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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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Volume XXIII

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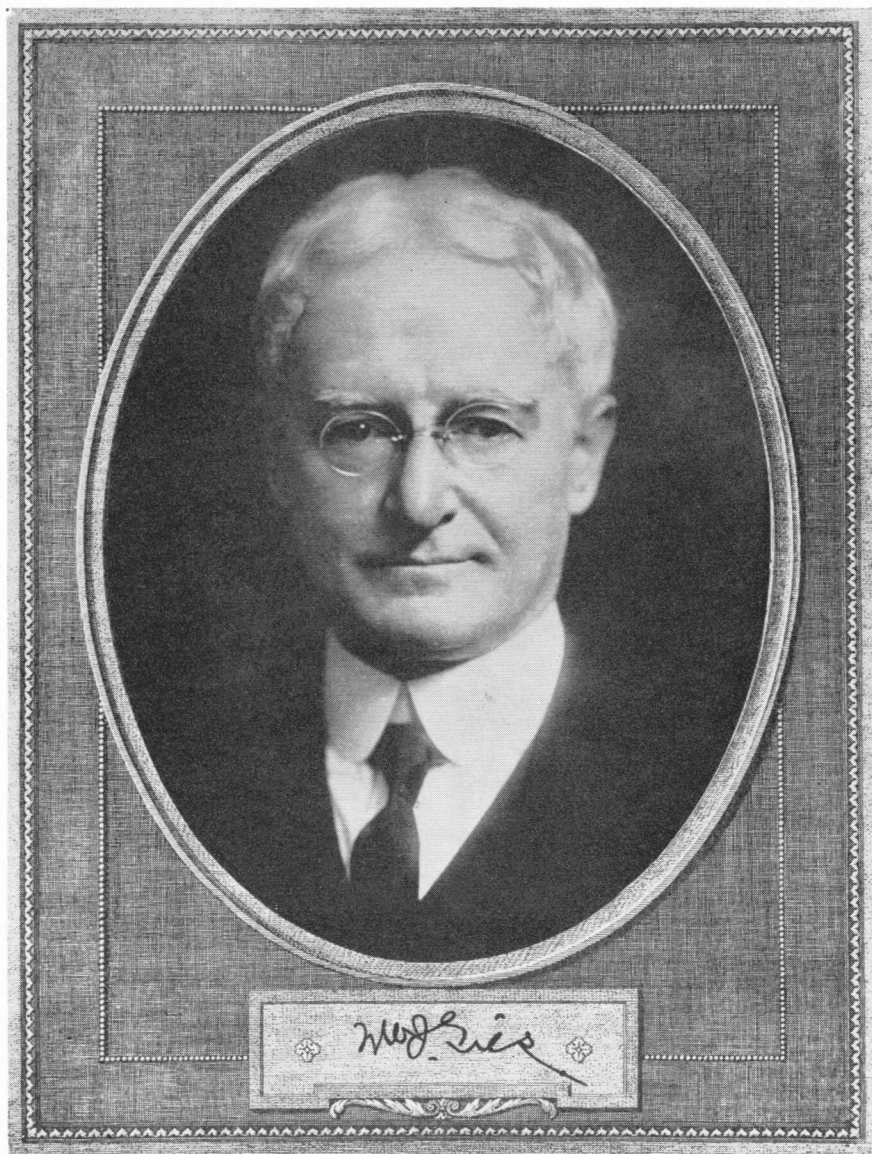
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Doctor William John Gies

ALBERT L. MIDGLEY, D.M.D.

WILLIAM JOHN GIES, apostle of science, builder of men, patron of dentistry, was born February 21, 1872, in Reisterstown, Baltimore County, Maryland. He died at his home in Lancaster, Pa., May 20, 1956.

Shortly after the death of his father, Gies went with his mother to Manheim, Pa., to reside at her parents' home. The early years of his boyhood were those of a healthy, active carefree American boy; he studied, played, and during vacations worked in his grandfather's printing shop and at odd jobs, to raise the funds for his education. He applied himself diligently to continuous study during his boyhood and young manhood—study which well prepared him for the labors of a scholar, scientist, and educator. In 1888, he graduated with honors from Manheim High School, and in 1889 entered Gettysburg College, whence he graduated in 1893, with honors, with a Bachelor of Science degree. He also played on the College base-ball team, and captained it in his senior year. In 1893 he was admitted to advanced standing at Yale University, and there, in 1894, received the degree of Bachelor of Philosophy. At Yale he worked his way by tutoring students. Having found at Gettysburg College and Yale University the inspiration for an academic life, he chose teaching as his career. In 1896 he received the degree of Master of Science from Gettysburg College—due reward for his researches and publications at Yale. In 1897 the degree of Doctor of Philosophy was conferred upon him by Yale after three years of teaching and graduate research.

The formative years at Yale, from 1894 to 1898, were passed in close association with two noted scientists—with Verrill, 1894-95, as assistant in zoology, and with Chittenden, 1894-98, as assistant in physiological chemistry. He was also instructor in physiology, 1896-1898. He was appointed to the medical teaching staff of Columbia University in 1898, passing through the usual grades of promotion from instructor to full professor in 1905. At Columbia, where he served continuously until his retirement from active service (for age) on July 1, 1937, he founded, in 1898, the first department of

biological chemistry in any medical school. He spent the summer of 1899 at the University of Berne, Switzerland, as a special student of physiology, and while there, completed two researches, one with Kroneker, the other with Asher, which were published soon afterward. The results of one of these he reported in person at the meeting of the British Association for the Advancement of Science, held in Dover, England, in 1899, at which Lord Lister presided. The early part of the summer of 1901 was devoted to research in Atwater's Laboratory of Nutrition at Wesleyan University. The remainder of that summer and the entire summer of 1902 were spent at the Marine Biological Laboratory at Woods Hole, Mass., in research in physical chemistry with Jacques Loeb, and in botany with Rodney True. In 1894-98 he was author of twelve research publications; since 1898 he wrote nearly six hundred articles, pamphlets, and other papers. In addition to being the author of the *Study on Dental Education*, published by the Carnegie Foundation (of which more later) he wrote eight volumes of *Biochemical Researches* (1903-27), and textbooks in general chemistry, organic and biological chemistry.

In recognition of his exceptional services in the scientific field, Gettysburg College conferred upon him the degree of Doctor of Science, in 1914; The American College of Dentists elected him to active fellowship in 1923; and Baylor University and Gettysburg College bestowed the degree of Doctor of Laws upon him in 1924. He held membership in Phi Beta Kappa, Sigma Xi and Omicron Kappa Upsilon. The Rhode Island State Dental Society, in 1927, granted him its scroll and medal. In 1928 the Ohio State Dental Society awarded him the Callahan Medal and, in that same year, his pupils and colleagues at Columbia University founded the William John Gies Fellowship for Research in Dentistry. In 1951 he received the Ambassadors' Award of the State of Pennsylvania. In 1937 the American College of Dentists created the William John Gies Fellowships and Grants-in-aid in his honor as a promoter of dental research. In addition to these expressions of appreciation and gratitude, many State and local dental organizations elected him to honorary membership.

At a convocation of the American College of Dentists held in Atlantic City, N. J., July 11, 1937, a reception and testimonial dinner were given in Dr. Gies' honor, attended by many members of the dental profession in the United States and Canada. He was the re-

recipient of an award, in the form of a citation, reading as follows:

"To William John Gies, M.S., Ph.D., LL.D., F.A.C.D., who has brought to the service of Dentistry the scientific outlook of a research worker, the educational ideals of a university teacher, the ethical standards of a moral philosopher, the literary abilities of an author and editor, the energy and enthusiasm of a sportsman, the practical wisdom of an experienced executive, the sympathy and good counsel of a loyal friend, this testimonial is affectionately presented in token of our enduring gratitude and veneration."

This citation was endorsed by the Presidents and Secretaries of the following distinguished organizations: American College of Dentists, American Dental Association, Canadian Dental Association, American Association of Dental Schools, American Association of Dental Examiners, American Association of Dental Editors, Dental Section of the American Association for the Advancement of Science, International Association for Dental Research, and Omicron Kappa Upsilon. It is an epitome of his active, industrious, selfless life, signaling his sterling character and abounding energy. It reflects the gratitude and affection in which he is held throughout the health-service world, and proclaims his eminence as an apostle of science, a builder of men and a patron of dentistry. This well-merited award speaks for itself, yet it may not be amiss to dwell at greater length on the character and services of William John Gies, dentistry's benefactor.

As a scholar, teacher and scientist, he had shown before entering the dental field that he possessed intellectual power and creative ability. He had high ideals of what a university professor should be: he must be a teacher, indeed; but first and foremost, he must be a scholar in love with learning, with passion for research; an investigator, searching new fields of knowledge, eager to give the results of his studies to the world.

At Gettysburg College, Yale and Columbia Universities, and the University of Berne, he lived in continuous contact with noted scholars, scientists and educators in an environment of culture and refinement which favored rapid and sturdy development of character—character supremely devoted to that superb quality we call truth, which underlies and activates all other virtues. This noble character, with many sides, and all shaped by the same driving and directing force, was what was mighty in him, and what strengthened the intellectual power and creative ability which he so abundantly possessed and so modestly used. Undoubtedly, in those centers of cul-

ture and learning, his innate moral excellence was continuously developed, exercised and invigorated through self-discipline, under disciples of truth and clarity in learning and teaching.

Truth was chief, foremost, controlling and compelling in his nature; it directed his conscience and shaped his ideals. On truth his historic report was founded; by truth it was nourished; with truth it was illuminated.

The governing force in his selfless personality was the desire to know and to declare the truth after careful observation and accurate recording of actual facts. His love for truth was shown in care for detail and loyalty to principles. Through truth, he learned early not to mistake theories for proof, plausibilities for facts, enthusiasm and assurance for real certainty. He was not interested in seeking or receiving material rewards; rather, he was content to enjoy the blessings and satisfactions of a life adorned with honesty, reason and common sense.

His inquiring mind directed him throughout his life to seek opportunities of extending boundaries of knowledge and to impart willingly to others, in vibrant realistic form, not only learning but those altruistic ideals that constantly inspired his own endeavors. No one could associate with him without learning lessons of honor, generosity, and high-mindedness.

In essence he was a scholar, a scientist, and a teacher, overflowing with energy and zeal. Faith, hope, courage, perseverance he had also, and an assured confidence in his preparedness to meet the challenges and changes that time might bring.

The desire to assist individuals and promote worthy causes was foremost in his nature; genuine thoughtfulness, solicitude, kindness and generosity were inherent in him. He initiated or promoted many progressive movements; such as founding the *Journal for Dental Research* (and using his personal funds to meet its deficits), organizing the International Association for Dental Research, uniting the two discordant Dental Faculties' Associations, vitalizing the Section of Dentistry of the American Association for the Advancement of Science, and interesting the Carnegie Foundation in underwriting a revision of the dental curriculum. He was endowed with a sharp, quick, inherent judgment of measures and means and a fruitful sense of how to extract their values and translate them into productiveness. He possessed exceptional power to attract, to inspire and to promote. His interests and enthusiasm were contagious; he

was cordial, companionable, democratic, and could talk of his own work and himself with a full sense of humility and modesty, for he was an idealist, although given to practical and immediate concern and duties.

He had an inborn hostility toward unacceptable practices in education, journalism and research. His criticism of the vendors of dental education in the schools, of quacks in professional practice, and of the beneficiaries of supply-house teaching was relentless and withering. Yet in no discussion did the writer ever see him lose his poise or self-control, nor did his countenance, voice or demeanor exhibit any resentment. Never were his words directed toward individuals; he confined his comments solely to principles involved in issues.

Though not a dentist, in 1909, at the age of 37, he became interested in dentistry and directed his attention to the promotion of dental education.

The decade 1909-1919 marked the dawn of dentistry's renaissance. A surge of interest brought concerted action by the profession, schools and examining boards, and many were the inquiries and proposals that terminated in far-reaching accomplishment. This era brought the advent of the focal infection theory; the stimulation by Drs. Mayo, Osler, Hunter, and other noted physicians and educators of a wider interest in the biological phase of dental procedures; the organization of the Dental Educational Council of America; the initial classification of the dental schools of this country (in 1918, by the Dental Educational Council of America), which was used by the Surgeon-General's Office during the war, to facilitate the enrollment of dental students in the Reserve Corps of the Army.

Dr. Gies' entry into the dental fold at that time was providential. Though he was aware that dentistry was not and never had been adequately endowed, that it lacked the interest and support in some schools that funds invite and create, and the directive and advisory forces that university relationship implied, yet he had the patience and courage to continue his work of rehabilitation and his perseverance established an indelible record of impressive performance. His observations and experiences fostered in him a profound sense of the need to inspire the professional spirit; to strengthen the scientific and educational foundation of dentistry, and to promote public appreciation of the usefulness of dental service.

Increasing opportunities calling for continuous, active interest in

the affairs of dentistry precluded attention to his teaching and research work in biochemistry. So he surrendered his teaching position in the Columbia Medical School to give full time service, still as a member of the university family, to the advancement of dentistry.

He was actively interested in promoting the work of the Dental Educational Council of America and the American College of Dentists, and infused a new spirit into the affairs of these organizations.

Since 1921, in the deliberations of the Dental Educational Council of America, and since 1923 in the American College of Dentists, we constantly turned to him for advice, direction, new ideas and inspiration, for many and varied were his excellent and timely suggestions.

Believing that the activities of the Dental Educational Council would be helpful in his survey, the Council appointed two of its members to confer with Dr. Gies, and to invite him to attend all subsequent meetings of the Council and examine all of its records. He accepted the invitation, attended all sessions thereafter, and participated in discussions and conferences continuously from 1922 onward. In his report (already mentioned and described hereafter), he refers to the unstinted cooperation of the Council and the exceptional opportunity presented to him to see clearly many of the special conditions in dental education prevailing at that time. In 1921 and 1922, when each of the dental schools in the United States and Canada was visited by Dr. Gies, at least two members of the Council accompanied him. His very presence in the deliberations of the Dental Educational Council and the American College of Dentists won respect and commanded loyal assent. It refreshed and vitalized our thinking, for he was an analyst—his thinking was clear, concise, close, accurate, serene, and apposite. He brought confidence and unity to our discussions, improved the work of each organization, and developed warm friendship and affection that grew with each succeeding session.

In recognition of his skill, resourcefulness, wide knowledge of universities' facilities and procedures, and his willingness to use them freely for the advancement of dentistry, active fellowship in the American College of Dentists was conferred upon him in 1923. Never before nor since has this honor been granted to any other than a dentist. Immediately after his election to fellowship, he acted, upon invitation, as a consultant and adviser to many of the committees of the College. Because his sincerity, ability and driving force were so impressive, his services were eagerly sought and were always

given. As an officer in the official family of the American College of Dentists, Assistant Secretary, 1933-42; Editor of the JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS, 1934-38; Assistant Editor, 1939; Historian, 1947-54; and Historian Emeritus, 1955-56, he played a leading role in maintaining the highest professional aims and purposes of the College.

In accordance with the traditional practice of many colleges and universities, the American College of Dentists designed, in 1937, a mace and a torch which are used in the induction ceremonial and on other occasions. After long deliberation, a list was drawn up of well qualified men who should have their names inscribed on the mace of the College and be acclaimed "Immortals of Dentistry." One of these immortals was William John Gies. This honor is unique in that no other person has been granted this distinction while living. In further appreciation of his exceptional devotion to the promotion of dentistry, in 1939 the College instituted the "William John Gies Award"—an honor to be bestowed upon individuals "in recognition of leadership and meritorious services to the dental profession."

His successes during the epochal decade 1909-1919 were so well and favorably known to the dental and medical professions, university authorities, and many others interested in the development of dentistry as an essential division of health service, that his appointment by the Carnegie Foundation to investigate dental education in the United States and Canada was received with joyous acclaim. Undoubtedly, the most noteworthy of his writings on dentistry is his "Study and Survey of Dental Education in the United States and Canada," published under the auspices of the Carnegie Foundation for the Advancement of Teaching, as Bulletin No. 19. It was begun in 1921 and was completed in 1926, after five years of continuous, intensive labor. It is an irresistible, impressive work, with its facts, its logic, its clearness of vision, its freedom from prejudice, its concern for the public welfare, its power of reasoned statement, and its prophetic insight. It is a model of what a study of education should be. It is an interpretation, definite in statement of facts, broad in outlook, an inspiration to the broadest and highest human endeavor. Its style is indeed the man—comprehensive in scope, orderly in arrangement, vigorous in statement, lucid and cogent. The very first paragraph of the study is characteristic of the style and quality of the whole in logical analysis, abundance of detail, and clear, forceful English; it has enriched the literature of dentistry. The beacon

of our modern Paul Revere floodlighted the horizon of dental education so completely and so brilliantly that images of purposeful and attainable ideals, heretofore obscure or faintly outlined appeared in clear and realistic form. It sparked the dental spirit in a manner far beyond all previous hopes and expectations, and completely dissipated the frustations and unsatisfied yearnings of dental leadership.

Conspicuous among its many constructive suggestions, valuable for both dentistry and medicine is this: that dentistry should, can, and will become the compeer of the best possible specialized oral medicine. To achieve this status is the heart and core of his desiring: to this end is directed his masterly presentation. Its attainment would assure the autonomy of dentistry by strengthening and expanding the interrelations of the two professions in education, private and hospital practice, and research. Without this improved interrelationship, it would be impossible for dentistry and medicine to formulate an effective program of health service for the whole man.

That dental education is no longer a field for proprietary exploitation, and has become a continuing process of active study, experimentation and development under the guidance of the dental profession and the auspices of universities, is due in no small measure to Dr. Gies' monumental study. As a result of this most comprehensive and inspiring of all writings of its kind, the status of dentistry is higher and its relations with the public are closer and better than ever before.

His was a useful life, noble in service, noble in honor, notable in length of years. His resourcefulness, tact, insight, generosity, and rare skill in directing our conscience and shaping our ideals for many years waymarked the march of dentistry into the heights of professional excellence. From the very beginning to the end of his active, industrious career, the aims, attainments, and personality of William John Gies have made this influence felt far beyond and far more deeply than this eulogy attempts to reveal.

Fortunately, he lived to know the ever-growing fervor of appreciation and affection in which he was held by dentists, physicians and many others interested in the promotion of health service. With boundless satisfaction, a grateful dental profession has set its golden crown of immortality upon his selfless life, and by those who have had the privilege of close association with him over the years, forever will his memory be revered.

In closing, it seems appropriate to quote part of an address our

benefactor delivered at the testimonial dinner given in his honor in Atlantic City, for it reflects elements of his character that may encourage and inspire the reader to action in promoting the importance and usefulness of dentistry:

To all dentists I make this direct appeal: Follow impulses and leaderships that represent ideals; that point the way to your professional destiny; that express—in integrity, fidelity, service and lofty purposes—the finest that is in you individually and professionally. You are doing me the very great honor to applaud my endeavors in the field of dentistry. But in reality you are paying tribute to the spiritual influences that attracted me into, and have sustained, these efforts thus to promote the public welfare. *I have been merely interpreting the spirit, and urging attainment of your own best aspirations.* It was the soul of your profession—the heart of your professional service—that beckoned me to enlist in the cause of dental advancement. I have been happy in responding to that spiritual call. After you forget everything else I have ever said, I hope these last words tonight will linger in your memories: *"The soul of dentistry is marching on. Keep on going with it!"*

Dr. Gies—The Man

ARTHUR H. MERRITT, D.D.S.

IT WAS MY PRIVILEGE TO have known Dr. Gies since 1909 and to be more or less closely associated with him in his activities relating to dentistry.

He was at that time in the prime of life—37 years of age and active in his professional duties as professor of biological chemistry at Columbia University.

He had been invited to meet with a committee of which the writer was a member, to consider some research problems. Following the conference at which the committee outlined what it had in mind, Dr. Gies entered into their plans with the enthusiasm so characteristic of him. And thus it was that on that evening in October 1909, there began a relationship that was to continue for nearly half a century.

What, one might ask, was there in this man that led him to undertake a task that was destined to change the course of dentistry, and at the same time to make his name a synonym for progress wherever dentistry is practiced? To understand this is to know Dr. Gies, The Man.

I

DR. GIES—MAN OF GENIUS

Dr. Gies was an individual possessed of many talents, a master of English and a born teacher, by virtue of which he was able to arouse the interest and enthusiasm of his audience. He was one who could not be satisfied with half-truths, he must know the correct answer.

With these qualities of heart and mind, he accepted the challenge outlined to him as an opportunity for service. He recognized the need and responded to the call.

II

DR. GIES—MAN OF ACTION

He began at once, and for several years carried on a series of investigations relating to dentistry, the publication of which filled more than 300 pages. (*Jour. Allied Dent. Societies* Vols. 7-8-9-10-11-12-13)

To provide the publicity required in the field of research, he established the *Journal of Dental Research* in 1919, and for 17 years edited it and prepared it for publication as a labor of love.

Recognizing the increasing need of research in the field of dentistry, and to encourage interest in that field, he organized the International Association for Dental Research, the importance of which can hardly be overemphasized.

III

DR. GIES—MAN OF VISION

As his interest in dentistry broadened, and his knowledge of its potential as a health service increased, he realized the necessity of a more comprehensive education to fit the future practitioner of dentistry to meet the public's need. He envisioned dentistry as an agency in public health.

To meet this need, he spent five years in a study of dental education in this country and Canada, under the auspices of the Carnegie Foundation. That study was published in 1926 in a volume of 692 pages. Its contribution to the advancement of dentistry is without a parallel and his only reward was the satisfaction of having been of service. One needs only to study that report to realize the magnitude of the task and the efficiency with which it was performed.

IV

DR. GIES—MAN OF UNSELFISHNESS

The service he rendered dentistry and indirectly the public, was a gratuitous service. The debt the dental profession and the public owes him will always be an unpaid debt and unpayable. Not only did he give of his means and his time, but of himself.

In the early days of the *Journal of Dental Research*, there was for several years an annual deficit. To meet this situation, voluntary contributions were made over a period of several years by those most closely identified with the *Journal*. It was to solve this problem that steps were taken in 1936 and continuing for several years, to insure the support of the *Journal* by the creation of an endowment fund, and to guard against possible proprietary control.

In the early days of these recurring deficits, and before there were sufficient funds to meet them, it was accidentally learned that Dr. Gies had, on several occasions, borrowed on his life insurance to

meet such deficits. When inquiry was made of Dr. Gies regarding the amount of his contribution that he might be reimbursed, his reply was: "No one will ever know. To comply with that request would rob me of all the pleasure that was mine in the giving."

V

THE MAN

Dr. Gies was one of those rare individuals into whom Providence breathed the spirit of "high adventure." In many ways and in many fields he was tested and never found wanting. Only God's noblemen succeed on so high a level.

Richly endowed by Nature, he rendered a service above and beyond the reach of many. Few possessed his talents, and few ever used them more unselfishly.

This was "*Dr. Gies the Man*"—one of the great benefactors of Dentistry of whom it can be said, as has been said of those who walk uprightly: "By their fruits, ye shall know them."

William John Gies— A Man of Influence

JOHN E. GURLEY, D.D.S.

THE MAN RESPONSIBLE FOR the title of this thesis is one who presents a similarity to "All Gaul," in that he may be divided into three parts. Unlike Gaul, he is not just a piece of land or a body, inanimate or animate, without purpose as land may be until man comes along and uses it for a purpose. He was on the other hand, a purposeful human being, with many real purposes, who did not require any stimulation from without. He lived a life with accomplishments to attain and accordingly he set himself to their attainment. In this he was useful and was influential among men.

First, he was a scientist and to him the laws of science or the natural laws as generally understood, were as exacting and unchangeable as were the laws of the Medes and the Persians. The results of correct application of these natural laws were always the same. In this, truth was inevitable. He was one who was confident that in science truth was to be found, and that as truth was sought in whatever field, the results would be right.

Two and two make four and nothing else. Two parts by volume of Hydrogen and one part by volume of Oxygen will unite to make water, H_2O . The laws of Definite Proportion by weight and by volume will always hold good, and that cannot be denied or disproved. Similarly with human beings. The man who works honestly and does things objectively or according to law is bound to come out right in the end. Or succinctly stated one may keep on or get off a "dead end" street as he may desire. It is in his hands and no one need tell him.

Second, he was a humanist and recognizing the infallibility of these laws, he could and did apply them in complete charity so far as his ruling might be involved. This is thoroughly attested by his labors in behalf of dentistry. He constantly sought, in season and out, to develop within men a real concept of a profession and the principle of service. Dentistry is a service meant to be of benefit to people and it must be a function of dentists to be the possessors of minds thoroughly impregnated with that idea. Men must make a liv-

ing, but there is a limit to that need, beyond which service must be the watchword. At all times, and under all conditions dentists must do what they may be called upon to do, with the idea of benefiting the other fellow first, and himself second. Doctor Gies' mind was thoroughly saturated with that principle of service. He was patient with men even to the extreme. He demonstrated this particularly in one of his meetings with men in the development of the new curriculum. One man wanted to do a certain thing a certain way. It was easy to see that this particular gentleman had an ulterior motive, that he was making an effort for or in his own interests. He was voted down somewhat ruthlessly. But Dr. Gies asked for the floor and that this man be allowed to proceed along the line he had suggested. His request was granted, the result being the same as voted previously, but as the saying goes, "the gentleman hung himself with his own rope." The scientific and the humanistic elements in this man's life allowed him to be most useful among men. His judgments were just and tempered with mercy.

Third, he was a Christian Gentleman. Nowhere is there to be found any accusation of dishonor, underhandedness, or unkind act. Some may have thought him harsh at times, but a careful review of all his activities among dentists finds him just and patient even to the extreme. As previously indicated, it was his practice to allow men to work out their own answers, and by so doing, his answer was invariably found to be right, due to the working out of natural steps, rather than preconceived ideas or personal desires.

In his life practices and habits he was exemplary. Service to others and the Golden Rule were well integrated in his life. His influence will last as long as those of us who knew him may continue on this terrestrial sphere, but historically, much longer. As dental curricula are studied, altered, and advanced in the future, always must his name be mentioned in connection with the ones now in use. He has left dentists and dentistry greatly advanced by his having lived. He is one of six named in the growth of dentistry and recorded on the Mace of the College.

William John Gies— Dental Journalist

T. F. McBRIDE, D.D.S.

WILLIAM JOHN GIES AND dental journalism! Of all his many-sided contributions to dentistry, this was the facet I was asked to write about. What is to be said will be no encomium, no panegyric. (He would have been the first to tell me that I was starting this by being "unnecessarily wordy.") Gies has passed beyond the reach of eulogy: all that has to be said here is that he had a profound *influence* on dental journalism as it exists today.

When one takes a backward and discerning look at dentistry's periodical literature, perhaps for four decades, there are so few outstanding editors to record: C. N. Johnson of the *Journal of the American Dental Association*, L. Pierce Anthony of the *Dental Cosmos*, R. Ottolengui of *Dental Items of Interest*, H. B. G. Robinson of the *Journal of Dental Research*. And Gies.

The first four named have contributed, certainly, to the month-by-month reporting of the what-when-where-who-and-why of dental progress, dental research, and dental happenings. Gies did the same in chemical, medical, and biological periodicals; as early as 1903 he was writing and editing in the field of biological research, general chemistry, biological chemistry, and closely allied medical sciences. Moreover, and fortunately for us, beginning about 1910, he began to show an interest in dental journalism.

In that year appeared what is probably his first dental writing, a report of certain investigations on dental caries. It was included in the Proceedings of the Dental Society of the State of New York, and was published in *Dental Cosmos* (52:1141-45, Oct. 1910). From then until shortly before his death on May 20, 1956, year after year dental journalism knew the name of Gies.

He was founder and editor of the *Journal of Dental Research*, of the JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS, author of famed *Bulletin Number Nineteen* of the Carnegie Foundation for the Advancement of Teaching—"Dental Education in the United States and Canada." He was a prolific writer in so many dental journals; there is no need to record them all here.

But what does have to be recorded is his influence; he rained in-

fluence, wide and helpful. If his achievements in behalf of the dental profession and its journalism could be reduced to a simple statement, it could be said that he—not a dentist—was the promoting, the favorable, the needed catalyst. He caused the changes, the betterment, of our journalism. He was in the vanguard. He not only saw our journalism for what it was, but he had the ideals regarding what it could and should become.

It was not an easy road he took. He had, and kept, enemies, he made, and kept, friends. Some of his "friends" talked out of both sides of their mouths; I think he must have thought often of the passage from Genesis that spoke of Jacob and Esau. No man could survey and report on dental education in the early 1920's and not make enemies as well as friends. On occasion, and particularly in the later years he encountered the talking giants, the Popes of platitudes, the barons of bluff, and sometimes they made his path to a better journalism a difficult one.

I only mention those things so that I can say that Gies' influence, like the man himself, inspired dental editors to not truckle, to not pander, to not eat up the divine placebos, to not fear to disagree with the pronouncements from the sacrosanct purlieus, to not bow to the logic-choppers—so that I can say that Gies indeed was an influence on editors of dental periodicals. Perhaps not to all, but to a goodly group that still today wield the pen. In "The Education of Henry Adams" it was said: "The difference is slight, to the influence of an author, whether he is read by five hundred readers, or by five hundred thousand; if he can select the five hundred, he reaches the five hundred thousand." I think Gies reached the five hundred thousand.

In the Old Testament, they speak of the "sweet influences" and Hilaire Belloc must have had that in mind when he wrote, "He does not die that can bequeath Some influence to the land he knows. . . ."

I know no better way to point up Gies' influence than to quote him. From Mt. Gretna, Pennsylvania, September 8, 1936, he wrote me:

"Don't let the intellectual, moral, professional, or spiritual inertia or perversity you may encounter weaken your resolve to follow your ideals with all your heart and strength. . . . You will be happier all your life in *fighting for ideals*, and accepting any licking that may be unavoidable, than you would be in deserting any of them because the going is hard, with the realization that you had not been true to your better self. Those of us who dedicate ourselves to the attainment of desirable ends should understand at the beginning that it

is all up-hill work—that accomplishment *always falls far short of the goal* that is set by ardent wishes and vivid imagination. I began in 1916 to *fight* for better dental journalism, for example. I have “taken it on the chin” very often during the intervening 20 years. But, although the progress might have been much greater and falls very far below my hopes, I know that every effort has been helpful and worthwhile; and, as a consequence, I am happier at 65 in this realization than I would be if I had ever surrendered for any reason excepting disability or infirmity.”

William J. Gies— Contributor to Dental Research

THOMAS J. HILL, D.D.S.

*"The Leader's deeds and hard won glory live;
This remains; this alone survives the funeral fires."—Ovid*

THE CONTRIBUTIONS OF Dr. William J. Gies to the dental profession are varied and many. Although a member of the profession by adoption only, his life and efforts were devoted over a long period of years to the highest professional ideals for, and in the dental profession. These efforts covered the broad field of dentistry and are so intermingled and overlapping that they cannot be clearly divided into separate phases.

Of research, he said, "Systematic endeavor to extend the boundaries of knowledge is the mainspring of science, and the register of a profession's standing and achievement." Of education, he said, "The finest flowering of dental education, by its elucidation of scientific principles and by instillation of altruistic purposes in the most gifted students, will be discoveries of means for the general prevention of dental and oral diseases. A system of dental education that fails to make this ideal an abiding aspiration of its teachers, and the goal of its students, misses the greatest possibilities of usefulness." Of journalism, he said, "The need for effective agencies for widely concerted promotion of research in dental science and art, analogous to those in medicine and the medical sciences, gradually became so obvious that in the spring of 1917 (he) inaugurated a definite plan for the more rapid advancement of dental research by the three conventional methods; namely, a journal, an international association, and improvement of the status and support of research in the dental schools and universities."

This broad view of dental research and the interdependence of the various segments of professional activities illustrates his belief that a health profession must advance on a broad field encompassing research, journalism and education. This philosophy accompanied by an unselfish and altruistic spirit were the factors that made Dr. William J. Gies such an influential contributor to the advancement of dentistry.

Dr. Gies' interest in dentistry began with his personal investigation in the oral health field. His early work in dental research was with the salivary factors associated with oral disease. Reports of his personal investigations in the dental field began to appear in the literature in 1910, and before the founding of the *Journal of Dental Research* eighteen research papers were published from his laboratory. While he was intensely interested in research for research sake, he was even more vitally concerned with dental research because he considered that dentistry as a health service could reach its ultimate goal only on the broad front of education, research and journalism and that these three were dependent each upon the other.

This was the motivating factor which prompted him to found the *Journal of Dental Research* in 1919 and the I.A.D.R. in 1920. His broadness of view is illustrated in the Preamble to the Constitution of the I.A.D.R. Dr. Gies wrote this Preamble which says, "To promote broadly the advancement of dental research that contributes to the development of dentistry, to the end that dentistry may render a more perfect service."

Dr. Gies' contribution to dental research was not one of promotion of idealism only, but one in which he gave his service and his monetary support. It is well known that he spent a large share of his time in organization of the Association and work on the *Journal of Dental Research*. There is little doubt that in the foundation of the *Journal of Dental Research* a new epoch was created in dental journalism and that the resulting stimulus to dental research was an important factor in increasing the recognition of dentistry as a scientific profession. Through many years the *Journal* was published with an annual deficit. A large portion of this deficit was met by the personal contribution of Dr. Gies. Only when the Association had grown sufficiently and the *Journal* subscription had increased enough for the *Journal* to stand on its own feet, did he relinquish its editorship and ownership. He constantly urged the day when the *Journal of Dental Research* would be adequately supported and the time when dental research would become an integral part of professional education.

He served as the acting secretary of I.A.D.R. from 1920 to 1922 and as secretary from 1928 until 1937. He served as Honorary President 1922 to 1928 and as President in 1939. During these years, largely because of his personal activity, various sections of the As-

sociation were established throughout the United States and other countries. The growth of the Association is measured by the increase in its membership; the number of presentations or the quality of experimental investigations attests to the success of his efforts.

At the first meeting of the I.A.D.R. three sections were represented and two papers were presented. The last meeting in St. Louis had 29 American sections represented with an attendance of over 600 scientists. Each meeting yearly attracts visitors and representatives from foreign countries.

At the last meeting of the Association over two hundred research reports were read. The growth of the I.A.D.R. illustrates the increase of interest in research and the number of research reports and the many fields which they cover is evidence of the great advance that dentistry has made in the research field. However, the measure of the value of this organization as a contributor to a scientific field is the vast accumulation of knowledge which has provided a better understanding of oral disease and methods for its control.

The importance and the necessity of dental research has now been established as the only promising lead to the control of oral disease. The advances that have been made in knowledge of causes and methods of control are now recognized and rewarded by the increasing amounts of monies that have become available for research purposes as well as the increasing number of scientists interested in pursuing investigations related to oral health. This is a partial fulfillment of a vision of Dr. Gies. His earnest and devoted efforts and the strong emphasis he placed upon the importance of research provided the stimulus from which we are now reaping the reward. It is well that in our elation over our present successes we should be mindful of Andrew Lang's observation: "The little present must not be allowed to elbow the great past out of view."

President's Address*

KENNETH C. PRUDEN, D.D.S.
Paterson, N. J.

AS YOUR PRESIDENT, I have attempted to carry out my duties and obligations as set forth in the By-Laws of the College. These duties have not been onerous due mainly to the fine cooperation received from the Secretary, the central office, the other Officers, Regents and the membership generally. I have attended some meetings, as your representative, but in most instances, contact with the sections has been maintained through the Secretary, whose intimate knowledge of all phases of the College's activities, plus his ability to schedule trips to include several visits, have made him the logical person for the job.

It is my feeling that the College has had a good year. Section activity has been about as usual, with a few notable exceptions. The Texas Section held an all day meeting at Mineral Wells, Texas, on December 8, 1955, with approximately 65 members present. The program was so well received that the meeting will be repeated in December this year. An excellent program with four outstanding speakers has been arranged and an attendance of at least 90 members is anticipated.

Dr. Willis H. Murphey, Chairman of the Texas Section also reported a most successful meeting with the Seniors of Baylor University on May 7, 1956. Dean Harry B. McCarthy of Baylor, cooperated with the Texas Section in arranging an evening banquet in Dallas and the University paid for the dinners of the entire senior class. All the Fellows in the Fort Worth, Dallas and West Texas area were invited to participate in the program which included a four man panel discussion on "Economic Trends Affecting the New Dentist in Rural and Metropolitan Areas." The College members participating, ably set forth the Ideals and Objectives of the College. Seventy-one Senior students and twenty-two Fellows were reported in attendance. A tape recording was made of the discussion which could possibly be made available to other groups desiring to work up similar programs.

* Presented at the Convocation of the American College of Dentists, September 30, 1956, Atlantic City, New Jersey.

The Fellows in the Houston-San Antonio area met with Dean Olsen relative to a similar meeting with the Seniors of Texas University Dental School. Dean Olsen was most receptive and cooperative but time did not permit holding the dinner meeting this year. However, it was pointed out that the school had in its curriculum a series of lectures on ethics and professional conduct by our Fellow, Dr. J. D. O'Farrell who reported that he stressed the points mentioned in the President's letter to the Sections, dated January 10, 1956.

Chairman Murphey modestly gives credit for the year's activity to the Advisory Board and to the interest of Regent Sam Parks. The important thing is that a fine program was carried out and the College congratulates the Fellows of the Texas Section for their zeal and effectiveness.

The Philadelphia Section reports an interesting project which is being initiated there. Under the sponsorship of the Section and with the cooperation of the Dental Schools of Temple and Pennsylvania Universities, a graduate student will prepare a thesis on the subject of the Public's reaction to the Dental Profession. The material will be secured through answers to a professionally prepared questionnaire. Each student will undertake to interview ten persons in various walks of life and secure considered answers to all questions. As there are approximately one thousand students, this will give an opinion sampling of ten thousand persons. This material will be evaluated by professionally trained personnel and the conclusions will form the basis for the student's thesis. Because of the Section's guidance and the use of trained psychologists and pollsters in preparing and evaluating the questionnaires, this project should have exceptional value.

I am also advised that the Indiana Section will conduct a similar pilot study with the help of the students at Indiana School of Dentistry. The questions in this case will be directed to the members of the dental profession in an effort to determine the habits and methods of practice along lines of office management, use of auxiliary personnel and types of work performed. Such a pilot study might well lay the ground work for an all-inclusive study of great value to the profession.

A number of Sections replied to the "grass roots" suggestion, that similar programs are being seriously considered but local conditions, plus the short time left before summer vacation period, have thus

far prevented the fulfillment of their plans. If I have failed to mention any outstanding Section activity, it is due to my ignorance thereof and no slight is intended, I assure you.

The Officers and Regents are sympathetic to the problems of the Sections and realize that the best way has not yet been found to utilize their potential strength. Perhaps it will be found in conjunction with the activities of the committees.

It is a matter of record that in 1953, Committee activities were at such low ebb, that the entire committee structure was revised. Some committees were dropped and all standing committees were established as five man units with five year terms, the senior member to act as chairman. This made more careful selection of committee material possible, as only one man was appointed each year. However, it was soon apparent that the real deterrent to committee activity was the necessity to conduct all business by correspondence. Last year it was decided to try to have all committees meet in the central office and funds were provided in the budget for this purpose.

The committee meetings in St. Louis have been an outstanding success! Thirteen committees have met in the central office for a two day meeting with round table discussions. With two exceptions, the meetings were scheduled for Saturday and Sunday and three committees met in January; four in February; four in March and two in April. It is surprising and encouraging that out of sixty-five invitations issued, only six committee members were unable to attend. Travel and hotel expenses were paid by the College as authorized in the budget. It was felt that while it was necessary to have all thirteen committees attend the initial series of meetings, that it will not be necessary for all of them to meet every year and each committee, at the conclusion of its session, decided when the next meeting should be held.

It was my privilege to be present at the meeting of the Committee on Public Relations and I assure you that it was worthwhile. The Secretary had provided each committee member, several weeks in advance of the meeting, with a bound agenda and a book of "homework" which was intended to familiarize him with the background (committee reports of previous years were included) and also the aims and objectives of the committee. The committees, in their discussions, evolved a list of desirable projects and separated them into long range and short range. Some of these projects involved

"definitions of principle" and were assigned to a qualified member with a deadline for completion. Others involved a study of trends and required that surveys be made. In some cases, it was felt that the Sections could render valuable aid in determining local attitudes and conditions by means of questionnaires, to be filled out by their members or even distributed by them to the groups whose opinions and information were desired. It was felt that most Sections and members would gladly cooperate if a definite and not too arduous task were delegated to them and that the sum total of information thus gained, would have great potential value.

A glance at the program which each committee has set up for itself is evidence of the seriousness with which the members of the committees have accepted their assignment.

Obviously in the time available to me, it is impossible to cover the many facets touched on in all these studies, but reference to a few items will serve to outline the broad front on which the College is not only attempting to secure the gains of the past but to also move the frontiers of the profession forward.

Committee on Recruitment: Recognizing an ever-increasing appreciation of and demand for dental health services, the maintenance of an ample supply of qualified persons working in the dental health field is the aim of this committee. The interest is not in the dental and hygiene students only but other auxiliary workers as well. The committee is not interested in numbers alone but also in persons possessing the proper attributes needed to make true professional men, interested in serving humanity and relieving suffering. Thus this committee becomes interested in the question of "what are the motivations that cause persons to choose the field of dental service for their life's work?" Studies will be continued in this field in the hope of finding the answer.

Committee on Education: This committee is concerning itself with problems of education, such as the facilities needed for efficient teaching and future growth, the availability of teachers and their training; the cost of dental education, scholarships and fellowship needs, etc.

Committee on Continuing Educational Effort: The need for a program of postgraduate study and training for dentists has long been recognized, but efforts in this direction have been sporadic and lacking in coordination. As a result of this lack of organization, many abuses have come into being. This committee has set for its

task, not only the encouragement and expansion of such programs, but also the establishment of basic rules and standards under which such programs should operate.

Committee on Journalism: To create greater reader interest and make dental literature one of the chief means for continuing educational opportunities is the task to which this committee is devoting itself. Believing that better reading material is fundamental to greater reader interest, the committee is promoting annually, a Writing Award Competition among the senior dental students in the United States and Canada, with a winner's prize of \$500.00. It also plans to offer suggestions on how editors should be selected—their qualifications, responsibilities, training, etc.

Committee on Socio-Economics: This committee is concerned with developing a broader concept of the dentist's social responsibilities in providing an efficient service to the public. It seeks methods of closing the gap between dental needs and services available. The committee is studying the various pre-payment and post-payment plans now in effect over the country. It is interested in office organization, the use of auxiliary services, etc., as they relate to finding more chair or service time for the dentist, in other words, more man-power hours. The studies and findings of other committees will become a part of the final answer to many of this committee's problems.

The Committee on Auxiliary Dental Services—as its name implies, deals with the use of assistants, technicians, dental hygienists and prosthetic laboratories. Not only is its interest in the more efficient use of these services, but also in the training of such personnel. The dental profession should determine the type and scope of the training of these auxiliaries in the light of the tasks that need to be done. Standards of service as well as the dentist's responsibilities to the public, deserve careful consideration.

Committee on Research: The many new discoveries being made today are the result of research activities everywhere. Thus, the Committee on Research is actively outlining new fields for investigation, encouraging programs of assistance and studying the problems of the research worker in dentistry, seeking to find ways and means to encourage him and maintain his interest in *dental* problems.

Committee on Preventive Service: Closely associated with the Committee on Research is the Committee on Preventive Service. This committee is concerned with putting into practice, the findings

and benefits of research. Its interest extends to dental curricula, in that it is urging the broader teaching of control and preventive measures to the dental student. A broad program of control and prevention of dental ill health is its major objective and the broader application of proven methods by the profession is the task which this committee has set for itself.

Committee on Dental Prosthetic Service: This committee is also interested in the training of the dental student, in the various technical procedures in the field of prosthetic dentistry. This fundamental training becomes very important if, as a practitioner of tomorrow, he must direct the technician and laboratory personnel in the fabrication of appliances. The committee's interest also extends to ways and means of rendering a better service and creating a greater appreciation of dental prosthetic service. It is also concerned lest the commercial laboratories succeed through legislation in taking over part of the dental profession's responsibility in direct dealing with the public.

Committee on Health Relations: This committee is interested in a closer and more cordial cooperative relationship between the health services in the interest of the patient as well as the profession. In the patient's interest, it proposes a program of better understanding of each group's abilities and efforts by the other group with mutual respect; recognition of the hospital as a community asset for all health services for patients not able to go to an office for the needed treatment; joint meetings at local levels for discussion and better understanding of illness and what each group can contribute; the training of dental and medical students to cooperate in the patient's care, in related medical and dental involvements.

In the profession's interest, the committee's concern is that this cooperation must be forthcoming if the professions are to continue to exist as servants in health. United we may stand; divided we will fall.

Committee on Public Relations: The periodic re-evaluation of an organization's activities is a mark of progress and so it is when a profession takes an inventory of its public relations, provided of course, that it is done with a desire to establish the best possible relations with the public. This committee is attempting to do just that. It is studying our current relationship; evaluating our short-comings and the effectiveness of present methods, pointing out responsibilities and outlining plans for cooperative efforts; it is taking a look at

practice management courses in the interest of the patient as well as the doctor; and, in the interest of more firmly establishing the importance of dentistry as a health service, it is urging more complete dental services for the institutionalized or hospitalized patient.

Committee on Human Relations: This committee, as you will see from the program to be presented later this morning, is concerned with our sympathetic understanding and interest in the patient's problems. It is concerned with the possible danger—a trend perhaps—that the lure of dollar income may supersede the need for sympathetic consideration of the patient's welfare, which challenges the humanitarian principles of the profession. It becomes evident that at this level—human relationship—the foundation stones for public relations are moulded and public appreciation established or nullified.

Thus, you see that our committees are active on a wide front beginning with the recruitment of desirable persons for the field of dentistry, considering the problems of education, research and service, all in the interest of a better service to the public; thereby supporting and working for the attainment of the objectives of the College.

One advantage accruing to the committees from the central office meetings was the opportunity afforded each committee to consult with Secretary Brandhorst, who was present at all meetings, and to readily avail themselves of all desired data which was found carefully filed in different colored folders and boxes under appropriate headings. In this way, many "base lines" were laid down and much overlapping and duplication of effort will be avoided.

Each committee member now has in his copy of the bound minutes of this first central office meeting, a chart of proposed activity both short and long range, with details on assignments, deadlines and bibliography. With such detailed and yet all inclusive blue prints, plus the enthusiasm evidenced by those in attendance, we can expect much from our committees henceforth.

One factor in arousing this enthusiasm was the members "inspection tour" of the central office. It would take too long to describe but none could help but be impressed with the adequacy of equipment, the orderliness and efficiency of the filing systems, and the genius shown in converting ambitious plans and high ideals into graphs and charts which are accessible in attractive but inconspic-

uous wall mounts. Truly, our Secretary is a man of many talents and his service to the College is invaluable.

I should also like to call your attention to the pamphlet "The American College of Dentists—Its Organization, Objectives and Activities," a statement by the Secretary issued April 15, 1956. This will give you in briefest summary, many facts about the College and its committees and a copy may be had for the asking.

Our President-Elect, Dr. Gerald D. Timmons, has served his profession in many capacities over many years. His wide knowledge of dentistry's problems has made him most helpful to me this year, and the College can look forward to a period of real progress under his leadership next year.

In concluding this annual report, I wish to express my unbounded confidence in the future of the American College of Dentists. We can and will do a good job for Dentistry and we will do it in cooperation and not in competition with the American Dental Association and the rest of dentistry's numerous organizations. We will do it because we have unselfish and worthwhile objectives, because we have a membership which has been screened and selected for demonstrated achievement and high motive and finally because of our common love of our profession and our desire to have its dignity and worth enhanced.

It has been a pleasure and an honor to serve as your President this year and my sincere thanks go to all who cooperated in our endeavors.

Ethics and Human Relations*

ERNEST B. COLWELL, N.D., Ph.D., Litt.D., LL.D., S.T.D.**
Atlanta, Georgia

THE SUBJECT OF "Ethics and Human Relations" is not, as I have discovered in the past several weeks, an easy one to discuss. I should say at the very beginning that there are certain things that I do not conceive to be included in this topic as it has been assigned to me. Ethics in the sense of a fair practice code, in the sense of the rules that govern your relationships with your fellow dentists, and the specifics of professional ethics in your relationships with your patients are obviously subjects upon which I could make no contribution to your knowledge and I certainly do not intend to try.

Human relations as a skill in the sense in which it is sometimes exercised by public relations directors of corporations is another meaning that is excluded from my discussion of this topic. That is because you have thrown the troublesome word "ethics" into this title! Nor, I assume, am I allowed by your committee to talk about the ethics of the human race in general. It is *your* ethics and *your* human relations as dentists that I am supposed to discuss with you this afternoon.

Partly because of the limitations of my own education, partly because of what I conceive to be the nature of high religion and high morality, I am not planning to discuss ethics in any sense of any code. I would like to talk to you this afternoon about ethics and human relations in some sense that tries to get at the basic question that must confront the professional man in the practice of his profession.

What is there in your nature as dentists that imposes upon you the obligation to be ethical in your human relationships? This is my question—and I hope that you will accept it a little more sympathetically than was the case of a visiting British clergyman who after a long, tedious, dull sermon, said in rhetorical fashion, "Now I ask myself a question," and a ribald voice from the choir said,

* Convocation Address—presented at Atlantic City, New Jersey, September 30, 1956.

** Vice-President and Dean of Faculties, Emory University.

"You'll get a darn silly answer!" I hope that the answer I suggest will not seem silly to you.

I believe that the basic answer to the question I have posed is contained in the four words "Dentistry is a profession." These four words, if you accept them, admit your ethical liability and your ethical and social obligation.

What are the differences between being a professional man and holding a job? The American people assume that there is a difference, but the difference does not exist in the presence or absence of work or in your basic integrity as a worker to do an honest job. The carpenter, the bricklayer, anyone you care to mention—has exactly the same obligation that we in the professions have in regard to wholesome, healthy acceptance of the obligation to work. It is not here that the dentist, the doctor of medicine, the teacher, the clergyman find their distinction.

The exact nature of this difference may be discerned if we look carefully at the reasons for the respect that society in America gives to professional people. It does respect us if we are members of the professions. You can tell this from the honorific titles which our lay brethren delight to lavish upon us. The lawyer in this country may not have the right to be called a "King's Counselor" but he will have a hard time avoiding the title "Judge" or "Counselor." The surgeon will be called "Doctor" every where he goes, and the minister will be embarrassed by the awkward use of the title "Reverend" and the generous use of the title "Doctor."

The enthusiasm of the American public for the professions often bestows degrees upon us which we have not earned. H. L. Mencken in his book on *The American Language* claimed that it was a matter of canon law in the Southern Baptist Church that any Baptist congregation could bestow a degree of Doctor of Divinity upon its pastor, and I have heard of some who have done so.

American society indicates its high esteem of the professions also by the sincerest form of flattery—imitation. Undertakers talk about raising the standards of their profession. They have conferences on university campuses in which they discuss problems of internal drainage. A sign on the streets of a southern city advertises a college of cosmetology, whose graduates no doubt will lift the practice of the fine art of makeup to professional levels. Any university president could tell you, if he were to speak frankly, of half a dozen outrageous

suggestions that have been made to him in the last year for the establishment of so-called professional schools to elevate various jobs and trades.

Now let me say as an echo of the excellent panel to which I listened this morning—a discussion, by the way, which greatly increased my appreciation of the potentiality in this profession for effective service to the American people in the future—let me say as an echo of that, that etiquette is not enough to distinguish the professional man from the non-professional man. Don't put the weight of your efforts for the improvement of your profession upon things that do not matter. It does not make any difference, really, whether the public gladly and universally recognizes you with the title of Doctor.

When I was young and more venturesome than I am now I was invited at the last minute to make the sixteenth "lady" at a bridge party. My sister-in-law had had a refusal or absence at the last moment and she needed somebody to fill up the last place at that last table. Knowing nothing of the game of bridge I had no hesitation in accepting the invitation. Today I would deliberate longer! But at any rate I went and three charming ladies played bridge with me that afternoon in a spirit of great tolerance, but in the course of the game one beautiful lady said, "Don't you think it is a matter of the greatest importance for doctors of medicine always to be addressed as *Doctor*?" I said, "In heaven's name, why would that be matter of importance?"

She said, "How else would you know whether there was a doctor in the house?" I said, "Well I am broad-minded in these matters and I would not care if there was a doctor in the house!"

This sort of created a chill in the atmosphere at my table and I discovered afterwards that I was playing bridge with three ladies who were fortunate enough to be married to doctors of medicine.

The medical profession has wasted energy in the futile attempt to demand reverence from the public. Dentistry should be wise enough not to go down that silly street. I am talking about human relations when I say this. This is a way to make yourself unpopular. This is a way to make people think that this profession is rather strange.

One of my closest personal friends is a doctor of medicine. When I visit him and we happen to run casually into some other doctor he introduces me very punctiliously. He has an uneasy feel-

ing that maybe I rate the title of Doctor in some way or other but he does not quite know how to grapple with this under the ethical standards of his profession so he always says, as he introduces me as Dr. Colwell, "But of course he isn't a *real* doctor!"

Of course I would be glad to enter into competition with any of them at any time in this regard, but this is not the way to effective relationships between a profession and the general public. You don't *insist* on respect; you merit it, you deserve it, and get it if you deserve it.

So don't follow etiquette. Let's not have a lot of social grooves for dentists. Let's be professional in the office, let's be sympathetic with our patients, and let's be citizens and human beings worthy of respect in all of our relationships and stand on the same ground that our fellow men stand on.

I do not believe that the conventional attributes of the profession will long endure as a distinction for the profession in America. I listened this morning to their recitation: the length of study devoted to preparation for the profession, the right of self-government within the profession, and public service, but the time is well on its way in which many people outside the profession will be spending just as much time in education as we spent. Even the school teachers may spend eight, nine years above high school, as I did. It will not be very long before the demands of an electronic-atomic age will push the education of mechanics to lengths that will compare favorably with the education of the dentist in length of time. This is not enough for our distinction.

Nor do I believe that the right of self-government, which has never been pure and complete, will increase in amount for any profession. The chances are that it will become somewhat less as our society becomes more complicated, and many other occupations have just about as much freedom in this respect as we have. It is not because of this that the public respects us.

The advertising men have made such a sloppy thing out of the phrase "public service" that anybody engaged in almost any business today can easily talk for half an hour about the public service aspects of his job even if that job consists in persuading people that they should buy another automobile before the old one has a scratch on it! The words "public service" will have to be given a very sharp and crisp definition to be adequate justification for professional distinction.

I suggest to you two other kinds of distinction that you possess as members of a profession. The first one is this: The public respects you just because you are a dentist, not because of some particular job that you have done. Your presence inside the profession is regarded by the general public as grounds for respect. In other words, society has said that the job that is carried on by professional people is in and of itself important. It isn't the particular position that a man holds within his profession. It is the fact that he is a professional man. This is not true in other jobs outside the professions.

Suppose we take banking, for example. I was for a year the paying and receiving teller, assistant cashier, janitor and bookkeeper of a two-man bank, yet nobody in the community felt that I was important, not even the people who established my salary. If you are going to be important in banking you must be at least a seventeenth vice-president. But in the ministry of the church the young pastor of a country circuit must grapple with questions of eternal significance. He must face the problem of human mortality and have something to say about it that will mean something to his parishioners.

The young man who enters a profession does not have to wait to deal with important matters. He deals with them from the moment his practice begins. The professional man is one who must in the nature of his work make personal decisions of great importance to values which society cherishes. This is his responsibility.

If I may use the medical profession again as a "stalking horse," this is the reason that those doctors are respected. It isn't because of their silly insistence upon their being called "Doctor," it isn't because they are personally impressive—some of them are actually repulsive looking, it isn't because they have had seven years of schooling above high school, it isn't the awesome nature of the professional man, but it is the fact that the individual doctor must decide the issue of life and death. He must decide it sometimes when his knowledge is inadequate, but still he is responsible and he must decide.

This is the crux of society's high esteem for professional people. You make decisions in regard to your patients in matters which human society regards as matters of great importance.

I suggest to you that all professions in terms of their importance to society rest upon a high religious appraisal of the value of the individual man. This appraisal must include some recognition of what man was made for. A reverence for the dignity of the individ-

ual soul is an essential base for the respect with which we as professional people are regarded. It is because men are important; it is because humanity has a tremendous potential. He is capable of tremendous things, this individual man. He can create beauty, he can dream of justice and try to establish it, he can proclaim a God worth worshipping, he can learn, he can think rationally. This is man he is worthy of the finest service that any profession any time can ever give to him.

All theologies assume that God made man to be something more than an animal and I believe the qualities that I have just catalogued are a part of any high definition of human destiny. To create and enjoy beauty, to use your brain to the limit, to do what you can for justice for all men, and to believe in the highest faith you can achieve, this is to be human, and you are called to serve human beings. This is why you are important.

I have to leave the dentists out of this because I can not think of a good analogy. Unless the doctor of medicine, superior as he thinks he is to the doctor of veterinary medicine, unless he believes in the supreme dignity of the individual human soul, how is he superior to the cow doctor? Both alleviate suffering, both cure disease, both prevent disease. What does one do that the other one does not do in biological terms? Why then does society feel a plus of reverence for the doctor of medicine? It is because his patients are human and, whether right or not, our human society believes that man deserves this dignity and this esteem, that he was meant to be more than an animal. Without health he will not achieve this destiny and this is why your work is so important. You make it possible for him to be himself, to realize his highest capacities.

I do not have to step outside the circle of my own family and my most intimate friends to say these things. I have known a girl—ugly, self-conscious, humiliated by her appearance—to whom some dentist gave an appearance that made it possible for her to take a wholesome place in society. I have known a man wracked by chronic pain and irritation until his personality was a problem to all people associated with him and some dentist took that irritation from him and made it possible for him to be human again in some high sense. I have known a man whose life was saved by a dentist. This is important because these are human beings capable of these tremendous developments, who have these high qualities.

So I would say to you, first and foremost, the professional man is

a man who makes decisions about values that society cherishes and the base upon which they stand is the value of being the best possible human being. This you help mankind to realize.

There is another qualification of a profession. I am talking from the viewpoint of the ordinary American. Professional people, we ordinary folks think, are people who will render their services without a constant concern for material advancement. This is why the patient resents the doctor who snatches the money out of her hand before she leaves his office. This is why the father of his first child feels furious about the hospital that won't let him take the baby home until he pays for it.

These may be unreasonable attitudes. After all, I sympathize with hospital administrators' problems, too, but I think you can say that a profession can accurately be defined as an activity in which the particular task to be done is chosen for some other reason than material profit. We do not want our souls saved by creatures whose primary concern is a special bonus for doing that job. We do not want our souls saved on a piece-rate basis . . . you know, so much per soul. We do not want the decision to operate or not to operate in the case of serious illness to be decided in terms of the financial interest of the surgeon. We do not want our protection in the law courts to be determined by our capacity to pay. Nor do we want teachers to enter that profession or to take a particular job within it primarily because of the opportunity for material aggrandizement. The motivation of the professions is something other than the desire for the largest possible automobile and the biggest possible home.

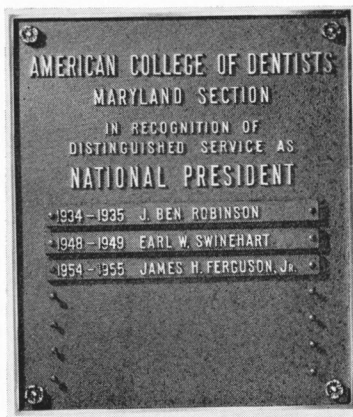
If this is true, real success in your profession depends upon the quality of the service you render, and this can not be measured in quantitative terms. It can not be indicated to the public by the length of the vacation in Florida which you can take in the winter or by the possession of the latest model Cadillac or by membership in expensive clubs or by the building of a palatial home. It is not true that success in dentistry is indicated by the financial status of the practice. It is not true that success in teaching is accurately indicated by the salary paid, nor is that lawyer the most distinguished ornament to the legal profession who secures the largest retainer from the largest law corporation. Success in professional life means that the individual practitioner has found ways of bringing

quality to the service of every individual with whom he comes in contact.

In a profession there is no shortcut to effective human relations. The highway to effective human relations is paved with ethics in this basic sense, and the foundation for this pavement is an ethical concept of the nature of the profession itself. The professional man must base all his human relations on respect for human beings. He must earn the respect of society by accepting his professional responsibilities. He will honestly and gladly accept the responsibility of deciding what is best for each patient and will try to persuade him to take that course of treatment. He will make his particular decisions for some other reason than the difference in the margin of profit, and he will always remember that every man, however poor, however repulsive even, merits his finest efforts. He will have fine human relations, not as a means of manipulating his patients, not as a means of controlling them, but as a means of being of service to them.

The good professional is an amateur. An amateur is a man who does something for the love of doing it, and the best professional man in your profession today is a man who is doing what he loves to do because human beings need what he has to give.

Past Presidents Honored



The Maryland Section of the American College of Dentists last year authorized a Committee to arrange for suitable recognition of three Maryland members who have been President of the College, Doctors Robinson, Swinehart and Ferguson.

A bronze plaque was designed on which is inscribed the name of each man and the year of his Presidency. Three replicas were made, each carrying a single name and in addition on each replica a small bronze plate was

attached stating where the original plaque is installed.

On June 14, 1956 in Baltimore a special dinner was held in honor of Dr. Robinson, Dr. Swinehart and Dr. Ferguson. The original plaque was presented to Dean Aisenberg* of the Baltimore College of Dental Surgery, Dental School, University of Maryland to be placed in the Museum of the School as a permanent reminder of the services of these local men to the national organization. The replicas were presented to Dr. Robinson, Dr. Swinehart and Dr. Ferguson.

Dr. K. C. Pruden, President of the College, attended and congratulated the Maryland Section in paying tribute to Past Presidents Robinson, Swinehart and Ferguson. Dr. Ellsworth Davenport, Regent of the College also attended and spoke briefly as did Dean Rault of Georgetown University Dental School.

Many telegrams, letters and telephone messages to Chairman Oggesen paid tribute to the former Presidents.

* Due to airline difficulties Dr. Aisenberg was delayed in his return from Puerto Rico and Dr. G. W. Gaver, Vice President of the Senate of the Baltimore College of Dental Surgery, Dental School, University of Maryland accepted the bronze plaque for the Dental School.



K. C. PRUDEN, J. BEN ROBINSON, EARL W. SWINEHART, JAMES H. FERGUSON, JR., and WALTER OGGESEN

CALENDAR OF MEETINGS

CONVOCATIONS

November 3, 1957, Miami, Fla.

November 9, 1958, Dallas, Texas

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

October 16, 1960, Los Angeles, Calif.

BOARD OF REGENTS

February 3, 1957, Chicago, Illinois

November 2 and 4, 1957, Miami, Fla.

Writing Award Competition

Sponsored by
The American College of Dentists

The American College of Dentists is initiating and promoting a competition in the writing of papers and essays, and in the preparation of manuscripts, for graduating students in the dental schools of the United States and Canada.

The purpose of the competition is to create reader interest, to stimulate the more wide-spread use of libraries, and to develop competent dental writers.

A prize of \$500.00 and a plaque will be awarded the national winner. In addition, an appropriate plaque will be given the winner of each school entry.

RULES AND PROCEDURES

- 1) The competition is open to all senior students in the dental schools of the United States and Canada.
- 2) Students will be notified of the competition in the spring of their junior year, and manuscripts must be received by the Secretary of the American College of Dentists by February 1 of their senior year. This will allow ten months for preparation. Announcement of the winner will be made not later than April 1. The time and occasion of awarding the prize and the plaques shall be determined by the schools, but it is suggested that this take place prior to the graduation of the recipients.
- 3) Deans will be asked to designate a faculty member to promote the competition, to decide how the competition will be conducted, and to determine the manner in which the winner is selected, in each school. Only one essay may be submitted from each school in the National competition.
- 4) Manuscripts submitted shall be accompanied by a letter from either the faculty member designated to conduct the competition, or from the dean of the school from which they originate. This will assure the authenticity of the manuscripts submitted.
- 5) For each annual competition, the American College of Dentists will select and announce a topic.

- 6) The topic will be on a non-technical aspect of dentistry. The ethical, social, historical, or cultural relationships of dental practice, education, research, organization and journalism will be the areas from which the topic will be selected.
- 7) No hard and fast rule concerning length of the manuscript will be established. However, it is suggested that the manuscript not exceed ten to fifteen double-spaced typewritten pages, exclusive of bibliography, tables and charts and illustrations. White bond paper, 8½ x 11 inches must be used.
- 8) The original and five (5) copies must be submitted; this is for judging purposes. Manuscripts must be sent either flat, or folded once in the center. Pages must be held together by clips or fasteners. Footnotes must be designated by placing them at the bottom of the appropriate manuscript page, separated from the text by a line. References and bibliography must be on separate pages and must conform to the style adopted by the American Association of Dental Editors and the American Dental Association. Tables, charts and illustrations also must be on separate pages. Good compositional form must be followed.
- 9) Manuscripts will become the property of the American College of Dentists. None will be returned. The winning manuscript will be published in the JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS.
- 10) The Committee on Journalism of the American College of Dentists will assume the responsibility of determining the winner. Its decision will be final.
- 11) Manuscripts will be judged as they reflect these general qualities: purpose, scholarship, accuracy, impartiality, neatness, objectivity, and as a contribution to the periodical literature of the profession.

For details concerning this competition consult your dean, your faculty adviser or write to:

DR. O. W. BRANDHORST, *Secretary*
 American College of Dentists
 4221 Lindell Blvd.
 St. Louis 8, Missouri

Human Relations: One More River to Cross

Panel Discussion

MODERATOR
WILLARD C. FLEMING, D.D.S.*
San Francisco, Calif

PANELISTS

JAY H. ESHLEMAN, D.D.S., Philadelphia, Pa.
J. WALLACE FORBES, D.D.S., Philadelphia, Pa.
ALLISON GALE JAMES, D.D.S., Beverly Hills, Calif.
HARRY B. MCCARTHY, D.D.S., Dallas, Texas

EDITOR'S NOTE: *In the following 36 pages we bring you the material presented during the panel discussion held Sunday, September 30, 1956, during the Convocation of the College.*

There is much of the basic philosophy underlying "Ethics and Human Relations," to be found in this somewhat informal presentation, obscured sometimes, perhaps, in the depth of some of the thinking expressed, so we urge you to read the material with care and deliberation. Your efforts will be rewarded.

A.E.S.

MODERATOR FLEMING: I am going to start this panel discussion by saying things I have said before. It starts something like this: In May of 1923 I sat in the Greek Theatre of the University of California with my classmates. We were to receive our dental degree. There were about fifty of us and the President of the University said, "The candidates for the degree of Doctor of Dental Surgery please rise." The group of us stood up and a titter went all over the Greek Theatre. Here were the "tooth tinkers," the "tooth carpenters," the fellows who were the butt of jokes of the cartoonists. It was not a very high estimate of the people of that audience, and for that matter, of the country.

At this Commencement exercise were my mother and father, the girl I later married, and friends. I had worked for four years. As you know, we all worked. I was proud of my degree. I was the only member of my family who had gone through college and people were laughing at me. I was so angry I had tears in my eyes.

In the thirty-three years that have followed things have changed, and they have changed because men like ourselves (I include all of

* Chairman, Committee on Human Relations, American College of Dentists.

us in this room) got in and worked. We worked on committees, we attended meetings, we sat up nights, and today dentistry has reached a place in the eyes of the people that is the result of our combined efforts. There have been hundreds of us. We may have worked from an inferiority complex, but nevertheless we had the drive and we have done certain things.

One thing there is no question about, that as a profession we are a competent group. We have attained a high degree of professional competency, recognized not only by the people of the country today but on a world-wide basis the American dentist is a professionally competent person. Next June when I stand in our Stadium and present the candidates for the degree of Doctor of Dental Surgery to President Sproul and the Regents and the thousands of people in that Stadium they will receive the same applause that everyone else does.

This has been brought about by all of us in this room. Some have been at it longer than others, but this American College does represent a group of workers and doers who by their efforts, and of course other members in the profession, have raised dentistry by its own boot straps. We have done it ourselves, and today we are a professionally competent group of people, so recognized. We are recognized as people with a good basic science preparation and possessing exceptional clinical skills. The public recognizes and expects us to be professionally competent; this is our number one role. We have accomplished this through hard work—meetings, conferences, committees, organizations, research, education, and some degree of self-sacrifice on the part of many of us. We are proud of dentistry's competency.

Medicine has done the same thing, but now we are observing that medicine, and particularly the medical man, does not hold the high esteem and affection that he once held. I will qualify that by saying, that is my opinion. One does not at this time go into all the detailed reasons for this, but the majority of people agree that while he has become progressively more competent, there has been a growing impersonalization of medicine. This has been due to many things, but one factor has been the increasing efficiency and effectiveness of medicine resulting in fragmentation, specialization, etc. This has resulted in a gradual replacement of the humanistic by the scientific and administrative.

While dentistry has been held in high regard, it has never been accorded the high esteem accorded medicine. There is some evidence that medicine is slipping, and whether we like it or not we may suffer along with this. At any rate, it does appear to the Committee on Human Relations that we ought to begin to think of a second role of the dentist. In addition to being a competent professional person, which is role one, he should be a broadly interested and educated person—a kindly person with a high degree of responsibility to his fellow men, interested in their individual welfare and the welfare of his community. He should be capable of developing qualities of leadership, et cetera. In other words, we are adding another “role” for the dentist to play. If you are interested in slogans, let us call it *Competency with a Conscience*. The health professions have always prided themselves on their civic consciousness—the family physician, the pharmacist in the corner drug store, the dentist, the nurse. As I have said before, there is evidence we are not as we were. On the other hand, there is growing evidence that the old money monger—the businessman, he who worships at the altar of profit—is giving not only money to civic matters but also is giving of himself. Many United States companies—people in business for the dollar, people in it for profit—many of these companies have established elaborate programs of civic aid that involve a large part of company time. They have people assigned by their companies to go into the civic community to take part in the united crusades and the community chests. This is a new look on United States business and this new attitude comes from the change in the philosophy of business. Can we, the health professions, afford to do less?

The American College in its traditional role is expanding the frontier of thinking and acting as a catalyzer. We have always done this. I can cite the prosthetic service groups, the changes in dental journalism, the recruitment programs have all started in the American College of Dentists and its committees. We have been a catalyzer within the profession itself. Many of the things that have developed in our rapidly growing profession originated as ideas within this group. It has been one of our major functions.

The American College of Dentists has thought enough of this idea I have been expounding to develop a Committee on Human Relations. This is the second year of this Committee's existence and the program this morning is evidence of the first action that this

Committee has taken. Essentially, we are trying this out on you. If this proves to be worthwhile, it is to be hoped that the local Sections will take over a grass roots campaign to develop this idea, particularly among the recent graduates.

I get a little tired sometimes of having the phone ring and one of my friends in the dental profession calls up and says, "Bill, what kind of a job are you doing out there at the school? Here is So-and-so, one of your graduates, he is in trouble with his patients, he is not giving value received, the signs in his office are over four inches tall," and so on and on. As I say, I get a little tired of this. After all, I grant that the schools have a terrific problems of selection and indoctrination, and while we are not doing a one hundred per cent job, one of the things that is most important is what happens to this boy when he graduates from the Halls of Ivy, when he gets out into the profession. Is he being received in the proper atmosphere? Are the members of the profession doing their part with this neophyte?

Yesterday morning I presented a report of this Committee to the Regents and I told this story: A few years ago one of our graduates was going to start his practice in the City of Oakland. I asked this young man if he would be my guest at dinner at his first dental society meeting. The president of the California State Dental Association, the president of the local society, a couple of the other state officers and the dean of the school were there. In the young man's eyes these were the "leaders" sitting around the table and he was quite impressed. During the course of the meal one of the fellows reached in his pocket and, as we do so many times at meetings, he came up with a couple of models and passed them around the table. The question that went with this was, "What is your diagnosis, fellows?" One of the first answers was, "Oh, about \$250."

That is amusing to us but wasn't that a fine reception this young man received in his first contact with the local organization, with the "leaders" sitting around the table? I don't suppose it is too serious but I cite this as an example of the things that the young man encounters.

What is his reaction when the local organization has its annual meeting and devotes almost all of its program to problems of practice management, of fees, of finances? I do not belittle the importance of practice management in the success of dentistry and the dental

practice but I maintain that there are other things in our profession that should have a higher priority on our time. I can see a section on Practice Management, I can see a lecture on it, but I can't see a whole state, local or regional meeting built around the theme of Practice Management.

When these young men get out into practice it is pretty essential that they get into the hands of the proper people, that they find by example the role that they are expected to play in society. It is only by example that we can help. You can lecture and lecture till you are blue in the face but it is by example that the patient does come first, that a diagnosis based on what is good for the patient is a proper diagnosis, that a diagnosis based upon the fee, even if it is right, is wrong.

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(At this point, Doctor Fleming called upon each of the four panel members to present his prepared statement. These statements follow. Conclusion of the discussion begins on page 334.)

Human and Public Relations

JAY H. ESHLEMAN, D.D.S.*
Philadelphia, Pa.

PUBLIC RELATIONS MAY BE defined as the total effect which our attitudes and actions have upon the opinions of others.

Several years ago, quite by accident I learned a simple lesson in both human and public relations which I shall not soon forget. The occasion was observance of child dental health week; the setting, the assembly of the school which my children attend; the audience, elementary school children. A movie was selected describing the proper technique of tooth brushing, extolling also the virtues of ammoniated tooth paste. The principal then called upon me to summarize what we had seen, and to lead a discussion. All hands seemed to be raised at once, and fortunately I waited to call upon my seven year old daughter Susan until last. "Daddy," she said, "if you like ammoniated tooth paste so much why do you use Squibb's?"

It is often the little things which we do and say, or fail to do or say which determine success or failure in our endeavor to improve our professional esteem.

How well are we serving the public? You and I may think we are doing a pretty good job, but is our opinion valid? I'm afraid we have fallen into the habit of measuring performance largely by advancements made in technical skills rather than by our proficiency in social science and the humanities.

There are several roadblocks on the highway of human and public relations which must first be removed if we are to travel more smoothly. I refer to the roadblocks of *Patient Grievances*, and *Faulty Personal Communications*. Let us consider them.

PATIENT GRIEVANCES

Who will deny that there are but a few areas in our country today where patients complaints are handled capably? Wherever patient grievances are observed and recorded; fees, inadequate service and incomplete service head the list in that order. This is not an accident. It is an established pattern.

* Member, Committee on Public Relations, American College of Dentists.

The damning accusation, "competence without conscience" affects the innocent and guilty alike. No man should be denied a just reward for his services but unless this reward is well balanced between material and spiritual values, shared alike by the patient and dentist, it must be regarded as a barren personal gain obtained under the protective shield of an undeserved professional label. Should we not consider these liabilities as a warning, and develop a sound program for their reduction or complete elimination?

The profession in which we are engaged has fallen into a fixed conventional pattern, reluctant to admit that a change is necessary. The ever increasing demand for professional services has lulled us into a false sense of security. Inertia, the first cousin to complacency has kept us pretty much on the same track, even though we could travel faster, farther and more smoothly by cutting our cloth to fit today's pattern.

Large corporations all over the world recognized long ago that the average person will form his judgment of the company through individual contact. Billions of man hours are spent each year developing programs designed to avoid and correct misunderstanding among the consuming public.

What a golden opportunity you and I have, for we are privileged to serve our patients personally, allowed to observe patient reaction first-hand, permitted to make an on the spot appraisal of the degree of acceptance of our services. Are we equal to the task? I am inclined to think we are too poorly equipped to do a highly effective job.

To work out these adjustments and corrections we must rely not upon coercion, but upon self education and increasing understanding, beginning in high school, through college and continuing into everyday practice.

I would like to see our profession register a determined first in developing a sound educational program designed to increase human understanding among men. Not only must we be concerned with the quality of material now taught under the label of Dental Practice Administration, but of even greater importance is the philosophy of those endowed with the teaching responsibility at all levels, that it be in keeping with the principles upon which the profession was founded.

A workshop on human and public relations may be the best way of determining not only how well we have done in the past, but where

we are at the present, and how well we measure up for the future.

PERSONAL COMMUNICATIONS

The second roadblock which we will examine briefly is that of faulty *personal communications*.

The way in which we get along with one another creates a human climate or human atmosphere commonly called *human relations*. Proper attitudes toward self and others are the key to a healthy human climate.

Man's inability to listen intelligently, understandably and skillfully, without bias, to another person is a deficiency that has plagued civilization since the beginning of time. The shame is not that we are guilty also, but rather that we have done so little about it.

The problem has a solution which is a real challenge. The success of achievement lies in our ability to listen to the argument of another, to understand how it seems to him, its personal meaning for him, and the emotional fervor which fires him before we present our own point of view. This requires faith, patience, courage and practice. To manage others we must manage ourselves so as to win their cooperation.

Good human and public relations cannot sprout and grow in the central office of the American Dental Association, the state or local dental society. The fertile seed must be planted by the individual, nourished by the local and state dental society, and refined by the profession at large. The willingness with which we extend our hand in solving social and civic problems related to health and public welfare, as well as the proficiency with which we perform our daily responsibilities is the basis upon which we are judged.

We cannot hope to bask in the bright sunlight of professional maturity unless we consider more seriously the important roadblocks of patient grievances and faulty personal communications.

As George Washington wrote to General Philip Schuyler "We must make the best of mankind as they are, since we cannot have them as we wish."

Sows' Ears and Silk Purses

J. WALLACE FORBES, D.D.S.*
Philadelphia, Pa.

Train up a child in the way he should go: and when he is old, he will not depart from it.

Proverbs 22:6

IN DEALING WITH THE subject of Human Relations we will aim our sights at the Ethical principles of the profession. It is with inordinate esteem that we recognize and congratulate the many hard working and dedicated men who have consecrated their services in keeping dentistry in the van of the health sciences, but view with apprehension the men who are surreptitiously slipping beyond the pale of accepted conduct.

The American College of Dentists is again proving itself worthy of its respected place in dentistry by devoting this program to the consideration of human relations with emphasis on the ethical aspects and deportment of the profession. If we are to attack this problem of the philosophy of morals with courage—and there is no other way or manner than with courage—we must keep our own professional conduct above reproach.

When first considering the title "SOWS' EARS AND SILK PURSES," I thought it would add to the clarity of my approach if I were to do a little research on its origin. My first thought was a possible Biblical annotation, then Shakespearean and finally Poor Richard, but to no avail. There were many derivations of the quote in the literature of the late 16th and early 17th Centuries, but none exactly "SOWS' EARS AND SILK PURSES." The very first quotation that I could find was by Charles Dickens when he put the exact words into the mouth of Mr. Omar, the fat little tailor of *David Copperfield* which was written in 1849.

The title of "SOWS' EARS AND SILK PURSES" has a very fitting connotation in this morning's program. It takes little of your imagination to recognize that this old English proverb is to be made directly applicable to the potential student of dentistry and the dentist of tomorrow. The hopes and fears of the profession of dentistry rest with the type of youth we attract to the schools of dentistry. The possible strength, progress and even weakness of the

* Member, Committee on Recruitment, American College of Dentists.

profession will be in direct proportion to the kind of student that is admitted to the pre-dental curriculum.

How are the better young people to be encouraged in selecting dentistry for their life's career?

How is the proper type of person to be attracted to take your place at the chair, in the hospital, in the class room, at the research table or at the lecture podium when you step down?

What method should be used to present the opportunities in the various fields of dentistry, in a favorable light, to the youth of today?

What roadblocks stand in the way of students desiring to enter dentistry?

These are some of the questions that are facing your committee on Student Recruitment which we would like to throw out to you during the discussion period following the panel presentations. Because this group assembled here represents many sections of the United States and Canada we may find some variables that may aid the Recruitment Committee in arriving at some tangible and valuable results.

Plans are under way to make two separate surveys within the next year which may have some bearing on our thinking. One is to be conducted by the Recruitment Committee itself in each dental school in the United States and Canada. This has to do with motivation and will be a revised projection of the study on motivation as initiated by Wendell Wylie at the University of California and later used at Temple University and the University of Pennsylvania. The second is being planned by the Philadelphia Section to determine "What the Public Thinks of Dentistry."

You can readily see how the results of these surveys will help us to re-evaluate ourselves as a profession and aid us in readjusting our sights in making an appeal for better students.

These are a few of the challenging and provocative problems concerning the future of dentistry that should be of vital significance to every Fellow of the American College of Dentists.

There is great competition in the student market today. There is mighty clamoring by big business and industry using the newspapers, magazines, radio and television to induce the youth of America to head for electronics, aerodynamics and the myriad fields of engineering.

Dentistry has not made the concerted effort that could be made in interesting the desirable young people to choose the profession as a career. This in itself will have serious consequences when we

consider the projected population increase within the next ten years.

It is not necessary to appeal to the multitude of students as industry is attempting to do. The survey reveals that last year there were 2.19 applicants for every place in the freshman dental classes in our country. However, almost every Dean and member of Committees on Admissions will admit that they would welcome an increase in the *quality* of the applicants.

You are aware that together with undergraduate transcripts, batteries of tests are now used to aid colleges in selecting students. Is this sufficient information? Are we covering enough ground? Should we study the backgrounds of these youngsters more carefully? If we were a committee on granting scholarships, I think we would consider it most sincerely because we would be entrusted with the distribution of public or private funds. If we agree that ethics holds just as an important place in the profession as remuneration, then we must agree to consider this deeper aspect of a student's background. There has been a frightening and startling increase in the number of "fast buck boys" in dentistry in the past few years. If this is permitted to increase or even continue, it will attract more of the unscrupulous with similar attitudes. Every advantage will be lost that has been gained over a long period of years. It will tear at the very moral fibre of an honored profession. The history of dentistry is replete with multitudinous records of long and arduous struggles to raise its honored head out of the "tooth carpenter" class. Should this increasing prestige be jeopardized by those who have more regard for the profit than for the patient?

The accepted attitude of the ideal dentist should be a positive one and will include a strong sense of dedication and of service beyond the prescribed line of calling. It will mean a generous attitude toward one's fellows and patients as a matter of personal good manners. A lesser attitude will inevitably result in making the individual a liability to his profession.

There is a better chance that children coming from homes of high moral standards will develop into adults of higher ethical standards. If we are to find the type of men that we desire to work with us or replace us, it appears we must look deeper into the background and home training of the potential student. This becomes the responsibility of all of us. Each of us can make an initial approach and encourage young people we know from families of good moral pattern and richer training to seek a future in dentistry.

Guidance counselors and directors in your community schools

could be made aware of the qualities that should be sought in future dentists. It is astounding how few guidance counselors suggest dentistry as a career. Perhaps their only knowledge of dentistry is through a restoration they had placed in their own mouths.

A significant revelation might be forthcoming if we could survey the students receiving their undergraduate training in the small church-affiliated colleges. Do they have a more wholesome outlook on the doctrine of human conduct?

It may be just as important to examine with the same degree of intensity the home and moral training of a candidate for dentistry as we do his digital dexterity and academic records.

The professional man who has the true compassion, regard or sympathy for his fellow man basically believes in "the Fatherhood of God and the Brotherhood of Man." If we are to continue to lift the archetype of ethics in the profession this cannot be denied.

We can no longer believe that in four years of dental school, we can change the philosophy of a "fast buck" to a philosophy of service. We must realize that it takes somewhat longer to orient and indoctrinate a man in integrity, for the hard core of a man's thinking is fundamentally molded by his training in the early years of his life.

May I now refer you back to the complete quotation of Mr. Omar in *David Copperfield* which I believe is consequential—

"The proverb says, you can't make a silk purse out of a sow's ear. Well, I don't know about that. I rather think you may, if you begin early in life."

MODERATOR FLEMING: *I can't help but make one reference. About a week ago we looked over our class of 1936. We put that class of 1936, forty of them, up against the admission requirements of today and in that class of forty in 1936 there were three who would have been admitted to a dental school today. This is based on our estimates of the man's ability and his promise of future development and competency, but as you have heard Dr. Forbes say, we have made no estimate of what we think the development of a professional man's conscience should be. I said it before, over fifty per cent of you would not be in this room today had you to meet the standard admission requirements in schools of today, but this is based on competency. There has been no evaluation of man's competency with a conscience.*

Dentistry's Human Relations Today—1956

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EARLY MAN IN HIS first association with his kind found it necessary to impose codes of action for the group welfare. These were chiefly prohibitory and retaliatory. These codes—the ethics of those times—bore little resemblance to the principles of ethics slowly developed, but not without serious periodic setbacks, over the Christian era. It was one hundred sixteen years ago in America that dentistry first achieved professional status, and with it incurred the obligation to impose upon itself a set of principles of professional action expressive of the highest ideals of the members of the profession. Unfortunately, such a code can not spell out in full detail the procedures for every situation.

A strain on professional character, as well as on the character of a profession, develops whenever demand for the services of that profession increases near to capacity or even to exceed the supply of service available in some areas. In such times the efficacy of early training in attitude and the efficacy of inculcation of truly professional principles are tested. Most certainly implicated are home training and early schooling, as well as the training received in professional schools. In most areas of the country today, insofar as dentistry is concerned, the situation resembles what is classified commercially as a seller's market. Estimates of fifteen to twenty years ago indicated that not more than twenty per cent of the population availed themselves of professional dental care; recent surveys conducted by the American Dental Association indicate that forty per cent of the population are availing themselves of such care, and that the utilization in some areas is higher and still rising. This doubling percentagewise in the utilization of professional dental service actually represents in numbers a considerably greater increase, because of the vast increase in population recorded.

Obviously, a large factor in this increased demand for dentistry must lie in the unprecedented prosperity of the nation throughout

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the past ten years. Never before has there been such a large national income, nor one so widely diffused among the population.

World War II draft experiences, with the great number of rejections for dental disability, pointed up the necessity throughout the population for improved dental health. Responding to this need, the dental profession, through its Councils on Dental Health at the American and constituent association levels, became increasingly active in dental health educational measures. These, carried out in the schools, through Parent-Teacher Associations, through the media of press, radio, and television, and the increased awareness of dentists themselves of the necessity for educating their patients and those with whom they came in contact, have been without doubt the most potent factors in this increased demand for dentistry.

Now, following years of patient groundwork to build up the profession to such a state as now exists and to educate the public to the necessity for professional care, is the profession meeting the situation adequately? There is some doubt. Too often there is evident a confused belief that smart uniforms, fancy equipment, and impressive income constitute professional competency. The diagnosis of a dental case in terms of potential dollars, ludicrous as it may seem, is not a departure from fact in some cases known. While not restricted exclusively to them, this attitude does appear most evident in graduates of the past ten to twelve years. We passed through a period when the political climate was not conducive to the blossoming of ethical sensibilities. The words "deep freeze" and "mink" took on new connotations, and criticism and "red herring" became synonymous. It can be assumed that those who remember no other atmosphere undoubtedly will not recognize the pitfalls inherent in such material philosophy.

Unfortunately this attitude is permeating other professions, such as medicine and law, but our concern at the moment is with dentistry. The fallacy of believing that a professional man in dentistry can see thirty-five to forty patients a day and practice good dentistry is evident. If coining money is the criterion for success, dentistry becomes a merchandising business, not a service, and definitely not a health service. This merchandising attitude is at the root of most of the difficulties experienced with the dental laboratory craft. Were dentists assuming their full responsibilities, the situations which have developed in some areas of our country would not have occurred.

Dentistry will do well to examine critically the increasing number of stories on dentistry in lay publications. The superficially apparent benefits to public appreciation of dentistry may be effectively cancelled if too many violations of falsely aroused public confidence occur. An article some months back, in a popular lay magazine on the subject of Cosmetic Dentistry caused a regular rash of inquiries for such services. In many instances the expectations were obviously far beyond the realities which could be performed. In each case, however, the patient was previously conditioned to considering a fee far greater than any previously experienced. Here was a ready-made, tempting setup to test feeble ethics. Among a number of such cases seen by the speaker were several having dentistry which was superb—the nearest approach to perfection possible for the individual. Rejuvenation and renewed youthful beauty were the will-o'-the wisps followed in most cases. All such cases should receive a careful and thorough examination and a truthful diagnosis, making clear the limitations. In those presenting excellent dentistry, the patient, when properly advised, is confirmed in the soundness of his own judgment, and confidence in the profession is enhanced. In the instances where some improvement may be accomplished, the limited possibilities must be made clear and the patient furnished with at least some information for evaluating possible future extravagant promises.

Beyond doubt, some means must be found to make more effective the dental student's appreciation of his professional responsibilities. Also, all dental organizations need to rejuvenate and activate their Ethics Committees more effectively. There are many offenses against the principles of ethics today which are completely overlooked, or at least not the subject of official action, which would have received severe censure thirty years ago.

For the long-range program the obviously effective step is to inculcate in our own young the character which will understand and adhere to the prescribed principles of ethics.

Ethics and Etiquette

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IN KEEPING WITH GOOD procedure the subject matter in any discussion should be clearly defined. You will note that in my short paper there are two subjects to be discussed: Ethics and Etiquette.

In Webster's unabridged dictionary we find *ethics* defined as follows: "The science of moral philosophy which teaches men their duty and the reasons for it." There is also a second definition as follows: "A system of rules for regulating the actions and manners of men in society."

As a general statement then we may well say that *ethics* is the Code of Moral Law and rules of right conduct by which intelligent and fair individuals may live happily together and through proper relations mold social influences for the greatest good of humanity. From the above definitions or statements you will observe that no effort has been made to include the theories embraced in its teachings.

Let us now define *etiquette*. Again we turn to Webster and he defines etiquette as follows: "Forms, ceremonies or decorum," and goes on to explain: "The forms which are observed towards particular persons or in particular places and on public occasions."

I feel that a brief reference to the genesis of ethics is necessary in order to lay the background for some of the remarks that will follow concerning the present concept of our ethical code as it relates to our profession.

Ancient Greece, where many of our great educational movements were born, can rightfully be called "the birthplace of our science of ethics." Socrates (469-399 B.C.) was the philosopher who first gave form and substance to our ethical tenets. He had learned about all walks of life through personal contact with the people of his day. He left no writing on his philosophies but was widely noted for his "good as possible soul" theory as applied to the statesmen and leaders of the people of those days.

Plato (428-348 B.C.), another great philosopher of that period, was

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an ardent follower of Socrates and it is said that much of his voluminous writings in the field of philosophy and ethics reflect the teaching and utterances of his fellow Athenian. Plato established a school in Athens for philosophic research (387 B.C.) and taught many of our biologic sciences. His book, *The Republic*, is perhaps his best known work. Plato was a master of the use of dialogue with his characters and very often contrived to have his participants repeat the basic principles of ethics as developed by Socrates. Plato had his characters discuss behavior of children and parents, the control of one's appetite and passions of lust and greed, the behavior of government officials, property rights of individuals, and taxation. Through all these discussions ran the idea of the dominant place of formal education and of ethical consideration.

Another Grecian philosopher of that era who stressed the importance of ethics in the life of individuals, and as a means by which civilization might expect to lift itself to higher standards of community and national life, was Aristotle (384-322 B.C.). He was an early student of Plato and later worked with him in the academy which Plato had founded in Athens. It is said that Aristotle was the first great philosopher and educator to apply logic and sound reasoning to the development of his subject matter. His treatise on ethics, known as *Nicomachean Ethics*, so named for his son, is one of the great books of the world, whose influence still survives. In this book he lays emphasis on virtue, makes distinction between external goods and inner happiness of spirit, discusses habits, recommends moderation, speaks of leisure and work, and even suggests the pleasure of one's thoughts leading toward immortality. Even today his teachings are given high rank by teachers and students in the fields of theology, natural science, and ethical relations of mankind.

Ethical doctrines during the Dark Ages (476-1000 A.D.) suffered their greatest setback. The teachings of Christ and the high standards set by the early Grecian philosophers were almost entirely forgotten by the people of Europe in their conflicting interests and struggles for existence. Might was made synonymous with right as a consequence of complete disregard of the teachings of those whose names I have mentioned above.

It is not until about the fifteenth century that we begin to see a revival of the ancient philosophic teachings and ethics that had come down from the Greeks. Men like Hobbes and John Locke, of Eng-

land, Heine of Scotland, Kant and Hengle of Germany, and Rousseau of France, had made themselves heard in the philosophical field and had done much to bring about a revival in ethics and civilization. Many of their ideals were not compatible with the majority thinking of their day, yet they were unusually successful in bringing their ideas to the people. In this endeavor they were often greatly aided by the clergy.

While religion and ethics are not necessarily synonymous terms, yet it is very hard to separate the common sphere of their respective teachings. Religion binds man's spiritual nature to a supernatural being, commonly regarded as a Deity. As a consequence of his belief, the religionist accepts the responsibilities of life and strives through rectitude of heart and mind to develop the spiritual self through acts inspired by faith in his conception of what is demanded by his Creator. Souls by the millions have been and are being comforted today in a steadfast belief in a better future existence in a life to come.

Broadly speaking, ethics is moral philosophy. Human conduct at its highest possible level is its primary aim and ultimate objective. The student of ethics is interested in the moral status of the people as it ought to be. Religion is not necessarily a requirement in this concept. While ethics is a science, yet it is not an exact science. It has many supporting or supplementing fields contributing to its knowledge and usefulness. Sociology, psychology and biology are some of them. Research and studies in these fields but strengthen the fact that ethics is the stabilizing force in directing individual, communal and national life to higher aspirations in all times and in all places. Law and government borrow freely from ethical codes.

Ethics is the very foundation upon which the basic principles of our Federal Constitution are laid. Ethical precepts are to be found in every paragraph of this great document.

The Code of Moral Law (The Ten Commandments) must be given a prominent place in any discussion of ethics. Its inspired teaching presupposes that there are rights and obligations which man, as a free and independent being, is bound to accept and respect in relations with other members of our social order. Moral principles may differ slightly in different communities as a consequence of custom and interpretation but in the main they harmonize the world over. Sporadic moral deviations are sure to crop up in our society

from time to time. Were this not true the periodic demand for new laws to curb wilful violators would not be needed. Prohibitory statutes are the direct result of a need for such curbs.

Perhaps this would be a good place to refer back to the word *etiquette*, in relation to our assigned topic. We said that the broad interpretation of the word meant "the forms (courtesies) which are observed towards particular persons, or in particular places, and on public occasions." I suppose as good an illustration of etiquette as we would want to observe is taking place in this room at this moment—the courtesies that have been demonstrated by the Chairman of this panel to its participants, the gentlemanly manner in which you listened to the previous speakers and to the present one. You are observing certain forms of etiquette here which are a "must" if this meeting is to be conducted in a satisfactory manner. Too many times we think of etiquette as something only for the ladies or as "our drawing room manners." Actually etiquette can be a constant application, or outward observance, of our ethical and moral principles. Nor is etiquette confined to the rich, the educated and the cultured. To the speaker, etiquette is something that may be acquired even though we have not been fortunate enough to have been born into such an atmosphere. This could come to us, not so much through the observance of the so-called "rules of etiquette for certain occasions,"* but through a deep and sincere desire to be courteous, friendly and ethical in our dealings with our fellow men. Our habits of etiquette should be so deeply ingrained in us that their observance is a matter of instinct rather than one of conscious obedience.

So far our comments have been all on the general field of ethics and etiquette. For the remainder of our discussion we will consider the field of professional ethics as it applies to dentistry.

Generally, Hippocrates (460-357 B.C.) has been credited as being the "Father of Medicine" as a consequence of the oath which he formulated and administered to those whom he instructed in the healing art. However, it is now known that Hammurabi (2260-2185 B.C.), an ancient law-giver and Babylonian King, had something to say along the line of professional ethics.

In early times only three callings were included under the term "learned professions"—law, medicine, theology. From early days

* Emily Post.

medicine has been termed a healing art, and in later years dentistry came to be known as a branch of the healing art. As time progressed the several specialty fields began to bind themselves together into so-called "guilds" and in so doing, set about establishing their own rules of ethical conduct. It should be kept in mind that the rules of ethical conduct or code of principles which any profession adopts is something which has emanated from within and through the ideals of its members, and is a written statement to remind them of the ideals and obligations which they have adopted and agreed to observe.

All professions call for a high degree of learning and skill. Dentistry, we are proud to say, is one of these. The actual ethical standards of any profession are certain to be judged on the basis of a high or low level in ideals practiced by the individuals making up the group.

The Principles of Ethics of the American Dental Association, in its opening statements read as follows:

"The practice of dentistry first achieved the stature of a profession in the United States where, through the heritage bestowed by the efforts of many generations of dentists, it acquired the three unfailing characteristics of a profession; education beyond the usual level, the primary duty of service to the public, and the right to self-government.

"The maintenance and enrichment of this heritage of professional status place on everyone who practices dentistry an obligation which should be willingly accepted and willingly fulfilled. This obligation cannot be reduced to a changeless series of urgings and prohibitions for, while the basic obligation is constant, its fulfillment may vary with the changing needs of a society composed of the human beings that a profession is dedicated to serve. The spirit and not the letter of the obligation, therefore, must be the guide of conduct for the professional man."

Historians are generally agreed that our modern Code of Dental Ethics is largely that which was borrowed or formulated from a Code previously drawn up by Thomas Percival (1740-1804) an English physician and philosopher who practiced in Manchester, England. Percival, recognizing the ethical differences that separated the various branches of the healing arts of his time, set about harmonizing these divergent groups by formulating a set of rules to govern their

conduct. The result, in 1803, was the so-called "Percival's Code of Ethics."

The A.D.A. first considered adopting a code of ethics to guide its members in 1865. They formally adopted a code in 1866, largely patterned after the so-called "Percival's Code of Ethics." Although having been revised several times since its first adoption, the philosophies and principles of this code are still the ones under which we are functioning today.

I shall not attempt here to go into all the details and explanations of our code in its present form. Undoubtedly you all have read it, as it was recently carried in its revised form in the December 1955 issue of the *A.D.A. Journal*. Having spent six years on the Judicial Council of the American Dental Association and five years as its Chairman, I have had an unusual opportunity to learn at first hand, along with the other members of the Judicial Council, of the many facets of our Principles of Ethics that bother and concern our profession.

It is quite difficult sometimes to get some of our members to understand that membership in a great profession such as ours imposes duties and obligations which cannot be evaded. The dentist should understand that his obligations to his patients take precedence morally and legally over any and all other interests. The law protects the dentist in his professional labors, and in return expects him to safeguard the health of the public, which he is qualified to do. Impliedly the dentist is bound to give his best service in every case undertaken. Patients are, in many instances, not able to distinguish between good and bad professional service—hence they must to a great extent depend upon the ethical or moral code of the dentist. In all professions there are those who violate and side step the codes of their profession. They evade the right principles of practice that they have been taught, for monetary gain and self appeasement. Experience and observation will show that those who practice such departures from our ethical standards are not the highly efficient men of our profession. It is probable that by their withdrawal from the ethical precepts of our Principles of Ethics they are acknowledging their inability to carry on in the profession under the accepted high standards of dentistry. Broadly speaking we might say that the dentist who more nearly lives up to our present Principles of Ethics is the one least apt to find himself in trouble. Such a dentist is more likely to be a successful practitioner than the one

who just studies the code and barely keeps within its intent and is always looking for a chance to break its standards of behavior with impunity.

Service is all that the dentist has for sale, and a highly specialized service at that. The materials which he uses in rendering such service are incidental to the service. The mechanical side of dentistry is not the basis on which it rests, as many would make us believe. The biological sciences are more and more today, playing an important part in our profession. The many ills to which human flesh is heir are traceable in many instances to unhealthy conditions in the oral cavity, and call for the application of knowledge in which the dentist has received special training. The ever broadening field of dentistry demands a type of practitioner who will adhere to the Principles of our Code of Ethics and serve not only the public in a creditable manner, but will cooperate in this effort with other members of the healing arts.

Human justice, equal opportunity and humane regard for others are the bedrock on which ethics was founded and is supported today. The essence of the fundamental principles on which ethics rests has been aptly expressed by the well known quotation "Whatsoever ye would that men should do to you, do ye even so to them."

I would like to close this paper by reading a few lines I came across a while ago at the bottom of the page in a trade magazine. No name was penned to this selection. It is very much to the point in this discussion and I leave it with you as my closing thought.

"It is not what we eat, but what we digest that makes us strong;
Not what we earn, but what we save that makes us rich;
Not what we read, but what we remember that makes us learned;
Not what we profess, but what we practice that determines
Our consequence among men."

Panel Discussion—continued

MODERATOR FLEMING: I am going to start this discussion by a general question addressed to the three members of the panel who are not deans. You will note that on this panel there are two deans. Deans, like nuns, always travel in pairs. This is not for protection. It is best illustrated by a story on President Sproul of the University of California who was asked to send a speaker to the Rotary Club in the town of Redding. The program chairman of the Rotary Club said, "I wish you would send a speaker, he should be of academic rank, not less than a dean, and furthermore he should be a wit." President Sproul's classic reply was: "There is nothing less than a dean and all deans are half-wits so I am sending you two." (Laughter) That is why Harry McCarthy and Bill Fleming are up here on this panel.

I will address this question to the three members of the panel who are not deans:

What do you think of the present method of selection of dental students?

DR. JAMES: I think it is a misstatement to say that dental students of twenty years ago would not make it today. It is merely that they were not competing against the same requirements. I think that the quality of the profession as it has developed over the years makes it quite evident that there was a very good selection at that time but it was according to the times. I suspect that under the competitive system we could all start and do it again today. I think it is a good system if you can get a better mortality rate in the schools and any improvement you can make will be fine, but don't think you can make us feel we could not get in.

DR. ESHLEMAN: I think we have come a long way in the past twenty years but I don't think we have come quite far enough. In my opinion a little more time should be spent with the prospective dental student learning something about his basic concepts. It is a little late to try to change a man's basic concepts when he reaches the senior year in dental school by attempting to reach him through a course in practice administration, so I would like to see a little bit more time spent on the student at the pre-dental school level and in the early freshman year in dental school, determining whether

he is the right kind of man to represent our profession after he has once been graduated.

MODERATOR FLEMING: In other words, you are critical of our present method of selection, that we are not making too much effort in the direction of this so-called second role of the dentist.

DR. ESHLEMAN: I think you are doing a good job but not quite good enough.

MODERATOR FLEMING: Dr. Forbes, you can be just as unkind. Go ahead!

DR. FORBES: Mr. Chairman, I think I mentioned something relative to that in my paper, that I thought we should go a little deeper into our investigation of students who are to be selected to honor the profession of dentistry. Now when we talk about the aptitude tests, I think we have come a long way, there is quite a difference in the method of selecting students as compared to twenty years ago. I remember hearing of instances of quite a number of years ago where they selected twice as many as they really thought they were going to graduate. I know in one instance of a class of 300 that was admitted to the freshman year and by the time these students got to the sophomore year they had been cut to 150. With aptitude tests, et cetera, I think our mortality rate has decreased; however, in considering aptitude I am thinking now of aptitude as being a person's natural abilities. But frequently these fellows are sort of primed for aptitude tests. They are given the ideas that are going to be presented to them and the type of thing that they are going to be approached with and they can more or less prime themselves for that test. To me, that is not the true way to test an aptitude. I think it should be the testing of the natural abilities and resources that these men have.

MODERATOR FLEMING: Dean McCarthy, do you have anything to say on the basis of the question which was asked? What do you think of the present method of selection of dental students? The three speakers who are not deans feel we can do a much better job. What do you say on that?

DR. MCCARTHY: I feel we have made a great deal of progress in the last ten or fifteen years and, like every other phase of education, changes come about slowly. I do not mean to say that we have reached the peak of our selective ability. I am sure that in the years to come, probably not too far distant, there will be other tests added by which we can have even a better selectivity than we have now. I

certainly will be for it. I expect the psychological test to determine the tendencies of boys to crack up under pressure will be the next thing.

MODERATOR FLEMING: Maybe we are putting too much emphasis on this competency and academic background. Are we overdoing it? Are we spending too much time on this business of the smart young man who gets the good grades and knows all the answers put to him by the interviewer, et cetera? Is it so important?

One of the speakers spoke of the value of the religious background. In my experience I have never known a poor student who came from the Mormon Church or the Church of the Seventh Day Adventists. Somehow, these people are very solid citizens, people you are proud to point to and say, "Yes, he is one of my colleagues; he is a dentist." Maybe there is something in that statement regarding a religious background. Maybe that is an important thing in the future in the selection of a dentist.

Another question I am going to address to Dr. Eshleman:

Do you believe that our dental organizations should employ public relations counsels the way that business does?

DR. ESHLEMAN: Well, I think that when the state dental society considers hiring an executive secretary certainly one of the things that should be considered is his ability to handle a public relations program, but I have found in so many instances many dentists confuse publicity and public relations. Al Capone had good publicity but he had very bad public relations. We must first be able to develop a good program and then know how to present it to the people. I believe that a good executive secretary is one who understands the meaning both of publicity and public relations as such.

MODERATOR FLEMING: Does any other member of the panel want to discuss that?

I am going to ask Dr. Forbes this question which came from somebody in the Middle West:

What is the chief deterrent to the universal practice of good human relations?

I imagine the question is, "What is the chief deterrent in dentistry to the universal practice of good human relations? Why is it that some dentists do not practice good human relations?"

DR. FORBES: When I think of something like this naturally I come

back to my own family and I think of the things that I try to teach my children of moral standards and ethical approaches to everything and the rights of the individual.

One time my son came to me and he said, "I wonder if you are really teaching me the right things." I said, "Why do you say that?" He said, "I feel at a disadvantage because there are a lot of other boys that I meet that don't have these same ideals. I mean, if I step aside for someone else's right, why, I notice that the other fellow steps in ahead of me."

It seems to be the general way that things are progressing at the present time. We think of what is happening in the schools, vandalism and things of this type that were never even thought about, it wasn't even considered that such things would ever happen. Just recently I was talking to the captain of the police department of the City of Philadelphia and he was telling about the attitude of youth today and their lack of regard for other people's property and rights. I think basically maybe that is some of the thing that we have to contend with today.

MODERATOR FLEMING: Don't you have to be a little careful, Dr. Forbes? I am continually biting my tongue and saying, "It's the young people, it's the present generation, they ain't what they used to be." Is there any possibility of this creeping into your discussion?

What do the other members of the panel think? Aren't we open to criticism when we begin to worry about the youth the way people who preceded us worried about us when we were youths?

DR. ESHLEMAN: I don't think it is altogether a youth problem. I think occasionally good dentists render injustices to each other, unthinkingly, not wilfully, probably not knowingly, but as an example, if you were to bring a patient in here and have ten men in this room examine that mouth you might have four or five different ways of rendering a professional service to that person. When the patient's work is all finished and he happens to move somewhere else and fall into the hands of a man who may not render the same type of service, it behooves the second dentist to be just and kind and fair to the man he may not know.

I like to tell of the incident that happened in Herb Fischer's office in Philadelphia shortly after the war. A little lady came to him for professional advice and after he had given it to her, told her what he would do and why, she broke down and wept. When she had regained her composure Dr. Fischer said, "Tell me in what way I have

hurt you and what I have said or what I have done to hurt you?" She said, "Dr. Fischer, you haven't hurt me; you have made me very happy. I have been to four other men and have asked an opinion and each man went to great lengths to tell me how badly the work had been done in my mouth. I knew that the work wasn't done badly because my son who was killed in the war did that work."

I think at times by things that we say unthinkingly we render a disservice to dentistry. It is human relations and a disservice to the patient and it affects everyone—the patient, the dentist and the profession as a whole.

MODERATOR FLEMING: Thanks, Dr. Eshleman.

I am going to switch the subject now with a question to Dr. James. In Dr. James' remarks there is a reference to situations that have developed in certain areas involving the dental laboratory craft. Would Dr. James care to expand that statement? What did he mean by that?

DR. JAMES: There are two reasons why the laboratory craft relationship has become serious in its relation to the dental profession in those two areas. I think one of the greatest contributing factors has been the fact that dentists in general are not familiar with the laboratory procedures necessary to fabricate the appliances they want. A man practicing dentistry who thoroughly understands the laboratory procedures never seems to have any difficulty with dental laboratory technicians. He may have to discharge one or change laboratories because of the inability of that technician or that laboratory to fulfill his requirements but there are no misunderstandings.

There has been a development in the profession of delegating a great deal of restorative types of work to laboratories without adequate instruction, without any true knowledge of what the dental laboratory or dental laboratory technician is going to do or can do and placing a fee for the completed operation upon a multiplication of the laboratory fee. That is all wrong. It might be a practical point that if a certain laboratory procedure costs the dentist \$100 and he had come to the conclusion from an experience that \$400 was the fee he should have, that might be well and good, it might be thoroughly sound, but the difficulty is that they are calculating these things on two, three, four or even five times the laboratory fee, which is not right in any respect. It should be only a means of achieving an end, and when the laboratories are complaining of not having sufficient pay, then the profession must realize that, because if the

technician is going to be of any value he must be adequately paid.

For example, in Southern California we are at the current time advocating an increase in certain things of perhaps 25 per cent to the laboratories. If that fee is \$125 under the new basis, by no means should the dentist then multiply that by four and make it \$500. It would be logical enough to let him pass on the 25 per cent and it would be \$425 if he were using that "four times" formula, you see.

I simply feel that it has been the dollar consciousness of the profession that has brought on this disturbance with the laboratory craft.

MODERATOR FLEMING: Your comment that aroused the interest was in relating it to certain areas. Are there certain areas in the country that do this more than others and thus set up poor public relations, poor relations with the laboratories and with the public?

DR. JAMES: That is true and in large areas is where it would be most apt to occur. It has occurred in one area very definitely because there is a superabundance of dental laboratory technicians there, poor in quality and perhaps in dollars. In another area there is a similar situation—a large bulk of dentists practicing with no regard for what we consider to be principles of ethics and allowing the laboratories to take over things which should not be taken over at all, even direct patient contact. Only in the areas where the profession has taken a firm grasp of the matter has this been avoided.

MODERATOR FLEMING: In other words, we must include in our public relations, relations with the auxiliary services. It has been said that one of the signs of professional immaturity is the fear of the profession for its ancillary services. This has been demonstrated time and again.

I am going to ask Dr. Eshleman:

Do you think that the dental school curriculum should include subjects in human public relations?

DR. ESHLEMAN: I certainly do and I don't think that they should wait to teach human public relations until the student reaches dental school. Another thing about human public relations—it should not be confined to one course alone; it should be practiced and preached by each department, each department head, each subordinate. It should be taught by everyone all the time.

MODERATOR FLEMING: Dr. McCarthy, here is a question I am going to ask you to discuss:

Is there any way to select students who have an aptitude to develop good human relations in the way we use tests to determine good academic and technical aptitudes?

DR. McCARTHY: I would feel conscientiously that there is. I think a great responsibility rests upon the admissions committee of a dental school. Perhaps you might call them the interview committee. I think if you have trained men conscientiously functioning on that interview or admissions committee to take those boys and talk to them, just generally find out their interest in life and kind of sidetrack them at first, not start right in on them on their philosophy of dentistry but talk to them generally, get their ideas of what they expect to get out of dentistry, I think such an aptitude can be noted.

I happened to be on an interview committee one time and whenever a boy started talking to me about the amount of money he expected to make out of dentistry he had to have a lot of attributes to overcome that inadvertent remark before I would put a good mark down for him. Of course we can't weed out all of them because sometimes they will get careful and avoid it, but when a boy starts talking about what he expects to make in money and he was inspired to study dentistry because a certain dentist was making so much money, perhaps that could be a criterion we could use, but as a general rule I don't think there is anything we can determine at that time other than the off remarks he makes to us.

MODERATOR FLEMING: I am going to warn Paul Riebe that I am going to call on him in a few minutes to give us his ideas on how the Navy decides officer-like qualities in their candidates and in their young officers. The Navy has had a great deal of experience. I will give Paul a few minutes to compose his thoughts.

I am going to argue with Dr. McCarthy. I agree to this point, that it is the problem of the admissions committee. I am afraid Dr. McCarthy has left you with the feeling that a good deal of this can be determined by the interview. Personally, I don't think the interview is worth the powder to blow it out of the room. To me it is like the recommendations that schools ask for. Is there anyone who cannot get two or three good letters of recommendation without writing them themselves? I am sure all of us can.

We ran this experiment. For years we ran interviews. Members of the faculty were interviewers and they interviewed and evaluated the applicant as a person of exceptional promise, above average, aver-

age promise, below average promise. This was taken into consideration on admission of the student to the school. At the end of four years I said to the faculty, "Now consider yourselves an admissions committee and consider this boy as though you were going to admit him but now you know about him after having had four years of contact; will you please rate him as exceptional, above average, average, or below?" Then we compared what the faculty's rating was after four years and what the interviewer's prediction was and there was little correlation. I recall 20 students who had been rated as exceptional students by the interviewers, the faculty rating found none in those 20 that were exceptional, four that were below average, and the rest were average students. The same thing occurred when we admitted some that the interviewers predicted would be below average; some of those turned out to be exceptional.

This of course does not prove a lot except one of two things: either the interviewers are no good, or the faculty of the college of dentistry is no good! It is difficult for me to say the latter.

That is how I feel at the present time about the interview system. I was grumbling about this to the professor of psychiatry at the luncheon table. He said, "I am a psychiatrist, people come to me in trouble; they honestly believe they are going to tell me everything they can about themselves. I spend hours interviewing those people and I still know little about them, and you expect a young man in a 20-minute interview, who is going to put his best foot forward, is going to lie to the interviewer if he thinks it will help him at all, you expect to get any information out of him? You have no right to grumble."

Does anybody on the panel want to discuss this further?

DR. MCCARTHY: My point is that it is a possible factor when you get a young chap in front of you and his whole idea of studying dentistry is to make a "fast buck" that the gentleman on my left talked about; he is coming with the wrong attitude. Certainly it gives us a little clue to his background.

I was interested in what Dr. Fleming said about the letters of recommendation. I have a board of trustees that I have to deal with and they are supposed to put pressure on you for students, but when I took over the deanship of the school down at Baylor University I had a rather distinct understanding as to what those letters would mean because I myself had written letters of recommendation, and I know that if the pastor of a church when a boy comes to him

and asks for a letter of recommendation, the family are good parishioners, what is he going to do? He is going to write that letter of recommendation. What is the friend going to do when he comes to him? He is going to write that letter of recommendation.

I had a talk with some of my trustees and asked them what I would do when I got letters of recommendation and I did not feel the boy had the qualifications. The majority of them said, "We have an obligation to perform; as far as we are concerned you can throw those letters in the waste basket; we have performed our duty and from then on it is up to you."

We don't rely too much upon letters of recommendation. We have even found that letters from the school authorities sometimes are not the best. We had a young student recommended to us very highly last year by a professor of one of his departments, and then shortly after that another letter came in from a professor in a different department and he said, "We don't think you want that student because we have found him to be intellectually dishonest." Now what are you going to do? Of course you know what we did. We believed the last letter. You can't ignore letters of recommendation at all times but they don't bear too much weight.

We have found, at the present time at least, that the A.D.A. aptitude test is a pretty safe guide.

MODERATOR FLEMING: Is there any member of the panel that wishes to discuss this question any further, or is the panel in agreement that at the present time there is no reliable method of determining the potential of an applicant for dental school, a person who has the potential to develop the so-called second role of the dentist?

DR. FORBES: I think that it true, Bill. We would like to believe it is possible that we could do this, but how we are going to do it is another thing. How are you going to put your finger on this background? This brings to mind this scholarship proposition. I happen to be on a scholarship trustee board. You can go into the background of these individuals and study it very carefully, put a committee at work on it, but that would be almost impossible with 3,000 or more students every year. We realize the amount of work that would entail and the leg work that would have to be taken into consideration. If we want dedicated men in dentistry we probably have to be that type of individual ourselves to attract that type of student to our profession.

MODERATOR FLEMING: I think you put your finger right on the

spot. It was of great interest to me in this motivation study that Wendell Wylie is carrying out, it was very interesting and gave me quite a thrill to see that one of the important motivating factors for a young man to study dentistry is brought about by his contact with a dentist. The number of young men motivated to study dentistry, at least on the Medical Center campus at the University of California, who have been motivated by a dentist is twice the number of young medical students who have been motivated to study medicine by the medical profession. This came as a great surprise to me and one that is rather gratifying.

Paul Riebe, I promised to ask you a question along the line of what the Navy's procedure is in the determination of what you call officer-like qualities in a young man.

DR. PAUL RIEBE (Dental Division, Navy, Wash., D.C.): I am not so sure that I can gather my thoughts right out of the blue and talk about some of these qualities. I am quite sure you know that it was required by law that all members of the profession who decided that they wanted to become a dental officer in the U. S. Navy to be a graduate of a Class A school of dentistry and he had to pass a very thorough physical examination. That has since been sort of modified because today we take many people who are not physically qualified, they are waived for certain things. In addition to the physical qualifications they were supposed to be of good moral character, ethical men, and I am sorry to hear that the letters of recommendation are so lightly taken by the deans of the schools because we in the Navy have to rely a great deal upon what the fellow citizens state about a dentist coming into the naval service. We read those letters with a great deal of interest, we try to evaluate the originators of the letters, and that is why it takes so long for some of the candidates who apply for commissions in the U. S. Navy to receive those commissions. It takes a great deal of time to cross-file and double-check throughout the United States from all various sources as to whether that man is morally capable of upholding the Constitution of the United States, whether he is a good citizen, whether he is a good, solid person and a good, sound dentist, and whether he is going to be willing to serve the armed forces after he gets in there. We like to see him come in with a strength of conviction and that willingness to serve to the best of his professional ability.

I am pretty proud of the dental schools and the dental teachers

because we receive men from all the schools of the United States and although once in a while we get a man who hasn't that sense of pride within his own breast to want to serve to the best of his ability, those men are in a great minority. The men that we get from the schools that are represented in the Navy are to a great degree outstanding.

Things have changed since the examinations of entrance. The examinations of entrance have been passed up the last few years so we take men who are recommended only. Of course we take a great many men under the Draft Law and that is the only way we can have enough men to serve the military forces today. If we did not have the Draft Law I am afraid we still would not have quite enough to serve the men who need treatment. All we can rely on are dentists who are really willing to serve, and that's it.

MODERATOR FLEMING: I think the sum and substance of the discussion has been that we do not have very good methods to identify and develop those who have those intangible qualities we wish to see in a professional person. There are all sorts of ways of going about this, apparently, but it is up to the American Association of Dental Schools, the Council on Dental Education. Our educational groups, I believe, are the ones to take the first step.

DR. SIMON SHAPIRO (New York): I don't want to argue the point because it isn't arguable, it is quite right, but I do want to throw out a suggestion due to some experience that I have had which was in connection with delivering a lecture to graduating classes in high school, to boys that are trying to make up their minds what profession to take up and in the lecture to stress the necessity for their being actually interested in taking up the study of dentistry, not for the monetary rewards that will come to them; rather, for the rewards of doing a job that is well worth doing and that will yield them the respect of the community if they are ethical as well as a reasonably good living, in that way trying to influence them even before they attempt to take up the pre-dental course. I think if a great many of us would be willing to address these young men in the various communities in which we live that the young men who would decide to study dentistry would be indoctrinated even in advance with these ethical concepts.

MODERATOR FLEMING: Thank you. I think you put your finger on where the profession can help and particularly the members of this organization.

I am going to ask one more question and it is addressed to Allison James:

What will be the result to the profession if human relations are not improved?

DR. JAMES: It would appear that the profession would turn into just a business and then it would be found necessary to employ a public relations counsel to bail it out. You will note that with the gradual loss of personal relations which has occurred in medicine through the overspecialization and the Tinkers-to-Evers-to-Chance treatment a patient gets in these large groups the patient becomes something in the nature of a football. They are now publishing *Today's Health* and other types of journals aimed at informing the public of their worth as medical practitioners. Its really a little fantastic when you see some of these things and I remarked earlier it would be wise for us to scrutinize that type of thing that is coming out.

I spoke of "cosmetic dentistry"; that is an example of what I mean. We don't want to get into anything like that. We have got to keep this as a profession. We must enhance it as a profession and it is necessary to improve our public relations individually. Our associations are doing splendidly that way with our public health committees, our councils on dental health, but it is the individual whose public human relations are suffering.

DR. ESHLEMAN: I think there is another very important point. At the present time the profession is granted the right of self-government and unless we improve our human relations attitudes I think that right might easily be taken away from us. I say that because organized groups all over the country have a different conception than many of us about the way of rendering health care and this too is a problem requiring the proper human relations and public relations approach.

DR. FORBES: As a summation of the thoughts we have had here I would like to say that this is what I feel we have accomplished and something that we can aim at as a College and probably as members of the profession: we consider first the transcripts of these men when they come into the dental schools, we give them the aptitude tests and if the men are high scholastically they are given preference, probably. Sometimes I think maybe that isn't too good, that even if we had all straight "A" students coming into the dental schools

what are we trying to establish? Are we trying to build a dental Parnassus? In selecting students we say we can't put our finger on any sort of a method of diagnosis to determine who are the students who are going to be the ethical practitioners in the future. Here is where I think it is a matter of every individual in the profession. I believe that we have a personal responsibility to our community and to our nation to find someone to replace each and every one of us. If we don't have sons who can follow in our footsteps, I think in our own practices we ought to try to encourage some individual that we know comes from a family with a good background to study dentistry, the type of boy we are going to be proud of to enter our profession as an ethical practitioner. If you can't do that yourself, I think you should contact your local guidance men in the schools and try to encourage them to select this type of individual. That is going to be the only way we are going to be able to do this.

DR. MCCARTHY: Speaking from the ethics standpoint, I think perhaps we overlook the fact that the code of ethics under which we operate we ourselves over a period of years have adopted. This isn't something that was foisted upon us. The code of ethics of any group is something that originates by the members themselves and they have voted upon it and have agreed to subscribe to it. That is the thing that in our dealings in the Judicial Council we find so many times the men have overlooked. They still want to be individualists and they can't understand why certain principles should apply to them. They would like to run counter to the pattern. If we would keep that in mind I believe that we would go a long way toward bettering our public relations.

May I point with justifiable pride to a thing that takes place in our two dental schools in Texas and I hope that this is something that is taken into consideration in all states? Two or three members of the State Board of Dental Examiners every year come into our school and meet with the senior class. They spend several hours with them, they talk to them about the practice act of the State of Texas, they give them a brochure that has certain rules and regulations. In our course in Ethics we see that every student is given one of these Principles of Ethics and at least two periods are spent with those seniors in explaining to them the principles and the codes under which they will operate.

I know that some states do this but we feel that if more states

would do it and get to the young man in his formative years we would not have him just skimming on the border of the code of ethics, hoping to violate those rules and regulations, as one man said, with impunity. Of course I am particularly interested in the code of ethics which governs our profession. I think we have come a long way and if there are any other members of the Judicial Council in the room you will have to agree that in that great State of Texas there are probably fewer violations of the code of ethics than in almost any other state in the union, at least they don't come to our attention, let me put it that way. They settle their problems at the grass roots level and those boys are indoctrinated into what they should do, what they can not do, and we try to teach them before they get out into practice and not let them get off on the wrong foot. I would like to see that adopted in all schools, that the code of ethics is universally accepted and taught to our young graduates.

MODERATOR FLEMING: I knew very well we could not get anybody on this panel from Texas who wouldn't tell how they did it in Texas, where you can look farther and see less, where the rivers are wider and shallower than anywhere else in the United States, and the principles of ethics are practiced where there are fewer dentists per square foot and less competition!

I shall close this meeting now, with a vote of thanks to our participants, and turn the meeting back to President K. C. Pruden.

... Applause ...

PRESIDENT PRUDEN: I think we all owe a vote of thanks to our Moderator and to the panel for the thought-provoking discussion we have had this morning. It is quite customary now in places of business and in industrial plants for the management to put up a sign—THINK! We have been given cause to think this morning and I know if we want to see our profession improve and we think about its problems we will find ways to bring about that improvement. I hope you have enjoyed this discussion as much as I have.

Dentistry's Public Responsibilities*

THE HONORABLE ROBERT B. MEYNER
Governor, State of New Jersey

MEMBERS AND FRIENDS OF the American College of Dentists: I regard it a privilege to talk to such a distinguished group. I feel a certain intimacy to your organization since I have known of the elder Dr. Pruden and Dr. Pruden and his son and we are proud that they are from New Jersey. As a matter of fact, my father back in about 1921 was a patient of Dr. Pruden's when we lived in Paterson, N. J. Of course, Dr. John Cane is my personal dentist and does help me maintain what I hope is a "winning smile." (Laughter)

I do have a busy schedule. I have about four appearances today. I am supposed to be in Newark at three o'clock. Someone said to me, "How do you keep up that busy pace?" and I pointed out that three years ago when I was running for office I had a picture taken of myself with my mouth open and someone put it in a restaurant window just over the sign, "Open 24 Hours a Day." (Laughter)

I want to assure you that I approach this task with due humility because early in my career as Governor I experienced a lesson in this regard. I went to one of the state hospitals for an important conference and after I finished at the Administration Building I found occasion to go to another building and I thought I would take the bus rather than drive my car. I got in the bus and when the bus driver came in, he looked around and started counting 1, 2, 3, 4; he came to me and I said "I am Governor Meyner" and he said 6, 7, 8, 9! (Laughter)

Of course as a bachelor governor I find that on occasion people are more interested in affairs of the heart than in affairs of state. I went to one gathering where they had a large choral group and they dedicated a number to me; it was, "He will never walk alone." Naturally, I was a bit optimistic, but the fellow next to me nudged me and said, "You had better learn the tune; it's later than you think."

I often compare the arduous duties of governor with the story told of an attractive young widow who had a recalcitrant son of about

* Presented at the Luncheon Meeting, Atlantic City, New Jersey, September 30, 1956.

ten years of age. Her suitor felt that if they went to a resort for a few days and if he was very nice to the son, even though it hurt on occasion, he might win the boy over. His plan was carried out and it was successful. The couple were married. They could not find anyone to take care of the youngster so they went back to the same resort. They were there about four or five days when one of the inquisitive neighbors said to the boy, "I notice that every morning you go out in the boat with your father but that you always swim back." The boy said, "Yes, it's swell! Every morning he rows me out, throws me in and I swim ashore." The neighbor said, "Isn't that too far for you to swim?" The boy replied, "Oh, there's nothing to it once you're out of the bag!"

I have two weaknesses, puns and tennis, and I like to combine them in this story, the one told of the cat who was witnessing a tennis game. The cat was moving its head from one side to the other, evidently following the ball. Another cat came along and said, "I see you are a tennis addict." He said, "Yes, my father is in that racket." (Laughter)

I am sure after such a sumptuous lunch you think I have "guts" telling that story, but I knew that this afternoon I would not encounter a high-strung audience. (Laughter and applause)

They say that a public speaker always gives four speeches in one. There is the one you plan to give, there is the one you give, then there is the one the newspapers say you gave, and after you read that, there is the one you wished you had given. So that explains some of the prepared extemporaneous notes you may see me using.

It gives me great personal pleasure to welcome you to New Jersey. We New Jerseyans like to demonstrate our hospitality and Atlantic City is certainly among the best equipped cities in the world to play successfully the role of host. It is certainly appropriate that your organization chose New Jersey as the site of your convention this year because of the opening of our two new dental schools at Seton Hall and Fairleigh-Dickinson Universities. I know Dean Maxwell and Dean Wilson will be happy to have you visit the schools while you are here. In this respect I hope your stay with us will be professionally valuable as well as pleasurable.

May I take this opportunity to congratulate each one of you on your membership in this organization? I understand you received your fellowships in recognition of meritorious achievement. Since

you are the leaders in your profession, I am happy to have this opportunity to discuss with you some ideas related to this field.

I know your present achievement was not the result of luck or fate. I have been around long enough to realize that success in any field is brought about by continual application of one's talents. Thomas Edison, one of the world's greatest inventors and father of one of New Jersey's governors, once said, "I never did anything worth doing by accident, nor did any of my inventions come by accident; they came by hard work." In this I concur wholeheartedly.

My experience has confirmed the familiar maxim that any accomplishment is achieved by about 10 per cent inspiration and 90 per cent perspiration. Advancement in any field requires continual effort. Today's challenges must be met with the intelligent application of all of our energies.

Professional persons, however, absorbed in their technical pursuits may neglect their civic responsibilities. I read somewhere a quotation that went something like this: "What we need are not lawyers but men practicing law, not physicians and dentists but men practicing medicine and dentistry; for the best possible society we must have, not specialists and broad-gauged people, but specialists who are broad-gauged people."

I think your organization does illustrate the worth of the voluntary association in American democracy.

De Tocqueville, a French statesman, came to this country back in 1831 and shortly after he returned to his country, after a stay here of a year or eighteen months, he wrote a book called *American Democracy*. It has become a classic. About eighty per cent of what he said then still applies today. He pointed out that the strength in America was its voluntary associations set up by groups who professed certain aims, who promoted meetings, who prepared programs, and who vigorously advanced an idea. I think you illustrate that your founders had wisdom in bringing about an organization, without government sponsorship, to advance your profession and you have made a real contribution.

You dentists are also citizens and by virtue of your education and respected position in the community you can be expected to contribute to the well being of your fellow citizens. Your property interests should extend beyond your offices. Dental horizons are far broader than the thirty-two teeth and their adjacent structures. In the world today, dentists are not immune from the impact of social,

economic or political activities. None of us really lives in a vacuum, even though we try so hard on occasions to create one. Dentists must be interested in these sciences to the extent of being able to recognize significant trends. When these develop and become recognizable, especially those which have health implications, it is important to know the background and the direction of the movement. Only with such knowledge can a developing trend be properly directed.

I remember very well a piece of advice I got from a lawyer who taught us at college. He pointed out that if we as lawyers did not understand what was going on about us we might find someone far less able would be trying to write the laws; and likewise, in the field of these respective professions, if we can not develop this broader perspective we will find that someone less qualified will be undertaking a remedy which might very well cause untold damage.

Certain responsibilities attend the privileges granted dentists under the law: To improve the quality of service, to protect the public from unfair dental practices, to guard against the formation of unsound dental programs, to promote good dental public health, and to make dental services available to the needy. Members of the American College of Dentists are especially cognizant of these responsibilities, I am sure.

The greater your preparation, the more responsibilities you are expected to assume. It is your job to see that there is adherence to high ethical standards of dentistry, but you must also see that your professional concepts remain flexible enough to permit changes without sacrifice of standards.

The increase in New Jersey's population and the shortage of dentists to provide all the needed dental health services give impetus to the use of new methods. I am told that fluoridation is one of the more promising of these. I have said publicly that I am in favor of the proper use of fluoridation. The State Commissioner of Health and his dental health people advise that this process is scientifically sound. My personal dentist says it is good. I accept this on authority. I look to the medical, dental and public health people for guidance on such decisions relating to the medical, dental and public health matters.

With respect to fluoridation, you dentists have a great opportunity to mold public opinion. You have collectively hundreds of thousands of contacts with individuals each year. If you are convinced, as I understand most dentists are, that fluoridation is beneficial, you have

repeated opportunities to tell your patients of the health and economic advantages of it. With some interprofessional discussions, it is probable that you could convince your medical brethren, the physicians, to assist you in this effort. This educational work ought to be done carefully and painstakingly, long in advance of the day when actual fluoridation is sought in the community. Unless the community is substantially acquainted with and prepared for fluoridation, its advocacy is likely to precipitate unnecessary public confusion. Without careful advance preparation, referendums often play into the hands of opponents of fluoridation. Too often these opponents will inculcate doubts and fears which usually can not be overcome by educational efforts in the short time intervening after the decision is made to submit the referendum until the election is held.

As private citizens who have had the opportunity to receive considerable education, you can help your communities and counties and states by being receptive to the opportunity to hold public offices, elective or appointive, salaried or non-salaried. With such experience you not only help the democratic process to work, you also develop a better understanding of the stresses to which the public servant is daily subjected. Democratic government is the reconciliation of conflicting forces in such a manner as to promote the best interests of the great majority. It is easy to adopt the role of the sideline critic, but when you actually acquire some experience with these conflicting forces you may conclude that your public officials deserve somewhat more sympathy and respect than they generally receive.

This business of serving the public in public office either in your community or county or state, possibly nationally, has also some therapeutic value. The lives of great men certainly remind us that the person who realizes that he is his brother's keeper is the person who makes a contribution to our society.

Recently I read a short article by Bishop Sheen in which he pointed out that much of the anxiety and fears we have today could be relieved if some of the people who possessed those anxieties and fears proceeded to care for the people around them and to take an interest in the activities of their communities or the activities of the worthwhile endeavors within their communities. I think he summarized it by saying that very frequently you can get out of your own hole by shoveling a hole for your neighbor; you can get more pleasure by worrying about somebody else's problems and some-

times your own problems become insignificant. I think this is the philosophy which has made America great.

Of course many public bodies in which men of your professional training are included will be a help to the membership—welfare boards, boards of institutional management, and boards of health. I am glad to say that I approved a bill which provides that the membership of the Public Health Council of the New Jersey State Department of Health shall include a dentist. This is our policy-making body in the State of New Jersey. Originally, I gathered that neither the Council nor the Commissioner of the State Department of Health cared very much for the idea, but today, after having had the experience of having a dentist working with the other members of the group, I am sure they are convinced of the value of that kind of cooperation.

I believe that many of you can become more interested and considerably more active in government. Rather than injuring your profession, I believe you will be helping it. You will be demonstrating that dentists not only have competence in their chosen field, they are also dedicated to the cause of public service. I think this is our concept of democracy, namely, that we represent the professions and the businesses and agencies of commerce, and that all working together, providing they have a voice and providing they are willing to furnish the voice, can combine in making the administration of democracy a successful one. I call upon you today to assume that responsibility and I am sure we will have a greater democracy and we will be proof that self-government works in these our United States.

Book Review

A Manual of Oral Surgery (A Step-by-Step Atlas of Operative Techniques), W. Harry Archer, B.S., M.A., D.D.S. Second edition, 877 pages with 1400 illustrations. W. B. Saunders Company, Philadelphia and London, 1956.

The first edition of this book appeared in 1952. It was so well received that two reprintings, one in 1953 and the other in 1954, were necessary to satisfy the demand of the profession for it. Dr. Archer's second edition is an expanded and slightly revised text which runs some two hundred pages more than its predecessor. The outstanding additions are as follows:

1. A new section on the surgical techniques for implant dentures and other dental prostheses.

2. A new chapter dealing with antibiotic therapy, written by Harold J. Zubrow, D.D.S.

3. A new chapter entitled, "The Use of Cast Splints in the Treatment of Fractures of the Maxilla and Mandible," written by William B. Irby, D.D.S.

Minor revisions and additions are apparent in those chapters which deal with the salivary glands, the surgical treatment of oral, non-malignant tumors, the complications during or after removal of impacted teeth, the treatment of pain and the problems of radiation osteonecrosis. In each case, the revised work is an improvement over the original material.

As in the first edition, the text is beautifully illustrated with pertinent photographs and diagrammatic drawings which are excellent. The information contained in the book is clearly written and fulfills the stated purpose of being a manual of oral surgery. This edition should enjoy the same popularity which greeted the previous editions and rightly so.

—MARVIN REVZIN, D.D.S.

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