

The **JOURNAL**
of the
AMERICAN COLLEGE
of **DENTISTS**

Beacon Light for Fifty Years
Present and Future Challenges to

The Profession
The Individual
Dental Research
Dental Education
Society
The College

JANUARY 1971

THE JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS is published quarterly—in January, April, July, and October—at 215 S. Tenth Street, Camden, New Jersey 08103.
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NEWS AND COMMENT

Section news announcements and items of interest should be sent to the Editor, Dr. Robert I. Kaplan, One South Forge Lane, Cherry Hill, New Jersey 08034.

Nominations Procedure Modified by Change in Selection of Local Consultants

An important change in the nominations procedure was approved by the Board of Regents at the Las Vegas meeting. This is considered a significant improvement and will do much to eliminate some past difficulties.

The change relates to the selection of the Local Consultant who, upon request of the Executive Director (and in confidence), provided additional comment on the qualifications of a person nominated for Fellowship. Previously, five Fellows from a list of ten supplied by Section Officers were selected by the Board of Regents to serve as Local Consultants for a period of five years. This placed a considerable burden on them and often they were some distance from the nominee and unable to make a report. In the new procedure, Local Consultants will be selected solely by their zip code proximity to the nominee. By this method, Fellows who are the candidates' professional neighbors will be asked for an evaluation. The Register of Membership now being printed on a computer makes this new procedure possible. The advantages are self-evident.

This means that you may receive an evaluation form and instructions in the mail asking you to comment on a nominee. You will not be told, of course, who nominated him. You are to keep this confidential and to be as objective and unbiased as possible in your comments.

A person is nominated for Fellowship because he is a leader and a contributor to the profession and his community to a degree above the ordinary or beyond the line of duty.

Article I Section 4 of the Bylaws states, "The Board of Regents shall develop plans for safeguarding the interests of the College

whereby, after a nomination has been received, such name shall be submitted by the Executive Director to selected Consultants in the state or area in which the nominee resides, or the Federal Service of which the nominee is a member, that they may support the nomination or that they may interpose possible valid objection by furnishing additional information, supported by a clear statement of fact, before action by the Board of Censors and final action by the Regents. Knowledge of the nomination shall be kept inviolate by the nominators, the Executive Director, the Censors, the Consultants and the Regents until final action is announced".

You can contribute significantly to the College should you receive a questionnaire by completing and returning it promptly.

ROBERT J. NELSEN, *Executive Director*.

History of the College Available Soon

Fellows of the College will shortly receive order forms for the History of the American College of Dentists written by Otto W. Brandhorst. The price of the book has been set at \$15 and orders will be taken by the Executive Office in Bethesda, Maryland.

SECTION NEWS

New Jersey Section

The New Jersey Section met on October 15 at the Holiday Inn, South Kenilworth and heard Mr. William Peterson, an economist, speak about current business conditions in industry. He introduced Mrs. Peterson, a writer for the Wall Street Journal, who was with him. Together they answered a number of questions about economic prospects.

The next meeting will take place on January 21, 1971 at the Coach and Four, Hightstown, N. J.

Byron Master is Section Chairman and L. Deckle McLean is Secretary-Treasurer.

New York Section

At the Greater New York dental meeting, a unique exhibit was sponsored by our section and set up by Professors Mandel and Wottman of Columbia University depicting the dentist's expanding role in the diagnosis of medical as well as dental problems. Our

evening program featured Harry Schwartz, a New York Times editor and expert on Soviet affairs.

Dr. Andrew Linz, membership committee chairman, has contacted and congratulated the newly elected members of the College for this region. They have been invited to join the New York Section and to attend future meetings.

The New York Section will meet next on March 16, 1971 at the New York University Club with Dr. Michael Buonocore of Rochester, New York as the essayist. He will discuss pit and fissure sealing by means of adhesive enamel bonding materials. Our "old timers" will be honored and presented with engraved certificates at this session.

Our new Project Bookshelf chairman is Dr. Charles E. Hillyer, Suite 1525, 551 Fifth Avenue, New York, N. Y. 10017.

IRVING J. NAIDORF,
Section Reporter

NEWS OF FELLOWS

Dr. Bruce L. Douglas of Chicago has been elected to the House of Representatives of the Illinois State Legislature. He will represent Chicago's North Side Eleventh District.

Dr. Douglas, a Diplomate of the American Board of Oral Surgery, is currently Professor of Community Dentistry at the University of Illinois College of Dentistry, Professor of Preventive Medicine and Community Health at the University of Illinois College of Medicine, Chairman of the Department of Dental and Oral Surgery at Chicago's Presbyterian-St. Luke's Hospital, and was recently appointed Professor of Dental and Oral Surgery at Rush Medical College. He has authored a textbook on Hospital Dentistry, and is president-elect of the American Association of Hospital Dentists.

Dr. Alexander Soberman has been appointed Acting Director of the Department of Dentistry, at the Beth Israel Medical Center, New York.

Formerly an Assistant Professor of Periodontia and Oral Medicine at the New York University College of Dentistry where he was a faculty member for 20 years, Dr. Soberman is the Editor of the Journal of Oral Medicine and a member of the Editorial Advisory Board of Oral Research Abstracts of the American Dental Association.

Dr. Jay H. Eshleman, Orator of the College and ADA third district trustee, has been nominated for the post of vice-president of the National Health Council and to membership on the Council's executive committee.

Dr. Max L. Bramer was presented with the Distinguished Eagle Award, Scouting's highest honor, for his outstanding services to the Boy Scouts of America. The presentation took place at a recent regular monthly meeting of the Chicago Dental Society.

Three Fellows of the College, all general practitioners have been appointed to the ADA Task Force on National Health Programs by ADA President John M. Deines. The new members are: Dr. Harry M. Klenda of Wichita, Kan., ADA immediate past president; Dr. H. Fred Lee of Cincinnati, and Dr. Fred P. Barnhart of Seattle, former chairman of the ADA Council on Federal Dental Services.

Dr. Martin Entine of Philadelphia has been appointed to the faculty of Hahnemann Medical College as Research Assistant Professor.

Executive Director Robert J. Nelsen will speak at the meeting of the Carolinas Section late in January at Southern Pines, N. C.

The many friends of Regent Robert L. Heinze will be happy to learn that he is recovering nicely after his recent surgery following the Las Vegas meeting.



the JOURNAL of the AMERICAN COLLEGE of DENTISTS

A QUARTERLY PRESENTING IDEAS IN DENTISTRY

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OTTO W. BRANDHORST

President 1970-1971

President Otto W. Brandhorst

AS THE American College of Dentists enters its second fifty years, it has chosen as its president one of the outstanding figures of its first fifty years. Otto W. Brandhorst has been closely associated with the College since his induction to fellowship in 1934. He has had a long and distinguished career of service as an educator, dental practitioner, editor, writer, administrator and organizational leader, but perhaps his greatest claim to our recognition lies in his thirty-four years of accomplishment as secretary of the College.

He was born and received his early education in Nashville, Illinois, and graduated from the Washington University School of Dentistry in 1915. After three years of general dentistry in Webster Groves, Missouri, he associated with a prominent orthodontist, Dr. Benno E. Lischer. In 1920, he opened an office in St. Louis, where he practiced orthodontics until his retirement in 1953.

Dr. Brandhorst's association with dental education began in 1915, with his appointment as an instructor at his alma mater. He taught dental histology as well as orthodontics, rising to professorship in both departments. In 1945 he became dean of the Washington University School of Dentistry, retiring in 1953.

Over the years he has held office in many organizations. He was president of the St. Louis Dental Society in 1931, the Missouri State Dental Association in 1944-45, and the American Dental Association in 1952-53. He is also a past president of the Washington University Dental Alumni Association. For fifteen years he was secretary of the American Association of Dental Editors. In this organization, and in his local and state organization he held numerous committee chairmanships.

Dr. Brandhorst's services to the American Dental Association were also noteworthy. He was elected to the House of Delegates a number of times, was a member of the Council on Dental Education and of other councils and committees, and was chairman of the Orthodontic Section. He chaired the Committee on the Survey of Dentistry of the American Dental Association and served on the commission which was responsible for producing the Survey Report, a document which made such a profound impact on the profession when it appeared in 1960. He is also a member of the Board of Trustees of the American

Fund for Dental Education. He is a past president and past secretary of the St. Louis Society of Orthodontists and has been active also in the American Association of Orthodontists, the St. Louis Society of Dental Science, the International Association for Dental Research and The American Association of Dental Schools. He is a Fellow of the American Association for the Advancement of Science and holds memberships in the American Public Health Association, the Federation Dentaire Internationale, the Missouri Association for Social Science, the American Academy of the History of Dentistry, Omicron Kappa Upsilon Honorary Dental Society and Delta Sigma Dental Fraternity.

He has received honorary degrees of Doctor of Science from Medical College of Virginia and Temple University. He has lectured widely, appearing before local, state and national groups and has published some fifty papers and articles on a wide variety of dental topics including office management, children's dentistry, orthodontic problems and socio-economic matters affecting the profession.

Dr. Brandhorst has received a number of special appointments to federal, national and international agencies. He was named to the Dental Advisory Council of the Committee on Economic Security by Mrs. Frances Perkins, former Secretary of Labor. He has been a consultant on Dental Study to the Bureau of Research and Statistics, Social Security Board and Divisions, United States Public Health Service, and a member of the Task Force on Medical Services in the Federal Government of the Hoover Committee on Organization of the Executive Branch of Government. He was also Dental Advisor to the State Department's Committee on Health at the World Health Organization Conference in Mexico City.

In recognition of his years of service, a number of organizations have chosen to honor Dr. Brandhorst in various ways. The American College of Dentists has presented him with the William John Gies Award and the "Scroll of Honor". The American Association of Dental Editors gave him its Distinguished Service Award. He received the first Achievement Award Medal and Plaque of the Thomas P. Hinman Clinic of Atlanta, Georgia. The St. Louis Dental Society presented him its Centennial Award for "distinguished services and outstanding contributions to the profession, dental education, the American Dental Association and his community", and also its Award of Merit. He has received a certificate of honorary membership in the Federation Dentaire Internationale Francaise, honorary membership in the American Dental Association, a plaque as Dis-

tinguished Faculty Member, on the 100th Anniversary of the Washington University School of Dentistry, and an Alumni Citation. Upon his retirement as dean of this institution, the school erected a sculptured wall bust in his honor. A number of sections of the American College of Dentists have presented him with plaques for service and certificates of appreciation. The Delta Sigma Delta Fraternity named him "Delta Sig" of the year for "distinguished and meritorious service to the dental profession", and the Orthodontic Research and Education Foundation presented him with a plaque for "exceptional achievement in orthodontic education and research".

In 1968 the American College of Dentists gave him the title of Secretary Emeritus, and the following year named him president-elect. After a lifetime of service to his profession, and thirty-five years of devoted and dedicated effort on behalf of the College, Otto W. Brandhorst now dons the mantle of the president. We know of no one who deserves the honor more. Quiet and unassuming in manner, old in wisdom and experience but young in mind and heart, he brings to the office a profound knowledge of the organization which he helped to mold during his many years as secretary. Alert to the socio-economic changes now taking place, he has the ability to provide the leadership which the College requires as it begins its second half century. And as he does so, he carries with him the admiration and respect and affection of all of the Fellows of the College.



THE WHITE HOUSE

WASHINGTON

October 23, 1970

The American College of Dentists commemorates its fiftieth anniversary at a time of rising health expectations and unparalleled challenges to bring health care within the reach of all our people.

Your members, elected to Fellowship for outstanding leadership and contributions to your profession and to society, are in a strong position to help shape constructive policies for the nation's dental health. Your long record of progressive achievements has proved your ability to respond creatively to the health needs of our citizens.

I congratulate you on your past record, and wish you many more years of rewarding public service.

A handwritten signature in cursive script, reading "Richard Nixon". The signature is written in dark ink and is positioned in the lower right quadrant of the page.

Editorial

Anniversary Appreciation

By all standards, the 50th anniversary meeting which took place recently in Las Vegas was a most successful event. The College used the occasion to look back upon its half century of service, to point with pardonable pride to its achievements, to offer some projections for the future, and to honor a number of persons who had made significant contributions to the advancement of dental progress.

Many individuals contributed to the success of the meeting, but we should like to make particular mention of those whose services we consider to be outstanding. Dr. Henry A. Swanson is to be commended for his efforts as chairman of the 50th anniversary committee. Over the past year he organized the program, working closely with secretary Bob Nelsen and president-elect Otto Brandhorst and the other committee members, to produce a meeting which will be a landmark in the history of the College. His acquaintance with the ideals of the organization over a thirty-five year period, and as a past-president have given him the background and experience invaluable for the development of an appropriate celebration.



HENRY A. SWANSON

The essay program was particularly noteworthy. Taking the dual topics "The Past Is Prologue" and "The Future Is a Challenge", seven papers were presented which considered various aspects of the theme. We are privileged to print in this issue the papers of Doctors Swanson, Hillenbrand, Nelsen, Rovelstad, Forrest and Kerr, and the convocation address of Doctor Blackerby. Taken all together, they constitute an impressive document.



JOANNA A. CAREY

Another feature of the meeting was an historical presentation titled "Fifty Years in Retrospect" which was given by students from the Department of Speech and Theatre Arts of the College of Fine Arts of the University of Nevada. The script was written by Miss Joanna Carey,

Assistant Director of the Bureau of Public Information of the American Dental Association. It was a splendid presentation, describing the origin, the founding, the aims, the progress, and the achievements of the College in its first half century. We are grateful to Miss Carey for the excellence of her efforts. Her contribution to the anniversary program was outstanding.

An additional example of the cooperation that has always existed between the College and the American Dental Association was evidenced by the presentation at the 50th anniversary luncheon of a book of commemorative messages from the ADA by President Harry M. Klenda. President Nixon sent a congratulatory message, and greetings were expressed by representatives of other national and foreign organizations.

All in all, it was a meeting to remember.

R.I.K.

Space limitation does not permit the inclusion in this issue of all the material related to the 50th anniversary celebration. In the next issue we shall present information on the honors, awards and citations given at the meeting and convocation, and a listing of all new Fellows inducted into the College.



Beacon Light for Fifty Years*

HENRY A. SWANSON, D.D.S.†

THIS meeting marks the 50th Anniversary of the American College of Dentists, and it is being celebrated by a large group of Fellows in recognition of fifty years of dedicated service toward the advancement of dental science.

Because of its dedication, the College has become a service organization of distinction, A Legion Of Honor with adopted objectives which were carefully planned and executed over the years. The results of many of the College studies have provided much authentic material for those in the dental profession who have the responsibility of decisions and for the solution of problems.

As we look back over the past fifty years many changes have taken place in the profession and it is recognized that the College has contributed materially to these changes. The rate of change will certainly not diminish in the future, and the College has the opportunity to continue its leadership. By broadening its objectives and by projecting approaches to newer developments, the College will meet the challenges of the future. To quote an editorial in an early *British Dental Journal*—"What discoveries lie ahead we cannot say, but we can be sure that there are more than we can imagine awaiting for the flash of inspiration, or more probably the patient interpretation of a mass of data, and when brought to light, changes will follow as profound as any we have known."

The program for this 50th Anniversary features a series of Challenges which have stirred the minds of our speakers and should stimulate your thinking. These Challenges have not been selected at random, but rather, are the results of many years of intensive thought, of close association within the selected areas and with a vision of what is best for the science of dentistry.

To reach this summit of thinking has required background knowledge which is historically important. Quoting from a history of Medicine, "No one can comprehend the present accurately who is

* Presented at the Fiftieth Anniversary Meeting, American College of Dentists, Las Vegas, Nevada, November 7, 1970.

† Chairman, Fiftieth Anniversary Committee.

not acquainted with the sources of knowledge or able to follow roads along which knowledge of the truth has reached out."

What are the sources of knowledge from which the projected Challenges might emanate? To attempt to list all of them, or to pinpoint a single source, would be foolhardy to say the least, for there has been accumulating over many years a vast storehouse of knowledge from many sources both from within and without the dental profession.

The American College of Dentists is one of these sources. Since its inception it has served faithfully and devotedly in developing the basic concept of its origin of study and research and in recommending approaches to the solution of many professional problems.

To understand this source of knowledge requires some historical reviewing covering the past fifty years. To present it logically, it could be approached by describing (a) The History of the Idea; (b) The History of Fact; and (c) The Biographical History of Men. Unfortunately time will not permit any detailed reporting. The July issue of the *JOURNAL OF THE COLLEGE*, the article by Miss Joanna Carey in the October Issue of the *JOURNAL OF THE AMERICAN DENTAL ASSOCIATION*, and the historical sketch to be presented this afternoon will provide details of the facts.

HISTORY OF AN IDEA

The years preceding the organization of the College in 1920 were years of crises and upheaval in the political, social and economic structure of this country. The First World War had demanded the conscription of resources and manpower and at its termination, the leaders of the country were hard pressed to make adjustments that would restore the mode of living to normalcy.

It was during this same period that a crisis of another type developed. In the health professions, medical and dental education were facing pressures for the elevation of the standards of education. Dentistry faced an added necessity of instituting biological research due to the advent of the theory of focal infection. Both of these factors required of dentistry the adoption of academic standards that would place the profession in a status above that then considered acceptable for admission to dental schools, to a fuller health oriented curriculum for graduation and for a program of continuing education.

The leaders of the profession, concerned with these matters, were men of integrity with high ethical principles and they had a sincerity of purpose. We have much for which to thank these men. Because

of their experience in education and research, and their vision of what the future held for dental science, it was incumbent upon them to search out newer approaches if dentistry was to become recognized as a health service profession.

They had faith that dentistry would ultimately reach the highest professional status and their collective achievements were directed toward this goal. History has shown that their efforts were not in vain, for dentistry has fulfilled their faith and their high purpose for service.

The problems which have challenged the profession cover many more years than fifty so that the College came into being at a time when solutions were needed. The entrance of the College into the whirl of leadership activity must have been a heartening stimulus to the leaders of the profession at that time. The united efforts of all groups gave strength to their activities.

What was in the minds of the charter members of the College? It was not merely to honor men for past achievements, but rather, to elevate the stature of the profession. That has been the goal over the many years toward which the varied activities of the College have been directed.

The charter members were among the leaders of the dental profession of that period and they conceived an organization called the American College of Dentists. Basically, the College had the concept of idealism which "brought enlightenment, courage and hope; for it envisioned a new professional status for dentistry, a status equal in all respects to that of medicine, equal in dental educational opportunity, in united effort for scientific advancement, in an altruistic acceptance of responsibility for safeguarding the public health."

The College was formally organized on August 20, 1920, with an adopted Constitution and Bylaws with the following general objectives:

The object of the College shall be to elevate the standards of Dentistry, to encourage graduate study, and to grant Fellowships to those who have done meritorious service.

Officers and an Executive Board (later the Board of Regents) were duly elected and their conscientious, determined and forceful attention to the multitudinous details of organization placed the College on a sound professional basis. The Board was given broad powers to initiate, to approve, and to disapprove actions and activities of the newly formed organization.

The beginning years of the first decade were devoted to the caring

for the many details associated with the creating of a smooth working organization that had many unusual possibilities.

The first stated objective—To elevate the standard of dentistry—must have given the early officers and Board something upon which to ponder for it was so general in its implication that considerable time would be necessary to establish base lines before studies could be undertaken. Gradually those base lines were established. To implement them, committees were appointed and charged with the responsibility for study and research within their respective assignments. Fellows of the College with expertise in certain areas were appointed to committees so each committee had the best available individuals within the College framework as members.

The American College of Dentists was founded chiefly to support and maintain a high professional status. "Its policies and programs, its thoughts and its energies, at all times were directed to the translation of these ideals into enduring realities. Most of the progressive developments of dentistry; growth in education, improved teaching, research, literature, journalism, professional ministrations and practice since the College was founded, have been attained under the desire for this status."

The building of knowledge within any special field is a Herculean task when viewed from a point of concept. Constructive growth of knowledge proceeds slowly, thoroughly and minutely under the thinking and dedicated guidance of many individuals.

Recognizing the need for knowledge covering the many problems facing the dental profession, the College undertook to study and to review the many facets involved in these problem areas. This was done so that those responsible for decisions might have readily available a background of information upon which policies or decisions could be made.

All this required wide awake leadership, and the College with its committees was prepared and qualified to undertake this leadership. This was not done with arrogance, but with a sense of a desire to be of service to the profession and with a spirit of humility. Willard Flemming, in his inaugural address, as President of the College, had this to say: "Leadership in the dental profession has characterized the actions of the College and expediency has rarely taken precedence over the principles of right action. In addition to leadership, the College serves the profession as a catalyzer to speed up certain actions and progressive development, and again as a governor to control too hasty action. One of its most important functions is to initiate and contribute thoughtful studies of various problems."

THE HISTORY OF FACTS

Time will not permit detailed reporting of all the many studies and research undertaken by the College. These studies were done either because of the urgency of the problem or in the initiation of a new concept or approach to a problem. The underlying philosophy of the new organization was that of service, service to the profession and to humanity.

One of the early concerns was in the field of journalism. Having reviewed the large number of dental publications of the early 1920's, it was noted that some of them were published under the auspices of other than the dental profession, in the interests of monetary gain. The studies and recommendations made by the College are recorded history. *THE JOURNAL OF THE COLLEGE*, one of the outstanding dental publications of the world, is evidence of the sincerity of the work of the committees on Journalism.

Imagine if you will the consternation of the profession in the early 1930's when national health insurance was first proposed as a health measure for all people. The College recognized that studies were necessary and so authorized and directed their committees to study this problem. That study was made and served to enlighten the profession and to guide future deliberations. Forty years have now passed and the attitude of the profession has gradually become oriented to a changing philosophy on health insurance. The College service in this problem is also recorded history.

Professional idealism and attitude have been a major concern of the College ever since its founding. The charter members all believed that "the important aim of the College should be to cultivate and encourage the development of a higher type of professional spirit and a keener sense of social responsibility throughout the profession; by precept and example, to inculcate higher ideals among the younger element of the profession."

With this basic thought in mind, the College has conducted studies and has held seminars and workshops covering professional and human relations, social characteristics, student motivation and medico-dental relations. All of these studies are recorded history.

DENTAL EDUCATION

Education was one of the fundamental reasons for the organization of the College. In the recording of the minutes of early meetings there were several thoughts constantly repeated: (a) education, (b) research, (c) idealism of the profession, and (d) the desire to recog-

nize individuals for the achievements and accomplishments in these fields by granting Fellowships.

The William John Gies Report on Dental Education, under the auspices of the Carnegie Foundation for the Advancement of Teaching in 1921, had a tremendous influence on the minds of the College leaders and the advancement of dental education became one of their major objectives. It has remained so until the present time. Matters pertaining to undergraduate and postgraduate study and continuing education are constantly before the Education Committee. The studies of these committees are recorded history.

RESEARCH

The entrance of the College into the field of research was primarily supportive at a time when a lack of support hindered the activities of individuals who were interested in research. The College gave that support through grants-in-aid, by providing travel funds, by fellowships and by emergency funds.

The latest endeavor reaches into the field of research education with the development of the Institute for Advanced Education in Dental Research.

The basic philosophy on research of the College can be briefly stated as: a service for the advancement of dental research based on the need for objective thinking, for more educated researchers, for a broadening scope of dental research and for responsible communication of research findings.

The College interest in research is in its recorded history.

HISTORY OF MEN

The College like any other organization is judged by the men who are its leaders and workers. The men who conceived the idea of the College, the charter members, who gave birth to the organization and the men who were responsible for its growth, were all leaders within their respective domains.

Their biographical histories would show that their achievements were not done for personal aggrandizement, but were due to a desire to see dentistry elevated to the highest level of professionalism. They were endowed with intelligence and imagination, with enthusiasm and dedication, with the power of judgment and the responsibility to use these traits for the advancement of dental science.

The charter members and the first officers were real men of stature. In the beginning the College had its critics and in spite of them, it

maintained its basic philosophy of idealism which, by the help of succeeding groups of Fellows, has carried the College through these many years of service.

Each individual who has been honored by Fellowship in the College has been recognized because recognition was deserved. All officers, members of the Board of Regents and the members of all College committees have served most faithfully and deserve high commendation. With the continued effective leadership of all these individuals the College has reached a summit of high esteem from where it will go on to greater and greater accomplishments.

The College has seen fit to honor certain outstanding individuals by the granting of Honorary Fellowships. It has honored Fellows of the College who have particularly distinguished themselves in the service of the College by granting to them The William John Gies Award and a special commendation or Merit Award has been presented to non-members of the College who have rendered special service for dentistry.

Yes, fifty years have passed and the College is strong in its membership, is faithful to its objectives and will remain dedicated to service to the dental profession and humanity.

The past is but a prologue and now we must look to the future and the challenges that face us. We have a distinguished group of Fellows of the College who will continue the program of this 50th Anniversary. They are prepared to present some challenges to you as individuals, to you as members of the dental profession, to you who are educators, to you who are in research and to society at large. Take heed of their words, for they are qualified to speak on their assigned topics.



The Challenge to the Profession^{*}

HAROLD HILLENBRAND, D.D.S.†

IT IS DIFFICULT, if not impossible, to discuss in the context of this panel on "The Future is a Challenge" the challenge to the dental profession if one is mindful, as I am, of the time limitations which have necessarily been imposed to restrain any potential threat of exuberance on the part of the speakers.

I, therefore, propose to limit myself to some generalizations on the challenges which confront the dental profession and then to discuss, briefly, some of the new, emerging and important challenges that the profession is facing.

THE NATIONAL CHALLENGE

Since the dental profession is an essential part of the fabric of our national life, it must necessarily be concerned with the many challenges that exist in this rich and troubled nation: activism, dissent and violence in both their hairy and unhairy forms; the apparent national and widespread public discontent with the health professions and with the delivery system for health care; the new insistence on the part of the public that it must have a strong, if not major, voice in the revision of our health system; the consternation of a naive government at the rising costs of health care programs which were obviously designed, in many instances, for political sexiness rather than for reality or professional effectiveness.

There are other designs in this fabric of our national life. The sad, indisputable and reproductive embrace of poverty, malnutrition and ill health; the present political and, perhaps, necessary constraint on funding health programs and the absence of a clear and reasonable statement of national priorities for health; the seemingly deliberate downgrading of research in the field of health without an apparent whit of concern for the future national yield from

^{*} Presented at the Fiftieth Anniversary Meeting of the American College of Dentists, Las Vegas, Nevada, November 7, 1970.

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applied and basic research in a time of crisis in the fields of health; the spastic rigidities of some members of the health professions and assorted soothsayers against any change and innovation in the present system; the troublesome national dilemma which drains dollars from health projects for war and defense; the noisy revolutionaries who cry for outright destruction of the present system of health care without a glimmer of knowledge or concern about what the nation would do after this phony revolution.

A major challenge to the dental and other health professions is, then, clearly the preservation of the achievements of the present system with such revisions, major and minor, as are needed to make it more effective in meeting the national need. This challenge, in my view, can best be met by building on the present system and not by its destruction.

THE CHALLENGE TO PROFESSIONAL SELF-GOVERNMENT

It has been held, traditionally and historically, that one of the marks of a profession, was its right of self-government and there is clear reference to this status in the *Principles of Ethics of the American Dental Association*. This right is now being vigorously challenged.

The challenge has not yet been voiced loudly in the United States but it has in Canada, a country which tends to foreshadow certain developments in government and health for the United States. Last year the Royal Commission on Health of Canada issued this forthright challenge to the right of self-government by the professions:

If they (meaning the provincial governments) pass laws (dealing with the requirements for entry into a profession), then we recommend that there should be some system of appeal. No single body should have the right to decide who is qualified to a certain kind of work. The relevant question is not do the practitioners of this occupation desire the power of self-government; but the real question is, is self-government necessary for the protection of the public?

The report continues:

Excessively high standards may produce specialists but leave a vacuum with respect to areas of the profession where the services of a specialist are required. It can be strongly argued that a power which so circumscribes the freedom of an individual to earn a livelihood by any lawful means should not be exercised except under governmental control. These facts give foundation to the argument that the government of professional bodies is a matter for the state.

While such a strong and official challenge has not yet been issued in the United States, it is clear from certain official statements made in the past year or so that the status of the health professions is under very close review. This challenge merits our best attention.

THE CHALLENGE OF OUR GOVERNMENT

Our own government has been issuing its own challenges.

On July 10, 1969, President Nixon, who to date has not been avidly interested in providing the funds needed to maintain and improve our national health system, said:

We face a massive crisis in this (health) area unless action is taken, both administratively and legislatively, to meet that crisis. Within the next two or three years, we will have a breakdown in our medical system which could have consequences affecting millions of people throughout this country.

I don't think I am overstating the case. I am simply indicating that we are aware of the problem and that we are now preparing to take the administrative and legislative action to deal with it.

In case someone wasn't listening to the President, two officials of the Department of Health, Education and Welfare said, at about the same time:

. . . We will ask and challenge the physicians, dentists and practitioners of the Nation through the national societies and through county associations to establish procedures to review the utilization by their members of various services (in Medicare and Medicaid programs) and to discipline those who are involved in abuses; we will ask and challenge the deans and faculties of the medical (and dental) schools and all who are involved in the education and training of the professional manpower to find new ways to expand the number they are training, to shorten the time needed for training and to orient their training more towards the immediate needs of the country, such as comprehensive medical (and dental) care for the poor and the near poor.

We will call upon the governors and state legislatures to re-examine and evaluate the role of state health departments in improving the delivery of health services *and* to review state requirements for licensing and certification which stand in the way of proper use of manpower.

There are enough challenges to the dental profession in these two statements, both explicit and implicit, to last for a very long time to come and we must not meet them with the hope that they will somehow go away—unheeded and unmet.

There are many other challenges which will try the spirit, the good will, the wits, the unity and the competence of the dental profession.

THE CHALLENGE OF DENTAL MANPOWER

There is a major challenge to the dental profession to find the resources necessary to produce the manpower needed to meet ever enlarging demand. This involves the challenge of seeking and obtaining legislation to obtain governmental support for the construction and maintenance facilities for the education of dental personnel and, just as importantly, in procuring such support from the private sector to the end that dental education achieve a proper balance between public and private support. This is the challenge of providing greater support for the American Fund for Dental Education and to the individual institutions which provided us with our professional education. It is the challenge of producing more dentists and more dental auxiliaries of all types to meet the enlarging public demand for dental care. It is the challenge of reviewing the present limitations on the duties of dental auxiliaries, particularly the dental hygienist and the dental assistant. It is the challenge of discarding some of our archaic and obsolete notions in regard to the delegation of duties to the dental hygienists and the dental assistant which do not require the professional competence of the dentist. It is the challenge of seeking the amendment of our dental practice acts to eliminate the arbitrary restrictions on dental personnel in regard to the serial listing of duties for auxiliaries and to greater freedom of movement between the states. It is the challenge of devising more equitable and more realistic state dental board examinations. It is the challenge of utilizing and improving our technology to make dental personnel more productive. It is, in total, the challenge of assisting in the production of the work force needed to provide health care for the American people.

THE CHALLENGE OF RISING COSTS OF DENTAL CARE

The dental profession must share in the challenge made by society that there is an unwarranted rise in the costs of all types of health care. There must be a greater knowledge of the factors involved in such costs and how they can be controlled more effectively without impairing the quality of the service rendered. There must be a determination whether or not group practice and other practice arrangements can help stem the tide of rising costs by increased efficiency. There must be rigid adherence to the principles of ethics of the profession which places first the service to the patient and to the public rather than mere gain for the practitioner. There must be

peer review so as to satisfy the public and public officials that the profession has the will and the machinery for self-regulation and control when abuse occurs.

THE CHALLENGE OF A NATIONAL HEALTH PROGRAM

The dental profession must accept the challenge that the country may be moving toward an organized, national health program by determining how it will participate in such a program when and if it is established. The current efforts of the Task Force on National Health Programs of the American Dental Association are encouraging and the profession's recommendations must include provisions for dental health care for both children and adults.

THE CHALLENGE OF CONTINUING EDUCATION

The profession must accept the challenge that continuing education, on a voluntary or mandatory basis, must be a requirement for all practitioners to keep their knowledge and skills sharpened so that the patient and the public will derive all of the benefits from advancing dental science. The profession should accept the challenge to devise and enforce its own requirements for continuing education before such requirements are placed by a less knowledgeable agency.

CONCLUSIONS

There are many more challenges to the profession that could be enumerated but it is time to state the essential challenge to the profession.

This challenge is to the profession's capacity for leadership and wisdom, for foresight and innovation, for courage to move in new directions, for the removal of the restraining bonds of fear which forbid all change and canonize the status quo, for the open debate and discussion which lead to the establishment of sound policies and programs and to unity and strength in the profession.

If this essential challenge can be met, then there can be no question that the dental profession will meet its obligation to the patient, the public and to the nation.

The Challenge to the Individual*

ROBERT J. NELSEN, D.D.S.†

IN TODAY'S socio-economic metamorphosis the individual is put upon to adjust to new concepts—new relationships—new and unique freedoms, and whether he realizes it or not, to new responsibilities and obligations. Fundamentally, the greatest challenge to the individual is in the management of his personal adjustment to change. This adjustment determines that progress in any system of society is dependent upon the willingness and the capacity of the individuals within it to adjust. This is also true of a profession and the people it serves as new group relationships and concepts affect the individual and challenge him to adjust to change.

It is quite obvious that any change in one side of a system will affect the other. Unfortunately, many new ideas of health care are considered from but one point of view and needless to say, what may be a significant advantage to one side of the system is of no avail if the other will not accept it. An advantage or benefit for the patient, at the expense of the doctor, or vice versa, may be tolerated for a time, but ultimately it will be contested or circumvented.

Changes which are of unilateral advantage are not readily taken up.

PREVENTION

Foremost in any list of challenges to the individual dentist and patient is that of prevention. Of all the challenges, this is the greatest, for it is the most rewarding. Of all the avenues to good health, prevention is the shortest and the straightest, yet it presents the greatest challenge as its benefits are not as directly visible as those of treatment. Both patient and dentist have a reciprocal responsibility in this effort; the dentist having the initial and greatest responsibility, that of providing the patient with authentic preventive measures. He is as obliged to provide appropriate preventive information and to render preventive service as he is to treat disease. The patient is

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also as obliged to pay for time spent to his benefit in this direction as he is to pay for treatment of disease. It is wrong to expect the dentist to instruct and motivate the patient to preventive care without a proportionate fee for the time involved. Both the dentist and the patient will be challenged to participate in all modern methods of prevention of disease. The responsibilities and obligations in meeting this challenge are reciprocal. As in many other changes taking place in the delivery of dental care, implementation and acceptance is a shared responsibility of dentist and patient.

INTEGRATED TREATMENT

The next important change, and one which also will challenge both dentist and patient, is the emerging concept of the mouth as a system and its importance to total health. The initial purpose of dentistry was the elimination and the avoidance of pain or discomfort from dental disease. It was not long before appearance of the mouth and teeth became most important as new concepts of treatment in orthodontics, restorative, and prosthetic procedures, reflected the notion that a smile is to keep. The advent of the high-speed turbine drill made more comprehensive care available. The dentist could produce it easier and the patient would accept it more readily.

Now on the horizon is the developing science of total mouth function. Treatment in dentistry is moving from one of statistics, of form, position and esthetics to that of functional dynamics. The proper neuromuscular balance so necessary to normal mouth function will serve in the future as the common goal of all orthodontic, prosthetic and restorative procedures. This will challenge the dentist to direct all treatment toward a properly balanced mouth system. All treatment must be concerned with functional harmony. Anything less will be considered old style. The patient is challenged to accept this level of treatment if he wishes proper care, and the dentist now is challenged to move from patch and pull to these modern concepts.

INCREASED PRODUCTIVITY

In the light of increasing demand for service, the dentist will be obliged to expand his individual productivity and thus increase the total effective manpower. This challenge to increase his productivity will require that he use the most modern instruments and techniques. To do this he must attend continuing education courses, dental meetings, clinics and seminars, purchase modern equipment and use the latest materials. The patient must be made aware that all these

are necessary to modern effective treatment and that these costs will be included as part of the fee.

CHANGING METHODS OF PRACTICE

Changing practice methods will challenge the dentist to align himself to new relationships with others and to reduce common overheads by sharing facilities and services. Group practice and incorporation will bring to the individual dentist an efficiency and a security not available in solo practice. This, certainly, will be a challenge to his professional life style for he will lose some of his cherished individual prerogatives as he attains the advantage of group affiliation. He will become more an organization man as he takes on a specialized role within his practice group. Formerly, he alone was the focal point of the one man dental office. Now his attitudes and concepts toward office and practice must be changed as he shares these responsibilities with others. In some instances he must be less possessive of patients, more willing to participate with his colleagues in a joint service. Such adjustments certainly will be a challenge.

As the efficiencies of group practice are developed, the individual patient seemingly will become less an individual person in the office. The patient will notice that his personal alignment to the dentist is diluted in the larger, more efficient group practice. However, he will benefit as the group brings to him a wider spectrum of knowledge and experience than does the single dentist. This will be apparent to the patient and will be reflected in his confidence in the type of care available in the group practice. However, he must be willing to accept a little less chair-side chatter.

DELEGATION OF DUTIES

Our dentist of the future will make a greater assignment of duties to auxiliaries. In this he will be challenged by many to relinquish total control of certain services to lesser trained persons. This he must not do. Within his office, he may assign or delegate the performance of certain procedures to others, but he must not allow any part of oral health care to be isolated by the assignment of professional responsibilities to other parties. While many tasks in dentistry have the outward appearance of craft procedure, the very nature of such service requires the exercise of moral and professional judgments however simple it may appear to be. It is through the exercise

of this judgment directed solely to the patient's benefit that society allocates to the profession the privileges of a monopoly. It must be remembered, that it is specifically for the protection of the patient that the law prohibits the practice of dentistry by other than those qualified. It will be a significant challenge to the dentist to maintain these prerogatives and still delegate certain procedures to auxiliaries. While it is to the advantage of both the dentist and the patient to delegate certain duties, it places an increased responsibility on the dentist as he now must supervise and monitor the auxiliary in such a manner that the benefits of his professional training, experience and moral attitudes toward the care of the total mouth are not lost. As he delegates portions of service to auxiliaries, he must maintain his professional stance in a new role of supervisor. For this he must seek training in personnel management and in techniques of delegation. He will be challenged to develop a system for the effective use of auxiliaries without losing control of the service and the confidence of the patient. The patient will accept such service of auxiliaries if there is open evidence of adequate supervision and that professional judgment pervades the entire procedure. Should the dentist allow the development of ersatz professionalism within the structures of his auxiliaries, he will lose his position of trust and privilege. He will be challenged to maintain his authority in the office and accept the responsibilities of that authority. If he allows the state to license auxiliaries or permits other groups to certify themselves, yet hold him responsible for their actions, and further, require him to provide the office, the management and the financial shelter for all these auxiliaries, the dentist simply becomes a patsy for the system. The profession will fail to recruit new talent if such burdens upon the individual prevail. The patient will be the ultimate loser. The dentist is challenged to take the same stance in maintaining his authority in these expanded new uses of auxiliaries as he has had to take in his relationship with dental laboratories. He must be consistently responsible in protecting the welfare of the patient.

QUALITY OF CARE

The quality of care becomes a concern as persons other than the doctor and the patient participate in the system. The essential determinant in quality control is the professional attitude of the doctor toward the patient. The principle of professional care assures that in matters affecting the personal welfare of an individual, especially those in which he has no means of judging the need or benefit thereof,

the individual places his trust in another who professes that the interest and benefit of the other party precede his own. For this, his calling is declared a profession and is granted special position and privilege within society. Great opportunity for abuse of this position and privilege develops as other parties intervene in the system. The reciprocal responsibilities and trusts so evident in the direct doctor-patient system become diluted as purpose and procedure of service are determined by others. Quality control of professional service cannot be effected by legal code, nor can it be reduced to printed specifications. The greatest challenge to the individual dentist as he participates in new systems of health care is to protect his prerogatives of professional judgment. If these are lost, if he is not allowed to exercise his judgment in determining the benefit to the patient, his services become a craft, and his profession a guild.

PROFESSIONAL RESPONSIBILITY

If the individual dentist is to survive as a professional, he must present himself to the patient dedicated to upholding that which he professes, which is placing the welfare of the patient unequivocally first and foremost. If he does not live up to this, if he tolerates abuse of this privilege by his colleagues, other agencies of society will step in, develop criteria, set specifications, establish legal codes, allocate and then supervise. This will not be to the benefit of the patient, and the dentist is challenged with the professional responsibility of pointing this out to him. The dentist is also obliged to correct or eliminate deviate practitioners and to subject them to measures that will assure professional deportment in all ranks of dentistry.

The patient frequently observes that the extent of health care available to him as an individual in the context of his socio-economic position is often not available to others. In his enthusiasm for the value of such care or for other reasons, he has set out to establish systems of his own design, unaware that the two essential factors in health service programs are provisions for the exercise of professional judgment and a desire by the patient to be cared for. The effectiveness of some of these new systems, however, has been found wanting. Recent evidence indicates very clearly that successful programs of health care must be designed around the moral, responsible professional and that he be the senior architect in planning the system. The onus is on the professional to devise new methods of care, for he is as responsible collectively for care of people as patients as he is individually for a person as a patient.

However, when he assumes the professional responsibility for devising methods for meeting the demands for care of those outside the sphere of his own office, he must make it crystal clear that he cannot include or bring, as a gift to society, the means of meeting the costs of such care. As an individual, he cannot allow himself to be put upon by the collective actions of other agencies of society. He has the right and the authority to design and manage the systems of health care for which society holds him responsible but, like his patient, he has the unfettered freedom to not exercise those rights. Just as the patient within the context of his right to good health care has the personal freedom not to exercise that right, so, too, does the doctor have the freedom not to exercise this professional right and like his patient, he is entitled to the resulting consequences without sympathy.

THE IDOLATRY OF AFFLUENCE

There exists in professional organizations a disease which unfortunately and too often infects certain individuals. Professional education should inoculate against it but it continues to be endemic within the professions. It is contagious and while it could be called a social disease, it does not have the stigmata usually associated with them. Nevertheless, the individual dentist should be aware of this pathogen for its consequences are too often an embarrassment to the profession, as well as a personal loss. It is the idolatry of affluence, a syndrome which presents a developing schizoid professional personality wherein the individual loses contact with the realities of his professional status, and there occurs a degradation of his true professional character. It develops out of a preoccupation with material success and a fixation on activities which relate to broker, market, leverage, and shelter. There is a gradual substitution of goals. The obligation of service, the true purpose of the professional, is gradually lost, and it is supplanted by commercial designs for personal gain. It is possible, however, that financial success can be a proper companion of service, but it must be always the return for, and not the object of service. As a professional man accumulates the returns of his service, he becomes a person of means which allows him the privilege of further and greater service to his profession, to his society, and to his country. It is interesting to observe here that Fellows of the American College of Dentists are men of means. Their ability and industry have provided a financial success which they have turned properly to further service, the evidence of which brought them the recognition and honor of Fellowship in the

College. A significant challenge to the individual dentist, especially the younger professional, is not to lose sight of the primary purpose of the profession—service to others first and always first. Perversion of this purpose will result in the ultimate demise of the professional concept in our social system. The individual dentist will be constantly challenged to maintain the integrity of his profession.

In all systems of our society the individual has reached a milestone and finds himself at a crossroad. Certainly this is true of the dentist as an individual and the patient as an individual.

RESPONSIBILITIES AND OBLIGATIONS

This financial relationship in the delivery of health service is being set upon with new proposals, propositions and promotions, almost all of them promulgated by persons who claim to speak for both patient and dentist. Their new definition of health service as a right places the relationship of the doctor and patient in a new perspective. However health service is defined, the ultimate delivery system always will be the exchange between doctor and patient.

Success in the development of collective systems of prevention and of health care will depend upon a proper allocation of responsibilities and obligations. The challenge to the dentist and the patient is to bring to collective systems the same important attitudes of shared responsibilities and personal trusts so evident in the fiducial doctor-patient relationship. If there are to be rights involved, then there must also be obligations. Rights accrue only out of obligations fulfilled. The ultimate challenge to the individual—both the doctor and the patient—is to carefully and thoughtfully define their rights and acknowledge their concomitant obligations.

Challenges to Dental Research*

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“TO ENCOURAGE, stimulate, and promote research” is one of the ten principles of the American College of Dentists, declared as a means “to promote the highest ideals in dental 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 fitting therefore that one of the topics for discussion today on the occasion of the 50th Anniversary of the American College of Dentists is entitled “A Challenge to Dental Research.”

Dentistry as a profession exists solely for the purpose of providing the means for the prevention and relief of human suffering and deformity resulting from dental disease, malformation and injury. Dental research, on the other hand exists primarily to help provide the fundamental knowledge, facts, and technical developments so necessary to support these objectives.

By definition, dental research is that area of science directed toward the systematic gathering of data related to the teeth and their supporting tissues and structures and factors affecting them in health and disease, including treatment and prevention, upon which conclusions can be based. Data and conclusions so gathered can be added to that body of scientific knowledge so essential to the profession for the exercise of sound judgments and for development of meaningful and relevant philosophies of practice. This is no small body of knowledge, largely due to the vast growth of science in the past fifty years.

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The opinions expressed herein are those of the author and cannot be construed as reflecting the views of the Navy Department or the Naval Service at large.

Science is the most recent addition to mankind's intellectual enterprises. Philosophy and religion provided the disciplines which guided man in his quest for fundamental knowledge and contributed much to human life and culture well into the 17th Century. Modern science then began to develop with the recognition of the importance of experience, demonstrated facts and experimentation in order to develop facts. Actually, a scientific revolution occurred and, along with philosophy and religion, reached the lives and prospects of people everywhere. Through scientific achievements in the past fifty years an entirely new human situation has developed. Man is no longer isolated by distance or language. Whole new dimensions of communication have developed. Life expectancy has been increased all over the world. Epidemics that once terrorized mankind have been wiped out with medicine and vaccines. Man has virtually conquered some diseases and is learning to conquer more. Surgery is performing miracles. Food elements have been defined and their actions identified. Methods have been developed for providing foods more efficiently and abundantly. Even in the face of a rapidly increasing population, the peoples of the world have been able to control their destinies more than ever before. Yet, we find ourselves in a strange situation in 1970 with widespread criticism and gross distrust of the scientific community. Science, however, does not stand alone. The direction of science, the philosophy of its use and application, and the priorities established by pressures of the times are of equal importance.

Scientific achievements have been made against overwhelming odds. However, the consciences of our people have been aroused because of the concern over the philosophy of the use of science. The belief has developed that if it is possible to send a man to the moon and back, then it is also possible to correct all of the ills of man. Science alone has been held accountable. Interest in disease, hunger, poverty, and environmental pollution have become topics of daily conversation, numerous essays and editorials. Near panic is developing among some of our young people who have grown up in the world without ever knowing scourges or widespread hardship. There are those who suggest that the situation today is the result of the misdirection of science, the misguidance by scientists and the misuse of funds for research. This is shallow reasoning. At a time when the understanding of biological, medical and dental problems has escalated, the public has awakened to the realization that there is a vast amount of knowledge that is not being fully applied. This has given rise to indignation against the very individuals who made

the understanding possible. The social conscience of the public has been touched to the point of desperation. Health and well-being of man has suddenly become important, a matter the health professions have been trying to teach for years.

THE CRISIS IN HEALTH CARE

We read about a crisis in American health care, and we must recognize that it is real. In the face of tremendous medical advancements something has gone wrong. Untold millions have been poured into medical research and tremendous achievements have been realized. However, as regards delivery of medical care: long lines have developed in outpatient clinics; lengthy periods are spent in waiting rooms; difficulty is said to exist in obtaining care on weekends or nights; in some areas hospital beds are insufficient to meet the needs; obsolete hospitals have become nightmares to communities; and costs have risen sharply from levels that already prohibit care for some and create financial burdens for many more. So there is a crisis.

What about dentistry? Is there a crisis in dental care? Only recently has there been much interest in dental health or dental research on a national scale. Even then, only a very small percentage of the total health budget has been for the support of dental care or dental research. Is that which has developed in medicine going to occur in dentistry in the future? Is the exclusion of dental care from most health care plans and most insurance programs the major reason why dental practices are not subject to such inundation today? Most persons who want dental care today are seemingly able to get it. Most dentists are able to practice their profession today on relatively normal schedules. Costs of dental care for the most part are within the means of the public who want it. Vast improvements in technics and materials have been made with very little additional cost to patients. Unfortunately, this does not describe the true picture because demand for dental care has not reached the proportions of the demand for medical care. The majority of the American public have not been educated to the worth of dental health and few realize the woeful state of dental health in the country. Millions of elderly Americans are facing the loss of all their natural teeth. Millions of children are still entering school for the first time with widespread dental disease, infection and deformity. Dental disease and deformity have been so commonplace in America that it has been taken for granted.

THE ROLE OF DENTAL RESEARCH

Dental research has provided much for the improvement of health care. It has also introduced much that is capable of preventing disease. Some of this has been applied very effectively, such as the fluoridation of water supplies in the prevention of dental caries, the development of the high speed handpiece for the cutting of tooth structure, and the synthesis of safe and fast-acting local anesthetics. The national impact of fluoridation has not been fully realized. When it is, the opportunity for total dental health will be vastly improved, and more children will be entering school with sound dentitions. The aged will have a better chance of retaining their natural teeth. Also, since acute diseases are being brought under control, chronic diseases will receive more attention. The long neglected chronic dental diseases will be of greater concern to the public as a whole. Today, where programs for total health care already exist, dental care facilities are unable to meet the need without arbitrarily setting up standards for that which is considered within the means of the facility to deliver. The American people are not going to accept this in the future. They are going to expect and demand effective preventive measures and full dental care of the highest quality. Is research being conducted that can provide the facts required for making the necessary decisions? A program with over 800 scientific papers, presented at the 1970 meeting of the International Association for Dental Research, indicated that such research is being done.

The American College of Dentists addressed the problem of dental care delivery in a workshop held in 1967 entitled "Meeting the Dental Needs in the 1970's." Some foresighted Fellows of the College conceived this workshop in an effort to seek ways in which a crisis in the delivery of dental health care could be warded off. The objectives of the workshop were to (1) alert the dental profession to the tremendous needs of the people of this country for dental services, (2) to sponsor informed discussion and (3) to gain decisions for satisfying those needs that will view them in light of recent social, economic and legislative developments. Research as such was not a subject of this workshop, but provided some of the basis for the recommendations that were made. Sixty-two recommendations were developed and forwarded to appropriate organizations for action. What has been the response?

Wherein lies the challenge to dental research? The profession is not making maximum use of current knowledge. Why have we been

so slow to take advantage of proven facts and technical developments in order to meet the challenges of our time?

DUAL OBJECTIVES

Research has been oriented in two directions over the years. There is that research which is conducted for the pure advancement of knowledge, a BETTER understanding being the goal. On the other hand, there is that research which is conducted in order to attain a specific, stated and defined goal. Both are necessary but with problems developing and public interest aroused, the latter type of research is becoming more prevalent. A goal is established which is said to be in the public interest, and then individuals interested in conducting research to help attain that goal are sought. Funds have been made available to scientists to carry out research aimed at solving specific problems. Scientists in turn have directed their interests to where the funds are. The objectives and motives of those defining the goals become of critical importance. The hue and cry across the nation today expressing disenchantment with science is really related to the goals that were established, and the use or lack of use of the data, not the quality of science. The challenge to dental research then, in view of the objectives of the profession stated at the outset, is to determine a means to develop the goals necessary to attain the highest standard of dental health for people of all ages along with, and in consonance with, the highest standard of total health for all people. These goals can be given priorities in accordance with our present knowledge only and must be subject to constant revision as our understanding develops.

On the basis that the determination of the goal for a specific area of research is being made by the funding organization or agency, where does dental research stand today? Along with public interest in dental health has come public money. The vast majority of dental research today is supported by public funds and other sources have been losing interest. This has not been all bad. The impact of the National Institutes of Health on dental education and dental practice has been tremendous. The excellent staffs administering the Dental Research Program of NIH have not isolated themselves but have sought the guidance of outstanding consultants and committees which have represented dentistry, education, public health, medicine and many other fields of science and social concern related to the American scene. One of the most unique review systems known has been used in order to provide an effective use of public resources in the

interest of better dental health. Knowledgeable men and women outside of the Federal government have been called upon regularly to give of their time and effort in order to provide the means for evaluation of proposed research as regards scientific merit, relevancy and priority in relation to national goals and available funds. National research goals as such have never been spelled out by the dental profession itself. However, broad representation of dentistry and outstanding leadership in the National Institute of Dental Research have provided goals to which the dental profession can point with pride.

It is interesting to note that because of the competence offered, organized dentistry has largely allowed the government to develop the research for shaping the future of dental health care. Both the profession and the public have been the benefactors, but the public is beginning to lose interest in research which it considers to have no practical application.

FUTURE GOALS

As to what the challenges to dental research should be in the next fifty years several areas for emphasis could be identified. Many qualified groups have identified problem areas and listed areas for study. It would be presumptuous for me to try to read into the record additional topics for research. They are legion. However, it would be appropriate to focus on an area where the American College of Dentists can be effective. As a professional organization representing the highest of ideals of dentistry, it would seem that we ought to have some obligations to the development of the goals for dental research. The dental profession has taken numerous steps to meet new challenges in the past but, during recent years, when problems have arisen we have turned to the Federal government for pursuit of the problem. The profession per se and the organizations of the profession have shirked their responsibilities in support of research and let the government carry the load. The question really arises, does the profession have the interest to act within its own professional organizations to develop goals for dental research and identify the means for accomplishing those goals. Certainly increased Federal support for dental research should be continued and encouraged. Both public and private support is necessary for a balanced program. The recognition of the dental ills of the American public by public officials today at the highest level is a tremendous step forward in attaining better dental health for Americans. How-

ever, just because the Federal government has taken an interest does not mean that the profession can sit back and watch.

It is necessary to insure that the means for fundamental research relating to dental tissues and structures, their supporting structures and all factors affecting them be continued. It is essential that high quality research be conducted continuously not only for that which has specific objectives but also for that which has no other purpose than to provide a better understanding of all facets of the structures and the tissues for which the profession is responsible. Regardless of the current social implications or the pressures of our times, the importance of continuing the development of full and comprehensive knowledge cannot be overlooked. Knowledge cannot be considered static or fixed at any given time, especially now. Programs for stimulation and encouragement of fundamental research are necessary just as are programs for the stimulation and encouragement of mission oriented research. Communication with educators and practitioners is essential. In regard to the latter, man's health care systems are not breaking down because of lack of knowledge and technology but rather because of the lack of its use on the part of patients as well as doctors.

The challenge then to dental research at this time, is to look at the total scope of dentistry and to assess the areas in which research is needed in order to provide the best for the public. Habit, custom and tradition must be weighed carefully. It is necessary to consider all aspects of dental care and all possible areas where fundamental knowledge is needed. Goals need to be identified and sources for support need to be developed. It is not logical that a single source of funds should direct the destiny of the profession of dentistry. Advancements and achievements made in the best interest of patients for the highest standards of dental health have been the result of many years of hard work and fundamental study by a dedicated profession. This should continue in great scientific depth under the profession's leadership. This is the challenge to dental research today.

The Challenge to Dental Education*

EDWARD J. FORREST, D.M.D.†

THE CHALLENGES currently facing dental education reflect philosophies, and objectives emanating from a large variety of sources. Some of these sources include the Council of Dental Education, United States Public Health Service, The National Institute of Dental Research, the American Association of Dental Schools, the National Board of Dental Examiners, Dental Educational Research Centers, commercial dental laboratory groups, the Armed Services, general practitioners and specialists . . . and the patient.

A current example is the recent Carnegie Commission's Report which although primarily medically oriented, does allude to Dental Education. As one of its recommendations it calls for the shortening of time to educate physicians and dentists. To this list of interested groups, still others might be added but the list is long enough to establish the point.

While each of these groups have important and specific goals in mind, the real challenge to dental educators is to adapt the dental educational process to meet the broader needs as they are viewed from these many segments. With this in mind, we might accept the premise that one of the most important challenges that faces dental education is to develop the best possible methods of communication among the many interested groups, in all phases for new planning.

There may be some who feel that such communications have been taking place but I would maintain that the challenge for more effective communications with more cooperative and interrelated planning exists as a major undertaking. In fact, the "fidelity of communications" with our constituency, intramurally and extramurally, is the most critical factor in cooperative planning.

Equally important are the communications that must be developed and strengthened among dental educators themselves.

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† Dean and Professor of Orthodontics, School of Dental Medicine, University of Pittsburgh.

For example, there is one group of dental educators that is focusing on accelerating the dental curriculum and developing competent dental auxiliaries with expanded duties. Their objectives seem to be a shorter educational period for the dentist, as we know him today, and the development of auxiliaries who will support him in the treatment of patients as we have known such treatment for the past 30 some years.

Other educators are focusing their attention on broader and expanded duties for the future dentist and visualize him in the role of an oral physician, or even as a specialty practitioner in the field of medicine. This challenge is of particular concern since the objectives of education and the course content involved must be mutually agreed to, if the granting of identical degrees among our many dental schools is to have meaning.

I also believe that dental educators' movements are trying to say that the needs of our patients should be the ultimate guide, and with this I agree. Our challenge then might be to develop basic or core curricula of instruction to equip each graduate with the basic education to conduct a high quality level of general dental practice, and at the same time, introduce a flexibility that would provide educational stepping stones for those who were interested in special areas of practice and expanded oral-facial services.

Basically then, productivity, both in terms of more efficient systems of delivery of dental services to the public, and in terms of more efficient training of personnel to deliver those services becomes a primary goal. Our challenge is to determine a new division of labor among dentists and auxiliaries of various kinds and to work out curricula so as to train each of those auxiliaries. To some extent, division of tasks and functions is something that must be approved by the profession at large. However, dental educators should do the basic task and training analysis work and make recommendations about (1) who should do what and (2) how much formal education is necessary for each type of auxiliary. Such decisions and recommendations will provide the profession with rational alternatives from which to choose.

Secondly, is how to educate dentists and auxiliaries more efficiently. Specifically, this means working out truly individualized curricula that permit much more self-instruction and self-pacing by students. In order to achieve this, dental education needs to incorporate instructional technology to a larger degree than it has to date. Not only will more people likely have to be trained but it will have to be done in less overall time with a smaller faculty-to-student ratio.

Included in this challenge are at least two specific difficulties. One is the altered role of the dental educator, from a lecturer and laboratory supervisor to something more like a subject-matter consultant and instructional model. There will be problems in all of these changes. Certain other kinds of resulting challenges will surface—such as ensuring that sufficient human inter-action occurs and that professional ethics and public service values are not lost in the race toward automation of the curriculum.

Another basic challenge presents itself and that is to know more about the kinds of students dental schools are currently attracting and to examine the details of their educational backgrounds and competencies.

Several years ago our school conducted a one day conference to which were invited representatives from elementary schools, secondary schools, colleges, pre-professional schools and heads of our own dental school departments. Our objective was to determine what is currently being taught to our children and young adults, and to help us gain a greater insight into the educational backgrounds our students might possess at the time of matriculation into our dental schools. The levels as a result of modern education were amazing in their sophistication! We conducted an in-depth study of each incoming student and the results were not only enlightening but pleasantly amazing. Despite the fact that they all had the traditional requirements of physics, chemistry and biology, there were now greater variances in entering competencies. The traditional problems of teaching classes of 120 students were then compounded by the necessity of responding to students with heterogeneous backgrounds. How do you present courses of study to a large group which includes eleven students with masters degrees in biochemistry, eight former high school science teachers, and two students designated as Phi Beta Kappas? What duplication of courses could be eliminated?

Still another opportunity exists and that being the recruitment of minority groups and women into the profession through career ladder programs. For example—could not as a first phase, qualified oral hygienists be admitted into a tailored dental curriculum which would lead to dental degrees? Could not young black students and women be induced into dental careers through career ladder opportunities of dental assisting and oral hygiene?

Still another challenge confronts us in terms of providing a suitable range of clinical experiences for our students. Generally speaking, most dental schools operate dental clinics or outpatient departments which hopefully attract sufficient patients to enable students to

achieve clinical competency. Such dental treatment areas are, for the most part, student oriented: patients are screened and selected by an admissions department and then assigned to students who perform the actual treatment. This student-doctor approach to dental education has been traditionally accepted, but we are now being challenged to make it ever more meaningful. Medical Schools have attempted to solve this problem through the vehicle of teaching hospitals and where treatment is medical-staff rather than medical-student oriented. The change to this teaching hospital model in dental education will, I think, become an important effort *if* dental outpatient areas are to continue to attract patients in the future.

One common complaint we have received through our evaluation studies is that students never get to see the faculty perform full dental service. Perhaps a return to the competent dental demonstrator as our predecessors know him should be explored with the hope that a fully competent dental staff, supported by residents and interns, would have the primary responsibility for diagnosis and treatment of dental problems. The challenge would be to develop fully staffed and fully equipped dental hospitals, yes, even with inpatient beds. Within such an educational climate many other opportunities would suggest themselves, including the development of group-practice offices with all the related educational and practice management experiences present. Obviously such changes would create additional opportunities for progress through team-teaching and could increase student interest in group practice and cooperative health centers.

Another important challenge is that of the effective and efficient use of dental auxiliaries in hope of achieving two major objectives. One, to provide for more dental health services to a growing community of people and two, to enable the dental practitioner to expand his services beyond what is traditionally known as dentistry today. Many have said that our dental assistants and our dental hygienists have been over-educated for the job that they have been given to do and this is hopefully being partially corrected through expanded functions. Similarly, the criticism can be laid at the door of some of our schools who require their students to possess three to four years of pre-dental education, followed by four more years of dental education: This to perform important but traditional dental treatments which differ only slightly from what dentists have been skillfully doing for years without the extended course of instruction. Now may be time for us to try to invalidate the oft-repeated bromide that "Dentists are over-educated for what they are doing but under-educated for what they ought to be doing."

Each of our institutions should be preparing to take greater responsibility for continuing education programs for our colleagues in practice. Our own school, for example, puts "The show on the Road" in 13 off-campus sites in our state: and this is merely a first step in solving the problem. We shall need to explore all methods of communicating knowledge and not be bound to the traditional face-to-face lecture or demonstration. We shall need to disseminate information in a more efficient and meaningful manner to our students, and this will be a considerable challenge. It will be an even more challenging task to manage the flow of current knowledge to the "practitioner".

Finally, in this very short paper limited only to those challenges that strike me as dominant and yet broad, may I add one final dimension. That is, the important and ever increasing dimension of foreign dentists who wish to practice in the United States as citizens. We should find it most challenging to realize that graduates of foreign schools from all over the world have been and are routinely accepted into special areas of graduate instruction in such fields as hospital pedodontics, orthodontics, prosthesis, oral surgery, periodontics, endodontics, pathology, public health dentistry and other combinations: receive graduate degrees in these fields, and yet are not qualified to practice general dentistry or their specialty because they lack an American dental undergraduate degree.

The challenge to dental educators is the obvious inconsistency of denying admissions to our undergraduate programs leading to American dental degrees or granting admission with rather severe sacrifices, and yet rather blandly accepting these same foreign graduates into areas of specialized training, into our residency and graduate programs which are obviously more demanding. *We do, somehow, find these individuals qualified to teach.*

The recent Carnegie report states "With the advent of National Health insurance systems, the shortcomings in our methods of health care delivery, and the critical shortages of our health-manpower and facilities will become even more glaringly apparent."

Our challenge to overcome this growing crisis may be to open dental schools on a full year basis and conduct evening programs of study for part-time students . . . such as working young women or men, or gainfully employed dental assistants and hygienists. Similar evening opportunities for part-time specialty training could also be explored and implemented.

This paper was intended to delineate major challenges of a very broad nature to which dental education must address itself and it in

no way precludes the importance of subtler challenges that each of us knows about and tries to solve. It is my hope that these few thoughts will provoke a general arousal of interest toward the important challenges and opportunities that face us, irrespective of where we presently sit. Be we dental educators, organizational spokesmen or representatives, federal employees, practicing specialists or general practitioners . . . or those important persons often casually referred to as patients . . . let us know that we are in the midst of a social revolution that is touching each and every one of us. We must find practical solutions to our problems, and these solutions should have meaning for our students and our patients. The students' cry for *relevance* is an imperative one and not to be lightly cast aside. Perhaps a more specific challenge for dental educators would be to develop more meaningful rapport with dental students. The traditional doctor-student relationship known only too well among all medical and dental schools of the past, is no longer tolerable. Dental educators must recognize the tremendous talent and brain power that is represented by a typical dental student body and attempt to mobilize these talents, these skills and these attitudes toward more meaningful and more stimulating educational programs.

Another imperative challenge is the need for dentistry to change its image; particularly to the public and to other professions. The word "dentist" itself, seems to connote that the major responsibility of the dentist is the individual tooth. This is only true when viewed in the context that the tooth is a basic unit when along with other structures becomes a part of a total mosaic, the human face. Dentistry's image must connote this broader responsibility. Schools would be well to orient and indoctrinate this broader aspect of the oral-facial complex rather than concentrate on individual teeth as primary units and somehow hope that the student will grasp the total impact of his total responsibility at some future date. Who could deny the physiological, psychological and sociological implications that are related to the oral-facial complex? In a highly mobile society, in this area of high speed and convenient travel, the normal and pleasing face is more imperative than ever. Dental practitioners have, over the years, demonstrated their tremendous skills in maintaining, restoring and rehabilitating structures of the face. Really, what other part of the human being's anatomy is so versatile and exposed; is of greater significance to the individual? Dental schools must communicate this broader image. It should be a proud heritage by which we should be attracting the finest young minds

(Continued on page 50)

The Challenge to Society*

I. LAWRENCE KERR, D.D.S.†

ANY CONSIDERATION of the role of society in any area of interest, must require an in depth study of the entire history of the development of man and his concepts, value judgments and actions. Often, when preparing such a study, an opportunity presents itself that provides added understanding. Such was the case as I was preparing this paper.

During the last few weeks, I was privileged to visit the areas considered to be the birthplace of our civilization, namely—the Middle East, Israel and Greece. Of course, if you remember the events, it could have been a more comfortable time for a trip to that area.

Nevertheless, as familiar Biblical pathways were followed and centers of Greek mythology were explored, I related those things I was seeing to the subject of this paper.

Society, as we know it, undergoes periodic philosophical renewals and alterations. These are almost always based on environmental, economic and political changes. History teaches us that much is repeated, as these changes occur, but society continues to search for thoughts and actions leading to improvement and advancement.

With the exception of the segment most intimately involved in health care, society itself has been content to leave all thoughts of health to the provider and, until faced with the dramatic signs of disease, has left the subject alone.

Now in this nation we see a major change occurring in the actions of society in its relationship to health and health delivery systems.

With an almost sudden and passionate concern, we see society thrashing the weeds of neglect and probing into many areas of interest. Some of us regard the framework of this thinking as “a de-

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† President, Dental Society of the State of New York.

sire for health care to be accessible, financed at reasonable cost, with high quality and under control of the consumer (or at least an equal partnership), in the planning and execution of health services". Much has been written of the rising costs, inefficiency, misdirection, and professional manipulation of health care.

Never in history have the professions been subjected to such abuse and criticism, and it has been a most traumatic experience for physician and hospital. To add to the cacophony, the launching of ill-planned social, medical and dental programs has brought with it unexpected costs, misunderstandings and disillusionment. Certainly we can attest to the role of dental programs in that atmosphere. Very few of us were brought into the planning of these programs, and the results made the front pages of nearly every newspaper in America.

High cost and abuses were the key words, and the professionals became the scapegoat for the accusations. These headlines disregarded completely the great amount of high quality services rendered by the profession to the indigent.

In the foregoing lies the basic elements of the challenges spoken about earlier today and if all that is true, then we must speak directly to the subject "The Challenge to Society".

Familiar statistics need not be reviewed here to make the point that this nation never has really involved itself in seeking and delivering needed health services, particularly dental health services. We are far down on the list among the nations in areas of longevity and infant mortality. We do lead the world in dentistry but the 40-50% of our population who see a dentist once a year must be related to the 20% who receive needed care on a routine basis. The 100,000 dentists in the nation, through their own means, have not yet swayed the 200 million. Our fluoridation campaign, one of the great innovations in disease prevention, is now a quarter of a century old, and still needs more promotion. It is our job to teach, but society must now accept the challenge of placing health care in its proper place in societal values. Let's explore a few areas in which society owes its responsibility.

MOTIVATION

Society with all its knowledge must join in promoting research into behavioral patterns related to the seeking and acceptance of health care. Certainly there have been some projects carried on,

but not enough to influence action on the part of the public. Society owes it to itself to have people seek health care. This is particularly true of lower income groups. We all admit that comprehensive dental care is provided mainly to the affluent and middle classes. We know that "fear" messages about health will have a greater influence on low income groups than on upper income groups. Let us work together to devise new methods of increased perception of the need for care and change present beliefs. This has been a role accepted by the professions but all of society's resources are needed.

PREVENTION

All of us were educated to serve in a "sick" oriented society, but we must have a "health" oriented populace and doctors. Methods must be devised at all educational levels to assert that prevention is the best treatment and the least expensive. Most of us have been too busy repairing the ravages of dental disease, with little time left teaching preventive techniques. If society wants to be a full partner then it should take a larger role in prevention, and in financing of health care. This most volatile subject has been more concerned with criticism than it has with objective analysis and planning. Many of the existing methods of financing violated the laws of economics in the struggle to provide the service. More often than not, control mechanisms increased the costs of medical and dental care rather than limiting them. No other industry in America would have permitted the economics as practiced by the health care industry. Society and its resources must closely examine the health economic system and see if something better can be contrived. Some of us may be hurt economically in the process, but I truly believe all will be benefited. New methods of financing as well as servicing must be developed. The Congress has before it many bills relating to compulsory health insurance. Very few have any dental services contemplated. I am concerned that these plans will follow the same old line as previous insurance mechanisms, I am most concerned that there be at least a cautious partnership of government and private enterprise. Certainly no plan is cogent if it does not bring this care to *all* the people, rich and poor, and with it, great stress on prevention and motivation. I believe, too, society must know what all its beloved health gimmicks and quackery cost. It has been shown that over two billion dollars a year are wasted on care and on devices with no scientific results produced.

HIGH QUALITY SERVICES

In our profession, peer evaluation of quality has been most difficult to describe to ourselves, much less have the layman participate. However, the profession is now seeking a common acceptance of a new concept: that peer review of quality is a must in all new programs. Society can participate on a very limited scale here, but, it must understand the criteria we will use in ascertaining quality. This makes professionals wince, but we will have to live with these principles. Both parties must fully understand the role of each in quality review. This will result in a great service, greater satisfaction and, in truth, support all that has been discussed earlier. To demand quality is just, but in dentistry quality is often dependent on patient cooperation and understanding. Society must accept its responsibility for quality as well as the professional.

CONSUMER CONTROL

Society is demanding an effective and controlling role in the planning and administration of every phase of American industry, particularly in the health industry. Acceptance of a partner role, thus means a greater interest and knowledge of every facet of the productivity of health services. Too frequently, laymen have served on boards of health institutions, but only for the prestigious aspect. What is needed are hard working, hard nosed participants who can effectively pass along their accumulated experiences in their own businesses and professions. They must be willing and able to understand the idiosyncrasies of health care delivery. Such lay persons can be more effective than allowing the whole health system to come under the umbrella of government. This is not a reactionary view but an expression of one who feels the system provides for the best of both government and free enterprise. Here again new methods must be researched and tried and every modality used by other businesses should be evaluated and tried. There should be no fear of losing the human relations required in the professions, but rather a strengthening and rededication to the interpersonal relationships. The populace must be encouraged to utilize all services, but restraints must be placed to avoid overutilization. This will be a team operation, and in spite of the expected trauma, effective professional and lay partnerships are possible.

SUMMARY

The thesis of this paper is the need for society to accept its responsibilities in a positive and contributory manner. Constructive participation is to be encouraged and accepted. A deeper understanding and knowledge of the intricacies of dental health care delivery is a basic requirement. The profession, while reserving its right to provide the basic services, must understand the abilities of society. In harmony, they should be capable of rendering the greatest possible services to a largest segment if not all of the population.

Patience, understanding, knowledge and mutual love will be required by all, if society assumes a new role.

History and the present headlines belie the fact that a millenium can be reached when all parties join in serving their fellow citizens. However, the search for truth and the goal of health for all is not an illusory activity, but an absolute. Let us challenge our fellow man to join us in bringing to *him* his measure of blessings and especially his health.

Though I have concluded the formal presentation, I am most concerned that an additional thought be added. It is most just to call upon society to accept the challenges described in this paper. However, it is equally necessary to understand that as the professional segment of that society, there is an equal challenge to us. As Fellows and as members of an honored profession we have accepted for ourselves a role of leadership and dedication. We must share the challenge to society not only in our role as health providers, but as citizens and responsible members of the larger community. This will require a selfless devotion to our ideals as stated in the Objectives of the College, so that through them, we might aid our fellow men. Over three hundred and fifty years ago, a noted Chieftain of one of the tribes that dwelt in my home area, led his people to an era of peace and accomplishment. His challenge to the leaders of his community has been preserved, and well serves as our inspiration to meet the challenges ahead—"He, who serves his fellow man, is of all his fellows the greatest."

CHALLENGE TO DENTAL EDUCATION *(Continued from page 45)*

for tomorrow. In this way the public's best interests can be best served. To quote Dr. C. W. Gilman: ". . . the direction of dental education and dentistry in its broadest sense, has to increasingly reflect the attitudes of the public". The challenges that face the dental profession as well as all professions and all segments of our society should become exciting opportunities for the future.

Response to the Challenges*

OTTO W. BRANDHORST, D.D.S.†

WE ARE here today not only to reflect on the accomplishments of the past fifty years, but to look ahead and attempt to identify some of the problems of the dental profession, many of them dangerously close and will require immediate attention to avoid serious consequences.

Let me make clear that the American College of Dentists is not so naive as to think it has the answer to these problems but it does have the courage and willingness to help meet the many challenges to the profession which dentistry faces. Also, it has the courage and willingness to evaluate *demands* and suggested solutions in the interest of the public as well as the profession.

The American College of Dentists was organized fifty years ago, at a time when there was need for an organization of its kind. That it has served the public and the profession well, no one will deny. The recital of its accomplishments in the script as prepared by Miss Joanna Carey, Assistant Director of the Bureau of Public Information, American Dental Association gave ample evidence of that.

Dr. Henry A. Swanson, Chairman of the 50th Anniversary Committee said:

“As we look back over the past fifty years, many changes have occurred in the profession and it is known that the College has contributed to those changes. The rate of change will certainly not diminish in the future and the College has its opportunity to continue its leadership by broadening its objectives and by projecting approaches, it will meet the challenges of the future.”

In that spirit, today's program was planned. Our speakers were selected for their knowledge and interest in the topics assigned. The areas selected were:

- Challenge to the Profession
- Challenge to the Individual Dentist
- Challenge to Dental Education
- Challenge to Dental Research
- Challenge to Society

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† President-Elect, American College of Dentists.

Many others could have been added but it was hoped that the problems of such associated areas would be solved by the possible solution and attention given to those mentioned above.

Let me briefly summarize these challenges for you.

Probably the one that strikes hardest and touches most of the others is our communications system. It can easily be associated with education in the training of dental personnel with varied backgrounds and aptitudes; it can even more readily be associated with patient relations in practice, especially in prevention—so important to more health care for the masses; and, it certainly is a major factor in the understanding of the cost of dental care which is causing the public to revolt against the *present method of health care delivery*.

The present trend for a better system of delivery and a share in planning can be allayed only by a better informed public.

The challenge of prevention of dental disease was mentioned in a number of the challenges, many of which have been accomplished through research and more will be if financial support is forthcoming, that is, if given proper priority by the government.

More dental manpower still stalks the dental profession. New methods of practice are being urged—group vs. solo practice. A careful study is indicated. Many dentists practice in communities that will find it difficult to sustain group practices.

The broader and more efficient use of the auxiliaries is urged but caution is sounded that the dentist is responsible for their acts and the delegation of services to them.

Several of the challenges mentioned the matter of finding the leadership for change or the adjustment to it. Changes are coming. We must find the leadership to guide them.

And what of continuing educational opportunities so essential to progress?

A thorough study in depth is suggested to bring about an understanding of the comparative costs involved in becoming a professional man in the health services as compared with others.

Here, then, is a thumbnail sketch of the papers presented today. Details and many pertinent statements were omitted for lack of time. The challenges were well grounded for dentistry finds itself in a critical situation and it will take our best efforts to meet the conditions described.

As in the past, the American College of Dentists is ready and willing to do whatever it can to help find the solution.

I receive these challenges for the College and will see that they will receive the proper attention.

The Challenge to the College*

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

AS I STAND before you this afternoon, a feeling of nostalgia takes me back a quarter of a century to the Sunday afternoon, in 1945, when I, too, was waiting for the exciting moment when I would be robed and capped to symbolize the conferral of Fellowship in the American College of Dentists. Despite the passage of so many years, I can remember as if it were today the feeling of pride, the lump in my throat, the sense of achievement, the colorful pageantry, the beaming faces of wives and colleagues, the omnipresence of Otto Brandhorst, the soft background music and, perhaps most of all, the sensation of great challenge tugging at my conscience. Questions came to my mind. Did I deserve such an honor? What had I done to earn such recognition? Could I wear the badge of the College with honor and justice? And would I continue to be worthy of it in 5, 10 or 25 years? Those questions remain unanswered today, because they were not amenable to self-judgment. They have served, however, as a constant reminder that I should never let the answers be negative.

And now, on this 50th Anniversary, as I realize that my own tenure as a Fellow covers half the life of the College, itself, my feeling of personal nostalgia gives way to a mood of history, of change, of the passing parade, of the distinguished record of the College over the past half century—a record which reflects the composite contributions of the individual Fellows who have comprised the membership of the College during those eventful years. And each of those Fellows, I am sure, beginning with Conzett, Friesell, King and Black, who founded the College in 1920, looked upon his affiliation with the College not only as an honor and a privilege but, far more importantly, as a challenge to professional leadership and public service.

But—enough of reminiscing, for “the Past is but Prologue” and our primary concern must be for the future—the future of the College, of dentistry, and of society. Dentistry’s major purpose—and hence the College’s—is to serve society, and not vice versa. With the

* Convocation address, 50th Anniversary Meeting, American College of Dentists, Las Vegas, November 8, 1970.

† Vice President, The W. K. Kellogg Foundation.

quicken pace of social evolution and changing political philosophy, the greatest challenge facing dentistry (and the College) is to provide the professional leadership needed to assure the public of dental health services of the highest possible quality, irrespective of the ultimate manner of their organization, financing and distribution. The ringing challenge of President Henry Banzhaf, back in 1928, bears repeating today: "The time has come when the College must begin its work of service—it must begin to fulfill the expectations of its founders. The tremendous potential for good that this organization possesses must be released."

This is not to deny the tremendous good that has been accomplished by and through the College in the past—a record of achievement which has been chronicled so effectively and eloquently in the history of the College being prepared by our distinguished president-elect. But the task is only begun—the challenge to dentistry has never been greater than today. And that which challenges dentistry is a clear challenge to this College. Our responsibility, in fact, is greater than that of the main body of the profession because of the very nature of the College and its membership structure. Leadership is the principal criterion of eligibility for Fellowship in the College—so we must expect far-above average performance on the part of the College, and of each of its Fellows, in dentistry's efforts to meet the challenges and problems that confront the profession. Our contribution must be one of dynamic and enlightened leadership—a pooling and purposeful focusing of all the resources of the College in well-guided activities devoted to the advancement of dentistry and the dental health of the public.

The problems facing our profession today are so complex and critical as to defy solution, but answers must and will be found if we are to preserve our rich heritage of American dentistry as pre-eminent in all the world. President Nixon has recently said that "This nation is faced with a breakdown in the delivery of health care unless immediate concerted action is taken." And many years earlier Disraeli stated that "The health of the people is really the foundation upon which all their happiness and all their powers as a stated depend." At a seminar at Rockefeller University last spring, Professor Paul Densen of Harvard summarized current public sentiment as follows: "The message is clear. People are unhappy with the system of obtaining health services because: (1) it is expensive and getting more so; (2) manpower and facilities are in short supply and inadequately distributed; (3) there is no systematic program to assure the consumer of quality; and (4) access to the system is un-

satisfactory, undignified and in many instances demeaning.”

It seems obvious that we are moving rapidly toward a program of national health insurance. Wilbur Cohen, former secretary of HEW, has predicted health insurance for all Americans by 1975. Last year the National Governors Conference in Colorado Springs endorsed such a program, and in May a distinguished group of leaders at the American Assembly concluded that “the nation should commit itself to a universal financing system for comprehensive health care, with public-private participation, generally referred to as national health insurance.” Labor is all for it, the American Public Health Association has endorsed it, and other professional organizations are steadily climbing on the bandwagon. And speaking of labor, one of the currently striking United Auto Workers’ demands is for a corporation-paid family dental plan. But General Motors Chairman Roche, in a letter last week to company stockholders said, “The proposed family dental plan is also undesirable. Not only is it exceedingly costly, but we believe that dental care is a personal responsibility which should be borne by the individual.” How’s that for putting dentistry and the union in their place? Even the staid old American Medical Association is lobbying for national health insurance—but only for its own version, of course. The ADA has long favored a national health program but, being realistic, has urged that first attention be given to the needs of children. And the Association is currently re-assessing its position through its newly appointed task force on National Health Programs.

“Thus, the issue is not whether there is to be an eventual national health insurance plan but rather, what type it will be . . . Eighty-seven years after Bismarck introduced national health insurance in Germany, and 58 years after Lloyd George took a similar step in England, the United States is now moving toward a similar system.” But such an impending development is not really so sudden or earth-shaking as it might seem, after all these years of semantic exercise about “socialized medicine.” Today four out of five Americans have some form of hospital or surgical insurance; one of three has some insurance coverage for physicians’ services rendered outside the hospital; and in 1968 health insurance paid for 36% of all consumer expenditures for health services. Medicare, Medicaid and private health insurance now finance health care for 85% of our population. But for dentistry, the prospect is far more startling and suggests implications that strain the imagination of the most progressive and socially minded leaders. We are Johnny-come-lately’s in the health insurance field, and only 5½ million Americans (1 in 37)

have even partial insurance coverage for dental services. With nearly every one of our 200 million people needing dental care, with only 40 to 50% now receiving even limited care, and with the fantastic backlog of unattended dental needs, the sudden removal of the financial deterrent to comprehensive dental health services for everyone, through a system of national health insurance, is a staggering challenge for our profession to contemplate.

It won't happen just that way, of course, but our experience, and particularly that of our medical colleagues, with the sudden imposition of Medicaid, provides a good sample, on a relatively small scale, of what can be expected when the American public decides it is ready for "the works"—in the form of a national health insurance program which, as in the Kennedy bill now before Congress, might call for comprehensive dental services covering all children through age 15, at the outset, adding two years to the age level annually until all persons under 25 are covered. And current predictions, on high authority, indicate that some such national program will be enacted not later than 1975, and even as early as 1972.

Our job is cut out for us—dentistry, rather than the politicians, must take the lead in finding practical solutions to the nation's dental health needs, in discovering rational answers to the complex questions associated with the financing and equitable distribution of quality dental care for all of our people, and in formulating a sound and workable plan for the dental phase of a national system of health insurance. And the Fellows of the College, individually and collectively, must provide the lion's share of the leadership required for this Herculean task. For although the College has many functions, its greatest mission—its reason for being—is *leadership*. This was the role envisioned for the College by its founders 50 years ago, this has been the distinguishing feature of its record to date, and this is its challenge today and in the years ahead. For it has become crystal clear, in our increasingly complex and rapidly changing society, that the problems confronting dentistry, and hence the College, require a rare kind of professional statesmanship, a bold and enlightened leadership that reflect a wholesome and exquisite balance between technical competence and social conscience.

There is the broad challenge, and here are some of the specific components of the task that faces us:

- (1) Dental education must be strengthened and made more responsive to societal needs. Increasingly, we must contribute our intellectual and material resources to make our dental schools stronger and more vital elements in the professional structure of dentistry.

(2) Continuing education must be made accessible to, and sought by, all practitioners to insure a constant refreshing of our services to the public. At least two states have already taken steps to require evidence of continuing education for renewal of licensure. While such "policing" regulations may not be the most desirable approach, they are symptomatic of a growing awareness of the need to assure continuing professional competence.

(3) Ways must be found to measure the quality of dental care, to insure maintenance of high standards of professional service and a fair return on the investment, whether for the individual patient or the third party. Peer review, the dental audit, and other methods of assessing the quality of care are essential and inevitable components of the health insurance process.

(4) The benefits of American dentistry, preeminent in the world, must be made available to that large segment of our own people who are not now receiving our services, including the economically disadvantaged and the geographically inaccessible. National health insurance may or may not be the answer, but in any case dentistry has the responsibility and the right to provide the technical and professional leadership required to assure high quality care for all Americans.

(5) Our dental auxiliary personnel must be used more effectively to increase dentist productivity and efficiency, to extend our services to more people, and to help control the rising cost of dental care. Many functions traditionally performed by the dentist can and should be delegated to properly trained and supervised auxiliaries. This is a matter of necessity, rather than choice, if we are to meet the rising public demand for service.

(6) Prevention must be made the foundation of dental practice. We have the tools at our command to prevent or control much of dental disease, and ways must be found to insure their universal application, beginning with children.

(7) Public education and community health services are essential complements to the efforts of the private practitioners, if preventive dentistry is to achieve its maximum potential. The dental profession must further demonstrate its commitment to the needs of the community, as well as of the individual patient, if it is to fulfill its leadership role.

(8) Provision should be made, at the community level, for emergency dental services to be available to those persons in need of such care. As an important and essential public service, many local dental societies have organized such plans, and their example should

be emulated by others throughout the land.

(9) Our whole system of examination and licensure needs to be re-examined, to insure fair and accurate assessment of all candidates, and to provide for greater mobility and a more equitable distribution of dental personnel. Real progress is being made, with the nearly complete acceptance of the National Board, by the states, and through the current experimentation with simultaneous or regional examinations, but there is more to be done in this problem area.

(10) Among the professions, dentistry has achieved an outstanding record for self-regulation, for solidarity and self-support, for speaking with a common voice, and for professional citizenship. We can be proud of our parity and our autonomy, but we must take care to avoid a position of isolationism in relation to other professions. Vigorous and open-minded effort is needed to assure closer cooperation with medicine, for example, through the professional schools, through the societies, through hospitals, through group practice, and by other means.

(11) Lastly, as the world grows smaller, we have much to contribute to our friends and colleagues overseas, both in technical knowledge and in good will. As the mecca of dentistry, we in the U. S. must expect to assume increasing responsibility for international leadership in the advancement of dentistry and dental health everywhere, especially in the developing countries.

And so, the challenge to the College is leadership—the kind of enlightened leadership so badly needed to guide society in finding rational answers to the problems which beset us. As HEW Undersecretary Veneman said recently, “The institutions and organizations of the medical community must respond to the challenge of the times. If they refuse their punishment will be to live under the judgment of men less knowledgeable than themselves. Indifference to the social issues of medicine will ultimately guarantee governmental intervention. The price of freedom from intervention is responsible action in the public interest.”

The American College of Dentists, by its very nature, is a leadership organization. It has not in the past, it cannot now, and it will not in the future fail to respond to challenges facing the profession and the public. But it must search for new and additional means of exerting effective leadership and stimulating intelligent action in the public interest. As Easlick pointed out a few months ago, “The College, during its sixth decade, can be no geriatric home for oldsters in which to voice polite things about each other. There must be room, aplenty, for intelligent youth, for vigor, for daring and for

new ideas which work themselves into new approaches that result in new programs.”

We must deal with real issues in bold and productive fashion, avoiding the kinds of “do-good” committee operations that sometimes result only in wheel-spinning busywork. The College should take the initiative in inter-organizational task forces designed to make maximum use of our talents and resources and to lead to decisive action. The College should accept greater responsibility for professional citizenship. It should carefully analyze and take a position on national issues directly or indirectly involving dentistry, make its position known to all concerned, and by every reasonable and ethical means exert its influence for the interest of both the public and the profession. Research projects, task forces, action programs, cooperative conferences and workshops, public pronouncements, leadership institutes, and informational services are but examples of tangible ways in which the College must continue and expand its leadership function.

Finally, we must remember that the whole can be no greater than the sum of its parts. The College can be no more than the individual and collective efforts of all its Fellows. Some are perhaps more distinguished and visible than others, but all wear the same badge of leadership. The cap and gown may identify us as Fellows at these annual convocations, the little lavender lapel pin with the red stripe may pinpoint us on the street and in the convention halls as members of the College, but it is our day-to-day, year-round contributions to dentistry and to society that are the true mark of distinction and leadership—and the real justification for continued Fellowship in the College.

Those who are being welcomed today as new Fellows of the College have passed the test—have been carefully examined and found to be qualified. But perhaps the rest of us—the old and not so old Fellows—might well submit to periodic re-examination, by ourselves as well as the judgment of our peers, to make certain that we, too, continue to qualify for the renewal of Fellowship which now comes so easily and automatically with each payment of annual dues. For, to paraphrase the Rockefeller Report on the “Pursuit of Excellence,” “The greatness of the (College) may be manifested in many ways—in its purposes, its courage, its moral responsibility, its cultural and scientific eminence, in the tenor of its daily work. But ultimately the source of its greatness is in the individual (Fellows) who constitute the living substance of the (College).”

The College in Transition*

FRANK P. BOWYER, D.D.S.†

THIS YEAR the American College of Dentists is honoring an auspicious event, the 50th Anniversary of its founding. At this time, we find all of society including dentistry, in a transition, attempting to adjust to new concepts and changing demands of the social and economic environment. America, despite its faults, is still the greatest of all nations and remains unrivaled in providing opportunity of personal liberty, justice, equality and human dignity. The College, also, has its faults but I know of no other organization in dentistry which has such broad dedication to the profession and to the public or such unique capability of applying the manifold talents of its members to the concerns of health service with such major effectiveness.

The College was conceived by men of vision, nurtured to this age by men of dedication, and its future destiny now rests in our hands. Should we be content with the status quo or should we prepare our organization and our attitude to cope with the obvious problems that lie ahead?

This year, it has been the opinion of your Officers and Regents that the Fellows of the College would not be content with the status quo—but with vision equal to our founders, dedication equal to our predecessors, and with courage and wisdom equal to the tasks that lie ahead, wanted us to provide the leadership that would prepare the College to be more effective in carrying out our objectives and purposes in a dynamic future.

We have approached our responsibilities with serious determination. At the beginning of this year your Officers and Board of Regents made the momentous decision to move the Executive office of the College from St. Louis to the greater Washington, D. C. area. Looking to the future, it appeared urgent that the Executive office be relocated so that the image of the College and its identification with leadership would be enhanced as it became visible to those

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† President, American College of Dentists.

agencies and organizations which have new interest in dentistry such as government, labor, national associations of education, research and industry.

We need to be located where there can be communication with these agencies and organizations that have increasing interest in dental health care. Surely there will be more change in the concept of health care in the next five years than there has been in the past fifty years. Today the name of the game is "change", the word is "decision and action". We must be where the action is and participating wholeheartedly in the decisions affecting these changes. It is believed that new rapport and unique relationships with these organizations and agencies, can now be better established as various committees and study groups of the College meet to examine these problems and recommend solutions. Here, the College can be the valuable catalyst, the innovator it has been in the past but with a broader scope in the unique potential of the Washington environment.

I am pleased to report to you that Executive Director Nelsen and his efficient staff have completed this move and are now located in Bethesda, Md., in the Surburban Trust Co. Building, 7136 Wisconsin Avenue, Suite 304. Another advantage of this location is that many of our members who are actively engaged with dental health problems are frequently in the Washington-Bethesda area. I urge you to contact Executive Director Nelsen when you are in the area and to visit the office whenever possible. Our office and staff can be only as effective as you encourage and assist them to be.

One of the most significant accomplishments during the past year was the very efficient functioning of a special committee which it was my privilege to appoint to study the objectives, programs and organizational structure of the College. The Committee on Committees was composed of Regents Jim Verneti and Louis Terkla, with Regent Bill Brown serving as chairman and Larry Kerr as consultant to the committee.

After diligent study of their assignment, the committee presented to the Board at this meeting two possible plans: One, they term a "holding plan". This basically revises our Standing Committee structure and adds another staff person, who would be a non-dentist experienced in the areas of communication and public relations. The second plan was termed an "action plan". Under this plan the purposes and objectives of the College would be condensed, revised and up-dated. The Committee structure would be reduced to three committees: (1), Bookshelf, which would continue to operate very

much as it does currently with the involvement of more Navy Personnel in its activity. (2), the Committee on Education and Research, thereby combining two previously important committees and continuing the Sub-Committee on Research in charge of the Institute of Dental Research. (3), a Committee on Changing Patterns of Dental Practice.

The special Committee on Committees stated "The most important issue facing the profession over the next several years is concerned with new systems of the delivery of oral health care. A National Health Insurance Program is a strong probability and it will likely include dental care. The Committee on Changing Patterns of Dental Practice should cooperate with the appropriate agencies and take an active role in the development of new oral care delivery systems. This committee would also concern itself with manpower, distribution of manpower, new methods of delivering oral health care, financing care, motivation of persons to seek dental care, etc. An early action objective might be a National Workshop on changing patterns of dental practice."

Under the recommended "action plan" the Executive Office Staff would be enlarged to include a dentist trained in public health who would be directly responsible to the Committee on Changing Patterns of Dental Practice. There would also be a non-dentist staff person experienced in communication and public relations. A sufficient number of auxiliary staff people would be employed to conduct the affairs of the College efficiently. Of course the entire operation would be under the direction of Executive Director Robert Nelsen.

At my request, Dr. Nelsen submitted a personal evaluation of future organization and activities of the College. He states, "Traditionally, each profession has direct responsibility for its research, journalism, education, and the delivery of its service. All interests and activity of a profession can be catalogued under these four general areas of responsibility." He therefore recommends the establishment of four commissions; one each on Research, Journalism, Education and Delivery of Service.

Both the special committee and our Executive Director recommend the appointment of "action committees" to accomplish each assigned task. Membership on these committees would consist of Fellows of the College and others outside of the College, non-dentists from other organizations and as necessary the use of commercial consulting firms. Each action committee would be an Ad Hoc

committee consisting of the best available talent for its particular task.

Both of these reports were referred to a reference committee of the Board of Regents and they recommended the adoption of the special committee's "action plan" with the further recommendation that the suggestions of the Executive Director be integrated with the committee's plan. This recommendation was approved by the Board of Regents.

CHANGES IN NOMINATION AND ELECTION PROCEDURES

One of my main areas of concern and I found it to be one of yours as I visited nine Sections of the College during the past year, related to nomination and election of new Fellows to the College. To analyze this problem it was my privilege to appoint a special committee composed of Regents Ralph Boelsche and Robert Heinze, President Elect Otto Brandhorst and Executive Director Robert Nelsen, with Vice President Earle Williams serving as Chairman. As consultants to this committee we had J. Lorenz Jones and George Paffenbarger. This blue ribbon committee has evaluated our procedure very thoroughly during the past year and as a result of their study and their recommendations the following changes in procedure will be made.

A new nomination form will be designed. This will be done with the advice of experts in this field. The form will consist of two parts: One part will be completed by the nominator and one part, which will be completely unidentifiable, will be completed by the prospective nominee. Both forms will be as objective as possible. It was the opinion of the committee that with a more objective nomination form the nominator himself can more objectively evaluate his nominee. He would take the first important step in determining if his nominee is really worthy at this time for Fellowship in the College and whether the nomination form reflects all his qualifications. I believe you will find the new forms a big improvement in the procedure of nominating Fellows to the College. Progress has been made on the new form but it will take a little while longer for them to be finally approved for printing and distribution. Therefore, if you have a nominee in mind for this year, please use the old form making sure it is completed as thoroughly as possible and get them in the mail prior to March 1st.

By another recommendation of this committee the Board of Censors was renamed the Committee on Credentials. We feel this much more accurately indicates the true function and purpose of this committee. In no sense of the word are they censors, they are all very

dedicated, dignified Fellows of the College who very carefully and objectively review the credentials of each nominee. We believe that the Committee on Credentials is a much better title for this committee.

The Board still has under consideration a procedure of advising nominators regarding a nominee who did not qualify and a system of appeal. There is need for further careful study in these areas and additional information will be forthcoming when this is completed. In the meantime, it is well to remember that an appeal can now be made by re-submitting the nomination or requesting a re-evaluation in the light of additional information on the nominee.

Another progressive step has been made regarding nominations. Local consultants as formerly appointed will no longer be utilized. This system of appointed local consultants has presented difficulty in the past because many times a consultant might get a request for information on someone many miles away whom he does not know and regarding whom it might be very difficult to obtain an objective evaluation. Our Executive Director conceived the idea of using the postal department Zip Code system to find five Fellows in the area closest to the nominee. It stands to reason that their proximity to the nominee would make them better qualified to evaluate him. By this procedure we feel the Committee on Credentials would be obtaining better information. However, remember a system is no better than those who implement it. If you are requested to serve as a local consultant, please accept, be objective, be prompt in returning the information, give the nominee a proper evaluation and above all be confidential.

Nomination forms will no longer be returned to Section Officers for approval. It was thought by the committee that this did not always produce an objective evaluation and many times it put the Section Officers in a compromising position. The other reasoning is practically identical to that mentioned regarding appointment of consultants, therefore, I will not be redundant.

After much deliberation, it was determined that it was definitely in the best interest of the potential nominee, the nominator, and the College if the nominee is not advised that his nomination is being submitted. I do not believe that I need to elaborate on this. We strongly urge your adherence to this principle of confidence in nominations. It is very necessary and important.

At the beginning of the year I requested Regent Ralph Boelsche to work with the Executive Director and study the feasibility of es-

tablishing an American College of Dentists Foundation which could receive tax-exempt funds, gifts and bequests of all types. They have studied the matter thoroughly, they have consulted others knowledgeable in this area within the College and outside the College. They have consulted attorneys and auditors. On the basis of this study they presented a recommendation that such a Foundation would be a great asset to the College and should be established. The Board approved the recommendation that the Executive Director proceed with Internal Revenue Service and other involved agencies to establish an American College of Dentists Foundation.

Following up on one of the concerns of President Lovstedt's last year, we asked the Board and the membership to be concerned during this past year about the age level of the Fellows of the College. The membership has responded appropriately with the nominations made this year. The age of the 1970 candidates is considerably less than the average age of the College at large. Sixty-one percent of new fellows are under 50 years of age, while only 21 percent of the College at large are under 50 years. Only nine percent of new Fellows are over 60 years while 50 percent of the College at large is over 50 years. These brief statistics reflect some success in the effort to bring in younger men of achievement.

Changes in several administrative procedures have been accomplished during the year. (1) *Changing the fiscal year* to the calendar year which allows the president and the Board to operate out of one fiscal year. When the fiscal year began July 1st, it forced each administration to operate out of two fiscal years which was rather complicated and confusing. It is believed that this will permit definite improvement in the fiscal operation of the College. (2) *Budget Format has been revised* and is in accord with recommendations of "The Financial Management Handbook for Associations" of the United States Chamber of Commerce and the requirements of the Internal Revenue Service. This new budget format also has the approval of our auditors. (3) *The bookkeeping system has been revised* to a one write system in harmony with the budget format and the recommendations of the auditors. (4) *The method of billing the membership* has been revised. (5) *Membership card redesigned*. (6) *Index of Board Actions* has been effected during the year. (7) *Title for the administrative head of the college has been changed* from "Secretary" to "Executive Director". (8) *Designation of our office has been changed* from "Central Office" to "Executive Office". (9) *Ad Interim Committee has been changed* to "Executive Commit-

tee". (10) *"The Reporter"* has been discontinued and news items are now included in a special section of the Journal. (11) *Insurance programs have been updated.* (12) *The Annual Roster will be improved.* Consultation with a number of printers indicates that it would be an advantage to place the roster on a computer for print out of copy. It would result in a much better looking roster and would also permit at a later date the inclusion of some biographic coding after the Fellows' names. It would also permit a print out of Fellows by Section that could be readily available. Additional informative material will also be added to the new roster such as general rules regarding nomination, the objectives and purposes of the College, and current Officers and Board of Regents. (13) *Updating biographical information.* The Board approved the development of a card questionnaire to obtain updated biographical information and indication of special areas of interest in College activities. When this request is received by you, we urge your prompt attention and cooperation. This data will greatly assist the Board in selecting qualified people for specific assignments and the biographic data will be most valuable in the records of the College. (14) *Expanding reader distribution of our Journal.* The sale of Journal subscriptions to more non-Fellows would bring the word of the College to a larger number of dentists. This has been referred to the Editorial Board for study.

The American College of Dentists was incorporated in 1922 in the State of Illinois. It was discovered during this past year that due to a misunderstanding that resulted in non payment of proper fees, our corporation status was rescinded in 1939. Believing this to be of vital importance, action was immediately instituted to determine if it would be better to reinstate our corporation in Illinois or to apply for corporate status in the State of Maryland where our executive office is now located. After consultation with proper authorities in both states, it was determined it would be better for us to incorporate in Maryland. Those of you here assembled constitute the quorum that approved our new articles of incorporation, adopted by-laws of the corporation, elected officers for the corporation, passed certain resolutions and other administrative matters to properly and legally institute and activate the American College of Dentists Incorporated, and we appreciate your patience and cooperation.

(Continued on page 68)

Ninth Annual Institute for Advanced Education in Dental Research

PHARMACOLOGY AND TOXICOLOGY IN DENTAL SYSTEMS

THE SUBJECT for the 1971 sessions of the Institute for Advanced Education in Dental Research will be Pharmacology and Toxicology in Dental Systems. Dr. John Autian, Director, Materials Science and Toxicology Laboratories, University of Tennessee Medical Units, Memphis, Tennessee, will be the principal mentor. The first session (two weeks) will be held from April 26 to May 8, 1971, at the Carrousel Inn, Cincinnati, Ohio. The second session (one week) will be held in Chicago at the American Dental Association headquarters building on dates in October to be announced later. Trainees must agree to attend all days of both sessions.

The growing concerns about immediate and long-term effects of drugs, chemicals, prosthetic and restorative materials in the dental system require that dental researchers must be alert to the possibility of harmful side effects of any new treatment procedure. It is planned to emphasize those aspects of pharmacology and toxicology which will gain for the trainee a perspective of these sciences sufficient for him to anticipate potential hazards in treatment using new drugs, chemicals or materials.

The Institute, developed by the Committee on Research of the American College of Dentists, has as its objective the advanced training of experienced researchers. By giving them the opportunity to gather together, under the guidance of a group of recognized senior scientists acting as mentors, and to discuss their research interests, problems and goals, it was hoped that the participants, all with related but not necessarily identical interests, would gain a better understanding of dentistry's problems and possible ways of solving them. At the various sessions of the Institute, consideration will be given to specific details of each participant's own research activity. This will contribute an insight into its significance and possible future direction, as well as into new and advanced approaches which might be applied.

This is the Institute's Ninth year under support by a training grant from the National Institute of Dental Research. Determination of annual program content, invitation of senior mentors, and

selection of trainees are the responsibility of the Subcommittee on Research of the American College of Dentists.

Programs are kept flexible. Mentors are invited on the basis of stature and competence in the field, and for their community of interest with the participants. They are drawn from the ranks of general science as well as from dental research centers. In choosing trainees, consideration is given to past accomplishment and future promise, and the ability to add to the dialogue of the curriculum. An effort is made to achieve a balance between the various disciplines related to the study areas. Usually the group chosen consists of ten to twelve trainees and four mentors, with senior participants added as special needs arise.

Research workers interested in attending must send a letter of application before February 28, 1971, to Dr. Robert J. Nelsen, Executive Director, American College of Dentists, 7316 Wisconsin Avenue, Bethesda, Maryland 20014. Material submitted must include a curriculum vitae, list of pertinent publications, and a detailed account of previous and present activities relating to the subject field; also a statement of the type of discussion topics that would be most useful to the applicant's interests.

The Institute reimburses trainees for their travel expenses and pays a stipend based on cost of living.

THE COLLEGE IN TRANSITION

(Continued from page 66)

Truly the healing arts are in a transitional period. Therefore, it was inevitable that the American College must undergo transition. The health professions are confronted by formidable challenges. The manner in which we meet these challenges will determine our status as a health profession in the future. By intelligently facing these changes, we can utilize this period in history as a threshold to a better era for service, research, education, and journalism.

I believe the American College of Dentists has an important role to play and I firmly believe we are soundly reorganizing on a basis that will permit and assist us to be of continued maximum service to our profession.

As Oliver Wendell Holmes stated,

"I find the great thing in this world is not so much where we stand, as in what direction we are moving."

The Objectives of the American College of Dentists

The American College of Dentists, in order to promote the highest ideals in dental 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 development and use of measures for the control and prevention of oral disorders;

(b) To urge broad preparation for such a career at all educational levels;

(c) To encourage graduate studies and continuing educational efforts by dentists;

(d) To encourage, stimulate, and promote research;

(e) To encourage qualified persons to consider a career in dentistry so that the public may be assured of the availability of dental health services now and in the future;

(f) To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient through sound public dental health education;

(g) To encourage the free exchange of ideas and experiences in the interest of better service to the patient;

(h) To cooperate with other groups for the advancement of inter-professional relationships in the interest of the public; and

(i) To urge upon the professional man the recognition of his responsibilities in the community as a citizen as well as a contributor in the field of health service;

(j) In order to give encouragement to individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions in dental science, art, education, literature, human relations and other areas that contribute to the human welfare and the promotion of these objectives—by conferring Fellowship in the College on such persons properly selected to receive such honor.

This is from the Preamble to the Constitution and Bylaws of the American College of Dentists.

