the next five years for equipment facilities and other aspects of dental education.⁶

For the past several years the Preventive Service Committee of the American College of Dentists has been most active in an attempt to seek, by means of an opinion survey, answers to the existing blocks which prevent many people as well as some dentists from practicing known preventive procedures. More answers are needed if the many blocks to preventive dental practice are overcome. Much needed social studies will discover how people of different educational and income brackets react to service, especially preventive dental service. To quote from the report of the Preventive Service Committee of the College in September 1952:

"There seems to be reason to think that the profession of dentistry is entering into a period which may be called the preventive phase or era. . . . Even though great interest has been demonstrated in certain preventive dental procedures,

there are many questions which need to be studied. . . . The Committee feels that a discussion and a study of the blocks which may keep a person from the attainment of optimum (dental) health should be presented. . . . It seems extremely important in all phases of dentistry to know more about the magnitude of the many blocks which prevent certain dentists from practicing preventive dental procedures and the blocks which keep people from obtaining the scientific knowledges and the practices of proper oral health habits."

SUMMARY

Prevention is the earmark of a profession—the profession of dentistry. Many questions are still unanswered. Confusion exists in determining the best approach to adequate preventive dental service. The blocks which prevent the public from seeking adequate preventive service and which prevent some dentists from providing the best preventive measures need careful study. How can false claims made on radio, television, and in paid advertisements of the newspapers, which confuse the population, be combatted? It is known that many people are not motivated to seek adequate dental service. How can the public be made more aware of the importance of dental health? More must be learned as to how the dental profession can promote preventive programs and see to it that more dental public health programs are developed and expanded. People need to be motivated to accept established dental facts.

Other areas of preventive dentistry which offer a challenge to the profession are indices for determining the prevalence of periodontal disease, prevalence of oral neoplasms and social science studies which would point up the methods and procedures of motivating dentists as well as the public to practice known preventive procedures.

One of the objectives of the American College of Dentists is to improve public understanding and appreciation of oral health service. Is the profession facing the challenge of a changing world and making prevention the earmark of the profession?

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WANTED

Back Numbers of the Journal

The Secretary would be glad to receive back numbers of the JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS, Volume 1 to 16. The Secretary receives requests for such journals from libraries, etc., and is anxious to complete the files of these institutions if it is at all possible. The cooperation of the membership will, therefore, be appreciated.

OTTO W. BRANDHORST

Moving Our Frontiers Forward

HENRY A. SWANSON, D.D.S.*
Washington, D. C.

THE TITLE, "MOVING Our Frontiers Forward" might indicate that the science of dentistry is at a standstill and that it is necessary to initiate some kind of movement to push through a barrier of inactivity. No one, certainly not I, even thinks, least of all believes, that the science of dentistry is standing still. We are continuously moving forward, spurred on by a constant challenge to gain knowledge that becomes essential in the advancement of our scientific field. Our men in science have the vision which is so necessary for that advancement and I have confidence that our continuing movement forward will be due to their stimulating and constructive approach.

What does the future hold for dentistry? Is it the field of education, research, clinical practice, public relations or social responsibility that will challenge us most? It seems to me that our challenge does not lie in any separate or distinct division but in an all-over integrated approach to the widening of our frontiers.

Rufus Jones,¹ in an article concerning new frontiers in science has stated:

"Strange stirrings of hope and expectations are moving across the world. It is possible that we may be on the fringe and frontier of a new and marvelous epoch. It is one of the evidences of man's intrinsic greatness that it is just then, when he seems to be at the end of his human resources, that he rises above himself and does what he could not do.

"We create by some higher drive of the Spirit, visions of a world that ought to be . . . and it is through such visions that we reshape and reconstruct the world that is being made."

He had reference to the world in general and all of its problems and even though ours is only a small segment of the universe, his statement is aptly appropriate in considering our visions for advancement. Science knows no barrier and the vastness of possible expectations is limitless. Only as the minds of our visionary confreres ex-

* Chairman, Committee on Research.

¹From the *Washington Post* and *Times Herald*, June 3, 1955.

pand and explore will it be possible to create. Yes, create, for we need a fuller approach to our problem.

A century of dental progress has shown that American Dentistry merits recognition of its leadership. That leadership was gained primarily by our skill in technology. However, certain significant changes have been gradually occurring within the field of dentistry these past few years which will have a very distinct effect on the future of the profession. Time will not permit a full review of these changes for it affects all of the various facets of our field of endeavor. The one important change has been a weighing of the problems of the health of the mouth more realistically in relation to the body as a whole. The life history of the teeth and oral tissues and the mechanisms concerned requires detailed knowledge of the rest of the total organism and it is important to know how the mouth is influenced by the related phenomena. Also, how the body is influenced by the condition within the mouth.

From answers to a recent questionnaire one respondent expressed certain thoughts which are basic in character and which I have taken the liberty of changing into questions as follows:

Do we have all the answers to the molecular fine structures of the dental and oral apparatus?

Do we know the mechanisms which initiate, synthesize, organize and maintain these structures?

Do we have an understanding of the means by which these structures exert their functions?

There are many other questions that could be propounded without having ready answers. We must have more knowledge of many basic and fundamental things. Our ultimate goal is in the future and it will require the combined efforts of many workers and finances to properly expedite the necessary research.

It is this factor of additional and correlated knowledge which now commands our attention. The leaders of our profession are fully cognizant of it. The future for dentistry, then lies in their acceptance of the responsibility for the inauguration of necessary education and research. The area beyond our present frontier is full of promise

and our ultimate goal is in the prevention of dental disease rather than repair which now demands so much of our attention.

Dr. H. Trendley Dean, in a presentation before the American Association of Dental Schools in 1954 called attention to the change in the practice of medicine from the "traditional diagnostic and therapeutic service" to that of preventive medicine due to rapid progress in the control of communicable diseases and to the use of therapeutics. He further stated:

"the pediatricians represent probably the outstanding example in medicine of this shift to preventive service. In a survey of the American Academy of Pediatrics it was shown that 54 per cent of a pediatrician's visits on an average day were for health supervision. Less than half of their time was devoted to sick children."

What has brought about this change in the practice of medicine? One of the primary reasons is research and more research. So that now our vision for the future leads us to undertake a program which is not easily solved for it has many problems.

Prevention of dental disease is not foreign to our profession; for the program of fluoridation of community water supplies is beginning to show results as evidenced by the studies at Grand Rapids, Michigan, Newburg, New York, and Brantford, Ontario. Our efforts in the prevention of dental caries and its sequelae should not stop with the fluoridation program for it is not the final answer. Much research still needs to be done. Research is the basis for advancement in preventive measures. Application of knowledge is essential, but new knowledge must also be sought.

We are at the fringe and frontier of a new and marvelous epoch. Arnold Toynbee² has said:

"Apathy can only be overcome with enthusiasm, and enthusiasm can only be aroused by two things; first, an ideal which takes imagination by storm and second, a definite intelligible plan for carrying out that ideal in practice."

We have the ideal for we know our desired goal, that of the prevention of disease and we have enthusiasm, imagination and vision to move our frontiers forward into the realm of realization of that ideal.

Do we have a definite intelligible plan to carry out that ideal? I

² From the *Washington Post* and *Times Herald*, July 7, 1955.

doubt it. Most of our research is project research and there is no long range planning within the field. A great opportunity exists for the initiation of plans where our educators and research people could sit down to discuss such a procedure.

Someone has said that we may be fixed biological species unable to change our ways, but one of the achievements of our species is that we have learned to talk things over and exchange views with one another.

Much education is needed not only in the classroom but in the field of clinical practice. The problem requires research and research workers. Up to this period our research has been predominately applied research and what is now needed is a more basic or fundamental approach. There are many problems that need answers and only so far as we have qualified research workers will those answers be forthcoming. Scientists in allied fields must be enlisted and education of research people within our own field must be undertaken. The many new tools of research are beckoning the research workers to master and utilize them in their studies.

Crystal ball gazing is not one of my abilities but I sincerely believe that I can see the educators and the research workers gradually fulfilling a prediction that prevention of dental disease will be accomplished as we move our frontiers forward.

EDITOR'S NOTE:

Because the Tri-State Section is one of the most active of our groups and presents each year an outstanding program, we feel its 1955 Meeting should be brought to the attention of all of the Fellows of the College and particularly to the Officers of all other Sections.

Programs like this offer worthwhile material to Section members and tend to justify and extend the influence of the College. A. E. S.

MEETING OF THE TRI-STATE SECTION OF THE AMERICAN COLLEGE OF DENTISTS

Saturday, December 10, 1955

Peabody Hotel—Memphis, Tennessee

PROGRAM

Saturday, December 10, 1955
Peabody Hotel

EXECUTIVE SESSION

8:00 a.m.—12:00 Noon

INVOCATION

Doyle J. Smith

TRIBUTE TO DECEASED MEMBERS

REPORT OF THE NECROLOGY

COMMITTEE

Harold P. Thomas, *Chairman*

MINUTES

REPORT OF THE SECRETARY-TREASURER

James T. Ginn

REPORT OF THE VICE-CHAIRMEN

J. Frank Blakemore, *Arkansas*

Lel J. Smith, *Mississippi*

Carl L. Sebelius, *Tennessee*

CHAIRMAN'S ADDRESS

J. Guilford Sharp

REPORT OF COMMITTEES

HISTORY COMMITTEE

O. M. Jamieson, *Chairman*

HOSPITAL DENTAL SERVICE COMMITTEE

Lloyd C. Templeton, *Chairman*

MEDICO-DENTAL RELATIONS

COMMITTEE

Charles F. Landis, *Chairman*

CERTIFICATION OF SPECIALISTS

COMMITTEE

Ewing B. Connell, *Chairman*

ORAL SURGERY COMMITTEE

W. M. Shannon, *Chairman*

PROSTHETIC DENTAL SERVICE

COMMITTEE

Harvey C. Reese, *Chairman*

REPORT OF THE NOMINATING

COMMITTEE

Claude S. Williams, *Chairman*

LUNCHEON 12:15 P.M.

INVOCATION

Dr. Charles W. Grant, *Pastor*

Christ Methodist Church, *Memphis*

SPEAKER

HONORABLE CLIFF DAVIS

TRENDS IN FEDERAL LEGISLATION

WHICH AFFECT THE HEALTH

PROFESSIONS

AFTERNOON SESSION—2:00 P.M.

THEME OF PROGRAM

EVALUATION OF PROFESSIONAL TRENDS

AS THEY RELATE TO THE INDIVIDUAL

DENTIST

2:00 P.M. JOURNALISM COMMITTEE

Carl L. Sebelius, *Chairman*

2:20 P.M. STUDENT RECRUITMENT COM-
MITTEE

G. A. McCarthy, *Chairman*

2:40 P.M. EDUCATION COMMITTEE

Faustin N. Weber, *Chairman*

3:00 P.M. RESEARCH COMMITTEE

Paul E. Weston, *Chairman*

3:20 P.M. PREVENTIVE SERVICE
COMMITTEE

Estes M. Blackburn, *Chairman*

3:40 P.M. PUBLIC RELATIONS

COMMITTEE

C. N. Williams, *Chairman*

4:00 P.M. SOCIO-ECONOMICS COMMITTEE

George Cone, *Chairman*

4:20 P.M. UNFINISHED BUSINESS

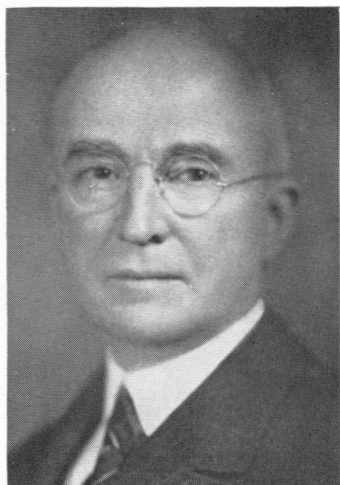
INSTALLATION OF OFFICERS



ALBERT L. MIDGLEY

The William John Gies Award of the American College of Dentists was established some years ago as an acknowledgement of outstanding contributions by Fellows of the College to the advancement of the dental profession. It is intended to recognize distinguished achievements and meritorious service by the recipient. Three Fellows of the College, whose photos appear herewith, were selected by the Board of Regents to be honored at the thirty-fifth Convocation held at San Francisco, October 16, 1955.

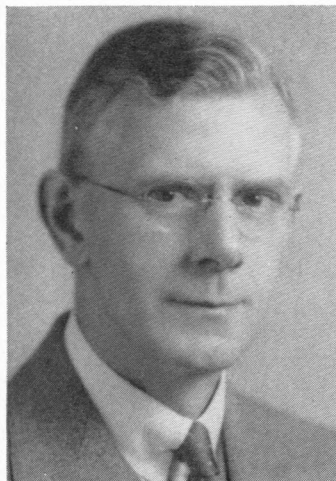
Presented by Dr. Kenneth C. Pruden, Dr. Midgley was recognized "for his service to the American College of Dentists as Founder, long-time Secretary, President and Regent. He has been a stalwart son of dentistry," said Dr. Pruden, "teacher at Harvard Dental School, member of the Rhode Island Board of Dental Examiners for 35 consecutive years—member of the Dental Educational Council of America for 25 years. His devoted service in the hospitals of his native state of Rhode Island for over 50 years inspired him to work valiantly for better medical-dental relations and his continuing interest in dental education led him to long and invaluable service on the Dental Educational Council of America, the precursor of the present Council on Dental Education of the American Dental Association. Over fifty years of intelligent devoted and sustained service to his profession qualify him as one of Dentistry's greatest leaders, fully deserving of this recognition."



ARTHUR H. MERRITT

Dr. Merritt was presented by Dr. Samuel R. Parks, who said, "Dr. Merritt was born at Williamsburg, Mass. He represents the ninth generation of the Merritt family which settled in New England in 1626. He has been a visiting lecturer at New York University College of Dentistry, Columbia University College of Dentistry and Baylor University. Five universities have conferred honorary degrees upon Dr. Merritt. He has been president of the First District Dental Society of New York State, the American Academy of Periodontology, the New York Academy of Dentistry, The American College of Dentists, the American Dental Association. He is a member of the Royal Society of Medicine of London, the American Dental Society of Europe and many other professional organizations.

"His concept of a profession is that it is an occupation for which the necessary preliminary training is intellectual in character, involving knowledge and learning, as distinguished from mere skill, that it should be pursued largely for the benefit of others and further that it is a calling in which the amount of financial return is not the accepted measure of success."



JOHN E. GURLEY

Dr. Gurley was presented by Dr. Gerald Timmons, who said, "The William J. Gies Award is reserved for individuals who have made contributions beyond the normal. It is not easily attained. John Gurley has maintained a consistent interest in dental education since 1909. He was a pioneer in the field of dentistry for children and a founder of the American Society of Dentistry for Children. He has obtained funds for and conducted research. His contributions to dental literature are many. While Editor of the *Bulletin of the California State Dental Association*, he helped organize the American Association of Dental Editors. He was Editor of the *Journal of the American College of Dentists* from 1934 to 1954, and of the *Journal of Dental Education* from 1948 to 1953. Indexing of all dental literature was his project as Chairman of the Library and Indexing Committee of the American Dental Association. Dr. Gurley became a Fellow in the College in 1922 and has rendered every possible service towards its success!"

The Need and Opportunities for Teachers in Dentistry

W. F. SWANSON, M.S., D.D.S.*
Pittsburgh, Pa.

ABOUT ONE HUNDRED and twenty years ago, Washington Irving made the observation that the almighty dollar is the great object of universal devotion throughout our land. This universal devotion to the almighty dollar is still with us and may be taken as the reason for the now critical need for teachers, not only in dentistry, but in all areas of education. Irving was himself unfitted temperamentally to engage in business. His interests were of the intellectual, cultural type and the pleasures of gracious living were far more worthwhile to him than amassing wealth. This is true of many of today's dental teachers.

During Irving's time and for many years to come, the disparity between the incomes of teachers and skilled and unskilled laborers or even small businessmen was not great. In fact, the teacher was the one who fared best. Now, however, the situation is reversed and the teacher is financially at the bottom of the group.

I am certain that there is no lack of persons who would love to devote their lives to the cultural, intellectual, and gracious living that is so much the good teacher's life, but the responsibility of providing the necessities of life for his family preclude his entering into his life's desire.

When a newly graduated dentist can immediately step into a position and without outlay of money for equipment, be paid more than many associate professors, it is high time the profession stirs itself into action.

I meet each day with teachers in medicine, engineering, and law and find that we in dentistry are not alone in the problem of teacher procurement. The problem in medicine in our community, Pittsburgh, recently was solved by a substantial endowment of \$15,000,000, the income of which is to be used *only* to augment

* Chairman, Committee on Education, American College of Dentists.

the salaries of the medical school faculty. We hope to have a comparable endowment for dentistry soon.

In engineering the problem is acute because industry lures the teacher away with a salary double that which he can obtain by teaching. But here again, the large industrial firms who get their trained personnel from the engineering colleges realize their responsibility and are beginning to aid the schools financially.

In dentistry the need for good teachers is even more acute and nothing of consequence has been done or *is* being done to alleviate it.

It is a fact that it costs a university almost three times as much per year to educate a dental student as he pays in tuition. It follows, then, that each graduate really owes to his university in the neighborhood of \$5,000 to \$6,000 above what he paid for his education. Some way should be devised to return to the university these sums, possibly in the form of Federal aid or endowments, the interest of which should be allocated only for faculty salaries.

As for opportunities for capable, energetic, imaginative young dentists in teaching, they are splendid. Most of the teachers now in dental schools are in the age bracket where retirement is imminent and the field is wide open for younger men. In addition to teaching, there are many opportunities for research. There is, of course, the chance for advancement in rank and the prestige that goes with it; and the chance to meet university colleagues who are working in fields other than dentistry. Rewards, financially, are fair and are certain to become more and more favorable than at present.

During the past year, I have had, and I am sure that most other school administrators have had, a number of calls from dentists asking to be placed on the teaching staff. Most of them preface their requests with, "I'm getting old and want to take it easy." Or "Things are getting tougher and I want to slow up." These people who want to come back with this idea in mind will never be good teachers. They have no idea of what is involved in teaching—thinking only that it is a nice easy job, that all that is necessary is to be present in body, and then only part of the time. Teachers of this caliber are plentiful, but we need good teachers. Every teacher should be worth more than he is paid and not paid more than he is

really worth. *Every* good teacher is *worth* much more than he is *paid*.

I should like to define what I mean when I speak of a "good teacher":

First: He must be a person with an alert, keen, inquisitive mind.

Second: He must be dedicated to the joy, not the task, of training young men and women.

Third: He must be a person thrilled to see his proteges become capable, civic-minded, community leaders and splendid professional men.

Fourth: He must not be covetous or envious of the success of his proteges.

There is no dearth of young men in the schools today who would fill all of these requirements and who would be available if only the remuneration were sufficient to enable them to live modestly and comfortably. "Plain living and high thinking" is what we need today.

Planning a Sounder Foundation for Dental Education and Research

EDGAR W. SWANSON, D.D.S., M.S.D.*
Chicago, Ill.

IN PLANNING a sounder financial foundation for dental education and research, one should briefly review the needs for this financial support. In our changing world, the income from traditional sources no longer meets the needs of our dental school budgets. Income from endowments (formerly a major source of income for most schools), has decreased, as the purchasing power of the dollar has declined in our inflated economy.

When we speak of endowment we usually think in terms of large gifts. These are usually given by an individual, a fund or a corporation, to the university with which the dental school is affiliated, or directly to the dental school, and are usually secured by certain key personnel trained for that purpose. I do not believe any one of us should ever overlook the opportunity of suggesting endowment support for dental education and research to individuals, or groups, whom we know have funds available for that purpose. As only the income is used for endowment funds, they must of necessity be of considerable amount. One of the greatest problems facing our dental schools is the difficulty of recruiting, training and retaining faculty members because of low academic salaries.

At the present time, we have some 12,500 students in our dental schools. It costs \$24,000,000 a year to educate them. The combined income from tuition, clinic and other fees is \$16,000,000. This leaves a deficit of \$8,000,000 that must be provided for from the funds of the university with which the dental school is an integral part.

Two-thirds of the dental schools have insufficient classrooms, science laboratories, clinics, visual and audio-aids, demonstration, laboratory and clinic equipment. The parent universities cannot

* Chairman, Committee on Financial Support for Dental Education and Research.

continue to curtail their own educational programs in order to meet the deficit of their affiliated dental schools.

A careful evaluation of the need for dental personnel in the various States, and the need for additional dental schools, is quite desirable and advisable. It is the feeling of the committee on Financial Support for Dental Education and Research, that few new schools should be built at the present time, and that the present dental schools should be augmented in terms of financial support for additional teaching personnel and equipment. Another problem for new schools at this time is the lack of a trained faculty. There is likewise an appalling need for teacher training facilities for prospective faculty members, as well as for present faculty personnel, for our dental schools.

The creation of an over-all foundation presents to me the greatest source of income for Dental Education and Research. This National Foundation idea was urged by our inspirational secretary, Dr. Otto Brandhorst, when he was President of the American Dental Association. The establishment of such a foundation was approved by the House of Delegates of the American Dental Association who referred it to the Board of Trustees, who in turn approved it and suggested it be referred to the American Association of Dental Schools. The rules and regulations of the Foundation are now being developed by the "Committee on Dental Education Fund" of the American Association of Dental Schools. A progress report was presented by the Chairman, Dr. Maynard K. Hine, at the last annual meeting of that Association.

The details of the organization and function of this foundation would require more space and time than is allotted to me.

Suffice to say it has been tried and proved successful by the American Medical Association. Their experience and information pertaining thereto is available to us for our use. The American Medical Educational Foundation was organized and sponsored by the American Medical Association to solicit funds from among members of the medical profession for support of medical education. Since its inception in 1951, it has raised \$3,563,881.00. I should like to call your attention to the fact that all of this money is distributed to the schools, as the operating expenses of the Foundation are paid by the American Medical Association.

Another fund has also been formed, known as the "National Fund for Medical Education." This Fund seeks contributions for the medical schools from business and industry. Their goal is \$8,000,000 a year. In the past there has been a feeling on the part of dental educators to frown upon the suggestion of soliciting funds from the dental manufacturers, dealers, or laboratory associations—but in our changing world I think this is no longer true. It is my feeling that if we could interest the American Dental Association, or some of the educational foundations, in such an activity, it would be a tremendous aid to dental education. This is a suggestion that should enlist full support from the Sections of the College.

At present, several parts of the country have been classified into "Educational Compacts." These plans are developed around the principle that enables a dental school to contract with a State, and vice versa, for the education of dental personnel. The stipend that is being used is \$1,500 per individual per year. If this could be expanded so as to make it applicable to all States and dental schools, and the student were free to contact the school of his choice, it seems to me it might be the means of substantial support for dental education throughout the United States.

I feel that this plan has a great deal of merit. However, it is dependent upon State laws and legislation, and on the desire of many States to build their own dental school. While the latter is a laudable endeavor, in many instances it is not economical and often not educationally sound. After a survey of the dental needs of the State in question has been made, in several instances it will be found to be far more practical and economical to pay \$1,500 per year to the dental school. I feel that a similar plan should be worked out for the training of Dental Hygienists for a proportionately lower stipend. This is a project with which the Sections of the College that are in the States involved should familiarize themselves and take an active part in the plan.

I should like to call your attention to the recent article, "Ways and Means of Finding Financial Support for Dental Education" by Beryl Ritchey, read before the Colorado Section of the American College of Dentists and printed in the June, 1955 issue of our JOURNAL. He presents several potent suggestions for the dentists of

Colorado to secure funds and legislation to build a much needed dental school in that area, all of which could be used in other States and by Sections of the College. A typical example of what the dentists of a State can do if they set their hearts to it is what they have done in North Carolina—frequently referred to as the North Carolina Plan. Again, time does not permit me to discuss this in detail.

Another suggestion at the local level which has great potentialities is the formation of "Century Clubs" sponsored by the alumni organization or the administration of the dental schools throughout the country. Several schools have already formed century clubs and report great success and enthusiasm. Century Clubs are made up of alumni, non-alumni and friends who pledge themselves to contribute \$100.00, or more, annually, to the school making the solicitation. This requires an active and strong committee that is well organized; one that can present the problems and necessity for unrestricted annual gifts to the dental school, and one that will contact all the alumni and interested friends of the school. It is suggested that the expenses of such an undertaking should be paid for by the parent university so that all funds thus contributed can be used for dental education.

This activity could be brought onto the national level by having a national committee, or officers of century clubs. They could issue a recognition button to be worn at various dental meetings indicating they were a Century Club member; that they had contributed \$100.00, or more, annually, to dental education. National annual "pep" meetings could be held at which time pertinent information might be disseminated relative to problems or certain approaches that had been particularly successful in various areas.

Perhaps, and it has been suggested in many instances, the easiest way to secure this financial support for dental education would be to seek aid from one of the several governmental agencies. This is a most controversial point and I do not recommend it, as it would undoubtedly invite governmental control.

In "Planning a Sounder Foundation for Dental Education and Research" I believe there should be a close correlation of efforts between the A.D.A. Council on Dental Education, the American

Association of Dental Schools, the National Board of Dental Examiners, and the American College of Dentists.

I trust I have made a small contribution to the theme of this meeting "Facing the Challenge of a Changing World" as it applies to Planning a Sounder Financial Foundation for Dental Education and Research.

Calendar of Meetings

CONVOCATIONS

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

November 3, 1957, Miami, Fla.

November 9, 1958, Dallas, Texas

September 20, 1959, New York, N. Y.

BOARD OF REGENTS

February 5, 1956, Chicago, Ill.

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

The Auxiliary Services—How Helpful Can They Be?

WILLIAM D. McCARTHY, D.D.S.*
Denver, Colo.

AN ASSIGNMENT to discuss auxiliary personnel is a formidable challenge. It is encouraging to find that a large number of men have studied the subject for many years. I am particularly indebted to the American Dental Association for their kind cooperation in assembling material representing the thoughts of men like Belding, Kulstad, Bodecker and others, represented in the package library on auxiliary personnel. The work of Duane Moen, director of the American Dental Association Bureau of Statistics, tells the complete story of auxiliary services and I can particularly recommend to you, "The Study of Practice Administration for the Dentist," written by Mann and Easlick. The complete story by these outstanding representative students of the subject has been told so well, that my mission is merely that of reporting to you some material that perhaps you too may not have read, and some that you may have forgotten.

Dentistry today is the result of gradual development from the concept of the pioneers who were imbued with foresight, a desire for knowledge, and a burning idealism. They were responsible for the elevation of dental education to that of a highly-specialized health service at the university level. Before the founding of the Baltimore Dental College in 1840, with a faculty of two dentists and two physicians which graduated two students the first year, dentistry was practiced as a mechanical art with little recognition or supervision. After the organized plan for formal education was made available, progress was very slow. Two schools of thought resulted with the years of advancement. First, the mechanical school, which did not approve of the use of auxiliary personnel, and secondly, the biological school, which propounded the use of assistants and technician hygienists. From this beginning, auxiliary personnel have

* Chairman, Committee on Auxiliary Dental Services.

been looked upon as potential competitors by many. There remain those who feel that one day the hygienist will do pedodontics and that the dental mechanic will take impressions and deliver prosthetic appliances directly to dental patients. By present trends, it appears that we need fear no competition of untrained people, as long as we render proper care to the greatest number at a fee which they can afford.

The average hygienist today realizes that her status is that of an auxiliary, trained to render treatment under direct supervision. She can be an important factor in allowing more patients to be treated by the individual dentist. Those who employ hygienists must recognize that it is the dentist's responsibility to do a complete oral examination, which shall include inspection of the lips, the cheeks, the tongue, the gingival tissues, the mucosa, as well as the teeth themselves. The chair time saved by the dentist by a well trained hygienist, doing prophylaxis and dental education, will help us as a profession to meet the challenge of community service.

There are many factors which must be considered in the rendering of necessary dental care for the maximum number of patients in the minimum time. This should be accomplished without added trauma to the man in practice. It is important to consider carefully the proper selection and use of auxiliary help. This should include the employment of persons trained or fitted to training, for the particular job. Complete control and understanding of responsibility is necessary and should include selection of an assistant or a dental nurse with those attributes of tact, energy and business understanding. (An interesting definition of tact is "That ability of an individual to remove the stinger from a bee without being stung!") Commercial laboratories have moved into a commanding position during the past fifty years in the overall picture of dental treatment and they have a definite service to render, under the supervision of the profession. According to the 1950 census there were 20,000 laboratory technicians with 3,300 working in private offices. A trade magazine states, "During the last decade of the 19th century, there were over 8,000 dentists to each laboratory. Today the average is 15 dentists to one laboratory." We should insist that these auxiliary workers at all times operate under the direction and supervision of the dentist, who diagnoses, designs and supervises his cases. We

should discourage the practice by some, of allowing design and diagnosis for appliances by a mechanic, who is not trained in the anatomical and physiological consideration of prosthetic restorations. The laboratory is dedicated to service to the profession on inanimate objects and should remain so. The proper selection of auxiliary personnel may be emphasized by the story of the man who asked three stonecutters, "What are you doing?" The first replied, "I'm cutting rock." The second replied, "I'm making \$25.00 a day." And the third replied, "I'm building a church."

It has been estimated that 200,000 dentists working full time, could not render the necessary dental treatment to those of our country who need it and that the number of new graduates each year does not replace those who die, retire or become teachers or research workers. It seems apparent that we cannot render service to all who require it merely by stepping up our program of education and producing more graduates. The immediate answer must lie in the use of auxiliary services, thus allowing for us increased production, education and stress on preventive dentistry.

It is most interesting to note in the report of the American Dental Association practice survey of 1953, that over one-fourth of the American practitioners employ no auxiliary personnel. On July 1, 1953, there were 93,000 dentists in the United States, including new graduates and those who had retired. Eighty-three thousand were actively engaged in dentistry, with only 79,000 active at the chair level. Approximately 4,000 were active as teachers, research workers or administrators. A challenging comparison is made between the total expenditure for dental care in the year 1935 when 303 million dollars were spent and the year 1953 when one billion, 28 million dollars were spent for dental treatment. According to a recent survey, dentists receive \$33.00 of a total of \$207.00 spent annually by the average United States family for health services. Other expenditures include \$78.00 for physicians, \$41.00 for hospitals, \$31.00 for drugs and medicines, and the remainder for miscellaneous items. The general survey, which does not include those who failed to answer the questionnaire, points out that those dentists who avail themselves of auxiliaries enjoy a better income than those who carry the work load of practice alone. It reveals that the dentist who had a one chair office and no employees, earned a mean

net income of \$6,558, while those with one chair and one assistant enjoyed an increase of \$3,799 a year, or a total of \$10,057. It points out that the operator with two chairs and no employees, counted \$8,210, while the man with the same setup and one employee banked \$3,479 extra, for a total of \$11,579. Those men with two chairs, one assistant, and one hygienist enjoyed a mean net income of \$15,969 or \$9,411 more than the man who practiced alone in a one chair office. An interesting comparison in terms of income is made between the men with a one chair office, who employed one assistant or secretary and averaged a mean net income of \$9,419, and those with a trained chairside assistant who had \$938.00 left after paying her salary, not to mention the relief in work load.

The profession's responsibility to the community is one of our most important considerations, since the need for treatment is increasing each year. The survey reveals that the man working alone served a mean number of 654 patients a year. One full-time employee raised the average to 1,006 or 452 extra patients who were cared for. Two employees, one a chairside assistant, increased the number of patients to 1,356 or 702 extra patients who received dental care. Those men with three employees, one a hygienist, served an average of 2,008 patients or 1,454 persons more than the man with a one chair office and no employees.

The main service of our profession to the public at large should be directed toward prevention, coupled with research on a high level, with continued public education. We as a profession must be ready to render necessary care for the greatest number. This can be accomplished by the full use of the auxiliary services, working under the supervision of the dentist.

History reveals that the sciences and the arts have all passed through periods of superstition, charlatanism, persecution and recognition, with intermittent periods of regression, followed again by advancements. It is probable that a century from now, we too will be examined by the critical eye of an enlightened generation, who will evaluate our meager knowledge and our concept of public service.

The Dentist's Opportunity for Continuing Educational Advantages

LEE ROY MAIN, D.D.S.*
St. Louis, Mo.

THE DENTIST'S OPPORTUNITY for continuing educational advantages is a challenging title upon which to speak and one which is pertinent today, as never before.

The brief history of dentistry as a background for our discussion would help us appreciate the present status of so young a profession, that most of its advancement can almost be encompassed within the past one hundred years. Time scarcely permits a discussion of our history, however. True it is that some phase of dentistry has been practiced, after a fashion, as far back as we have any record, as revealed in the excavations of ancient cities of the past. Archaeologists, in delving into the buried cities of the past, invariably bring back evidence of ancient dentistry. These findings indicate that dental disease is not altogether a modern disturbance. The need for dental service was evident to early inhabitants. However, modern methods of attacking the problem are always changing, which indicates the necessity of present day practitioners being given the opportunity of taking postgraduate and refresher courses, and even courses given on the graduate level. These courses enable the dentist to learn the newer methods of attacking an old problem. Someone has said, "He who graduated yesterday and stops learning today, is uneducated tomorrow." This applies to dentistry, as well as to other professions.

The progress made in dental education since the turn of the century is almost beyond the bounds of the imagination. Recently I read that as late as 1900 only about three-fifths of the dentists in the United States had formal training in a school of dentistry. In the last fifty years dental education has had a remarkable develop-

* Chairman, Committee on Continuing Educational Effort.

ment as it was incorporated in many universities and became a well-organized university discipline.

Many new technics are constantly coming upon the horizon and some are reported to be the solution to some of our problems. Many of these, however, need to be tried and, if possible, proven to really be of value. In the last few decades many new and beneficial instruments and devices have been developed, until a well-equipped office of even twenty-five years ago scarcely meets the demand in equipment today, enabling one to carry on a modern practice. The changes and advancement developed in just the field of anesthesiology alone are a definite revelation, when we consider methods and material used just a few years ago. Dentistry can be practiced on a very high level with very little pain or discomfort to the patient as a result of block and infiltration anesthesia and certain other disturbances even cared for under a general anesthetic. These painless methods are taught not only to the undergraduate, but on the postgraduate level also.

Dentistry developed in response to human need to relieve pain and suffering, to eradicate oral and at times even systemic complications. Some of the dental problems are very complex and, as has been said, they have their origin in the same biological soil as do the problems of medicine.

The growth in appreciation of dental service is reflected in the dental schools. Ten years ago there were in the United States thirty-nine schools and some 7,500 students. Today, in the forty-three schools, is an enrollment of more than 12,000. Ten years ago, comparatively few of our schools of dentistry offered courses beyond the undergraduate level. Today, it is the exception to find a school which does not offer advance courses of some kind. Dentistry has caught the significance of an old phrase, that we are charged primarily with the responsibility of conserving the human dentition and there is an awakening to our responsibility in this connection. This alone has given rise to the need of further training in many instances for the man already in practice.

This past summer I visited a western school in which, during the three vacation months, seven courses on a postgraduate level were made available for the dentists in that community, and all courses were well attended. Some of these courses attracted men from six

different states. One dean has stated that during the last school year as many as 300 graduate dentists availed themselves of some post-graduate work in his school. I should like to quote from a paper presented by Dr. George W. Teuscher last February at the Tenth Congress on Dental Education and Licensure, as it is appropriate at this point:

"There are two things of primary importance—the first concerns his ability to serve the public, and the second concerns the desire to do so, and that his ability to serve depends on his education, his physical well-being, and the condition and kind of his operating equipment and the competency of his assistants."

Of course, this not only applies to dentists, but in many instances where the human equation is a factor.

The preparation for life is frequently looked upon as that period when an individual is in elementary and high school and, maybe, in college. In the professions, it extends throughout life. As long as there is human need for our services, we need to be alert to the changes being evolved as a result of study and research. This particularly applies to the healing profession. Methods proven successful and in use today were, in many instances, undreamed of when most of us were entering practice. This indicates the wisdom of some who avail themselves of the opportunity of further study after graduation. In fact, it has at times become a necessity for many of us.

Speaking in this vein would not be appropriate nor becoming if there were no need to continue study, and if no advanced courses were offered. Courses for the improvement of our work are offered on about every level, enabling us as practitioners to "face the challenge of a changing world." There have been many changes in our work since graduation. Fortunately, the changes have been quite satisfactorily met through research, both basic and clinical, until today more courses are offered and accepted by the profession beyond the undergraduate level than ever before.

Are the practitioners realizing and appreciating the opportunity for advancement? In view of the following, I think they are. A recent report from the central office of the A.D.A. indicated that more than 15,000 dentists have taken advantage of some courses offered by the dental schools and other qualified and recognized

institutions throughout the country. In addition, there were 350 internships and residencies offered in the hospitals and also 432 graduate programs in other categories of dentistry.

There has been a changing of the curricula throughout the history of the profession, and there will always be, if we keep step with the advancement in science. The field of dentistry and its responsibility to the public has undergone remarkable expansion in the past few decades. When many of us were students, the chief emphasis was upon a technical basis, while today the teaching is upon a biological basis. Hence, the need for postgraduate and other opportunities enabling the practitioners to keep abreast with the newer knowledge.

With the dentists' participation in these opportunities as just mentioned, surely we look to the future with confidence.

Motivation for the Study of Dentistry

WENDELL L. WYLIE, D.D.S., M.S.*
San Francisco, Calif.

THE AMERICAN COLLEGE of Dentists, through its Committee on Student Recruitment, has completed within the last year one phase of a study of dentistry's public relations. This has taken the form of an inquiry into the motivation of professional students conducted on the campuses of the University of California. It has been the project of the American College of Dentists in that the College has assumed a substantial share of the expense of the project in the form of a research grant. Since it was not strictly an activity of the Committee on Dental Student Recruitment, the members of that committee must not be blamed for the conclusions in the published account written by the Chairman. Committee members have been consulted in the project and the work has been published in the *Journal of Dental Education*. It is essentially a study of dentistry's public relations, because it ascertains the attitudes of people in their early twenties towards the profession of their choice. The attitudes of this particular age group are substantially reflections of lay opinion everywhere.

Lay opinion concerning dentistry is comprised of many factors. Undoubtedly, the most important factor is the person-to-person contact in the dental office; secondly, there is the impact which the dentist has on his community in capacities other than professional. Our study shows that far down the list comes other factors such as the influence of pamphlets, books, magazine articles, and television. We feel entitled to conclude that much could be done with a motion picture of the sort developed by this committee under the chairmanship of Dr. Harold Ray. So little has been done thus far with visual aids that few students ascribe to sources of this kind the awakening of an interest in dentistry.

We are pleased to report that the most influential factor for all students, medical and dental students alike, is their belief that they

* Chairman, Committee on Dental Student Recruitment.

have native interests and aptitudes which suit them for that role. Young men entering medical school are clearly influenced by the exalted status which has so long been accorded to the medical profession. Their responses indicate an indifference to the arduous hours, and while statisticians show the average medical income to be above that for the dentist, medical students evince less interest in prospects for financial success than do those entering dentistry. Dental students, on the other hand, are clearly interested in the prospects of well-defined office hours and of working independently without being accountable to anyone but themselves. Since the data have been published, there is no need to dwell on conclusions. We may, however, profitably compare the attitudes of the young medical student with those of the young dental student. These attitudes affected the most important decision likely to be made in a man's lifetime. Our comparison shows that of the two, medical students are the somewhat more idealistic lot. It is as if they had a call to their profession; they did not choose it for precisely what they might get out of it. This is not to say there are no self-seekers in the medical school and no idealists in the dental school. We may even speculate whether or not the medical faculty is taking full advantage of their good fortune!

But because we have a somewhat larger view of dentistry than merely a field in which one can make a good living without inconvenience, we ought to study ways and means of giving this larger view to the general public and particularly to the age groups from whom we draw our dentists of the future. While we may quarrel with the accuracy of their present evaluations, the attitudes of these young people condition to a large extent the constitution of our profession in the future.

Dental Literature: The Record of Professional Progress

CARL O. BOUCHER, D.D.S.*
Columbus, Ohio

IT IS OBVIOUS that dental literature is the *one* permanent record of progress of the profession. This fact places a great responsibility upon all who have anything to do with this important record, especially the author, the editor, and the reader. Each must do his part or the record is of little value. If each does his part, the quality of the dental service of the future is assured.

THE RESPONSIBILITIES OF THE AUTHOR

The responsibilities of the author will be discussed first because he is the source of the literature. His first and most important responsibility is that he have something to say. What he has to say may be classified according to its nature as: 1. A report of his research, 2. A theoretical exploration, 3. An analytical comparison, 4. A historical review, or 5. A description of practical technical procedures.

His second responsibility is to organize his material so that it will interest the editor and be comprehended by the reader of his article. This means that the article must be organized so the potential reader will become an actual reader. An article published but unread is of no value except to the ego of the author. Each class of article has its own requirements for maximum effectiveness.

A research report has five requirements. 1. It must state the problem clearly in order that there is no doubt of the objective of the research. 2. It must state the method in order that its validity can be evaluated and so other researchers may duplicate or modify the research procedure to check the results. 3. It must report the results accurately and as briefly as possible. 4. It must list the conclusions which may be drawn from the research. 5. The conclusions must point to the possible practical significance of the new knowledge to the reader.

* Chairman, Committee on Journalism.

A theoretical exploration has five requirements. 1. It must state the problem. 2. It must identify the conflicting philosophies by the inclusion of an adequate bibliography. 3. It must be written in a simple but logical sequence so the reasoning used is not obscured by words. 4. It must lead to logical conclusions based on facts. 5. It must point out the practical application of the conclusions.

An analytical comparison has four requirements. 1. It must state and classify, as briefly as possible, the various technical procedures being compared. 2. It must identify the procedures being compared by an adequate and properly prepared bibliography. 3. It must make comparisons on the basis of relative effectiveness or of fundamental information (the basic sciences). 4. It must list conclusions which are of practical value to the reader.

A historical review has three requirements. 1. It must be an accurate record of the sequence of development of the sphere of dentistry being reviewed. 2. It should be as brief as possible, but it must be complete. 3. It must be thoroughly documented by references.

A description of practical technical procedures has five requirements. 1. It must state the objective of the technique. 2. It must describe the technique in an orderly and understandable manner. 3. It must avoid reference to alternative techniques until the entire procedure has been described. 4. It must have a summary which lists the advantages *and* the disadvantages of the technique. 5. It must *not* make unwarranted claims for effectiveness. The profession will be an impartial judge of this.

The third responsibility of the author is the style of writing. A simple direct statement in simple language is more effective than big words in complicated sentences. The big words may allow the author to appear erudite to himself, but they will not have the same effect upon the reader because the article will not be read. A long and complicated sentence obscures the import of the sentence. Wordiness is probably the greatest fault of dental literature today. It probably discourages more dentists from reading than any other thing.

The fourth responsibility of the author is that which goes along with the privilege of free speech. Free speech is essential to progress in this changing world. Free speech is essential to progress in dentistry. The counter-balances for free speech are truth and accuracy.

The author must make sure that the statements he makes are accurate and honest.

THE RESPONSIBILITIES OF THE EDITOR

Many of the responsibilities of the editor are technical in nature and will not be discussed here. There are some responsibilities, however, that have a bearing upon the record of professional achievement and its use by the profession.

The editor should be impartial and objective as he selects the material he uses. He should establish a policy of free speech, and select articles with which he does not agree as well as those with which he is in agreement.

The editor should make sure the articles are organized and written in a style that will interest the readers. This involves assistance to authors in the preparation of their manuscripts, even to the extent of rewriting them (with the author's approval after revision, of course), if necessary. This rewriting must be done in such a way as to preserve the *sense* and the *intent* of the author. Most authors appreciate this assistance, and the readers are more likely to read some articles if they are revised correctly than if they were published as submitted.

The editor should evaluate each article for the reader in such a way as to allow the reader to arrive at his own conclusions. This is a difficult assignment, and it involves a broad understanding of the subject matter. He should recognize the facts as facts and should raise questions about statements or premises which may not be facts. In this way he can assist the reader in reading and understanding the article.

THE RESPONSIBILITY OF THE READER

The reader has certain definite responsibilities if dental literature is to be of any value. The first and most important of these is that he read. If the literature is not read, it might just as well have not been written or published. If the author and the editor have fulfilled their obligations, there is little excuse for the unopened dental journals and textbooks to be found in dental offices throughout the United States.

There are a number of reasons why more reading is not done. Some of these could be eliminated if the authors and editors would

accept their responsibilities. The competition for the reader's time by other activities is so terrific at the pace of modern living that it seems to be a losing battle. If the sustained interest of the reader could be gained by better organized and better written articles, this competition might be met with effectiveness.

The second responsibility of the reader is to develop an *interest* in the literature. This is not easy when we realize the peculiar nature of dental practice in its relation to dental education. Dental schools have found it necessary to teach *one* satisfactory method for doing any specific dental operation. There is not time to do more. The student graduates with the idea that he has learned all that is worth knowing. Then he embarks in a practice where he is his own critic. His successes return to praise him, but he does not see his failures. He becomes smug in his attitude toward his own knowledge and ability. He sees no reason to read. The dental schools should attempt to correct this situation by making assignments in current periodical literature. This would help the dental student to acquire the habit and *desire* to read.

The third responsibility of the reader is to think. If a policy of free speech is established by dental journals, the reader must analyze the statements of the authors on the basis of the facts as he knows them.

Finally, the reader must write if there is to be a record of professional achievement. When the reader becomes an author he will not only record his own activity and knowledge, but he will learn how to read and how to think. Through this the profession will progress, and the literature will become a true record of its progress.

OPPORTUNITIES FOR THE AMERICAN COLLEGE OF DENTISTS

The American College of Dentists, through its Committee on Journalism, and working in cooperation with the American Association of Dental Editors and the Council on Journalism of the American Dental Association, has accepted the challenge to reactivate and revitalize dental literature. A comprehensive long term program has been developed which should help to stimulate the authors, the editors, and the readers to accept their respective responsibilities. When this is accomplished, the dental literature will be a guide to professional advancement in this changing world, as well as a monument to the American College of Dentists.

Why Not a School of the Basic Dental Sciences?

J. F. VOLKER, Dean
Birmingham, Alabama

EDITOR'S NOTE: *Although the idea set forth in the accompanying article by Dean Volker seems quite advanced in the light of present teaching programs, we present it to our readers with the suggestion that they evaluate it fairly, and then apprise the author of their opinions as to its merits.*

Certainly the problems of increasing population and the demands for dental care must be met by our profession which in turn must look to dental educators for their suggestions and assistance.

A.E.S.

IT IS GENERALLY agreed that the number of dentists being graduated each year from American dental schools is not sufficient to meet the present and projected needs of civilian and military populations. Several solutions to the problem have been suggested and are being attempted. These include the formation of new dental schools as undertaken by the States of Washington, North Carolina, and Alabama and the expansion of facilities by many of the existing dental schools. Al-

though it is possible that the combination of these measures may ultimately overcome the shortage of dental practitioners, serious consideration should be given to alternative procedures.

A careful examination of the structure of medical education in the United States shows that two-year schools of basic medical sciences are a reasonably common occurrence.¹ Similar institutions are not found in the present pattern of dental education.

The possible advantages of two-year schools of the basic dental sciences are at least twofold. First, they could serve as a basis for expansion into a four-year program if and when the finances, facilities and demand become evident. This view is supported by the many instances where two-year medical schools that have been expanded into four-year institutions. Second, those students that

¹ Anderson, Donald G., Manlove, Francis R., and Tipner, Anne: Medical Education in the United States and Canada. *Journal of the American Medical Association*, 147 (2):131, September 8, 1951.

successfully complete their freshman and sophomore work at two-year institutions would provide third year replacements for those students that are normally lost from the freshman and sophomore classes of the conventional four-year schools. In the year 1950-51, there were enrolled in the freshman, sophomore and junior classes of American dental schools 3226, 2975 and 2881 students, respectively.² From this it can be estimated that there are at least three hundred fewer students in the junior year than in the freshman year. Although some of this difference may be accounted for by the gradual expansion of existing facilities, it seems safe to assume that two hundred or more students are being lost from each entering dental class between matriculation and the beginning of the junior year. This deficiency might be compensated for by the admission to advanced standing of qualified students from the two-year schools.

There are several important problems associated with the possible establishment of a two-year dental school. Since such a project would be definitely in the nature of an educational experiment, it would be most advantageous if it could be attempted with a minimum of financial support and without extensive construction or building alteration. Tentatively it is suggested that some state having an established medical school set up the pilot program. If, for example, fifty medical students are being admitted each year, the quota of medical students could be reduced to forty and the remaining ten positions made available to dental students. If this is not possible, the basic science facilities could be expanded to take care of classes of sixty students and the ten new positions allocated to dental students.

Since this program anticipates the greatest possible integration of medical and dental teaching, the dental matriculant should meet the institution's particular requirements for the admission of medical students. In all probability, this would be a minimum of three academic years or ninety semester hours. Approximately one-half to two-thirds of the lectures and laboratories in the basic sciences courses might be taken with the medical students. The remaining time would be devoted to special lectures and laboratories on basic science material particularly pertinent to the practice of dentistry

² American Dental Association. Dental Students' Register—1950-51.

and to lectures and laboratories limited to dental morphology, materials and techniques. All of the latter could be included in an integrated four-semester course in basic dental techniques.

The basic science faculty of the selected institution would have to be expanded to include two types of dental personnel. One would be the dental teacher who has had adequate preparation in several of the basic sciences and the other the versatile teacher of dental techniques. If the class were limited to ten students a year, a minimum of four dental staff members would be needed for its successful operation. Two of these might be assigned to technical instruction; the other two would have the responsibility of the dental aspects of the basic science instruction. Collectively, they would constitute an official university unit and be designated by some suitable title such as the Department of Dentistry.

The administrative officer of the department would have the title of associate dean. In this capacity he would normally be responsible to the dean of the medical school but have the privilege on controversial matters of direct appeal to the president of the university.

A major obstacle to the success of the plan would be the possible unwillingness of four-year schools to accept the students to advanced standing because of uncertainty as to the caliber of their educational preparation. This objection could be removed if the transfer students from the two-year schools were required to pass Part I of the National Board Dental Examination. This would attest their preparation in the basic sciences. Their competency in dental techniques could be determined either by a special technical examination given by the school to which they were applying or better yet by an examination arranged and supervised by an official committee of the American Association of Dental Schools.

It should be anticipated that the establishment of such a school would present numerous administrative and technical problems. Before it is brought into being, it should receive the most careful consideration of dental and medical educators. Under no circumstances should it be organized unless at least a limited number of established dental schools indicate their willingness to admit the subjects of the experiment to advanced standing.

MINUTES OF CONVOCATION

October 16, 1955, San Francisco, California

(Abbreviated)

By O. W. BRANDHORST, *Secretary*

MORNING MEETING

The morning meeting was called to order by President Ferguson at 9:00 o'clock. The Reverend Neal K. McGowan of the West Side Christian Church of San Francisco, gave the invocation.

The minutes of the Miami (1954) meeting were read and approved.

The report of the secretary was received.

The treasurer's report was as follows:

"As of September 30, 1955, the funds of the American College of Dentists on deposit with the Fauquier National Bank, Warrenton, Virginia, are represented by balances and safety-deposit box holdings as follows:

General Fund

Bank Balance of September 30, 1955	\$31,660.43
Less Checks Outstanding	1,494.35
Actual Check Book Balance	<u>30,166.08</u>
U. S. Savings Bonds, Series G and K	38,000.00
	<u>\$68,166.08</u>

H. Edmund Friesell Endowment Fund

U. S. Savings Bonds, Series G	\$ 3,300.00
Savings Account (representing accrued interest)	<u>569.98</u>
	<u>\$ 3,869.98</u>
Total Assets	<u>\$72,036.06</u>

Report received.

Vice-President Rault presided while President Ferguson presented his address in which he reviewed the year's activities and pointed out some of the achievements. Report received.

Dr. Gerald A. Mitchell presented the report for the Necrology Committee. (To be published in the June, 1956 issue of the JOURNAL.)

Dr. Edgar H. Keys presented the report of the Nominating Committee and the following officers and regents were duly elected:

President-elect	Gerald D. Timmons, Philadelphia, Pa.
Vice-President	Hunter S. Allen, Birmingham, Ala.
Treasurer	William N. Hodgkin, Warrenton, Va.
Regents	Jack S. Rounds, Los Angeles, Calif.
	Edgar W. Swanson, Chicago, Ill.

President Ferguson then called upon Dr. Knut Gard of Oslo, Norway, who brought greetings from that country.

The following program was then presented under the general theme of "Facing the Challenge of a Changing World."

Address: "Motivation for the Study of Dentistry"

Wendell L. Wylie, D.D.S., M.S.
San Francisco, Calif.

Chairman, Committee on Dental Student Recruitment

Address: "The Need and Opportunities for Teachers in Dentistry"

William F. Swanson, D.D.S., M.S.
Pittsburgh, Pa.

Chairman, Committee on Education

Address: "The Dentists' Opportunity for Continuing Educational Advantages"

Lee Roy Main, D.D.S.
St. Louis, Mo.

Chairman, Committee on Continuing Educational Effort

Address: "Planning a Sounder Foundation for Dental Education and Research"

Edgar W. Swanson, D.D.S., M.S.D.
Chicago, Ill.

Chairman, Committee on Financial Support for Dental Education and Research

Address: "Moving Our Frontiers Forward"

Henry A. Swanson, D.D.S.
Washington, D. C.

Chairman, Committee on Research

Address: "Our Professional Responsibilities and the Public"

Fritz A. Pierson, D.D.S.
Lincoln, Neb.

Chairman, Committee on Socio-Economics

Address: "The Auxiliary Services—How Helpful Can They Be?"

William D. McCarthy, D.D.S.
Denver, Colo.

Chairman, Committee on Auxiliary Dental Services

Address: "Prevention—The Ear-Mark of a Profession"

Carl L. Sebelius, D.D.S., M.P.H.
Nashville, Tenn.

Chairman, Committee on Prevention

Address: "Rehabilitation for Function, Health and Happiness"

Walter J. Pryor, D.D.S.
Cleveland, Ohio

Chairman, Committee on Prosthetic Dental Service

Address: "Dental Literature: The Record of Professional Progress"

Carl O. Boucher, D.D.S.

Columbus, Ohio

Chairman, Committee on Journalism

Adjournment, 12:00 o'clock

LUNCHEON MEETING

This meeting was held in the Venetian Room of the Fairmont Hotel, under the auspices of the Northern California Section, with Dr. George W. Hahn, presiding.

The speaker was Dr. Wendell L. Wylie of San Francisco, Calif., a Fellow of the College, who spoke on "California and Some Rugged Individualists." Attendance 450.

AFTERNOON MEETING

The afternoon meeting convened at 3:00 p.m., following a procession of officers and candidates.

The convocation address was delivered by Dr. Robert Gordon Sproul, President of the University of California. He spoke on the subject of "Beneficial Emanations From an Oral Cavity."

Fellowships were conferred upon the following persons:

W. R. Alstadt	Little Rock, Ark.
Charles Hemphill Alter	Pomona, Calif.
Berton Emmett Anderson	Seattle, Wash.
Alva S. Appleby	Skowhegan, Maine
E. A. Archer	Chicago, Ill.
Joseph Aden Barkley	Detroit, Mich.
William Preston Barnes, Jr	Army
Henry McGee Barnhart	San Marino, Calif.
Wilbur L. Beal	Anaconda, Mont.
Walter H. Becker	Army
I. Irwin Beechen	Oakland, Calif.
Norman J. Bell	Billings, Mont.
Walter R. Bell	Reno, Nev.
Leon Warren Berger	Beech Grove, Ind.
L. Gordon Berkey	Peekskill, N. Y.
Frank E. Beube	New York, N. Y.
Roy L. Bodine, Jr.	Army
Albert E. Bonnell, Jr.	Muskogee, Okla.
Robert L. Borland, Sr.	Los Angeles, Calif.
Morris J. Boyer	Union City, N. J.
William F. Braasch	Minneapolis, Minn.
William S. Brandhorst	St. Louis, Mo.

Adrian Brash	Honolulu, T. H.
Horace Arthur Brayshaw	Army
Lester E. Breese	Oakland, Calif.
Charles Jay Brown, Jr.	Kansas City, Mo.
Clare Thomas Budge	Army
Kenneth Robert Cantwell	Portland, Ore.
Norman C. Carlson	Lincoln, Neb.
Sau Yee Chang	Lihue, Kauai, Hawaii
John Peter Christensen	Army
L. Glenn Cody	Denver, Colo.
Walter Louis Comeaux	Baton Rouge, La.
Jack Nickey Congdon	Newport Beach, Calif.
Claudio Funcia Cornell	Havana, Cuba
Alvin Bartley Coxwell, Jr.	Louisville, Ky.
William Dwight Curtis	Washington, D. C.
Robert Pierce Denney	Milan, Tenn.
Fred Walter Dietrich	Camden, Ark.
Maxwell Merton Dixon	Los Angeles, Calif.
Alton A. Dobbs	Erwin, Tenn.
Robert Lawrence Dunn	Manhasset, N. Y.
J. Claude Earnest	Monroe, La.
Erwin William Ferber	San Francisco, Calif.
Morris Fierstein	Jamaica, N. Y.
Everett Milton Finger	Oakland, Calif.
Roland Davis Fisher	Glendale, Calif.
Edward J. Forrest	Sewickley, Pa.
William MacDaniel Fowler	Navy
Sperry David Fraser	Edmonton, Canada
Robert C. Frates	San Francisco, Calif.
Maurice Jerome Friedman	Little Rock, Ark.
Nathan G. Gaston	Monroe, La.
Robert E. Gaylord	Dallas, Tex.
Richard Frank Gilmore	Grand Junction, Colo.
Corydon James Glazier	Hollywood, Calif.
Charles N. Gray	Glasgow, Mont.
Joseph H. Griswold	Richmond, Ind.
A. Ian Hamilton	Seattle, Wash.
Allan Thomas Haran	Brooklyn, N. Y.
Lorne D. Haselton	Saskatoon, Canada
Hobart F. Heston	Dayton, Ohio
Edwin T. Holmes	Fitchburg, Mass.
Robert T. Holt	Veterans' Administration
Harold Lucien Houvener	Honolulu, T. H.
William Benjamin Irby	Atherton, Calif. (Army)
Arthur Lawrence Jensen	Los Angeles, Calif.
Philip M. Jones	Kansas City, Mo.
W. Hinson Jones	Buffalo, N. Y.
Oscar A. Kenck	Augusta, Mont.
Milton Melvin Lappin	Detroit, Mich.

Victor Hugo Levitz
Jean Paul Lussier
John Barfoot Macdonald
Ralph E. McDonald
Thomas Albert McFall
J. Franklin Maley
Foster M. Matteson
Frank S. Maxey
Forrest Ott Meacham
Arthur Chapman Meigs
Alton Wallace Moore
Donald Morrison, Sr.
Kenneth N. Morrison
Thaddeus Morrison, Sr.
Hugh Moseley, Jr.
Caspar Albert Moss
David Mossberg
Edward Paul Nelson
Harold E. Odegard
Rulon Wall Openshaw
Harold R. Ortman
John Herndon Paul
Jess M. Peabody
LeRoy E. Pitman
Earl J. Poe, Jr.
Ralph E. Raker
Denton J. Rees
John Edmond Rhoads
Dale Bowlby Ridgely
Gustav Adolph Roelke
Gordon Laggatt Ross
R. Quentin Royer
C. N. Sanger
Erwin M. Schaffer
Tolbert D. Schimke
Arthur G. Schultz
Harold H. Sell
J. Donald Shriber
S. Mayo Silverman
Charles T. Smith
Guy W. Smith
Lloyd Sidney Smith
William Armstrong Smith
Vernon Karl Spaeth
Walter Clay Stout
Jerome C. Strain
Edmund V. Street
Edward Stroh, Jr.
Orion H. Stuteville

Plainfield, N. J.
Montreal, Canada
Vancouver, Canada
Indianapolis, Ind.
Army
Los Angeles, Calif.
Spearfish, S. Dak.
Nashville, Tenn.
Chattanooga, Tenn.
Long Beach, Calif.
Seattle, Wash.
Gainesville, Fla.
Seattle, Wash.
Atlanta, Ga.
Warren, Ark.
Arcadia, Calif.
New York, N. Y.
Kansas City, Mo.
Snohomish, Wash.
Hollywood, Calif.
Buffalo, N. Y.
Navy
Denver, Colo.
Long Beach, Calif.
St. Louis, Mo.
Shamokin, Pa.
Portland, Ore.
San Francisco, Calif.
Army
Tulsa, Okla.
Kansas City, Mo.
Rochester, Minn.
Milwaukee, Wis.
Navy
Spokane, Wash.
Seattle, Wash.
Cleveland, Ohio
Los Angeles, Calif.
Los Angeles, Calif.
San Diego, Calif.
Denver, Colo.
U. S. Air Force
Navy
Chippewa Falls, Wis.
Ennis, Tex.
San Francisco, Calif.
San Francisco, Calif.
New York, N. Y.
Chicago, Ill.

Francis W. Summers	Los Angeles, Calif.
Lem Vernon Sweet	Southgate, Calif.
Merrill G. Swenson	Portland, Ore.
Vincent Anthony Tagliarino	Louisville, Ky.
William A. Themann	Madison, N. J.
Herbert Jere Towle, Jr.	Navy
Ernest Guy Vedova	Roundup, Mont.
Robert H. Vollmayer	Toledo, Ohio
Arthur Charles Vurgaropulos	Lowell, Mass.
Donald Edward Wagner	Pittsburgh, Pa.
Chester Kenneth Walker	Huron, S. Dak.
Elgin McKinnon Wansbrough	Ottawa, Canada
Walter Stanley Warpeha	Minneapolis, Minn.
William Wallace Webster	Lincoln, Neb.
Marhl H. Welch	Army
Bruce Feagin Wilkinson	Tyler, Tex.
Wyman H. Wilson	Portland, Ore.
Harold Perry Winn	Greeley, Colo.
Charles M. Woodward	Pasadena, Calif.
John K. Young	San Francisco, Calif.

Honorary Fellowship was conferred upon Dr. Robert Gordon Sproul, President of the University of California, San Francisco, Calif.

The William John Gies Award was presented to Dr. John E. Gurley, Dr. Arthur H. Merritt and Dr. Albert L. Midgley, in recognition of meritorious services to the profession.

Dr. Gerald D. Timmons presented Dr. Gurley, Dr. Sam R. Parks presented Dr. Merritt and Dr. Kenneth C. Pruden presented Dr. Midgley in these ceremonies.

Following the close of the meeting and the recessional, a reception was held for the new Fellows in the Venetian Room.

EVENING MEETING

The evening meeting convened with a dinner in the Terrace Room at 7:00 o'clock, 570 attending.

President Ferguson presented Dr. Daniel F. Lynch, President of the American Dental Association, who extended greetings for that organization.

Following the introduction of guests by President Ferguson, he introduced Dr. Lee Roy Main, who officiated in the installation of the new officers, after presenting Dr. Ferguson with the Service Key of the College.

The following officers were installed:

President	Kenneth C. Pruden, Paterson, N. J.
President-elect	Gerald D. Timmons, Philadelphia, Pa.
Vice-President	Hunter S. Allen, Birmingham, Ala.
Treasurer	William N. Hodgkin, Warrenton, Va.
Editor	Alfred E. Seyler, Detroit, Mich.
Historian	John E. Gurley, San Francisco, Calif.
Historian Emeritus	William J. Gies, Lancaster, Pa.
Regents	Jack S. Rounds, Los Angeles, Calif.
	Edgar W. Swanson, Chicago, Ill.

President Pruden then presented his Inaugural Address, in which he directed attention to the need for continuing vigilance and effort on the part of the College in support of our objectives and meeting the trends of our times.

Following his Inaugural Address, Dr. Pruden then announced the following appointments to the various committees, each for a term of five years, except as otherwise indicated:

Auxiliary Dental Service

Francis B. Vedder, Ann Arbor, Mich.

Continuing Educational Efforts

Albert B. Hall, St. Paul, Minn.

Education

Walter A. Wilson, Jersey City, N. J.

Financial Support for Dental Education and Research

Clemens V. Rault, Washington, D. C.

Health Relationship

David W. Brock, St. Louis, Mo.

Human Relations

Percy G. Anderson, Toronto, Canada

Journalism

W. W. MacQueen, Minneapolis, Minn. (4 years)

Chas. A. Scrivener, San Francisco, Calif.

Preventive Service

Rupert H. Gillespie, W. Palm Beach, Fla.

Prosthetic Dental Service

Albin W. Rauch, Orange, N. J.

Public Relations

Edgar DeWees Baker, Raleigh, N. C.

Research

Theodore C. Fischer, 3650 U.S.A.F. Hospital, Sampson A.F.B., New York

Socio-Economics

Obed H. Moen, Watertown, Wis.

Student Recruitment

O. M. Dresen, Milwaukee, Wis.

Necrology (one year appointments)

Chas. F. Harper, Chairman, Jersey City, N. J.

C. Willard Camalier, Washington, D. C.

Lowrie J. Porter, New York, N. Y.

Nominating (one year appointments)

Fritz A. Pierson, Chairman, Lincoln, Neb.

Malcolm W. Carr, New York, N. Y.

Sydney Cross, Los Angeles, Calif.

Francis C. Ortolani, Plymouth, Mass.

H. Arthur Zappe, Mineral Wells, Tex.

Mr. Paul Speegle, humorist, spoke on "How to Become a Public Bum in Ten Easy Lessons."

Adjournment, 10:15 p.m.

MINUTES OF THE MEETINGS OF THE BOARD OF REGENTS

October 15 and 17, 1955, San Francisco, California

(Abbreviated)

The Board of Regents held its meetings in the Fairmont Hotel, San Francisco, Calif., on October 15 and 17, 1955.

FIRST MEETING

The first meeting was held on Saturday, October 15, convening at 9:00 a.m., with President Ferguson presiding. Eleven voting members of the Board were present.

The minutes of the February, 1955 meeting were approved.

Regular order of business was set aside to hear reports from the following committees:

Auxiliary Dental Service

Continuing Educational Efforts

Education

Financial Support for Dental Education
and Research

Health Relationship

Human Relations

Journalism

Preventive Service

Prosthetic Dental Service

Public Relations

Research

Wm. D. McCarthy, Chairman

Lee Roy Main, Chairman

Wm. F. Swanson, Chairman

Edgar W. Swanson, Chairman

E. Horace Jones, Chairman

John E. Gurley, Chairman

Carl O. Boucher, Chairman

Carl L. Sebelius, Chairman

Walter J. Pryor, Chairman

J. F. Burke, Chairman (Presented
by Dr. M. F. Jarrell)

Henry A. Swanson, Chairman

Socio-Economics
Student Recruitment

Fritz A. Pierson, Chairman
Wendell L. Wylie, Chairman

While the Board was pleased with these reports it recognized the desirability of periodically holding meetings of these committees in order to not only encourage current activities but also to develop long-range plans. The Board, therefore, approved plans for making this possible.

Details of many of the committee activities will be brought to the attention of the membership through subsequent Section meetings. Adjournment at 12:15 p.m.

SECOND MEETING

The Board reconvened at 1:30 p.m., with twelve voting members present.

Officers and Regents reported on Section activities, indicating general interests but still not the broad acceptance of Section purposes and responsibilities, except in a few areas.

The secretary reported extensively on the status of the College and the activities in the central office.

The treasurer reported on the financial status (see report before general sessions).

Adjournment at 6:00 p.m.

THIRD MEETING

The Board convened for its third meeting at 7:30 p.m., with eleven voting members present.

The Board discussed at length a suggested plan for a broad study of pre-payment dental plans. No action on the suggested study was taken but encouragement was given to a possible study of some of the west coast developments with regard to the Longshoremen's Union activities.

The following officers were selected by the Board:

Editor
Historian
Historian Emeritus

Alfred E. Seyler, Detroit, Mich.
John E. Gurley, San Francisco, Calif.
Wm. J. Gies, Lancaster, Pa.

The printing contract for the JOURNAL with The Ovid Bell Press, Inc. for the ensuing year was approved.

FOURTH MEETING

The fourth meeting of the Board of Regents was held in the Fairmont Hotel on Monday, October 17, at 8:30 a.m. This was the first meeting of the new Board with Dr. Kenneth C. Pruden presiding. Twelve voting members of the Board were present.

The budget for the ensuing year was approved, showing a net balance of \$563.71.

President Pruden appointed the following Board Committees:

Committee on American Dental Association Centennial

Harold J. Noyes, Chairman
S. Ellsworth Davenport
Sam R. Parks

Committee on Development

Gerald D. Timmons, Chairman
Donald W. Gullett
Jack S. Rounds

Budget

Gerald D. Timmons
W. H. Hodgkin
O. W. Brandhorst

Ad-Interim

Kenneth C. Pruden
Gerald D. Timmons
Hunter S. Allen
W. N. Hodgkin
O. W. Brandhorst

Section Activities

Kenneth C. Pruden
Gerald D. Timmons
Edgar W. Swanson
O. W. Brandhorst

By-Laws

William N. Hodgkin, Chairman
Robert W. McNulty
Ernest B. Penn
F. A. Pierson
Henry A. Swanson

Two Teacher's Training Fellowships were approved for the year 1956-1957.

Adjournment at 11:30 a.m.

Book Review

The Management of Oral Disease. By Joseph L. Bernier, D.D.S., M.S., F.D.S., R.C.S., Eng. First Edition. 825 pages with 1,001 Text Illustrations and 5 Color Plates. Index. Price \$15.00. St. Louis, C. V. Mosby Co., 1955.

Dr. Bernier's complete discussion which includes the recognition, identification and treatment of oral diseases, makes this an interesting and informative textbook. Great thought was taken in organizing the book. The reader is taken in an orderly fashion from the basic fundamentals, such as histology and tissue healing and repair, to the more complex oral pathological disturbances.

Each chapter of the text is devoted to a specific entity which occurs in and about the mouth. In one chapter is an excellently detailed explanation of biopsy technique. Another chapter deals interestingly with diseases of the blood manifested in the oral cavity. The chapter dealing with malignant tumors properly follows a thorough discussion of all types of benign neoplastic tumors. Over a thousand excellent illustrations found in the book help to clarify the discussion of the various pathological conditions.

Into this one compact volume, Dr. Bernier has painstakingly condensed a wealth of knowledge which is vital to the understanding and treatment of oral diseases. *The Management of Oral Disease* is a well written text which is highly recommended as a valuable aid to students in the field of oral pathology, to oral surgeons and general practitioners of dentistry.

WARREN SCHNEIDER

Standing Committees 1955-1956

Auxiliary Dental Service

ETHELBERT LOVETT, *Chairman* 1956
 MERRITTE M. MAXWELL, 1957
Vice-Chairman
 PAUL L. CHEVALIER 1958
 ALLISON M. STINSON 1959
 FRANCIS B. VEDDER 1960

Continuing Educational Effort

WILLARD OGLE, *Chairman* ... 1956
 CYRIL F. STRIFE, *Vice-Chm.* .. 1957
 GEORGE W. REDPATH 1958
 LESTER E. MYERS 1959
 AMBERT B. HALL 1960

Education

ROY G. ELLIS, *Chairman* 1956
 PHILIP E. BLACKERBY, JR. .. 1957
 FRANCIS J. CONLEY 1958
 HARRY B. MCCARTHY 1959
 WALTER A. WILSON 1960

Financial Support for Dental

Education and Research

FRED B. OLDS, *Chairman* 1956
 LESTER W. BURKET, *Vice-Chm.* 1957
 EARL B. HOYT 1958
 DOYLE J. SMITH 1959
 CLEMENS V. RAULT 1960

Health Relationship

JOHN STEEN, *Chairman* 1956
 WILLIS R. OSMUN, *Vice-Chm.* 1957
 HORACE L. CARTEE 1958
 JAMES E. JOHN 1959
 DAVID W. BROCK 1960

Human Relations

WILLARD C. FLEMING, *Chm.* .. 1956
 HARRY S. THOMSON, *Vice-Chm.* 1957
 HAROLD H. HAYES 1958
 PERCY G. ANDERSON 1959
 FORREST OTT MEACHAM 1960

Journalism

LEROY E. KURTH, *Chairman* . 1956
 T. F. MCBRIDE, *Vice-Chairman* 1957
 HARRY LYONS 1958
 W. W. MACQUEEN 1959
 CHAS. A. SCRIVENER 1960

Preventive Service

WALTER J. PELTON, *Chairman* 1956
 RUTH MARTIN, *Vice-Chairman* 1957
 D. ROBERT SWINEHART 1958
 DOROTHEA F. RADUSCH 1959
 RUPERT H. GILLESPIE 1960

Prosthetic Dental Service

HERBERT L. ESTERBERG, *Chm.* 1956
 LUZERNE G. JORDAN, *Vice-Chm.* 1957
 ALLISON GALE JAMES 1958
 VICTOR L. STEFFEL 1959
 ALBIN W. RAUCH 1960

Public Relations

FREDERICK C. ELLIOTT, *Chm.* .. 1956
 ALLEN O. GRUEBBEL, *Vice-Chm.* 1957
 KENNETH R. GIBSON 1958
 MARION F. JARRELL 1959
 EDGAR DEWEES BAKER 1960

Research

THOMAS J. HILL, *Chairman* .. 1956
 MYRON S. AISENBERG, *Vice-Chm.* 1957
 WILLIAM G. MCINTOSH 1958
 MAYNARD K. HINE 1959
 THEODORE C. FISCHER 1960

Socio-Economics

THOMAS R. MARSHALL, *Chm.* 1956
 DONALD H. MILLER, *Vice-Chm.* 1957
 WILLIAM B. RYDER, JR. 1958
 RICHARD C. LEONARD 1959
 OBED H. MOEN 1960

Student Recruitment

RALPH J. BOWMAN, *Chairman* 1956
 FRANK P. BOWYER, JR., 1957
Vice-Chairman
 J. WALLACE FORBES 1958
 FRANK J. HOUGHTON 1959
 O. M. DRESEN 1960

Necrology (one year appointments)

CHAS. F. HARPER, *Chairman*
 C. WILLARD CAMALIER
 LOWRIE J. PORTER

Nominating (one year appointments)

FRITZ A. PIERSON, *Chairman*
 MALCOLM W. CARR
 SYDNEY CROSS
 FRANCIS C. ORTOLANI
 H. ARTHUR ZAPPE

Sections, American College of Dentists

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Secretary, 115 Bow St., Fayetteville,
N. C.

COLORADO: Charles K. Phillips,
Secretary, 524 Majestic Bldg., Den-
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Secretary, 326½ S. Beach St., Day-
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Oulliber, *Secretary*, 3798 25th St.,
San Francisco, Calif.

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Ohio State University, College of
Dentistry, Columbus, Ohio.

OREGON: Frank Mihnos, *Secretary*,
920 Selling Bldg., Portland, Ore.

PHILADELPHIA: J. Wallace Forbes,
Secretary, 1420 Medical Arts Bldg.,
Philadelphia, Pa.

PITTSBURGH: Clarence W. Hagan,
Secretary, 7528 Graymore Road,
Pittsburgh, Pa.

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tary*, Missouri Theatre Bldg., St.
Louis, Mo.

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las R. McCauley, *Secretary*, 410
South Beverly Drive, Beverly Hills,
Calif.

TEXAS: Crawford A. McMurray,
Secretary, Alexander Bldg., Ennis,
Tex.

TRI-STATE: James T. Ginn, *Secre-
tary*, 847 Monroe St., Memphis,
Tenn.

WASHINGTON, D. C.: C. V. Rault,
Secretary, 3900 Reservoir Rd., N. W.,
Washington, D. C.

WISCONSIN: Leonard C. Alexander,
Secretary, 604 N. 16th St., Mil-
waukee, Wis.