# JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS


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# JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS

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# Contents for March, 1963

# Editorials

## BRAVE YOUNG MEN AND BOLD

There is a new dental school at the University of Kentucky piloted by a group of young and zealous dental teachers. There, at Lexington, they are building a curriculum that in many respects departs from the established pattern of dental education. The ghosts of tradition have neither haunted nor hampered their idealistic, and yet strangely realistic, venture.

A cadre or "core" faculty* jelled the objectives of this new school: to develop dental practitioners who will be "biologically oriented, technically capable, and socially sensitive." Around that goal courses of instruction were planned. There then came a time, as Durocher stated, that "the need for criticism was felt."

So, with the support of the Fund for Dental Education, a "Kentucky Conference on Dental Curriculum" was held. Here were gathered a "representative" group of persons who were considered competent to criticize and to suggest improvements in the tentatively drafted curriculum.

The proceedings of the Conference are recorded in the *Journal of Dental Education,* December 1962. This monograph should be on the reading list of all dental teachers—both full- and part-time—and (if it will not overburden their usual reading habits) dental practitioners.

Since the Conference, and as a result of it, this group of—and I repeat—young and zealous dental teachers, have strengthened and modified their curriculum structure. All of this bodes well for dental education generally.

This is neither the place nor the time to discuss at any length the Kentucky plan of dental teaching. But the design and the scheme that these men are trying to project merits much study by dental educators everywhere.

It is just possible that this experiment in dental teaching and curriculum "re-shuffling" will have a profound innovating and innervating effect on dental education. In another time, at another Lexing-

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* Alvin L. Morris (dean), Harry M. Bohannan, Stephen F. Dachi, Roy T. Durocher, Michael T. Romano.

ton, there was a first battle against an established order. Perhaps history is being repeated at the College of Dentistry, University of Kentucky Medical Center.

T.McB.

(*Postscript:* Why isn't it called the University of Kentucky HEALTH Center?)

## LON MORREY: EDITOR EMERITUS

In 1933 the American College of Dentists conferred Fellowship on Lon W. Morrey. In 1959, recognizing his meritorious service to the profession, the College presented him with the William John Gies Award. (Only 21 Fellows have been thus honored.)

Now, in January 1963, after 30 years with the American Dental Association—15 as editor of the JOURNAL—Dr. Morrey has retired and has been appointed Editor Emeritus. His achievements and accomplishments have been reported at length in current dental periodicals. It is only to be added here that his contributions to the betterment of the profession in general have included many to the American College of Dentists in particular.

Since becoming a Fellow he has given freely of his time to many College activities—committee worker, contributing editor of the JOURNAL, consultant to the Committee on Journalism, mentioning but a few areas of his interest.

It is expected, knowing Lon Morrey, that his contributions to the College will be continued. It is known they will be welcomed.

T.McB.

## THE CHALLENGE OF RECRUITMENT

The Fellows of the American College of Dentists are among the leaders of the profession. They—you!—should become interested in solving a serious situation facing dental education—the need for more *well-qualified* applicants to dental schools.

The reasons for this situation are many and complex and this is not the time to discuss them; except one, the role of the practicing dentist himself in the recruitment of dental students.

In the past it was common, and wonderful, for dentists to select fine young men and women from among their patients and suggest

to them dentistry as a career. Some men are still doing this because many students in dental school today state that they were motivated by a dentist. However, there seems to be less and less of this motivation by dentists at a time when we need more and more students. Either dentists are not bothering to do this now, or they think there is no need—that dental schools have all the applicants necessary.

There is a real shortage of good applicants, and dentists themselves can help greatly in the solution of this grave problem. The late years of grade school, high school (probably the best time), and early college are the impressionable and practical periods to suggest a career of dentistry. Both the College and the American Dental Association have available many excellent booklets and brochures on dentistry as a lifework.

The Fellows of this College should exercise their leadership by picking up this challenge. To interest an outstanding boy or girl in becoming a dentist is but one more of the many responsibilities and obligations we assumed when we were granted the degree of Doctor of Dental Surgery—and when Fellowship in the College was conferred on us.

WILLIAM P. SCHOEN, JR.

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Dr. Schoen is dean of the Loyola University School of Dentistry at Chicago. He made this appeal for recruitment at the February 3, 1962, luncheon meeting of the Illinois Section of the College during the Chicago Mid-winter Meeting. Later he condensed his remarks for the above editorial.

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## JOHN E. GURLEY

Dr. Gurley, Historian Emeritus of the American College of Dentists, died on February 27, 1963. An obituary will appear in the June issue of the JOURNAL.

## SUNDAY, OCTOBER 28, 1962
## Fontainebleau Hotel, Miami Beach

### MORNING MEETING

*Executive Session*
Necrology Committee—Walter E. Dundon
Nominating Committee—Henry A. Merchant
Election of Officers and Regents

*President's Address*
Henry A. Swanson

*"Operation Bookshelf"*
Norman O. Harris

*"Dental Public Health Education and Training Program of the World Health Organization"*
Mario M. Chaves

*"Dental Education in Latin America"*
Jose Rezk B

*"Dental Disease in Latin America"*
Albert L. Russell

### LUNCHEON MEETING

*"The Challenge of Latin America, Asia and Africa to Dentists and Physicians in Our Generation"*
Robert A. Hingson

### AFTERNOON MEETING

*"World Horizons in Health"*
Luther L. Terry

*Conferring of Fellowships*

*Conferring of Honorary Fellowships*

*Presentation of Awards*

### EVENING MEETING

*Dinner*

*Introduction of Guests*

*Installation of Officers and Regents*

*Presentation of Service Key to Henry A. Swanson*
Gerald D. Timmons

*Inaugural Address*
Philip E. Blackerby, Jr.

*Entertainment*

# A Legion of Honor

HENRY A. SWANSON, D.D.S.

The opportunity to report briefly to you on the past, present, and future of the College is a privilege and honor; in doing so I commend all those who have participated or are participating in the activities of the College for their inspiration and contributions.

The American College of Dentists for over four decades has rendered service to the advancement of dentistry. We are proud of our accomplishments and in naming them we do it with sincerity, recognizing that we are not the body politic responsible for decisions that must be made, nor for the policies that should be adopted. Our contributions have been, in the main, the initiation of thoughtful studies and research of many problems in dentistry. The knowledge gained from such activities, together with recommendations, is made available to those who have the responsibility for positive action.

The College has justified its existence in the activities it has pursued and in the principles it has adopted for the improvement and advancement of the profession and the public welfare. Each Fellow in his own right has proved his individual leadership and, by joining with others in the College organization, has made the College outstanding in performance and successful in operation.

The College is a society of high honor and recognizes the individual who is dedicated to his professional responsibilities by granting him the honor of Fellowship.

I like to visualize that I am speaking to two groups today: those who have been honored previously by Fellowship, and these being so honored today. This honor of Fellowship is the recognition granted for past accomplishments, for high professional attitude and ideals, for the evidence of sincerity of purpose in an approach to the advancement of dentistry, and for *your* potential for future achievements.

## Aims and Objectives

I quote from the statement of purpose made by the Charter Mem-

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President's Address, Miami Beach Convocation, October 28, 1962.

bers in the founding of the American College of Dentists, August 20, 1920, in Milwaukee:

> Every important profession, science or art has its Academy, Legion, or Court of Honor, to which are elected, or appointed, those who have unselfishly devoted themselves to the advancement of each specific cause. This has been done not only as a just recognition of meritorious services, but also as an example to younger members that they may be encouraged to nobler efforts. Recognition of the need of a similar influence in dentistry has resulted in the establishment of the American College of Dentists. The object of this College is to bring together a group of men of outstanding prominence in the profession and by their united efforts in a field that is not now covered by any dental agency to endeavor to aid in the advancement of the standards and efficiency of American Dentistry. Some of the aims of the College are to cultivate and encourage the development of a higher type of professional spirit and a keener sense of social responsibility throughout the profession; by precept and example to inculcate higher ideals among the younger element of the profession, and hold forth its Fellowship as a reward to those who faithfully follow such ideals; to stimulate advanced work in dental art, science and literature; and to honor men who have made notable contributions to the advancement of our profession.

The principles of that statement still hold as the basic concept of the College. The objectives have been spelled out more clearly and with greater detail as the years have passed and as the responsibilities for performance have become more demanding. As stated in our Constitution, there are now listed eight objectives which are indicative of our broad interests in matters pertaining to the oral health of the public, education of professional personnel, research in the fields of science and social responsibility, and the concomitant factors related to clinical practice. This vast field of endeavor seems rather formidable when first reviewed, and it is formidable. Only through the efficient functioning of the Central Office and the sincere effort on the part of the committees of the College has it been possible to resolve or to aid in the solution of the many problems facing the profession.

From the previous statement you can well realize that the College is a working organization and, although it grants honors of Fellowship, it demands of those to whom honors are granted an acceptance of its principles and objectives.

Those of you who are to be honored by Fellowship at this Convocation should pay especial attention to the oath when administered: it is an obligation of loyalty, responsibility, and a commitment to service. Your Fellowship means much more than an honor, for

it is then an honor with a requirement of dedication which should be recognized.

What is expected of me, you ask? Let me discuss with you what the College has accomplished in the past 42 years, what the present activities are in relation to the problems before us, what the future may hold, and then what your own responsibilities and obligations are in this connection.

The purposes and objectives of the College are to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; to encourage graduate studies and continuing educational efforts by dentists; to stimulate and promote research; to improve public understanding and appreciation of oral health service; to encourage the development and use of measures for prevention and control of oral disorders; to cooperate with other groups for the advancement of professional relationship in the public interest; and to recognize meritorious achievements, especially in dental science, art, education, literature, and human relations by conferring Fellowship in the College on those persons properly selected to receive such an honor.

## Management

The government of the College is vested in its Fellows as exercised in their voting rights. The operation of the College is vested in and shall be the responsibility of (1) the Officers; (2) a Board of Regents; (3) a Board of Censors with local consultants; (4) a group of Committees, and (5) District Sections. The administration of the organization lies in the hands of an Executive Secretary and his staff under appointment by the Board of Regents. There are four other appointive officers: the Editor, the Historian, the Orator, and the Marshall, all with specified duties.

The Officers and the Board of Regents conduct the business affairs of the College, elect individuals to Fellowship from those nominated by the Board of Censors, keep continuous review of the purposes and objectives to see that they are kept abreast of new developments and newer trends which touch the profession and the public, and to advance those objectives as the occasion demands.

The Board of Censors make careful studies and appraisals of the character and attainments of nominees for active Fellowship, and nominate those approved to the Board of Regents for election to Fellowship.

The Standing Committees, there are nine, have the responsibility of outlining their objectives within their specialized areas, and then to study, to research, and to review all factors contained in those fields, and to make recommendations for the implementation of their findings.

The College has regional divisions which are known as Sections and are organized on a geographic basis of state lines. At present there are 35 Sections. The purpose of the Sections is to carry on the activities and to promote the purposes and objectives of the College at the *local level.* Each Fellow is expected to become an active member of the Section in his area.

## Past Accomplishments

With this background of organization and duties placed before you, I now will review some of our past accomplishments. At the time just prior to the founding of the College in 1920, the profession was in the midst of changes respecting dental education, the status of dental schools, the curricula, and the development of a more scientific approach to education.

The founders of the College, who were among the leaders in the profession during that period, were much concerned with what was happening and the problems involved, for they said:

> . . . the enormously increased responsibilities of the dental profession to humanity on the one hand, the unprecedented opportunities for exploitation, which have resulted in a wave of mercenary practices that threaten to become a public scandal to the everlasting disgrace of American Dentistry on the other hand, demand that those elements of the Profession, whose character, reputation and professional attainments point them out as leaders, should be brought together for the purpose of checking the tide of destructive agencies and of encouraging by every laudable means the cultivation of that high spirit of professional social responsibility, the wholesome influence of which is so greatly needed.

The College, through its individual Fellows and collectively, was prominently active in matters pertaining to dental education. The changes that eventually resulted had the support and endorsement of the College. Our interest in dental education has been constantly maintained and many studies have been undertaken for its advancement. The first accreditation of dental schools, the elimination of proprietary dental schools with their placement under university control, the requirement for predental education as a prerequisite for dental school entrance are evidences of the efforts of several

dedicated groups whose membership were well represented by Fellows of the College.

More recently, in 1958, the College authorized and supported a "Survey of Freshmen Dental Students on Motivation," the results of which were published in the JOURNAL and later in a book titled "The Dental Student," by Douglas M. More; this has served well for those interested in the recruitment of dental students. A follow-up study of these 1958 entering freshmen to ascertain what changes took place in their motivation and attitudes, has been completed and was published in the September, 1962 JOURNAL. This is a most valuable addition to the studies in the field of dental education.

The College has published a book on the "Evolution of Dental Education" by John E. Gurley, Historian of the College.

An outlined plan of continuing educational effort was developed and is in a brochure which has proved most valuable for individuals as well as for study groups in the continuation of study. Shailer Peterson, in a presentation at the Cleveland Convocation in 1953, cited twelve reasons for maintaining a "Balanced Educational Program for the Professional Man," and those reasons serve as a good background for the brochure on continuing education.

The College financially supports a Teacher Training Fellowship for those who are interested in a career of teaching, and an Exchange Fellowship with other countries in the clinical phases of practice.

A program of recruitment of dental students, teachers, research workers, and auxiliary personnel is one of the present activities in which the Committee on Education and the Sections of the College are particularly interested. This is only a part of the activity of the Committee on Education, but it gives you an insight into the tremendous opportunity for service.

In the field of socio-economics, the College supported financially and otherwise the study of "Health Insurance in Great Britain," which was published in a book by Nathan Sinai in 1928; it supported the study and publication of a book on the "Cost of Dental Care for Adults," by Dorothy Beck; it supported a study of "Factors Associated With Preventive Dental Practice," by the National Opinion Research Center in Chicago; it supported a "Study of Service Corporation Plans" which is of importance to those dental societies having such plans under consideration. The contributions in this field cannot be measured by any particular yardstick, but the value

to the overall study of the problems involved is well known and recognized.

It was in 1928 that a survey on dental journalism was conducted by a committee of the College; the results of that survey suggested a change in the concept of dental journalism which eventually resulted in a set of principles for the selection of editors, principles for the control of dental journalism by the profession, and the principle of higher standards for the acceptance of advertising for dental publications, all of which have been agreed on in principle in the adopted "Standards for Dental Publications" by the American Dental Association House of Delegates at the 101st Annual Session in Los Angeles in 1960.

The American Association of Dental Editors was established by the College in 1931, and that Association has been responsible for the increasing value of recognized dental publications.

The College publishes its JOURNAL—a quarterly publication, and the *A.C.D. Reporter*—a bi-monthly publication. The former, a journal of note, publishes articles pertinent to present day situations, authored by persons of high qualification and authority. The *Reporter* is a more intimate publication, for it contains informative material covering current activities of the Committees.

A writing award for senior dental students was designed to encourage writing. The need in this direction is recognized and an effort must be extended for the inclusion of "science writing" as a part of the curriculum in all dental schools. "The dentist who learns to write well learns to think more acutely and effectively about his profession, and through his writing contributes to better dentistry."[1]

The Committee on Journalism is a most important unit in the affairs of the College: the problem of effective communication becomes more important each day in this constantly advancing age of increased knowledge.

In order to assure the scientific quality and professional excellency of dental journalism, the College has adopted the policy that it is necessary that dental periodicals must be published under authority and control of recognized dental organizations and demands that all Fellows agree and support that policy.

In the field of health services, the College, through its committee activities, its workshops, and panel discussions has advanced this cause for the benefit of the public welfare. The preventive aspect of dental service has been stressed, and at the 1961 Philadelphia Con-

vocation, a program was projected on the theme, "A Dental Health Plan for the American People."

The leadership of the College with respect to health service is well recognized; there should be no lessening of our efforts in this direction. Donald W. Gullett, in discussing the new environment in which we live, said: "Service must occupy first place in the practitioner's mind . . . ways and means must be found to widen the horizon of the dentist to new and unexplored social responsibilities."[2] Service is the keynote that we must recognize; it is a concept to which the profession owes its very existence—by demanding of its members acknowledgement of definite principles, by demanding adherence to established laws of procedures, by demanding technical knowledge, and by demanding a professional dedication. All of this is within the field of health, but not necessarily limited thereto.

The Health Service Committee has studied and recommended procedures relative to the dental care for the institutionalized and home bound individuals of which there are a tremendous number.

Human and professional relations have occupied the interest of the College over the many years of its activity. Its pronouncements through the preparation of brochures and publications, through organized panel discussions, and through its *A.C.D. Lectureship* to student bodies, have been a great source of inspiration in the development of personal and professional relationship between the members of the dental profession and the public. Your contribution to this facet of our lives is obligatory and cannot be overlooked in the acceptance of your responsibilities as a Fellow.

In the field of research the College has contributed, financially and otherwise, to the advancement of dental research in the period before funds were readily available for research personnel; at that time the College urged more and favorable consideration of all matters pertaining thereto. In the period from 1936 to 1945, a sum amounting to $23,544.66 was made available in research grants-in-aid, and it would appear that this effort helped to bring about interest in dental research and its present splendid support.

There are two funds of $1,000.00 each, known as the William John Gies Travel Fund and the William John Gies Emergency Fund, which are made available to researchers. The travel fund is set up to provide transportation expenses to those who feel the need to visit other laboratories for consultation purposes in matters re-

lated to their research projects. The emergency fund is to aid in recovery after a disaster within a laboratory devoted to dental research.

Interest in research has been stimulated, through published reports of the committees of the College, concerning financial aid, personnel, and in areas of research. Our interest will be on a continuing basis as time and need dictates.

The ethical standards of all Fellows must be without question on the highest possible level. We have an established Code of Conduct and the Code of Ethics which must be adhered to strictly, and to do anything contrary to the tenets of either jeopardizes the stature of the College and the principles upon which it stands.

The College has published a book by John E. Gurley on the subject "Professional Ethics in Dentistry" in the advancement of its program of human relations.

## International Friendship

Today the theme of our meeting is "International Friendship" and our program is indicative of our interest in world relations. The world has become smaller as the modes and speed of transportation have changed so that international relations are closer to us than ever before. The need to help our confreres who are in areas of economic distress or in densely populated areas, lacking in proper health measures and with a shortage of health service workers, demands our attention. There are a vast number of problems related to the advancement of world dental health, and among them is the lack of professional communication with our counterparts in such areas. This we recognized, and a program was inaugurated this year to satisfy to some extent this need which we called "Operation Bookshelf."

This project consists of three phases: (1) that we make dental literature available to libraries of dental schools and societies in out-of-country areas where it will be accessible to students and practitioners; (2) that we establish personal contact between Fellows of the College and practicing dentists in out-of-country areas to make available professional counsel and furnish professional literature on a personal basis, and (3), that we provide manuscripts to foreign dental societies for translation to the native language and publication in their national dental periodicals.

The first two phases are in operation. The Texas Section of the

College has made available more than 1,000 pounds of dental books and periodicals which have been shipped overseas, and the Fellows of that Section have participated in the second phase so that there are many person to person relations which are in active operation. I attended recently the Ohio Section meeting in Cincinnati, and that group has shipped close to the same amount to the U. S. Book Exchange, Inc. for distribution to libraries in out-of-country areas. This is a positive project and your interest and participation are solicited. A full report of this activity will be presented by Colonel N. O. Harris, the originator of the project later in these proceedings.

One of our outstanding efforts this year to establish good international understanding in the field of dentistry was the called meeting of all Fellows attending the XIIIth International Dental Congress in Cologne, Germany, in July, 1962. The Board of Regents directed that the President and the Secretary attend the Congress and further directed "that an effort be made to hold an informal get-together for the Fellows of the College during the Meeting in accordance with prevailing customs and opportunity."

Accordingly a luncheon meeting was arranged for Sunday, July 8, which was attended by 108 Fellows and guests. Several of those present were our international Fellows and the guests were from the Officials of the Congress. It was agreed that the affair was most outstanding, and the opportunity for discussions relevant to mutual interests in both local and international matters made this meeting both interesting and challenging. The *Kongress-Kurier,* the official daily publication of the Congress, reporting on the College affair, headed the news item with "Dental Legion of Honor, The American College of Dentists": a most favorable report calling attention to the high purpose and activities of the College. Our future representation at international meetings appears to be a logical step in view of the successful reception accorded us at the Cologne meeting.

Our Latin-American confreres are guests at this meeting and our program is pointed towards a better understanding concerning dental health matters in their countries. Many of our Fellows both here and there have taken active part in programs that have been initiated in the fields of dental education, public health, and clinical practice, which have had a tremendous impact on the advancement of dentistry in Latin-America. Reports in this respect will be reported later.

It is not presently possible to give more detailed information on

all the activities of the College, but I can state that every possible effort is being extended to advance our objectives for the benefit of the profession and the public.

## Future Aims

As we look to the future, our interests lie in the continuation of our announced programs and our thoughts are directed towards those problems that need solution.

The *Survey of Dentistry* propounded 88 questions which must have answers. Although our committees have studied many of the problems related to those questions, there still remain further studies before answers are forthcoming. We know the problem, and our hope lies in the intelligence and thinking of the leaders in the profession. The Fellows of the College must be in the forefront, lending their leadership and support as time and action advances.

The public image of dentistry needs building and it will take the support and effort of many in the profession to keep it from deteriorating. There are those in the profession whose narrow and selfish interests tear down that image. It is up to us to see that this does not happen and we must make every effort for its advancement. The Fellows of the College should be champions in this field of public relations.

Our communication efforts need bolstering and our committees are instituting studies covering matters pertaining to: (1) the lag between basic and clinical research and the practitioner; (2) the lack of effective communication between dental schools and the schools within the university of which they are a part, especially with the schools of education and medicine; (3) the lack of rapport and communication between the specialty groups in dentistry and with the dentist in general practice; and (4) a method of communication of dental advancement that appeals to and reaches those who have lost interest and contact with continuing education.

## Fellowship

Fellowship in the American College of Dentists is one of the greatest honors that can be received by a member of the dental profession. It denotes that the recipient has been recognized and honored for his superior intellectual and professional accomplishments, for his sense of social responsibility, for his leadership, and for that all important attribute, dedication to service. This is not an empty

honor and it should never be treated lightly, for that mark of great respect requires much more of him than simple acceptance. A Fellow must maintain and exemplify the highest traditions of his profession, ever mindful of his personal conduct and his human relations. His willingness to render service for the advancement of dentistry and for the improvement of its public image is an expected characteristic. The College also is greatly honored to have him as a Fellow, for it adds to its prestige, and his accomplishments give greater breadth to its stature.

The honor of Fellowship is granted on a sound concept of recognized attributes and integrity, which are significant when dealing with the essentials of our professional advancement. It is never granted for reasons of an involved obligation, or because a person is a "hail fellow well met," or because of friendship, or because of a personal application or request, or because of membership in a club or fraternity, or because of family relations, or because of politics, or because the nominator believes his prestige and personal standing should be recognized regardless of the ability, attribute, or attitude of the proposed nominee.

None of these is a reason for election to Fellowship. Fellowship can only and must only be based on the provisions contained in the Constitution and By-laws, Article II, Section "h":

> To recognize meritorious achievement, especially in dental science, art, education, literature, and human relations by conferring Fellowship in the College on those persons properly selected to receive such honor.

How is this honor granted, what is the procedure for its determination, and who makes the decision? There are six steps involved:

1. The Nominators and the Nomination Form
2. The Office of the Secretary of the College
3. The Local Consultants
4. The Board of Censors
5. The Board of Regents
6. The Convocation.

The first step is the most important of the total procedure; the nominators are the ones who determine who should be given consideration, for it is the knowledge they have of those who might be eligible that initiates the procedure of nomination. Whatever the basic reasons may be for this consideration of honor, it is a decision that rests with the nominators. However, in the presentation of the

case through the nomination form, it will be necessary to justify those basic reasons to obtain favorable action by the Board of Censors. The nomination form must be completely and fully executed without the knowledge of the person under consideration, nor should any discussion take place or publicity be given to the proposed nomination. Instruction for the preparation and submission of the nomination form must be followed strictly. The application, when it is fully completed and signed by the nominator and the seconder, is mailed to the Central Office where the application is reviewed to see that all the requirements of the nomination form have been met.

The By-laws provide (Section A4) that after the nomination has been received, the name shall be submitted by the Secretary to selected Fellows in the state, division, area, or federal service in which the nominee holds his American (or Canadian) Dental Association membership (or equivalent organization membership) that they may interpose possible valid objections or furnish desired information before final action is taken. Let me repeat: knowledge of the nomination shall be kept inviolate by the nominators, the Secretary, the Board of Censors, the Board of Regents, as well as the local consultants until action is formally announced.

Five copies of the nomination form are made, with the *names of the nominators eliminated,* one for each member of the Board of Censors. These copies are sent to the Censors at least three weeks before the date of the Board's Meeting, which is usually held four months prior to the date of the Convocation.

The Censors must examine each nomination form and evaluate the nominee's accomplishments on the basis of what is shown on that form. Unless the data are completely furnished, no proper evaluation can be made. It takes four votes for approval. The Board of Censors has three possible decisions that can be made on each case:

1. To approve the qualifications
2. To defer the nomination for cause—more information; more detail, etc.
3. To table the nomination as not qualified.

Those that are determined qualified by the Board of Censors are recommended to the Board of Regents for Fellowship. If accepted by the Board of Regents, an invitation to Fellowship is sent to the approved person, with a copy of the letter to the nominators.

The letter of invitation to Fellowship is the message that intro-

duces one to the American College of Dentists. It signifies that the selectee has met the rigid requirements for membership, and, in granting his Fellowship, it also honors him for his many varied accomplishments. It is a milestone in the career of an individual, for it is a mark of respect, sponsored by his confreres and approved by that legion of honor, the American College of Dentists.

The thrill of that invitation has been felt by all of you here, and I wonder what other reactions you may have had when you received it. Did it merely make you feel superior, or did you wonder what was expected of you in accepting this invitation?

The ritual of the Convocation is an endeavor to impress and instill in the inductees the solemnity and sincerity of the occasion.

## Induction

There are three symbols used in the ceremony of induction: the torch, the mace, and the cap and gown. The *torch* is carried by the Torch Bearer, who leads the procession of the Officers and the Board of Regents to the stage. It is symbolic of the vision of the founders and is the light that leads the way and beckons us ever onward. The *mace,* in present usage, is a club-shaped "staff of office" borne by the Mace Bearer and is displayed on the rostrum as a symbol of authority. The names of the Founders of the College are engraved on the torch. Also the names of men who, by their noble and constructive deeds merit the distinction of being listed among the immortals of dentistry, are engraved on the mace. The *cap* with gold tassle, and the black *gown* trimmed in lilac, the academic color for dentistry, and the red of the American rose are a symbol of the academic interest of the College and the contributions made for the advancement of dental education.

The Convocation, with insignia, regalia, symbols, and ceremony, clearly establishes it as a Court before whom candidates are presented for induction into Fellowship.

The oath to which each Fellow must subscribe at the time of the Convocation should be held in reverence and ". . . accepted with humility and responsibility. Some are destined to take the highway that leads far beyond the accomplishments that preceded the granting of Fellowship. To those whose work ends with this achievement the College will look with disappointment. The objectives in the promotion of its ideals, the advancement of standards and the stimulation of study are a life time obligation."

Honor with responsibility would indicate that Fellowship carries a demand requirement which should be satisfied. There is no such connotation intended, but the need to assume responsibility leads me to say that to be truly representative and dedicated Fellows, each and every one must participate in the advancement of these objectives.

## Summary

The past has served to lay the foundation of our devotion to the principles of advancement; the present is our obligation and responsibility of service to those same principles; in the future our dedication must be greater than ever because our problems will be more significant, challenging, and demanding. What the future holds for the College is important. The individual Fellows and the Sections must be prepared and willing to assume their share of this responsibility.

The potentials of our Fellows must never be overlooked for it is only in complete utilization of all potentials that a masterful job can be accomplished. All of us must be prepared to meet the demand for service for we have that great honor: a Fellow of the American College of Dentists.

It has been said: "If you seek an answer to your problems you may find it; If you knock on the door you may enter; But if you don't know where you want to go, there is no possibility of getting there."

## References

1. Kienzle. J.A.C.D. 29:73, June 1962.
2. Gullett. J.A.C.D. 27:218, December 1960.

# Operation Bookshelf

NORMAN O. HARRIS, D.D.S., M.S.

I am sure that you realize that the only reason we are gathered here in Fellowship this morning is because we are dentists. This mutual interest in our profession constitutes a powerful bond between us. It has brought our group here from all parts of the Nation—from Southern California, from Hawaii, Alaska, and from the State of Maine. In all probability, there are also many represented here who have come from far beyond the geographical limitations of the United States . . . possibly from Europe, Africa, Asia, Australia, and south of the border down through Central and South America.

We are truly a heterogeneous group, both in geography and philosophy. Yet, despite this background, we have been able to freely exchange information here at the meeting. As a result, many of us will go home with new ideas and new concepts of dentistry. Others will have made friendships which will last over a lifetime.

If we, with our diverse backgrounds can exchange information and establish friendships solely on the initial basis of mutual professional interest, the question can then be asked, "Why cannot this same process be extended to embrace our colleagues on a more global basis?" The answer is obvious—it can! True, such an expansion would not have the advantages of the personal magnetism that accompanies the spoken word; however, the ability of the written word to convey an orderly progression of thought greatly compensates for this insufficiency. This is where "Operation Bookshelf" comes into proper focus.

"Operation Bookshelf" is a program by which the American College of Dentists is giving the necessary drive and direction to the dissemination of professional information throughout the world. It is a multiphased program that in addition to contributing to the pool of world dental knowledge, will also serve to underline the theme of President Swanson's year in office—*International Friendship.*

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Presented at the Miami Beach Convocation, October 28, 1962.

Lt. Colonel Harris, USAF-DC, stationed at Ramey Air Force Base, Puerto Rico, was unable to attend the Convocation. His paper was read by Major Francis J. Samaha, USAF-DC, USAF Hospital, Andrews Air Force Base, Washington, D. C.

The first phase of "Operation Bookshelf" is "Operation Big Bookshelf," if you might choose to call it that. In this phase, dental practitioners throughout the United States are urged to send surplus dental literature to the United States Book Exchange. Here it is consolidated, catalogued, and filed. Upon request of an eligible overseas library, this literature is then shipped, either to inaugurate a new section of book stacks, or to replenish a non-current professional library. With its capability of moving large quantities of books to foreign educational centers, there is no doubt that this portion of the program will have a considerable impact upon the furture of dentistry in the recipient nations—this by its ability to mold the concepts taught and learned by the faculty and the students. However, this program has one weakness in that few of a nation's total population of dentists are located in the environs of a university where they can utilize its well stocked library.

For this contingency "Operation Little Bookshelf" was devised. This phase of the literature exchange requires dentists in an area with an existent oversupply of literature to ship them to more needy areas. In this instance, the contributions of the donor dentists are sent directly to specified dental practitioners overseas. This procedure has some definite advantages. It establishes a much closer personal rapport between the members of the world dental profession. The attendant personal correspondence offers the very inherent possibility for the donor to benefit from the rich clinical wisdom of many of the recipient dentists—a wisdom that has been acquired through the treatment of many diseases, or stages of disease, rarely or never seen in the United States.

Finally, the third phase of "Operation Bookshelf" (which is still in the planning stage) is the intent of the College to select some of the best articles of the world dental press, and to translate them into the language of the countries designated for distribution.

In all three of these phases, it can be noted that the American College of Dentists is accomplishing the same objectives on an international scale as we have achieved here on a local basis in this room this morning; namely, an exchange of knowledge and the establishment of a friendly and understanding relationship with our worldwide colleagues.

It is necessary to understand the growth of "Operation Bookshelf" in order to evaluate its present status and future potential. "Opera-

tion Bookshelf" had its inception in 1960, "Deep in the Heart of Texas." It was the considered opinion of the Board of Regents that the Texas Section should be used as a proving ground before expanding the program to embrace the entire membership of the College. During this feasibility test, several thousands of pounds of professional literature were sent to globally dispersed areas. In addition, many individual members accepted the responsibility for forwarding their surplus literature to far away places such as Pakistan, India, Haiti, Rhodesia, Brazil, Colombia and the Camerouns. It is essential to realize that these destinations are not simply far away places with romantic names, but instead represent areas where people of our own profession are working—and need our help—to attain the same objectives for which we strive.

With the success of the Texas program assured, it was decided to expand the literature exchange to include the entire membership of the College. This was accomplished in June of this year, when a questionnaire was sent to all Fellows soliciting their cooperation in expanding "Operation Bookshelf." Concurrent with the domestic expansion, there has been a continual expansion overseas. There is an ever increasing number of dentists and institutions requesting to be included in the literature exchange program. At the present rate of expansion, additional sources of literature will soon be mandatory. Thus, in the same way that the Texas Section so ably served as a proving ground prior to expansion to include the entire College membership, I would now like to see the membership of the College serve as the foundation for a near future expansion to include the entire membership of the American and world dental organizations.

There are several actions that I would like to recommend that would accelerate the expansion of the program, as well as close some of the loopholes in the collection and distribution of surplus literature. Specifically, I would like to see pre-convention publicity given to each local, state, and national dental meeting, urging all potential attendees to bring as much surplus professional literature as possible, and to deposit it at the Registration Desk. Eventual disposition of such mass collections should include consideration of the needs of larger overseas dental societies and hospital libraries, which are not now eligible for books from the United States Book Exchange.

I would also like to see each present and future participant in "Operation Bookshelf" act as a nidus in his own society, around

whom literature collections could be organized to aid overseas societies, institutions, and individuals. I would further like to see an exchange of literature and information between faculty members of dental schools in the United States and their counterparts overseas. An exchange of literature and information at the student level would constitute an even further extension of this concept. Finally, in those Sections where there is much interest, I would like to see the monitorship of the program exercised at local level, with only administrative guidance and necessary aid being provided by the Chairman of "Operation Bookshelf." In these ways, the objectives of the exchange can be expanded and perpetuated by little more effort than the contribution of a book or journal, which is in all probability now thrown away.

Some of the incidents that have occurred in the development of the program should be mentioned in order to understand the spirit of the exchange. For instance, prior to full scale implementation of the program, a survey was made in an attempt to predict foreign acceptance of the projected operation. All but two of the return letters contained favorable comments. In these two from different parts of the world, there were words of caution that it would be necessary to dispel the suspicion that would accompany a program in which something was given without asking for something in return. In another letter, a dentist in India asked for popular pictorial literature —such as *Life, Look,* and *National Geographic* . . . for use by patients recovering from wounds and diseases of mind and body. It takes considerable flexibility of philosophy to conclude such a request into the present scope of "Operation Bookshelf," yet it does not take much imagination to understand the ability to generate good will among the people of various nations by honoring such requests. As a result, an effort is being made to interest civic and public minded organizations to help in this field.

In many of the letters that have come in, there has been an obvious and somber backdrop of need. Examples include a letter from a hospital in Hong Kong, whose main function has been the care of refugees coming in from China; another was from a large leprosarium in the Far East; and others have come from missionary-dentists in Africa who fear that their isolation will result in professional obsolescence. These letters speak of needs for drugs, for facilities,

and for professional manpower—all of which could form the basis for many other worthwhile programs.

In summary, I would like to stress three points. One, "Operation Bookshelf" is an expanding program which needs your help. It is YOUR professional literature that has heretofore been discarded which will now enable this program to reach its full potential. This full potential includes not only the ability to exchange knowledge, but also gives us an opportunity to utilize the mail pouch instead of the diplomatic pouch, in attaining a very tangible basis for *International Friendship.*

Second, "Operation Bookshelf" is but one idea. There are probably many ramifications to this program, or there may be completely new ideas of similar or greater portent. If there are any such ideas among you this morning, please accept the mandate to initiate and exploit them. Remember, there are always many individuals who are willing to give powerful aid if your idea is just and reasonable.

Finally, and this is the most important thought that I would like to make this morning, WE, and many others like ourselves, must make these two words . . . *International Friendship* . . . vibrant and dynamic. Upon the success or failure of our collective efforts can well depend whether we live out the remaining years of our natural lives under the full and bountiful benefits of the Four Freedoms, or, whether we live them out under the shadows of the thundering hoofs of the Four Horsemen of the Apocalypse.

# Dental Public Health Education And Training Program of the World Health Organization

MARIO M. CHAVES, D.D.S., M.P.H.

As an international health worker it was indeed with great pleasure that I saw the selection of *International Friendship* as the general theme of our program this year. The ideals of the College are international in scope, and the theme could not be more adequate to the historical moment we are passing in this hemisphere and to the occasion when we are welcoming such a splendid group of colleagues from several countries to Fellowship in the American College of Dentists.

My assignment is to present to you today a picture of what the World Health Organization is doing in the field of dental public health education and training. As a proper background let us review briefly the scope of W.H.O.'s activities. The over-all budget of W.H.O. last year was slightly under $20,000,000 and the program included 825 projects in 137 countries and territories. The work of W.H.O. was carried on by 2,000 staff members of over 70 nationalities, distributed at the headquarters in Geneva, at the six regional offices (Alexandria, Brazzaville, Copenhagen, Manila, New Delhi and Washington), and in field projects. The needs for international assistance are increasing at a fast pace, as new nations emerge in the international scene. At this year's General Assembly of the United Nations four new nations gained admittance, two of them from this hemisphere—Jamaica and Trinidad and Tobago.

Considering the immense health problems that W.H.O. has to face on a global basis, especially in relation to communicable diseases such as malaria, yaws, tuberculosis, bilharziasis, smallpox, and trachoma, it is easy to understand that its efforts and resources have to be distributed according to carefully established priorities and

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Dr. Chaves is Regional Adviser in Dental Health, Pan American Health Organization, World Health Organization.

that many specialty fields will have to operate on rather limited budgets. This is the case of the dental program for which so far only two permanent posts have been established, one at the Geneva headquarters and one at the regional office in Washington. Natural next steps will be the appointment of dental advisers to the other regional offices and the strengthening of the dental unit in the Central Office. This, of course, will occur as a result of the gradual expansion of international health activities, and with the continuing support of the dental profession, through the Federation Dentaire Internationale and through the delegations of Member Countries to the governing bodies of the Organization.

The dental activities of the World Health Organization from its inception have been effectively summarized in a recent paper by Dr. F. Bruce Rice[1] and include among others two seminars on dental health (1954 and 1958) organized by the Western Pacific Region, two study groups on dental services for children (1958 and 1960) organized by the European Regional Office, and five meetings of the Expert Committee on Dental Health in Geneva. The last one, held last July, was devoted to dental education, and gave considerable attention to the teaching of dental public health at the undergraduate level.

From now on I will concentrate my remarks on the part of the program of W.H.O. with which I am directly involved as dental adviser to the Pan American Sanitary Bureau. As you probably know the Bureau is the executive arm both for the W.H.O., as Regional Office for the Americas, and for the Pan American Health Organization, which is a specialized agency within the inter-American system.

I will also limit this analysis to the main topic: dental public health education and training. Instead of merely describing activities, in a report-like fashion, I will try to explain to you why we chose to promote and assist certain activities in preference to others. Please remember that we are dealing with a limited budget, which even now has not yet reached the level of U. S. $60,000 per year. With 20 countries (now 22) and several territories to assist it would be of little value to spread thinly the resources available among too many disconnected activities. The Organization chose to concentrate in a few activities, and to work in close collaboration with a philanthropic agency also interested in international assistance in the field of dentistry, the W. K. Kellogg Foundation.

Following a survey of the dental situation in the Region, completed about six years ago, it became clear to us that for the growth and development of the dental health services there was a definite need of a larger number of public health dentists well prepared to meet their countries' needs. There were only 34 dentists with public health training in the 20 countries. Some of them were not in activity and a common reason for this, in spite of needs, was their unwillingness to work in a set-up or health structure where they were unable or not permitted to put into practice the types of programs which they regarded as ideal. Practically all these dentists had been trained in the United States, a country with a much higher level of living and where, therefore, the content of dental public health programs would not be expected to be the same.

We were, therefore, confronted with a problem of *quantity* and *quality* of training. Since the Latin American Schools of Public Health did not have a special training program for dentists, they had to be trained in the northern part of the continent. The language barrier and the costs of training limited considerably their *number.* Some of those trained were not successful in the necessary *transfer* of the academic knowledge and principles acquired in the School of Public Health to the realities of public health practice in a different socio-economic setting, originating the *quality* problem mentioned above. Obviously, we are referring to *quality* in a broad sense, since the public health training given to them was of the highest level. The problem was in the individuals themselves, who used blueprints instead of logic in the practical application of basic principles. Of course, we were not discovering anything new since the same thing happens in other health professions, and it is an accepted fact that public health training should be offered in countries with conditions as similar as possible to the countries of origin of the students, to minimize the difficulties inherent in the process of transfer of principles to practice.

These reasons led the Organization to give first priority to dental public health education at the postgraduate level. The University of São Paulo, in Brazil, expressed an interest in the project and an international training program was started in 1958, with the collaboration of the Organization and the Kellogg Foundation. In the first four years of this program 55 dentists were trained at the "Master's" level," and 29 in shorter postgraduate courses. W.H.O. provided in this period 42 fellowships for dentists from 19 countries.

Some features of the São Paulo program deserve to be mentioned. Academic and field training went hand in hand from the very beginning. The Special Public Health Service (SESP), a federal agency in Brazil now a Foundation, offered the best possible collaboration to the University's program. Its dental services, with three levels—central, regional and local—offered an excellent model for the teaching of dental public health administration in an integrated health structure. Public health dentists from SESP assisted the University's staff in the academic program, and the students, during their field training, had a chance to observe public health at work in different levels of the health structure. Academic exercises were based mostly in real life data gathered in surveys made by the students. Typical semi-rural communities, with features common to many in Latin America, provided a realistic setting for observation of integrated health activities. The gap between theory and practice was reduced to a minimum.

The true results of a training program are to be found in how well those trained perform later in practice. The utilization record of the W.H.O. fellows in this program may be considered excellent. Of the 42 fellows, 40 are working in the teaching or practice of dental public health, 18 of them in a full-time capacity. One of the fellows works full-time in a school of public health and has already trained many other dentists in a national program. Several of them are heading sections or divisions of dental public health at national level, others are teaching dental public health in dental schools. They all have as a common trait the same realistic philosophy of dental public health aiming at doing the best for the people under any given set of circumstances. Instead of dreaming about the program that they would like to do if resources were available, they go straight to the solution of the problem of finding the best possible utilization of available resources to produce maximum benefits for the largest number of people. *Prevention, priorities,* and *productivity,* the three Ps, are key words in their vocabularies.

As soon as the São Paulo project became self-sufficient in terms of dental staff (there are now four public health dentists at the School of Public Health) the Organization was able to shift the emphasis of its dental public health training program from the postgraduate to the undergraduate level. This was a logical next step for the following reasons:

(1) Looking to the health services as a pyramidal structure, inter-

national training efforts with limited resources should proceed on a descending direction, from top to bottom, beginning with the leadership at national level. Once the mechanism to satisfy this need is established the logical next step is the training of the dental clinicians working in the health services.

(2) Considering that in Latin America there is a continually increasing possibility that a recent graduate will seek and find part-time employment in a dental service, at least in the early years of his professional practice, it seemed much more logical to incorporate in undergraduate dental education that minimum knowledge of dental public health that every dentist should possess.

For the above reasons the Organization, while encouraging the health services to offer short courses on dental public health to present day dental clinicians, has decided to concentrate its effort in undergraduate dental education.

Now, what is our present approach to dental public health education at the undergraduate level? We feel that this is only one aspect in the preparation of the dentist, which goes parallel with several other aspects of dental education which have often been completely disregarded, such as the teaching of preventive dentistry, and the preparation of the dentist, as a professional, for a full participation and active leadership in community life. If we take all these aspects together, then it is not anymore a matter of adding another subject or giving it a few extra hours in a dental curriculum. It is a fundamental matter of philosophy of dental education and our efforts would only have a chance to succeed in the presence of a genuinely interested faculty.

This led us to a dual approach, actually represented by two current projects of the Organization, both in collaboration with the Kellogg Foundation. The first one is a series of three *seminars on dental education* which will involve all dental schools in Latin America. Their purpose is to provide deans and professors of dental schools with an opportunity to exchange views and take a fresh look at dental education in Latin America. The first seminar, involving eighteen schools in six countries, was held in Bogota this Month.

There is a great amount of dissatisfaction in many countries, schools, and universities with the present status of dental education. A stereotyped curriculum imported several decades ago has practically not been subjected to any change, except for minor additions. In

the meantime general and higher education has been enriched with new concepts of the teaching-learning process, and the ivory-tower attitude of several universities is being challenged by reformers from within and from without. A dental school, as any professional school, cannot stand still while everything else is moving ahead. The commonly heard complaint that the universities are not preparing the type of professionals that the countries need, cannot go forever unanswered. Either they are or they are not. If they are, it has to be demonstrated. If they are not, either they should, and therefore fundamental changes are necessary, or they should not, a position which also has to be justified.

The data on prevalence of dental diseases and neglect of dental care to be shown this morning by Dr. Russell,[2] the well-known shortage of dentists in small communities, open to criticisms certain excessive hurdles to graduation in the name of university standards or professional prestige. There is a definite need for a critical analysis of present objectives of dental education to see how well they correspond to the present needs of society.

In addition it is doubtful that the traditional subject-matter centered dental curriculum, horizontal, compartmentalized, provide the best arrangement to facilitate the student's learning process. The needs of the students and the needs of society have been too often neglected in the strenuous effort made by those pursuing university careers to master single subjects in maximum depth in order to gain access to professorial chairs, a highly valued prize in terms of authority and prestige. Under such a system, the focus of attention is gradually deviated from the needs of the *student* and the *community* to the needs of the *professor* himself.

This problem is common to education at any level. Cantor[3] stated many years ago:

> There has been a good deal of discussion about whether the American school should be subject-matter centered or child-centered. The subject-matter centered school, emphasizing prescribed courses, examinations, grades all determined by school authorities—has been criticized as unrealistic because it ignores the "needs," interests, motives and capacities of the students. On the other hand, if the child-centered school emphasizes all these things, it also is unrealistic in that it ignores the "needs," interests and values of the community. The school is realistic if it strikes a balance between the "needs" of the child and the "needs" of the community. Such a school is reality-centered.

Miller[4] writing about curricular design in medical education also states:

> To start at the beginning, fundamental revision of the over-all objectives of medical education must be based upon a deliberate study of the sources of such objectives: the health needs of society, the philosophy of scientific thinking, and the professional characteristics of physicians. None of these is static, and ideally they should be continually reviewed if the educational program of the School is to remain consistent with contemporary life. The health needs of society have been changed by the introduction of antibiotics, the rapid development of cardiac surgery, the extension of life. A medical school curriculum must respond to these needs. It is possible that the professional characteristics required in physicians will change as the cult of specialism grows and as health plans involving a third party expand. To such influences also the medical school curriculum must respond. It is from such sources that the over-all objectives that the departmental and individual goals must grow. This is the first influence upon the development of a curriculum.

We have placed a great amount of effort in the preparation of the Bogota Seminar. Fifty-five working papers were distributed to all the schools, including selected translations from the *Journal of Dental Education* and the dental education chapter of the *Survey of Dentistry*.[5] We feel that the discussions in the Seminar will act as the "trigger mechanism" for a critical analysis of dental education in Latin America today, which will help dental schools to become *reality-centered.*

I will proceed now to our second approach to dental public health education at the undergraduate level. As mentioned above it is felt that the teaching of dental public health, as well as preventive dentistry and other subjects aiming at the preparation of the dentist for his community responsibilities as a professional and as a citizen, should receive more emphasis in dental schools.

Our incoming president, Dr. Philip E. Blackerby[6] presented two years ago in a challenging paper, the idea of a major department in dental schools to assume responsibility for the teaching of public health and what he called "subjects of social import." Let me quote the following paragraphs from his paper:

> Other subjects of social import—ethics, jurisprudence, history, social and economic relations, dental economics (including pre- and post-payment plans), epidemiology, psychology, and behavioral science, gerontology, civil defense, radiological health, hospital relations, chronic disease and rehabilitation, "family dentistry," and the social aspects of practice administration

> —all receive similarly scant attention in the typical dental student's academic schedule. And perhaps more important than the number of classroom hours assigned to such subjects is the fact that they are usually treated as "curricular orphans" belonging to no faculty member in particular and being "taught" as a chore rather than a challenge.

The School of Dentistry of the University of Antioquia, in Medellin, Colombia, had a Department of Preventive Dentistry and requested the assistance of the Organization in expanding the scope of the department to include public health and the "subjects of social import" using the expression coined by Dr. Blackerby. The Organization and the Foundation gladly joined hands in assistance to the University of Antioquia in this endeavor, a pilot project for Latin America.

A more inclusive name was given to the Department, "Department of Preventive and Social Dentistry." Dr. Darfo Restrepo, a former W.H.O. fellow in São Paulo, took charge of the public health teaching in the department which is headed by a former Kellogg fellow, Dr. Mauricio Duque. Several dental schools expressed an interest in having similar departments. The University of Concepcion actually started its Department of Preventive and Social Dentistry in May 1960, before the one in Medellin.[7]

The rapidity with which the idea is being accepted by dental schools can only be explained on the basis of a previously existing and felt need. I do not want to extend myself into the details of content and structure of the Department, but I wish just to point out a concept of fundamental interest to the profession, and which can be analyzed from a much better perspective if seen simultaneously from the point of view of the administrator of health services and the independent private practitioner: the concept of productivity.

This concept is important in courses of what is called "Economia Dental" in Latin America, and "Practice Administration" in the United States. This concept is also fundamental in what we might call "Dental Economics" as a part of "Health Economics," in relation to prepaid health care programs, which in Latin America are often staffed by salaried dentists. The basic principles of how to obtain gains in productivity are the same, no matter from what angle the problem is seen: work simplification based on time-motion studies, expanded use of auxiliaries, technological development of dental tools and materials. But the sensitive area is when it comes to the dis-

tribution of benefits derived from increased productivity. In private practice, as Hollinshead[8] suggests:

> The private practitioner should pass along some of the benefits of improvements in productivity resulting from better office management, better techniques, and the increased use of auxiliaries, to his patients in the form of moderate fees which can be readily absorbed within the budgets of persons working for modest incomes.

It is also logical to expect reciprocally that salaried dentists in health insurance schemes and health services should receive increases in remuneration parallel to gains in productivity. There is no reason why these subjects could not be openly analyzed and discussed in dental schools, when they affect so directly the dentist's bargaining position in third party systems. The vicious circle of low-productivity and low-remuneration common in many dental services has to be broken at some point and dental schools should enlighten students in this respect.

The productivity concept is also basic to dental manpower studies. Even in the United States, which has the best ratio of "population per dentist" in the hemisphere, the productivity concept is important to the future of the profession. As Galagan[9] points out:

> For thirty years, the Nation's supply of practicing dentists has been slowly falling behind population growth. Until now, we have been protected against the full impact of this trend toward shortage by the increases in productivity brought about by technological advances within dentistry. But the margin these have given us is about exhausted. Today dentistry is squarely up against a more acute manpower shortage than that in any other health profession.

The shortage of dentists and the population explosion in Latin America certainly call for a very important emphasis on productivity in the dental curriculum, in fairness both to the future career of the dentist and society's needs.

I will finish my presentation by reminding you that the work of an international agency like W.H.O. is indirect, more of promotion than of implementation. When I talked about the projects in São Paulo and Medellin, the Universities of São Paulo and Antioquia were actually the key executive entities, and to them should go all the merits of the present or future success of those projects.

In summary, the dental public health education and training program of W.H.O. in this Region has consisted initially of concentrated

assistance in the establishment of a dental public health training center for Latin American dentists and the provision of fellowships for said training.

The emphasis has recently shifted from the postgraduate to the undergraduate level. The teaching of the preventive, public health, and social aspects of dental practice cannot be dealt apart of the overall context of dental education. For this reason the Organization, in addition of its collaboration in a Pilot Department of Preventive and Social Dentistry, is also sponsoring a series of Seminars on Dental Education where the teaching of dental public health and preventive dentistry may be analyzed in its proper perspective in relation to the philosophy and objectives of dental education.

## References

1. Rice, F. Bruce. The World Health Organization and its program in dental health. J. Canad. D. A. 28:231-9, 1962.

2. Russell, A. L. Dental disease in Latin America. J. Am. Col. Den. 30: ————, Mar. 1963. (this issue)

3. Cantor, N. F. The teaching-learning process. New York: Dryden Press, 1953, p. 100.

4. Miller, G. E. Teaching and learning in medical school. Cambridge: Harvard University Press, 1961, p. 181.

5. The survey of dentistry. Washington: American Council on Education, 1961.

6. Blackerby, Philip E. Why not a department of social dentistry? J. Den. Educ. 24:197-200, 1960.

7. San Martin, H. and de las Fuente, R. M. Ensenanza de la odontologia preventiva y social. Rev. Odont. Concepcion 9: 1961.

8. Hollinshead, Byron S. Dentistry in a changing society. J. Am. Col. Den. 29:62-9, 1962.

9. Galagan, Donald J. Whatever became of dental public health? Pub. Health Den. 22:82-90, 1962.

(This article by Dr. Chaves and the article by Dr. Russell on page 41 will be published in Spanish in the April 1963 issue of the *Boletin de la OSP* which will be dedicated to odontology.)

# Dental Education in Latin America

## Report: First Seminar on Dental Education

JOSE REZK B, D.D.S.

The Pan American Sanitary Bureau with the collaboration of the W. K. Kellogg Foundation is sponsoring a series of three seminars. In total, the seminars will include participation by all of the dental schools in Latin America. The first was held in 1962, the others will be held in 1964 and 1966. For this purpose Latin America has been divided into three areas, one of which includes the following countries: Bolivia, Chile, Colombia, Ecuador, Peru, and Venezuela. The main objective of these seminars is to study the many problems related to dental education and to make recommendations toward their solution.

A survey of all participating schools in the above countries was carried out in February and March of 1962 in order to provide a factual basis for the first seminar, its discussions and recommendations. This survey was supported by a grant from the W. K. Kellogg Foundation. A questionnaire was sent to all dental schools in the six participating countries prior to the visit of the consultants appointed by the World Health Organization. One of the consultants from Latin America visited all schools; each of the two from the United States visited half of the schools. During their visits to the schools, the consultants observed the facilities, held discussions with school authorities and faculty members, received the replies to the questionnaire, and clarified doubtful questions. These documents were taken to the Pan American Sanitary Bureau office in Washington

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where they were studied and analyzed. Considerable interesting information was obtained from the survey.

At the time of their visits the consultants obtained commitments for working papers from members of each Faculty; these papers were to be sent directly by the authors to the Washington office in order to be reproduced and then distributed to all participating and non-participating dental schools. These working papers were not to be presented at the seminar; they were to serve only as a reference for seminar discussions. They were classified and indexed and then given to each of the participants as documents together with a copy of the survey, agenda, program, etc. An agenda was prepared on five important subjects in order to maintain the proper sequence and priority in the discussions. These topics were:

a) Philosophy and objectives of dental education
b) Organization and administration of a dental school
c) Curriculum
d) Preparation of teachers
e) Selection of students

The group of nations already mentioned held the first seminar in Bogota, Colombia, on October 14-19, 1962, with two delegates from each of the 18 dental schools. Observers from non-participating countries of Latin America were also invited as were delegates from the most important dental associations in this hemisphere and Europe. Dr. Kenneth Wessels, Secretary of the Council on Dental Education of the American Dental Association, was present, representing the American Dental Association and the Federation Dentaire Internationale. Dr. William R. Mann, in addition to being a consultant for the seminar, was also an official observer of the American Association of Dental Schools.

The 36 participants were divided into three groups, 12 in each group, each having a coordinator, a rapporteur, a secretary, and a consultant from World Health Organization. Dr. Mario Chaves (W.H.O.) acted as coordinator general, and Dr. Oscar J. Resprepo as rapporteur general. All discussions were conducted according to the agenda previously prepared. At the end of each day, coordinators and rapporteurs, together with the rapporteur general, made a joint report which was later considered by the work groups in a special session in order to make final recommendations for the general assembly and thus produce the final report.

## Recommendations

Since a complete final report on recommendations from the seminar will be sent to all schools, associations, and many persons interested in dental education, I will try only to summarize briefly the most important recommendations.

*Philosophy and objectives of dental education.*

(a) The present number of dentists in each Latin American country is inadequate to meet present current population needs and even more inadequate for future requirements.

(b) There is a concentration of dentists in large urban centers with a lack of dentists in rural areas.

(c) The type of professional graduating from our schools today is inadequate. Graduates do not comply with the minimum requirements for preparing a good general dentist, particularly with regard to preventive and public health dentistry and humanistic background.

(d) Postgraduate courses should be strongly emphasized.

(e) Qualifications of a "competent" dentist cannot vary from one area to the next or from one country to another. There should be a minimum level of competence common to all countries.

*Organization and administration of a dental school.*

(a) A school of dentistry should have a suitable organization necessary to supervise and develop its teaching and administrative activities. All groups agreed that a school should have a Dean, Director, Secretary, and Advisory Council; the latter should be composed of the Dean, professors, and student representatives.

(b) The Dean should be appointed for a limited period of time and be eligible for reelection.

(c) Large schools should have a coordinator general and the number of committees necessary for the adequate correlation of all phases of the curriculum.

(d) Departmentalization is advisable for better teaching. Emphasis was placed on the need for a postgraduate department.

*Curriculum.*

(a) A better balance of curriculum should be encouraged among Latin American schools.

(b) A general policy on minimum hours should be established in all subjects.

(c) Disparity between written schedules and actual teaching should be eliminated by correcting the following factors:

1. Inadequate training of professors and officials.
2. Insufficient number of professors.
3. Lack of stability of the teaching staff.
4. Inadequate coordination and correlation in the teaching program.
5. Insufficient space, equipment, materials and funds.
6. Poor discipline among students and teachers.

(Recommendations were made as to the methods to be used in correcting these abnormalities.)

(d) Verticalization of the curriculum in order to establish a better correlation between basic and clinical sciences and clinical training.

(Recommendations were made for improving these conditions.)

(e) It was agreed that dentists with advanced training in the basic sciences should be included on the staff of the basic sciences departments. Basic sciences should have a special orientation toward dentistry.

(f) Integrated clinical work was strongly recommended. Each student should complete at least one fairly complex case under the supervision of professors from each specialty.

(g) Social and Public Health aspects of dentistry should receive a marked increase in teaching hours. In some schools they are not included in the curriculum.

(h) Minimum requirements for graduation should not be decreased; strong emphasis was made again on the need for postgraduate facilities.

*Preparation of Teachers.*

The methods employed at present for the selection and preparation of teachers are not satisfactory. In order to improve them, many recommendations were made. These included refresher, in-service, and postgraduate courses; scholarships; fellowships; and professor interchange programs. Contribution of local, national, and international institutions were considered necessary if these goals are to be obtained.

*Selection of Students.*

A recruitment campaign in secondary schools should be carried out in order to improve the number, quantity, and quality of aspir-

ants. Some aspects of this campaign were considered and recommendations made.

Students should be selected according to very special qualifications such as health, knowledge, manual dexterity, morality, orientation. Personal interviews were recommended.

It was accepted that the high cost of studies and equipment was one of the main factors which contribute to diminishing the number of applicants. This problem received much attention by the participants, and all were eager to find the correct solution. Loans, university support, and assistance from interested organizations were considered as possible sources of financial support.

We all feel that this seminar was a complete success. After reading the final report, a questionnaire was given to the assistants in order to evaluate in a very thorough way all of the proceedings. The answers to the questionnaire were most gratifying. They certainly offered encouragement for the 1964 and 1966 seminars. The next seminar will be held in Mexico in 1964.

# Dental Disease in Latin America

A. L. RUSSELL, D.D.S., M.P.H.

Taken together, Middle America and South America comprise a vast land mass of more than 7 million square miles, stretching over 5 thousand miles from about 35° south latitude past the equator and on beyond 30° north latitude. Most of its 200 million people live in or near the coastal areas, where the population density often exceeds 500 people per square mile; but there are wide interior expanses where the average square mile is inhabited by two people, or none at all.[1] Most of these people are young people. About two-fifths are 15 years of age or younger and only about 3 in 100 are 65 years old or older.[2] This is rather like the distribution of population of the United States in 1850.[3]

For six countries in which relatively reliable data are available, per capita income in the most prosperous is only about two-fifths as high as the mean per capita income in the United States; in four of these six, income is less than $500 per person per year. Death rates in infancy and early childhood range from eight times as high to 40 times as high as rates in the United States. The principal factor in this high mortality is the diarrheal diseases; these are the leading cause of death in children aged 1-4 years in 11 of 16 countries reporting, and among the five principal causes in the others. This problem is difficult to control in a region where most cities lack sewage disposal facilities, and where about two-fifths of the people living in cities of 2,000 or more inhabitants have no community water supply. It is complicated further by malnutrition; the rates are highest in those areas where nutrition is a critical problem.[2]

For the area as a whole there is one dentist for each 5,300 people[2] but diversity is as great here as in any of the factors previously men-

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Presented at the Miami Beach Convocation, October 28, 1962.

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Some data reported here were gathered in collaboration with the Interdepartmental Committee of Nutrition for National Defense.

tioned. The dentist-patient ratio varies by country from one for each 1,600 people in Uruguay (slightly more favorable than the ratio of one to 1,700 people in the United States) to the extreme of one dentist for each 35,700 persons.[4]

In general, health problems are the greater and the means to cope with them less adequate in the countries with the less favorable economic situation. Given a young population with limited resources and a high caries attack rate, it is evident that dental disease may pose a major threat to the continued progress of the peoples of the region.

## Material

Data considered in this report will be limited principally to findings from dental surveys carried out by members of our own research group who have been trained for comparability of observation; the differences to be discussed cannot be ascribed to differences in method or criteria of examination. The South American surveys were cooperative endeavors with the Interdepartmental Committee on Nutrition for National Defense (the ICNND).[5] The ICNND is administered by a secretariat that operates through the National Institute of Arthritis and Metabolic Diseases, another of the National Institutes of Health, U. S. Public Health Service. On request from a host nation the ICNND provides nutrition teams which include specialists in nutrition, medicine, dentistry, biochemistry, food technology, agriculture, and other disciplines as determined by the needs and wishes of the host nation. The detailed procedures followed in the dental survey have been described elsewhere,[6] and some preliminary findings have been presented.[7] In brief, examinations are made in good natural light with mirror and explorer, in accordance with criteria designed to give good comparability of results between examiners and between studies.

Our surveys in South America include studies of military and civilian populations in Ecuador,[8] Chile,[9] and Colombia,[10] and of military personnel alone in Peru.[11] A total of 10,745 persons, ranging in age from 5 to over 80 years, was examined in the four national areas. In each instance an attempt was made to study representative groups from all areas in the nation. Numbers examined are shown in Table 1.

TABLE 1

NUMBER OF PERSONS GIVEN DENTAL EXAMINATIONS, ICNND SURVEYS IN THE AMERICAS

| *Ages* | *Peru (1959)* MILITARY | *Ecuador (1959)* MILITARY | CIVILIAN | *Colombia (1960)* MILITARY | CIVILIAN | *Chile (1960)* MILITARY | CIVILIAN |
|---|---|---|---|---|---|---|---|
| All ages | 1539 | 2028 | 2752 | 1184 | 1365 | 904 | 973 |
| 5-9 | | | 829 | | 342 | | 163 |
| 10-14 | | | 715 | | 524 | | 189 |
| 15-19 | 458 | 275 | 273 | 627 | 125 | 261 | 90 |
| 20-24 | 942 | 875 | 127 | 468 | 52 | 200 | 57 |
| 25-29 | 139 | 349 | 140 | 70 | 64 | 160 | 73 |
| 30-39 | | 381 | 248 | 19 | 172 | 188 | 158 |
| 40-49 | | 108 | 166 | | 62 | 87 | 124 |
| 50 and over | | 40 | 254 | | 24 | 8 | 119 |

## FINDINGS

### I. *Dental Caries*

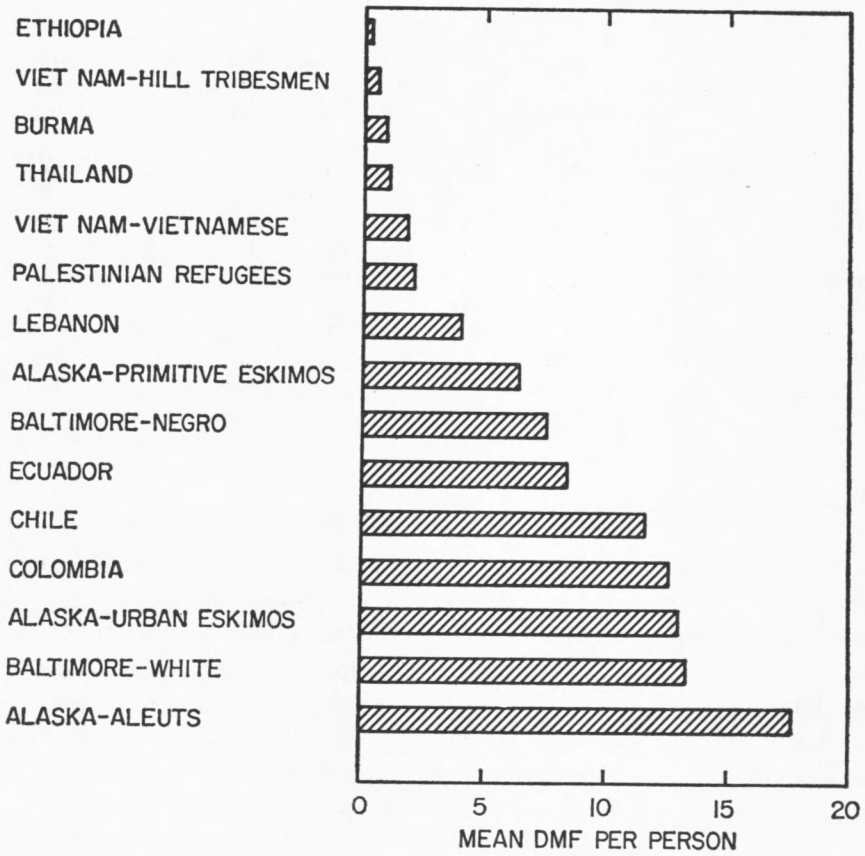
Dental caries is not a necessary condition for human life, a fact illustrated by the data pictured in Figure 1. Examiners from our own research unit were direct participants in each of these studies, and the same criteria were followed throughout. It is quite clear that dental caries prevalence is very low in Ethiopia and the Far East, intermediate in Lebanon (representing the Near East), and relatively high in the three countries representing South America. Caries prevalence in these countries is, in fact, essentially the same as in white groups examined in Baltimore, Maryland, in 1954.[12]

Mean numbers of decayed, missing, and filled (DMF) permanent teeth per person by age groups are shown, for military personnel, in Figure 2. Comparison data are also shown for males in Baltimore. The apparent advantage of military males may be no more than the result of the method of sample selection, since there is little difference in findings for the civil groups, as shown in Figure 3. It would seem that the basic problem of dental caries is essentially the same in both parts of the hemisphere.

But there were very considerable differences in the extent to which dental needs had been met in the several populations. Over all, the persons examined in Baltimore needed fillings in about 1.1 teeth per person, and had about 0.7 teeth per person in need of extraction.

FIGURE 1

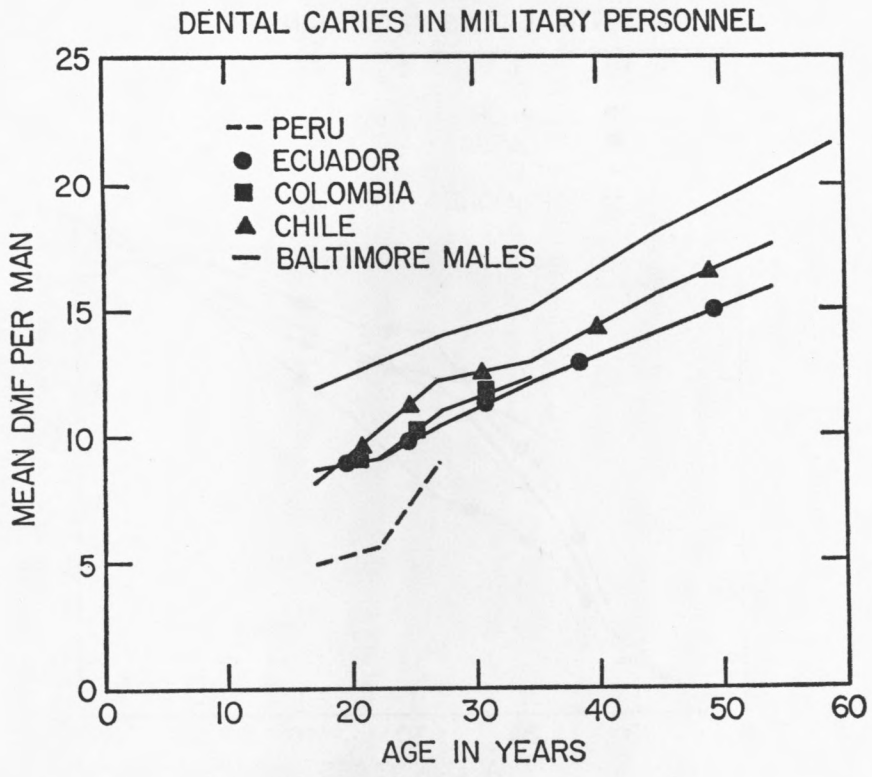
CIVILIAN GROUPS AGED 20-24 YEARS




Unmet needs are roughly twice as great in the Chilean Armed Forces according to the estimate of Barros and Witkop;[13] i.e. that the average man needs fillings in more than two teeth and has one additional tooth requiring extraction. This would seem to be a relatively favorable condition for the hemisphere. Criner has reported that school children aged 12-14 years in the district of Pinar del Rio needed an average of 1.7 fillings per child in first molars alone, and has indicated that this was the usual situation in Cuban school children.[14] Decayed but unfilled permanent teeth outnumbered teeth with fillings by ratios ranging from 5 to 1 to 122 to 1 in the British West Indies.[15]

So far as our experience goes, caries attack patterns in equatorial

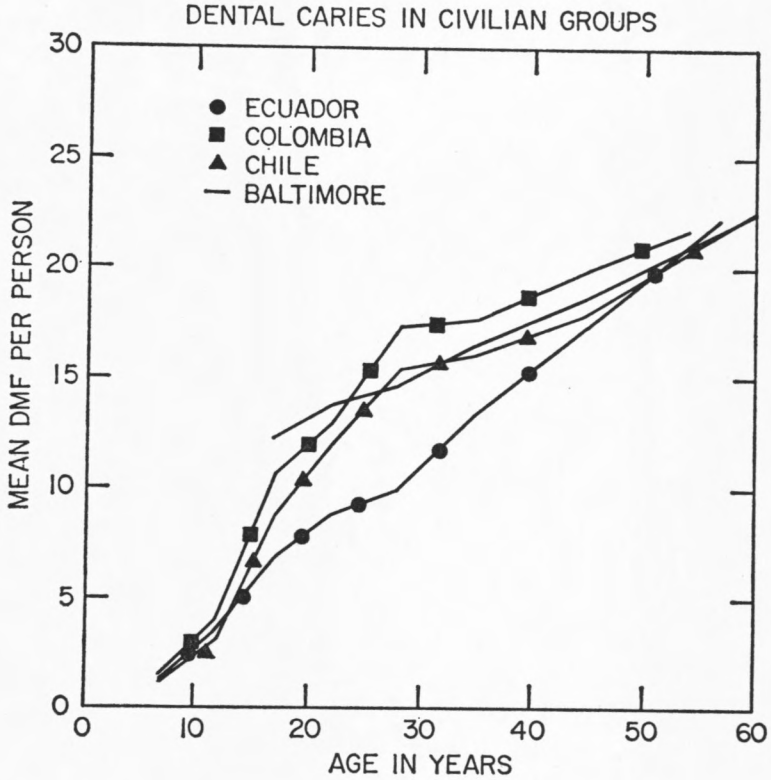
FIGURE 2




America are unique in one respect. Elsewhere the first lesions of caries almost always appear in the mandibular first molars, and posterior teeth generally are much more susceptible to attack than the incisors. Our teams in Colombia and Ecuador reported large numbers of maxillary incisors decayed or missing in individuals whose first molars and other posterior teeth were free of caries. This seems to be associated with a habit of sucking sugar in one or another form, held between the lips and the maxillary anterior teeth.

In the Americas as elsewhere there are broad parallels between caries prevalence and sugar consumption, as determined by ICNND dietary teams. Sugar consumption in the Far East ranged from 6 to 16 kg. per person per year, in the Near East from 13 to 19 kg., and in tropical South America from 23 to 44 kg., about the same as consumption in western Europe and North America. Thai families studied used an average of 0.2 grams of sugar per person per day; fam-

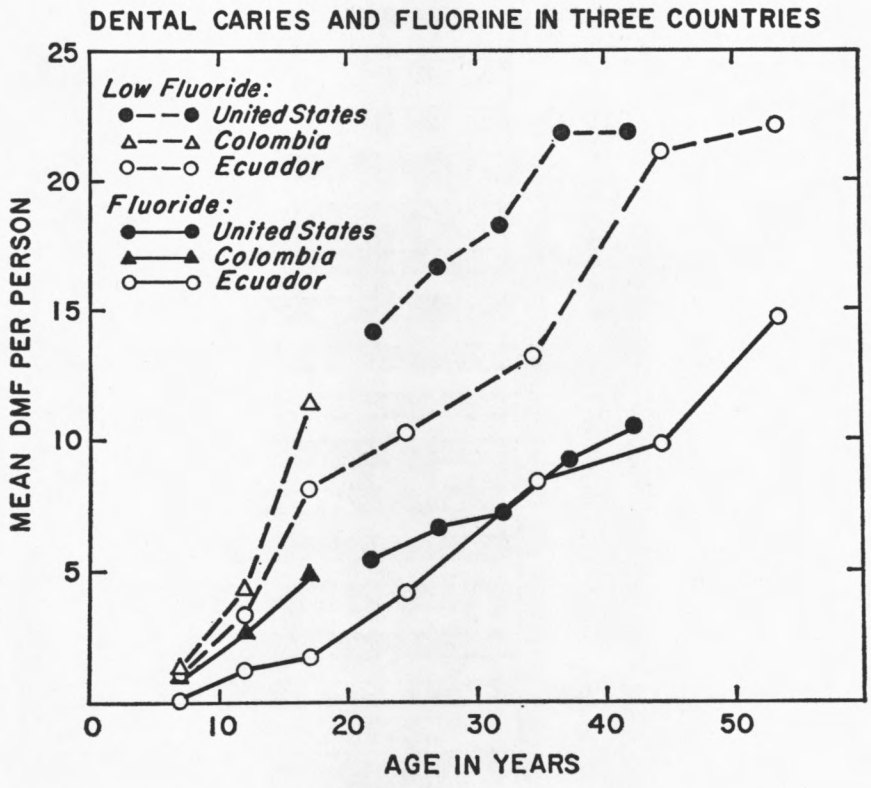
FIGURE 3




ilies in Lebanon, 26 grams; families in Chile, 50 grams; and families in Ecuador from 45 to 58 grams per day.[16] Sugar was used daily by fewer than half of the families studied in Ethiopia, and caries prevalence was significantly lower in the families with the lesser sugar consumption.[17] Within the Americas relatively low sugar consumption has been associated with very low caries levels in such isolated groups as Jivaro Indians in Ecuador.[8] So far as nutrition *per se* is concerned our findings in the Americas and elsewhere support the conclusions of Hurtarte and Scrimshaw, who found that malnourished children in Guatemala had no more dental caries than individuals who were adequately fed.[18]

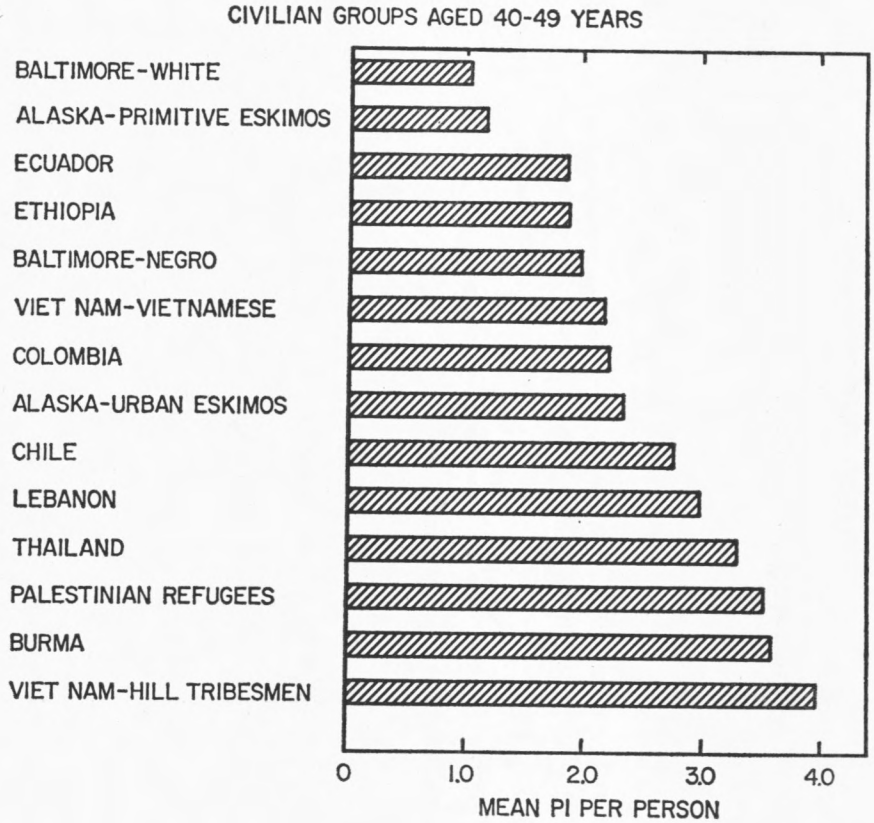
These figures for national caries prevalence represent great oversimplifications; there were considerable differences in prevalence

FIGURE 4




from place to place in each of the countries. Many of the differences are unexplained. The only consistent association was with fluoride ingestion. Wherever it was possible to make the determination, caries prevalence was found to be sharply lower in groups with adequate fluoride intake than in groups which were fluoride-deficient. Typical findings are those from Colombia[10] and Ecuador,[8] shown in Figure 4 in comparison with similar data from Colorado.[19] Optimum caries inhibition, with traces of dental fluorosis, was sometimes seen in areas where the current domestic water contained as little as 0.6 or 0.7 parts per million of the fluoride ion, considerably below the level of 1.0 ppm F recommended for fluoridation of water in the United States. On the basis of their observations in Chile, Witkop, Barros, and Hamilton have speculated that this may be due to the relatively rare

FIGURE 5

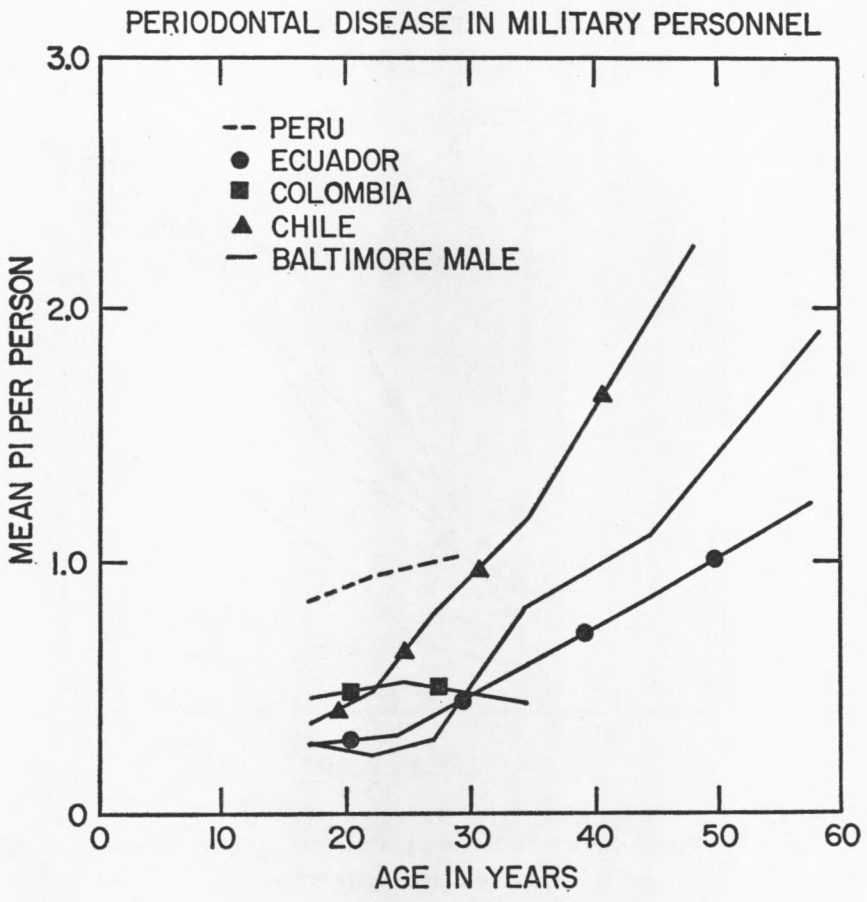



use of whole fluid milk by Chileans, so that a greater fraction of bodily demand for fluid is supplied by household water,[20] with the consequent ingestion of greater amounts of fluoride from this source.[21] In the light of these findings it might be prudent to determine the exact fluoride intake of individuals or populations before supplemental fluorides are provided on an individual or a mass basis.

## II. *Periodontal Disease*

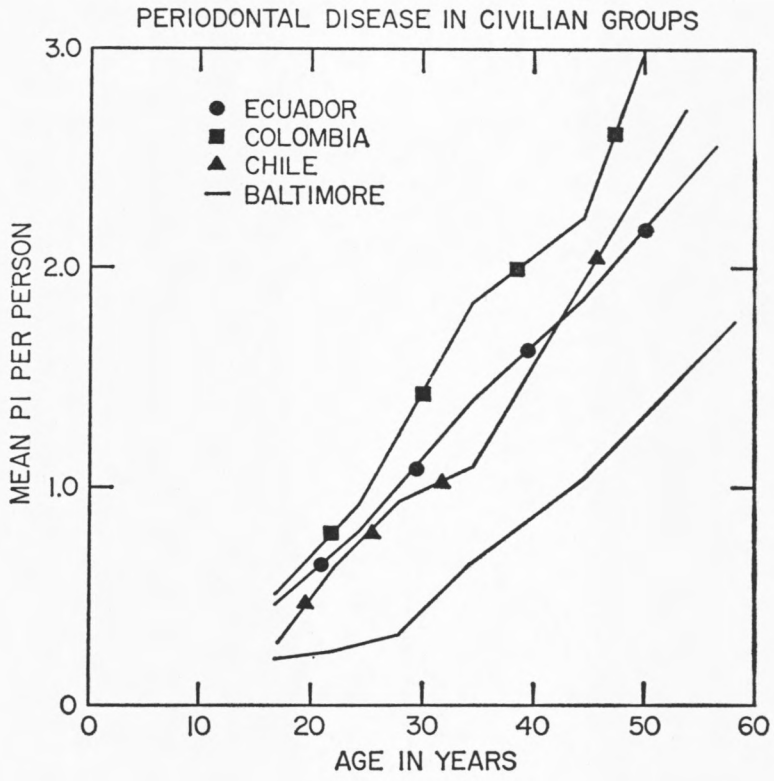
The relative prevalence of periodontal disease in a series of populations aged 40 through 49 years is shown in Figure 5. People in these populations have been rated upon the Periodontal Index (PI) scale, which runs from zero through 8.0.[22] Expressed in clinical terms, the typical Ecuadoran in this age range exhibited an extensive gingivitis

FIGURE 6




with some pocket formation; essentially the same condition with more extensive pocket formation was the rule in Colombia; and the typical Chilean was approaching the terminal stage of disease. All three had scores significantly higher by statistical or by clinical standards than white persons of the same age in Baltimore, and groups from Colombia and Chile showed considerably more disease than Baltimore Negroes. Specific PI scores for the military populations surveyed are shown in Figure 6, and scores for the civil populations studied are shown in Figure 7. Military personnel were uniformly in better periodontal health than civilian populations. Disease was more prevalent in all of the South American civilian populations than in corresponding groups of white people in Baltimore.[12]

FIGURE 7




The differences between military and civil populations, in these and other studies, is explained adequately by the cleaner mouths uniformly observed in men of the several armed forces. Independent analyses of data gathered by myself in South Vietnam and Lebanon,[23] by Waerhaug in Malaya,[24] and by Greene and Leatherwood in Ecuador and with American Indians in Montana[25] agree that periodontal disease as estimated by PI is determined, overwhelmingly, by age and the presence or amount of debris, plaque, and calculus. After the effect of these factors has been determined and accounted for, very little residual variation is left to be explained by nutrition or any other factor.

Before firm conclusions can be reached in such a situation as this one, however, these other factors must be studied in very large numbers of people. Hence findings in our present state of analysis are

tentative. Nonetheless periodontal scores remain significantly higher in Vietnamese low in carotene and niacin after the simultaneous effects of age, debris, and calculus are accounted for, and the same is true in Lebanese with low hematocrit values. The lower hematocrit values were associated with the higher gingival recession scores.[22] In both the Vietnamese and Lebanese populations, again with the effects of age, debris, and calculus held constant. These patterns are consistent with a general hypothesis that the presence or absence of active periodontal disease is a function principally of calculus; but that the severity of the disease process and the extent of consequent tissue destruction depend in part upon the nutritive status and age of the individual patient. There is excellent evidence in support of the first part of this proposition. More study is required before the second part can be accepted as established on an epidemiological basis.

## Summary

The basic general problem can be reduced to simple terms: dental caries is quite as prevalent in this young and growing population as it is in people of the United States. The need thus created is not being met, and cannot be met fully by treatment, because there are too few dentists in most areas. When and if dental caries is brought under a measure of control our experiences in the United States is apt to be repeated—that periodontal disease must be managed as well as dental caries if the typical adult is to retain a functional natural dentition through his middle and later years.

This is a dynamic situation and the outcome is far from hopeless. Each new water supply can be fluoridated; in fact, at least 43 of the 191 community supplies treated by sand filtration are fluoridated today.[2] There is reason to hope that periodontal disease will be lessened as standards of nutrition rise. Beyond such things as these there is both hope and promise in the intelligent and vigorous programs of training, of health education, of the application of known preventive measures and the development of new ones current in the Americas. Some of us may be privileged to help in these efforts. All of us will benefit from the results.

## References

1. Ambassador World Atlas. Hammond & Co., Maplewood, N. J. (c) 1957.
2. Pan American Health Organization, World Health Organization. Health

in relation to social improvement and economic development in the Americas. Facts on health problems. (Miscellaneous Publications No. 63.) Washington, July 1961. 54 p.

3. Bureau of the Census, United States Department of Commerce. Historical statistics of the United States, 1789-1945. Washington, U. S. Government Printing Office, 1949. viii + 363 p.

4. Anon. Trends in dental education. W.H.O. Chronicle 15:338-43, Sept. 1961.

5. Berry, F. B., and Schaefer, A. E. Program of the Interdepartmental Committee on Nutrition for National Defense. J.A.M.A. 166:775-7, Feb. 1958.

6. Russell, A. L., et al. Dental surveys in relation to nutrition. Pub. Health Rep. 75:717-23, Aug. 1960.

7. Russell, A. L. Periodontal disease in well- and malnourished populations; a preliminary report. Arch. Environmental Health 5:153-7, Aug. 1962.

8. Interdepartmental Committee on Nutrition for National Defense. Ecuador nutrition survey. Washington, U. S. Government Printing Office, July 1960. x + 230 p.

9. ————. Chile nutrition survey. Washington, U. S. Government Printing Office, Aug. 1961. xiv + 357 p.

10. ————. Colombia nutrition survey. Washington, U. S. Government Printing Office, Dec. 1961. x + 263 p.

11. ————. Peru: nutrition survey of the armed forces. Washington, U. S. Government Printing Office, Dec. 1959. x + 181 p.

12. Commission on Chronic Illness. Prevalence of dental conditions. (Chapter 5 in: Chronic Illness in the United States. Vol. IV. Chronic illness in a large city.) Harvard University Press. Cambridge, 1957. xix + 620 p.

13. Barros F., Luis, y Witkop, C. J. Estudio oral y genetico de la poblacion Chilena 1960. Necesidades de tratamiento dental en las fuerzas armadas. (Preparado para publicacion en Revista Dental de Chile.)

14. Criner G., C. A. Incidencias de caries dentarias, indice de afectacion del primer molar permanente y practica de la higiene bucal en los escolaras del distrito de Pinar del Rio. Haban, Ministerio de Educacion. n. d. (1944). 15 p.

15. Interdepartmental Committee on Nutrition for National Defense. The West Indies Nutrition Survey. Washington, U. S. Government Printing Office, June 1962. xiv + 187 p.

16. Hand, D. B., Schaefer, A. E., and Wilson, Christine S. A comparative study of food consumption patterns in Latin America, Middle Eastern and Far Eastern countries. Paper presented before the symposium on patterns of food consumption at the First International Congress of Food Science and Technology, London, Sept. 18-21, 1962.

17. Littleton, N. W. Dental findings from a survey in Ethiopia. I. Dental caries. (Prepared for submission to Public Health Reports.)

18. Hurtarte E., Augusto, and Scrimshaw, N. W. Dental findings in a nutritional study of school children in five Guatemalan highland villages. J. Dent. Res. 34:390-6, June 1955.

19. Russell, A. L., and Elvove, Elias. Domestic water and dental caries. VII. A study of the fluoride-dental caries relationship in an adult population. Pub. Health Rep. 66:1389-401, Oct. 26, 1951.

20. Witkop, C. J., Jr., Barros, Luis, and Hamilton, Peggy A. Oral and genetic

*(References continued on page 96)*

# World Horizons in Health

LUTHER L. TERRY, M.D., D.Sc.

I am pleased and honored to be with you. Whenever the leadership of one of our essential health professions is gathered together, it is an important occasion. It is a special privilege to be present when you honor new Fellows by inducting them into the College, an organization dedicated to the highest professional purposes and ideals. And when, as in this case, you are joined by leaders from many other nations, the Convocation takes on still greater significance.

For I am convinced that international meetings dedicated to the great common purposes of mankind are the strongest possible foundations of friendship. In learning from each other, we learn about each other. I have never failed to take home from an international conference, not only new ideas but also new faith and determination.

Every speaker should have a theme, and mine can be stated in three words: *health is indivisible.*

I should like to discuss this theme with you in two contexts—the geographical sense, which compels us to think of health in terms of a worldwide community of man; and the physical sense, which requires us to consider the health of the individual person as a whole.

Both geographically and physically, we have established boundary lines—those that separate the various nations and the health professions and specialties. The corollary to my theme is that both of these sets of boundaries can be helpful or obstructive, depending on how we use them.

Let us consider first the physical context—that health of the individual is indivisible, a function of the whole person. The word "health" itself derives from an Anglo-Saxon word for "wholeness," and whenever we seek to define health—as, for example, in the Charter of the World Health Organization—we quite correctly think in terms of positive well-being rather than the mere absence of disease.

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Presented at the Miami Beach Convocation, October 28, 1962.

Dr. Terry is Surgeon General, Public Health Service, U. S. Department of Health, Education, and Welfare.

But putting these generalizations to work is more difficult. The forward thrust of medical knowledge in recent decades has forced us farther and farther toward specialization. I know that you in the dental profession are facing this problem also, although probably not to the degree attained by the medical profession. Thus, while we pay more lip-service to care of the whole person, fewer of us are in a position to render such care.

I am not suggesting that we should reverse the swing toward specialization, or return to the era of the horse-and-buggy doctor. We couldn't do it even if we wanted to, and I am sure that the lives saved and restored by specialization far outweigh the disadvantages. But I do suggest that we need to take a hard and creative look at current patterns of medical—and I would venture to say dental—practice.

We need to face the fact, for instance, that the classical dividing lines between your profession and mine, and between both our disciplines and those of our other professional allies, are blurring and disappearing. The interlock between physical health and mental health has long been recognized—to such an extent that many physicians consider more than half their practice to be essentially psychosomatic.

What about the interlock between medicine and dentistry? It seems to me that we have more to offer each other than ever before, and that by working closely together we can offer much more to people who need our services.

Just 50 years ago Charles Mayo delivered to a meeting of dentists a paper entitled "The Oral Cavity as a Portal of Infection." In it Dr. Mayo belabored the dentists for their insular attitude—for their failure to contribute to control of non-dental diseases. In the intervening half century, the dental profession has done much to erase this accusation.

The interrelationship of medicine and dentistry which preoccupied Dr. Mayo 50 years ago has taken on many new implications in these decades of rapid scientific advance. Today the dentist can contribute more than ever before to the total health protection of his patients, and tomorrow the opportunities will be greater still.

We know far more than we knew before about—to borrow Dr. Mayo's title—"The Oral Cavity as a Portal of Infection." We also know that the oral cavity can give indications of general systemic conditions. We know that the dentist can be, and often is, the senti-

nel who first observes developing cancers and opens the door to early and successful treatment.

Further, we are coming to a fuller appreciation of the relationship between dental health and mental and social adjustment. In many thousands of cases, rehabilitation of the mouth rehabilitates the person. The child or adult with oral malformations faces a major obstacle to psychological and social well-being. The work you do can reorient him to a productive and happy life.

Other challenging new horizons are emerging in dental research. The Public Health Service's National Institute of Dental Research, now housed in a new and fully equipped building, is pioneering in a number of new directions.

Over the past few years, scientists at the Dental Institute and their colleagues elsewhere have shown that dental decay may well be a specific and transmissible disease of bacterial origin. They have demonstrated that for dental decay to occur in laboratory animals, a tooth must first be predisposed or susceptible to attack; second, there must be present a specific type of oral bacteria; and third, there must be certain nutritional requirements for the bacteria.

Last March, at the International Association for Dental Research meeting at St. Louis, Dental Institute scientists reported their attempts to immunize animals against tooth decay—attempts which, though unsuccessful in the present instance, point the way to significant future developments.

It would, of course, be premature to make the long extrapolation from animal experiments to human beings. But the demonstrated ability to induce caries in caries-free animals by inoculation with a specific strain of bacteria gives high promise of preventive measures in the years ahead.

Thus dentistry, in common with its fellow health professions, looks to a stimulating future. As a profession you are capable of delivering more than ever before; therefore, inevitably, you will be asked to deliver more. You will be called upon to serve more people, in more different ways, extending across the entire spectrum of the health sciences from mental health to radiological protection.

I scarcely need to add that these new challenges are superimposed on your normal responsibilities for service—responsibilities which keep growing every year as the population grows and as a higher proportion of the people recognize the need for better health care. And

still they are challenges which American dentistry must meet successfully; the health of the American people depends upon that. The need for every dentist to realize the highest levels of his own professional competency is, therefore, crucial. In spite of the technical virtuosity he has achieved, however, today's dentist continues to work under an unnecessary handicap—he has not learned to delegate subprofessional tasks to others. He still spends too much of his too-valuable time on routine duties—duties which could be performed just as satisfactorily by well-trained auxiliary personnel who work under his supervision. Simply through a greater emphasis upon the team approach to practice, the dentist will be enabled to exercise his skills where they are most required—in professional consultation and guidance, in diagnosis, in complicated therapy.

I know that this is true. I know because we in medicine have also had to learn how to delegate to others many of the services we once performed ourselves. We are better physicians for having learned it. Because we are now supported by the combined skills of a highly effective medical team, our patients are better served. So it will be in dentistry, even in a time of a threatened dentist shortage, as the utilization of dental hygienists, laboratory technicians, and dental assistants is expanded.

Our resources for health care have always been limited. I suspect they always will be. Despite our best efforts, our supply of physicians, dentists and other health professionals will never approach the ideal level. But I am convinced that we can make our efforts pay the highest possible dividends of service, making full use of our individual talents, by working together, by reinforcing each other's work.

Let us turn now to the world-wide horizons of health. Meeting the challenge of service to people in every nation will place a still heavier burden upon our overloaded professions. Yet I know you share with me the conviction that it must be done.

For a group such as this, it would be gratuitous for me to dwell at any length on the benefits received by any nation in return for its involvement in international health activities. Your presence here indicates that you are fully aware of these benefits. Nevertheless it may be useful to reexamine our motivations briefly.

The most obvious of our motivations is self-preservation. In the jet age, it is impossible to maintain an island of health in a sea of disease. This past August, we in the United States received two more sharp reminders of this truth within a few days of each other. In the

first case, a teen-age boy travelling with his missionary parents from the interior of Brazil passed through New York City on his way to Canada with a rapidly developing case of smallpox. Its subsequent diagnosis in Toronto touched off a major effort to vaccinate all those with whom he might have come in contact. A few days later another group of passengers arrived in the United States after a trip from India to Great Britain aboard a vessel on which a case of smallpox had developed.

Happily, no secondary cases appeared in either instance. But the point is clear. Planes land every day in 50 cities in the United States from 100 foreign lands. Every major city in the hemisphere is a potential victim of epidemics. Vigilance is, and always will be, essential. But the only way to strike at the root of the problem is to help eliminate the diseases at the source.

I know that all of you are aware also of the second compelling reason for international collaboration in health—the forward thrust of knowledge that results through mutual research. The honor roll of medical discovery in the past represents a roll-call of the nations. In the present there are many vital questions still unanswered whose solutions can best be reached by international effort.

We, in the United States, have much to learn from others. We know, for example, that incidence of heart disease in our country is strikingly higher than in certain other highly developed nations, notably Japan. We have even noted that Hawaiians of pure Japanese descent are much more likely to suffer from certain kinds of heart disease than Japanese who have remained in Japan. We do not know why. The answer may well be of tremendous importance, and it can only be found by intensive international study. Similar anomalies exist in the distribution of other chronic diseases, including several forms of cancer.

I am pleased to note that dental research also has been moving swiftly in the direction of international investigations. The ICNND studies reported to you this morning will shed additional light on dental disease by examining the total environment in which diverse populations live. The collaborative research effort leading to the use of germ-free animals for research, in which dental scientists have played such a significant part, is an outstanding example of international creativity. And it is with pardonable pride that we observe the implementation of water fluoridation around the world; a concept which originally was developed by U. S. dental scientists.

But our third reason for involvement in international health activities is even more fundamental than self-preservation and the benefits of increased knowledge. Service to the health of people in every part of the world—and especially in the developing nations—is indispensable to economic progress.

Health and economics are inseparable. To a great extent each is a function of the other. Planning for advancement in either economics or health must include the other factor. Economists neglect health at their peril, and health planners will do well to consider the economic as well as the biological facts of life.

It may appear that I am laying unnecessary stress on the obvious. And yet there is abundant evidence that these basic precepts have been overlooked in the past by economists and physicians alike. Gunnar Myrdal, the famous Swedish economist and social scientist, confessed to this sin of omission for his entire profession in a brilliant paper presented to the World Health Organization a few years ago. Myrdal notes that economics has always had a strong materialistic bias, thinking in terms of material rather than human capital. Then he writes:

> The quantitative relations themselves in this field are so much more difficult to pin down and ascertain . . . than, say, market prices, rates of interest, wages, capital values, capital depreciation. . . . There is no easily determinable money value of a healthy human being as there is of a house or a machine.

There's the real rub. On an assembly line in a large factory, it is possible to arrive at a fairly accurate estimate of the cost of absenteeism during an influenza epidemic. But what economic yardstick do you apply to a farmer who spends every day in his rice paddy but whose strength is cut in half by disease? What profit-and-loss statement can be devised for his six sons, all of whom live long enough to consume rice and only two of whom survive long enough to help their father produce it? What price the beggars in the bazaars of Cairo, Karachi, and Calcutta who beg because they are blind, and whose blindness could have been prevented?

The simple fact is that disease and poverty are constant companions. People are poor because they are sick, and sick because they are poor. As they become poorer, they get sicker—which leads in turn to still greater poverty. Trying to determine which came first is an academic exercise, like the riddle of the chicken and the egg. The

point is that they exist together, mutually reinforcing one another, and must be attacked together.

The United States in recent years has made a strong effort, on many fronts, to carry on this dual attack. We have, as you know, been working very closely with the World Health Organization and with the other specialized agencies of the United Nations. All of us have the highest of hopes for our most recent multilateral venture, the Alliance for Progress, which has special significance and special promise for the group assembled here today.

Health has also occupied a key position in our bilateral aid programs now administered by the Agency for International Development. Among many health projects conducted through these bilateral programs have been smallpox vaccination campaigns in Bolivia and elsewhere; establishment of a food-handling program in Chile; provisions of water supplies in Costa Rica, and the development of soy bean milk stations in Brazil.

In the field of international research, the United States has been instrumental in encouraging research support through W.H.O. The Public Health Service, through the National Institutes of Health, is rapidly expanding its international research program—through establishment of cooperative arrangements between American and foreign universities and medical centers and, more recently, by opening offices in Paris, Rio de Janeiro, and Tokyo, to encourage greater international participation in our research grants program. The strengthening of dental research is inherent in this effort.

And above and beyond this governmental activity, we have the efforts of many private organizations and professional societies, such as this College. A few years ago, major international conferences on health subjects were unusual. Now such conferences occur nearly every week. Their very frequency emphasizes their significance. I firmly believe that these interchanges of knowledge, and the interchange of mutual confidence which always accompanies them, are the most powerful single force impelling us toward a healthier world.

The levels of expectations of peoples everywhere are rising. We in the American health professions feel that pressure upon us, in our own country and around the world. We must respond to it, for this soaring aspiration is the hope of the future. We *will* respond to it, for the intellectual, economic, and scientific resources which have placed American physicians and dentists in the forefront of their

profession have also placed upon them a responsibility for world leadership—which can neither be evaded or denied.

The dentists of the Public Health Service share that responsibility. On their behalf I pledge that the full force of our resources in research and prevention, in training and organization, will be spent in this struggle for a healthier world. We will share not only what we know, but our opportunities for learning more with fellow health scientists from other nations. We will learn; we will teach; we will work together with you all.

Even so, it is the leadership, not of one segment but of the whole of the American dental profession, that must finally determine how knowledge gained can best be used for the betterment of mankind—that must create professional and ethical climate in which the full and productive use of knowledge can flourish. The leadership that, in essence, will chart the course of international dentistry is something which only an organization such as this American College of Dentists can provide.

Election to this College is in itself a recognition of the qualities of leadership that are required. It is also a sign that, severally and together, you assume the burden of responsibility which the future will impose.

I salute the American College of Dentists and, through it, the dental leaders of many lands. I join with you, who are that College, in looking toward the day when people in every part of our hemisphere—in every part of the world—can receive the kind of health care they need, where and when they need it.

# The Excellence of Our Pursuit

PHILIP E. BLACKERBY, JR., D.D.S., M.S.P.H.

Seventeen years ago, when I was invited to become a Fellow of the College, things looked much different to me than they do tonight. The differences are both real and relative. Things *have* changed, of course—but a part of the difference reflects the changes that have occurred in me: in my viewpoint, in my vantage point, and in my evolving sense of values. In 1945 dentistry, like the College, had a certain meaning to me; tonight, even if dentistry or the College had not changed at all, they would look very different to me because of the modifications over the years in my own mental processes. But dentistry *has* changed—to a remarkable degree, and these alterations, as I endeavor to interpret them, may be colored or distorted by my personal experience and its influence upon my judgment and my powers of discernment. Be that as it may, the image I perceive of dentistry today is one of social significance, of technical complexity, and of enlarged scope that defies comparison with the mental picture I held less than two decades ago.

The change that has taken place in dentistry is characteristic of our time. Change is the law of life, but the rate of change has shown a fantastic acceleration since World War II. The great historian Toynbee reminds us that, "Change cannot be brought to a halt. To try to halt change is to court an explosion. The constructive way of dealing with the inevitability of change is to make changes voluntarily before they impose themselves. The earlier we take action, the wider will be our range of choice."[1]

The scientific and technological revolution of today will continue to have its dramatic effects on dentistry, as well as on every other segment of our society: effects that are social, economic, and political—both direct and indirect—as well as technical. As members of a great profession, we must be prepared not only to adjust to continuing change, but to demonstrate vision and statesmanship in bringing about the kinds of change in dentistry that will be in the best interests of both the public and the profession. And as citizens

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Inaugural address as President, American College of Dentists, October 28, 1962, Miami Beach.

of a great nation, we must contribute our total talents to what Toynbee calls the "revolution in mass expectations" and which he suggests may cause our era to be remembered not for nuclear energy or space rockets but "as having been the first age since the dawn of history . . . in which people dared to think it practicable to make the benefits of civilization available for the whole human race."[1]

Therein lies a tremendous challenge to dentistry—to supply the leadership, the manpower, and the skill needed to bring the benefits of modern dental health care to people everywhere. As a young profession, which has yet to prove its entitlement to universal public acceptance and respect, we can be satisfied with nothing less than our utmost effort to serve all who need our services. If optimum dental health is desirable for the educated and the well-to-do, then it is a realistic goal for those who are less fortunate, as well. If dental care is procured annually by only 40 per cent of our United States population, it is not surprising that much smaller proportions of the people in many other countries are enjoying the benefits of such care. No nation can boast of its high standards of health care when but a fraction of its dental health needs are being met.

That which challenges dentistry is a clear challenge to this College as well. Our responsibility, in fact, is greater than that of the main body of the profession because of the very nature of the College and its membership structure. Leadership is the principal criterion of eligibility for Fellowship in the College—so we must expect far-above-average performance on the part of the College in dentistry's efforts to meet the challenges and problems that confront the profession now and in the future. Our contribution must be one of dynamic leadership—a pooling and purposeful focusing of all the resources of the College in well-guided activities devoted to the advancement of dentistry and the dental health of the public. While there may be a natural tendency for each of us, after election to the College, to relax our efforts and bask in the reflected glory of the great honor that has come to us, this is a luxury that is hardly consistent with the purposes and ideals of the College. Certainly we can never afford to indulge in the hollow mouthings and chest-thumpings of a mutual admiration society.

Whenever we tend to feel content and self-satisfied, let us remind ourselves that a man all wrapped up in himself makes a mightly small

package. We must do more than *talk* a good game or reminisce about former days of stardom—we must continue to *play* the best game of which we are capable. Our committees should never be content with the shuffling of papers and the production of pious-sounding annual reports. Our Sections responsibilities cannot be satisfied with only a yearly dinner meeting that serves largely to tickle their members egos and set them apart from the rank and file of their professional colleagues. Every member of the College has made an important contribution to dentistry and, in accepting the honor of Fellowship, he has committed himself to continue the leadership role he has demonstrated his ability to fulfill. For "to rest on achievement is a denial of creativity and an invitation to stagnation."[2]

Unlimited opportunities exist for the College, and for each of us as Fellows, to continue and enlarge our contributions to the advancement of both dentistry and the public welfare. But as we seek, through legislation or other means, benefits and special privileges for our profession, we must be ever mindful of the fact that dentistry's major purpose is to serve society, and not vice versa. With the quickening pace of social evolution and changing political philosophy, the greatest challenge facing dentistry, and one for which the College can and must assume its share of responsibility, is to provide the professional leadership needed to assure for the public a continuation of dental health services of the highest possible quality, irrespective of the ultimate manner of their organization, financing, and distribution.

And to this end nothing is more important than the creation and maintenance of the proper social image of dentistry—establishment in the public mind of a clear understanding of the character and scope of modern dental health service, a recognition of the basic essentiality of quality in such service, and a full appreciation of the importance of dental health to human welfare. Despite recent gains in dentistry's stature in the public eye, it would be wishful thinking to claim that the typical layman today has more than a grossly inadequate conception of dentistry's true significance to society. In fact, even a good many dentists may be unaware of the extent to which dentistry's horizon has widened in recent years. With support of dental research having increased more than 4,000 per cent in the past 15 years, dentistry is rapidly acquiring new dimensions relating to such things as genetics, biochemistry, crystallography, psychology, pharma-

cology, speech, preventive and rehabilitative services, high- and ultra-speed equipment, and work simplification.

It is my earnest hope that, during the coming year and beyond, much of the College's resources and activities will be directed toward this formidable and challenging task of projecting in the best light, with the clearest focus, and on a very wide screen, the image of dentistry as it should be seen by the public and the profession alike. For, as Emerson said, "we must not forget that it is the eye which makes the horizon."

To this end there await many appealing opportunities for the committees, Sections, and for the Officers and Regents, as well as for the individual Fellows of the College. We must help our profession to find ways of achieving proper perspectives and methods for the future utilization of auxiliary personnel, for the continuing education of all dental practitioners, for the wider distribution and financing of dental care, for the expansion of preventive and public health services, for sharing our technical knowledge and skill as well as our friendship with our professional colleagues throughout the world, and for creating the kind of favorable public attitude that will attract people to dentistry, both as knowledgeable patients seeking optimum dental health and as able young people in search of a challenging career.

On the international side, the pre-eminence of American dentistry is frequently proclaimed, and with this reputation we are obliged to cultivate and futher improve those professional qualities and technical achievements which have earned for us the respect of our counterparts in other lands. As the world grows constantly smaller, and as international barriers continue to dissolve, the College must expect to assume increasing responsibility for international leadership in the advancement of dentistry everywhere. And on the home front, Fellows of the College can further strengthen the public image of dentistry by devoting themselves to such tasks as the fight for fluoridation, the establishment of more adequate state and local dental public health programs, the further development of continuing education programs, the strengthening of our state and local dental societies, improved support of our dental schools and the Fund for Dental Education, finding better methods of payment for dental care, and to innumerable other challenges that require the kinds of abilities that are vested in the membership of this College. And to these ends

it matters not whether a Fellow's talents be channeled through the College, or through his state dental society, through a dental school, or through a local civic organization, for example—the ideals of the College and the public image of dentistry will still be advanced by his exercise of professional leadership.

Ultimately, I am sure, these efforts will lead to a full public awareness of dentistry's stature as the great profession it is, and of dental health's intimate relationship to general health and well-being. I would hope that eventually there may be achieved a depth of public appreciation and respect for dentistry comparable to that so dramatically illustrated in Gilbert Smith's description of the mouth and its significance:

"Throughout life, from suckling infancy to the last moments of being, the mouth is a center of vital activity. It is the portal to the body for much that supports life; a focal point of emotion, love and expression; a principal organ of communication; an important mirror of the character and a dominant factor in the beauty of the individual. Probably no portion of the physical body is more closely associated with and felt to be nearer the center of the inner being. Certainly the mouth cannot be divorced from the rest of the human body whose welfare is so dependent upon it."

Great, indeed, are the challenges that face us, as citizens, as professional men, and as Fellows of this College. And so I conclude with both a note of optimism and a word of caution—a pun and a paraphrase from the well-known *Rockefeller Report on Education.* I have full confidence that our profession's "Pursuit of Excellence" will be sustained all the way and will be assured of final fulfillment because of the "Excellence of Our Pursuit." But we must remember always that "the greatness of a [profession] may be manifested in many ways—in its purposes, its courage, its moral responsibility, its cultural and scientific eminence, in the tenor of its daily work. But ultimately the source of its greatness is in the individuals who constitute the living substance of the [profession]."[2]

## References

1. Taylor, M. G. The political economy of health care. J. Canad. D. Assn. 28:558-63, Sept. 1962.

2. The Pursuit of Excellence: Education and the Future of America. Special Studies Report V, Rockefeller Bros. Fund. New York: Doubleday & Co., 1958.

# THE 1962 CONVOCATION

## SUNDAY, OCTOBER 28, 1962
## FONTAINEBLEAU HOTEL, MIAMI BEACH

Forty-two years ago the College held its first Convocation and it was a most important occasion. There was a seriousness of great depth at this Session for it proposed to recognize those in the profession who had unselfishly devoted themselves to its problems and to the advancement of its ideals, standards and efficiency. The initiation of this concept of honor turned out to be more than just the recognition of meritorious services of an individual. It presented stated objectives which were visionary in concept, fundamental in design, idealistic in altruism and suggestive of creativeness for performance in the future.

The principles devised at that Session have never been abrogated but have been made more compelling through application and performance. In the interval of time since that day in August in 1920 the dental profession has constantly moved forward and its present status of professional maturity and stature is recognized and accepted by the public and by the other members of the health professions.

The College has had an important part in that development, for its Fellows are recognized as leaders in the field of health and are constantly on the alert, striving to render a responsible service in connection with the ever present and future professional problems. The record of our past achievements, as an organization and as individual Fellows, is replete with evidence of our sincerity of purpose. We must be certain that this high purpose is always maintained.

As individual Fellows you are expected to participate in all of the College activities and you cannot rest on laurels that have been previously earned. The College is a working organization and needs the support of each Fellow in order to continue its dedicated purpose of service. This past year our Fellows assumed greater responsibility in our programs through the activities of their Sections. This has increased the potentials of the College in its objectives. At this Convocation our objective is to further international friendship.

HENRY A. SWANSON
*President*

# THE MINUTES

## THE MORNING PROGRAM

President Henry A. Swanson presided. The invocation was pronounced by the Reverend Tucker Upshaw of the Miami Beach Community Church. In an Executive Session, the following reports were presented and received:

*Necrology*—Walter E. Dundon, chairman, Chicago. "The following Fellows have died since the last Convocation. We pay tribute to them today for the contributions they have made toward the advancement of the profession and their service to the public. A book, with an appropriate book plate, recognizing his Fellowship in the American College of Dentists has been placed in the library of each deceased Fellow's Alma Mater in his memory. These flowers are a further recognition of our friendship and devotion to these Fellows."

Archie A. Albert, Pawtucket, R. I., August 28, 1962
Charles T. Bassett, Auburndale, Fla., October 20, 1962
Herman Becks, Berkeley, Calif., July 13, 1962
Theodore Blum, New York City, July 24, 1962
William W. Booth, Pittsburgh, Pa., September 25, 1962
James W. Brown, Falls Church, Va., August 26, 1961
Douglas W. Browning, Baltimore, Md., October 17, 1961
George E. Burket, Kingman, Kan., September 25, 1962
George S. Callaway, Scarsdale, N. Y., January 26, 1962
Newton M. Campbell, Gary, Ind., May 31, 1962
Cristobal Caraballo, Tampa, Fla., May 8, 1962
Ernest A. Charbonnel, Providence, R. I., December 19, 1961
Fred R. Child, Blytheville, Ark., September 19, 1962
W. W. Curry, Holden, W. Va., May 17, 1962
Robert H. Davis, Clarksburg, W. Va., October 19, 1962
Oliver H. Devitt, Denver, Colo., January 28, 1962
Arthur V. Diedrich, Detroit, Mich., July 26, 1962
William E. Flesher, Oklahoma City, Okla., July 3, 1962
Sadi B. Fontaine, Tuolumne, Calif., September 21, 1962
James W. Ford, Chicago, Ill., May 9, 1962
John J. Gibbons, Boston, Mass., March 25, 1962
Roscoe A. Gougler, Pittsburgh, Pa., April 1, 1962
Robert O. Green, Minneapolis, Minn., September 24, 1961
Willis H. Grinnell, Pittsfield, Mass., April 1, 1962
Frederic S. Harold, New Haven, Conn., January 18, 1962
Guy L. Haman, Reading, Pa., September 18, 1962

These Minutes have been compiled and abbreviated by O. W. Brandhorst, Secretary.

Emory F. Hodges, Petersburg, Va., December 26, 1961
Henry F. Hoffman, Pueblo, Colo., April 21, 1962
Karl J. Humphreys, Pasadena, Calif., April 23, 1962
R. Fred Hunt, Rocky Mount, N. C., May 15, 1962
Clyde A. Jack, Ridgway, Pa., December 17, 1961
Laverne H. Jacob, Peoria, Ill., May 2, 1962
Albert Joachim (Honorary), Namur, Belgium, August 27, 1962
Brooks Juett, Lexington, Ky., September 29, 1962
E. Alan Lieban, New York, N. Y., February 13, 1962
Howard Y. Low, San Francisco, Calif., March 30, 1961
Harold G. McLaughlin, New York, N. Y., February 18, 1962
John A. McClung, Winston-Salem, N. C., October 16, 1961
Allan Pierce McDonald, Atlanta, Ga., June 3, 1962
Arnold D. A. Mason, Toronto, Canada, March 25, 1962
John D. Millikin, San Francisco, Calif., October 15, 1962
C. Albert Moss, Arcadia, Calif., March 19, 1962
John M. Morgan, Jr., Spartanburg, S. C., January 2, 1962
Cecil G. Muller, Omaha, Neb., August 4, 1962
Ernest W. Patton, Birmingham, Ala., January 11, 1962
Everett K. Patton, Atlanta, Ga., April 19, 1962
Daniel C. Peavy, San Antonio, Texas, March 5, 1962
Walter J. Pryor, Cleveland, Ohio, May 16, 1962
Fred H. Rogers, Cairo, Ga., October 17, 1962
Arthur W. Schultz, Los Angeles, Calif., May 2, 1962
Joseph J. Stahl, Garden City, N. Y., March 3, 1962
Carlos H. Schott, Cincinnati, Ohio, February 26, 1962
Albert H. Spicer, Jr., Westerly, R. I., August 21, 1962
Allison M. Stinson, Stewartstown, Pa., January 24, 1962
Roscoe H. Volland (Founder), Iowa City, Ia., January 6, 1962
Joseph Peter Wahl, New Orleans, La., July 12, 1962
William F. Walz, Lexington, Ky., September 27, 1962
Amos S. Wells, Minneapolis, Minn., November 9, 1961
Beverly K. Westfall, Indianapolis, Ind., February 14, 1962
Oliver W. White, Detroit, Mich., December 28, 1961
E. Ross Whitehead, Reno, Nev., October 5, 1962
Harold G. Worman, Veteran's Administration, November 8, 1961
Robert D. Wyckoff, U. S. Navy, October 9, 1962

The audience stood in silence for a few moments in memory of the deceased Fellows.

*Nominating*—Henry A. Merchant, chairman, Omaha. The committee recommended the following men for the several offices:

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| President-elect | Jack S. Rounds, Los Angeles, Calif. |
| Vice-President | Harry Lyons, Richmond, Va. |
| Treasurer | Fritz A. Pierson, Lincoln, Neb. |
| Regents | Frank P. Bowyer, Knoxville, Tenn. |
| | George S. Easton, Iowa City, Iowa |
| | (both Regents for four year terms) |

There being no nominations from the floor, on motion and vote, the men named by the Nominating Committee were elected by acclamation to the respective offices.

*President's Address*—President-elect Blackerby presided while President Henry A. Swanson read his presidential address.

After a brief recess, the program with the theme of "International Friendship" was presented. (All papers and addresses of the Convocation appear in this issue of the JOURNAL.)

## THE LUNCHEON

The luncheon was served in the La Ronde Room of the Fontainebleau Hotel. This interlude meeting was under the auspices of the Florida Section of the American College of Dentists; George J. Coleman, chairman, presided. The invocation was pronounced by Richard Chace, a Fellow, Orlando. Guests and dignitaries were introduced.

After the luncheon there was an address by Robert A. Hingson, M.D., Professor of Anesthesia, Western Reserve University Medical and Dental Schools, Cleveland. He spoke of "The Challenge of Latin America, Asia and Africa to Dentists and Physicians in Our Generation."

## THE AFTERNOON PROGRAM

The ceremony began with a procession of the candidates for Fellowship and their sponsors, the Officers and Regents, and the recipients of Honorary Degrees and Awards. Robert W. McNulty, Orator of the College, pronounced the invocation.

The Convocation speaker was Dr. Luther L. Terry, Surgeon General, Public Health Service, U. S. Department of Health, Education, and Welfare, Washington, D. C. His address: "World Horizons in Health."

## THE FELLOWSHIPS

Fellowships in the College were conferred upon the following:

Alvin D. Aisenberg, 131 W. Lafayette Ave., Baltimore, Md.
Willard F. Andes, 1102 Huntington Bldg., Miami, Fla.
James T. Andrews, Univ. of Tenn. College of Dent., 847 Monroe Ave., Memphis, Tenn.
Ralph C. Appleby, College of Dentistry, State Univ. of Iowa, Iowa City, Ia.
James Cameron Baker, Dorset Apartments, 1301 N. Harrison St., Wilmington, Del.

Charles A. Baribeau, Box 86, Grand Ledge, Mich.
John W. Barron, 255 King's Highway E., Haddonfield, N. J.
Joseph B. Barron, 1129 Beacon St., Brookline, Mass.
William T. Barto, Jr., 963 Farmington Ave., West Hartford, Conn.
Aldo A. Battiste, 530 Thatcher Bldg., Pueblo, Colo.
V. Lorne Beck, Foote Bldg., Hastings, Neb.
Ralph A. Behnke, 5726 W. National Ave., West Allis, Wisc.
Lionel U. Bergeron, 211 High St., Somersworth, N. H.
Joseph M. Binns, Sr., 416 12th St., Columbus, Ga.
James F. Blakemore, 500 First Federal Bldg., Fort Smith, Ark.
John V. Blasi, 525 Hammond St., Chestnut Hill, Mass.
Samuel Bogdonoff, 1801 Eye St., N.W., Washington, D. C.
Samuel I. Botkin, 43 Bronx River Road, Yonkers, N. Y.
Harold E. Boyer, 129 E. Broadway, Louisville, Ky.
Max L. Bramer, 3405 West North Ave., Chicago, Ill.
William R. Bray, 1020 Lowry Medical Arts Bldg., St. Paul, Minn.
Lyle A. Brecht, 812 Medical Arts Bldg., Minneapolis, Minn.
L. Benson Bristol, 2811 Park Ridge Drive, Ann Arbor, Mich.
B. Holly Broadbent, Jr., 11811 Shaker Blvd., Cleveland Heights, Ohio
Benjamin A. Brown, 5615 Atlantic Ave., Ventnor City, N. J.
LeRoy A. Burgess, P. O. Box 119, O'Neill, Neb.
Herbert N. D. Cahan, 44 S. Plaza Place, Atlantic City, N. J.
Andrew J. Cannistraci, 2152 Muliner Ave., New York, N. Y.
William A. Carrigan, 21 Herrick Court, Tiffin, Ohio
Lawrence Chaikin, 15 Bond St., Great Neck, N. Y.
Roberto Chartier, Apartado 1107, San Jose, Costa Rica
Wallace W. Cloyd, Box 684, Livingston, Mont.
William E. Cody, 1325 East 16th Ave., Denver, Colo.
Thomas G. Collins, 800 St. Mary's St., Raleigh, N. C.
Dennis S. Cook, Lenoir, N. C.
Charles R. Crews, 746 Martin Bldg., Radford, Va.
Earl R. Cunningham, 5700 N.W. Grand Blvd., Oklahoma City, Okla.
Robert A. Cupples, 1696 University Way, American Trust, San Jose, Calif.
Carlos de Castro, Cra, 12 No. 24-66, Apto. 301, Bogota, Colombia
Edward J. deKoning, 1300 Market St., Wheeling, W. Va.
Jerry J. Del Balso, 1524 S. Salina St., Syracuse, N. Y.
Robert H. Derry, 5886 Central Ave., Indianapolis, Ind.
Julian M. Dismukes, Jr., 1016 Citizens Savings Bank Bldg., Paducah, Ky.
F. Gene Dixon, 4045 Piccadilly Lane, San Mateo, Calif.
M. Duke Edwards, 234 S. Hull St., Montgomery, Ala.
David H. Ehrlich, 7026 Jenkins Arcade, Pittsburgh, Pa.
Rene L. Eidson, 696 E. Colorado St., Pasadena, Calif.
Ernest M. Ellison, 2331 Saratoga Drive, Louisville, Ky.
J. Malcolm Elson, 823 Jefferson Bldg., Peoria, Ill.
L. Lynn Emmart, 4715 Liberty Heights Ave., Baltimore, Md.
Henry David Epstein, 464 Commonwealth Ave., Boston, Mass.
Paul W. Evans, 1203 Montgomery St., Ashland, Ky.
Kenneth P. Ezell, 116 North Academy St., Murfreesboro, Tenn.
Williams A. Ferguson, 818 N. Jefferson, Mt. Pleasant, Texas

Sanders Fowler, 202 Physicians and Surgeons Bldg., Shreveport, La.
Sanders Fowler, Jr., 202 Physicians and Surgeons Bldg., Shreveport, La.
Karl V. Freden, 2319 E. Washington Blvd., Pasadena, Calif.
Fernando Jose Fuentes, Apartado Correos, Managua, Nicaragua
I. Lester Furnas, 928 Silverado St., La Jolla, Calif.
Benjamin J. Gans, 2376 E. 71st., Chicago, Ill.
Victor I. Garfinkle, 425 28th St., Oakland, Calif.
Joseph M. Gaynor, P. O. Box 53, Shelton, Conn.
William L. Glenn, Jr., 2601 Broadway, Galveston, Texas
Eli D. Goldsmith, New York Univ. College of Dentistry, 421 First Ave., New York, N. Y.
Marvin C. Goldstein, 950 N. Peachtree St., Atlanta, Ga.
William G. Goodale, College of Dentistry, State Univ. of Iowa, Iowa City, Ia.
Henry A. Goodall, U. S. Army Institute of Dental Research, Walter Reed Medical Center, Washington, D. C.
S. Hill Gordon, 340 Alhambra Circle, Coral Gables, Fla.
Herschel A. Graves, Sr., 538 Doctors Bldg., Nashville, Tenn.
Harold E. Grupe, Univ. of Oregon, Dental School, 611 S.W. Campus Drive, Portland, Ore.
Samuel E. Guyer, 4559 Scott Ave., St. Louis, Mo.
Charles E. Harrison, 545 Fourth Ave. S., St. Petersburg, Fla.
Jess Hayden, Jr., P. O. Box 304, Redlands, Calif.
Charles E. Hebert, Jr., 206 Richey, New Roads, La.
Charles D. Hemphill, Code 750, San Francisco Naval Shipyard, San Francisco, Calif.
John J. Herlihy, 500 Medical Arts Bldg., Charleston, W. Va.
Dutton J. Hewetson, 1032 Federal Reserve Bank Bldg., Cincinnati, Ohio
Harold B. Hightower, 516 West Twohig, San Angelo, Texas
Edward C. Hissett, 802 Carew Tower, Cincinnati, Ohio
Eugene E. Hoag, Central National Bank Bldg., Peoria, Ill.
Samstone Holmes, 4550 N. Blvd., Baton Rouge, La.
William K. Holt, 312 James Campbell Bldg., Honolulu, Hawaii
Robert C. Ingram, 2881 Ashford Road, N.E., Atlanta, Ga.
Sydney E. Jaynes, 1502 East Broadway, Columbia, Mo.
Frank C. Jerbi, OSC 273, Walter Reed General Hospital, Washington, D. C.
Robert D. Jeronimus, Box 277, OSC, Walter Reed General Hospital, Washington, D. C.
Gustaf B. Johnson, 1 Hanson Place, Brooklyn, N. Y.
Walter Nels Johnson, 4339 Summit Drive, La Mesa, Calif.
John R. Jordan, 601 Medico-Dental Bldg., Stockton, Calif.
Edward J. Joseph, 406 Laconia Bldg., Wheeling, W. Va.
John P. Kane, USAF Hospital, Chanute AFB, Ill.
Fredrick A. Karlson, Jr., 605 Winona Court, Kemp Hill Estates, Silver Spring, Md.
Morris B. Katzoff, 323 Guaranty Bldg., Cedar Rapids, Ia.
James D. Kelly, 401 Rivoli Bldg., LaCrosse, Wisc.
Joseph B. Kennedy, 815 Savings and Loan Bldg., Des Moines, Ia.
William W. Klusmeier, 400 First Federal Savings Bldg., Ft. Smith, Ark.
Abraham Kobren, 12 Old Mamarneck Road, White Plains, N. Y.

Roberto Kohan, Montevideo 1053 10B, Buenos Aires, Argentina
Alex Koper, 645 E. Aerick St., Inglewood, Calif.
William C. Kranz, 704 First Nat. Bank Bldg., Lexington, Ky.
Robert L. Kreiner, 8435 Stony Island Ave., Chicago, Ill.
Charles L. Laine, Jr., 1801 Broadway, Galveston, Tex.
Odin N. Langsjoen, 1009 Killian Blvd., St. Cloud, Minn.
Joseph F. Link, Box 192, US Naval Hospital Staff, Great Lakes, Ill.
Thomas A. Lipscomb, Jr., 3707 Gaston Ave., Dallas, Tex.
James R. Little, 1254 Lowry Medical Arts Bldg., St. Paul, Minn.
Edrie Margaret Lohri, 129 E. Broadway, Louisville, Ky.
Howard F. Lyboldt, 14 Franklin St., Rochester, N. Y.
Charles A. McCallum, Jr., Univ. of Alabama, School of Dentistry, Birmingham, Ala.
Philip F. McCracken, 513 N. 2nd St., Harrisburg, Pa.
Edward S. Mack, Stonestown Medical Bldg., San Francisco, Calif.
Duane B. Madison, 602 N. Main St., Herkimer, N. Y.
William A. Manning, 60 Exchange St., Binghamton, N. Y.
Peter M. Margetis, Chief Dental Research Branch, U. S. Army Medical Research and Development Command, OTSG, Washington, D. C.
Simon G. Markos, 89 Locust St., Dover, New Hampshire
Manuel N. Maslansky, 49 Longview Ave., White Plains, N. Y.
Robert G. Meisel, 103 Brilliant Ave., Pittsburgh, Pa.
David Wm. Melarkey, 1720 Granite Drive, Reno, Nev.
Victor Gonzales Mendoza, Decando De La Facultad de Odontologia, De La Universidad Central, Appartado 4363, Caracas, Venezuela
Charles A. Mercier, Jr., 575 Lincoln Ave., Winnetka, Ill.
Kenmore E. Merriam, US Naval Dental Clinic, Long Beach, Calif.
Ernest L. Miller, 212 Baseview Drive, San Antonio, Texas
Morris S. Minton, 401 South Tennessee, McKinney, Texas
Ernest G. Mishler, 250 Noble St., Greenwood, Ind.
Rodney G. Mitchell, 6125 Sherry Lane, Dallas, Texas
Salvatore L. Monaco, Office of Command Surgeon, Hq. Military Air Transport Service, Scott AFB, Ill.
Robert L. Montgomery, 675 Delaware Ave., Buffalo, N. Y.
Alvin L. Morris, Univ. of Kentucky Medical Center, College of Dentistry, Lexington, Ky.
Ernest H. Moser, Jr., 334 Wheaton Road, San Antonio, Texas
Marshall W. Mueller, 1113 Lowry Medical Arts Bldg., St. Paul, Minn.
Enrique E. Muller, Corboda 744 10B, 31-3274, Buenos Aires, Argentina
Margarita Muruzabal, Ugarteche 2995, Buenos Aires, Argentina
Edward Myers, 504 Golden Triangle Bldg., Norfolk, Va.
Eugene M. Nelson, 151 Waterman St., Providence, R. I.
Leon E. Newman, 3326 E. Overlook Road, Cleveland Heights, Ohio
William B. Nienaber, 5352 Hampshire Drive, Minneapolis, Minn.
Timothy J. O'Leary, SAM Box 2235, Brooks AFB, Texas
Charles E. Oakley, 838 North Meadow Croft Ave., Pittsburgh, Pa.
William H. Olin, 5 Melrose Place, Iowa City, Ia.
Bernhard Olness, Big Timber, Mont.
Samuel J. Oltmans, 1015 Medical Arts Bldg., Minneapolis, Minn.
Leon E. Oursland, 1970 6th Ave., San Diego, Calif.

G. Scott Page, 65 Mount Ephraim, Tumbridge Wells, Kent, England
Samuel S Patterson, 701 Hume Mansur Bldg., Indianapolis, Ind.
Raymond Pauly, Dept. of Odontolgia Infantil Y Preventiva, Univ. of Costa Rica, San Jose, Costa Rica
Sholom Pearlman, 222 E. Superior St., Chicago, Ill.
Ernest A. Pearson, Jr., 2628 Dover Road, Raleigh, N. C.
Frederick A. Pflughoeft, 7023 Grand Parkway, Wauwatosa, Wisc.
W. Philip Phair, 324 Waukegan Road, Glenview, Ill.
Enrique Phillips, Miguel Cruchaga 921, Dept. 1101, Santiago, Chile
Carlos E. Pomes, 11 C 4-13, Zone 1, Guatemala City, Guatemala
Robert A. Probst, 202 Penna Ave., East, Warren, Pa.
Richard M. Railsback, 1333 Grand Ave., Piedmont, Calif.
Perry A. Ratcliff, University of California, Medical Center, San Francisco, Calif.
Jose Rezk B, Carrera 17 No. 38-16, Bogota, Colombia
William H. Richardson, Jr., 610 Walnut St., P. O. Box 17, Texarkana, Ark.
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Dale F. Roeck, 3223 N. Broad St., Philadelphia, Pa.
Daniel J. Rossi, 107 Long Lane, Upper Darby, Pa.
Kenneth J. Ryan, 901 Welch Blvd., Flint, Mich.
Gerald L. St. Marie, 258 Bradley St., New Haven, Conn.
E. Wayne Satterfield, 740 Prince Ave., Athens, Ga.
William E. Schiefer, 305 Walnut St., San Diego, Calif.
James A. Schmulen, Jr., 2003 San Pedo Ave., San Antonio, Texas
Harold Schwartz, 139 Newport Ave., Belle Harbor 94, Long Island, N. Y.
John P. Scullin, 48 Montcalm St., Oswego, N. Y.
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Robert R. Simpson, 430 Medical Arts Bldg., Charleston, W. Va.
Charles G. Sleichter, 229 Iowa Ave., Iowa City, Ia.
Russell P. Smith, Jr., 113 Talbot Ave., Cambridge, Md.
Alexander Soberman, 123 East 37 St., New York, N. Y.
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Riley E. Spoon, Jr., Suite 203, Professional Bldg., 240 Cloverdale Ave., Winston-Salem, N. C.
Wilfred A. Springer, Jr., 906 Medical Arts Bldg., Rochester, N. Y.
Robert S. Stein, 200 Berkeley St., Boston, Mass.
Ray E. Stevens, Jr., 255 Washington St. S.E., Grand Rapids, Mich.
Schuyler P. Strang, 10558 S. Paramount Blvd., Downey, Calif.
Henry J. Strot, 125 7th Ave., Brooklyn, N. Y.
John G. Sundbye, 212 South El Molino Ave., Pasadena, Calif.
John W. Surgent, 234 Clifton Ave., Clifton, N. J.
Brainerd F. Swain, 28 DeHart St., Morristown, N. J.
Harry T. Sweeney, 1638 W. Genesee St., Syracuse, N. Y.

Ralph Terrace, 149 Old Short Hills Road, Short Hills, N. J.
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Alexander L. Ungar, 211 Central Park West, New York, N. Y.
Alfredo Reis Viegas, Caixa Postal 8099, São Paulo, Brazil
Raul Vincentelli, Apartado 3760, Caracas, Venezuela
Ralph S. Voorhees, Jr., 76 Barrington St., Rochester, N. Y.
M. Ervin Wahnish, 624 E. Colonial, Orlando, Fla.
John G. Wall, 421 Park St., Charlottesville, Va.
J. Glezen Watts, 101 Jefferson Ave., Endicott, N. Y.
Lawrence A. Weinberg, 57 West 57th St., New York, N. Y.
Joseph F. Welborn, USAF Hospital, Chanute AFB, Illinois
Kenneth E. Wessels, 222 E. Superior St., Chicago, Ill.
Otho E. Whiteneck, 401 Broadway Tower Bldg., Enid, Okla.
Ashton E. Wick, 724 New York Ave., Sheboygan, Wisc.
Curtis M. Wilcox, Room 330, 2200 N. 3rd St., Milwaukee, Wisc.
Riley S. Williamson, Jr., 6901 Wardman Road, Baltimore, Md.
William R. Wolfe, Jr., 1707 Clayton Road, Louisville, Ky.
H. W. Woodward, 122 Postwood Drive, San Antonio, Texas
George C. Wussow, 604 N. 16th St., Milwaukee, Wisc.
Joseph A. Yacovone, 23 Broad St., Pawtucket, R. I.
A. Albert Yurkstas, 174 Samoset Ave., Quincy, Mass.
Eugene R. Zimmermann, 9830 Ash Creek Drive, Dallas, Texas

### In Absentia

Robert E. Allen, 672 Brotherhood Bldg., Kansas City, Mo.
James A. Ambrose, USAF Hospital, Clark Field, APO 74, San Francisco, Calif.
Ayoub Amer, 19 Adly Pasha St., Cairo, Egypt, U.A.R.
Ned Hays Anderson, 102nd Med. Det., DS, APO 407, New York, N. Y.
Sherwood F. Benhart, US Air Force, DC, 801 Medical Group, SAC, Lockbourne AFB, Ohio
Hector Bethart, Ireland Army Hospital, Ft. Knox, Ky.
Saul M. Bien, 76 Union Ave., Lynbrook, N. Y.
Allan J. Bloomfield, 188 North Terrace, Adelaide, South Australia
Philip J. Boyne, US Naval Hospital, Key West, Fla.
Ferman A. Carranza, Sr., Callao 262, Buenos Aires, Argentina
Donald D. Emslie, Dept. of Preventive Dentistry, Guy's Hospital, London, England
Jean Emmanuel Gjorup, Avda, residente Wilson 165, 8º Andar, Rio de Janeiro, Brazil
Harold G. Green, Head, Oral Surgery Dept. US Naval Dental School, Bethesda, Md.
Kirk C. Hoerman, Naval Medical Research Institute, NNMC, Bethesda, Md.
William C. Hurt, 1225 Martindale Drive, Fayetteville, N. C.
Kensaku Kawakatsu, Dental School, Osaka University, Joan-cho, Kita-Ku, Osaka City, Japan
Gilbert H. Larson, Dental Dept. Marine Corps Base, Camp Lejeune, N. C.
John T. Morrison, CMR No. 1, Box 2391, Offutt AFB, Neb.

Iwao Nagai, Dental School, Osaka University, Joan-cho, Kita-ku, Osaka City, Japan
Javier Pietropinto, Rondean 1643, Montevideo, Uruguay
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Alfred Leon Raphael, US Naval Dental Clinic, Navy 926, FPO, San Francisco, Calif.
Bruce Rice, Dental Health Officer, WHO, Palais des Nations, Geneva, Switzerland
Pedro Saizar, Junin 959, Buenos Aires, Argentina
Nathan A. Shore, 654 Madison Ave., New York, N. Y.
Paul P. Taylor, P. O. Box 12061, Dallas, Texas
Robert L. Thompson, Jr., Office of the Surgeon General, Hq. US Air Force, Washington, D. C.
John Patrick Walsh, Dental School, Univ. of Otago, P. O. Box 647, Dunedin, New Zealand
Robert Weill, 96 Brd Malesherbes, Paris, France
Alfred R. Woolcott, 36 Bruarong Crescent, Frankston, Victoria, Australia
Douglas A. Yeager, 430 N.W. 12th St., Oklahoma City, Okla.
Pierpont Ynsfran, Espana 523, Asuncion, Paraguay

## THE HONORARY FELLOWSHIP

This was conferred upon Luther L. Terry, Surgeon General of the U. S. Public Health Service, who was the Convocation speaker.

### Citation
### By
### Walter J. Pelton, Birmingham, Ala.

It is a genuine privilege to present, for Honorary Fellowship in the American College of Dentists, Luther Leonidas Terry, Surgeon General, United States Public Health Service.

Since becoming a physician in 1935, Dr. Terry has long been associated with medical schools as a teacher, internist, cardiologist, and research worker. More recently, he has been involved with cardiovascular research and training.

Upon his appointment as Surgeon General last year, he assumed direction of this country's foremost health organization which has 32,000 employees, representing some 300 occupations and operates on a budget of $1.5 billion. As Surgeon General he guides the Federal Government's Agency which is responsible for conducting and supporting research in the medical, environmental, and related sciences and in health status needs; for providing medical, dental and

hospital services to persons authorized to receive care from the Services; for preventing the introduction and spread of disease; for aiding in the development of health facilities and services throughout the nation; for furthering the application of knowledge for the prevention and control of disease; and for promoting the maintenance of a healthful environment.

Dr. Terry, the son of a physician, comes from Red Level, Alabama, my adopted State, which has already been honored by having its Senior Senator, the Honorable Lister Hill, awarded a Fellowship in the College. It is no coincidence that Senator Hill's influence in the health and biological fields relate to his early associations with physicians, including his father and Dr. Terry.

Dr. Terry's contributions, not limited by State boundaries, have been felt in Texas, Missouri and Ohio. He participated in the Public Health Services' dental intern training programs and has given much encouragement to its hospital dental care programs. Clinical dentistry and clinical research in dentistry were fostered by Dr. Terry, who with several other officers, founded the Clinical Society of the Public Health Service Hospitals. In addition, as Chairman of a Medical Board, he was instrumental in developing the Bylaws under which the Public Health Service's Clinical Center established as part of the National Institutes of Health, permits the inclusion of dental research in the only completely research oriented hospital of its type in the world.

Lastly, the dental profession owes a debt of gratitude to Dr. Terry for his recent decision to create an additional general grade for dentists in the Public Health Service.

Mr. President, I am pleased to present Dr. Luther Terry for the award of Honorary Fellowship in the American College of Dentists.

## THE AWARDS

A special Honor Plaque was presented to Albert L. Midgley, in absentia, in recognition of his many contributions to the dental profession and to the American College of Dentists.

The William John Gies Award was given to Donald W. Gullett, Toronto, Canada.

The Award of Merit was given to Byron S. Hollinshead, Gainesville, Florida.

## Citation
## The Honor Plaque

THE AMERICAN COLLEGE OF DENTISTS
Salutes
ALBERT L. MIDGLEY, D.M.D., Sc.D.

For his continued devotion to the advancement of the dental profession and its services to the public.

His pioneering efforts in the field of education and his interest in a closer medico-dental relationship have greatly influenced our professional relations and the esteem of the public.

As one of the FOUNDERS and ORGANIZERS of THE AMERICAN COLLEGE OF DENTISTS, and through his official services over many years, he has contributed greatly to its advancement and ideals.

Presented on October 28, 1962 at Miami Beach, Florida.

HENRY A. SWANSON, *President*
OTTO W. BRANDHORST, *Secretary*

## Citation
## By
## Percy G. Anderson, Toronto, Canada

I have the honor to present for the William John Gies Award the name of Dr. Donald W. Gullett.

This presentation would not be submitted were it not recognized in professional archives that dentistry has benefited well by virtue of the contributions which have been made through a willing and worthy emissary. Time, energy and enthusiasm, and a desire to elevate the values by which idealisms may find their proper levels, have all been factors typical of the candidate for this award, and these, along with so many other attributes, have come to the attention of those who wish to do honor to whom honor is due.

Dr. Don W. Gullett, Secretary of the Canadian Dental Association was born in Ontario, Canada. He received his early education in both the State of New York and in Ontario, a factor perhaps which was to lead to a most happy association of international professional friendship.

After graduation in 1923 from the University of Toronto, Dr.

Gullett was engaged in practice until 1940. By this time it had become obvious that his professional abilities were of such magnitude that organized dentistry in Canada could no longer neglect this fact and he was recruited into the ranks of professional administration, first as Registrar-Secretary of the Royal College of Dental Surgeons of Ontario, to be followed in 1942 as Secretary of the Canadian Dental Association.

Time will not permit a review of the activities but the same attributes which were early recognized in his native country were soon to be identified abroad. He has lectured and is consulted extensively in North American, South American, and European countries in relation to dental matters of national interest. He has been recognized by membership in the national organizations of Canada, United States of America, Australia, England, France and other European countries. With all the broad contributions and their impact on the profession, and the heritage that gave him the strength, the spirit and the drive to make this impact stick, it is only obvious that others would honor him as you have done today.

Having a background of benefaction to the profession and to society, two Canadian Universities have conferred upon him Honorary Degrees (honoris causa). He is an Honorary member of the American Dental Association; he is an Honorary member of the British Dental Association; and an Honorary member of several State organizations of the United States and Provincial organizations of Canada. He is a member of the World Health Organization Expert Advisory Panel on Dental Health. He was a member of the Commission on the Survey of Dentistry in the United States of America, through the American Council on Education. He has received Fellowship in the American Public Health Association and was appointed consultant to the American Dental Association Council on Dental Education. In the year 1959, he was made a Fellow of the Royal College of Surgeons of England—an outstanding overseas recognition, and the same year was made a member of the Society of Medicine, London, England. He was elected to the Council of the International Dental Federation and coinciding with the ceremonies which marked the One Hundredth Anniversary of the American Dental Association, was named to the highest elected post of our own organization, President of the American College of Dentists. There are many more recognitions which could be mentioned but surely in this we have a

worthy candidate for the honor which this College wishes to bestow today.

For his sincerity of purpose, for his devotion to worthy professional idealisms and for the contributions he has made, in so many different ways, to the patterns of dental progress, we are proud and grateful.

Mr. President, as one fortunate enough to have been associated for so many years with such a preceptor, and, at the request of the Board of Regents of the American College of Dentists, I have the honor to present for the William John Gies Award—Dr. Donald W. Gullett.

### Citation
### By
### Carl J. Stark, Cleveland, Ohio

It is my distinct privilege, in behalf of the Board of Regents and the membership of the American College of Dentists, to recognize the meritorious contributions Dr. Byron Sharpe Hollinshead has made in the broad field of education and more specifically in behalf of the dental profession.

As Staff Director of the Commission on the Survey of Dentistry in the United States, he directed the most comprehensive survey the dental profession has ever undertaken.

Among the qualifications inherent in his selection for this assignment are: degrees from Brown, Bucknell, Grinnell and Miami Universities; Presidency of Coe College of Iowa and Keystone Junior College of Pennsylvania. He has authored several books and many monographs dealing with technical, administrative and liberal arts phases of education. His thinking has been both retrospective as well as progressive, and always factual. His chief emphasis has been with Junior College problems and aptitudes of prospective college students.

His practical experience, as Director, Committee Chairman and Member, and as Trustee of various Boards of Education, have further enriched his background to enable him to successfully direct the above mentioned Survey.

Coincident with the need for a Staff Director for the Commission was his availability occasioned by his release as Director for five years of the Technical Assistance Department of UNESCO, Paris, France.

Mr. President, I present Dr. Byron S. Hollinshead for the Award of Merit of the American College of Dentists.

## THE EVENING MEETING

The dinner was held in the East Ballroom of the Fontainebleau Hotel. The invocation was pronounced by Robert Thoburn, a Fellow, Daytona Beach.

Following the dinner, President Swanson introduced the guests at the head tables, and asked Mr. B. Duane Moen to introduce the guests from other countries.

President Swanson then installed the new Officers and Regents elected at the morning session:

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| President-elect | Jack S. Rounds, Los Angeles, Calif. |
| Vice-President | Harry Lyons, Richmond, Va. |
| Treasurer | Fritz A. Pierson, Lincoln, Neb. |
| Regents | Frank P. Bowyer, Knoxville, Tenn. |
| | George S. Easton, Iowa City, Iowa |
| | (both Regents for four year term) |

The gavel was handed to incoming President Philip Blackerby, Jr., who called on Gerald D. Timmons, President-elect of the American Dental Association, who presented the *Service Key* of the College to retiring president Henry A. Swanson. The remarks by Dr. Timmons follow:

"One of the benefits that accrues to a past president of the College is the fact that every now and then they reach back into the shelves and dust the cobwebs off of one and bring him forward. This happened to me tonight.

"I can say to you truthfully that I was highly flattered to be asked to do what I have been asked to do tonight.

"Our immediate past president mentioned the fact that one year ago tonight at a similar occasion he assumed the responsibilities of the office of President of the American College of Dentists. On that particular evening I sat next to Senator Lister Hill of Alabama. As our then incoming president delivered his inaugural address, Senator Hill turned to me several times and said, 'There is a statesman; I wish we had him in the Senate.' Since I was talking to a Democratic Senator and being the Republican that I am, I joined with Senator Hill in his expressed wishes because I knew of several

members of the Senate I would have been very happy to have traded for Henry Swanson.

"In his inaugural address he spoke of the things that he hoped to accomplish during his year as President. Henry, I can say to you now that there are three outstanding examples of things that you have accomplished: 'Operation Bookshelf,' 'International Friendship,' and help in solving the problems of recruitment of dental students. I think you have kept before you always, the objectives that you set for yourself a year ago.

"So, in appreciation of what you have done for the College, with the grateful thanks of every member of the College, I am happy to present to you, Henry A. Swanson, this memento of your service as President. Will you receive it, please?"

Dr. Swanson responded with five sincere words—"Thank you so very much."

Vice-President Harry Lyons presided while President Philip E. Blackerby, Jr., read his Inaugural Address.

Entertainment followed, and the meeting was adjourned at 10:30 p.m.

## ERRATA

The article "Notes on the Life of Horace Wells," by Ralph W. Edwards, that was published in the JOURNAL, 29:234-44, December 1962, contained two typographical errors.

On page 240, line 8 should have read: "Permit me to say, here, that a Dentist and a Surgeon from Boston Mass were in Jefferson Jackson Co in 1842 . . ." (*not 1942*!) The next sentence following should have read: "The dentist practiced his profession & the surgeon operated for (*not from*) strabismus . . ."

# MINUTES OF THE MEETINGS OF THE BOARD OF REGENTS

## October 25, 26, and 29, 1962, Miami Beach

*First Meeting*

The Board of Regents of the American College of Dentists convened in the Fontainebleau Hotel, Miami Beach, on Thursday, October 25, at 2:00 p.m. Eleven members were present. President Henry A. Swanson presided. Minutes of the meetings of the Board March 30-31, 1962, St. Louis, were approved.

*Reports of Officers* on various activities of the College were received. President Swanson presented a detailed report of his activities during his term of office, and offered numerous suggestions for consideration by the Board. His report was referred to a committee for study and later reporting.

In the absence of Treasurer Pierson, Dr. Brandhorst presented a summary of the financial status of the College: the balance in the checking account as of October 1, 1962, was approximately $29,000; Government bonds (long term) in the amount of $40,000, par value, were being held, as well as $40,000, par value, U. S. Treasury bills (short term) these maturing serially in 1963. The Secretary presented the report of the auditors, James C. Thompson & Co., for the fiscal year ending June 30, 1962. (*Note:* this was published in full in the December 1962 *ACD Reporter.*)

Historian John E. Gurley was not present. He submitted biographical material on James G. Sharpe and H. Edmund Friesell.

The Secretary submitted reports dealing with the following items: ad-interim activities; polls taken since the March meeting of the Regents; resignations from the College—George F. Jeffcott, U. S. Navy; Konrad Lux, Waco, Texas; Everett E. MacGibbon, Minneapolis; and Alfred E. Toye, U. S. Army—these resignations were accepted; deaths of Fellows since the 1961 Convocation (these names will be found elsewhere in this issue); delinquencies in dues; visitations by the Secretary and committee meetings held; and a report on the Cologne meeting, July 8, 1962.

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These Minutes have been compiled, abbreviated, and summarized by the Secretary, O. W. Brandhorst; the detailed minutes are on file in the Central Office.

Reports by the Regents were presented on College activities in their several areas.

The Board had the privilege and pleasure of hearing comments from Dr. Gerald H. Leatherman, London, and Dr. Knut Gard, Oslo, on the American College of Dentists and its opportunities in world wide activities. The Board appreciated these discussions, especially at this time when attention is being given to Fellowships in countries other than the United States and Canada. Suggestions obtained from these comments will be reflected in later actions of the Board.

*Second Meeting*

This evening session convened at 7:30 p.m., October 25. The Board gave attention to a group of nominations to Fellowship that required decision. These were disposed of: some were approved for Fellowship and others returned to the Board of Censors for further consideration.

Because of the international situation (Cuba) that would prevent some persons who were to have Fellowship conferred on them from coming to Miami, the Board voted to confer some Fellowships in absentia.

The Secretary reported on the following Fellowships in Education:

a) *Teacher-training:* Dr. Robert Haselton, Saskatoon, Canada, is taking this training at the University of Alberta.

b) *Exchange:* Dr. Patrick James, London, spent three months at the Henry Ford Hospital, Detroit, under the guidance of Dr. Fred A. Henny. (Note: This was reported in detail in the June 1962 issue of the JOURNAL.)

c) *Travel aid:* Mr. Terrence Ward, London, will make an extensive lecture tour of the United States and Canada following the Miami Beach meeting.

d) *Subsistence:* Two of these were approved by the Board. 1) Cooperating with the American Dental Society of Europe, a fellowship at Northwestern University Dental School: David Stone participant. 2) Cooperating with the American Dental Society of London. The selection of participant is pending.

*Third Meeting*

This Friday morning session, October 26, convened at 9 a.m. The meeting was devoted principally to hearing the report of the special Committee on the Future Development of the College.

To provide background for this study, the Secretary had prepared a detailed report of the activities of the College since its organization in 1920, a summary of present efforts and activities, and a projection of some of the future opportunities and responsibilities. (Note: a number of the items discussed at this time were carried over to subsequent meetings of the Board; however, the Secretary has brought these discussions and decisions forward to this meeting thus relating them more specifically to the future plans of the College.)

This special committee—Percy G. Anderson, chairman, Frank O. Alford, and Ralph Bowman—had met previously in the Central Office with President Swanson, President-elect Blackerby, and the Secretary. Their final report and recommendations were then drawn up. Dr. Anderson reported:

I—*The objectives of the College.* It was agreed that the objectives as stated in the Constitution had served the College well through the years. However, it was the consensus that a good purpose could be served if some of the details could be spelled out for future guidance.

It was suggested that a preamble to the objectives would accomplish this, with some re-wording of the objectives themselves. This was ordered and will be submitted with other Constitution and By-laws changes for consideration at the next convocation.

II—*Section activities.* Several recommendations were approved relating to Section activities.

Sections will be urged to survey their areas to make sure that deserving persons in older age brackets not be overlooked for possible Fellowship. However, it was pointed out that this should not be considered a drive for members: it was considered basic in the recognition of meritorious service—one of the objectives of the College. The responsibility for nominating persons still rests with individuals, not with Sections.

It was recommended that the Board of Regents continue to stress that well-planned and executed Section activities are vital in carrying forward the work of the College at the local level.

It was agreed that meetings of Section representatives at St. Louis were desirable. At the December 1961 representatives meeting it was recommended that Sections have a Planning Committee. It was now agreed that the Section representative at these meetings be chosen from the Section's Planning Committee; this will bring the benefits of the meetings more directly to the Section's Planning Committee.

The Board felt that a closer liaison should be established between the Board and the Sections. A committee was assigned to study this and bring in suggestions.

III—*Committees and committee activities.* Objectives of various committees were examined; it was suggested that each committee review its objectives. Better coordination and follow-up was considered desirable. Specific tasks were assigned to some of the standing committees.

New committees were authorized: Social Characteristics of Dentistry (standing); Communications, and Specialization in Relation to General Practice (both ad hoc).

The Board was of the opinion that present committee activities, generally, support the work and further the objectives but that more specific and detailed recommendations should be forthcoming from committees when reporting.

The Board voted to discontinue the policy of having the retiring member of a committee automatically assume the chairmanship.

IV—*Nominations for fellowship.* The Board of Censors was urged to maintain the high level of requirements for Fellowship that it has set, with consideration to various factors associated therewith, and the insistence of supplying full details and information about the nominee.

Because of the difficulties in the processing of nominations in the four-month period prior to the annual convocation, it was recommended that the closing date for receiving nominations be set as January 1 of each year.

V—*Historian emeritus.* John E. Gurley was named to this office in recognition of his many years of service not only as historian but in many other capacities. He has been active in the College almost from the beginning, serving as president, regent, editor, and committee worker.

VI—*Annual meeting.* The Board discussed the question of extending the annual convocation to more than one day; there seems to be too little time to project extended programs on important matters.

However, because of the apparent difficulty of finding available time on the Saturday before the usual convocation, without interfering with other programs, and groups, it was decided to continue the present Sunday one-day meeting.

*Fourth Meeting*

The Board met again Friday afternoon, October 26. This session was devoted primarily to hearing the reports of chairmen of the standing committees. These reports, together with recommendations and actions taken, will be reported in the *ACD Reporter* during the year.

*Fifth Meeting*

Many miscellaneous items, reports, and new business were considered at this Friday evening session.

*Miami Beach meeting:* the secretary gave a detailed report on this meeting outlining plans and giving detailed instructions concerning individual responsibilities.

*Atlantic City, 1963, meeting:* the Secretary stated that the Chalfonte-Haddon Hall had been selected as the place of meeting. Preliminary program developments were discussed.

*1962-1963 budget:* the budget for this period was presented suggesting an anticipated income of $121,506.00, anticipated expenditures of $118,409.93. Following discussion of various items, the proposed budget was approved.

*Spring meeting of the Board:* it was decided that this meeting be held in the Central Office and April 5 and 6 were selected.

The report of the *Committee on Office Facilities and Personnel* (Philip Blackerby, chairman, Frank Alford, and Ralph Bowman) was presented. This committee, having had the benefit of the discussions on the recommendations of the Committee on the Future Development of the College, recommended that: 1) effort be made to renew the present lease at 4236 Lindell Blvd. at expiration in 1963; 2) additional space be secured, if possible, in anticipation of future needs; 3) present personnel be encouraged to continue after expiration of present contracts; 4) the secretary be urged to employ extra office help to relieve pressure periods; and 5) continued vigilance be exercised in considering the future personnel needs of the College.

William B. Ryder, chairman of the *Committee on the President's Report* (other members: Stanley Lovestedt, Carl Stark, and Vincent Tagliarino), presented the following recommendations, that:

1—the Secretary and Treasurer make brief reports at the annual convocation. Approved.

2—a) a Section representatives meeting will be held; Sections required to have a Planning Committee; and representatives be chosen from such a committee. Approved. b) closer liaison be established with Sections by the assignment of Regents to Section areas. Approved in principle, details to be worked out. c) recruitment and Operation Bookshelf be continued as specific Section activities, and other projects added as Sections become more active. Approved.

3—a) the College be represented at international meetings. Approved. b) Operation Bookshelf, Operation Little Bookshelf, and the proposed article translations become a definite objective of Committee on World Relations. Approved. c) closer liaison be established between the College and the Council on International Relations of the American Dental Association on dental health matters. Approved. d) the Committee on World Relations review its objectives, keeping in mind the need for help in other countries. Committee so instructed.

4—a) the Board members be assigned to review committee reports and their recommendations. Approved in principle, details to be worked out. b) committee appointments be made on the basis of competence in the areas of the committee objectives and the Fellow's potential for future achievement. Approved. c) no Fellow actively participating on committees or boards of similar organizations be considered eligible for committee appointment. Tabled.

5—the Secretary undertake the preparation of a history of the College with the privilege of securing such aid as he deemed necessary. Approved.

6—a) financial support be given to the distribution of the translated "Accepted Dental Remedies." Not approved; this was considered a project of the American Dental Association. b) every effort possible be directed toward the improvement of the public image of dentistry. Approved.

The Reference Committee complimented President Swanson on his stimulating and far-reaching report. The Committee then made this recommendation: that the Board establish as a policy, a specific agenda item of a report from the President, and provide for a review of his report by a special reference committee. Approved.

Under new business, the printing contract for the JOURNAL for 1963, submitted by The Ovid Bell Press, Inc., Fulton, Missouri, was approved.

*Sixth Meeting*

This last meeting was held Monday, October 29, at 8:00 a.m. The new Board of Regents, 11 persons in all, were introduced; President Blackerby presided.

Dr. Blackerby suggested that "Leadership" be the theme for 1962-1963. He asked that special attention be given to such areas as service in defense, communications, continuing education, and broader support for fluoridation. Further, he urged broader Section activities; greater interest in world health problems; support of the Fund for Dental Education by development of some needed projects; and the projecting of plans that would close the gap existing in the unfilled places in Freshman classes in the dental schools.

Secretary Brandhorst reported further progress in plans for the establishment of an Institute for Advanced Education in Dental Research; also, plans for a possible seminar on Dento-facial Growth and Aging.

Henry Swanson was appointed Historian, John Gurley having been appointed Historian Emeritus.

Because of the suggested changes and additions in committee appointments, a complete list was not available. Dr. Blackerby was granted the privilege of completing the appointments at a later date.

# American College of Dentists

## OFFICERS, 1962-1963

*President*

PHILIP E. BLACKERBY, JR.
W. K. Kellogg Foundation
Battle Creek, Mich.

*President-elect*

JACK S. ROUNDS
3875 Wilshire Blvd.
Los Angeles 5, Calif.

*Vice-President*

HARRY LYONS
Medical College of Virginia
School of Dentistry
Richmond 19, Va.

*Editor*

THOMAS F. MCBRIDE
Ohio State University
College of Dentistry
305 West 12th Ave.
Columbus 10, Ohio

*Treasurer*

FRITZ A. PIERSON
1112 Federal Securities Bldg.
Lincoln 8, Neb.

*Historian*

HENRY A. SWANSON
919 18th St., N.W.
Washington 6, D.C.

*Historian Emeritus*

JOHN E. GURLEY
350 Post Street
San Francisco 8, Calif.

*Secretary*

O. W. BRANDHORST
4236 Lindell Blvd.
St. Louis 8, Mo.

## REGENTS

FRANK P. BOWYER
608 Medical Arts Bldg.
Knoxville 2, Tenn.

GEORGE S. EASTON
State University of Iowa
College of Dentistry
Iowa City, Ia.

FRANK O. ALFORD
1001 Liberty Life Bldg.
Charlotte 2, N.C.

STANLEY A. LOVESTEDT
Mayo Clinic
Rochester, Minn.

PERCY G. ANDERSON
Faculty of Dentistry
Univ. of Toronto
124 Edward St.
Toronto 2, Canada

CARL J. STARK
1238 Keith Bldg.
Cleveland 15, Ohio

RALPH J. BOWMAN
121 East 60th St.
New York 22, N.Y.

WILLIAM B. RYDER, JR.
2000 Van Ness Ave.
San Francisco 9, Calif.

# COMMITTEES: 1962-1963

## BYLAWS

George W. Teuscher, *Chairman,* 311 E. Chicago Ave., Chicago, Ill. ..... 1964
V. John Oulliber, 3798 25th St., San Francisco, Calif. ..... 1963
Wilbur P. McNulty, 3501 S. Harrison St., Ft. Wayne, Ind. ..... 1965
Kyrle W. Preis, 700 Cathedral St., Baltimore, Md. ..... 1966
Harvey S. Huxtable, Mineral Point, Wisconsin ..... 1967

## CONDUCT

John F. Johnston, 4736 E. Pleasant Run Parkway, North Drive, Indianapolis, Ind. ..... 1963
John C. Brauer, Univ. of North Carolina, School of Dentistry, Chapel Hill, N. C. ..... 1964
Stephen P. Forrest, 3556 Caroline St., St. Louis, Mo. ..... 1965
Miles R. Markley, 632 Republic Bldg., Denver, Colo. ..... 1966
Gustav O. Kruger, Jr., 3900 Reservoir Rd., N.W., Washington, D. C. .. 1967

## EDUCATION

Kenneth V. Randolph, *Chairman,* West Virginia Univ., School of Dentistry, Morgantown, W. Va. ..... 1963
Edward J. Forrest, Univ. of Pittsburgh, School of Dentistry, Pittsburgh, Pa. ..... 1963
John Tocchini, 344 14th St., San Francisco, Calif. ..... 1963
Harvey W. Reid, 101 Donwoods Drive, Toronto, Canada ..... 1964
Arthur H. Wuehrmann, Univ. of Alabama, School of Dentistry, Birmingham, Ala. ..... 1965

### Consultants

Shailer Peterson, Univ. of Tennessee, College of Dentistry, Memphis,
Reginald H. Sullens, 840 North Lake Shore Drive, Chicago, Ill.
Kenneth E. Wessels, 222 East Superior St., Chicago, Ill.

## DENTO-FACIAL GROWTH AND AGING

Wilton M. Krogman, *Chairman,* 1040 Cornell Ave., Drexel Hill, Pa. ... 1963
Samuel Pruzansky, 64 Old Orchard, Skokie, Ill. ..... 1964
Robert M. Ricketts, 875 Via de La Paz, Pacific Palisades, Calif. ..... 1965
Dayton D. Krajicek, 6100 Martway, Suite 20, Mission, Kan. ..... 1966
Loren B. Higley, Laurel Hill Road, Chapel Hill, N. C. ..... 1967

### Consultant

William S. Brandhorst, 9827 Clayton Road, St. Louis, Mo.

## HEALTH SERVICES

James B. Bush, *Chairman,* State Univ. of Iowa, College of Dentistry, Iowa City, Ia. ..... 1965
James E. Bauerle, 1101 Medical Arts Bldg., San Antonio, Texas ..... 1963

ALBERT H. TRITHART, Director, Division of Dental Health, Tennessee Dept. of Public Health, Nashville, Tenn. ..... 1964
ERNEST F. LECLAIRE, 618 Park Bldg., Worcester, Mass. ..... 1966
RALPH S. LLOYD, 4707 HEW Bldg., North, Washington, D. C. ..... 1967

### Consultant

B. DUANE MOEN, 222 East Superior St., Chicago, Ill.

## JOURNALISM

LAWRENCE W. BIMESTEFER, *Chairman,* 1 Kinship Road, Baltimore, Md. .. 1965
HERMAN L. HUBINGER, 501 Second National Bank Bldg., Saginaw, Mich. 1963
RALPH ROSEN, 7247 Delmar Blvd., St. Louis, Mo. ..... 1964
JOHN E. GILSTER, 4660 Maryland Ave., St. Louis, Mo. ..... 1966
WESLEY J. DUNN, 230 St. George St., Toronto, Canada ..... 1967
THOMAS F. MCBRIDE, Editor, *Ex-officio,* Ohio State Univ., College of Dentistry, 305 W. 12th Ave., Columbus, Ohio

## PROFESSIONAL RELATIONS

HAROLD W. KROGH, *Chairman,* 1835 Eye St., N.W., Washington, D. C. .. 1966
JOHN W. CREECH, 2012 Del Norte St., Berkeley, Calif. ..... 1963
WILLIAM R. ALSTADT, 400 Worthen Motor Bank Bldg., Little Rock, Ark. 1963
EDWARD J. BUECHEL, 1380 Bardstown Road, Louisville, Ky. ..... 1964
W. MCGILL BURNS, 80 Hanson Place, Brooklyn, N. Y. ..... 1965

### Consultants

DR. CHAUNCY D. LEAKE, Univ. of California School of Medicine, San Francisco, Calif.
MR. ARIS A. MALLAS, JR., Texas Research League, 403 East 15th St., Austin, Texas

## RECRUITMENT

ROBERT E. DOERR, *Chairman,* Univ. of Michigan, School of Dentistry, Ann Arbor, Mich. ..... 1967
JOHN W. NEILSON, Faculty of Dentistry, Univ. of Manitoba, Winnipeg, Canada ..... 1965
QUENTIN M. SMITH, Division of Dental Public Health Service, U. S. Public Health Service, Washington, D. C. ..... 1963
LOUIS G. TERKLA, Univ. of Oregon School of Dentistry, 611 S.W. Campus Drive, Portland, Ore. ..... 1964
ROBERT F. VASON, 541 N. Donnelly St., Mt. Dora, Fla. ..... 1966

## RESEARCH

ROBERT G. KESEL, *Chairman,* 808 S. Wood St., Chicago, Ill. ..... 1963
DAVID B. SCOTT, National Institute of Health, Institute of Dental Research, Bethesda, Md. ..... 1964
JAMES A. ENGLISH, Univ. of Buffalo, School of Dentistry, Buffalo, N. Y. .. 1965
RALPH W. PHILLIPS, 1121 W. Michigan St., Indianapolis, Ind. ..... 1966
CARL A. OSTROM, 5107 Danbury Road, Bethesda, Md. ..... 1967

### Consultants

THOMAS J. HILL, Brecksville, Ohio
SEYMOUR J. KRESHOVER, National Institute of Dental Research, Bethesda, Md.
SHOLOM PEARLMAN, 222 East Superior St., Chicago, Ill.

## SOCIAL CHARACTERISTICS

WALTER J. PELTON, *Chairman,* Univ. of Alabama, School of Dentistry, Birmingham, Ala. ..... 1967
JAMES M. DUNNING, 75 Mt. Auburn, N St., Cambridge, Mass. ..... 1966
VINCENT A. TAGLIARINO, 2404 S. Preston St., Louisville, Ky. ..... 1965
KENNETH A. EASLICK, 2 Ruthven Place, Ann Arbor, Mich. ..... 1964
JOHN E. ZUR, 222 East Superior St., Chicago, Ill. ..... 1963

## WORLD RELATIONS

OBED H. MOEN, *Chairman,* 6 Main St., Watertown, Wisc. ..... 1965
CARL L. SEBELIUS, 222 E. Superior St., Chicago, Ill. ..... 1966
JOHN R. ABEL, 10231 Santa Monica, Los Angeles, Calif. ..... 1967
GEO. C. PAFFENBARGER, Boyds, Md. ..... 1963
FRED A. HENNY, Henry Ford Hospital, Detroit, Mich. ..... 1964

### Consultants

MARIO M. CHAVES, Regional Dental Adviser, WHO, 1501 New Hampshire Ave. N.W., Washington, D. C.
DONALD W. GULLETT, 94 Coldstream Ave., Toronto, Canada
HAROLD HILLENBRAND, 222 E. Superior St., Chicago, Ill.
GERALD H. LEATHERMAN, 35 Devonshire Place, London, England
GERALD D. TIMMONS, 3223 N. Broad St., Philadelphia, Pa.

## SPECIAL COMMITTEE ON OPERATION BOOKSHELF

NORMAN O. HARRIS, *Chairman,* U. S. Air Force Hospital, Ramey Air Force Base, Puerto Rico
WALTER J. REUTER, *Co-Chairman,* Office of the Surgeon General, Hq. U. S. Air Force, Washington, D. C.
HENRY A. SWANSON, 919 18th St. N.W., Washington, D. C.
FRANK P. BOWYER, 608 Medical Arts Bldg., Knoxville, Tenn.
STANLET A. LOVESTEDT, Mayo Clinic, Rochester, Minn.

## NECROLOGY (one year appointments)

JOHN G. CARR, *Chairman,* 407 Cooper St., Camden, N. J.
GEORGE M. ANDERSON, 3700 North Charles St., Baltimore, Md.
DAVID TANCHESTER, 120 Central Park South, New York, N. Y.

## NOMINATING (one year appointments)

LON W. MORREY, *Chairman,* 222 East Superior St., Chicago, Ill.
GERARD A. DEVLIN, 121 Prospect St., Westfield, N. J.
H. CLINE FIXOTT, 814 Medical Dental Bldg., Portland, Ore.
GEORGE W. MATTHEWS, 1807 Eleventh Ave., Birmingham, Ala.
WILLIAM F. SWANSON, 5326 Pocusset St., Pittsburgh, Pa.

# Our Hands

Our gracious heavenly Father:

Friend of all men;

Forgiver of all our sins;

Creator of all things.

We are thankful for the many things you have
given us and especially our hands.

For their dexterity and mobility,
for their skill you have helped us develop
through training and experience.

We pray that we will not let our hands be idle with
so much for them to do.

Help us not to clench them in selfish anger,
but to use them to create things of beauty
and usefulness and to comfort those who suffer.

We pray our hands will not be used grasping for
greed, but used faithfully and sincerely for service
to others.

Our hands are directed by our minds and hearts.

So, dear Lord, help us as professional men and women
to keep our minds and hearts in tune with Thee,
so we will be better dentists.

We pray you will bless this gathering for the fellowship
and enlightenment it offers.

We ask Thy blessing on this food for the nourishment of
our bodies for further service.

Amen.

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Presented at the dinner meeting of the American College of Dentists, October 28, 1962, by Dr. Robert Thoburn, Daytona Beach, Fla., a Fellow.

# Book Reviews

A neat package of books dealing with orthodontic treatment techniques is coming off the C. V. Mosby Co. press under the separate authorships of E. E. Shepard, B. W. Tarpley, and R. C. Thurow. It is hoped that this important effort on the part of the editors of C. V. Mosby will continue. These three books will be of interest to the users of the particular appliances and to the men who use an eclectic approach. Textbook coverage could also well be made in the following: cephalometrics; growth and development as they effect basic appliance design and treatment timing; and a summary of changes in tooth position from various appliances.

## TECHNIQUE AND TREATMENT WITH THE TWIN-WIRE APPLIANCE. By Earl E. Shepard. 157 pp. St. Louis: C. V. Mosby Co. 1961. $10.50.

This book deals with the construction and use of one of the major appliance systems, and thus brings to the orthodontic field a summation of the twin-wire appliance.

Half the book deals with the techniques of construction of the appliance. Most of the remainder shows the application of the appliance in different forms of malocclusion through the media of case reports. Two special chapters are included on ligation of impacted teeth and abnormally large maxillary frenums.

This book is profusely illustrated with photographs and excellent line drawings.

This work will be a good guide to those newly coming into the field of orthodontics.

## TECHNIQUE AND TREATMENT WITH THE LABIO-LINGUAL APPLIANCE. By Boyd W. Tarpley. 202 pp. St. Louis: C. V. Mosby Co. 1961. $10.50.

Dealing with the construction and use of the labio-lingual appliance, this book fills a real need in the orthodontic specialty today. Much has been written over the years about this appliance concept and need is apparent for summation of its place in dentistry today.

The first six chapters deal with construction of bands, arch wires, and auxiliary attachments. There is a chapter on the occlusal guide plane and its indications for use. Technique methods are presented in clear outline form; excellent photographs cover construction techniques and case histories.

The final two-fifths of the book show application of the appliance to various types of malocclusions. Specific case studies with abundant case histories are used as examples.

## TECHNIQUE AND TREATMENT WITH THE EDGEWISE APPLIANCE. By Raymond C. Thurow. 225 pp. St. Louis: C. V. Mosby Co. 1961. $10.50.

This book is also concerned with the accomplishment or doing of appliance therapy. The present concept of the edgewise appliance, including the light wire arches, cervical anchorage, making and fitting and cementing bands, choice of edgewise brackets, methods of tying; in short, the construction and

application of the appliance is clearly and concisely delineated along with excellent photographs and drawings.

Distinctive to this book is the most thorough description of the physical properties of wires found in dental literature. While, through his hands, the orthodontist has the feel of the wire as he bends it, Thurow felt the need for showing by bending measurements, the difference between gold, steel, and cobalt-steel wires, the effect of heat treatment and bending beyond the elastic limit of the wire, and the effect of wire size. He has described the weakness of a wire from the standpoint of fatigue in the concentration of strain in a small area of the wire from soldering or checking.

One does not sit down to this book and read it easily, but having read it, the feel of the bend of a wire and the placement of an edgewise appliance has a different meaning.

*William S. Brandhorst, St. Louis*

## MALPRACTICE LAW DISSECTED FOR QUICK GRASPING. By Charles L. Cusumano. 132 pp. New York: Medicine Law Press, 42 Broadway. 1962. $10.00.

This book accomplishes adequately the objective of its author in presenting the fundamentals of the law of medical malpractice clearly for quick understanding. It offers in its twenty-eight chapters and 132 pages, a definitely useful digest of the subject.

The author states briefly but inclusively the relationship of physician and patient, their contractual obligations, the duties of practitioner to patient, including those of the specialist, the grounds of malpractice, and the defenses employed in refutation. He explains how the malpractice case is proved in court, damages, the liability of the physician to others and for the acts of others. He sets forth the elements of criminal malpractice, medical contract suits against physicians, the doctrine of consent, liability of restraint or commitment of the mentally ill, and the liability of the physician for torts. He treats succinctly the matter of professional insurance and protective suggestions for physicians.

While there is only one chapter dealing exclusively with the liability of the dentist, it covers the subject commendably. Much of the material relating to the physician throughout the book is directly applicable to the dentist.

There are chapters, respectively, on the liability of hospitals, that of nurses, and the liability of employers to employee and others for the malpractice of doctors and other injuries. The bibliography is excellent.

"Malpractice Law Dissected for Quick Grasping" is a timely and a worthy addition to the literature of medical malpractice. In this day of increasing suits it is highly valuable for ready reference by physicians, dentists and other practitioners of the healing arts, hospital administrators, students, and lawyers.

*Neal A. Harper, Columbus, Ohio*

*(Continued from page 52)*

study of Chileans, 1960. II. Geographic and nutritional factors in dental caries. (In press: Public Health Reports.)

21. Barros F., Luis. Algunos factores modificantes del nivel opitmo de fluor. (Prepared for presentation in the conferencias clinicas, American Dental Association, Miami, 30 October 1962.)

22. World Health Organization. Periodontal disease: report of an expert committee on dental health. Geneva, World Health Organization, 1961 (Technical Report Series No. 207). 42 p.

23. Russell, A. L. International nutrition surveys: a summary of preliminary dental findings. Paper read before the second international Conference on Oral Biology, Bonn, 3 July, 1962.

24. Waerhaug, Jens. Personal communication, 24 May, 1962.

25. Greene, J. C. Oral hygiene and periodontal disease. Paper read before the Dental Section, American Public Health Association, Miami, 16 October, 1962.

# CALENDAR OF MEETINGS

## CONVOCATIONS

October 13, 1963, Atlantic City

November 8, 1964, San Francisco

November 7, 1965, Las Vegas

1966, Dallas

1967, Washington, D. C.

1968, Chicago