

JOURNAL

AMERICAN COLLEGE OF DENTISTS



Convocation Awards

New Fellowships Conferred

Purposes and Objectives of the American College of Dentists

The American College of Dentists in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals.

- (a) To urge the extension and improvement of measures for the control and prevention of oral disorders;
- (b) To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all and to urge broad preparation for such a career at all educational levels;
- (c) To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
- (d) To encourage, stimulate and promote research;
- (e) To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
- (f) To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
- (g) To cooperate with other groups for the advancement of inter-professional relationships in the interest of the public;
- (h) To make visible to the professional man the extent of his responsibilities to the community as well as to the field of health service and to urge his acceptance of them;
- (i) To encourage individuals to further these objectives, and to recognize meritorious achievements and the potentials for contributions to dental science, art, education, literature, human relations or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.

The JOURNAL

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of the AMERICAN COLLEGE of DENTISTS

**A Quarterly
Publication
Presenting
Ideas & Opinions
In Dentistry**

Keith P. Blair, DDS, Editor
Gordon H. Rovelstad, DDS, Business Manager
Publications Advisory Committee
W. Robert Biddington, DDS, Chairman
Robert E. Doerr, DDS
Thomas W. Slack, DDS
Chris C. Scures, DDS

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Correspondence relating to the *Journal* should be addressed to the Editor, Keith P. Blair, DDS, Suite 352N, 7315 Wisconsin Avenue, Bethesda, MD 20814-3304.

Changes of address and subscription requests should be addressed to the Business Manager, Gordon H. Rovelstad, DDS, American College of Dentists, Suite 352N, 7315 Wisconsin Avenue, Bethesda, MD 20814-3304.

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PREVENTING LITIGATION

Currently, when one out of every six dentists reportedly has a professional liability insurance claim each year, it is high time that dentists get serious about preventing litigation and learn to practice defensive dentistry.

According to figures compiled by The Dentists Insurance Company (TDIC), a wholly owned subsidiary of the California Dental Association, the United States with only about 6% of the world's population, has nearly 66% of the world's lawyers. The USA also has laws which allow large contingency fees for lawyers and liability insurance programs that provide bountiful money trees to be harvested in court. There is no doubt that this combination greatly contributes to the immense number of lawsuits filed in this country every day.

Court awards and insurance settlements have greatly increased in dollar amounts in the 1980's. The public (and juries) apparently perceive that medical and dental treatment should have perfect results in every situation. Malpractice awards are therefore much higher than would be for the same type of injury received in some other way, such as in a car accident. Tort reforms that could help to rectify this situation are only a long-range possibility.

One answer to all of this is to try to prevent the causes of malpractice suits by carefully treating each patient as if he or she were a potential lawsuit and by keeping painstakingly thorough written records.

The detailed, accurate, unaltered



Keith P. Blair

patient record is the strongest evidence a dentist has to support his judgment and treatment. It is a legal document and should be treated that way.

The record should contain *everything*, not just the treatment procedures. It should detail other recommendations, referrals for treatment, allergies, need for premedication, updates on medical history, periodontal charting, signed consent forms, cancelled or failed appointments, phone calls, instructions and patient comments. On the record, examinations should indicate healthy conditions as well as disease. Every entry should be carefully dated. Original radiographs are an essential part of the record and should never be allowed to leave the office.

Patients should be fully informed about the planned treatment, with fees in writing, and also informed about the risks of treatment and possibility of failure. In addition, they should be informed about what can happen if they do not have the recommended treatment. The patient then has the obligation

FROM THE EDITOR'S DESK

to follow the professional advice. Refused treatment should be documented, preferably as a written informed refusal.

Once information has been entered into the patient record, it should *never* be changed in any way. Enhancing or improving the original words on the record by adding more information arouses suspicions and does more harm than good.

The three main reasons that establish a cause for all malpractice suits are negligence, damage and breach of duty for standard of care. However, the standard of care for each case can vary greatly according to the testimony of expert witnesses. For instance, if a general practitioner assumes the responsibility of doing treatment in a specialist field, the generalist can then be judged according to specialist standards.

One of the most effective ways of preventing litigation is to have good rapport, friendly relations and excellent communications with patients. A sincere, caring attitude by the dentist, with obvious concern for the patient, can head-off most malpractice problems before they start. People rarely sue a doctor that they like.

If all of this sounds rather excessive and unnecessary, please reconsider because it is the specific, expert advice provided by experienced attorneys who defend dentists in malpractice suits.

The advice is well-founded, to the point and should be carefully heeded.

Keith P. Blair

A LOOK AT DENTISTRY AND THE COLLEGE

President-Elect's Address

H. Curtis Hester

Fellows of the College, candidates for fellowship and our most welcome families and guests, good morning. In Milwaukee in August 1921 the founders of the American College of Dentists stated the objectives of the college this way:

"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 individuals 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, and hold forth its fellowship as a reward to those who faithfully follow such ideals; to stimulate advancement in dental art, science and literature; and to honor men who have made notable contributions to the advancement of our



H. Curtis Hester

profession." I believe these words properly set the stage for today's festive activities. These are the main reasons we are here.

There is always a sense of excitement as we end one year and embark on another. One more step has been taken in our journey through life and we ask ourselves whether that step has been significant. Has that step led us towards the goals we have established for ourselves? As we ask ourselves that question, it is entirely appropriate that we review the activities of the College during the past year and set the goals for the future.

Briefly, here are some of the significant actions taken by the American College of Dentists last year: The Board of Regents proposed changes in the By-laws which involve re-districting, membership classification, and Regents activities. These changes have been approved by the membership and

will appear in the 1987 Fellowship Handbook of the College.

The Board of Regents clarified the proper use of the title "Fellow of the American College of Dentists" and the abbreviation F.A.C.D. This clarification is now a part of the Code of Conduct.

The position statements on advertising, journalism and education were revised and published in *News & Views*.

The Board of Regents realized that for the College to pursue its vital activities it must adopt a modest dues increase beginning in 1987.

At the present time the College is leasing office space in Bethesda, Maryland. A Long Range Planning Committee has been appointed to consider future plans for the College.

In another area, many feel that we are going through difficult times in dentistry. If this is true, we should remember an old Texas saying, "Tough times never last, tough people do". Right now we need these tough, dedicated individuals to be Champions for Dentistry!

Dr. Lynden Kennedy, a past president of the College, recently wrote, "Those of us in dentistry today are heirs to positions of respect, given by men who achieved that respect by adhering to principle, by working their way up, step by step. Laying it on the line, going the extra mile, giving up their time, substance and energy; men who looked upon their fellow dentists as colleagues, not competitors; who

believed we are a profession, not a trade."

I, too, am convinced that if we keep our traditional dedication and commitment to professional details, the future of dentistry will be fulfilling, bright and positive. Thus, we must work with our dental schools to influence both the quality and quantity of our manpower supply. In terms of quality, we must seek out the best and most qualified students and encourage them to choose a career in dentistry.

In pursuit of this goal, the Board of Regents has made a commitment to support a most valuable project known as the "Select Program." Working together, the ADA and AADS have approved this program as a joint recruitment effort. It is a coordinated effort among dental practitioners, educators and college and high school counselors. It is, in essence, a national network of recruiters. The participation of every dental school, as well as every state dental society, is critical if the network is to be effective. In the coming year we will keep the Sections informed of the progress of this program.

As President of the American College of Dentists Foundation, I am pleased to report that the Foundation distributed over 16,000 copies of the booklet "Dentistry, A Health Service" to dental students in the U.S.A. and Canada.

Each year we seek to increase contributions to the Foundation through memorials and gifts. I am pleased to announce a most substantial gift from Dr. Samuel D. Harris of Detroit, Michigan. Dr. Harris' contribution will support a program to recognize those Fellows who served the College for 50 years. This recognition of Distinguished Service will be presented at this meeting. Fellows who have served 25 years will be recognized by their respective Sections.

The Foundation also is very proud to have sponsored the writing and production of a book in the literature of dentistry. This book is entitled "Organized Dentis-

try's Glanzperiode: The Hillenbrand Era." The German word *Glanzperiode* when translated into English means brilliant period.

Although my contact with Dr. Hillenbrand was limited, I recall him best for a message he left to our profession: "The greatest danger in the next few years is not the invasion by the government, but rather loss of leadership by the health professions." Since leadership is the cornerstone purpose of the College, this warning should be most meaningful to the Fellows of this College.

The history of Dr. Hillenbrand's career is rich and varied, surely an inspiration to all who participate in the various fields of dental health. I urge your review of this informative and entertaining volume. A major share of the credit for the fulfillment of this literary project belongs to our President, Dr. Norman Olsen. Without Dr. Olsen's persistence this worthy effort might still be just a collection of notes gathering dust.

Over the past years, the Board of Regents of the College has appointed a special committee to promote the teaching of ethics in the dental curriculum. As a result of the College's efforts and of action by the American Association of Dental Schools, the Commission of Dental Accreditation has improved on standards for instruction in professional ethics. I believe it is also note-worthy that Dr. John Bomba, when serving as President of the ADA in 1985, appointed a Special Committee on Ethics and Professionalism. This committee has been continued by Dr. Kobren, and it has performed an extensive study of professional ethics. The word "Ethics" is now being proposed as an addition to the official name of an ADA Council.

Increasingly, we also see articles on Professionalism and Ethics in dental publications. I believe this is due, at least in part, to the time devoted to the subject by our own Editor of the Journal of the American College of Dentists, Dr. Keith

Blair, and by our President, Dr. Norman Olsen.

Many definitions have been offered on the concept of professionalism, but practicing this concept in the pursuit of our careers is the real essence of the matter. A professional career offers the opportunity for what I sometimes call the four "fors": The opportunity "for" service to others, "for" self-regulation, "for" enjoyment of life and "for" personal creativity.

On behalf of the Officers and Regents, I would like to thank the Fellows who will perform the ceremonial and other duties in today's Convocation.

To the candidates present for Fellowship, I offer you my heartiest congratulations. Today, you are honored by the Fellows of the American College of Dentists. We are sure this will be a special day for you, your sponsor and your guests. When you return home and reflect on this occasion, I hope you will find time to ask yourselves this question—What can I contribute toward the achievement of the goals and objectives of the College? It is my belief that a thoughtful answer to that question will bring you to involvement with your new Section and its activities. The Sections are the grassroots from which values will grow which are meaningful to our entire profession. We each have a unique opportunity to make a contribution to our profession, to our lives and to the history of the College. Imagination and fortitude should guide us. We will succeed if we stand resolute in our belief that we can enrich the lives of those around us. Our caring will help them recognize that there are others who share their values. As we begin a new year, let us take advantage of the opportunities that confront us each day.

I will leave you with this thought: Gold does not glitter from the surface of a stream. It takes faith, knowledge and determination to get it.

I wish you all continued great success. Thank you.

FOUR FELLOWS RECEIVE GIES AWARD

GIES AWARD TO WILMER B. EAMES

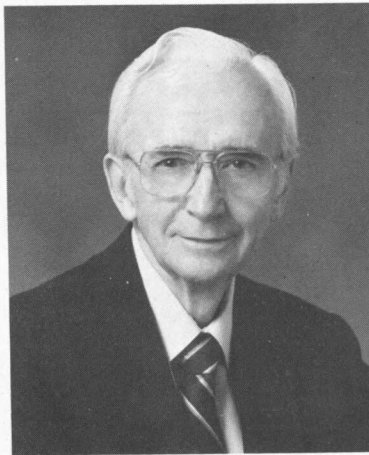
Citation Presented by Regent James A. Harrell, Sr.

The William John Gies Award was established by the American College of Dentists in 1939 in order to recognize Fellows of the College for outstanding service in dentistry and its allied fields. This award honors Dr. Gies, not only for his outstanding contributions to all facets of the profession of dentistry, but also serves as an index of appreciation and esteem for those Fellows of the College whose works have merited exceptional recognition. There have been 62 distinguished Fellows of the College honored by this award. These 62 Fellows represent the most noble and dedicated among us and personify professionalism in the finest form.

The William John Gies Award for 1986 is being presented this year to four Fellows of the College in recognition of outstanding achievement.

Dr. Wilmer B. Eames, Professor Emeritus at Emory University, is to be recognized with the William John Gies Award of the American College of Dentists for his outstanding and meritorious research in the field of dental materials. His research, both laboratory and clinical studies, has had a significant influence on the practice of dentistry. He conducted research while in practice in Colorado that led to the development of the minimal-mercury ratio technique in amalgam, which has become a universally accepted procedure.

Dr. Eames received his dental degree from Kansas City—Western Dental College in 1939. After 22 years in private practice and in the Armed Forces, he left his home in Glenwood Springs to become Professor of Operative Dentistry and Associate Dean at Northwestern University Dental School where he



Wilmer B. Eames

also expanded his research activities. He later joined the faculty of Emory University as professor of Operative Dentistry and Director of Applied Dental Materials. Not only did he continue his own research, but he also established a program to stimulate interest of undergraduate students in dental research through active participation.

Dr. Eames is a member of many learned societies and academies,

both dental and scientific. He lists over 90 publications and more than 400 oral presentations throughout the world. He has been the recipient of numerous honors. A few include: The Hinman Distinguished Service Medal, the Hollenback Memorial Prize from the Academy of Operative Dentistry, Alumnus of the Year from the University of Missouri-Kansas City, the Schweitzer Research Award from the Greater New York Academy of Prosthetics, the Wilmer Souder Award, the highest science award given in Dental Materials by the International Association for Dental Research, the Albert L. Borish Award, highest award given by the Academy of General Dentistry, the Man of the Year Award from the Colorado Section of the American College of Dentists, and the Distinguished Service Award from the University of Colorado Health Sciences Center.

Although he retired from formal teaching in 1979, he has not retired from research. He continues to serve as a consultant in the field of dental materials, as an author, as an associate editor of two dental journals, and as Visiting Clinical Professor at the University of Colorado School of Dentistry.

Mr. President, it is with great honor and pleasure that I present to you Dr. Wilmer B. Eames for the William J. Gies Award of the American College of Dentists. △

GIES AWARD TO IRVING E. GRUBER

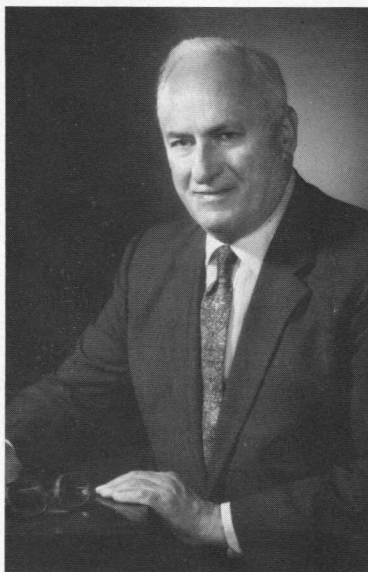
Citation Presented by Regent Joseph P. Cappuccio

There are probably few dentists in the entire nation who have had such a profound effect on our profession as Dr. Irving E. Gruber, 1986 Gies Awardee for the American College of Dentists. Known to many of his colleagues as "Mr. Hospital Dentistry," he was the singular leader in hospital dental practice in the United States from the late 40's to the early 70's. He set the tone for hospital dental practice through his work with the American Association of Hospital Dentists, the Dental Society of the State of New York, and the American Dental Association Council on Hospital Dental Service. This predominant distinction comes to Dr. Gruber as a result of accomplishments which have influenced the practice of oral health care throughout the nation.

Upon completion of his studies at the University of Wisconsin and the School of Dentistry of the University of Pennsylvania in 1941, he became active at the Sea View Hospital in Brooklyn, New York, where he rose to the Directorship of The Dental Service. His motivating leadership so impressed the Sea View staff that he was elevated to the presidency of the Medical Board, one of the first dentists to be so designated.

Irv Gruber's preoccupation with hospital dentistry brought his talents to what was then the newly-formed American Associa-

tion of Hospital Dentists where he became a prime influence in the development of that aspect of dental practice, serving on the Dental Society of the State of New York's Council on Hospital Dentistry, as well as on the ADA Council.



Irving E. Gruber

Dr. Gruber's role in the 25 year's struggle to include a dentist on the Joint Commission on Accreditation of Hospitals cannot be overestimated. The high standards of health care service which hospital dentistry affords the community today is in no small measure attributable to him.

Irv Gruber's career-long involvement with continuing education took indelible inspiration from his appointment to the Organization Committee of the Greater New York Dental Meeting in 1965. In 1979 he was asked to leave private practice and accept a full time position as Executive Director of the Meeting, a position he holds today.

Dr. Gruber has been recognized and honored by his colleagues and by the most prestigious organizations in dentistry. He was elected First Vice President of the American Dental Association in 1975-76. He is the recipient of several awards such as the University of Pennsylvania Dental Alumni Society Award of Merit, Distinguished Service Award of the Dental Society of the State of New York, Special Service Award of the New York State Academy of General Dentistry, Lawrence J. Chasko Distinguished Service Award of the American Association of Hospital Dentists, Distinguished Service Award of the Second District Dental Society, and Presidential Citation of the American Dental Association. He has been praised as an administrator, scientist, educator, editor, and innovator.

Mr. President, it is a pleasure and an honor for me to present Dr. Irving E. Gruber to you for the William John Gies Award of the American College of Dentists. Δ

GIES AWARD TO LINDSEY D. PANKEY, SR.

Citation Presented by Regent Albert Wasserman

Dr. Lindsey D. Pankey, Sr. of Coral Gables, Florida has been selected for the William John Gies Award of the American College of Dentists for 1986.

Dr. Pankey entered the practice of dentistry in 1924 and for 62 years has served his profession as clinician, examiner, educator, and an active member of organized dentistry. L. D., as he is known to his friends, was born in Elizabethtown, Illinois, 1901. He received his D.D.S. Degree at the University of Louisville where he was a member of the Psi Omega Dental Fraternity. He was elected to the Omicron Kappa Upsilon Honorary Society. In July 1924 he opened his office in New Castle, Kentucky where he practiced one and one-half years. In December 1925 he moved to Florida and opened his office at 130 Coral Way in Coral Gables. On October 23, 1934 he moved into a new bungalow office at 152 Alhambra Circle, one of the first of its kind in the United States.

On February 1, 1932 he was appointed to the Florida State Board of Dentistry Examiners where he served for twelve years. While on the State Board he acted as Secretary and as Chairman. During these twelve years he was also a member of the American Association of Dental Examiners serving as Vice President in 1942 and as President in 1943. For five years he served as Chairman of the Committee on Standardization of Dental Laws for the American Association of Dental Examiners. He is a Past President of the American Prosthodontic Society, the

Miami Dental Society and the East Coast District Dental Society. He is a member of the American Prosthodontic Society, the Southern Academy of Clinical Nutrition, the American Academy of Dental Practice Administration, the Florida Academy of Dental Practice and the Academy of 100 (the prestigious alumni organization of the Dental College of the University of Florida).



Lindsey D. Pankey, Sr.

During World War II he served on the Board of Review of the Selective Service Board and received the Certificate of Appreciation signed by President Roosevelt and the Congressional Certificate of Merit signed by President Truman. For 26 years he was a Consultant to the Prosthetic Department of the Veterans Administration Hospital in Miami.

Through the years he has ap-

peared countless times as an essayist before local, state, national and international groups of dentists as well as hygienists, assistants and technicians on several subjects, including Nutrition and Caries Control, Practice Management, Investments for Professional Men and Restorative Dentistry. He is best known for his seminars entitled, "A Philosophy of the Practice of Dentistry."

Dr. Pankey, who retired several years ago, is the guiding light of the Institute for Advanced Dental Education which bears his name. Founded in Miami, Florida, the Pankey Institute is a non-profit educational facility which offers week-long post-graduate dental training sessions.

The awards that L. D. has received include the University of Louisville Award for Merit, the Steven W. Brown Medal from the Society of Oral Physiology and Occlusion, the Thomas P. Hinman Medallion and Certificate for "rendering distinguished service to his chosen profession", the Callahan Award of the Ohio State Dental Society, the Distinguished Service Award from the Yankee Dental Congress, Recognition Award from the American Dental Club of Paris, and the Distinguished Service Award from the Indiana Dental Society. The most recent award that he has received is that of the Humanitarian Award from the Florida East Coast Dental Society.

Mr. President, it is a pleasure and honor for me to present Dr. L. D. Pankey, Sr. to you for the William John Gies Award of the American College of Dentists. Δ

GIES AWARD TO ROBERT B. SHIRA

Citation Presented by Regent Sumner H. Willens

Major General Robert B. Shira, DC USA Retired, has been selected for the William John Gies Award of the American College of Dentists for 1986. Dr. Shira, Assistant to the President of Tufts University, Professor of Oral Surgery, and Dean Emeritus of Tufts University School of Dental Medicine, Member of the Health Care Policy Advisory Committee of the Reagan Administration, Member of the Advisory Panel of the Army Medical Research and Development Command, and Member of the Advisory Committee American Dental Society of Anesthesiology, has served the profession of dentistry in ways few dentists have ever done.

An educator, administrator, editor, clinical specialist, and a great humanitarian, he has served as President of the American Dental Association, Assistant Surgeon General and Chief of the Army Dental Corps with a rank of Major General, Senior Vice President and Provost of Tufts University, Dean at Tufts University School of Dental Medicine, President of the American Association of Oral and Maxillofacial surgeons, President of the American Board of Oral and Maxillofacial Surgery, President of the Pierre Fauchard Academy, President of the Canal Zone Dental Society, Chief of the Dental Service and Chief of Oral Surgery at Walter Reed Army Medical Center, and Chairman of the Council on Dental Therapeutics of the American Dental Association. These activities have extended from the present time back to the time when he graduated from the University of Missouri—Kansas, School of Dentistry in 1932.

A native of Pennsylvania, he entered the private practice of dentistry in Oklahoma. He entered the Army Dental Corps in 1938, and after 33 years of service to the Army, entered the field of dental education, this time as a faculty member and administrator. Throughout his career, he continued to practice his specialty of Oral Maxillofacial Surgery and he continued to share his talents with his profes-



Robert B. Shira

sion. He has conducted post graduate courses throughout the United States and abroad, at dental schools and research institutions as well as at state dental society meetings and hospital training programs. He has contributed more to his specialty of Oral and Maxillofacial Surgery than any other person in history. Through his clinical research, publications, text-

books, and lectures, he has reached into every phase of professional service. As Associate Editor of the Journal of Oral Surgery, and later Editor and Chief of the Journal of Oral Surgery, Oral Medicine, Oral Pathology, he has guided the literature on Oral and Maxillofacial Surgery for over 30 years.

He has been recognized for his outstanding service with the Distinguished Service Award of the American Dental Association, the Distinguished Alumni Award of the University of Missouri-Kansas City, the Man of the Year Award at the University of Missouri, the William John Gies Award in Oral Surgery of the William John Gies Foundation for the Advancement of Dentistry, the Pierre Fauchard Gold Medal, the Callahan Award of the Ohio Dental Association, the Alfred Fones Award of the Connecticut State Dental Association, the Jarvie-Burkhart Medal of the Dental Society of New York, the Sword of Hope Award of the Pennsylvania Division of the American Cancer Society, the Alpha Omega Fraternity Achievement Award, and the Achievement Award of the New England Dental Society.

Married in 1933 to Anne Eileen Anderson of Council Bluffs, Iowa, the Shira's have three daughters: Mrs. Sharon Lu Swanson, Mrs. Mary Ann Irvine, and Mrs. Linda Kay O'Hara. Residing in Lexington, Massachusetts, Bob Shira is now in his 54th year of service to his family and to his profession.

Mr. President, it is a distinct pleasure and an honor for me to present Dr. Robert B. Shira to you for the William John Gies Award of the American College of Dentists. △

HONORARY FELLOWSHIP FOR MURIEL J. BEBEAU

Citation Presented by Regent W. Robert Biddington

From time to time the American College of Dentists confers Honorary Fellowship on persons who are not members of the dental profession but have contributed in an outstanding manner to the advancement of dentistry and to its service to the public. These contributions may have been made in education, research, administration, public service, public health, medicine, and many others.

This year, it is a special privilege for the College to confer Honorary Fellowship upon Muriel J. Bebeau, Ph.D., Associate Professor in the Department of Health Ecology of the University of Minnesota School of Dentistry.

A native of Minnesota, Muriel J. Bebeau completed her Bachelor of Science Degree at Concordia College in River Forest, Illinois. She then enrolled at Arizona State University where she majored in Education earning her Masters Degree in 1974. She continued her studies at Arizona State University in the area of Educational Technology with special emphasis on Instructional Research and Development and completed her Ph.D. program in 1977. Her unusual talents were recognized by the faculty and administration and upon graduation she was appointed to the position of Instructor, and later, Assistant Professor in the Department of Educational Technology at Arizona State University. In 1979 she joined the faculty of the University of Minnesota.

A major interest of Dr. Bebeau is "decision-making" relative to professional ethical problems. She developed and implemented a course in the dental curriculum at the University of Minnesota on

Professional Problem Solving. Recognizing the expertise and professional experience of the Fellows of the Minnesota Section of the American College of Dentists, she expanded the instructional program to involve Minnesota Section Fellows on a regularly scheduled basis.



Muriel J. Bebeau

Dr. Bebeau's contributions have attracted both national recognition and university-wide attention. In direct response to the favorable acceptance of her efforts, students, faculty and the administration of the University of Minnesota supported the establishment of the Center for Bio-medical Ethics, funded by the Northwest Area Foundation, to serve as a "focal point for bio-medical ethics, research, discussion and information."

Dr. Bebeau's professional involvement is noteworthy and extensive. She is a member of the American Association of Dental Schools, the American Association for Dental Research, the Behavioral Scientists in Dental Research,

the American Educational Research Association, American Public Health Association, and the Association for Moral Education, for which she has served as Vice President and President. Presently, Dr. Bebeau serves on the Commission on Dental Education and Practice—Working Group 6 on Ethics and Jurisprudence of the Federation Dentaire Internationale.

In addition, Dr. Bebeau has been very active in University of Minnesota affairs, serving as a member of the Educational Policy, Minority Student Affairs, Student Affairs, Learning Resources, Faculty Affairs, and Continuing Education Advisory and the Lasby Visiting Professorship Committees.

Dr. Bebeau is a recognized author, having published several instructional manuals, books and numerous scientific articles. She was the recipient of the 1984 Lever Brothers Award for Outstanding Educational Innovation: Teaching Ethics in Dentistry. This was presented during the 1984 meeting of the American Association of Dental Schools.

Mickey Bebeau is a skilled organist, holding membership in the American Guild of Organists, and served as the Guild's President in 1974. She is active in the affairs of the Minneapolis Institute of Art, is a strong advocate of the performing arts. She is the mother of two beautiful children, Michelle, a senior at Alverno College in Milwaukee, and Lynette, a sophomore at Lawrence College in Appleton, Wisconsin.

Mr. President, it is an honor to present Dr. Muriel J. Bebeau for Honorary Fellowship in the American College of Dentists. Δ

AWARD OF MERIT TO HAZEL WALLACE

Citation Presented by Regent Thomas W. Slack

The supporting services of dentistry are universally recognized as being very important to the mission of the professional. From these derive many of the elements that enhance the effectiveness of dentistry for the delivery of care and the management of its own affairs. The Award of Merit of the American College of Dentists was established by the Board of Regents on February 8, 1959 in order to recognize unusual contributions made towards the profession of dentistry and its service to humanity by persons who work with the profession in common purpose but are not Fellows of the College.

Mrs. Hazel Wallace has been selected for the Award of Merit for 1986. Mrs. Wallace is the Retired Executive Director of the Fifth District Dental Society of Georgia, as well as the Thomas B. Hinman Dental Meeting, a meeting which has been a major factor in the education of the dental profession in the entire southeastern region of the United States. She continues to serve as a consultant to the Society.

Mrs. Wallace came to the Fifth District Dental Society of Georgia in 1947, and for 37 years, served as the Executive Director. Since the Fifth District Society was the sponsor for the Thomas B. Hinman Dental Meeting, she became the heart and soul of the Hinman Meeting. She has been an inspirational force, not only to the Hin-

man Meeting, but to all who have known her over the years.

A native Atlantan, Hazel Wallace has managed to maintain a busy career and an active family life for more than four decades. She and her husband, William, have been the parents of a son, Bill, and



Hazel W. Wallace

a daughter, Susan, and have seven grandchildren.

Among her many honors and achievements are: Colonel, Aide De Camp of the Georgia Governor's Staff (1975), Flying Colonel and Member of the order of the Flying Orchid for Delta Airlines,

and a Loyalty and Patronage Award from the Atlanta Marriott Hotel. Her professional memberships include the American Association of Dental Editors, the Conference on Dental Meetings, and the Georgia Society of Association Executives. She attended the University of Georgia, Atlanta, (now Georgia State University) and the School of Journalism at Michigan State University.

There is no question that Mrs. Wallace has contributed to the advancement of the profession and service to the public in an unusual and significant manner. During the years of her service to the District Dental Society, she has become nationally recognized as an expert in the conduct and production of major dental meetings. Her advice and counsel has been eagerly sought by those involved in helping American Dentistry maintain the high level of excellence it has achieved. Dentistry in this country, particularly in the southeast, has been greatly enriched by her selfless devotion through the years. In all dental circles, she is known as "Miss Hinman." Her dedication and love for our profession stands out for all of us to see and respect.

In honoring Mrs. Wallace, the American College of Dentists honors itself.

Mr. President, it is a pleasure and an honor for me to present Mrs. Hazel Wallace to you for the Award of Merit. △

FELLOWSHIPS CONFERRED

Fellowships in the American College of Dentists were conferred upon the following at the Annual Convocation in Miami, Florida on October 18, 1986.

DELMAR D. ALBERS
Milwaukee, Wisconsin

JIMMY E. ALBRIGHT
Memphis, Tennessee

GEORGE A. ALEXANDER
Long Beach, California

EUGENE MILTON ALLEN, SR.
Dallas, Texas

JACK L. APPELBAUM
Middletown, New York

PAUL J. ARMSTRONG, JR.
Lexington, Kentucky

G. WILLIAM ARNETT
Santa Barbara, California

HERBERT M. ASATO
Honolulu, Hawaii

ARNOLD BAKER
Holland, Michigan

DANIEL R. BALBACH
Ann Arbor, Michigan

THOMAS J. BALSHI
Fort Washington, Pennsylvania

MICHAEL L. BARNETT
Morristown, New Jersey

RICHARD M. BATES
Portland, Oregon

ALBERT J. BAUKNECHT
Jacksonville, Florida

DONALD J. BEAN
Jamaica, New York

WILLIAM H. BELL
Dallas, Texas

GERALD D. BERKOWITZ
Utica, New York

LUIS BLANCO-DALMAU
Rio Piedras, Puerto Rico

CHARLES R. BOCKS, III
San Jose, California

RICHARD E. BOLYARD
LaVale, Maryland

THOMAS J. BOMBERG
Denver, Colorado

BRYANT R. BOSWELL
Jackson, Mississippi

JOHN A. BREZA
Fraser, Michigan

EUGENE E. BRINKER
Evansville, Indiana

RICHARD V. BRODOSKI
Sterling Heights, Michigan

ALAN H. BROOKMAN
Livingston, New Jersey

LOUIS N. BROWN
Tampa, Florida

GEORGE F. BUCHNESS
Baltimore, Maryland

KENNETH J. BUECHELE
Minneapolis, Minnesota

WILLIAM R. CAPPS
Hope, Arkansas

JOHN R. CARINGELLA
Chicago, Illinois

ROBERT E. CASSIDY
Rockville, Maryland

ROBERT H. CHASE
Traverse City, Michigan

ANTHONY L. CHECCHIO
Philadelphia, Pennsylvania

DANIEL C. CHIN
Schaumburg, Illinois

C. BENSON CLARK
Newport News, Virginia

MORRIS S. CLARK
Denver, Colorado

ROBERT J. COLLINS, JR.
Rockville, Maryland

MARK E. CONNELLY
Birmingham, Alabama

FRANCIS A. CONNOR, JR.
Providence, Rhode Island

DAVID N. COOK
Pittsburg, California

ROBERT L. COOLEY
San Antonio, Texas

BILLY DON COULSON
Wichita Falls, Texas

THOMAS L. COURY
Oklahoma City, Oklahoma

P. RALPH CRAWFORD
Winnipeg, Manitoba

JACQUELINE J. CRESSWELL
Bloomington, Illinois

CHARLES J. CUNNINGHAM
Lexington, Kentucky

FREDERICK A. CURRO
Hackensack, New Jersey

FRANK T. CURRY
Newport Beach, California

WALTER C. DANIELS
Denver, Colorado

ALPHONZO L. DAVIDSON
Landover, Maryland

JOSEPH F. DIAZ
Tampa, Florida

JOSEPH B. DIETZ, JR.
Wilmington, Delaware

OSCAR DOMONDON
Long Beach, California

O. WALTER DONNENFELD
Boston, Massachusetts

TERRY E. DOWNS
San Antonio, Texas

GEORGE G. DUDNEY
Raleigh, North Carolina

RICHARD G. DYCK
Beaumont, Texas

JAMES R. EASTBURN
Hot Springs, Arkansas

THOMAS J. EMMER
Morristown, New Jersey

BEN. L. FABER
Sunnyvale, California

D. LAWRENCE FADJO
Chelmsford, Massachusetts

JAMES R. FAY
APO, New York

ELVIN D. FELTMAN, JR.
Milan, Ohio

EUGENE F. FERRARO
New Orleans, Louisiana

RAYMOND J. FONSECA
Ann Arbor, Michigan

VICTOR E. FOURNIER
Laconia, New Hampshire

STEVEN R. FOX
Yonkers, New York

JOHN F. FRASCO
Oak Park, Illinois

STANLEY P. FREEMAN
Westport, Connecticut

E. ERNEST FRYAR, JR.
Winter Park, Florida

WILLIAM L. GAFFORD
Saraland, Alabama

JAMES H. GAINES
Greenville, South Carolina

EDWIN J. GASIOR
Lisle, Illinois

LAWRENCE G. GASTON
St. Louis, Missouri

PHILIP R. GERON
Union, New Jersey

JOSEPH E. GIAN-GRASSO
Philadelphia, Pennsylvania

BIRGIT JUNFIN GLASS
San Antonio, Texas

GLENN E. GORDON
Woodinville, Washington

GERALD N. GRASER
Rochester, New York

ROLAND N. GRUBB
Glendale, California

EITEL H. HAHN
Fort McPherson, Georgia

BYRON J. HALL
Houston, Texas

DON HATCHETT
Slaton, Texas

ROBERT M. HAWKINS
Berkeley, California

ARTHUR I. HAZLEWOOD
Bronx, New York

RICHARD HERMAN
Great Neck, New York

EARL HERSHENFIELD
Westmount, Quebec

ANDREW C. HINTON
Pensacola, Florida

STUART M. HIRSCH
New York, New York

DAVID L. HOEXTER
New York, New York

JERRY I. HOFFMAN
Maywood, Illinois

WILLIAM R. HOLMES
Newport Beach, California

STEPHEN C. HOPKINS, JR.
Washington, District of Columbia

PETER S. HURST
Chicago, Illinois

JOHN M. IACONO
Manhasset, New York

MICHAEL A. IMPAGLIA
Syracuse, New York

BARRY P. ISENBERG
Birmingham, Alabama

MARIE C. JACOBS
Maywood, Illinois

ALEX JACOBSON
Birmingham, Alabama

TARIQ JAVED
Charleston, South Carolina

WILLIAM R. JERLES
Perry, Georgia

DAVID A. KAISER
San Antonio, Texas

KARL W. KAISER
Upland, California

DANIEL C. KAMAS
Houston, Texas

SANFORD K. KAMEZAWA
Honolulu, Hawaii

ANDREW S. KAPLAN
New York, New York

VICTOR H. KASNER
West Orange, New Jersey

CHARLES A. KASS
Brookfield, Wisconsin

MARVIN C. KASTROP
Billings, Montana

NATHAN KATZ
Kensington, Maryland

BENJAMIN T. KAYS
Charleston, South Carolina

DAVID M. KEIL
Washington, District of Columbia

FRANCIS E. KEITH
Des Moines, Iowa

EUGENE E. KELLER
Rochester, Minnesota

BERNARD M. KLERSFELD
Great Neck, New York

GILBERT KUNKEN
Washington, District of Columbia

ARLEN D. LACKEY
Pacific Grove, California

JUSTIN E. LACY, JR.
Rochester, New York

CARL G. LANGBERT
Highland Park, New Jersey

GERALD A. LARSON
Brookfield, Wisconsin

DONALD P. LAVELY
Clarion, Pennsylvania

HARRISON LAWYER
Columbus, Indiana

BRIAN D. LEE
Foster City, California

STEPHEN H. LEEPER
Lincoln, Nebraska

LUDWIG LEIBSOHN
New York, New York

ANTHONY LEWANDOWSKI
Philadelphia, Pennsylvania

EUGENE A. LEWIS
Buffalo, New York

ROBERT W. LITTLE
Waco, Texas

FINN F. L'ORANGE
Cleveland, Ohio

LAWRENCE W. LOVELAND
Endwell, New York

LARRY N. LOVERIDGE
Carmichael, California

DAN H. LOVING
Dumas, Texas

ARTHUR F. MAHLER
Fair Lawn, New Jersey

HERBERT G. MANKIN
Palo Alto, California

LAWRENCE J. MANNING
Grand Rapids, Michigan

WYNN M. MATSUMURA
San Francisco, California

BARRY LEE MATTHEWS
Summerville, South Carolina

EDWARD H. MAXWELL
San Rafael, California

J. HOWARD McCLAIN
Memphis, Tennessee

BILL L. McCLANAHAN
Maitland, Florida

GORMAN F. McKEAN
Fort Myers Beach, Florida

DONALD R. McNEAL
Gainesville, Florida

JOHN McNEILL
Farmington, New Mexico

EDWIN S. MEHLMAN
Providence, Rhode Island

MURRAY MEISELS
Buffalo, New York

MARVIN MEISTER
Seafood, New York

HARRY J. MELNICK
Skokie, Illinois

MERRILL C. MENSOR
San Mateo, California

LARRY C. MILLER
Savannah, Georgia

MARLIN A. MILLER
Chambersburg, Pennsylvania

SHELDON M. MINTZ
Dearborn, Michigan

WILLIAM A. MITCHELL, JR.
Greenville, South Carolina

GERALD L. MORAIS
Washington, District of Columbia

DONALD A. MORGAN
Houston, Texas

WILLIAM J. MORRISSEY
New Britain, Connecticut

ROBERT J. MROZ
Hines, Illinois

RAYMOND E. MURPHY
Silver Spring, Maryland

JAMES H. MURRAY
Washington, District of Columbia

TALIB A. NAJJAR
Newark, New Jersey

GORDON A. NORTON
St. Petersburg, Florida

ROBERT G. OLSON
Rapid City, South Dakota

PERRY M. OPIN
Milford, Connecticut

THEODORE R. PALADINO
Munhall, Pennsylvania

CLAUDE PALLANCA
Monte Carlo, Monaco

JOHN C. PARSONS
San Antonio, Texas

REUBEN N. PELOT, III
Knoxville, Tennessee

LOUIS PESCE
Winter Park, Florida

RICHARD S. POLACHEK
N. Hollywood, California

KENNETH H. PORTER
Houston, Texas

BILLY J. POWELL
Martinez, Georgia

GLEN L. PURDY
Eugene, Oregon

W. PAUL RADMAN
Dallas, Texas

LAURENCE V. RADTKE, JR.
Berkeley Heights, New Jersey

MICHAEL J. REED
Kansas City, Missouri

JOYCE A. REESE
Potomac, Maryland

J. FREDERICK REID
Vancouver, British Columbia

GEORGE A. RICHARDS
Dallas, Texas

PAUL B. ROBERTSON
San Francisco, California

FRANK J. ROMEO
Baltimore, Maryland

JOHN C. ROONEY
Riverview, New Brunswick

CHARLES L. ROSS, JR.
Miami, Florida

MICHAEL R. SABAT
Parma, Ohio

STEPHEN A. SACHS
New Hyde Park, New York

ELISE SAMPSON
Milwaukee, Wisconsin

ALVIN M. SARNOFF
Plainview, New York

ERNEST W. SCHEERER
Honolulu, Hawaii

LESTER SCHWADRON
Forest Hills, New York

RICHARD SCHWIMMER
New York, New York

EUGENE W. SEKLECKI
Tucson, Arizona

E. STEVE SENIA
San Antonio, Texas

ROBERT D. SHAPIRO
Galveston, Texas

HAROLD M. SHAVELL
Chicago, Illinois

PHILLIP J. SHERIDAN
Rochester, Minnesota

ROBERT J. SICURELLI
Brooklyn, New York

IRVING SIEGEL
Toronto, Ontario

RAFAEL SIGUENZA
Garrett Park, Maryland

BARRY I. SIMON
Albany, New York

PHOENIX E. SINCLAIR
San Francisco, California

LARRY D. SINDLEDECKER
Boca Raton, Florida

MAXINE T. SINDLEDECKER
Boca Raton, Florida

RONALD R. SKINNER
Albuquerque, New Mexico

STANLEY SMALL
White Plains, New York

CHARLES E. SMITH
Indianapolis, Indiana

E. STEVEN SMITH
Chicago, Illinois

ROBERT J. SMITH
Pittsburgh, Pennsylvania

RICHARD A. SMITH
San Francisco, California

ALVIN J. SNYDER
San Mateo, California

ANTHONY J. SPADAFORE
Wheeling, West Virginia

BENJAMIN C. SPAULDING, JR.
Manchester, Tennessee

VERNON R. STEFFENS
Minneapolis, Minnesota

AIDAN P. STEPHENS
Maywood, Illinois

AUBREY N. STEPHENS
Ketchikan, Alaska

R. ALAN STEWART
Wilmington, Delaware

CARL M. STIEFEL
Knoxville, Tennessee

J. DANIEL SUBTELNY
Pittsford, New York

DENNIS M. SULLIVAN
Simpsonville, Maryland

JOHN G. SUNDBYE, II
San Marino, California

RICHARD D. SWANSON
Bellevue, Washington

KENNETH A. SWENSON
Pleasant Hill, California

LEONARD SWIMMER
Springfield New Jersey

THOMAS M. TARPLEY
Washington, District of Columbia

RICHARD CARLOS TATUM
Columbia, Maryland

DAUBERT TELSEY
Rego Park, New York

W. KEITH THORNTON
Dallas, Texas

WAYNE E. TIPPS
Chattanooga, Tennessee

ROBERT J. TISOT
Cherry Hill, New Jersey

ANTHONY T. TOLENTINO
Boston, Massachusetts

DON I. TRACHTENBERG
Philadelphia, Pennsylvania

GEORGE A. TROUT
Shrewsbury, Pennsylvania

JERRY M. TURNER
Irving, Texas

NICK F. VARALLO, JR.
Nashville, Tennessee

ALAN M. VODA
Albuquerque, New Mexico

MARK E. WALTZ
Ambler, Pennsylvania

DAVID K. WARFIELD, III
Atlanta, Georgia

JAMES C. WEIG
Rochester, New York

EDWIN E. WEINFELD
Oak Lawn, Illinois

MICHAEL WEISENFELD
Farmington Hills, Michigan

JAY WEISS
Caldwell, New Jersey

JAY R. WELLS, III
Bethel Park, Pennsylvania

S. RAND WERRIN
Pittsburgh, Pennsylvania

WILFRED D. WHITESIDE
Corpus Christi, Texas

STEWART B. WHITMARSH
Lakewood, Colorado

RICHARD T. WIESS
DeFuniak Springs, Florida

J. HAMIL WILLOUGHBY
Hempstead, New York

JOHN W. WILLOUGHBY
Lansing, Michigan

WINSTON W. WOOD
Muskegon, Michigan

HENRY K. WOODBREY
Orono, Maine

ROBERT J. WRIGHT
Carthage, Tennessee

NEWELL H. YAPLE
Columbus, Ohio

NEWS OF FELLOWS



Bill B. Lefler

Bill B. Lefler, U.S. Army Dental Corps, has been nominated for promotion to the rank of Major General and assignment as Assistant Surgeon General for Dental Services. He will become the 20th Chief of the Army Dental Corps in the office of the Surgeon General, Washington, D.C. He is recognized as one of the services' most noted prosthodontists and administrators.

Edward F. Leone of Milwaukee has been named the 1986 Dis-

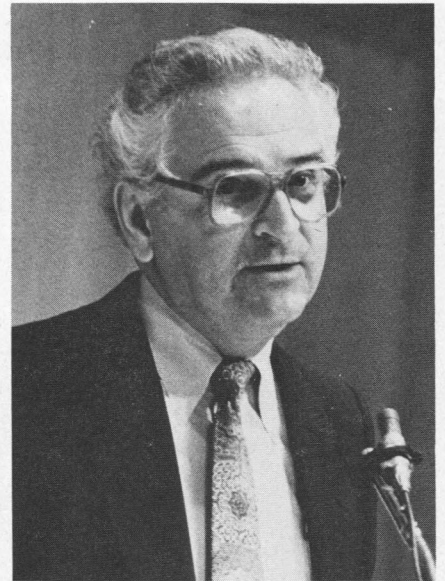


Edward F. Leone

tinguished Alumnus in Dentistry by the Marquette University Dental Alumni Association. Dr. Leone previously received the Wisconsin Dental Association Distinguished Service Award. He is a Certified Professional Parliamentarian and an award winning photographer whose pictures appear in the ACD Journal.

Stephen F. Goodman of New York City has been elected president of the American Academy of Periodontology. He is in private practice in New York and is Clinical Professor in Periodontics at the Columbia University School of Dentistry.

Errol L. Reese, Dean of the University of Maryland Dental School, has taken a six months' sabbatical to become interim director of "Select", a national dental student recruitment program coordinated by the American Dental



Errol L. Reese

Association and the American Association of Dental Schools. The Select Program is a long term effort to attract highly qualified students to seek a career in dentistry.

Eugene P. LaSota of New York City has been elected president of the New York Academy of Dentistry. Dr. LaSota is in private practice and a clinician of note in the New York area.



Eugene P. LaSota

DECEASED FELLOWS

November 1985 - October 1986

*MYRON S. AISENBERG
Baltimore, Maryland

*MORRIS B. AUERBACH
New York, New York

RAYMOND P. BASSICH, JR.
New Orleans, Louisiana

*THOMAS L. BLAIR
Winston-Salem, North Carolina

*B. HOLLY BROADBENT, SR.
Beachwood, Ohio

ALLAN G. BRODIE, JR.
Chicago, Illinois

*KENNETH M. BROESAMLE
San Diego, California

JAMES E. BROPHY
St. Louis, Missouri

*L. BERRY BROWN
Cookeville, Tennessee

ARTHUR M. BUSHEY
Towson, Maryland

JOHN M. CHAMARD
Halifax, Canada

MYRON CHUBIN
Chicago, Illinois

JAMES L. COFFEE
Baton Rouge, Louisiana

FERN CRAWFORD
St. Louis, Missouri (Merit Awardee)

*JAMES P. COUPLAND
Ontario, Canada

*EDWIN E. DAWSON
San Benito, Texas

*EDWARD J. deKONING
Wheeling, West Virginia

*MULLER M. DeVAN
Philadelphia, Pennsylvania

*ALBERT R. DIPPEL
Baraboo, Wisconsin

*ARTHUR W. EASTON
Norway, Maine

*JACOB A. ENGLANDER
Teaneck, New Jersey

HAROLD ESKEW
Hancock, Maryland

CHARLES LEE EUBANK
Richmond, Virginia

*FRANK A. FARRELL
Oak Lawn, Illinois

*C. RUSSELL FLINK
West Lebanon, New Hampshire

*JOHN H. FLINT, JR.
Belvedere, California

*I. LESTER FURNAS
La Jolla, California

*ABRAHAM E. GINDEA
Belle Harbor, New York

JAKE J. GOODWIN, JR.
Longview, Texas

*F. WAYNE GRAHAM
Morris, Illinois

*MARION H. GRAY
Little Rock, Arkansas

*NATHANIEL DEA GRIFFITHS
Jenks, Oklahoma

*AMBERT B. HALL
St. Paul, Minnesota

*HARRY B. HAMBLY, JR.
San Francisco, California

*HAROLD W. HART
Chemanuis, BC, Canada

*JOSEPH T. HARTSOOK
Ann Arbor, Michigan

*NOLON HELSTERN
Fayetteville, Arkansas

*HAROLD HILLENBRAND
Chicago, Illinois

LEHMAN D. JACKSON
Fort Smith, Arkansas

EDWARD M. KATULSKI
Dearborn, Michigan

*LIFE FELLOW

*HENRY K. KAWAMOTO
Monterey Park, California

*SILAS J. KLOEHN
Appleton, Wisconsin

CHARLES L. LAINE, JR.
Galveston, Texas

JAMES H. LANGLEY
Manchester, New Hampshire

*WILFRED H. LOUWIEN
Cherokee Village, Arkansas

JAMES R. LYONS
Lathrup Village, Michigan

*LORNE E. MACLACHLAN
Ottawa, Ontario, Canada

*MARIAN G. MAIXNER
Helena, Montana

*THOMAS F. MCBRIDE
Sacramento, California

*GEORGE F. MCGEE
San Francisco, California

*JAMES M. MCNERNEY
Pittsburgh, Pennsylvania

CLARENCE W. B. MCPHAIL
Victoria, BC, Canada

*PAUL E. MEHUS
Tacoma, Washington

*G. FOX MONROE
Chattanooga, Tennessee

*WILLIS H. MURPHEY
Fort Worth, Texas

*CHARLES R. NEWBURY
Melbourne, Victoria, Australia

EDMOND A. NICOTRA
Ford City, Pennsylvania

MONICA NOVITSKI
Albuquerque, New Mexico

DONALD B. OSBON
Iowa City, Iowa

JOHN A. OSTER
Rochester, New York

*JACOB H. OXMAN
Short Hills, New Hampshire

*GEORGE C. PAFFENBARGER
Gaithersburg, Maryland

*ROBERT L. PEARCE
New Port Richey, Florida

*BERNARD M. PREJEAN
Baton Rouge, Louisiana

CHARLES T. ROBERTS
Little Rock, Arkansas

*HARRY M. RODE
Wynnewood, Pennsylvania

*ALBERT L. RUSSELL
Ann Arbor, Michigan

*JOHN THOMAS RYAN
Redmond, Washington

*DR. CLIFTON K. SAUNDERS
Alexandria, Virginia

*FREDERICK E. SCHMIDT
Wynnewood, Pennsylvania

*CARL H. SCHULTHEIS
Towson, Maryland

SAVINO F. SARACINO
New York, New York

*WILLIAM J. SCHOVERLING
Houston, Texas

*FRANK C. STARR, SR.
Columbus, Ohio

*FRANK STEIN
Woodbridge, Connecticut

*CHAD C. STEWART
St. Petersburg, Florida

MORRIS STONER
Indianapolis, Indiana

*ALLYN F. SULLIVAN
Narragansett, Rhode Island

*HOWARD SUMMERS
Huntington, West Virginia

LUTHER L. TERRY
Philadelphia, Pennsylvania

*EARL JOHN THEE
Glendale, California

*J. HAROLD THOMASON
Hemet, California

*S. B. TOWLER
Raleigh, North Carolina

WILLIAM T. WILMOT
Claremont, New Hampshire

*JAMES ZIMMERMAN
Calgary, Alberta, Canada

RECIPROCITY

Interstate license reciprocity for all health professionals—a legal basis may now be a reality—

H. Barry Waldman*

The 1975 U.S. Supreme Court ruling in the case of Goldfarb vs. the Virginia State Bar¹ established basic principles which may lead to the legal basis for reciprocity between *all* states for *all* health practitioners. In the Goldfarb ruling, the Court redefined the services of the learned professions "as acts of commerce."

Goldfarb had tried unsuccessfully to find a lawyer who would perform title examinations for less than the fee prescribed in a minimum fee schedule published by the county bar association. Goldfarb alleged that the fee schedule and its enforcement constituted price fixing in violation of the Sherman Anti-Trust Act. The Supreme Court concurred with him and held that the fee schedule and its enforcement operated as a fixed rigid floor and that interstate commerce was sufficiently affected for Sherman Anti-Trust purposes. (For an extended discussion of this case and related issues, see an earlier article by Waldman and Pollack.²)

The Court appears to have reversed its previous position from that of the 1935 case of Semler vs. Oregon Board of Dental Examiners.³ In the Semler case the court held that constraints, such as advertising on the practice of dentistry, are permitted under the interpretation of the police powers of the state to protect the public's health,

safety and morals. "... the legislature was not dealing with traders in commodities but with the vital interest of public health, and with a profession (i.e. dentistry) treating bodily ills and demanding different standards of conduct from those which are traditional in the competition of the market place."

The current series of cases (including Goldfarb, Bates and O'Steen and others) were argued on the First Amendment and the Sherman Anti-Trust Act. Had the Semler case been argued on the issues of freedom of speech and the Sherman Act the result might have been different and the course of history of the activities of the professions altered as the 1930s, rather than the 1980s.

Constitutional Rationale

"The Citizens of each State shall be entitled to all Privileges and Immunities of Citizens in the several States."⁴ The primary purpose of this second section of the fourth article of the Constitution of the United States, as stated by the Supreme Court, "was to help fuse into one Nation a collection of independent sovereign States."⁵

In essence, the clause forbids any State to discriminate against the citizens, their good and commerce, of other States in favor of its own. The U.S. Supreme Court has long held that the pursuit of an occupation or common calling as being protected by this clause. The burden of showing constitutional justification for any other interpretation has been clearly placed upon the State.⁶

The Sherman Anti-Trust Act of 1890 extended the concept of free enterprise by declaring illegal every agreement in restraint of interstate trade among competing sellers. Its prohibitions applied not only to formal cartels, but also to any agreements to fix prices, limit output, share markets, exclude competition, etc.⁷

Application to reciprocity of licensure

The concept that the services of the learned professions are *an act of commerce* would place such services within the jurisdiction of the Privileges and Immunity and clause of the Constitution. Thus any state would be forbidden to discriminate against the business activities of a learned professional as he or she seeks to extend their activities to another state.

For example:

1. Dr. X, a graduate from an accredited U.S. dental school and a duly licensed general dental practitioner in the State of "A" has been in the *business* of providing dental services in his private office for a period of years. For personal and/or economic reasons he now wishes to expand or move his business enterprise of dental services to the State of "B", while retaining or possibly ceasing his business activities in the State of "A".
2. Dr. Y, has a similar case history and desire, except that he is a Board Certified Specialist in one of the eight recognized

*H. Barry Waldman, D.D.S., M.P.H., Ph.D Professor and Chairman, Department of Dental Health, School of Dental Medicine, State University of New York at Stony Brook

specialties of the dental profession.

Currently, depending upon the reciprocity or credential arrangements between the two states, both Drs. X and Y could be required to complete a *general* practice clinical examination in addition to written examinations, which include pertinent basic science and clinic science components, as well as demonstrating a knowledge of the state dental practice act.

In terms of the Privileges and Immunity Clause of the Constitution, State "B" would have established an added barrier to commerce activity to the citizens from State "A", thereby giving a competitive advantage to the citizens from State "B"; a situation which the Privileges and Immunity clause is designed to prohibit.

Limitations

It is not the intent of such a discussion to eliminate the primary responsibility of the state licensing body—to ensure the safety and well being of the public from the acts of unqualified and unscrupulous individuals. To the contrary, once freed of the need to examine all new individuals interested in carrying out dental activities in a state, the examining and licensing body could concentrate on efforts to maintain the continuance of competent services by members of the profession. Ensuring the moral and professional integrity of would-be practitioners, establishing practitioner knowledge of state practice acts, instituting and regulating

requirements for continuing education, onsite reviews of practice settings, and the expeditious handling of cases involving practitioner difficulties are but a few examples of the continuing and enlarging role of the examining and licensing bodies. The development of the regional examination and testing programs already have redirected the activities of many state licensing bodies into these most valuable and productive areas of review.

Effects

While it would be premature to predict a final court decision in this matter, it would seem to be appropriate to consider some of the potential effects of a favorable court action—for the individual practitioner, the general profession and the community that is served.

a. *For the individual practitioner—*

1. Easier movement in response to changing economic or service conditions in particular states and regions; e.g. pedodontist mobility from areas of decreasing demand for services associated with the increasing impact of water fluoridation programs.
2. Easier movement at different stages of a career; e.g. practice activities during periods of semi-retirement. Although excessively high medical malpractice premiums have tended to reduce limited days of practice by semi-retired physicians, relatively small den-

tal malpractice premiums would permit personal and employed practice activities. Such a situation could provide a tax benefit for an operator and other facilities—but such a discussion is beyond the limits of the current writing.

However, demands for dental services are not infinite and the practicality of movement to any area would reflect traditional economic supply and demand factors.

3. Increased quality oversight during a professional career. Relieved of many clinical examining responsibilities, licensing bodies may well institute continuing education requirements, onsite review of practice settings, periodic re-evaluation of practitioner abilities and any number of other programs to ensure the continuing credentials and abilities of the practitioner.
- b. *For the profession—*
 1. Dental education may adopt a more "generic" effort to enable students to increase their experience with procedures and personnel approved in other jurisdictions; e.g. use of expanded duty auxiliaries.
 2. Increased flexibility by recent graduates in the selection of graduate programs. Ease of eventual licensure would encourage individuals to "explore" other geographic areas.

3. Greater heterogeneity of practitioners, ideas and techniques in any particular jurisdiction.
4. Permit the development of inter-state corporate practice arrangements. Such an arrangement could allow the movement of employed practitioners to particular areas of need—somewhat analogous to the movement of engineers and executives of current inter-state corporations.
5. More rapid development of national standards for care. This would be of particular significance in the cases of litigation.

c. *For the general public—*

1. The impact could be both favorable and unfavorable, depending upon the numbers of practitioners that tended to relocate to one of the more "desirable" or from one of the "less desirable" locations. While the economics of supply and demand would play a critical role in the movement of practitioners, the supply of providers, could expand to the economic limit (and possibly somewhat beyond) in the more "desirable" jurisdictions.

Increased competition in the more "favorable" locations could lower fees. Large numbers of dentists in particular regions may well reduce the demand for denturists. The reverse may well happen in those areas experiencing a loss of practitioners.

2. The availability of a variety of practice modalities. The combination of advertising, retail, franchise and related arrangements may be enhanced by an influx of practitioners with varying interests in dental practice.
3. Decreased lag time in the availability of practitioners in areas experiencing an upsurge in population and economic improvement. Comparable negative realities could occur in regions experiencing population loss and economic difficulties.
4. Potential for more expeditious handling of situations involving practitioner difficulties. Increased availability of board members would be possible for review of health professionals.

General perceptions

The development of inter-state license reciprocity will hardly be the panacea sought by health professionals, the government and the public for the many difficulties in the delivery of health services. However, it will provide particular individuals, government planning agencies, third party programs and population exigencies desired flexibility in the movement of needed health providers.

However, the potential movement of health professionals should not be compared to the seasonal movement of agricultural migrant workers. Most practitioners have established long associations with their communities and can be expected to maintain their practice and general life situations. One

need only review the relative stability of physicians, for whom inter-state reciprocity has long been a reality.

Finally, while the constitutional interpretation for reciprocity presented in this writing could bring about changes in the location of numbers of health practitioners, (subject to personal desires and the market place realities of practice) the dental profession will continue to serve the needs of society at an unsurpassed level. Of this, there is no question! Δ

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Reprint requests to:

Dr. H. Barry Waldman
School of Dental Medicine
State University of New York
Stony Brook, NY 11794

OPINIONS OF DENTISTS ON ADVERTISING

A crosscultural comparison between the Netherlands and the United States

G. ter Horst*

Joh. Hoogstraten**

Among Dutch dentists the interest in the issue of advertising is increasing. Although the code of ethics of the Dutch Dental Association implying, among other things, a complete ban on advertising of fees and services, is still valid in 1985 (1), it is to be expected that with the rapid increase of unemployment among dentists the Dutch Dental Association will reconsider its position concerning the issue of advertising by its members.

The present situation in the Netherlands is highly comparable with the American situation in the

early seventies (2, 3). Before 1977 advertising was prohibited by the American Dental Association. Following the Supreme Court's decision that prohibitions against lawyers' advertising violate the right of free speech, however, the Association removed the restrictions on advertising (3). DARLING and BUSSOM (2) and DARLING and BERGIEL (3) assessed American dentists' attitudes toward advertising in 1976 and 1981, respectively. In doing so, they were able to compare dentists' opinions both before and after removal of the restrictions placed on advertising by dentists. The general conclusion of this longitudinal analysis was that dentists' attitudes had changed significantly between 1976 and 1981 (3). Dentists shifted from a strongly negative attitude in 1976 to a more favorable attitude in 1981. Other results were that con-

cerning the potential benefits the dentists expressed doubts in 1976 with regard to the effects of advertising services, and these doubts occurred again in 1981. For more detailed results DARLING and BERGIEL (3) can be consulted.

Little is known with regard to the attitudes of Dutch dentists on advertising. To obtain base-line data on dentists' opinions TER HORST and VAN MUNSTER (4) assessed these opinions in 1984. They used a translated version of the questionnaire used by DARLING and BUSSOM and DARLING and BERGIEL. In the present paper the opinions of Dutch dentists and American dentists are compared. Since the 1976 American situation is more similar to the present Dutch situation in terms of official regulations on advertising than the 1981 American situation, it is to be hypothesized that the 1976 American data show a

*Dr. G. ter Horst, Associate Professor, psychologist

**Dr. Joh. Hoogstraten, Professor, psychologist, Methodologist, Department of Social Dentistry, Academic Centre of Dentistry, Amsterdam, The Netherlands

greater similarity with the Dutch data than the 1981 American data.

In the original study by DARLING and BUSSOM (2) a questionnaire was used containing 24 Likert-type statements. Subjects were asked to indicate their opinion on a five-

point scale with end-points 'strongly disagree' (1) and 'strongly agree' (5). All subjects were dentists listed in the telephone directory in one of three metropolitan cities (Denver, Kansas City, Memphis). Three hundred dentists, 100 in each city,

received a questionnaire, 162 responded (response-rate 54%). DARLING and BERGIEL (3) made use of the same questionnaire. Again 100 dentists in Denver, Kansas City, and Memphis, respectively, were sent a copy of the questionnaire.

Table 1. Dentists' attitudes toward advertising; 1984 Dutch data (1), 1976 American data (2) and 1981 American data (3)

Statement	1		2		3
	x	s.d.	x		x
1. Advertising, in general, is a valuable way to communicate to consumers.	3.86*	0.83	3.70		3.55
2. Advertising would make the public more aware of the qualifications of dentists.	2.16	0.99	1.49		4.36
3. Advertising would help consumers make more intelligent choices between dentists.	1.98	0.88	1.49		4.35
4. If dentists were allowed to advertise, the prices of services would be lower.	2.56	1.04	1.99		2.07
5. The control of advertising lessens competition among dentists.	2.76	1.14	2.40		1.80
6. If dentists were allowed unrestricted advertising, this would decrease the issue of consumerism directed at my profession.	1.92	0.68	2.32		3.60
7. If dentists were allowed unrestricted advertising, it would increase the general level of public expectations for dental services.	2.90	1.12	2.09		3.78
8. If public expectations for dental services were increased by advertising, lawsuits directed against dentists would increase.	3.50	0.97	3.35		2.42
9. Unrestricted advertising by dentists would eventually lead to increased regulation by the government.	3.13	0.97	3.58		2.16
10. The ethical principle regarding the restriction on advertising by dentists is necessary to protect the public against fraud and unscrupulous practices.	2.86	1.26	3.95		3.45
11. The advertising of fees would adversely affect the public image of dentists.	3.64	1.09	4.18		2.05
12. Advertising my fees would be beneficial to me personally.	2.57	0.96	1.98		4.42
13. The advertising of services would adversely affect the public image of dentists.	2.91	1.08	4.17		2.60
14. Advertising my services would be beneficial to me personally.	3.05	1.06	1.99		2.29
15. Dentists should be allowed to advertise without restrictions.	1.85	0.88	1.38		3.64
16. I am in favor of furnishing information on the prices I charge to prospective consumers without getting involved in the advertising of my services.	4.11	0.85	3.70		4.03
17. It is very difficult to advertise competence and quality of services in my profession.	4.40	0.78	4.45		3.47

*1 = strongly disagree

5 = strongly agree

And again 54% responded ($n = 162$). TER HORST and VAN MUNSTER (4) excluded 7 items from the questionnaire used by DARLING and BUSSOM and DARLING and

BERGIEL because the content was not appropriate for the Dutch situation. The questionnaire containing the translated remaining 17 items was sent to a random sample of 300

Amsterdam dentists. The response-rate was 49.8% ($n = 149$). We may add that TER HORST and VAN MUNSTER's questionnaire contained 20 more items related to the

Table 2. Results of significance testing; 1984 Dutch vs 1976 American data (1 vs 2), Dutch vs 1981 American data (1 vs 3), 1976 American vs 1981 American data (2 vs 3)

Statement	z-score 1 vs 2	z-score 1 vs 3	z-score 2 vs 3
1. Advertising, in general, is a valuable way to communicate to consumers.	1.70	3.30**	1.64
2. Advertising would make the public more aware of the qualifications of dentists.	5.91**	-19.40**	-25.99**
3. Advertising would help consumers make more intelligent choices between dentists.	4.87**	-23.58**	-29.12**
4. If dentists were allowed to advertise, the prices of services would be lower.	4.85**	4.17**	-0.70
5. The control of advertising lessens competition among dentists.	2.77**	7.40**	4.73**
6. If dentists were allowed unrestricted advertising, this would decrease the issue of consumerism directed at my profession.	-5.21**	-21.89**	-17.07**
7. If dentists were allowed unrestricted advertising, it would increase the general level of public expectations for dental services.	6.37**	-6.92**	-13.58**
8. If public expectations for dental services were increased by advertising, lawsuits directed against dentists would increase.	1.36	9.81**	8.63**
9. Unrestricted advertising by dentists would eventually lead to increased regulation by the government.	-4.10**	8.83**	13.20**
10. The ethical principle regarding the restriction on advertising by dentists is necessary to protect the public against fraud and unscrupulous practices.	-7.63**	-4.13**	3.59**
11. The advertising of fees would adversely affect the public image of dentists.	-4.38**	12.91**	17.67**
12. Advertising my fees would be beneficial to me personally.	5.36**	-16.80**	-22.80**
13. The advertising of services would adversely affect the public image of dentists.	-10.24**	2.52*	13.04**
14. Advertising my services would be beneficial to me personally.	8.81**	6.32**	-2.56*
15. Dentists should be allowed to advertise without restrictions.	4.70**	-17.90**	-23.09**
16. I am in favor of furnishing information on the prices I charge to prospective consumers without getting involved in the advertising of my services.	4.24**	0.83	-3.49**
17. It is very difficult to advertise competence and quality of services in my profession.	-0.57	10.52**	11.32**

* $p < .05$

** $p < .01$

issue of advertising, but for these items the results will not be reported here.

Results and Discussion

The 17 questionnaire statements and mean responses of the three samples are presented in Table 1.

In analyzing the differences between means a complication is that DARLING and BUSSOM and DARLING and BERGIEL did not report standard deviations. We therefore assumed that the variances found in TER HORST and VAN MUNSTER's study (see Table 1) were found also in the earlier studies. That is, the standard deviation for each statement was assumed to be identical in the three groups. Table 2 contains the results of the significance testing of the differences between means.¹⁾

There are clearcut differences between the three groups of respondents. Mean scores of the Dutch sample differ considerably from both the 1976 and the 1981 American sample. Even taking into consideration the relatively large sample sizes—implying that even small differences between means reach statistical significance—one has to conclude that dentists' attitudes toward advertising are not alike in different cultural settings.

Our main research question concerns the differences between the three samples in a relative sense. We hypothesized that the Dutch data are less different from the 1976 American data than from the 1981 American data. Making use of the data given in Table 1 two new scores were calculated for each statement: the differences between the means of samples 1 and 2, and 1

and 3, respectively. Our hypothesis predicted that the difference scores obtained for samples 1 and 2 are smaller than the difference scores of samples 1 and 3. The result of Wilcoxon's signed-ranks test (6) indicates that the data support our hypotheses ($T = 28$, $p = .01$). On 12 of the 17 statements the mean score of the Dutch respondents is closer to the mean score of the 1976 American respondents than to the mean score of the 1981 American respondents (see Table 1). The data on the remaining five statements are, therefore, interesting to study in more detail.

The Dutch dentists are more than their 1976 American colleagues convinced of the fact that advertising will lead to a reduction in prices of services (statement 4). To a lesser extent than their 1976 American colleagues Dutch dentists do believe that restrictions on advertising are necessary to protect the public against fraud and unscrupulous practices (statement 10). The effect of advertising of services on the public image of dentists is rated less negatively by the Dutch dentists than by the 1976 American dentists (statement 13). The advertising of services is considered more beneficial by the Dutch respondents than by the American dentists questioned in 1976 (statement 14). And, finally, our respondents are more in favour of furnishing information on the prices they charge to prospective customers (statement 16) than the American dentists were in 1976.

A limitation of the three studies compared in this paper concerns the geographical areas chosen. Respondents in all three studies are dentists active in a metropolitan city. It cannot be excluded that dentists with a practice in the country think differently about advertising than our respondents. As stated by DARLING and BUSSOM: "The degree to which respondents from these three areas

fail to represent other regions in the country must be considered a limitation" (2, p. 65). A second limiting factor is the non-response in all three studies compared in this paper.

The general findings of this study suggest that dentists' attitudes considerably differ from country to country, making international comparisons difficult. It will be interesting to see if the attitudes of Dutch dentists will become more positive toward advertising following a removal of the present restrictions. The American data obtained in 1976 and 1981 suggest that once prohibitions against advertising of fees and services are removed dentists' attitudes change just as well. In order to detect such a change of attitudes in the Netherlands, the results reported by TER HORST and VAN MUNSTER can serve as base-line data. Δ

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Reprint requests to:
Dr. G. ter Horst
Louwesweg 1
1066 EA Amsterdam
The Netherlands

¹Use was made of the normal tables (z-scores). According to Hays the normal probabilities are extremely close to the exact t-probabilities if the sample size is > 100 (5, p. 396).

A TREASURY OF DENTISTRY

A CAUSERIE ON SCURVY

Gardner P.H. Foley

After many years of gathering information on the subject of scurvy, I have now decided to write about what surely is a fascinating topic and one that has a definite relation to dentistry. The literature of dentistry has been surprisingly neglectful of an affliction that has killed millions, especially sailors in the navy and merchant ships of various countries. Vincenzo Guerini (*History of Dentistry*, 1909) wrote: "We know that gingivitis is not only a constant symptom in scurvy, but is also frequent in all diseases attended by profound disorders of nutrition."

In his landmark book *A Dictionary of Dental Science* (1849), Chapin A. Harris wrote an excellent definition of scurvy: "Purpura nautica. A disease characterized by spongy gums, offensive breath, livid spots on the skin, great general debility, and a pale, bloated countenance. Vegetable acids are the best antiscorbutics in sea scurvy with a change of food and locality, especially the use of green vegetables. Scurvy is aggravated by want of cleanliness and by a diet of fat, salt-meat, etc." George B. Denton in his *The Vocabulary of Dentistry and Oral Science* (1958) commented: "Prior to 1877, the term used in America to indicate periodontal disease was *scurvy* or *scorbutus of the gums*."

Probably the earliest written description of scurvy appeared in the *Ebers Papyrus* (1500 B.C.). The authentic history of dentistry began

with the writings of Hippocrates (C.460- C. 377). Among the many subjects of dental interest discussed in the Hippocratic collection is scurvy: "The gums are detached from the teeth and smell bad." Rhazes, the famous Arabian physician of the ninth century, described scurvy as "a sickness of the teeth and jaws beginning in the mouth and ending in the entrails; the sickness is a serious one."

Most of the references to scurvy are found in the nautical literature because the general conditions aboard ships and the physical qualities of the crews were important factors besides the lack of fresh foods of any description in the diet of the crew members. Before leaving port captains would take on a surplus of men in anticipation of the inevitable losses from accidents and disease. The resultant overcrowding led to a high incidence of minor illnesses that weakened the resistance to scurvy. Another negative feature of the health of sailors lay in the fact that well into the nineteenth century impressment was a common practice. Obviously many of the men seized were undesirables such as those who were condemned prisoners and "burdens on the community."

To provide illustrative accounts of the horrible sufferings of sailors afflicted by the scourges of the dreaded scurvy, I shall present testimony from a select collection of sources. The first account of the disease aboard ship is generally

supposed to be in the *Narrative of the Voyage of Vasco da Gama Round the Cape in the year 1497*. Da Gama sailed with his three ships from Lisbon in July 1497 and arrived in Calicut in May 1498. During this voyage of discovery of the sea route to India, one out of three of the crews were victims of scurvy. A better source than the *Narrative* as regards the reporting of scurvy is *The Lusads* (1572), the national epic of Portugal, by Luis Vaz De Camoens (1524-1580).

There befell us a disease more dread and loathsome than any I have ever known, that proved fatal to many of our men; their bones now are buried forever in a strange and foreign land. It attacked first the mouth and gums, leaving them all swollen and distorted, and as the flesh swelled it rotted, in a way that no one that had not seen it would believe. The stench of putrefaction poisoned the air all around. We had no skilled doctor with us, still less a practical surgeon. Those who had the slightest inkling of the art set to, cutting away the poisoned flesh as if it were dead; and well they might, for a man stricken with the disease was as good as a corpse already.

In the narrative of Sir James Lancaster's voyage to the East Indies begun in 1591 there is evidence of a captain's successful anti-

scorbutic efforts: "Few died of scurvy, for Lancaster had discovered that lime-juice prevented the disease and insisted on dosing his men with it."

In *The Last Voyage of the Worshipfull M. Thomas Cavendish Esq.*, begun in 1591, there is more evidence that a resourceful and humane commander was dedicated to the health care of his crewmen: "In this place [Isle of Penguins] we found an herbe called Scurvygrasse, which we fried with eggs, using traine oyl in stead of butter. This herbe did so purge ye blood, that it tooke away all kinds of swellings, of which many died, and restored us to perfect health of body, so that we were in as good case as when we first came out of England."

Captain Woodes Rogers' *A Cruising Voyage Round the World* (1708-1711) was first published in 1721. Rogers' account of the most successful privateering expeditions in British history is of special medical interest:

Our surgeons make heavy Complaints for want of sufficient medicine which till now I thought we abounded, having a regular Physician, an Apothecary, and Surgeons enough, with all sorts of medicine on board, but had not sufficient Medicines to administer for the Recovery of our sick men, which so many being sick in both Ships, makes it a melancholy time with us. . . .

Land and Sea turtles [on the Galapagos Islands] keep the men from the Scurvy.

Another notable voyage is recorded by Commodore George Anson in *A Voyage Round the World* (1740-1744). By the time Anson reached Chile half of his men had died of scurvy.

The American John Boit commanded the *Columbia* on a four years' trading voyage to the northwest coast of America, China, etc. Several of his diary entries are concerned with the sufferings of his crew from scurvy:

3-21-1791: Some of the Crew have the Scurvy in the gums.—

4-29-1791: Four seamen laid by with Scurvy; their Mouths and Legs are very bad.—

6-5-1791: We landed the sick immediately on our arrival and pitch'd a tent for their reception [Coxes harbor on the northwest coast], and although there was ten of them in the last stage of the Scurvy, still they soon recover'd upon smelling the turf and eating Greens of various kinds. We buried several of our sick up to the Hips in the earth, and let them remain for hours in that situation; found this method of great service.

Jacques Cartier, the French explorer who made three expeditions (1534-1550) of discovery and colonization to Canada, cured members of his crew stricken with scurvy by an unusual method: a decoction of

pine needles.

One of the most important contributors to the control of scurvy aboard ships was James Cook, the famous circumnavigator. On his first voyage (1768-1771) scurvy did not appear on the *Endeavour*, for Cook had followed a pattern of prevention from the day of the ship's departure from England. The diet of the crew was rigorously regulated, and when fresh fruit was not available the men were served daily with sauerkraut that had been stored aboard in large quantities. Cook was also successful in controlling the dread disease during his voyage in the *Resolution* and *Adventure* (1772-1775) and in the third voyage in the *Resolution* and *Discovery* (1776-1779). The few cases of scurvy that occurred were among those who refused to observe the new diet requirements. Besides sauerkraut and citrus fruits the diet included carrots and other similar foods.

Several medical authors were motivated to give conspicuous attention to the causes and cures of scurvy. James Lind (1776-1794), recognized as the father of nautical medicine, wrote the classic *A Treatise of the Scurvy* (Edinburgh, 1753). Lind was the first to make dietetic experiments to prove that lemons and oranges cured scurvy. In his well regarded *An Historical Account of a New Method of Treating Scurvy at Sea* (1768), David Macbride recommended malt liquor as the most effective treat-

ment. The most influential of all the naval physicians was Sir Gilbert Blane (1749-1834). Blane wrote *Observations on the Diseases of Seamen and on the Comparative Health of the Navy in 1779 and 1814*, but it was not till 1795 that he was successful in introducing diet reform in the British Navy. And it was not till 1865 that the British Board of Trade made the use of lime juice compulsory in the mercantile marine. Δ

The thick prevalence of scurvy among the land-living people of England and America in the seventeenth and eighteenth centuries led dispensers of medicine (many of them dental practitioners) to offer the victims a great number of remedies. The most popular of these was Scurvy-grass. A leading preparation of this herb was "Clark's Compound Spirits of Scurvy-grass" introduced in 1664 in London. A rival preparation of this kind was created by Thomas Blagrove and advertised as the "Golden Spirit of Scurvy-grass." The production of quack medications for the prevention and cure of scurvy continued to be surprisingly quantitative and varied up to the beginning of the nineteenth century, when widely disseminated scientific knowledge about the prevention and cure of the ghastly disease almost completely controlled it.

As in England, American dentists, some of them highly regarded for their abilities, advertised their ser-

vices for the treatment of scurvy. The advertisement of Benjamin Fendall (Baltimore, 7-23-1784) is of particular interest: "Dr. Fendall cures the most inveterate Scurvy (as it is vulgarly called) in the Gums, by carefully scaling from the Teeth that corrosive tartarous Substances, which impedes the Gums from growing . . . and is a principal cause of the Scurvy."

Because so many dramatic accounts of scurvy among men of the sea have been published, we have become knowledgeable concerning the disease in its usual locale of prevalence. But we seem to have neglected or overlooked the incidence of scurvy among units of soldiers particularly those on active service. In the 1860s the soldiers at Fort Kearny became ill of scurvy because of a lack of fresh vegetables. Fortunately the Army surgeons found a dependable source of Vitamin C in the prickly pear cactus. Details were assigned to gather them on the prairie and they were pickled as needed. On October 30, 1764, Captain Robert Mackinen wrote from Pensacola: "The poor remains of the Regiment are falling down with Inveterate Scurvy, which terminate in Mortification and Death. They are destitute of all vegetables."

Letters from the Crimean War by Dr. Douglas A. Reid, Soldier-Surgeon of the British Army, indicate the poor attention given by the Army to the transport of medical and food supplies to its soldiers:—

"6-30-1855: Even if I had an appetite I should not be able to eat, my mouth is so tender and gums swollen with taking an incredibly small portion of mercury.—8-2: My mouth is still very tender and my gums swollen so that I can eat nothing the least hard.—12-28: Fresh provisions are scarce, hence the scurvy. What fresh meat we do get is not good; old and tough with no fat on it.—2-4-1856: I have a slight touch of scurvy owing to indifferent food and lack of vegetables. It is impossible to get anything in the shape of green vegetables. We have had no lime juice this year as we had last."

In the classic *Oregon Trail* (1849) Francis Parhman wrote: "Antiscorbutic supplies were important for the prevention of scurvy. The emigrants took citric acid along with their other supplies. At regular intervals they mixed this with sugar, water, and a few drops of essence of lemon to make a very passable lemonade. Other antiscorbutics that could be found along the trail were wild onions, wild grapes, and various greens."—The trappers of the Old West led lives of danger from Indians, animals and a generally challenging environment. Because of their lonely and moving occupation they were forced to be self-reliant. So they observed that when certain large ants were crushed they gave off a strong odor of formic acid. They ate these ants as a cure for scurvy.

Scurvy became rampant in the

early years of the California gold fields, and hundreds died from the disease. Potatoes were regarded as a certain cure for scurvy if taken in time and eaten raw, alone or with vinegar and pepper. Onions were also prized for their scorbutic properties. Almost fifty years after the Fortyniners had flocked to California and had their troubles with scurvy, another army of prospectors joined the Klondike Gold Rush—and hundreds died of scurvy.

During the Civil War scurvy was a menace to the health of both Union and Confederate soldiers. During the four years 30,714 cases of scurvy were reported and 383 deaths were attributed directly to this disease. Private Elisha Stockwell, 14th Wisconsin Volunteer Regiment, Army of the Tennessee, writes from near Atlanta: "A good many of the boys were getting what the doctor called 'jiggers', the fore-runner of scurvy, and we were given one onion to the company. There was enough for the whole company."—R.M. Collins, of the 15th Texas, awaiting attack on a Confederate position on Kenesaw Mountain, wrote: "We had now been on the march, or in battle, quite sixty days, and hard service with poor rations was telling on the health of the army. The scurvy broke out among us, and some of the boys' legs were as black and brown as navy tobacco. General Johnston had several carloads of tomatoes shipped up as an anti-

scorbutic."

Consider the first time entry in this brief history of the menace of scurvy and you may well wonder why that disease was exercising such a devastating force in the Civil War. The very shocking ineffectiveness of the Government military organizations in supplying the Army and Navy with food materials essential to good health and particularly their continuing failure to conduct greatly needed anti-scorbutic programs led to the creation of the Sanitary Commission that was financially and otherwise supported by the people of the country chiefly through the holding of Sanitary Fairs. The *Diary of George Templeton Strong* provides strong proof of the vitally important contributions made to the Union soldiers and sailors by the homefront Commission, of which Strong, of New York, was the highly capable treasurer:

5-23-1864: We agreed tonight on large anti-scorbutic purchases (\$25,000 worth of pickled cucumbers and preserved tomatoes), anticipating that the Army of the Potomac will be on our hands within a month in the same condition in which we found it at Harrison's Landing in July, 1862—every man sickening from exhaustion and hard work on the monotonous diet of fighting rations, hard tack and salt pork, and craving an onion or a raw potato or a hatful of sauerkraut.

7-8-1864: I believe the work of

the Sanitary Commission with the army before Petersburg may materially influence the result of the campaign and the destiny of the country. Fifty thousand pounds of anti-scorbutics issued daily to an army that had begun to show symptoms of scurvy, slight but generally diffused, are no insignificant contribution toward keeping up its health and efficiency.

[Even after the peace] 6-3-1865: Blatchford reports 225,000 men camped around Washington and in special need of Sanitary Commission supplies, signs of scurvy being prevalent. During this process of mustering out, it is specially difficult to get requisitions duly honored. Hospital population on the 30th was 89,000, of which not much less than half is within sight of the capital dome.

7-27-1865: Agnero and I were so moved by the reports of scurvy in the Texan army of occupation that we nullified the resolution at our last Washington session stopping purchases of army supplies and ordered a large consignment of onions to go south by Saturday's steamer.

As was demonstrated during the depression years in this country the combination of poor housing conditions and insufficient food, plus the absence of necessary kinds of food, resulted in many cases of scurvy, especially in the large cities. △

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February 1, 1987 — Closing Date for 1987 Nominations

3.

JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS INSTRUCTIONS FOR CONTRIBUTORS

INTRODUCTION

The Journal of the American College of Dentists is published quarterly in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to the greatest number. It is the official publication of the American College of Dentists which invites submission of essays, editorials, reports of original research, new ideas, and statements of opinion pertinent to dentistry. Papers do not necessarily represent the view of the Editor or the American College of Dentists.

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The editorial staff reserves the right to edit all manuscripts to fit within the Journal space available and to edit for conciseness, clarity, and stylistic consistency. A copy of the edited manuscript will be sent to the author.

PREPARATION OF MANUSCRIPTS

Papers should be in English, typed double space on white 8-1/2 × 11 paper. Left hand margins should be at least 1-1/2 inches to allow for editing. All pages should be numbered.

THE INDEX

The Index Medicus and The Index to Dental Literature should be consulted for standard abbreviations.

The title page should contain: The title of the paper, suggested short titles; the author's names, degrees, professional affiliations, addresses, and phone numbers in a list of four to six key words. All correspondence from the editorial office will be directed to the primary author who shall be named on the title page.

The second page should be an abstract of 250 words or less summarizing the information contained in the manuscript.

Authors should submit two copies of the manuscript and two original sets of illustrations to: Dr. Keith P. Blair, Editor, Suite 352N, 7315 Wisconsin Ave., Bethesda, MD 20814-3304.

Only original articles that have not been published and are not being considered for publication elsewhere will be considered for publication in the Journal unless specifically requested otherwise by the Editor.

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A list of references should appear chronologically at the end of the paper consisting of those references cited in the body of the text. This list should be typed double space and follow the form of these examples:

1. Smith, J. M., Perspectives on Dental Education, Journal of Dental Education, 45:741-5, November 1981.
2. White, E.M., Sometimes an A is Really an F. The Chronicle of Higher Education, 9:24, February 3, 1975.

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