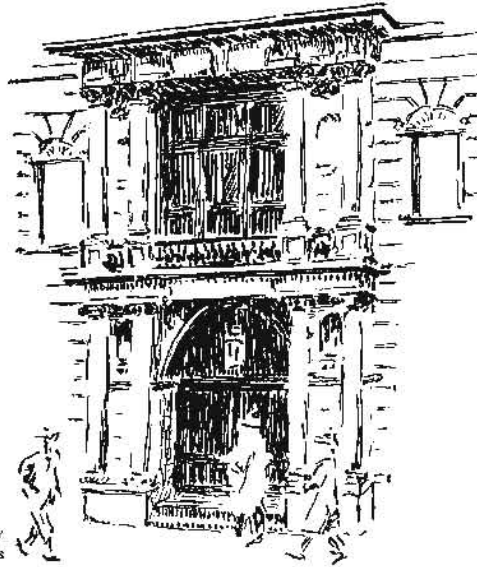




Founders of The New York Academy of Dentistry

Top row, left to right—Andrew J. Asch, Leland Barrett, Oscar J. Chase, Jr., Sebert E. Davenport, Sr., S. Ellsworth Davenport, Jr., Henry S. Dunning. *Middle row*—William B. Dunning, Henry W. Gillett, Frederick C. Kemple, Alfred L. Kohn, Arthur H. Merritt, Bissell B. Palmer, Jr. *Bottom row*—Edward H. Raymond, Paul R. Stillman, William D. Tracy, Frank T. Van Woert, Harold S. Vaughn, Ralph W. Waddell.



From an etching by
William N. Angus

The entrance of the Columbia University Club, 4 West 43rd Street, New York City where the founders of The New York Academy of Dentistry held their first meeting on February 24, 1921.

*THE NEW YORK ACADEMY
OF DENTISTRY*

Its First Fifty Years

WRITTEN AND EDITED BY

Edgar S. Bacon, D.D.S., F.A.C.D.

PUBLISHED BY THE NEW YORK ACADEMY OF DENTISTRY

In grateful appreciation

this book is dedicated

to

Dr. Malcolm Wallace Carr

Dr. Oscar Jerome Chase, Jr.

Rear Admiral Clemens V. Rault
Dental Corps, U.S. Navy, Retired

Introduction

THIS is the story of the New York Academy of Dentistry. It is not a chronology of organizational activities, but rather a restatement of the philosophy of dentistry as promulgated by its founders and practiced by its members; the philosophy of professionalism measured in terms of highest ethical standards.

In a broad sense, this is the story of a great organization, not alone in itself, but in its contributing influence toward dental progress in an era when dentistry, as a health service profession, reached the highest plateau of public confidence.

The Academy carries a tradition based upon the strength and wisdom of men who believed in and held to the concept that principles are inviolate, who were willing to sacrifice, to cast aside petty jealousies and trivialities so as to create an atmosphere conducive to the free interchange of ideas, and one in which they could work harmoniously for what they considered the good of dentistry on questions of ethics, dental research, dental education, and other important precepts.

The facts recorded in this history, as taken for the most part from the minutes and records of the Academy, are tangible proof that the faith the founders had in their convictions has been largely realized. Confident of the continuing proof of this faith as the Academy progresses toward new goals, new and brighter horizons, we offer this book in the hope it will be very much enjoyed and treasured.

*Traverse City
Michigan
September 23, 1974*

EDGAR S. BACON

Acknowledgments

INCIDENT to the writing of this book, the author is fortunate to have had persons upon whom he could rely for encouragement, friendly advice and understanding. It is with a feeling of profound gratitude that he mentions them now.

Dr. Malcolm W. Carr, who was in communication with the author during all stages of manuscript preparation, read and commented upon each section in a most gracious and helpful way.

Dr. Oscar J. Chase, Jr. read portions of the manuscript and, over a two-year period, posted many, warm friendly letters to the author in which he expressed his views and appreciation for the chronicling of the affairs of the Academy of which he is the sole surviving founder.

The four Academy presidents in whose administrations the writing of the book was officially authorized and finally published. . . . Dr. I. Frank Boscarelli, Dr. William C. Hudson, Jr., Dr. George V. Lyons, and Dr. Alfred J. Keck. . . . cooperated fully with the author, as did the executive secretary, Miss Mary Jane Crew, in a courteous and expeditious manner, supplying information and additional source material when requested and arranging special board meetings to discuss and solve publication financing and other publication-related problems.

Dr. Homer Cree Vaughan, chairman of the Publication Financing Committee, exercised his unusual talents in organizing and directing the fund-raising campaign, hosted the "gala, black tie" dinner at the Union League Club in the author's honor, and gave zest and humor to the long distance telephone calls that transpired between him in New York City and the author in Traverse City, Michigan.

My wife, Grace K. Bacon, to whom I extend a special thanks, accepted with quiet graciousness the hour after hour sound of the typewriter, the piles and piles of Academy papers

and records strewn over the living room floor, the lively discussions regarding the “right word in the right place,” and, finally, the very nice way in which she frequently gave up time from her own busy life to proofread a section or two of history manuscript.

Preface

FIFTY years ago, Doctor Bissell B. Palmer, Jr. gathered together eighteen distinguished doctors of the dental profession to share with him the task of creating the New York Academy of Dentistry. These men and others, who soon became Fellows of this Academy, took upon themselves the responsibilities necessary for its organization. This volume contains some of the records of these busy and eventful years which developed a successful and diverse account of achievements unparalleled in dental history.

The Academy was indeed fortunate to have Fellow Edgar S. Bacon compile and write this history. Doctor Bacon lived through the periods about which he writes. The combination of his natural and interesting style has made this challenging task into a sound and readable narration. Fellow Bacon, a distinguished and learned man, authored the history which covers the first thirty-five years of the Academy's existence. His dedication to the creation of these two volumes, for they have absorbed a great part of his life, has received the applause of all the Fellows, for the results are magnificent. He thoughtfully included in this volume a chronology of events which makes for quick and easy reference.

This book provides one of the best comparative histories in dentistry. The New York Academy of Dentistry, through its Fellows, has been and is involved in every phase of professional and cultural activity. Over these years, this Academy has maintained its dedication to the loftiest of professional standards.

I mention but a few areas for comparative study; studies that must originate from this history and from this Academy, for this is where these events had their beginning. One of our past presidents, William J. Gies, was chairman of the committee that brought forth the historic Gies Report in 1926. This was a penetrating study of dental education, similar to what Flexner had done for the medical profession. This report was responsible for many changes in dental education. Among these, it instigated deeper involvement in liberal arts

programs and study, while also recommending the creation of a National Board of Dental Examiners. This principle is presently accepted, I believe, by nineteen states. Any study of dental education must start with this report and this man.

Today, the professions are absorbed by what is termed "third party" involvement in their professional life and their health service delivery. The first successful program of this type was organized by Fellow Bissell B. Palmer, Jr. and presented to this Academy for its approval. Today it stands as the Group Health Services, Inc., associated not only with a dental care program, the oldest, but with six other general health care programs. Any in depth comparative study of this phase of professional life must start with this Academy and this history.

I believe the New York Academy of Dentistry is the only Academy or Society that publishes its own journal, *Annals of Dentistry*, with a world-wide subscription and without the financial support of advertising. It was early in its support of health care delivery through its support of the New York Boys' Club. A continuous proponent of dentistry as a health service, this is the only Academy of which I am aware that has a functioning Interprofessional Committee meeting with the New York Academy of Medicine. While initially the Academy was to be involved only with local and state affairs, this history illustrates how impossible this became because of the enormity of the tasks which were included in the programming.

While a knowledge of history is essential for all ages, there is an important section of comparative historic knowledge contained in these pages which would interest the reflective youth in our profession. Many, perhaps most, were drawn to the profession, not only to help serve the welfare of mankind, but by an unwritten promise of freedom. Freedom in the pursuit of their chosen work. In the fifty year space covered by this history, careful study and reasonable perception of the present versus the period covered in this volume will make the student perhaps envious of the freedoms and autonomy possessed by the founders of this Academy.

An environment which gave them the authority to pursue a vigorous course without concern of unreasonable interference or reprisal.

This history is being published at a time of unusual interest in the socializing processes of the dental profession. Extraordinary restraints are being projected annually. A careful study of this history will enable one to gain a valued insight into how these changes developed. The knowledge thus acquired will form basic material for projecting our future character, as well as the future nature of professional life. This is one of the most stimulating dental histories ever written.

Homer Cree Vaughan, D.D.S.
Director
International Circuit Courses

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Founding of The New York Academy of Dentistry

ONCE in a while an idea comes along that captures the imagination and opens a window into the future. After making a thorough study of the status and trends of organized dentistry in New York City, such an idea came to Dr. Bissell Barbour Palmer, Jr., and, through it, his ideals of service to dental science and mankind in general were translated into service.

As the most promising opportunity for assisting dental progress, a small group of Dr. Palmer's colleagues shared his earnest belief that there was a need for an organization comprised of men who exemplified the highest ideals of the dental profession; who would agree for the most part on fundamental principles; and who would work for what they considered the good of the profession on questions of ethics, professional journalism, and other important precepts.

As a result of their imaginative and tireless planning, there came into being a society of dentists which bears the name, "The New York Academy of Dentistry." Through many years of its existence, the founders devoted their professional knowledge, philosophic outlook, and understanding of organizational procedures to the guidance of the enterprise which has grown and progressed until today its functions, accomplishments, and high professional standing compare favorably with similar organizations in this and other countries throughout the world.

Each of the men who at Dr. Palmer's invitation attended the informal dinner at the Columbia University Club, 4 West 43rd Street, New York City, on the evening of February 24, 1921, was a person of high academic, personal and professional attainments. In addition, each possessed proven qualities of leadership. This, too, was all to the good, for it is a fundamental concept that no organization, especially if it is a newly-formed organization, can hope to survive if its high-level personnel are not so endowed.

Our history records confirm that, although the social aspect of the meeting was enjoyable, it was much more than a gathering of the clan to enjoy fine food and an evening of genial repartee. It was in fact a momentous occasion. And the eighteen men who were present that evening confidently, and with professional dignity, forged a new and important segment in the ever-widening sphere of dental progress. They were Drs. Andrew J. Asch, Leland Barrett, Oscar J. Chase, Jr., Seburt E. Davenport, Sr., S. Ellsworth Davenport, Jr., Henry S. Dunning, William B. Dunning, Henry W. Gillett, Frederick C. Kemple, Alfred L. Kohn, Arthur H. Merritt, Bissell B. Palmer, Jr., Edward H. Raymond, Paul R. Stillman, William D. Tracy, Frank T. Van Woert, Harold S. Vaughn, and Ralph W. Waddell.

It was the hope and expectation of the founders that the new organization would continue to be small enough to make possible an interchange of ideas among its fellows and thereby to realize accomplishments which would benefit the profession and mankind in general. It was also their expectation that the Academy would cooperate to as full an extent as possible with the American Dental Association and its district and state organizations and in no sense attempt to be a rival; that it would confine itself to meetings dedicated to broad subjects such as cooperation with medicine, the advancement of dental journalism, dental research, and related matters.

Not only did the founders of the New York Academy of Dentistry intend that their new organization should conform to the best ethical and scholastic traditions of the dental profession with certain definite rules and conventions pertaining thereto, but also that these conformities establish a pattern which would serve to promote the objectives and ideologies the Academy hoped to embrace. The pattern has never changed. Fifty years later, the same objectives and ideologies represent the Academy's goal, its symbol of professional progress, a fusion of basic principles working together for the continuous advancement of dental science as a health service.

Prologue to the Organization

WITH the founding of the New York Academy of Dentistry an accomplished fact, the eighteen charter members began perfecting an organization that would achieve certain pre-conceived objectives. Since the inception of the permanent organization on May 5, 1921, when the by-laws were adopted, until the Spring of 1971, when this history closes, the Academy has pursued its individual objectives with success and integrity of purpose—"To uphold the dignity and honor of the dental profession; to exalt its standards; to extend its sphere of usefulness; to promote the advancement of dental science; to encourage and develop professionally-controlled journals and other means for the publication and distribution of dental literature; to elevate the standards of dental education; and to exert an influence toward placing the activities of its members and of the dental profession upon the highest ethical and non-commercial plane."

Concurrently, the Academy has maintained a keen sense of alacrity in assuring the autonomy of dentistry, discharged with unselfish patriotism its obligations in times of national emergencies, and has shown a determination to initiate, develop, and execute activities adequate to meet constantly changing situations in a complex world.

The Academy's organization as formulated by the founders was administratively sound. With only minor fundamental policy changes, it has served the Academy well. It has been a bulwark of stability equal to meeting all essential requirements.

When Dr. Malcolm W. Carr accepted the presidential gavel in April, 1941, he paid high tribute to the Academy's attainments in these words: "The New York Academy of Dentistry has developed continually both in purpose and usefulness through a period of two decades. During that time it

has effectively promoted all of the objectives and the ideals for which it was originally founded. The leadership and vision evinced from the very beginning have continued not only for the past twenty years, but have advanced in strength and purpose so now we may look back with pride and distinction to those men who guided its growth and development from infancy through adolescence, and now on to full maturity. Our Academy well exemplifies the familiar quotation: 'The heritage of the past is the seed that brings forth the harvest of the future.' "

The Academy's organization was put to a rigid test during two trying periods. The first was the result of the depression years that followed the stock market crash of 1929 when many dentists suffered severe financial losses. It was a stunning blow. Like many American citizens, they were rich with paper profits one day and near-paupers the next. Some were of an age that would permit them to recoup their losses. Perhaps they were benefited by the experience. Others were elderly men. Too broken in spirit to begin again, they were obliged to live their remaining years in comparative poverty. Only those dentists who were practicing at the time can realize fully the profound depleting effect the economic collapse of 1929 had on the dental and allied professions.

Then on March 4, 1933, the same day that President Franklin Delano Roosevelt was inaugurated, began the so-called bank-holiday period when so many financial institutions throughout the country closed their doors in order to safeguard their already depleted assets. Dr. Alfred L. Kohn, a person of astute financial know-how, who had served as treasurer of the Academy since it was founded, became alarmed at the turn of affairs and suggested that "the Academy's funds now in the compound interest department of the National City Bank be transferred to the Bowery Savings Bank because he believed they might be safer there." With a capital balance of \$16,137, compounded over a ten-year period, the fellowship apparently saw merit in Treasurer Kohn's suggestion for his cautious measure was approved and the funds were promptly transferred.

The depression that visited the country in the thirties also affected the Academy's fellowship in a rather profound personal way. At a Board of Governors' meeting on April 13, 1933, Dr. Sebert E. Davenport, Sr. inquired as to the number of fellows who were behind in their dues because of the depression. Treasurer Kohn replied: "There is a total of nineteen, but many others have sent in their resignations for the same reason."

Cognizant of the urgency of the situation, President Leuman M. Waugh, after calling a special meeting of the governors "to discuss this important problem," instructed Treasurer Kohn in the meantime to hold the resignations in abeyance following its outcome. As a result of this meeting, it was decided that members who were in arrears should not be pressed in any way and in some instances the dues should be temporarily remitted.

When the governors met early in the year 1934, they requested the Fellowship Committee, comprised of Drs. Leuman Waugh, Frederick Kemple, and Bissell Palmer, Jr., to consider means by which dues of certain fellows could be remitted permanently. The committee's recommendations, which were subsequently adopted as a permanent resolution, read in part: "The president of the Academy, the treasurer, and the chairman of the Fellowship Committee shall be constituted a permanent committee with full power to remit for life all dues and possible assessments of any fellows of the Academy when in their judgment they deem such action desirable and appropriate. To be effective, such action of the committee must be by unanimous vote."

When President William B. Dunning addressed the fellowship on April 11, 1935, he referred to the depression years in this way: "The past two years have been anxious ones for most individuals, and certainly for all organizations having as their reason for existence scientific, educational, or altruistic objectives. Our Academy has met its full share of difficulties in these years of economic depression and it is my sincere hope that the incoming administration will travel the upward path of recovery. The modification in our dues until April,

1936, was found to be a necessary easement for our fellowship during current conditions. We trust that in another year improved circumstances will enable us to resume our full dues as provided in the Constitution in order that the Academy may function effectively in the broad purposes for which it was founded.”

Two years later, on April 8, 1937, President Joseph D. Eby summed up the passing of the depression years and its relation to the Academy with these remarks: “As it is true with all things animate and inanimate, including the earth, so it is true with organizations. Nothing remains constant or stands still. A condition of progression or retrogression, growth or decline, integration or disintegration must be transpiring. For all of my own experiences and observations since the economic break of 1929, the New York Academy of Dentistry has kept abreast of all other dental societies in both progress and usefulness whether it be scientific, educational, or fraternal in nature. Through the medium of our Research Council, Bureau of Activities, Committees on Public Relations and Improvement of Dental Health, and other special committees, the Academy has been alert and ready to meet any emergency at a moment’s notice in case any crisis arose.”

Another crisis did arise which represented the second real test of the Academy’s organization. It came during World War II when many Academy fellows either joined the armed forces or were otherwise engaged in war work. By this time, however, the Academy’s organization was fully mature and functioning smoothly. With unmitigated teamwork, it fulfilled its patriotic obligations with continuous and meritorious zeal.*

As President Frederick W. Pratt said in his annual address to the Academy in April, 1944: “We have come to the end of another year, during which time this Academy has functioned smoothly and effectively notwithstanding the depletion of our membership, and the inescapable difficulties due to the war. Loss of members to the services has naturally affected our

* For a detailed account of the Academy’s activities during World War II, read chapter entitled “THE WAR YEARS.”

income and to some extent the attendance at our meetings. But thanks to the wise policies advocated by our treasurer, Dr. George S. Callaway, our finances have been adequately met and cushioned."

STRENGTH BY SELECTIVITY

Since its inception, the New York Academy of Dentistry has been advised from time to time by its presidents and fellowship committeemen to maintain a strong organization. As early as November, 1923, President Henry Webster Gillett pointed out to the membership: "One of the main objects of our Academy is to grow on a firm foundation, making its fellows of greater service to their profession and the public at large, and unlike a district society, this organization is, in a sense, a close corporation which admits to fellowship only those sympathetic with our high ideals."

Ten years later, on April 13, 1933, Dr. Sebert E. Davenport, Sr., while acclaiming out-going officers, stressed the importance of maintaining a *strong organization*. And after another two decades had passed, his son, Dr. S. Ellsworth Davenport, Jr., in January, 1953, reported as chairman of the By-laws Committee: "It is the feeling of the members of your committee that the Academy is justifying its existence and is serving a most useful purpose in many ways. We urge whole-hearted adherence to the precepts and principles as set forth in our Constitution and a closely knit fellowship dedicated to those ideals and conceptions of usefulness to the dental profession upon which our society was founded. Specifically, we wish to stress once again the importance of the personnel of the Fellowship Committee, the keen selectivity which should be used in choosing candidates for fellowship, and the importance of inculcating in the minds of fellows of all classes that fellowship in the Academy carries with it an opportunity, a challenge, and an obligation to serve their profession and their fellowmen. *We must at all times maintain a strong organization.*"

Again on February 10, 1955, Dr. Harold Woodruff, reporting for the Fellowship Committee, contended that: "Quality

and not quantity is the Academy's goal for its associate fellows; that active fellows in proposing candidates for associate fellowship should be cautioned to sponsor young, up-and-coming men, preferably those out of dental school for less than ten years and of a caliber most likely to maintain, uphold and further the purposes for which the Academy was founded."

The following year, April, 1956, Dr. Edward C. Stillwell, incumbent chairman of the Fellowship Committee, continued along the same theme: "We do hope that Academy members will continue to feel the responsibility of thoroughly investigating associate fellows proposed for elevation. Only in this way can the Academy maintain a strong organization."

Surely, the New York Academy of Dentistry has proven its organizational strength in many fields of endeavor as partially summed up by Dr. Roland E. Morse in his annual report, April, 1956, as chairman of the Development Committee: "To fulfill the ideals of our Academy and to keep constantly trying to improve these ideals is our main function. We can be proud of our Academy's contribution to the advancement of health through our participation in the Boys' Club activities; the advancement of dental literature through our interest in dental journalism; our participation in the Dental Information Bureau where dissemination of dental writings is carefully and conscientiously kept at a high level; and the advancement of dental research through our own efforts and contribution in this field. We must continue to encourage the formation of advanced study groups, and, if financially able, we should give added support to our health and research programs and try to present to our fellows at their regular meetings, lectures, clinics, and symposiums on the very latest medical-dental subjects."

So in reality, the history of the New York Academy of Dentistry is not just a recording of organizational activities, but rather a restatement of the philosophy of dentistry as promulgated by its founders and practiced by its members. Essentially, it is a philosophy of professionalism measured in terms of highest ethical standards; for no candidate is invited

to fellowship unless he measures up fully to these high standards.

Perhaps this close culling of candidates suggests a reason why the Academy has been criticized occasionally by certain uninformed individuals as being "too exclusive." Nevertheless, when shorn of superlatives, the Academy *is* exclusive to the extent that regardless of race, color, or creed, ethical members of the dental profession actively identified with the progress of dentistry in the fields of writing, investigating, teaching, organizing, or public health, are eligible for membership.

Thus as regards the quality of the Academy's fellowship, the meaning of the words *exclusive* and *selective* are concomitant.

The Organization

CERTIFICATE OF INCORPORATION

PRIOR to the second meeting of the Academy held at the Columbia University Club on May 5, 1921, Dr. Bissell B. Palmer, Jr., in consultation with various charter members, drafted the first set of by-laws. After minor changes, they were formally adopted by the fellowship on that date. Following the usual legal procedure, steps were taken to incorporate under the laws of New York State, and on the 20th of May, 1921, "this business was concluded at an expense to the Academy of \$180."

The certificate approved by Mr. John M. Tierney, Justice of the Supreme Court, on May 20, 1921, read in part:

CERTIFICATE OF INCORPORATION OF THE NEW YORK ACADEMY OF DENTISTRY, INC.

We the undersigned, all being persons of full age and at least one of us being a resident of the State of New York, and each of us being duly authorized to practice dentistry in the State of New York, desiring to form a corporation for the purposes hereinafter mentioned under the provisions of the Membership Corporations Law do hereby sign and acknowledge this certificate namely:

The name of the proposed corporation is THE NEW YORK ACADEMY OF DENTISTRY, INC.

The purposes for which the corporation is to be formed are to uphold the dignity and honor of the dental profession; to exalt its standards; to extend its sphere of usefulness and to promote the advancement of dental science; to encourage and develop professionally controlled journals and other means of the publication and distribution of dental literature; to elevate

the standards of dental education and to exert an influence toward placing the activities of its members and of the dental profession upon the highest ethical and non-commercial plane.

The territory in which the operations of the corporation are to be principally conducted is the County and State of New York.

The principal office of the said corporation is to be located in the City and County of New York.

The names and places of residence of the persons to be directors until its annual meeting shall be as follows:

NAME	RESIDENCE	P. O. ADDRESS
Henry W. Gillett	New York City	140 West 57th Street, N.Y.C.
Bissell B. Palmer, Jr.	New York City	17 East 38th Street, N.Y.C.
Alfred L. Kohn	New York City	341 Madison Avenue, N.Y.C.
Arthur H. Merritt	New York City	58 West 47th Street, N.Y.C.
Frederick C. Kemple	New Rochelle, N. Y.	576 Fifth Avenue, N.Y.C.
William D. Tracy	New York City	46 West 51st Street, N.Y.C.
Ralph W. Waddell	Forest Hills, L. I.	347 Fifth Avenue, N.Y.C.
Oscar J. Chase, Jr.	Rye, New York	17 East 38th Street, N.Y.C.

ACADEMY RECEIVES "CERTIFICATE OF REPORT OF EXISTENCE"

In an exchange of letters between President Adams Bailey and Mr. Paul J. Chase, legal advisor to the Academy, regarding "whether or not the New York Academy of Dentistry, Inc., could legally be named as a beneficiary and receive property by bequest, as per instance, a beneficiary of one of Mr. Logan Fulrath's wealthy clients," Mr. Chase, on January 19, 1951, wrote to President Bailey as follows:

"Enclosed herewith is a copy of a letter from Mr. Fulrath dated January 15, 1951. It would appear that all the New York Academy of Dentistry has to do now is to sit back and wait for one of Mr. Fulrath's wealthy clients to (a) name the New York Academy of Dentistry, Inc. as a beneficiary; and (b) die!"

Having answered President Bailey's original inquiry in the affirmative, Mr. Chase introduced another matter of importance to the Academy:

“A recent amendment to the Membership Corporation Law requires that every membership corporation file a ‘Certificate of Report of Existence’ on or before June 15, 1951, and if such a certificate is not filed by October 15, 1951, the corporation is subject to dissolution by proclamation of the Secretary of State.”

The “Certificate of Report of Existence,” signed by Secretary of the Academy Edward C. Stillwell, was filed with the Secretary of New York State by Mr. Paul Chase on September 27, 1951.

Concurrent with the filing of the “Certificate of Report of Existence,” Mr. Chase prepared and filed for the Academy an application for exemption from Federal income taxes under the provisions of Section 101 of the Internal Revenue Code.

OFFICERS

The First President Dr. Henry Webster Gillett was the first president of the New York Academy of Dentistry. After his death, the following tribute to him was recorded in the April, 1943, minutes of the Academy:

“Henry Webster Gillett, known to many of us as ‘Uncle Henry,’ was a distinguished and widely known practitioner, writer, and teacher for over fifty years. A graduate of Harvard Dental School, class of 1885, he began his professional career with the determination to carry out the standards of perfection that were to characterize his efforts in ever increasing efficiency throughout his entire life.

“Dr. Gillett was devoted to the science of dentistry and particularly interested in the refinement of operative and mechanical techniques. Among his many contributions in this field was his collaboration with Dr. Albert J. Irving in the publication of a book in 1932 entitled *Gold Inlays By The Indirect System*.

“Dr. Gillett had an inventive and creative mind. The profession has many instruments and devices of value in every day use which bear his name.”

At the close of Dr. Gillett's third term as president of the Academy, Dr. Sebert E. Davenport, Sr. complimented him upon his ability and leadership and expressed the opinion that "The Academy was fortunate to have had such a man at the helm; a man who on an occasion of this kind does not want flowers in large quantities, but prefers just the little bud which he can treasure as a token of our love and confidence."

The following year, on March 5, 1926, the Academy fellowship honored Dr. Gillett with a testimonial dinner at the Hotel Ambassador, New York City. In a letter dated December 1, 1925, addressed to the Academy's Board of Governors, Dr. William D. Tracy said in part: "A small group of men who admire and respect our first president, Dr. Henry W. Gillett, and who are proud to count themselves among his friends, feel that because of his long and honorable career in dentistry and his constant contribution to the art and science of the profession, it is fitting and desirable that a complimentary dinner be tendered to him. It is proposed to include the ladies at this dinner and extend invitations to the membership of the First and Second District Dental Societies and to selected lists in Connecticut, Massachusetts, Pennsylvania, and more distant points."

The following data is relative to this event: The Dinner Committee consisted of Drs. Charles F. Ash, Frederick S. McKay, Bissell B. Palmer, Jr., who as president of the Academy made the introduction, J. Lowe Young, Martin C. Tracy, and William D. Tracy, who acted as toastmaster. Speakers were: Dr. Leroy M. S. Miner, dean, School of Dentistry, Harvard University; Dr. Frank T. Van Woert, director, School of Dentistry, Columbia University; Dr. Harvey J. Burkhart, dean, School of Dentistry, University of Rochester; Dr. Sebert E. Davenport, Sr., past-president, First District Dental Society; and Dr. Rodriguez Ottolengui, president, New York State Dental Society.

It is interesting to note that at a subsequent meeting of the governors, Dr. William D. Tracy reported: "The testimonial

banquet for our first president was a most successful affair. We have a surplus of \$4.31.”

Dr. Henry Webster Gillett died at the Harkness Pavilion, Presbyterian Medical Center, New York City, on March 12, 1943, at the age of eighty-two.

Presidential Terms Limited In April, 1925, Dr. Bissell B. Palmer, Jr. succeeded Dr. Henry W. Gillett as president of the Academy. At the close of his second term (March, 1927), he sent the following letter to the Nominating Committee in which he expressed his opinion regarding the re-election of presidents of the Academy:

“The first president of the Academy was wisely kept in office for three years during our formative days when a change in administration of policy would have been undesirable. It has been my privilege and honor to have served as president during the fourth and fifth years of our organization’s existence. Your committee may or may not sense the danger which would exist in renominating the present holder of office for another term; so that it seems wise to me to run the risk of appearing presumptuous in order that I may, as one of my last official duties of importance, establish the principle in the Academy that its presidents may not expect the honor of being elected to serve three successive terms.

“It is my opinion that if the first two or three presidents of the Academy are re-elected to serve three successive terms, it will establish a precedent which may prove to be highly embarrassing to the Academy or to one of its presidents if later it should seem desirable to elect a president for but one or two terms. . . . I request that this communication be presented to the fellowship at the March meeting so that it may appear as a matter of record in our proceedings.”

The policy established in 1927 of limiting presidents to two successive terms was continued until February 13, 1941, when presidents and vice-presidents were ruled ineligible for re-nomination.

A New Law Regarding Vacancies In March, 1949, a techni-

cal question arose which required legal advice. Because of the uncertainty of the by-laws "as to whether the president's appointment on an elected committee is for the duration of the man's term so being replaced or only for the balance of the fiscal year until the fellows can elect for the balance of the term," President Carlisle Bastian reported: "As it had been deemed expedient by the president-elect, secretary, and various other members of the Board, to seek a legal opinion thereon, Attorney Paul Chase had been retained to render such a decision."

Mr. Chase's opinion is recorded in the following communication to the Academy dated March 24, 1949: "In view of the present lack of clear and specific language in the by-laws relating to the filling of vacancies, I suggest a new Section 10 to Article XI along the following lines: 'A vacancy in any of the offices or in the membership of any of the committees provided for in this Article XI because of the death, resignation, removal, disqualification or any other cause shall be filled by election at any meeting of the Board of Directors with respect to a vacancy in one of the offices and by the president with respect to a vacancy in the membership of any of the committees, and the successor shall hold office for the unexpired term.'"

Recognition of Past-Presidents In February, 1941, the Committee on Recognition of Past-Presidents, of which Dr. William C. Keller was chairman, recommended the adoption of a certificate of appreciation.

The directors approved the wording and printing of the specimen copy and in March, 1941, the following past-presidents were presented certificates: Henry W. Gillett, 1921-1925; Bissell B. Palmer, Jr., 1925-1927; Arthur H. Merritt, 1927-1929; S. Ellsworth Davenport, Jr., 1929-1931; Leuman M. Waugh, 1931-1933; William B. Dunning, 1933-1935; Joseph D. Eby, 1935-1937; Alfred L. Kohn, 1937-1938; Oscar J. Chase, Jr., 1938-1940; William J. Gies, 1940-1941.

Since 1941 the following men have served as president of

The New York Academy of Dentistry

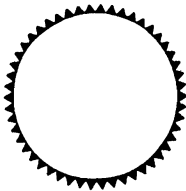


awards this
Certificate of Appreciation
to

in recognition of his important achievements as

19--19--

in furthering the ideals of the Academy and
promoting the advancement of the
Dental Profession



Secretary

the Academy: Malcolm W. Carr, 1941–1942; Edwin G. Van Valey, 1942–1943; Frederick W. Pratt, 1943–1944; Gordon M. Ga Nun, 1944–1945; George S. Callaway, 1945–1946; Arthur E. Corby, 1946–1947; Earle Banks Hoyt, 1947–1948; Carlisle C. Bastian, 1948–1949; Kenneth C. Pruden, 1949–1950; Adams Bailey, 1950–1951; Lowrie J. Porter, 1951–1952; Henry Hicks, 1952–1953; Ralph J. Bowman, 1953–1954; Roland E. Morse, 1954–1955; Willard T. Keane, 1955–1956; C. Raymond Wells, 1956–1957; W. Ward Tracy, 1957–1958; Wilbur J. Prezzano, 1958–1959; Le Roy E. Burr, 1959–1960; and Edgar S. Bacon, 1960–1961.*

Office of President-Elect Created In the Spring of 1948, Dr. Carlisle C. Bastian pointed out an anomaly in the by-laws. He said that “although the vice-president had the authority to appoint a Junior Executive Committee, there was no provision that the president-elect and the vice-president should be one and the same person.”

The directors agreed that it was intended that the vice-president should be the president-elect, and on April 8, 1948, on recommendation of a special committee consisting of Drs. George S. Callaway, Frederick W. Pratt, and S. Ellsworth Davenport, Jr., the by-laws were amended in order to make such a substitution possible. Thus the office of vice-president was eliminated from the roster of officers from 1948 to 1951, when in President Adams Bailey’s administration, the by-laws were again amended to include that office.

Treasurer When Dr. Alfred L. Kohn, the first treasurer of the Academy, retired in April, 1935, after fourteen years of service in that capacity, he presented this final report:

“This report is the fourteenth and last which I have had the privilege of rendering to the Academy at the end of each fiscal year. I have enjoyed the work entailed in the treasurership, born of the knowledge that I was serving an organization that was destined to become a powerful influence among dental and health service institutions.

“The Academy is but a child in years and yet from a very modest financial beginning, the treasury, including the Re-

* Author’s note: For listing of past-presidents, 1921 through 1974, See Appendices.

search Council Fund, has a balance of \$19,000. As treasurer, I have at times opposed the expenditure of money with the thought in mind of building up the reserves of our organization. I have felt that this Academy must become a wealthy organization as compared to other dental societies; not only for the strength and security which comes from financial independence, but from the fact that philanthropic men and agencies look for organizations financially sound and capable when appropriating funds for the advancement projects in the field in which such organizations are active. The principal in the Advancement Fund should never be depleted. That should be guarded as zealously as our adherence to the objects and ideals of the Academy as contained in our constitution and by-laws. The interest from this fund already amounts to over \$500—a substantial sum.”

While the Academy has had twenty-five presidents during its first thirty-five years of existence, only four treasurers served in that period. They were: Dr. Alfred L. Kohn, 1921–1935; Dr. George S. Callaway, 1935–1944; Dr. Lowrie J. Porter, 1944–1950; and Dr. Gustav P. Frahm, 1950–1960.* Each of these men have guided the financial affairs of the Academy with selfless devotion and high ability. The stabilizing influence of an adequate treasury, which they so successfully maintained, has helped immeasurably in perpetuating a strong organization.**

Secretary Dr. Arthur H. Merritt was the first secretary of the Academy. He held this office for one fiscal year—1921–1922. Five years later, 1927, he was elected to the Academy’s presidency for two successive terms.

Over a period of thirty-five years, thirteen secretaries have served the Academy. They were: Dr. Arthur H. Merritt, 1921–1922; Dr. S. Ellsworth Davenport, Jr., 1922–1929; Dr. Lowrie J. Porter, 1929–1934; Dr. William C. Keller, 1934–1938; Dr. Earle Banks Hoyt, 1938–1940; Dr. Cecil G. Fletcher, 1940–1941; Dr. C. Fred Ga Nun, 1941–1943; Dr. John P. Traugott, 1943–1944; Dr. Roy D. Ribble, 1944–

* Author’s note: See Appendices for listing of Academy treasurers, 1921–1974.

** See chapter entitled “A STRONG FINANCIAL POSITION.”

1946; Dr. Ferdinand Neurohr, 1946–1948; Dr. Edward C. Stillwell, 1948–1952; Dr. William Ward Tracy, 1952–1955; Dr. Norman L. Hillyer, 1955–1959; Dr. Robert W. Northrop, 1959–1961.*

Editors' list: See chapter entitled "JOURNALISM."

BOARD OF DIRECTORS

A quotation from the Certificate of Incorporation of the New York Academy of Dentistry, executed in the State of New York on May 20, 1921, states: "The Board of Directors shall be the governing body of the Academy, and shall have charge of all matters not otherwise provided for. It shall conduct all the business of the Academy, referring to the Academy only such affairs as may be deemed by the Board of sufficient importance to require the attention of the entire body. . . . The elected officers and the Executive Committee shall constitute the Board of Governors. . . . The number of its directors shall be eight. . . ."

Twenty years later, on March 26, 1941, the Department of State of New York State issued to the New York Academy of Dentistry, Inc. a certificate of increase of number of directors from the previously authorized eight to not less than nine nor more than fifteen. This document was signed by Dr. William J. Gies, president, and Dr. C. Fred Ga Nun, secretary.

In April, 1936, the fellowship approved the following recommendation submitted by a committee on revision of the by-laws comprised of Drs. Lowrie J. Porter, Frederick C. Kemple, and Arthur H. Merritt, chairman: "Since the term 'Board of Directors' is used in the Certificate of Incorporation and no mention is made of a Board of Governors, it is suggested that throughout the by-laws, the term 'Board of Directors' be substituted for the term 'Board of Governors' as now used."

By amendment to the by-laws on February 13, 1941, the vice-president was authorized to serve as chairman of the Board of Directors. Ten years later, on March 8, 1951, this

* Author's note: For listing of Academy secretaries, 1921–1974, please see Appendices

responsibility was delegated to the president as it had been prior to February, 1941.

The Seven Classes of Fellowship

The fellowship of the Academy consists of seven classes—active, associate, allied, non-resident, retired, honorary, life. “Nominations for any class of fellowship are presented in writing to the Fellowship Committee by two active fellows and must be accompanied by evidence of the qualifications of the nominees, including a letter from both proposer and seconder giving full particulars concerning the candidate. No nominee who is not a member in good standing of the American Dental Association or its equivalent is eligible for membership of any class except honorary. The approved nominee may be elected by a two-thirds vote of the active fellows present.”

It wasn't until February 14, 1952, that “good standing in the American Dental Association or its equivalent” was required of active, associate and non-resident fellows and that “failure to honor this requirement automatically forfeits fellowship in the Academy.”

Active Fellowship Active fellows have all the privileges of the Academy. These include the right to vote, hold office, nominate fellows to the Academy and make recommendations to the Fellowship Committee for the promotion of associate fellows to active fellowship.

To qualify for active fellowship, a candidate “shall be an ethical member of the dental or allied professions, and shall be further qualified by having been actively identified with the progress of dentistry. This activity shall have been in writing, investigating, teaching, organizing, or public health.”

Because public health as a profession or an endeavor had not gained popularity when the Academy was founded, the term “public health” was not included “in activities identified with the progress of dentistry” until February 12, 1953, when Article IV, Section 2, was changed to make this inclusion possible.

The first men elected to active fellowship were Drs. Edward Kennedy, Leuman M. Waugh, James P. Ruyl, Sr., John W. Dickinson, Martin C. Tracy, Frederick S. McKay, and Morris E. Schamberg. The election took place at a meeting of the Academy held at the Columbia University Club on February 15, 1922. At the same time, Dr. Bissell B. Palmer, Sr., the father of Charter Member Bissell B. Palmer, Jr., was extended the privilege of an associate fellowship, the first man to be so honored.

On March 11, 1948, the Committee on Amendments to the By-laws, comprised of Drs. George S. Callaway, Frederick W. Pratt, and S. Ellsworth Davenport, Jr., chairman, recommended that the number of nominees be increased from ten to twenty. This recommendation was adopted by the fellowship on April 8, 1948.

Less than two years later, on February 9, 1950, the by-laws were again amended to allow an increase in the number of nominees eligible for election in any fiscal year from twenty to twenty-five.

The active fellowship status began with the charter members which numbered eighteen in 1921. Thirty-five years later, in April, 1956, this classification totaled 324.

Associate Fellowship The original by-laws stated: "Associate fellows shall be ethical members of the dental profession and the total shall not exceed one hundred."

As the years passed and the Academy membership increased, it became apparent that the associate class of fellowship was presenting a problem which, if not resolved, would impede the Academy's normal growth and progress. As Dr. Cecil Fletcher, chairman of the Fellowship Committee, pointed out to the Board of Directors in March, 1939: "After much study your Fellowship Committee has come to the conclusion that there are probably 80 men in the associate class of fellowship who will remain there indefinitely. We therefore recommend that this class of fellowship be increased from 100 to 150." The fellowship approved this recommendation on April 13, 1939.

On October 16, 1941, the Committee on Future Policy in Relation to Fellowship reported in part:

“In all future additions to the associate class, the basic purpose in establishing this class originally should be kept ever in mind by present and future fellowship committees, namely, that such fellows should be relatively recent graduates, preferably within a period of three to fifteen years who presumably would be encouraged or inspired to render signal service to their profession.

“Because, therefore, of the sincere convictions of your committee, it is recommended that the by-laws be changed to read: ‘Associate fellows shall be ethical members of the dental profession and the total fellowship of this class shall not exceed *one hundred and twenty-five*. . . . After recommendation by the Fellowship Committee, not more than *five* associate fellows may be *elevated* to active fellowship during any fiscal year.’ ”

The above recommendation was adopted on January 8, 1942.

On April 8, 1948, the by-laws were again amended to provide for the elevation of *ten* associate fellows during any fiscal year. However, the following year Dr. Frederick Pratt, chairman of the Fellowship Committee, outlined the difficulties his committee had in selecting but ten names for active fellowship and elevations and cited the loss of ten active fellows since April 1, 1946, in excess of those taken in and elevated. He explained that “because of the increasing number of deaths and retirements, it was possible that the stature of the Academy would be weakened in that there would not be sufficient younger fellows to carry on.”

Pursuant to the Fellowship Committee’s subsequent recommendations, on February 9, 1950, the by-laws were amended so as not to allow more than *twenty-five nominees*, including elevations from associate fellowship or transfers from other classes of fellowship during any fiscal year. Also, the word *fifteen* was substituted for the word *ten*, making the Section read: “. . . . Not more than *fifteen* associate fellows may be elevated to active fellowship during any fiscal year.”

The changes in the by-laws in 1950, however, did not solve satisfactorially the problem relating to the associate fellowship status. Less than three years later, on November 13, 1952, Dr. Robert W. Northrop, chairman of the Associate Fellowship Committee, of which Dr. Gerard L. Courtade and Dr. Joseph L. Riesner were members, submitted this rather drastic recommendation:

“The Associate Fellowship Committee suggests that the classification known as associate fellows be abolished and those so designated be elevated to active fellowship with the duties and responsibilities concomitant with the position . . . It is further suggested that qualifications for membership be enlarged to encompass, in addition to the standards set forth in Article IV, Section 2, the preparation of a case history or an original thesis of theory or technique to be approved by qualified members.”

The directors delayed action on Dr. Northrop's report until the Welfare Committee could meet with the Constitution and By-laws Committee.

On January 8, 1953, Dr. Lowrie J. Porter, for the Welfare Committee, presented the following report regarding the associate class of fellowship, which was subsequently adopted by the membership:

“1, The Board of Directors approve raising the requirements for associate fellowship so that any person proposed for this class of fellowship shall have done something in the recent past for dental progress, and that the wording of the by-laws changes be left to the discretion of the Constitution and By-laws Committee.

“2, That as a trial measure an attempt should be made to elevate fifteen associate fellows each year for the next three years and that if, at the end of three years or sooner if advisable, the attempt to elevate a sufficient number of associate fellows does not seem to be working out satisfactorily, at that time the matter of limiting associate fellowship to a period of ten years would be reconsidered.”

In April, 1954, Dr. Joseph L. Reisner, chairman of the

Associate Fellowship Committee, which included Drs. Robert W. Northrop and Gerard L. Courtade, reported to the fellowship as follows:

“The Associate Fellowship Committee met with the Fellowship Committee last December and made an attempt to break the stalemate which seemed to exist with reference to the possibilities of elevation of associates to active fellows—particularly among the associate fellows of many years standing. This was accomplished by a careful screening of every name on the roster of associates, which numbered 109 at the beginning of the year. The result of this survey enabled us to catalogue the names so that future work along these lines will be simplified. Our records in the form of a card index are intact and available for use of future committees.”

At the April 8, 1954, meeting of the Board of Directors, Dr. Earle Banks Hoyt reported for the Fellowship Committee, which included Drs. Edward C. Stillwell and Harold S. Woodruff:

“To the end of keeping the fellowship open for promising young men in the associate group, the committee has worked in mutual understanding that new proposals for fellowship in the approximate 50 year age group shall be considered only for active fellowship. Inasmuch as the by-laws state that such fellowship shall be considered only at the March meeting and places a limit on the number accepted less than those applying, the prerogative of selection in the best interest of the Academy is exercised.”

Thus the problem of the associate class of fellowship was at least temporarily solved as confirmed by Dr. Harold S. Woodruff, chairman of the Fellowship Committee, 1954–1955, when he stated:

“We now have 304 active and 89 associate fellows on our membership roster. This indicates a healthy condition, especially the associate group. We are allotted an associate fellowship membership of approximately 115 members. We can now welcome into associate fellowship young, out-stand-

ing and ambitious members of the profession in whose destiny the future of the Academy will rest in the years to come.”

Subsequently, the by-laws regarding the associate fellowship status were changed to read: “Associate fellows shall be ethical members of the dental profession who, before approval by the Fellowship Committee, shall have shown evidence of active participation in the progress of dentistry and promise of early qualification for active fellowship. The total fellowship of this class shall not exceed one hundred and thirty-five.”

Non-Resident Fellowship On January 24, 1929, the Academy met in the Mezzanine Parlor of the Hotel Commodore, New York City. At this meeting, Secretary S. Ellsworth Davenport, Jr. read proposed changes in the by-laws which would establish a non-resident status of fellowship. These changes, adopted by the fellowship on February 21, 1929, read as follows:

“Fellowship shall be of three classes—active, associate, and non-resident—Non-resident fellows shall be ethical members of the dental or allied professions residing beyond a radius of 50 miles from New York City . . . The initiation fee for non-resident fellows shall be \$10, which shall include a subscription to *The Journal of Dental Research*. . . Non-resident fellows shall have all the privileges of the Academy except the right to vote, hold office or to nominate fellows of the Academy.”

With the approval of the governors, Dr. William B. Dunning, chairman of the Committee on Non-resident Fellowship, wrote to “forty or fifty out-standing men of this country and foreign countries who would perhaps feel pleased to be invited to become non-resident fellows of this organization.” Some of the men who received Dr. Dunning’s invitation were: Dr. Frederick Bogue Noyes, Chicago, Illinois; Dr. T. G. Patterson, Geneva, Switzerland; Dr. Howard P. Raper, Albuquerque, New Mexico; Dr. T. Victor Smith, London, England; Dr. E. V. Roussel, Paris, France; Dr. J. Sim Wallace, London, England; Dr. E. V. Aquilar, Madrid, Spain;

Dr. Harvey J. Burkhart, Rochester, New York; Dr. J. Girdwood, Edinburgh, Scotland; Dr. Thomas B. Hartzell, Minneapolis, Minnesota; Dr. Percy R. Howe, Boston, Massachusetts; Dr. Albert Le Gro, Detroit, Michigan, and Dr. William H. G. Logan, Chicago, Illinois.

Subsequently, the by-laws concerning the non-resident status of fellowship were changed to read: "Non-resident fellows shall be ethical members of the dental or allied profession residing beyond a radius of 50 miles from New York City, or they shall be members of our armed services on active duty . . . The initiation fee shall be \$5, which shall include the first year's dues. The annual dues thereafter shall be \$5, which shall include a subscription for the *Annals of Dentistry*."

A membership recapitulation as of April 12, 1956, lists 93 non-resident fellows.

Allied Fellowship In order to establish the allied class of fellowship, the Academy, on February 26, 1931, adopted the following amendment to the by-laws as recommended by the Fellowship Committee and approved by the Board of Governors on January 22, 1931:

"Fellowship shall be of four classes—active, associate, allied, and non-resident . . . The initiation fee for allied fellows shall be \$10, which shall include the first year's dues. The annual dues thereafter shall be \$10, which shall include a subscription to *The Journal of Dental Research*. . . Allied fellows shall have all the privileges of the Academy except the right to vote, hold office or nominate fellows to the Academy."

Subsequently, the by-laws regarding the allied classification of fellowship were changed to read:

"Allied fellows shall be ethical members of professions allied to dentistry . . . The initiation fee for allied fellows shall be \$5, which shall include the first year's dues. The annual dues thereafter shall be \$5, which shall include a subscription for the *Annals of Dentistry*."

As of April 12, 1956, the Academy's roster listed *eight* allied members.

Honorary Fellowship At a meeting of the Board of Directors held on January 13, 1944, President Frederick W. Pratt expressed the opinion that "The Academy should have an honorary classification of fellowship to be conferred upon men who had worked in kindred lines to dentistry and which would not carry the obligation of paying dues." He thereupon appointed the following committee on revision of by-laws to provide an honorary status of fellowship: Drs. George S. Callaway, Malcolm W. Carr, and S. Ellsworth Davenport, Jr., chairman.

On February 10, 1944, Dr. Davenport's committee made the following recommendations which were adopted by the fellowship on March 9, 1944: "Amend the by-laws to read: 'The fellowship of the Academy shall be of five classes—active, associate, allied, non-resident, and honorary. . . . Honorary fellows shall be individuals who have rendered distinguished contributions to health service, science, or mankind. . . . There shall be no initiation fee and no annual dues for honorary fellows.'"

The first man upon whom the honorary status of fellowship was conferred was Dr. William J. Gies, a professor of bio-chemistry at Columbia University, who "distinguished himself by his contribution of a life-time of service to humanity." A few years later, Dr. Frederick S. McKay was similarly honored "in recognition of his brilliant studies and outstanding research in the cause and prevention of mottled enamel and dental caries."

In 1956, the honorary status of fellowship was bestowed upon Dr. C. Willard Camalier of Washington, D. C. "for his exceptional and meritorious contribution to the profession of dentistry." At an Academy fellowship meeting on March 14, 1957, Academy President C. Raymond Wells formally presented Dr. Camalier with the Honorary Fellowship Certificate. Dr. Camalier responded:

"President Wells, distinguished guests, members of the New York Academy of Dentistry:

"It is indeed most gratifying to be so signally honored by this great

organization tonight and I accept this honorary membership with humility and great appreciation. The New York Academy of Dentistry is so well known throughout the United States that it hardly seems necessary for me to say words of commendation, but I would like to emphasize from the standpoint of the American Dental Association and from my personal knowledge, that this Academy is recognized because it promotes the highest ideals in dentistry, admits to its membership only those men who are highly qualified in the science and art of dentistry, has outstanding essayists, and in every feasible way aids in the advancement of the program of good dental health.

"You undoubtedly know also that you are internationally known. For instance, on my recent visit to London, I had the opportunity of spending a considerable amount of time with the distinguished secretary of the British Dental Association, Herbert Buchanan. During our discussion, we referred to a number of dental organizations in the United States and he was particularly interested in my opinion of them. When we came to the New York Academy of Dentistry, I found it unnecessary to extol its virtues to any extent because Herbert Buchanan was well aware of the Academy's standing in America. As a matter of fact, he had met a good many members of the Academy over the years and had been duly impressed with their dignity and high professional attainments. Foreign members of the British Dental Association generally are well aware of your fine organization.

"I believe that I would be remiss if, while accepting this award, I did not refer briefly to a personal matter. At the beginning of World War II, as chairman of the War Service Committee of the American Dental Association, I was requested by the War Department to suggest the name of a man who might be willing to come to Washington to aid Selective Service in the dental phases of the war effort. I immediately thought of your president, Dr. C. Raymond Wells. As he will remember, I called him by long distance telephone and, after considerable persuasion by myself and officials of the War Department and of Selective Service, he agreed to come to Washington, at great personal sacrifice, to serve as the Director of Dental Activities of the Selective Service System. Dr. Wells' endeavors and results speak for themselves, but as former chairman of the War Service Committee and past president of the American Dental Association, I would like to pay tribute now, although perhaps somewhat belated, to Ray Wells for the very distinguished service he rendered in Washington. Because of the close liaison thus established between the War Service Committee and the National Selective Service Headquarters, the dental profession was enabled to take its proper place in our great fighting outfit, and much could be said, if time permitted, concerning the valuable service rendered the government, the public, and the dental profession because of his outstanding performance.

“In closing, permit me to thank you again for this splendid honor which I shall forever cherish.”

Four years later, Dr. C. Willard Camalier sent Academy President Edgar S. Bacon a letter in which he refers again to the honorary status of fellowship which the New York Academy of Dentistry had conferred upon him in 1956. The letter, dated July 18, 1960, read as follows:

July 18, 1960

Edgar S. Bacon, President
The New York Academy of Dentistry
9 Rockefeller Plaza
New York, New York

Dear Dr. Bacon:

I hasten to drop you a note to express my appreciation for the history of “The New York Academy of Dentistry,” which was sent to me by Dr. Gerard Courtade. I have read it carefully and realize how much time you must have spent in research and the final preparation for this valuable publication.

The New York Academy of Dentistry has contributed much to the progress of dentistry in the United States and throughout the world and to place its accomplishments in such splendid form is something which the entire profession should deeply appreciate. I feel especially honored to be a member of this great organization. It is a little appalling for me to note that I am the only remaining Honorary Fellow in the Academy and I trust that my present active service with the dental profession will entitle me to continue to deserve this high distinction.

Expressing again my appreciation for the fine work you have done, and with kindest personal regards, I remain,

Very sincerely yours,

/s/ C. Willard Camalier, D.D.S.
Director, Washington Office
American Dental Association

On March 12, 1964, Dr. Harold Hillenbrand, executive director of the American Dental Association, was unanimously elected an honorary fellow of the New York Acad-

emy of Dentistry for "his outstanding and meritorious contributions to the dental profession and mankind." On March 17, 1964, a formal notification was sent to Dr. Hillenbrand by Academy Secretary Walter H. Mosmann, which read as follows:

Dr. Harold Hillenbrand
222 East Superior Street
Chicago, Illinois

Dear Doctor Hillenbrand:

It gives me great pleasure to inform you that on March 12, 1964, the fellows of the New York Academy of Dentistry voted unanimously to extend to you an Honorary Fellowship in our Academy.

Your name was proposed to the Fellowship Committee by Dr. Ralph J. Bowman, who will communicate with you shortly.

A Certificate of Honorary Fellowship will be prepared for you. Will you kindly notify me just how you wish your name and degree inscribed thereon? This will be sent to you as soon as it is completed, together with the Constitution and By-laws; the fellowship list; and a copy of "The New York Academy of Dentistry; Its First Thirty-five Years," by our own member, Dr. Edgar S. Bacon.

Our monthly meetings are held the second Thursday of the month from September to April (except December). If a trip to New York coincides with one of our meeting nights, we would be most happy to greet you and welcome you to the New York Academy of Dentistry.

Sincerely yours,

/s/ Walter H. Mosmann, D.D.S.
Secretary

Dr. Hillenbrand, who was unable to be present at the Annual Meeting of the New York Academy of Dentistry, which was held at the Columbia University Club, New York City, on April 9, 1964, sent a letter in which he expressed his regrets for his inability to attend the meeting and his deep appreciation for having been selected to receive the Academy's highest honor. The Certificate of Honorary Fellowship, which would have been presented to him at this meet-

ing, was mailed to him in Chicago by Academy Secretary Walter H. Mosmann.

At a Board of Directors meeting on October 8, 1964, Dr. Mosmann read a letter which he had received from Dr. Wilton M. Krogman, professor of Anthropology at the University of Pennsylvania, Philadelphia, Pa., in which Dr. Krogman submitted his resignation as an allied fellow. After discussion, the letter was referred to the Fellowship Committee with the thought in mind of considering Dr. Krogman as an applicant for the honorary status of fellowship.

Three months later, on January 14, 1965, Dr. Wilbur J. Prezzano, chairman of the Fellowship Committee, reported that the committee "recommends that the Board of Directors approve Dr. Wilton M. Krogman as an honorary fellow," whereupon Dr. Homer Cree Vaughan moved that "the board approve the recommendation and that it take the usual procedure for election." The motion was accepted.

Dr. Wilton M. Krogman was elected an honorary fellow of the New York Academy of Dentistry on April 16, 1965. He was presented with an Honorary Fellowship Certificate by Academy President John J. Asch at a regular fellowship meeting held at the Columbia University Club on November 18, 1965. After a standing ovation by the fellowship, Dr. Krogman "responded with brief remarks on his career and expressed pleasure at having been elected to honorary fellowship in the Academy."

At a Board of Directors meeting on March 7, 1968, Dr. Willard T. Keane, chairman of the Fellowship Committee, reported that he "had received a letter from Academy Fellow Andrew M. Linz requesting that consideration be given to making Mr. Terrence Ward, Queen Victoria Hospital, East Grinstead, Sussex, England, an honorary fellow." Dr. Keane further stated that "Mr. Ward will be in New York City in October (1968) and as the procedure for any election to the Academy takes three months, the time is too short to comply with Dr. Linz' request." However, the request was referred to the Fellowship Committee for consideration.

On January 9, 1969, Dr. Edgar S. Bacon, the current chairman of the Fellowship Committee, reported to the Board of Directors that the application of Mr. Terrence Ward of England had been reviewed and, after due consideration, it was unanimously approved by the Fellowship Committee. Dr. Bacon at the request of Academy President Richard J. Warnecke, presented the board with a copy of Mr. Ward's curriculum vitae, after which Dr. Bacon moved that the board endorse Mr. Ward's application for honorary fellowship. There followed a general discussion of honorary fellowships in the Academy. Certain sentiments were expressed which maintained that, as a matter of policy, "there are many gentlemen in this country who are highly qualified for honorary fellows and some of these men should have first consideration when candidates are proposed for the status of honorary fellowship."

Other opinions held that "while we have only three honorary fellowships at the present time, there is no reason why more cannot be established." Inasmuch as all members of the board were not present at the meeting, it was President Warnecke's opinion that "in this important vote, it would be desirable to have a greater board representation," whereupon, with the consent of the board members present, Dr. Bacon moved that "the vote of the board be withheld until such time when there would be a full representation of the board."

The following month, on February 13, 1969, Dr. Bacon reported that "the Fellowship Committee had carefully re-examined an elaborated curriculum vitae which had been supplied by Mr. Ward's sponsor, Dr. Linz, and feel that Mr. Ward is highly qualified to be presented for honorary fellowship in the Academy." Dr. Bacon then made a motion that the board endorse Mr. Ward's application, and the motion was passed. Dr. Walter Mosmann moved that "the first printing of Mr. Ward's name should state his classification and contain a brief summary of his qualifications." This motion was also passed.

The first printing of Mr. Terrence Ward's curriculum vitae,

which appeared in the March 13, 1969, Academy program, read as follows:

HONORARY FELLOWSHIP

WARD, MR. TERRENCE, Queen Victoria Hospital, East Grinstead, Sussex, England

Sponsored by Dr. Andrew M. Linz, 875 Fifth Avenue, New York, N. Y.

Seconded by Dr. Edward Armstrong, 654 Madison Avenue, New York, N. Y.

Qualifications: Specialist Dental Officer, Squadron-Leader, Royal Air Force. In charge of Maxillo-Facial Unit; Consultant Emergency Medical Service. In charge of Maxillo-Facial Unit, Queen Victoria Hospital, East Grinstead; Vice-President of Odontological Section of Royal Society of Medicine; President of Southern Counties Branch of British Dental Association; President of British Association of Oral Surgeons; Secretary-General of International Association of Oral Surgeons; Dean of Faculty of Dental Surgery, Royal College of Surgeons of England; Member of Council of Faculty of Dentistry; Royal College of Surgeons of Ireland; Consultant Dental Surgeon, Queen Victoria Hospital, East Grinstead; Consultant Dental Surgeon to British Army; Consultant Oral Surgeon to Royal Navy; Consultant Dental Surgeon to Royal Air Force; Member of Board of Faculty of Dental Surgery, Royal College of Surgeons of England; President International Association of Oral Surgeons. Publications: The Chalmers J. Lyons Lecture, New Orleans; Evelyn Sprawson Lecture; Founders Lecture, Newcastle; The Dental Treatment of Maxillo-Facial Injuries, Kelsey Fry and Ward; Removal of the Impacted Wisdom Tooth; Radiographical Assessment of the Lower Wisdom Tooth; Splint Bone Technique for the Removal of Molars; First Aid for Maxillo-Facial Injuries; Facial Pain; Surgery in Relation of the Antrum; Recent Advances of Oral Surgery; The Dental Profession and Cancer of the Mouth and Jaws.

Mr. Terrence Ward's application for honorary status of fellowship, as approved by the Board of Directors on February 13, 1969, was ratified by the fellowship at the Annual Meeting of the Academy in April, 1969.

Four years later, on March 8, 1973, a Certificate of Honorary Fellowship was presented to Dr. Daniel F. Lynch, of Washington D. C., at a meeting of the Academy fellowship held at the Harvard Club, New York City.

Dr. Lynch, a non-resident fellow of the New York Academy of Dentistry, gained high distinction in the dental profession as a teacher, lecturer, and clinician. He is a past-president of the American Dental Association (1954), the Pan-American Society of Washington (1963), the American Society of Oral Surgeons (1964), the Greater Washington Society of Oral Surgeons (1968), the American Dental Society of Anesthesiology (1969), and the Washington Dental Research Foundation.

Dr. Daniel F. Lynch has served as the official representative of the United States and the American Dental Association at numerous meetings of the International Dental Congress, and from 1947 through 1953, he was vice-president of the Federation Dentaire Internationale. In 1972, the William J. Gies Foundation Award was presented to Dr. Lynch "to honor the distinguished American educator; to encourage and recognize exceptional services in dentistry and the allied health fields."

Author's note: During World War II, Dr. Daniel F. Lynch served his country with the rank of commander in the United States Navy. When he was stationed at the United States Navy Hospital in San Diego, California, the author of this book had the pleasure of entertaining the commander and a few of his colleagues at a luncheon aboard the USS Cebu (ARG 6), when that ship, prior to shoving off for the South Pacific, lay at anchor in San Diego Harbor.

Retired Fellowship On April 11, 1946, the Committee on By-laws was instructed, as one of its functions, to consider some form of retired fellowship. The following year, January, 1947, the membership approved the committee's proposed changes in the by-laws relative to a retired status of fellowship:

"The fellowship of the Academy shall be of six classes—active, associate, allied, non-resident, retired, and honorary. . . . Retired fellows shall be former active or associate fellows who have been in good standing for ten or more consecutive years, and who have retired from active practice. . . . Active or associate fellows who have been in good standing for ten or more consecutive years, and who have retired from active

practice, may apply to the Board of Directors for transfer to retired fellowship. A majority vote of the Board shall authorize the transfer. . . . The annual dues for retired fellows shall be \$5, which shall include a subscription to the *Annals of Dentistry*. . . . Retired fellows shall have all the privileges of the Academy except the right to vote, hold office or to nominate fellows to the Academy.”

Section 6, Article VI, of the by-laws was later amended to read: “Retired fellows shall be former active or associate fellows who have been in good standing for *fifteen* or more consecutive years, and who have retired from active practice. . . . There shall be no annual dues for retired fellows and they shall not receive the *Annals of Dentistry* except by subscription.”

Secretary Norman L. Hillyer’s annual report to the fellowship on April 12, 1956, listed nine retired fellows on the membership roster.

Life Fellowship The first indication that the Academy might establish a life classification of fellowship was recorded in the minutes of the Board of Directors meeting on March 8, 1962. At that meeting, Academy Treasurer John J. Asch read a letter from Dr. John Shelpert in which the latter made inquiry as to whether the Academy’s constitution included a life status of fellowship. Although the Academy did not award that status of membership, Dr. Shelpert’s inquiry evoked a discussion which resulted in a motion by Academy Secretary Walter H. Mosmann directing the By-laws Committee “to investigate the practicality of establishing a life status fellowship based on an applicant’s age and the number of years he had been an active fellow.”

Complying with the board’s request, Dr. William McGill Burns, chairman of the By-laws Committee, sent a letter dated December 20, 1963, to Dr. Mosmann that contained information, which he and his committee had compiled over a long period of time, regarding the possibility of the Academy establishing a life status fellowship. The letter read:

Dr. Walter H. Mosmann, Secretary
The New York Academy of Dentistry
70 Anderson Street
Hackensack, New Jersey

December 20, 1963

Dear Walter:

- 1— Life fellowship is now, in effect, conferred upon retired fellows.
- 2— Life fellowship can be conferred upon active and associate fellows in one of two commonly used determinations:
 - a. Life fellowship after a certain number of years of (active) fellowship.
 - b. Life fellowship upon attaining a certain age, such as 65, as in many District and State Dental Societies and the A. D. A.
- 3— If plan "a" were followed, it would mean that a large number of men would become life fellows at about age 65. Most dental graduates today are in their mid-twenties or later. They would need to be in practice at least 10 years to qualify for active fellowship and at least 5 years to become an associate fellow.
- 4— If plan "b" were followed, it would probably be more equitable for the greatest number.
- 5— The By-laws Committee does not know how many dues paying active and associate fellows are about 65 years of age, but believes from observation that the number is quite large. It is also a matter of observation that most active or associate fellows who do reach age 65 and continue to practice, seem quite willing to continue to pay dues until retirement. The officers and members should seriously consider the fact that the income of the Academy will shrink considerably if a life fellowship status is established under any plan.
- 6— If the officers and members decide to disregard the financial loss and favor a life fellowship, then the plan "b" is recommended. This would differ from retired fellowship in that these life fellows would continue to be eligible to vote, hold office or to nominate fellows to the Academy, but to avoid an outright out-of-pocket expense, they would receive the *Annals of Dentistry* only by subscription.

Very sincerely,

/s/ William McGill Burns, Chairman
Constitution and By-laws Committee

At a Board of Directors meeting on January 9, 1964, Secretary Walter H. Mosmann read Dr. Burns' report. During the discussion that followed, suggestions were made regarding some changes in the by-laws, such as "including the number of years a fellow would be required to be a member before he would be eligible for life membership; should a small fee be charged for extraneous expenses?" Dr. Robert Heinze moved that "the report be referred back to the By-laws Committee and that Dr. Matthew D. Levin be authorized to communicate with Dr. Burns and explain the suggestions that had been discussed by the Board of Directors." The motion was adopted.

In reply to Dr. Levin's communication, which was delivered to Dr. Burns in accordance with the board's instructions, Dr. Burns sent the following letter to Dr. Mosmann:

February 4, 1964

Dr. Walter H. Mosmann, Secretary
 The New York Academy of Dentistry
 70 Anderson Street
 Hackensack, New Jersey

Dear Walter:

In accordance with the wishes of the Board of Directors, as expressed through you and Dr. Levin, I am attaching material which I believe can be printed as is for changes in the by-laws.

I have included wording for provision of 15 years of membership.

Dr. Levin brought up the point of life fellows receiving all notices. That is already provided for in the new Section 7 of Article IX. He also brought up the question of extra expenditures for regular fellows, but not for life fellows. The only way that could be handled without a lot of confusion would be to exclude the life fellows from inclusion at the time the extra expenditures were voted, say such an incident as a special assessment.

Sincerely yours,

/s/ William McGill Burns, Chairman
 Constitution and By-laws Committee

At the February 13, 1964, meeting of the Academy's Board of Directors, Dr. Walter Mosmann read the letter from Dr. Burns and the revised changes in the by-laws as recommended by the By-laws Committee. He moved that "the changes in the by-laws be accepted as presented; that they be read at the fellowship meeting this evening; and printed in the next meeting notice announcement, which will be sent to the membership and voted upon at the March fellowship meeting."

During the brief discussion that followed, reference was made to the age at which a member could apply for a life status of fellowship, whereupon Dr. David Tanchester amended the motion by suggesting that "in Section 8, Article IV, the age limit be raised from sixty-five (65) to seventy (70) years." When a vote was taken, the latter motion was lost, but the original motion to accept the amended by-laws as presented was passed.

The amendments to the by-laws, as approved by the Board of Directors on January 9, 1964, presented at the fellowship meeting on February 13, 1964, and endorsed by the membership at the March 12, 1964, fellowship meeting read as follows:

- "1. Change Article IV as follows:
 - a. Change Section 1. First sentence to read as follows:
"Section 1. The Fellowship of the Academy shall be of seven classes; Active, Associate, Allied, Non-Resident, Retired, Honorary, and Life."
 - b. Add Section 8, to read as follows:
"Section 8. An Active Fellow in good standing, who has been an active fellow in good standing for fifteen (15) years, having attained the age of sixty-five (65) years, may be classified as a life fellow upon application to the Board of Directors and election by a two-thirds (2/3) vote of the active fellows present at a regular meeting."
- "2. Change Article V as follows:
 - a. Add Section 11, to read as follows:
"Section 11. Life Fellows may be elected at any regular meeting of the Academy."
- "3. Change Article VIII as follows:
 - a. Add Section 18, to read as follows:

“Section 18, Life Fellows shall be exempt from payment of dues.”

“4. Change Article IX as follows:

a. Add Section 7, to read as follows:

“Section 7. A Life Fellow shall receive a certificate of Life Fellowship. He shall be entitled to all the privileges of an active member except that he shall not receive the *Annals of Dentistry*, except by subscription.”

One of Dr. Gerard L. Courtade's first duties after being elected president of the New York Academy of Dentistry on April 9, 1964, was the presentation of Life Certificates to the first Academy fellows to be elected to that status of fellowship. They were: Drs. Harold B. Aldrich, Wilford J. Bruder, Walter C. Chapin, W. Ellery Follett, Robert H. Gillie, Charles Hattauer, Donald Hutchinson, Frank Nicolai, Edward J. Ortion, Eugene Senior, C. Raymond Wells, and Harold S. Woodruff.

In his final report to the Academy fellowship in April, 1964, Academy President Robert W. Northrop referred to the status of fellowship in these words: “We can now keep with us many men who have given of their time and efforts throughout the years, and whose only choice of remaining with us, was that of being an active, or a resigned fellow. A new classification of fellowship, the life member, has been created for these faithful members, and we look forward to their presence among us for a long time.”

At the April, 1964, board meeting, Dr. Andrew M. Linz requested the privilege of speaking to the Board of Directors. Granted permission by President Northrop, Dr. Linz suggested that “fellowships in the Academy be limited to a definite number; that only associate fellows be elected; and, at a later date, be elevated to active fellowship status.” Dr. Linz further stated: “. . . . in this way it will be a great honor to be an active fellow of the Academy.”

After a brief discussion, Dr. Robert Leslie Heinze moved that Dr. Linz' proposals be referred to the Senior Advisory Committee for study, with a request for a report to be

submitted by the committee chairman at a future board meeting.

At a regular meeting of the Board of Directors a month later, Dr. Oscar J. Chase, Jr., chairman of the Advisory Committee, of which Drs. Henry Hicks, Norman Hillyer, Robert Heinze, and Frederick Pfeiffer were members, submitted this report: "The Senior Advisory Committee feels that Dr. Linz' proposals have merit, but, after careful consideration, the consensus of the committee is to continue to have active and associate members elected to the Academy." The board voted to accept the advice of the Senior Advisory Committee.

On February 11, 1965, Dr. Wilbur J. Prezzano, chairman of the Fellowship Committee, reported on the meeting of his committee which was held on February 2, 1965, for the purpose of discussing candidates and policy. The report stated: "According to the by-laws, 25 fellows can be accepted for active fellowship per year, including elevations. For the past several years, there has been an overlap of applicants from one year to the next. In order to straighten out this matter, your committee believes it inadvisable to accept any more new fellows this year, and suggests that the 16 applications now being considered be turned over to next year's Fellowship Committee so it will have all the necessary material at the beginning of the year." Dr. Prezzano also presented a revised form of application for fellowship in the Academy, which the committee had been preparing; "the final form to be ready soon to present to the board for its consideration."

When the Board of Directors met on March 11, 1965, Dr. David Tanchester moved that "the Constitution and By-laws Committee make a study to reconsider the age at which members would be permitted to apply for the life status of fellowship." The motion was accepted as read.

At a fellowship meeting nearly a year later, on February 10, 1965, Academy President John J. Asch called upon Dr. Matthew Besdine of the By-laws Committee to read the report, which had been endorsed by the Board of Directors

on March 11, 1965. That portion of the report relative to changes in the by-laws (Article IV, Section 8) regarding the life status of fellowship, read as follows:

“An active fellow who has been an active fellow in good standing for fifteen (15) years, having attained the age of seventy (70) years, may be classified as a life fellow upon application to the Board of Directors and election by two-thirds (2/3) vote of the active fellows present at a regular meeting.”

The amendment to the by-laws regarding the life status of fellowship was approved by the fellowship at a meeting held at the Columbia University Club of New York City, on March 14, 1966.

THE FELLOWSHIP COMMITTEE

Because the Fellowship Committee is authorized to determine the eligibility of candidates for membership, and so upon it rests the responsibility of maintaining the future fellowship on a high plane, as set forth in the objectives of the Academy, this committee is considered to be one of the most important functioning for the Academy.

From February, 1921, when the Academy was founded, to April, 1931, the personnel of the Fellowship Committee consisted of the same three men. They were Drs. William B. Dunning, Harold S. Vaughn, and Sebert E. Davenport, Sr. chairman. On January 22, 1931, this committee recommended that the by-laws be amended to provide the following procedure:

“The Nominating Committee. . . shall submit the names of three active fellows in good standing to serve as the Fellowship Committee. Of these candidates, one is to be elected for three years, one for two years, and the third for one year. At every annual meeting, thereafter, the Nominating Committee shall name for election one candidate to replace one retiring member of the Fellowship Committee to serve for three years. A retiring member may be eligible for re-election to the Fellowship Committee only after a period of one year has

elapsed following his retirement. . . . The Fellowship Committee shall have the sole power to determine the eligibility of a candidate for fellowship and there shall be no appeal from its decisions.”

After the above recommendations were adopted in April, 1934, President S. Ellsworth Davenport, Jr. praised the retiring committee in these words: “As the Fellowship Committee will now automatically change every year, the Academy heartily applauds their past history. We must all agree that the Academy is greatly indebted to these gentlemen for the hard, earnest and intelligent work which they have performed for this society in the past ten years.”

The first Fellowship Committee to serve under the new election system consisted of Harold S. Vaughn, one year; Henry W. Gillett, two years; and S. Ellsworth Davenport, Jr., three years. Thereafter, the men who served on the Fellowship Committee were: Bissell B. Palmer, Jr., 1932; Leuman M. Waugh, 1933; Frederick C. Kemple, 1934; Arthur H. Merritt, 1935; Martin C. Tracy, 1936; Cecil G. Fletcher, 1937; Alfred L. Kohn, 1938; Leland Barrett, 1939; George M. Babbitt, 1940; Irving R. Hardy, 1941; Arthur E. Corby, 1942; Malcolm W. Carr, 1943; Kenneth C. Pruden, 1944; Frederick W. Pratt, 1945; Edwin G. Van Valey, 1946; Henry U. Barber, 1947; Walter E. Taylor, 1948; Edward G. Murphy, 1949; Robert L. Heinze, 1950; Earle Banks Hoyt, 1951; Harold S. Woodruff, 1952; Edward C. Stillwell, 1953; James P. Ruyl, 1954; Le Roy E. Burr, 1955; S. Ellsworth Davenport, 3rd, 1956; Willard T. Keane, 1957; Gerard L. Courtade, 1958; William McGill Burns, 1959; John D. Burr, 1960; William C. Hudson, Jr., 1961; Wilbur J. Prezzano, 1962; Edgar S. Bacon, 1963; Robert W. Northrop, 1964; Willard T. Keane, 1965; Gerard L. Courtade, 1966; Homer Cree Vaughn, 1967; Norman L. Hillyer, 1968; Walter H. Mosmann, 1969; Richard J. Warnecke, 1970; John J. Dolce, 1971; Francis F. E. Morse, 1972; I. Frank Boscarelli, 1973; and William C. Hudson, Jr., 1974.

On February 9, 1950, the following addition to the by-

laws regarding the Fellowship Committee was adopted by the membership:

“In case a vacancy has occurred in the personnel of the Fellowship or Ethics Committees in any year, an additional candidate shall be selected by the Nominating Committee to fill the unexpired term, beginning with the next fiscal year . . . The senior member of this committee shall act as chairman and a member elected to serve an unexpired term shall assume the seniority of the fellow he replaces. However, no committeeman appointed to fill a vacancy shall be eligible for the chairmanship. . . . A vacancy in any office or in the personnel of the Fellowship or Ethics Committees, due to any cause whatsoever, shall be filled by the Board of Directors and the appointee shall hold office until the beginning of the next fiscal year.”

THE EXECUTIVE COMMITTEE

When the Board of Governors met on May 5, 1921, President Henry W. Gillett announced the personnel of the Executive Committee as being Drs. Ralph W. Waddell, Oscar J. Chase, Jr., and William D. Tracy.

According to the original by-laws (Article XI, Section 6), it was the duty of this committee “to provide suitable places and subjects for the regular meetings; to execute all matters referred to it by the Board of Governors of the Academy; and to make a report of its proceedings at the annual meeting or whenever called upon by the Academy, its Board of Governors, or its president.”

When Dr. Frederick W. Pratt, chairman of the Executive Committee, reported to the fellowship on October 9, 1941, he expressed the belief that “something should be done towards establishing a definite type of program policy, which would be in line with the basic concepts of this organization. Any new development in dental science and practice should be presented to the members. District dental societies do a good job in clinics, postgraduate courses and purely technical papers, but our work lies along collateral lines which bear

some relation to the art and science of dentistry, but which will tend to stimulate and broaden our professional outlook.”

Three years later, Dr. Pratt, as president of the Academy, again referred to the type of programs being presented to the fellowship. He stated in part:

“To the Executive Committee we are indebted for the general excellence of the programs presented throughout the year, which in every instance conformed to the standard in keeping with the function and dignity of an Academy. There are still many members who criticize this type of program as being too highbrow, preferring clinics and papers on dental techniques. . . . but a moment’s reflection should convince them that by adopting such a procedure we cease to fill the requirements of an Academy. It needs little effort and no imagination to present clinics and papers on purely dental technique, but when this is done so completely and admirably by district societies, what reason or excuse have we to follow such a course? Exceptions are bound to rise from time to time in the matter of extraordinary new developments, but as a fixed policy, papers and clinics on dental techniques should not be presented at our meetings. A standing rule might be approved covering programs for the guidance of incoming committees.”

For the most part, programs have been sufficiently varied to maintain a sustained interest in Academy meetings. As for instance, in April, 1929, the famous magician, Mr. John Mulholland, “gave out with an hour of magical tricks” and the following month, Dr. George H. Semken struck a more serious note when he read a paper on the subject, “Tumors of the Upper Jaw with Special Reference to Cancer.”

In January, 1926, the first symposium—“A Cross Section Through Present Day Thought In Dentistry”—was presented to the fellowship. The essayists were as follows: Dr. William D. Tracy, General Dentistry; Dr. J. Lowe Young, Orthodontia; Dr. Arthur H. Merritt, Periodontia; Dr. Harold S. Vaughn, Oral Surgery; and Dr. Edward Kennedy, Prosthodontia.

In the Spring of that same year, March 25, 1926, the first annual series of progressive clinics were presented. The complete list of clinics and the clinicians who participated were: Dr. W. J. Hoag, Ceramics; Dr. Thaddeus P. Hyatt, Practical Prophylactic Odontology; Dr. Edward Kennedy, Partial Denture Technic; Dr. Arthur H. Merritt, Periodontal Instrumentarium; Dr. Lowrie J. Porter, Orthodontic Principles Applying to the General Practitioner; Dr. Paul R. Stillman, The Tooth Brush; and Dr. William D. Tracy, Indirect Gold Inlay.

Throughout the existence of the Academy, the personnel of the Executive Committees have received numerous accolades for their out-standing work. In April, 1942, President Malcolm W. Carr made this reference to the Executive Committee which functioned during his administration: "The Executive Committee this year has established a new precedent and a different standard of scientific programs. The subjects for presentation were principally selected from scientific fields allied to dentistry. They related to either general medicine or biological work, and comprised principals related to dental science and valuable information of collateral knowledge."

The following year, April, 1943, President Edwin G. Van Valey complimented the Executive Committee when he said: "One of the purposes of the New York Academy of Dentistry is to extend the spheres and usefulness of the dental profession and to promote the advancement of dental science. Our programs have carried out this purpose to a very large extent. The increased attendance at the meetings this year shows that the membership is keenly interested in, not only the science and the art of dentistry, but also in the background and cultural aspects of the profession."

In April, 1945, President Gordon M. Ga Nun stated: "The Executive Committee has provided scientific programs in keeping with the times and the interests of most of the fellowship. We are told that the order is changing, but perhaps it is the application and vision of the old order that make progress and change inevitable. Our meetings have been well attended."

And three years later, 1948, President Earle Banks Hoyt paid this compliment to the Executive Committee: "Great praise is due the Executive Committee comprised of Drs. Kenneth C. Pruden, chairman, William Ward Tracy, and Harold B. Aldrich. To each of them I owe great gratitude for their unfailing support and for their initiative in providing out-standing speakers."

On April 9, 1953, President Henry Hicks stated: "I wish to pay special tribute to the Executive Committee which was responsible for the success of all the six meetings held during the year. The speakers were well chosen and were out-standing men in their chosen fields."

Again, on April 14, 1955, President Roland E. Morse made this reference to the Executive Committee: "Our fine programs have been entirely due to the hard work of our Executive Committee comprised of Drs. E. Byron Master, Harold B. Aldrich, and Richard J. Warnecke. . . . These men have performed a most commendable job."

Prior to February 8, 1941, the personnel of the Executive Committee were appointed by the president. On this date the by-laws were amended to read: ". . . There shall be an Executive Committee to consist of three *executive* members appointed by the president and three assistant members appointed by the vice-president. The assistant members shall cooperate in the committee's work during the current year, and formulate *tentative* plans for meetings during the ensuing year."

When the office of president-elect was created in the Spring of 1948, the president-elect was authorized to appoint the assistant members to the Executive Committee.

ETHICS COMMITTEE

See chapter entitled "THE CODE OF ETHICS"

THE NOMINATING COMMITTEE

The first Nominating Committee was appointed by President Henry W. Gillett on February 25, 1922. It consisted of Drs. Sebert E. Davenport, Sr., Leland Barrett, and Edward

H. Raymond. It was the committee's responsibility to name the officers for the ensuing year.

On January 22, 1931, the Fellowship Committee, comprised of Drs. William B. Dunning, Harold S. Vaughn, and Sebert E. Davenport, Sr., chairman, recommended that "suitable amendments to our by-laws be made to provide for the following procedure: Before our next annual meeting, the Nominating Committee, whose duty it is to name officers for the ensuing year, shall also submit the names of three active fellows in good standing to serve for three years, one for two years, and the third for one year." This recommendation was adopted by the fellowship in February, 1931.

For the purpose of clarification and in order to conform to established precedent, the Board of Governors on March 14, 1935, recommended the following changes in the by-laws, which were subsequently approved: "The Board of Governors shall at the February meeting elect a nominating committee of three non members of the Board which committee shall announce at the March meeting its selection of the candidates for office for the following year and one candidate for the Fellowship Committee to serve three years."

In February, 1950, the Nominating Committee was given additional responsibility when a second paragraph was added to Article X, Section I, to read: "In case a vacancy has occurred in the personnel of the Fellowship or Ethics Committees, in any year, an additional candidate shall be selected by the Nominating Committee to fill the unexpired term, beginning with the next fiscal year."

BUREAU OF ACTIVITIES AND THE BUREAU OF RECORDS

In February, 1926, President Bissell B. Palmer, Jr. conceived the idea of establishing an Activities Bureau. His plan was specifically designed to aid and encourage associate fellows to find and work on projects which would make them eligible for advancement to the active fellowship status.

To assist him, President Palmer appointed the following committee to which he gave each member a definite assignment: Dr. William J. Gies, dental journalism; Dr. Leuman

M. Waugh, dental education; Dr. Charles F. Bodecker, dental research; and for his own assignment, Dr. Palmer chose writing and organization.

As the years passed, the committee known as the Bureau of Activities was changed to the Bureau of Records. Concurrent with the change in the name of the Bureau, it became the responsibility of the committee to compile data on all Academy members regardless of their fellowship status which would aid fellowship committees in selecting candidates for active fellowship, furnish necrology committees material for obituary notices, and guide officers in their choice of committeemen.

In November, 1941, the committee for the Bureau of Records consisted of Drs. Charles E. Fowler, Stanley B. Norton, and Cyril F. Strife, chairman. Three years later, Dr. Strife's committee reported in part: "A compact and workable filing system for the Bureau of Records has been installed. This file contains the present and past activities, both social and professional, of almost every member of the Academy. The committee hopes that the officers and fellowship committees will use it freely. As a parting request to the members of the new committee for the Bureau of Records, we ask that they continue to keep it up to date."

In 1948, President Earle Banks Hoyt appointed Drs. James W. Benfield and Gerard L. Courtade, chairman, to reorganize and bring up to date an activities list of active and associate fellows. The list as submitted two years later, March, 1950, included the names of approximately one hundred fellows who were qualified in their respective fields of endeavor—research, teaching, journalism, public health, table clinics, committee work, organization work, presentation of essays, and discussion of essays.

COMMITTEE TO DETERMINE HOW THE ACADEMY
COULD INCREASE ITS USEFULNESS TO THE
PROFESSION

On April 8, 1948, President Earle Banks Hoyt appointed a committee to determine how the Academy could increase its

usefulness to the profession. It was comprised of Drs. Andrew Asch, S. Ellsworth Davenport, Jr., Albert Greminger, Henry Hicks, and Oscar Chase, Jr., chairman. On January 25, 1949, the committee reported to the Board of Directors as follows:

“Your committee recommends that: 1, The name New York Academy of Dentistry be lettered on the door of the room being occupied at the Academy of Medicine Building to be in keeping with other rooms reserved for specialties of medicine; also to have the name entered on the directory board of the building; 2, The Academy keep in communication with the various universities on the progress of dental education and suggest the appointment of a permanent committee to study requirements of dental schools; 3, The Academy continue to endorse professional journalism and support the *Annals of Dentistry*; 4, The Board of Directors allow more time for its meetings; 5, The directors appoint a legislative committee and include Dr. Daniel Lynch as a member because of his experience in legislative matters.”

The following month, the Committee to Determine How the Academy Could Increase its Usefulness to the Profession reported that positive action had been taken on all the recommendations submitted to the Board of Directors on January 25, 1949.

THE DENTAL WELFARE COMMITTEE

To ascertain and advise the Academy regarding the fields it could enter in order to make its activities more beneficial to dental progress, President Lowrie J. Porter, on November 8, 1951, appointed the Dental Welfare Committee, comprised of Drs. Earle B. Hoyt, Wilbur J. Prezzano, Jacob Shapiro, Edward C. Stillwell, and Henry Hicks, chairman. To act in an advisory capacity to the Welfare Committee, President Porter appointed Drs. Arthur E. Corby, S. Ellsworth Davenport, Jr., William J. Gies, Arthur H. Merritt, Bissell B. Palmer, Jr., Leuman M. Waugh, and Malcolm W. Carr.

On April 8, 1952, Dr. Hicks submitted a report for the

Dental Welfare Committee. Because of its comprehensive and informative nature, it is recorded here in its entirety:

“After due deliberation by both the advisory and regular members of the Dental Welfare Committee, the following projects believed to be suitable for Academy accomplishment have been approved by the Board of Directors:

“I, *Advisory Council* The Welfare Committee believes that it is highly desirable and therefore recommends that there be created an Advisory Council within the framework of the Academy. The duty and purpose of this Council shall be to advise and counsel any fellows of the Academy, particularly associate fellows who may be desirous of seeking information and aid for active participation in any specialized field such as public health, legislation, dental statesmanship, teaching, clinics, writing, organization, hospital, dental insurance, etc. The Council should be composed of one overall chairman appointed by the president and two active members designated by the chairman for each field; all to be on a voluntary basis.

“II, *Dental Student Promotion* The committee recommends that: 1, Academy fellows invite worthy young men to our meetings in an attempt to encourage them to enter the profession of dentistry; 2, Academy fellows invite out-standing students to some of the Academy meetings; 3, The Academy consider setting up a vocational advice program for high school and preparatory school students to create interest in the profession of dentistry. This project should be under the supervision of a committee of three to be composed of one active and two associate fellows appointed by the president.

“III, *Financial Projects Subject to Advancement Fund Aid* 1, The committee recommends the establishment of a policy for awarding recognition to fellows of the Academy *only* for out-standing service to the profession; 2, *Research*: The committee does not believe that the Academy itself is qualified or equipped to carry on research, but favors helping to promote some research project through a limited financial support. The committee recommends that the Academy in its

desire to cooperate in the promotion of dental research, grant funds to support investigations which may be approved by the Academy's future Committee on Research. Approval of applications for the Academy's financial assistance should be based on: (a) A comprehensive statement of the proposed research; (b) The name of the person or persons by whom the prospective research would be directed; (c) The place where it would be conducted; (d) The probable amount of funds required for its completion; (e) The name of the person, or institution, to whom the needed funds should be paid; (f) An assurance that the projected research would be a welcome endeavor in the institution which may be designated as the place where the research would be furthered; (g) The project should be under the supervision of an Academy Committee in Dental Research consisting of three or five active fellows.

“IV, *Associate Fellows Activities* It is the belief of the Welfare Committee that the associate fellows should actively participate in various fields for personal improvement and the improvement of the profession. The duties for carrying out this part of the Academy's purpose can be assigned to the present Associate Fellowship Committee. The present committee and the president to concur in the establishment of duties for the prime purpose of improving the standard of the associate fellows. The committee recommends that various studies be sponsored by the Academy and conducted by the associate fellows, giving them active parts in professional fields.

“V, *Academy Welfare* The committee recommends the following: 1, That the Academy continue to seek and promote better interprofessional relations and that we endeavor to acquire more allied fellows.”

Inasmuch as Dr. Henry Hicks was elected to the Academy's presidency on April 8, 1952, and therefore was unavailable to serve on the Dental Welfare Committee, Dr. Lowrie J. Porter was appointed to assume the chairman's responsibilities. As his first official act, he selected the following men to serve as

chairmen of the Welfare Committee's four subcommittees: Dr. Gerard L. Courtade—Advisory Council; Dr. Jacob Shapiro—Dental Student Promotion; Dr. Joseph D. Eby—Award Committee Subject to the Advancement Fund Aid; and Dr. J. A. Salzman—Research Committee. Each chairman was authorized to select a designated number of active fellows to serve with him. In addition, Dr. Shapiro was privileged to appoint two associate fellows. He selected Drs. George A. Gomes and Stevens G. Nicholson.

The annual report of the Dental Welfare Committee dated April 8, 1953, contained the following information: "The Dental Welfare Committee:

"1, Disapproved limiting fellowship to active fellowship only.

"2, Approved having the Fellowship Committee contact all associate fellows in hopes that some might be eligible for elevation to active fellowship.

"3, Opposed the suggestion that an age limit be placed on associate fellowship.

"4, Approved and recommended that the requirement for associate fellowship be raised to require that all those proposed for associate fellowship must have accomplished something in the recent past for dental progress. This change has now been incorporated in the by-laws of the Academy.

"5, Recommended that since the Academy is not in a position to carry on any definite research in regard to fluoridation of the communal water supplies, it rely on the opinions and recommendations of the official dental and medical organizations, and should not at this time take any definite stand to either approve or disapprove fluoridation. (Note: The Academy subsequently approved the fluoridation of communal water supplies as stated elsewhere in this history.)

"6, Your president, Dr. Henry Hicks, at the recommendation of the Dental Welfare Committee of last year, appointed a committee to study the advisability of establishing a policy of awarding recognition to fellows of the Academy for outstanding service to the profession. The unanimous opinion

of this committee, comprised of Drs. Malcolm W. Carr, S. Ellsworth Davenport, Jr., and Joseph D. Eby, is as follows:

It is the committee's belief that no award should be given to active fellows under any condition since election to active fellowship is definitely a recognition of past achievements; also, because any exceptional or out-standing achievement can be awarded by an Honorary Fellowship. Since associate fellows are duly awarded for their achievements when they are elevated to active fellowship, it thus appears that no further award is necessary or advisable.'

"7, The committee appointed to study dental student promotion by the Academy consists of Drs. George A. Gomes, Stevens G. Nicholson, and Jacob Shapiro, chairman. Dr. Shapiro's report submitted for his committee on March 23, 1953, is as follows: 'We have discussed dental student promotion on several occasions and took the liberty of consulting Dr. Walter Wilson of Jersey City, secretary of the New Jersey State Board of Dental Examiners, who has had a good deal of experience in this particular work. We finally came to the conclusion that inasmuch as some of the district societies are engaged in this type of activity; and that some of the states do it on a state level; and that the A.D.A. has published pamphlets and is encouraging state and local dental societies in this particular movement, it would be best for the Academy to abstain from this activity and leave it to organized dentistry.'

"8, The committee appointed to study the possibility of the Academy taking an active part in the furtherance of dental research consists of Drs. Arthur E. Corby and J. A. Salzmann, chairman. The committee's report follows: 'Our tentative plans are to interest foundations in subsidizing dental research and to subsidize publication of research with funds made possible by the Academy itself. Your committee therefore reports progress.'

"9, The report of the Advisory Council submitted by its chairman, Dr. Gerard L. Courtade on April 9, 1953, stated

in part: 'At the request of our president, Dr. Henry Hicks, your chairman suggested the names of twenty Academy fellows to form the Advisory Council. The membership of this Council is as follows: *Public Health*—J. A. Salzmann and David Ast; *Legislation and Jurisprudence*—Clyde Schuyler and Jacob Feinman; *Teaching*—Maurice Hickey and Carl Oman; *Writing*—Edgar Bacon and Wilbur Prezzano; *Organization*—Percy Phillips and Joseph Riesner; *Clinics*—Arthur Corby and Stanley Standard; *Hospital*—Malcolm Carr and David Tanchester; *Journalism*—S. A. Isaacson and Oscar Chase, Jr.; *Dental Insurance*—Bissell Palmer and C. Hattauer; *Dental Statesmanship*—S. E. Davenport, Jr. and Earle B. Hoyt.

“ ‘It will take some time for the entire fellowship to become aware of the fine assistance that may be rendered to them under any of the various headings, but here is a common ground where any of us may go for helpful advice from men who are leaders in their respective fields.’ ”

THE DEVELOPMENT COMMITTEE

On November 18, 1954, President Roland E. Morse reappointed the Dental Welfare Committee to consist of Drs. Ralph J. Bowman, chairman, Lowrie J. Porter, and Richard B. Pomeroy. Chairman Bowman's report to the Board of Directors of April, 1955, follows: “When the Dental Welfare Committee was first appointed, its purpose was to recommend projects and activities, which, as the name of the committee implies, would be for the good and welfare of the whole Academy, such as research, student loans, history, et cetera. Some of these projects have since been acted upon by other committees; other recommendations have been found unworkable or impractical. Therefore, it is the reaction of the committee that, unless there is a need in the future for such a working body, the Dental Welfare Committee should be discontinued.”

Pursuant to the recommendation of Dr. Bowman's committee, President Willard T. Keane, on April 14, 1955, stated:

“The Welfare Committee’s name has been changed to the Development Committee because of the misunderstanding about the former name among the fellows as to what its function was, namely, to look ahead and plan projects for the development of the Academy.”

The personnel of the Academy’s first Development Committee appointed by President Keane consisted of Drs. Harold S. Woodruff, Lowrie J. Porter, and Roland E. Morse, chairman.

At the Annual Fellowship Meeting in April, 1957, the Development Committee that had been appointed by Academy President Willard T. Keane in April, 1955, submitted the following report:

“In order to promote the prime objective of the Academy, which is the advancement of dentistry, it is suggested:

1. That small study groups be organized to supplement passive attendance at fellowship meetings.
2. That more highly organized efforts be made to bring physicians to the medical-dental meetings.
3. That a study be made, and plan evolved, for our members to interest young men in the study of dentistry.”

The above report was signed by Drs. Roland E. Morse, Lowrie J. Porter, Harold S. Woodruff, and Willard T. Keane, chairman.

There is no indication in the Academy records that any apparent action was taken on the Development Committee’s suggestions. Moreover, at a meeting of the Board of Directors on October 10, 1957, President W. Ward Tracy stated “there had been some discussion about dropping the Development Committee, but on reconsideration, it was decided to retain it, and in accordance with the usual custom, the past-president would be the chairman of the committee.” In concurrence with the board’s recommendation, President Tracy appointed a Development Committee comprised of himself, Dr. C. Raymond Wells, and Dr. Joseph D. Eby, chairman.

At the Annual Fellowship Meeting on April 9, 1959, the Development Committee submitted a scholarly and comprehensive report which read as follows:

"In compliance with instructions, this committee held a meeting on November 25, 1958, augmented by Dr. Ralph J. Bowman whose valuable services had been requested. This included four past-presidents whose administrations occurred at different relative stages in the Academy's progress.

"Your committee has carefully reviewed the history of this Academy from its inception, the sponsorship of the founders, whose calibre and high-minded ideals laid the foundation of its policies and its operational procedures which have been maintained through these thirty-eight years of progress; and has established the Academy as an independent organization within the profession of dentistry second to none throughout the world.

"It has been from the plateau of this grand strategy level that your committee has sensed the awareness of their duties in the highest appraisal of the leadership, administrations, revolutionary changes in all phases of Dentistry, Medicine, and Allied Sciences, the various socio-economic stages through which the world has passed, including the crucial period into which it has now merged, involving all professions and mankind alike.

"Our attention was drawn to two principal points of interest; first, the internal affairs and developments within the personnel of the Academy itself; and second, what of the future?

"It has met with our approval and recommendation that the original pattern of the Academy should be maintained at the highest possible basic, but flexible, level. As prescribed by the Constitution and By-laws, the executive duties rest in the hands of the president, the officer staff and directors.

"The administrative duties impose very heavy responsibilities upon the elective committees. It is the duty of the Fellowship Committee to preserve the highest body politic of the Academy, and of the Executive Committee to provide the most valuable diversity of program coverage throughout the calendar year, and for the published proceedings in the *Annals*.

"Great responsibility rests on the shoulders of those of the Nominating Committee to present nominees to the Academy who are thoroughly cognizant of the aims and purposes of the organization.

"It is our opinion that all institutional projects and objectives that have been established, proven successful and strictly within the Academy's resources and scope should be continued, and others added as indicated to meet the provisional requisites of the future. These should

include special emphasis on Inter-professional Regulations with Medicine and such Allied Sciences to strengthen closer cooperation in our mutual present and future problems.

“Outstanding and most gratifying is the contribution of our Boys Club Group, which as a noble service we owe most liberal support. It is also recommended that other projects, such as research, that fall within the economic range of the Academy should be considered or continued.

“This committee also recommends for the serious consideration of the incoming Administration, the selection of a Special Committee composed of members of broad journalistic experience to conduct a thorough analytical and constructive study of the *Annals*, both as the medium of the Academy proceedings, and as an outlet of the Academy policies which would benefit the entire dental profession and maintain the highest level in progressive dental journalism.

“It is the most unanimous opinion of this committee that the flexibility of all matters pertaining to the present and future interests of the Academy should be placed entirely within the discretion of the officers and delegated committees. In this connection, it is the belief of this committee that the influence of the Seibert E. Davenport Memorial should be continued as a principal part of one of our stated meetings.

“What of the future?

“We are all aware of the momentous problems which medicine and dentistry are facing in the tremendous increase in population and gravitating changes in socio-economic levels to meet the overwhelming disproportions in the supply of demands in the healing arts. It is our opinion that to meet this initial surge, before expansion and inflation, we should re-deploy and so marshal our present educational and other resources in order to properly meet these demands. We therefore urge that the Academy will stand firm both by precept, example, and courage before the eyes of the professional world.

“If the Development Committee of the New York Academy of Dentistry had no other objective than that of stressing a strong purpose of the Academy as it appears in the Constitution and By-laws, ‘to exert an effort toward placing the activities of its fellows and the dental profession upon the highest ethical and non-commercial plane,’ then your Development Committee would have served its most useful function.”

Respectfully submitted,

/s/ C. Raymond Wells

/s/ W. Ward Tracy

/s/ Joseph D. Eby, Chairman

At the April 9, 1959, meeting of the Board of Directors, President LeRoy Burr appointed Drs. Carlisle C. Bastian, Kenneth Clyde Pruden, and Henry Hicks, chairman, to carry on the work of the Development Committee. Seven months later, on November 12, 1959, Chairman Hicks asked for a clarifying statement from the board as to the work expected of his committee. At the same time, he suggested that "the board authorize the Development Committee to study the functions and facilities of the Academy in this changing world, and to report its findings regarding proposed changes, additions and deletions of any Academy activity to the board at the forthcoming February meeting."

At a Board of Directors meeting the following month, December 17, 1959, Chairman Hicks, after stating that a report of the Development Committee would be ready for presentation at the February meeting, said "it was intended to confer with the By-laws Committee on any amendments that might be necessary to implement the recommendations should they be adopted by the board." It was agreed that "as soon as possible in advance of the February meeting, a copy of the report should be submitted to the secretary's office for mimeographing so it would be available in that form to Dr. Hicks for distribution at the February meeting." It was further pointed out that "this procedure would give the By-laws Committee more time to formulate any necessary amendments for a first reading at the March meeting and their later submission to the fellowship with the April program, with final action to be taken thereon at the fellowship meeting in April."

At the February, 1960, meeting of the Board of Directors, Chairman Henry Hicks, for the Development Committee, presented the following report, a portion of which is also recorded in this book in the chapter entitled, "Journalism":

DEVELOPMENT COMMITTEE REPORT

"President LeRoy Burr and the Board of Directors at the November 12, 1959, director's meeting, passed the following resolution: 'The Development Committee shall have the authority to study the func-

tions and facilities of the Academy in the changing world and to report its findings regarding changes, additions, and deletions of any Academy activities to the Board of Directors at the February meeting.' With the definition and the authority as quoted, your Development Committee herewith submits to the Board of Directors the following report and recommendations:

ANNALS

"We note in the certificate of incorporation of the Academy that high importance was given to the encouragement and development of professionally controlled journals. The *Annals* has maintained this objective. We feel that it would be a grave error for the Academy to abandon the publication of the *Annals* as has been suggested in some quarters from time to time.

"The *Annals* should be maintained as a medium for informing our fellows as to what transpires at the board meetings.

"It should also be maintained as a medium for contacting and keeping our fellows, who are unable to attend regularly, informed of the activities of the Academy.

"It should be maintained for the publication of scientific papers that are presented at our meetings and other educational material. In this regard, we suggest closer cooperation is indicated between the Executive Committee and the editor to insure that papers presented before the Academy are made available for publication in *Annals* as required under Section 2, Article 14, of the by-laws. If the Executive Committee insisted on this provision, it would add dignity to the Academy and procure the desired essays. Our attitude should be that it is a privilege to appear before the Academy. *Annals* was set up as a separate corporation to protect the fellows and friends of the Academy from possible damage suits and this protection is well worth the minimum state franchise fee of \$25.00. It would seem advisable, however, to have the Academy accountant serve as auditor for *Annals* corporation.

"The by-laws now provide that the editor of *Annals* shall serve on the Academy Board of Directors. This is obviously for the purpose of providing a close liaison between the Academy and its wholly owned subsidiary. It is therefore difficult to understand the friction which had developed between the two boards and most regrettable that no reports of *Annals* activities appear in the minutes of the Academy for a number of consecutive years.

"It has recently been provided that the president of the Academy shall serve on the *Annals* Board of Directors. Other officers of the Academy can also be officers of the *Annals* Corporation provided that there be separate elections.

"This should help to bring the boards closer and prevent misunder-

standing. We would further recommend that the Board of Annals Corporation be required to make a general activities report to the Academy at the October meeting.

DISCOURTEOUS TREATMENT OF GUEST SPEAKERS

"This brings us to our next problem which is the discourteous treatment accorded the essayists by our fellowship. We refer to the practice of all too many fellows leaving the meeting before the essayist has concluded his talk. If we are to be a worthwhile scientific and professional organization, our fellows must be willing to devote one evening a month to the regular meetings of the Academy as prescribed in the by-laws. It is our recommendation that no cocktails be served to anyone after 6:00 P.M.; that dinner be started promptly at 6:30 and the business meeting be held after the essayist has concluded. Any necessary announcements could be made during the dinner hour. The essayist should be introduced promptly at 7:30 P.M. This schedule would appeal to our commuting fellows who desire to pay proper respect to our essayists.

ASSOCIATE FELLOWS

"The problem of the 'dead wood' in our Associate Fellowship should be considered. Our recommendation is that the Fellowship Committee be more active in stimulating Associate Fellows to qualify for Active Fellowship. Since this class of fellowship was intended to make a place for promising younger men, perhaps we should limit the term of the Associate Fellowship as some other organizations do. The by-laws could be changed to require that a man must qualify for Active Fellowship within five years or be dropped. Also a nominee should be required to have five years in dental practice before he is eligible to fellowship in any class.

NEW FELLOWS

"We also feel that more emphasis should be given to the dignified introduction of newly elected fellows. All new fellows should be notified and required to be present at a given time when a proper induction ceremony could be conducted.

BOARD OF DIRECTORS

"One other problem which has operated against a stronger organization is the fact that the Board of Directors of the Academy has not always given itself sufficient time to carefully consider and administer

the activities of the Academy. If the custom of holding board meetings just prior to dinner on meeting nights does not give sufficient time, then the starting time should be advanced. It would be advisable for the board to have one meeting each year at a time when there is no scheduled meeting of the Academy. They could then unhurriedly complete their consideration of all unfinished business.

"In preparing this report, your Committee has been frank and objective. At the same time we have been sincere and motivated solely by the best interests of the Academy and Annals Corporation."

/s/ Carlisle C. Bastian

/s/ Kenneth Clyde Pruden

/s/ Henry Hicks, Chairman

At a directors meeting on March 9, 1961, on motion, it was voted that "the functions of the Development Committee be merged into the Senior Advisory Council."

THE SENIOR ADVISORY COUNCIL

In April, 1960, the first Senior Advisory Council (later renamed the Senior Advisory Committee), comprised of Academy fellows experienced in Academy affairs and parliamentary procedures, was appointed by Academy President Edgar S. Bacon (1960-1961). The following year, April, 1961, President-elect Norman L. Hillyer reported to the Board of Directors that he "intended to continue the activation of this important appointed committee."

From 1960 to the present time, each succeeding Academy president has appointed senior fellows to the Advisory Council with whom he or any committee member, chairman, or Academy fellow can consult freely and with positive results, whether the problems involved are parliamentary, legislative, or financial; and all to the welfare of the Academy.

The distinguished Academy fellows who were appointed by President Bacon to serve on the first Senior Advisory Council, and the position of high trust each one held, are as follows: Dr. Ralph J. Bowman, regent, American College of

Dentists; Dr. Malcolm W. Carr, past-president, American College of Dentists; Howard Reid Craig, M.D., director, New York Academy of Medicine; Dr. Oscar J. Chase, Jr., founding member, New York Academy of Dentistry; Dr. J. A. Salzmann, director, American Board of Orthodontics; Dr. C. Raymond Wells, past-president, American Dental Association; and Walter A. Wilson, dean of the School of Dentistry, Fairleigh Dickinson University.

Academy Headquarters

Since February 21, 1923, when the Board of Governors* approved Academy Treasurer Alfred L. Kohn's recommendation that "30 per cent of the Academy's net income be set aside at the end of each fiscal year for a Building Fund" and January 17, 1924, when the final draft of a resolution amending the by-laws changed the name of the heretofore special fund known as the Building Fund to the Advancement Fund, numerous Academy fellows . . . Ralph J. Bowman, Malcolm W. Carr, Homer C. Vaughan, George V. Lyons . . . have kept alive the hope that one day the New York Academy of Dentistry would own and occupy its own building; a building which would be comparable if not in size at least in meaning and prestige to the New York Academy of Medicine Building at 2 East 103rd Street, New York City.

Perhaps it was more than a coincidence that the newly-established Advancement Fund contained a clause which stated: "A special fund known as the Advancement Fund shall be set aside and kept separate from the general funds of the Academy. *The use of this fund shall be restricted primarily to the furtherance of a dental or medico-dental building . . .*"

After the Academy relinquished its headquarters at the New York Academy of Medicine in 1953, which it had utilized for five years as an office and storage space, and Dr. Ralph J. Bowman had arranged to have its contents . . . files, cabinets, books . . . stored in the basement of an office building at 121 East 60th Street, the Academy held its board and fellowship meetings at the Columbia University Club located at 4 West 43rd Street.

When Dr. W. Ward Tracy was elected president of the

* In April, 1936, the term *Board of Directors*, as it appears in the Certificate of Incorporation (May 20, 1921) was substituted in the by-laws for the term *Board of Governors*.

Academy in April, 1957, he appointed a committee comprised of Drs. Samuel A. Isaacson, Herbert H. Ernst, Matthew Besdine, William R. Webb, and Frederick H. Brophy, chairman, "to study possible acquisition of a building of its own."

The following year, on March 26, 1958, Academy Secretary Norman L. Hillyer reminded Chairman Brophy by letter that he was expected to report on the activities of his committee at the forthcoming Annual Fellowship Meeting. Dr. Brophy's negative and uninspiring reply to Dr. Hillyer's request is recorded here in part:

"I received your letter indicating that I might wish to deliver a formal report as chairman of the Committee to Study the Possible Acquisition of a Building.

"As a matter of fact there has been no meeting of the committee called this year as your chairman felt that the overall picture had not changed enough since last year to create any feeling that headquarters for the New York Academy of Dentistry are at present obtainable. I believe that this represents the consensus of opinion of the committee and of those interested members of the Academy who have given this matter serious thought.

"Should there at any time in the foreseeable future be occasion to call such a meeting with a hope of producing results, I shall be glad to do so The committee's last rendered statements and conclusions remain unaltered. Its considered opinion is that no action should be taken at this time."

Earlier in the year, on February 13, 1958, Chairman Arthur S. Rasi and his dinner committee comprised of Drs. Francis F. E. Morse and Alfred J. Braid reported to the Board of Directors that on their own initiative they had made a survey of the facilities at the New York University Club in the hope of finding a new location which would be acceptable to the Academy fellowship.

"The New York University Club has a lovely cocktail lounge on the second elevator floor, and by going up a single flight of stairs, the dining room is reached, which will accommodate up to 200 persons. The menus are similar both in quality and price to those provided at the Columbia University Club, but they charge for the use of their rooms at \$14. a section, and the Academy would need two and possibly three

sections, which, plus the use of the dining room, would amount to approximately \$80 to \$90 a meeting.

"It is the committee's recommendation, inasmuch as the Columbia Club has rescinded its order confining the use of the lounge strictly to the University's own functions, that the Academy make no further move at this time."

On June 2, 1959, President LeRoy E. Burr reappointed Dr. Frederick H. Brophy as chairman of the Committee to Study the Possible Acquisition of a Building. The other members of the committee were Drs. Henry Hicks, Matthew Besdine, Herbert H. Ernst, and Samuel A. Isaacson. When a year later, Academy Secretary Robert W. Northrop reminded Chairman Brophy by letter to submit a report at the forthcoming Annual Meeting, April 7, 1960, he received a communication from Dr. Brophy which read in part:

"In reference to your letter of March 18, 1960, I wish to inform the Board of Directors that there has been no meeting of this committee since the notification of its appointment on June 2, 1959.

"At that time in accepting the chairmanship, I stated that I felt it is impossible for this committee to produce any concrete results at the present time and I am still of this opinion.

"The cost of suitable quarters with the necessary meeting space and dining facilities is something which I cannot feel is in the foreseeable future. There seems to be little purpose in continuing this committee."

When the directors met on January 26, 1961, President Edgar S. Bacon suggested "a home for the Academy in the form of a room, perhaps in some club, the floors of which could be carpeted, and the walls could be lined with books, and where board and committee meetings could be held." Dr. Bacon stated further that he had approached the Columbia University Club with that idea in mind and he was advised that there were several rooms available which could be utilized for that purpose. He had further discussed the matter with members of the Senior Advisory Council—Drs. Malcolm W. Carr, Ralph J. Bowman, and Oscar J. Chase, Jr., among others—who were most enthusiastic about the idea.

After further discussion, it was proposed that a committee

be appointed to investigate and report back to the Board of Directors at its next regular meeting. Appointed to serve on the Headquarters Committee were Dr. Matthew D. Levin, Dr. William R. Webb, and Dr. Gustav P. Frahm, chairman.

On February 9, 1961, Chairman Frahm submitted the following report to the Board of Directors:

“Establishing a room at the Columbia University Club is pretty impractical because the Club is not willing to meet the conditions that President Bacon had thought they would agree to, namely: Making the room available to any fellow of the Academy, and practically taking in the entire Academy fellowship as members. They would be willing to make a room available that a special committee could meet in for \$1,500 a year. From my experience with the greater New York Meeting, to get a hotel room as a permanent address would be approximately \$2,500 annually, and under the circumstances, I advise dropping the idea.”

On motion, the directors voted that the Headquarters Committee be discharged with thanks.

Thus, with Dr. Frahm’s report closed still another chapter in the seemingly endless quest for permanent headquarters for the New York Academy.

Other Academy committees however refused to give up the idea of a headquarters room or building. On October 5, 1961, only eight months after the Headquarters Committee was discharged, Dr. Ralph J. Bowman, chairman of the Inter-professional Relations Committee and one of the Academy’s strongest advocates of a “home of our own headquarters,” reported to the Board of Directors that he “had investigated the possibility of starting a repository for the collection of records, books, pictures, et cetera. As a central location, inquiry had been made at the New York Academy of Medicine and, although no space is available at this time, it would cost \$3.50 per sq. foot.”

Until Dr. Bowman’s idea could be investigated and discussed further at a forthcoming meeting, Dr. Rufus L. Robinson, chairman of the Lantern Committee, of which Dr. Jerome Schweitzer was also a member, suggested that “In order to conserve storage space of important records, the use

of microfilm should be investigated." Dr. Robinson's suggestion was affirmatively passed upon and, subsequently, the records were microfilmed at a cost to the Academy of \$25.

On November 9, 1961, Dr. Ralph J. Bowman reported to the Board of Directors that he had personally "gone out to the New York Academy of Medicine and had been advised that there were two rooms available at the location," and he "felt very strongly that the New York Academy of Dentistry should immediately rent such a space as a repository for valuable records, books, pictures, et cetera."

After a lengthy discussion, with Dr. Malcolm W. Carr, Dr. Edgar S. Bacon, and Dr. Norman L. Hillyer speaking in favor of such a repository to preserve the records of the Academy, Dr. Matthew D. Levin, chairman of the Bureau of Records Committee, stated that "while he was in favor of such a repository," he felt that "all records should be readily accessible to the Records chairman for quick reference."

At the conclusion of the discussions, Dr. E. Alan Lieban moved that "the board leave it to Dr. Bowman's discretion to rent a room at the Academy of Medicine which he believed would be acceptable to the Board of Directors and the Academy fellowship." This motion was unanimously passed.

Two months later, on January 11, 1962, Dr. Ralph J. Bowman, acting with alacrity on his new assignment, reported that "space had been rented at the New York Academy of Medicine Building and that Mrs. H. R. Craig (wife of Dr. Howard Reid Craig, director of the New York Academy of Medicine) and Mrs. Joseph Levy had volunteered to help with the decorations." Whereupon Dr. Gustav Frahm moved that "the Board of Directors give Dr. Bowman permission to proceed with the project and to present an estimate of expenses as soon as possible."

The following month, on February 5, 1962, Dr. Bowman reported that "plans to furnish the room at the Academy of Medicine were well underway and that many things of historical value—books, pictures, an antique kit of instruments—had been donated." As part of the furnishings, he suggested that the Academy buy a desk.

In his annual report to the fellowship in April, 1962, President Norman L. Hillyer summed up the room project in these words: "Dr. Ralph J. Bowman has worked hard during this past fiscal year and has now been successful in obtaining a room at the New York Academy of Medicine located at 103rd Street and Fifth Avenue. The New York Academy of Dentistry owes Dr. Bowman a great vote of thanks for bringing this about. To my mind, this room not only provides a suitable repository for our records and archives, but is a happy example of true professional relations between the New York Academy of Dentistry and the New York Academy of Medicine. It is hoped that this relationship may in the future be instrumental in fostering closer ties between the two Academies."

At a special meeting of the Board of Directors on September 13, 1962, Dr. Ralph J. Bowman, now chairman of the House Committee of which Dr. John Hedges Duxbury and Dr. Arthur S. Rasi were members, submitted this report:

"The room is most adequate to hold a meeting with up to 15 in attendance. Although we do not have enough chairs, they are easily obtainable from the building. If it is desired to have a catered meal, another room would be made available. An Open House could be held before a meeting, possibly in November. The board could meet in another room in the building and then go on to the Columbia Club for the Fellowship Meeting.—Much interesting and valuable material has been donated. Anything of an historical value in dentistry would be most acceptable for preservation, possibly for loaning to other organizations, including the World's Fair, for exhibiting."

In answer to Dr. Matthew Levin's question concerning transferring the Academy's records which were in his (Dr. Levin's) possession, Dr. Bowman stated that "the records could be moved at any time and that adequate cabinets have been installed for that purpose."

Two months later, at a Board of Directors meeting on November 8, 1962, President Robert Leslie Heinze read a letter which he had received from Dr. Ralph J. Bowman which stated that "The desk has been purchased and the

plaque in memory of Dr. Gustav P. Frahm* is being made. Also, interesting donations have been received from Dr. S. Ellsworth Davenport, III and Dr. W. Ward Tracy for the archives.”

President Robert Heinze then read a letter from Mrs. Arthur Merritt, whose husband the late Dr. Arthur Hastings Merritt had bequeathed the Academy \$2,500, in which she expressed her “deep interest in our room project.” Dr. Merritt was one of the founders of the Academy and served as president in 1927-1928. He died at his residence No. 5000 Fieldston Road in Riverdale, County of the Bronx, New York City, on February 9, 1961.

At the Fellowship Meeting on November 8, 1962, President Heinze also announced “there would be an Open House Party at our room in the New York Academy of Medicine Building on January 10, 1963, from 3:30 to 5:30, after which those attending could come on to the dinner and Fellowship Meeting at the Columbia University Club.” He urged all members to attend the meetings that had been planned for that date.

The following month at the February Fellowship Meeting, Secretary Walter H. Mosmann read this account of the Open House and Dedication Ceremonies:

“The Open House and Dedication Ceremonies at our new room in the New York Academy of Medicine Building, which were held on January 10, 1963, were well attended by about 75 members. Mrs. Gustav Frahm, Paul Frahm, and Mrs. Evelyn Frahm, who is Dr. Frahm’s sister, were guests.

“Academy President Robert L. Heinze opened the ceremonies by expressing thanks to the House Committee for its excellent taste in planning and furnishing the new room. He then introduced Dr. Ralph J. Bowman, chairman of the House Committee, who was privileged to dedicate a beautiful mahogany desk with an engraved plaque in memory of our beloved president, Dr. Gustav P. Frahm, who passed away last September while in office.

* Dr. Gustav P. Frahm died on September 20, 1962, while serving as the 32nd president of the New York Academy of Dentistry. In accordance with the Academy’s by-laws, the office of president was filled by Vice President Robert Leslie Heinze.

"Mrs. Frahm responded with a few words of appreciation for the honor bestowed upon her late husband.

"Dr. Bowman read a letter from Mrs. Arthur Merritt expressing regrets for her inability to be present due to illness. He then read the inscription on the plaque in the memory of Mrs. Merritt's husband, the late Dr. Arthur Hastings Merritt.

"Following the ceremonies those present were invited to partake of refreshments served in a room off the main lobby."

Three years after the dedication ceremonies at the New York Academy of Medicine, Dr. Homer Cree Vaughan, the Academy's very capable and foresighted president, in a message to the Academy fellowship in April, 1966, had this to say concerning the acquisition of a building as a permanent home for the New York Academy of Dentistry:

"In 1962 and shortly thereafter, it was the desire of those directing the affairs of our Academy to start a headquarters, first at the Academy of Medicine. This was accomplished in 1963 and was essentially stimulated by the generous gift of Fellow Arthur H. Merritt (\$2,500). We have maintained this headquarters for the past several years and it has been visited by many. Fellows Ralph J. Bowman and Malcolm W. Carr have been deeply interested and have continued to develop this Academy activity.

"I have heard it said by many within our Academy, and in our district headquarters, that today it is impossible to plan for future expansion of this kind. It appears to me that this affords another excellent example of the need to change with the new forces at work in today's society. The task of providing and developing our own headquarters and one for general dental purposes in our city, is no greater today than it was when these ideas were first discussed more than four decades ago.

"Those who have been attentive know that the structure of real estate law has undergone a change. We have witnessed the successful promulgation of the condominium; the concept of owning space, having as much total sovereignty over space as one now has over a single building and the property upon which it is built. It appears to me that in our present society, this Academy should continue to proceed with its plans to own its own headquarters and to proceed along these new concepts and standards now developing.

"To accomplish this, larger sums of money must be raised. New patterns must be established. What would be these new patterns for this Academy?

- 1— Each fellow could direct a tax-exempt gift to the Academy, annually, or whenever he feels it is financially convenient.

- 2— Each fellow could make some provision in his will, indicating the purpose for which the money would be used.
- 3— We could establish an annual seminar on some scientific subject of mutual interest. It could function for two days and each fellow, or his guest if there be room, would pay a sum to participate, the proceeds going to the Academy.
- 4— We could raise the dues, the least desirable approach.
- 5— We could use the Dr. Robert W. Northrop plan, of which I am enthusiastic, billing each fellow \$36 for the six dinners supplied at our Academy meetings at the time the fellow is billed for his dues. Then, when a fellow does not attend, the money is directed to the Advancement Fund. It would also simplify the management of this particular function.
- 6— We could resort to the various government funds for these purposes. In fact, we could use all these methods simultaneously. The essential intention of this message is to convey the thought that we must begin to move strongly and with dedication in this direction. Not only will we continue in this manner to add to the many accomplishments of this Academy, but, in the process of achievement, we will draw more closely together those who are effective and really serious in their Academy efforts.”

Although President Vaughan’s message to the fellowship was taken seriously, there is no record that any special action was taken to achieve this worthy goal.

In April, 1966, President Homer Cree Vaughan appointed the following members to serve on the House Committee: Drs. Robert Adamson, Herman Malter, Louis Marino, Clinton Vollmer, and Ralph J. Bowman, chairman. In his annual report one year later, April, 1967, Chairman Bowman stated:

“In the past year, our headquarters at the New York Academy of Medicine has been the recipient of many valuable contributions by our fellows and their families. Among these are many old manuscripts, instruments, and rare books, many of which are autographed copies. More recently, we have received by selection 200 bound volumes from the estate of Dr. Bernard Clug and rare books from the estate of Dr. Frederick Pfeiffer. Among other articles is a rare old pair of scales in a glass enclosed case. This came from the estate of Dr. Joseph Eby.

“To further our project in preserving these archives for future generations, we need more money and more space. One way I suggest to raise funds would be for Academy fellows to appeal to foundations with which they are familiar, to public spirited patients, and donations or bequests from our own members. In our Academy’s over 45 years of existence, only one fellow, Dr. Arthur H. Merritt has bequeathed any

money to our Academy. As you are all aware, his generous bequest made it possible to furnish our headquarters and lay the foundation for our future expansion."

In a subsequent report, Dr. Ralph J. Bowman stated that Dr. Malcolm W. Carr had donated several International Dental Journals and F.D.I. bulletins dating from 1950; Drs. Nelson and Sturges Shields had donated a beautiful antique curly maple dental cabinet in memory of their father. Dr. Bowman described the cabinet as a "rare piece of furniture built around a small steel safe with entrance through a hidden door." Dr. Bowman also expressed the hope that "*Cue Magazine*, with the board's consent, will list our collections under *Museums*, to be open one afternoon a week, also by appointment for special groups interested in visiting our valuable collections."

In the June 1966 issue of the *Annals of Dentistry*, Editor David Tanchester published Dr. Bowman's "Criteria for the Acceptance of Books and Articles for the Library of the New York Academy of Dentistry." The criteria gave a listing of 15 standing rules, among which were: "Books authored by fellows of the New York Academy of Dentistry; books on dentistry, medicine and science which are autographed and authored by persons who are not members of our Academy; books, brochures, and programs of anniversary, testimonial or memorial meetings; books and programs concerning international or foreign dental meetings; rosters, membership lists, directories, registries and all volumes of *Who's Who* in which the names or biographies of dentists are included; manuscript material and photographs of fellows and assembled meetings."

At a meeting of the Board of Directors on April 10, 1969, President Richard J. Warnecke read a letter which he had received from the New York Academy of Medicine "informing the Dental Academy to vacate the space it was occupying at the 2 East 103rd Street address (N. Y. Acad. of Med. Bldg.) by July 1, 1969." Dr. Edgar Bacon suggested that "this matter be referred to Dr. Malcolm Carr for advice as to storage of equipment until further space is available." He also

suggested that "the communication be turned over to Dr. Ralph J. Bowman, chairman of the House Committee, with the suggestion that he be empowered to take suitable action."

Because of the importance and apparent urgency of the situation which had developed regarding vacating the Academy headquarters at the New York Academy of Medicine Building, the newly-elected president, Dr. John J. Dolce called a special meeting of the Board of Directors which was subsequently held at the Columbia University Club, 4 West 43rd Street, New York City on June 16, 1969. At this meeting, President Dolce, after reviewing the correspondence and conversations relative to the Academy's space at the New York Academy of Medicine Building, made this statement: "While a deadline has been given for the removal of our possessions from the rented space, Dr. Carr has been assured that time is not of the essence in the matter. Another space in the building was offered to this Academy at a rate of \$200 per month. Subsequently, it was learned that the possessions of this Academy have been moved without notice to other quarters in the 103rd Street Building. However, no one to date has seen the new quarters nor has it been determined the condition of this Academy's possessions as stored."

President John J. Dolce then briefed the board members as follows: "1— The library was started about 1961-1962. 2— Many have contributed material to the library since its inception. 3— No curator has been appointed or employed at any time. 4— No catalogue of the material exists. The space is essentially a depository."

After appointing Dr. Herman L. Malter as chairman of the House Committee "to fill the office made vacant by the unfortunate disability of Dr. Ralph J. Bowman," he posed this question: "Should our Academy continue to maintain its headquarters at the New York Academy of Medicine or should we discontinue the entire project?"

In answer to President Dolce's question, Dr. Homer Cree Vaughan stated that "Our Academy should most certainly continue the project," and moved that "space should be obtained to preserve the articles now temporarily held at the

New York Academy of Medicine.” This motion was seconded by Dr. Francis F. E. Morse and unanimously passed.

To implement Dr. Vaughan’s motion, President Dolce requested Dr. Herman Malter and his committee “to investigate housing and inventory of memorabilia and to report back to the Board of Directors.”

On October 9, 1969, Dr. Herman Malter, chairman of the House Committee comprised of Drs. Roland A. Fletcher and Clinton O. Olsen, reported to the Board of Directors that he “had been out to the New York Academy of Medicine Building at 103rd Street and Fifth Avenue and had found that, although our possessions had been removed from our former headquarters, they had been well stored in three locked rooms and are in very good condition.” He stated further that he “had investigated several other available spaces but did not feel they would be suitable for the Academy’s needs.

“The New York Academy of Medicine can offer about 400 sq. ft. of space at a yearly rental of \$2,500 (\$208.33 per month), with a five year agreement. However, should any space more suitable to our purposes become available, the Academy of Medicine would not hold us to the agreement If this 400 sq. ft. space is rented, it would require several bookshelves at \$65 each, chairs, a table, and decorations at a total cost of \$1,500.”

Dr. I. Frank Boscarelli moved to accept Dr. Malter’s report and to authorize him and his committee to “go ahead with plans for the new rooms at the Academy of Medicine Building.”

When the Board of Directors met again on November 13, 1969, Chairman Herman Malter and his House Committee, now comprised of Drs. Lester L. Eisner and Louis J. Marino, reported that “the room at 103rd Street and Fifth Avenue is shaping up beautifully. There is an agreement with the New York Academy of Medicine for a five-year lease. However, if enough time is given beforehand, and should we wish to give up this room, they will be willing to accept our arrangements. The agreement states that heat, light, cleaning and repairs are

included and the total rent, as previously stated, is \$2,500 annually."

Dr. Ralph J. Bowman, president of the Board of Trustees of the New York Boys' Club Dental Clinics, Inc; president of the New York Academy of Dentistry, 1953-1954; a former regent of the American College of Dentists; and the holder of many other professional offices, including the chairmanship of the Academy's Interprofessional Relations Committee and the House Committee since its inception on January 11, 1962, died on October 14, 1969.

To commemorate Dr. Bowman's name, the chairman of the Academy's Boys' Club Dental Clinics Committee, Dr. Ferdinand G. Neurohr, suggested to the Board of Directors at the November 13, 1969, meeting that "we consider the possibility of dedicating the new room at the Academy of Medicine to Dr. Ralph J. Bowman when it is completely finished." Dr. Neurohr's suggestion was put in the form of a motion and unanimously passed.

Chairman Herman Malter of the House Committee then handed Academy Treasurer Robert N. Adamson the agreement for his signature with the request that he "return one copy to the New York Academy of Medicine and retain one copy to be kept in the safe deposit box of the New York Academy of Dentistry."

The following month, President John J. Dolce announced to the Board of Directors that "the Open House for our new headquarters has been called off for March 31st. It is the consensus of opinion to postpone this event until some time in the fall."

At the annual meeting of the Academy on April 9, 1970, Dr. Herman L. Malter, chairman of the House Committee, submitted a report which is recorded here in part:

"The new quarters at the New York Academy of Medicine are available for the use of the membership. A lease for the new area, room 562, for a period of five years, effective April 1, 1970, has been signed.

"Four book shelves were purchased and installed to house the Academy's collection at a cost of \$242.52. Also, a conference table and eight naugahide chairs were bought costing \$636.

“The room is spacious enough to lend itself for holding meetings. It will comfortably accommodate 10 to 15 people. Catering service is also available.

“The committee wishes to suggest that efforts be made to take advantage of this new facility. It is a source of material which can be most useful for anyone interested in research, with the additional availability of the resources of the Academy of Medicine dental section.”

At the Fellowship Meeting on October 8, 1970, Chairman Herman L. Malter announced that an Open House at the new headquarters in the New York Academy of Medicine Building would be held on October 29th from 6 to 8 p.m. and he urged all fellows of the Academy to attend.

The Open House affair was no sooner out of the way, when President Francis F. E. Morse gave this more or less startling information to the Board of Directors at a regular meeting on November 12, 1970:

“Space is now available at the Columbia University Club. They offer a lease of one, two or three years at a cost of about the same as the space at the New York Academy of Medicine. A space on the third floor and another on the fifth floor is now available. Decision must be made soon. It is to be realized that many things must be considered—moving; the building is not air conditioned or fire proof; a possibility the Club will move us at a later date.”

At this point, the Board of Directors moved to the third floor at the Columbia Club to see the space which President Morse had said was available. It was agreed by the board that “this space would be more accessible to members and more use could be made of the headquarters.”

Vice President William C. Hudson, Jr. moved that “a committee of board members, with the president as chairman, be appointed to investigate further, and the officers make a decision at a special meeting called for November 24, 1970. The board can be canvassed by telephone if all things work out satisfactorily.”

On December 14, 1970, President Francis F. E. Morse sent

the following letter to the members of the Board of Directors:

"A quorum was not present at the last Special Meeting (November 24, 1970) of the Directors of the N.Y.A.D. to vote on approval or disapproval of moving Academy headquarters to the Columbia University Club. However, there were seven proxy votes in favor of such action. Those present (four) were likewise in favor. It was suggested that we proceed pending final approval at the next board meeting on Thursday, January 14, 1971.

"On Thursday evening, December 3rd a tentative arrangement was made with the manager of the Columbia Club, Mr. Bahary, to proceed with the making up of a lease ready for occupancy on or about February 1, 1971, subject to the board's approval.

"The three year lease will include painting, sanding and rewaxing of the parquet floor, sharing expenses on air conditioning and any electrical installations (if desired), a minimum amount of general cleaning and telephone switchboard service. Arrangements will be made for future use of some of the club's facilities. If we wish to expand our Academy facilities later on, the Columbia Club will be most happy to accomodate our needs.

"An estimate by Greyhound Vans, Inc. has been submitted for moving all furniture, books, memorabilia, et cetera, from the Academy of Medicine to the Columbia Club in the amount of \$750. A late January moving date would be acceptable by Greyhound and the Columbia Club. Storage space would be available at no additional cost during the uncrating process.

"Would you signify your approval or disapproval in changing our headquarters to the Columbia Club on the enclosed self-addressed card. A formal vote will be required at the next Board of Directors Meeting in January, 1971, for inclusion in the minutes. At this time the lease and moving arrangements could be consummated at the pleasure of the board.

"Best wishes for a Merry Christmas and a Happy New Year."

The following month, on January 4, 1971, Mr. David D. Meador, general manager of the Columbia University Club, sent the following letter to President Francis F. E. Morse:

"Enclosed are three copies of the lease covering rental by the New York Academy of Dentistry of Room 314 in the Clubhouse. This will run for a period of three years beginning February 1, 1971, at a rental of \$200 per month, plus \$4.00 for electricity for air conditioning pro-rated throughout the year.

“The Club agrees to pay one-half the cost of purchase of an air-conditioner, and one-half the expense of other electrical installations agreed upon as necessary.

“If Room 314 is needed by the Club as outlined in the lease, comparable space will be provided in the building at the Club’s expense.

“If these terms are agreeable to you, we would appreciate having the copy of this letter signed and returned. All copies of the lease are also to be signed and returned for signature of one of our officers, after which your copy will be furnished to you.”

As requested, Mr. Meador’s letter was signed by President Francis F. E. Morse and Secretary George V. Lyons and returned to the Columbia University Club.

When the Board of Directors met on January 14, 1971, Chairman Herman L. Malter of the House Committee reported that “arrangements have been made to move our headquarters from the New York Academy of Medicine to the Columbia University Club on January 28, 1971, by the Greyhound Moving Company at a cost of \$625, with an additional cost of \$25 for insurance up to \$10,000. Dr. Louis Marino will assist me in overseeing the moving, particularly looking out for irreplaceable items.”

A brief summary of the last two moves of the New York Academy of Dentistry listing dates and expenditures is as follows:

- April 1–1970* The New York Academy of Dentistry moved from its original headquarters at the New York Academy of Medicine, 2 East 103rd Street, New York City, which it had occupied since January, 1962, to new quarters at the same address at a yearly rental of \$2,500.
The cost of the furnishings for this space conference table, eight chairs, and drapes amounted to \$946.25. Another \$380.64 was expended for an Open House Party held on October 29, 1970.
- January 28–1971* The New York Academy of Dentistry moved its headquarters from the New York Academy of Medicine Building to the Columbia University Club, 4 West 43rd Street, New York City, at an annual rental of \$2,400, plus electricity.

The cost of moving, which included the van, tips to movers and Columbia Club personnel, and the plaque for the door, amounted to \$576.95.
Total expenditures amounted to \$1,868.65.

With no further need of the House Committee, its former chairman, Dr. Herman L. Malter, at a Board of Directors Meeting on February 11, 1971, was appointed Permanent Librarian. His first report to the fellowship as the holder of that office still reflected his keen interest in the successful conclusion of his former committee's activities. It is recorded here in part:

"The tireless, dedicated efforts of Dr. Ralph J. Bowman and the foresight and interest of the president and Board of Directors have come to fruition in that the New York Academy of Dentistry has an official home . . . Room 314 at the Columbia University Club.

"The Academy has amassed a considerable number of books and memorabilia, the latter consisting of a large number of unique and one-and-only-items. These are of great interest and steeped with the aura of dental history.

"Many of our fellows have added to the library with gifts: Dr. Frederick S. McKay contributed many books; Dr. E. Alan Lieban, posthumously, a wealth of material on endodontia; Dr. Joseph Kauffmann, a complete run of the *Journal of Dental Research*; and a copy of the rare Chapin Harris presented to the Academy a few months ago by Dr. I. Franklin Miller.

"Room 314 is accessible to all of you for browsing and research. Why not take some time and visit *your* headquarters room. You will find it profitable, enjoyable and interesting."

After occupying room 314 in the Columbia University Club for two years, President William C. Hudson, Jr., on February 8, 1973, informed the Board of Directors that "the Columbia University Club is closing and, since the Academy would be required to vacate room 314 not later than August, 1974, fellowship meetings, henceforth, will be held at a location to be announced at a later date." He requested President-elect George V. Lyons "to investigate locations which might be suitable for future Academy meetings," whereupon the directors approved Dr. Lyons' motion that

“the fellowship of the New York Academy of Dentistry recommend to the First District Dental Society its consideration of the purchase of the Columbia University Club for use as the principal facility as a co-operative venture in conjunction with other interested professional organizations.” The First District Dental Society subsequently “decided that the purchase of the Columbia University Club as a co-operative venture with the Academy of Dentistry would not be feasible.”

On March 8, 1973, the Academy held its first fellowship meeting at a new location, the Harvard Club, 27 West 44th Street, New York City, where, during the following year, fellowship meetings were held with an occasional special board meeting held at the Princeton Club, 15 West 43rd Street. During this period, the directors considered a proposal that the Academy purchase a co-operative suite at 115 East 61st Street at a cost of \$31,000. After considerable discussion and study, the proposal was not ratified.

As this book was about to go to press, President Alfred J. Keck informed the author that new Academy headquarters had been obtained in a building located at 30 East 42nd Street, New York City, at an annual rental of \$3,936.72 with a five-year lease.

In January, 1962, when the Academy acquired space in the Academy of Medicine Building, 2 East 103rd Street, Mrs. Howard Reid Craig, wife of the director of the New York Academy of Medicine, in deference to her friend and dentist, Dr. Ralph J. Bowman, graciously volunteered to decorate the rooms. The decorative style of the rooms at the new address on East 42nd Street reflect the artistic taste of Mrs. Alfred J. Keck, wife of Academy President Keck.

A Strong Financial Position

THE BUILDING FUND

WHEN the governors met on November 15, 1922, a subject was introduced that invited controversial thought at board meetings and within the ranks of the fellowship for the next thirty-five years. With quiet enthusiasm, Dr. S. Ellsworth Davenport, Jr. initiated the discussion when he expressed the hope that "someday a building known as the Academy of Dentistry would be in existence which would serve the dental profession as the Academy of Medicine serves the medical profession."

Two months later, on January 23, 1923, Dr. Davenport amplified his statement by making a motion that the Academy appropriate the sum of \$1,000 from its treasury as a nucleus of a building fund. In the discussion that followed, Dr. William D. Tracy favored an arrangement whereby all dental societies in New York City would participate in organizing a dental center and collectively raise funds to finance it.

Dr. Davenport then remarked that "a leader was needed in any movement . . . and while Dr. Tracy was right in his opinion that dentistry should participate as a whole in this important endeavor," he hoped that "the Academy might be successful in making the arrangements." He confidently reasoned that "the Academy already numbered among its fellows the cream of the profession in New York City and, because they were harmonious, almost anything was possible of achievement." As a preliminary step, he proposed that a committee of five be appointed to look into the possibility of obtaining space in the New York Academy of Medicine Building.

Acting on Dr. Davenport's recommendation, President Henry W. Gillett appointed a committee on association with the Academy of Medicine comprised of Drs. Charles F. Ash,

S. Ellsworth Davenport, Jr., Harold S. Vaughn, and Frederick C. Kemple. Dr. Gillett named himself as chairman.

When the Academy met on February 21, 1923, the governors approved Treasurer Alfred Kohn's motion that 30% of the Academy's net income be set aside at the end of each fiscal year for the Building Fund. After Dr. Bissell B. Palmer cautioned that "We should not run the risk of allowing any funds voted in this way to be so tied up that they never could be used for any purpose except building," President Gillett appointed a committee comprised of Drs. Kohn, Palmer, and Ash, "to decide upon a name for the fund at present designated as the Building Fund, and to present a plan for the accumulation and administration of the fund."

With the elimination of the Building Fund as such, Dr. Davenport's dream that the Academy would someday have a home of its own, was short-lived. However, the strong financial position the Academy acquired in later years gave rise to a firm belief of many members that an Academy of Dentistry Building "should have long since progressed beyond the blueprint stage and should have been an accomplished reality." As recorded numerous times in the Academy's minutes, these men reasoned, in effect, that to own such a building would add immeasurably to the Academy's prestige and be an indelible symbol of unity of professional achievement.

Long after the Building Fund was designated as the Advancement Fund, Treasurer Kohn in his annual report of April 28, 1932, made this statement regarding its use and purposes: "Article I of the Constitution and By-laws states that this fund (Advancement Fund), 'in addition, be used for the furtherance of a dental or medico-dental building.' This is the only use to which I would put this fund. It might not be in this decade that such use could be made of this fund, but with the rapid strides of achievement of both the profession and this Academy, such a hope is not beyond the possibilities of realization."

During President Roland Morse's administration in 1955, a committee comprised of Drs. Joseph Shapiro, Matthew Bes-

dine, and William McGill Burns, was appointed to study the possible acquisition of a building for the Academy. President Morse pointed out that he had purposely chosen Second District men to serve on this committee because they had recently studied a similar proposal for a Second District Building in Brooklyn, and therefore would be well acquainted with the problems and advantages involved.

In a forthright report submitted at a subsequent meeting, Dr. Burns' committee concluded that it would not be in the best interest of the Academy to acquire a building at this time.

The following year (1956), Dr. Ralph J. Bowman, having worked diligently to effectuate a plan for the Academy to acquire a building, was successful in locating an available structure which possibly would have been suitable for the Academy's purposes. But when the votes were counted, Dr. Bowman's name was added to the roster of those men who had actively, but unsuccessfully, tried to induce the Academy to acquire a home of its own.

The nearest the Academy ever came to identifying itself with permanent quarters was during President Carlisle C. Bastian's administration in 1948, when a committee comprised of Drs. W. Ward Tracy, Arthur E. Corby, and Malcolm W. Carr was authorized to rent a room in the New York Academy of Medicine Building, which could be utilized as an office and storage space. The annual rent for this room, which measured 13' by 16', was \$679. After occupying the space for a period of five years, it was relinquished because the cost didn't seem warranted. Thereafter, Dr. Ralph J. Bowman arranged to have the files and property of the Academy stored in the basement of an office building located at 121 East 60th Street.

THE ADVANCEMENT FUND

At the annual meeting of the Academy held on April 18, 1923, the entire matter of the holding and disposing of the special fund heretofore known as the Building Fund was formulated in a resolution submitted by a committee headed by

Dr. Charles F. Ash. Realizing its importance to the future welfare of the Academy, the committee proposed that the resolution be incorporated in/or with the by-laws. The final draft of this resolution, amended to the by-laws on January 17, 1924, stated:

“A special fund known as the Advancement Fund shall be set aside and kept separate from the general funds of the Academy. The use of this fund shall be restricted primarily to the furtherance of a dental or medico-dental building; equipment or maintenance of a dental or medico-dental center, dental research laboratories, dental libraries, clinics, or dental education institutions; or in general to activities conforming to the objectives of this Academy as stated in paragraph one of this Article.

“No appropriations or disbursements from this fund shall be made for any purpose whatsoever except with the approval of three-fourths vote of the active fellows present at any regular meeting or a special meeting called for the purpose and subsequently approved by the Board of Governors (Board of Directors, March 12, 1936); or if proposal for such appropriation or expenditure originate in and be approved by the Board of Governors, such proposal to be effective, must subsequently be approved by a three-fourths vote of the active fellows present at any regular meeting or a special meeting called for the purpose.

“At the end of each fiscal year, the treasurer shall transfer to the Advancement Fund an amount equivalent to 30% of the net income of the Academy for that year. The interest accruing from the Advancement Fund shall be added to the principal thereof.”

Seventeen years later, in April, 1941, the fellowship approved the following resolution pertaining to the Advancement Fund:

“The principal amount of the Advancement Fund shall be considered an endowment fund to support the purposes specified in the second paragraph in Article II of the by-laws; and no withdrawals from this Fund shall be made without the approval of a three-fourths vote of the total Active Fellowship,

the method of ascertaining this judgment to be designated by the Board of Directors.”

In 1953 it was suggested that money from the Advancement Fund be used as loans to worthy dental students to help complete their education. The following year, on June 14, 1954, Dr. Lowrie J. Porter stated: “It is the Welfare Committee’s opinion that the Constitution and By-laws were so written as to make it illegal to draw upon the Advancement Fund for such a purpose.”

THE GENERAL FUND

Funds realized from admissions and dues and all other sources of income originally were deposited in the General Fund. Beginning in 1924, 30% of net income was transferred annually from the General Fund to the Advancement Fund. When the Contingent Fund was established in 1940, income from initiation fees, not to exceed \$1,000, was deposited directly in this fund rather than the General Fund. When the Contingent Fund was discontinued in 1955, initiation fees were again deposited in the General Fund.

THE RESEARCH FUND*

The Research Council was established in April, 1927, for the purpose of conducting researches which might be considered desirable by the members of the Academy. The work of the Council was financed through the Research Council Fund. To cover a seven year period, active and associate fellows pledged to this fund a total of \$19,675. When the Research Council was discontinued in May, 1937, approximately \$3,000 representing the balance in the Research Council Fund, was transferred as a gift from the Academy to the Endowment Fund of *The Journal of Dental Research*.

THE CONTINGENT FUND

In April, 1940, the fellowship approved the following amendment to the by-laws regarding the establishment of a

* See chapter entitled “THE ACADEMY AND THE FIELD OF RESEARCH.”

contingent fund: "A contingent fund not to exceed \$1,000 shall be established into which all initiation fees shall be deposited. Any amount in excess of \$1,000 shall be transferred to the Advancement Fund."

Twelve years later, in April, 1952, the wording of this by-law was changed to read: "A contingent *savings* fund not to exceed \$1,000 shall be established, into which all initiation fees shall be deposited. Any amount in excess of \$1,000 shall be transferred annually to the Advancement Fund. *The treasurer shall have power to make withdrawals from this fund and such expenditures shall be replaced by order of the Board of Directors.*"

With the approval of the fellowship, the Contingent Fund was discontinued in November, 1955, and the \$1,025.15 balance in this fund was transferred to the General Fund.

THE ACADEMY INVESTS IN GOVERNMENT BONDS

When the United States entered World War II in 1941, the New York Academy of Dentistry owned bonds costing \$13,-509.98. On April 8, 1942, Dr. Carlisle C. Bastian, chairman of the Committee on Investments, sent the following communication to President Malcolm W. Carr: "During the past year, at my suggestion and with the approval of the officers of the Academy, all the bonds in the Investment Fund were sold. The money realized therefrom was invested in U. S. Government Bonds, series "F". I enclose a statement showing the amounts realized from the sale of the bonds; the total including interest due, being \$12,590.29. The price paid for \$17,000 maturity value, series "F" Defense Bonds was \$11,580. Our treasurer, Dr. George S. Callaway, informs me that we have a cash balance in the bank of \$4,777.11. I suggest the purchase of additional Defense Bonds, say with a maturity value of \$3,000. This would still leave a substantial balance in the bank."

Acting upon Dr. Bastian's suggestion, the directors authorized the treasurer to purchase an additional \$3,000 of United States Defense Bonds. The additional amount made the Academy's total bond holdings \$20,000.

A STUDY OF THE ACADEMY'S FINANCIAL STRUCTURE

A financial policy committee was appointed by President Kenneth Pruden on April 13, 1950, to study the Academy's financial structure. President Pruden emphasized that it was not intended that this committee should in any way take over the functions of the Budget Committee. The Financial Policy Committee was comprised of Drs. W. Ward Tracy, chairman, Edward C. Stillwell, Gustav P. Frahm, Lowrie J. Porter, and George S. Callaway.

On June 6, 1950, Dr. Tracy's committee made the following recommendations: 1, *Annals of Dentistry*: A financial report of the *Annals* should be obtained and made a part of the auditor's report; 2, *Printing and stationery*: Ballots and addressed envelopes could be eliminated; 3, *The auditor's fee* is too high; 4, *Guests and meeting expenses* should be broken down and analyzed; 5, *Bureau of Dental Information*: Some men are contributing four times—State, District, Academy, and The Greater New York Meeting. Academy members are paying more than their share. Contributions to the B.D.I. should not be increased; 6, *Boys' Club*: In view of the fact that this contribution from the Advancement Fund fulfills one of the objectives of the Academy, it should be continued; 7, *Dues*: No increase.

A STRONG FINANCIAL POSITION

With high credit to the eight treasurers who served the Academy during its first fifty years of existence, it has always maintained a strong financial position. Treasurer Robert N. Adamson's annual report to the fellowship dated April 30, 1971, lists these figures: General Fund, \$22,523.05; Advancement Fund, \$53,960.38; Total Net Worth, \$76,400.27.

The eight treasurers who have guided the financial affairs of the Academy with selfless devotion and high ability and who have successfully maintained the stabilizing influence of an adequate treasury which, in turn, has helped immeasurably in perpetuating a strong organization are; Dr. Alfred L. Kohn, 1921-1935; Dr. George S. Callaway, 1935-1944; Dr.

Lowrie J. Porter, 1944-1950; Dr. Gustav P. Frahm, 1950-1960; Dr. John J. Asch, 1960-1963; Dr. Richard J. Warnecke, 1963-1966; Dr. I. Frank Boscarelli, 1966-1969; and Dr. Robert N. Adamson, 1969-1974.

The Academy Seal

THE proposal of an Academy seal was first discussed at a meeting of the Board of Governors on April 17, 1924. The following year, a committee comprised of Drs. Bissell B. Palmer, Jr. and Alfred L. Kohn suggested that the seal of the State of New York, modified to suit the Academy needs, be utilized until such time as a special seal could be designed.

The emblem finally adopted as the official seal of the New York Academy of Dentistry was designed by Dr. Malcolm W. Carr. The original dies were cut by Tiffany & Company at a cost of \$225. One was a small cut die of about the size of a quarter for use on monthly notices and stationery. The other was a large lever press die for use on official documents.



OFFICIAL SEAL OF THE NEW YORK ACADEMY OF DENTISTRY

At a meeting of the Academy on February 23, 1928, Dr. Malcolm Carr projected the seal on a screen and explained the meaning of each symbol. The fellowship unanimously ap-

proved the seal as presented; also the Seal Committee's report which follows:

"The fundamental principle upon which a seal is designed is that the seal should embody the ideals of the institution or academy which it represents, artistically arranged in some symbolic manner.

"One needs but to review the first paragraph of the by-laws of our Academy to determine the ideals upon which the New York Academy of Dentistry was founded. The first paragraph of Article II (Object) states: 'The object of the Academy shall be to uphold the dignity and honor of the dental profession, exalt its standards, extend its sphere of usefulness and promote the advancement of dental science. It shall further be the object of the Academy to *encourage* and develop professionally controlled journals for the publication of dental literature, elevate the standards of dental education, and exert its influence toward placing the activities of the profession and its members upon the highest ethical and non-commercial plane.'

"We find, therefore, that one of the principal objects of the Academy is to encourage. The Bureau of Activities was founded for the purpose of encouraging associate fellows to become interested in some special branch of professional service, and as recognition of distinguished service in *teaching, investigating, writing, or organizing*, associate fellows may be elevated to Active Fellowship. That the Academy stands for encouragement of *truth* is represented well by the organization and activities of the Research Council. Therefore, the motto consists of the three Latin words, *Hortatio, Excelsior, and Veritas*, which when translated mean encouragement, onward and upward, and truth. *Excelsior* is placed in the chief central position and is used as an expression of sustained aspiration, (ever onward and upward), based upon, and supported by *Hortatio* on the one side and *Veritas* on the other.

"The central figures of the seal is a representation of a Grecian temple, designed in the classic Ionic style of architecture, which symbolizes the Temple of Idealism, as represented by the Latin word *Perfectus*, inscribed along the architrave of

entablature. As the Parthenon at Athens was built as an epithet to *Minerva*, so our temple has been conceived as an epithet to the ideals for which this Academy stands.

“The pathway leading up to the temple is the Pathway of Progress, and along the pathway leading to the Temple of Idealism are the Latin words, *Eruditio*, *Investigatio*, and *Acta Publica*, which represent the three greatest professional activities in which the Academy is interested, and which it strives to place upon a basis of idealism.

“That teaching, investigating, and journalism are considered of chief importance in the progress of dentistry, and in the ideals of our Academy, is made certain by frequent allusions to this fact in various sections of the by-laws: The second paragraph of Article II states that ‘A special fund, known as the Advancement Fund, shall be set aside and kept separate from the general funds of the Academy. The use of this fund shall be restricted primarily to the furtherance of a dental or medico-dental building, equipment or maintenance of a dental or medico-dental center, dental research laboratories, dental libraries, clinics, or dental educational institutions; or in general to activities conforming to the objects of the Academy as stated in paragraph one of this article.’ The second paragraph of Article III (Fellowship), states: ‘Active Fellows shall be ethical members of the dental or allied professions and shall be further qualified by having been actively identified with the progress of dentistry. This activity shall have been in writing, investigating, teaching, or organizing.’

“The official name of this organization and the year of incorporation represented in Roman numerals, for the outer circumference, complete the seal.”

Dr. Sebert E. Davenport, Sr., Dr. Bissell B. Palmer, Jr., and Dr. Malcolm W. Carr, chairman, comprised the Seal Committee that signed the above report.

The Code of Ethics

AT A Board of Governors' meeting in January, 1934, President William B. Dunning read the following extract from a letter that he had received from Academy Fellow Edbert Austin Smith: "I am wondering if the Academy of Dentistry could not profit by having an ethics committee, or something similar, not to enforce the code of ethics, and not because the Academy needs a code, but because I believe such a body could make suggestions to the American Dental Association for various changes in, or additions to, the A. D. A. code which might be beneficial."

Acting promptly on Dr. Smith's proposal, President Dunning appointed Dr. Smith to serve as a committee of one to study the necessity for an ethics committee for the Academy.

A few months later, Dr. Smith reversed his views regarding the necessity of an ethics committee. In his report of May 12, 1934, he explained that he had had an interview with Dr. Galston, secretary of a similar committee serving the Academy of Medicine, and, as a result, he had come to the conclusion that "it would not be practical to enforce rules other than on members of the Academy, who would probably not need them." Whereupon, the directors voted to discontinue the Academy's first Committee on Ethics.

The following year, however, April, 1935, two important additions to the by-laws were adopted. The first, an addition to Article II, read as follows: "Object: To urge its fellows not to accept positions on editorial boards or lend their influence to proprietary dental journalism by the preparation of articles for publication in such journals."

The second addition was a new section to Article XI which read as follows: "The president shall in the first instance appoint an ethics committee of three: one for one year; one for

two years; and one for three years. Thereafter the Nominating Committee shall announce at the March meeting a candidate to serve for three years to replace the retiring member. It shall be the duty of the Ethics Committee to inform the Board of Directors of infringements of the Code of Ethics by the fellows of the Academy and to take such action as the Board may direct. In case a vacancy occurs in the personnel of the Ethics Committee in any year, an additional candidate shall be selected by the Nominating Committee."

In March, 1936, Dr. Gordon Ga Nun recommended that the chairmen of the Fellowship and Ethics Committees be considered officers of the Academy. Dr. Arthur Merritt, chairman of the Special Committee for the Revision of Constitution and By-laws, was authorized to frame appropriate sections to provide for these changes.

After the proposed changes, as suggested by Dr. Merritt's committee, were approved by the membership in April, 1936, President Joseph D. Eby appointed a Committee on Ethics consisting of Dr. Leuman M. Waugh, chairman, to serve for one year; Dr. William B. Dunning, to serve for two years; and S. Ellsworth Davenport, Jr., to serve for three years.

Fellows who have served on the Academy's Ethics Committees were: Dr. Leuman M. Waugh, 1935; Dr. William B. Dunning, 1935-1936; Dr. S. Ellsworth Davenport, Jr., 1935-36-37; Dr. Frederick H. Lum, Jr., 1938; Dr. Walter E. Taylor, 1939; Dr. Carl R. Oman, 1940; Dr. D. Austin Shiffen, 1941; Dr. Thomas C. Swift, 1942; Dr. Ferdinand G. Neurohr, 1943; Dr. Ashley E. Howe, 1944; Drs. Earle Banks Hoyt and Andrew J. Asch, 1945; Dr. Albert B. Glenn, 1946; Dr. Gustav P. Frahm, 1947; Dr. Harold B. Aldrich, 1948; Dr. William McGill Burns, 1949; Dr. Thomas H. Swift, 1950; Dr. Glenn H. Whitson, 1951; Dr. Norman L. Hillyer, 1952; Dr. Edward M. Carney, Jr., 1953; Dr. Samuel S. Wald, 1954; Dr. David Tanchester, 1955; Dr. Robert W. Northrop, 1956; Dr. Leonard Hirschfeld, 1957; Dr. Harold B. Aldrich, 1958; and Dr. Alonzo N. DeVanna, 1959; E. Alan Lieban, 1960.

The Code of Ethics of the Academy simply states: "The fellows of the Academy shall conduct their practices and their activities in the profession in such a manner as will uphold and further the objects for which the Academy was organized. . . . Any violation of this Code of Ethics may result in forfeiture of fellowship."

To the high credit of the Academy, no member has been formally charged with violation of its Code of Ethics.

Author's note: For a complete list of fellows who have served on Ethics and Executive Committees from 1960 to 1973, please refer to APPENDICES.

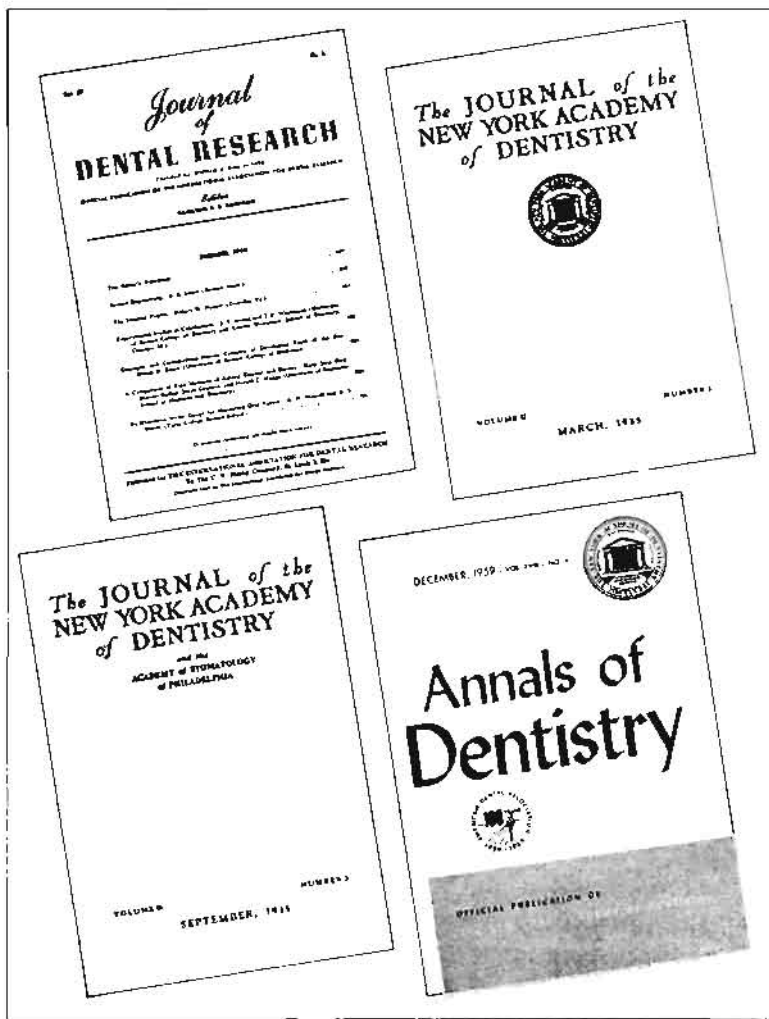
Journalism

THE JOURNAL OF DENTAL RESEARCH

THE first indication that the Academy intended to proceed with the publication of its activities was recorded in the minutes of the Board of Governors' meeting of May 27, 1921. Since the newly-founded society was not in a position to support a journal of its own, the governors believed that it would be a practical solution if arrangements could be made to publish the Academy's proceedings in some highly regarded professional journal. Secretary of the Academy, Dr. Arthur H. Merritt was authorized to make the proposed arrangements and the publication selected was *The Journal of Dental Research*.

"To provide the publicity required in the field of research," Dr. William J. Gies established *The Journal of Dental Research* in 1919. For seventeen years he edited and prepared it for publication. Dr. Gies was not a dentist. He was a professor of bio-chemistry at Columbia University. His interest in dentistry began with his personal investigation in the oral health field. His early work in dental research was with the salivary factors associated with oral disease. While he was intensely interested in research for research sake, he was even more vitally concerned with dental research because he believed that dentistry as a health service could reach its ultimate goal only on the broad front of education, research, and journalism, and that these three were dependent each upon the other.

It can be assumed that this basic concept was the motivating factor that prompted Dr. Gies to found *The Journal of Dental Research* in 1919 and The International Association for Dental Research a year later. As Dr. Thomas H. Hill stated in an article that appeared in *The Journal of the American College of Dentists* (Vol. 23, No. 4, 1956): "There is little doubt that in the establishment of *The Journal of Dental Research*, a new epic was created in dental journalism and that the resulting stimu-



lus to dental research was an important factor in increasing the recognition of dentistry as a scientific profession.”

The New York Academy of Dentistry, in pursuance of one of its objectives to encourage and develop professionally-controlled dental journalism for the publication of dental literature, was among the dental societies that helped to make *The Journal of Dental Research* an exemplar of the very finest in dental and scientific journalism.

Believing that the transferal of ownership and management of the *Journal* to The International Association for Dental Research in 1937 assured its continuance on the highest ethical and noncommercial plane, the Academy contributed \$5,000 to the *Journal's* Endowment Fund to help the Association maintain for dentistry this important scientific service. In the same spirit, an additional \$4,500 was contributed by individual members of the Academy.

When *The Journal of Dental Research* made its first appearance in 1919, it was frankly stated that it was, in effect, “an open break with the past in dental journalism and a move in the direction of complete professional ascendancy in dentistry.” Also, that “it would be neither a supply-house dummy nor an advertising circular; and that it would endeavor to equal in quality the best of the research journals in the medical and biological sciences.”

For more than two decades the *Journal* kept faith with that pledge. During those years, it had been representative of all that was best in dental journalism. That it might continue to uphold the ideals to which it was dedicated, no sacrifice was counted too great for those who appreciated its importance to professional progress.

When it was first decided that the Academy would publish its activities in *The Journal of Dental Research*, Editor Gies consented to prepare the material submitted to him by the Academy. On November 29, 1924, Dr. William B. Dunning reported that “in the future, Dr. Gies would request the Editor of the Academy, Dr. Fred Dunn, to prepare its papers for publication with slides and discussion and otherwise be entirely responsible for any material appearing in print.” How-

ever, because of the large number of papers to be prepared for publication, President Henry W. Gillett appointed a publication committee consisting of Drs. Sebert E. Davenport, Sr., William B. Dunning, and Fred Dunn to assume this responsibility.

After a short term as Editor of the Academy, Dr. Fred Dunn was succeeded by Dr. Ralph W. Waddell. In 1926, Dr. Malcolm W. Carr became editor and continued to 1933. He then became a member of the Board of Editors of *The Journal of the New York Academy of Dentistry*, 1934–1946, and contributing editor and member of the Editorial Board of *Annals of Dentistry*, 1936–1957.

In the article on ethics in the by-laws of the Academy, it is stated that “. . . Fellows of the Academy shall conduct their practices and their activities in the profession in such a manner as will uphold and further the objects for which the Academy was organized and any violation of this code of ethics may result in forfeiture of fellowship. . . . Any effort on the part of a fellow of this Academy to bring about the adoption of a dental supply house periodical as the official organ of publication of any dental society is detrimental to the cause of professional journalism and is inimical to the best interests of the dental profession.”

It was this article on ethics that prompted the fellowship on January 12, 1959, to pass a resolution reminding the members of their responsibility in upholding the cause of professional journalism. To emphasize the importance of and to direct attention to the resolution, it was published in the regular monthly notice.

Since *The Journal of Dental Research* was established in 1919, Dr. William J. Gies had stated repeatedly, both privately and publicly, that the *Journal* would eventually be presented as a gift to a dental organization or a group of dental societies competent to perpetuate it. In the spring of 1931, he expressed a desire to retire from the active editorship of the *Journal*. He requested President Leuman M. Waugh to appoint a committee to propose a plan for its future ownership. The committee appointed on October 12, 1931, consisted of Drs. S. Ells-

worth Davenport, Jr., Malcolm W. Carr, and William B. Dunning, chairman.

The following year, on January 14, 1932, Dr. Dunning's committee "proposed that The International Association for Dental Research, The American College of Dentists, and The New York Academy of Dentistry form a corporation to provide an adequate staff to publish the *Journal* strictly as a journal of research; and another publication be made, such as a *Journal of Opinion* which would publish the proceedings of the three societies; and a third publication be made which might be a pamphlet of dental abstracts taken from professional magazines; the personnel of such a corporation should automatically change to permit a continuous perpetuation of the three publications."

Although the committee's plan, with subsequent changes, was agreed upon by the committees representing the three participating societies, it was not approved by the *Journal's* Board of Editors. Instead, the editors voted to transfer the ownership and management of *The Journal of Dental Research* to The International Association for Dental Research. It was indicated in the proposal for transfer of ownership, however, that in support of the *Journal*, it was anticipated that The New York Academy of Dentistry would make an annual contribution of \$1,700; the First District Dental Society of New York, \$2,500; the American College of Dentists, \$2,000; and The International Association for Dental Research, \$500.

It is interesting to note that the transferal agreement stated: "Only the American College of Dentists and the New York Academy of Dentistry shall be liable for balancing any operating deficit; but such total additional liability of the American College of Dentists for this purpose shall be limited to \$2,000 per annum and that of the New York Academy of Dentistry to \$1,000 per annum."

In the Spring of 1936, it was apparent that *The Journal of Dental Research*, which was still operating at a deficit, would require additional financial aid. To help resolve this problem, the Academy's directors approved an appropriation of \$1,000 to

the *Journal's* Endowment Fund; \$500 of which would come from the general treasury and \$500 to be made up by subscriptions from individual members.

The following year, April, 1937, the Academy pledged an additional \$5,000 to the *Journal's* Endowment Fund. \$3,000 of this sum was transferred from the Academy's Research Council Fund and the remaining \$2,000 was paid in annual installments of \$500. Academy records show that the last installment was paid in April, 1941.

Regarding the Academy's earnest and long-standing support of *The Journal of Dental Research*, Dr. William J. Gies expressed his appreciation in a letter to the Academy dated December 28, 1936. He stated in part: "Beginning with Volume 3 in 1921, no organization has been more closely affiliated with, and stronger in its support of, *The Journal of Dental Research* than the New York Academy of Dentistry. Until a few years ago, when our resources began to weaken, our return for the Academy's sturdy support included publication of the Academy's proceedings. From the beginning, in return for the Academy's grants, copies of the *Journal* have been forwarded to the members of the Academy. It gives me pleasure, in this valedictory letter, to express the *Journal's* earnest appreciation and hearty thanks for the Academy's generous and effective support through all these active years. . . . In 1937, *The Journal of Dental Research* will be conducted for The International Association of Dental Research by a Publication Committee of three members: Drs. Hodge, Hine, and Robinson. This committee will communicate with you at an early date on behalf of the I. A. D. R. regarding continuance of the Academy's support of the effort to make the J. D. R. a cumulatively effective agency for the betterment of dentistry and the advancement of the dental profession."

THE JOURNAL OF THE NEW YORK ACADEMY OF DENTISTRY

The possibility that the Academy might sever its connection with *The Journal of Dental Research* and publish its own journal

was brought out in an extemporaneous report to the fellowship on December 14, 1933, by Dr. S. Ellsworth Davenport, Jr., chairman of the Journal Committee. Dr. Davenport stated: "It is most probable that *The Journal of Dental Research*, if it is accepted and managed by the International Association, will continue strictly as a research journal and will not accept the proceedings of any dental society. With this in mind, your Committee on Journalism, composed of Drs. Malcolm Carr, Fred Dunn, Bissell Palmer, and myself, have decided to submit a resolution that the Academy publish its own journal beginning in March, 1934. We recommend that the new journal, to be known as *The Journal of the New York Academy of Dentistry*, ally itself with *The Journal of Dental Research*, *The Journal of the American College of Dentists*, and perhaps other publications of the highest professional character in a spirit of helpfulness and cooperation and for mutual benefit."

Regarding the management of the proposed journal, Dr. Davenport stated that it was his opinion, concurred in by Dr. Dunn, that the *Journal* should be managed by a publication council. Dr. Carr and Dr. Palmer, however, believed that a Board of Editors, elected by the Board of Governors, should assume this responsibility. Dr. Palmer also expressed the opinion that "the board members should be out-standing fellows of the Academy who have not been identified with proprietary journals or commercial projects or with movements considered to be detrimental to the best interests of the dental profession. Furthermore, they should have editorial writing experience and be familiar with the current problems of dentistry."

In the discussion that followed, Dr. Gies stated: "We should strive to make the *Journal* stand in dentistry all over the country as the New York Academy of Medicine stands for medicine all over the country. It should not be an instrument merely to take the proceedings of the Academy, but one that will promote dentistry on a scale that nobody has had in mind."

When the Academy met on January 11, 1934, Secretary Lowrie J. Porter read a blanket resolution regarding the management of the *Journal* which had been adopted by the Board

of Governors at a special meeting held on December 27, 1933. At the conclusion of the reading, President William B. Dunning asked for ratification on each of the following subdivisions: 1, That the Academy's publication be known as *The Journal of the New York Academy of Dentistry*; 2, That the governing board of the *Journal* be known as the Board of Editors; 3, That the Board of Editors consist of six fellows, the chairman to be the editor of the Academy; that the first Board of Editors to serve for three years, two members to serve for two years, and two to serve for one year; that each year thereafter at the annual meeting, the Board of Governors elect two fellows to serve for three years to fill the places of the retired members. At the discretion of the Board of Governors, members of the Board of Editors may be re-elected.

Academy fellows who were elected to serve on the first Board of Editors were: Drs. Malcolm W. Carr and James W. Dunning, three years; Drs. Milo Hellman and Theodor Rosebury, two years; and Drs. Frederick C. Kemple and C. Raymond Wells, one year.

The first issue of *The Journal of the New York Academy of Dentistry* was published in March, 1934. Concerning this issue, President William B. Dunning received a congratulatory letter from Dr. C. N. Johnson, editor of *The Journal of the American Dental Association* which read in part: "I have just had the pleasure of looking over the first issue of *The Journal of the New York Academy of Dentistry*, and I wish to extend my congratulations. I have read this issue with some care and have enjoyed it greatly. Your leader 'The Evolution of Dental Journalism' was very appropriate and worthwhile. I am sure it will do good. In the paper of Dr. Sebert E. Davenport, Sr. on 'Men and Memories of Fifty Years,' I found some very intimate and interesting observations. I was attracted by the general make-up of the *Journal* and I extend my best wishes for the greatest measure of success in the new venture."

To provide for *The Journal of the New York Academy of Dentistry*, the by-laws were changed as recommended by the By-laws Committee consisting of Drs. Fred Dunn and Lowrie Porter. The changes related to the duties of the editor; the

personnel and responsibilities of the Board of Editors; and the management of the *Journal*. One directive contained in the by-laws which has consistently been disregarded by most program essayists states: "The Academy shall have sole ownership and the exclusive rights of publication of any essays read before or presented to it."

On November 8, 1934, less than eight months after the new journal had been established, Editor Fred Dunn resigned and Dr. Theodor Rosebury was appointed to succeed him. Soon thereafter, the Academy embarked on a new venture in the field of journalism.

THE JOURNAL OF THE NEW YORK ACADEMY OF DENTISTRY AND THE ACADEMY OF STOMATOLOGY OF PHILADELPHIA

On December 13, 1934, Editor Theodor Rosebury reported to the governors that he had spoken to Drs. Appleton and Cameron of the Philadelphia Academy of Stomatology and had informally discussed possible collaboration with the group in publishing *The Journal of the New York Academy of Dentistry*. To his surprise, there was much enthusiasm displayed for the idea.

Six months later, on June 6, 1935, Dr. Rosebury reported that he and Dr. Malcolm W. Carr had attended a meeting of the Council of the Philadelphia Academy at which a plan for participation was outlined. As a result, the Philadelphia group had appointed a committee consisting of Drs. James E. Aiguier, J. L. T. Appleton, Jr., and John W. Ross to carry on further negotiations.

On July 12, 1935, the Committee of the Board of Editors of the New York Academy of Dentistry and the Academy of Stomatology of Philadelphia met at the New York Athletic Club for the purpose of completing details of the plan of participation of the two academies in publishing the new journal. The joint committee agreed to the following considerations:

- 1, Participation by the Philadelphia Academy of Stomatology is to begin with the issue of the *Journal* for September, 1935.

2, The name of the *Journal* for the September and December issues of Volume 2, 1935, is to be modified to read: *The Journal of the New York Academy of Dentistry and The Academy of Stomatology of Philadelphia*.

3, An independent journal of national significance devoted to the interests of clinical dentistry is needed and should be formed with the present *Journal* as a nucleus. The Committees recommend that a policy to expand the *Journal* toward this end be adopted and pursued as rapidly as possible, subject to the dictates of good judgement, by inviting into participation in the *Journal* other dental organizations of suitable high character.

4, Beginning with the first number of Volume 3, for March, 1936, the name of the *Journal* is to be changed so as to permit expansion of the *Journal* to a national circulation. A name such as *The Journal of Clinical Dentistry* was considered satisfactory.

5, The Committee of the Academy of Stomatology suggested that expansion of the *Journal* along the lines indicated will necessitate a division of management such that the editorial duties and financial duties will be undertaken by separate groups responsible to the Editor-in-chief; the detailed duties of each group to be agreed upon in advance by these groups in cooperation. This suggestion was commended by the Committee of the New York Academy of Dentistry.

6, The Committee of the Academy of Stomatology requests that Dr. J. L. T. Appleton, Jr. be made a member of the Board of Editors of the *Journal*. The Committee for the New York Academy of Dentistry commending this choice, suggested further that two additional members of the Board of Editors be chosen by the Academy of Stomatology. This was agreed to tentatively, with the understanding that such additional members be appointed to serve for one year only, and that if and when additional dental societies agree to participate in the *Journal*, the number of representatives to the editorial board from each society should be reduced.

The above agreement was signed by Drs. Malcolm W. Carr, Theodor Rosebury, James E. Aiguier, J. L. T. Appleton, and John W. Ross.

The first issue of *The Journal of the New York Academy of Dentistry and the Academy of Stomatology of Philadelphia* was published in September, 1935. The Board of Editors for the New York Academy of Dentistry consisted of Drs. Malcolm W. Carr, James M. Dunning, Frederick C. Kemple, Leo Stern, and C. Raymond Wells; and for the Academy of Stomatology of Philadelphia, Drs. James E. Aiguier, J. L. T. Appleton, Jr., and John W. Ross. Dr. Theodor Rosebury was chairman of the Board, and the editorial office was located at 630 West 168th Street, New York City.

An editorial that appeared in the first issue of the *Journal* reads as follows:

WELCOME TO THE ACADEMY OF STOMATOLOGY
OF PHILADELPHIA

With this issue the Academy of Stomatology of Philadelphia signalizes its acceptance of an invitation extended by the New York Academy of Dentistry to participate in the pages of this *Journal*. By thus cooperating with the New York Academy of Dentistry in the venture in professionally-controlled dental journalism which this *Journal* represents, the Philadelphia Academy, we think, confers a triple benefit. The *Journal* broadens its sphere of usefulness by the addition of this active and progressive group to its list of subscribers; and augments the volume and power of its message from a source of the highest quality dentistry affords. The Academy of Stomatology itself with its high standards, gains a medium through which it may extend its efforts toward professional advancement. Each of these circumstances in turn benefits dentistry at large; a non-commercial dental journal grows stronger and reaches further toward the time when the profession will exercise real control over all of its literature.

We cordially welcome the Academy of Stomatology of Philadelphia to these pages and offer the assurance of our cooperation in every way the mutual advantage, both of the participating societies and of the profession as a whole.

In November, 1935, Dr. Theodor Rosebury resigned as chairman of the Board of Editors and Dr. Bissell B. Palmer, Jr. was appointed to succeed him.

ANNALS OF DENTISTRY

After three issues of the *Journal* had been published, the Board of Directors, on January 9, 1936, decided to change its name. This move was in keeping with the policy adopted by the Editorial Boards of the two academies to change the name of the *Journal* so as to permit expansion of the *Journal* to national circulation. To effectuate the action, President Joseph D. Eby appointed a committee consisting of Drs. Gies, Palmer, and Rosebury. After considering numerous names, the committee submitted the following choices: *Annals of American Dentistry*; *American Dentistry*; and *Annals of Dentistry*.

The name finally selected for the journal was *Annals of Dentistry*.

Pursuant to Article 2 of the Stock Corporation Law of the State of New York, a Certificate of Incorporation of the *Annals of Dentistry* was granted to the New York Academy of Dentistry on December 11, 1936. This document was executed by the directors of the corporation comprised of Drs. Bissell B. Palmer, Arthur H. Merritt, C. Fred Ga Nun, and J. L. T. Appleton, Jr. Dr. Appleton represented The Philadelphia Academy of Stomatology.

The incorporators and subscribers of the *Annals of Dentistry, Inc.* submitted their first report on January 20, 1936. It stated: "The directors of the company were elected to serve until the first Monday of January, 1938, or until such time or times as their successors are elected and qualify. The Board of Directors was authorized to issue shares of the capital stock of this company to the full amount authorized by the certificate of incorporation in such amounts from time to time as shall be determined by the Board and as may be permitted by law and in their discretion to accept in full or part payment of any share or shares such property as the Board may determine may be necessary for the business of the company."

In the Fall of 1939, President Oscar J. Chase, Jr. appointed a committee comprised of Drs. Joseph D. Eby, chairman, Walter A. Wilson, and C. Fred Ga Nun, to make a survey of the publications field. Pursuant to the committee's recommendation, the Board of Directors held a special meeting on April 6, 1939, to discuss financial problems pertaining to the *Annals of Dentistry, Inc.*

Dr. Bissell Palmer opened the discussion with this statement: "The *Annals* is run at a deficit which can only be remedied if advertising is obtained or we obtain the collaboration of other dental societies in order to increase its circulation."

Dr. George Callaway then commented: "Out of a total budget of \$4,200 the previous year, \$2,000, or approximately 50%, had been appropriated to the *Annals*," which in his opinion was "out of proportion to income. . . . The money

could be better spent if it went toward building up better programs and obtaining more suitable meeting places."

After Dr. Merritt reminded Dr. Callaway that "the Academy was committed to a policy of professional journalism and that ideals cost money," it was decided to continue the publication of the *Annals* for another year, or until December 31, 1940.

As the year progressed and numerous members still felt that the cost of publishing the *Annals* was out of proportion to monies expended on other Academy activities, it was suggested that "the *Journal* be discontinued to the advantage of all concerned." However, rather than discontinue the publication as recommended, it was proposed that the New York Academy of Dentistry form a coalition with *The Dental Items of Interest*; the name of the proposed journal to be *The Dental Items of Interest and The Annals of Dentistry*.

Pursuant to the proposed coalition, the Publication Committee and the Special Committee on Journalism held a joint meeting in October, 1940, to consider the urgent problems relating thereto. Two months later, on December 20, 1940, Dr. Bissell Palmer reported to the Board of Directors in a summation of a conference the committees had held with Mr. Mendel Nevin, who represented *The Dental Items of Interest*. Dr. Palmer stated that "although accord had been attained on certain principles regarding the proposed coalition, it was decided that such a proposal would not be practical or to the best interests of the Academy so other means would have to be found to support the *Annals*."

While the negotiations were in progress between the Academy and Mr. Nevin of *The Dental Items of Interest*, the Council of the Philadelphia Academy of Stomatology met on October 14, 1940, and unanimously decided to discontinue its member-subscription to the *Annals of Dentistry* at the expiration of the present subscription year, December 19, 1940. In a letter from Dr. J. J. Stetzer, Jr., secretary of the Academy of Stomatology, addressed to President William J. Gies, Dr. Stetzer stated that "this action was taken with regret and the members

of the Philadelphia group wished to express their good wishes for the work of the *Annals* and to the personnel of the staff."

To meet the anticipated deficit in the operating expenses of the *Annals* caused by the loss of the Philadelphia Academy's subscriptions, the Board of Directors on January 9, 1941, ratified and presented for action the recommendation of the Publication Committee that publication of the *Annals* be continued for the year 1941 on a semi-annual basis at a cost not to exceed \$900. The fellowship promptly approved this recommendation.

In February, 1941, Dr. Bissell Palmer requested to be relieved of his duties as editor of the *Annals*. He was urged to reconsider his decision until the two semi-annual issues agreed upon had been published, but "due to the press of other duties," he stated that "further continuance as editor was not feasible." So again a special committee on journalism was appointed, not only for the purpose of considering the entire subject matter of the *Annals*, but also to resolve the urgent problem of finding a new editor.

Dr. Arthur Merritt directed the publication of the *Annals of Dentistry* from February, 1941, to April, 1942, when Dr. Lester R. Cahn was elected to assume the editorship. The first issue under Dr. Cahn's direction was published in June, 1942. A few months later he made the following recommendations which were approved by the fellowship on October 6, 1942: 1, Change the date of the first issue under Dr. Cahn's editorship to June, 1942, to be known as Volume I, No. 1, New Series; 2, Change the subscription price of the *Annals* to \$3.50 per year; 3, Henceforth issue the *Annals* on a quarterly basis; 4, Give the *Annals* the financial support of the Academy for the next two years; 5, Allocate from the general fund of the Academy to the *Annals* the sum of approximately \$1,400 per annum for two years, or \$350 per issue.

In his annual report to the Board of Directors on April 8, 1942, Dr. Arthur H. Merritt, chairman of the Publication Committee, paid this tribute to Editor Cahn: "One of the most encouraging activities of the year has been the revival of

Annals of Dentistry under the able management of its new editor, Dr. Lester R. Cahn. His work in this connection has been outstanding. The *Journal* deserves and should have the whole-hearted support of the Academy.”

The following year, February 10, 1944, the Publication Committee consisting of Drs. Lester R. Cahn, J. A. Salzmann and Arthur H. Merritt, chairman, recommended that the special corporation which now publishes the *Annals of Dentistry* should be discontinued and the responsibility for its publication should be resumed by the Academy. The committee reasoned that there was no need for a special corporation since the Philadelphia Academy of Stomatology was no longer affiliated with the *Annals of Dentistry*.

In the Fall of 1945, Dr. Oscar J. Chase, Jr. was appointed business manager of *Annals of Dentistry*. A few years later, the *Annals*, which had been a problem child financially and otherwise since the day it was established, faced a tax problem. Relative thereto, Dr. Chase stated in part: “The *Annals of Dentistry* was incorporated on December 14, 1936. At that time I paid a franchise tax of \$25. I was told by our accountants that such payment was not required because the *Annals* was incorporated as a non-profit organization. Recently I received a notice from the State Tax Department which advised us that we are delinquent for three years and are now subject to a fine and the payment of back taxes. Under the circumstances, I engaged my son, Mr. Paul Chase, of the law firm of Casey, Beinecke and Chase, to determine how we should proceed.”

Attorney Paul Chase’s reply dated March 7, 1949, read in part: “*Annals of Dentistry, Inc.* was formed pursuant to Article 2 of the Stock Corporation Law of the State of New York on December 14, 1936. The directors named in the Certificate of Incorporation are Drs. Bissell B. Palmer, Arthur H. Merritt, C. Fred Ga Nun, J. L. T. Appleton, and Mr. James P. Callender (lawyer). Accordingly, since but one meeting, namely the first meeting of incorporators and subscribers, was ever held, that meeting having been held on January 20, 1936,

the above-named persons are still technically the directors of the Corporation. . . The present status of the Corporation is that there is no stockholder, there are no officers and there have been no meetings held since 1936. . . In any event, it appears that the Academy of Stomatology of Philadelphia never went forward with the idea of jointly publishing the *Journal*. . . . At present the *Annals of Dentistry, Inc.* is a mere corporate shell and is serving no useful purpose except as a vehicle to pay an annual franchise tax to the State of New York. It seems to me that one of two courses of action should be followed, namely, either (1) if the Board of Directors of the Academy wish to publish the magazine through a separate corporate entity, a certain amount of stock in *Annals of Dentistry, Inc.* should be issued to the Academy; corporate officers should be elected; annual meetings held for the election of directors; and the cover page of the *Journal* should indicate that it is published and copyrighted by *Annals of Dentistry, Inc.*; or (2) *Annals of Dentistry, Inc.* should issue a nominal amount of its stock to the Academy and the latter, as the sole stockholder, should forthwith continue to publish the *Journal*. Since, in fact, for all practical purposes the *Journal* is now being published by the Academy in accordance with the provisions of its by-laws, the dissolution of *Annals of Dentistry, Inc.* seems to me to be the best course of action to follow, inasmuch as it would do away with the necessity of paying an annual franchise tax and would clear up the present state of confusion.”

After approving Mr. Chase’s recommendation, the Editorial Board of *Annals of Dentistry, Inc.* submitted its report to the Board of Directors of the Academy. The directors adopted the Editorial Board’s recommendations that *Annals of Dentistry Inc.* be dissolved and, pursuant thereto, Editor Hicks sent the following communication, dated March 10, 1950, to Dr. Oscar J. Chase, Jr., business manager of *Annals of Dentistry*:

“This letter will serve as a confirmation to our conversation regarding the dissolution procedure for *Annals of Dentistry, Inc.*

“It is the wish of the Board that the action of the dissolution process be taken and it is understood by the Board that it is the duty of the business manager and the Editorial Board to proceed with the action.

“Since you are the business manager and currently in possession of all the documents pertaining thereto, you are the logical one to take complete charge of this process together with the recommended legal adviser, Mr. Paul Chase.”

As directed, Dr. Oscar J. Chase, Jr. requested Mr. Paul Chase to draft the necessary papers in connection with the proposed dissolution of *Annals of Dentistry, Inc.* In the Fall of 1950, Mr. Chase presented a plan of dissolution as described in the following letter to Dr. Chase dated October 18, 1950:

“I am sorry I have taken so long to draft the necessary papers in connection with the proposed dissolution of *Annals of Dentistry, Inc.* At least in part, the delay has been occasioned by the problems caused by the fact that, although *Annals of Dentistry, Inc.* is a separate corporate entity, that entity has been completely ignored since 1936. No stock has been issued, no officers or directors elected, and the New York Academy of Dentistry, Inc. has merely elected from its members an editorial board to publish the magazine.

“I am enclosing herewith a copy of the minutes of the first meeting of the incorporators and subscribers of *Annals of Dentistry, Inc.* Since that meeting of 1936, no meeting has been held, and from the reading of the minutes of that meeting, you can see that the necessary corporate formalities have never been completed.

“Since it is my understanding that the New York Academy of Dentistry, Inc. intends to take over any assets of *Annals of Dentistry, Inc.* and to continue to publish the magazine pretty much as it has done in the past through an editorial board of its own choosing, I believe that the following plan of dissolution is most feasible under the circumstances described above:

- 1, Treat the New York Academy of Dentistry, Inc. as the holder of all the issued and outstanding shares of *Annals of Dentistry, Inc.* (for example, 10 shares).

2, Hold a special meeting of stockholders (to be held by proxies appointed by the New York Academy of Dentistry, Inc.), at which dummy directors will be elected.

3, Hold a meeting of the duly elected Board of Directors at which officers, i.e., a president, vice president and secretary will be elected.

4, A Certificate of Dissolution executed by the New York Academy of Dentistry, Inc. as the sole stockholder, will then be filed with the Secretary of State of New York. That Certificate must set forth the names and addresses of the officers and directors of *Annals of Dentistry, Inc.*

5, After provision has been made for the payment and discharge of all liabilities, including the New York State Franchise Taxes for the year 1950, all the remaining property and assets of *Annals of Dentistry, Inc.* will be turned over to the Academy. I suggest that December 31, 1950, be used as the effective date for turning over the operations by *Annals of Dentistry, Inc.* to the Academy. Thus, from January 1, 1951, all subscription payments should be made directly to the Academy.

“I further suggest that Dr. Davenport, you and I, act as the dummy officers and directors. So that we may be elected, I am enclosing herewith a form of proxy to be signed by the president or a vice president of the Academy and returned to me. Although the proxy indulges in the fiction that the Academy is actually the holder of all the issued and outstanding stock, I do not believe any question will ever be raised, since the Academy has been supporting the magazine by a \$1,400 yearly contribution and has long since been entitled to have shares of stock of *Annals of Dentistry, Inc.* issued to it. After the proxy has been executed, if you and Dr. Davenport will set a convenient date, we can hold a meeting to elect the directors and officers, and authorize the filing of the Certificate of Dissolution.

“I know the above may sound complicated, but the complications are occasioned solely by reason of the fact that the corporate formalities have never been observed. If you think

it advisable, I will be very glad to attend the meeting next Thursday night to answer any questions which may be raised.”

In accordance with Mr. Chase’s recommendation, a special meeting of stockholders of *Annals of Dentistry, Inc.* was held on January 11, 1951. Prior to this meeting, the Academy issued a “Consent and Waiver of Notice of special meeting of stockholders” which read as follows:

“The undersigned, THE NEW YORK ACADEMY OF DENTISTRY, INC., being the holder of all the outstanding capital stock of *Annals of Dentistry, Inc.*, a New York corporation (hereinafter called the Corporation), HEREBY WAIVES NOTICE of the Special Meeting of Stockholders of the Corporation and HEREBY CONSENTS that said meeting be held at 2 East 103rd Street, New York, N.Y., on the 11th day of January, 1951, at 5:30 o’clock in the afternoon for the following purposes:

(1) The election of directors of the Corporation, each to hold office until the Annual Meeting of Stockholders or until his successor shall have been duly elected and shall qualify or as otherwise provided in the By-laws;

(2) The transaction of such other business as may properly come before such meeting.

“And the undersigned DOES HEREBY WAIVE all requirements of the By-laws of the Corporation as to notice of said meeting and as to the time and place for holding said meeting.”

The minutes of the special meeting of the stockholders held on January 11, 1951, for the purpose of electing directors is recorded here in its entirety:

“A special meeting of stockholders of *Annals of Dentistry, Inc.*, a New York corporation (hereinafter called the Corporation), was held at the office of the Corporation at 2 East 103rd Street, New York, N. Y., on Thursday, January 11, 1951, at 5:30 o’clock in the afternoon, pursuant to a Consent and Waiver of Notice thereof signed by the holder of all the outstanding Capital Stock of the Corporation.

“Dr. Willard Keane acted as chairman, and Dr. E. Byron Master acted as secretary of the meeting and kept the minutes thereof.

“The secretary presented to the meeting the Consent and Waiver of Notice signed by the holder of all the outstanding Capital Stock of the Corporation entitled to notice and to vote at the meeting, and the chairman directed that the original of said Consent and Waiver of Notice be incorporated in the minutes of the meeting.

“The holder of the proxy representing all the outstanding Capital Stock of the Corporation having presented his proxy to the secretary who, having examined the same, reported that there appeared to be present by proxy and entitled to vote at the meeting the holder of 100 shares of the Capital Stock of the Corporation representing all the outstanding shares of Capital Stock of the Corporation entitled to vote at the meeting.

“The chairman thereupon announced that a quorum was present and stated that it would be in order to appoint two inspectors of election to conduct any vote by ballot that might be taken at the meeting. Thereupon, on motion duly made and seconded, _____ and _____ were appointed as inspectors of election. Thereupon _____ and _____ subscribed an oath to execute faithfully the duties of inspectors of election at the meeting, and the chairman directed that the original of such oath be annexed to the minutes of the meeting as Exhibit ‘A.’

“The chairman then directed that the secretary deliver to the inspectors of election the proxy above-mentioned, and that such proxy when examined and checked by said inspectors of election be filed and preserved among the records of the Corporation.

“The inspectors of election having examined such proxy, presented their first report, which the secretary read to the meeting. The chairman directed that such report be annexed to the minutes of the meeting as Exhibit ‘B.’

“The chairman stated that the first business to come before the meeting was the election of five directors, each to serve until the next Annual Meeting of Stockholders and thereafter until a successor shall be elected and shall qualify or otherwise

as provided by the By-laws of the Corporation. The chairman thereupon called for nomination for directors.

“On motion duly made and seconded, the following were nominated as directors of the Corporation, each to serve until the next Annual Meeting of Stockholders and thereafter until his successor shall be elected and shall qualify or otherwise as provided in the By-laws of the Corporation: Dr. Willard T. Keane; Dr. Edgar S. Bacon; Dr. Earle B. Hoyt; Dr. S. Ellsworth Davenport, Jr.; Dr. Oscar J. Chase, Jr.

“The chairman asked if there were any further nominations, and no further nominations being made, the nominations were declared closed.

“At the direction of the chairman, the inspectors of election then proceeded to conduct the election of directors by ballot, and upon the completion thereof, to count the votes cast.

“Upon the completion of the voting, the chairman announced that the inspectors of election had submitted their second report, and that such report showed that all the outstanding shares of Capital Stock of the Corporation entitled to vote had been voted in favor of Drs. Keane, Bacon, Hoyt, Davenport, Jr., and Chase, Jr., as directors of the Corporation and, accordingly, each of these gentlemen had been duly elected a director of the Corporation to hold office until the next Annual Meeting of Stockholders and thereafter until a successor shall be elected and shall qualify or otherwise as provided in the By-laws of the Corporation. The chairman directed that the second report submitted by the inspectors of election be annexed to the minutes of the meeting as Exhibit ‘C.’

“There being no further business to come before the meeting it was, on motion duly made and seconded, adjourned.”

The above report was signed by Dr. E. Byron Master, acting secretary.

After considering Mr. Chase’s recommendation to dissolve the corporation known as *Annals of Dentistry, Inc.*, the Board of Directors of the Academy decided not to take this course of action, first because the New York State franchise tax was a

nominal annual expense and secondly, at that time consideration was being given to a policy of accepting paid advertisements for the *Annals* on the theory that perhaps the adoption of such a policy could turn the *Annals* into a profitable publication. In addition, the directors decided that it would be preferable to have the corporate insulation from the possibility of suits, etc., which the *Annals of Dentistry, Inc.* afforded rather than to dissolve it into the New York Academy of Dentistry, Inc. Consequently, the corporation was never dissolved and no Certificate of Dissolution was ever filed with the Secretary of State of New York State.

In compliance with the laws of New York State regarding corporations, the Board of Directors of *Annals of Dentistry, Inc.* met annually from 1951 to 1956 for the purpose of electing officers and transacting business pertaining to the publication of the *Annals*. Data relative to these meetings were not included in the minutes of the Academy.

When Dr. Lester Cahn relinquished the duties of the editorship of *Annals of Dentistry* in April, 1949, Dr. Gordon Ga Nun was elected to that office. Dr. Ga Nun died on December 31, 1949. The following month, President Kenneth Pruden appointed Dr. Henry Hicks to serve Dr. Ga Nun's unexpired term. Dr. Willard T. Keane very ably edited the *Annals* from April, 1950 to April, 1952. When he resigned Dr. Edgar S. Bacon was elected to the editorship. After serving three terms, Dr. Bacon resigned in April, 1955, and Dr. Edward Stroh assumed the editor's responsibilities. Dr. Edward M. Carney, Jr. served as editor from April, 1958 to April, 1959. When he resigned, Dr. Edward Stroh was again elected to the editorship.

When the Board of Directors met on November 13, 1958, Vice-president Edgar S. Bacon stated that when reviewing source material for the forthcoming Academy history, he "had noted that members of the Board of Directors of the Annals Corporation apparently had not recorded the minutes of its meetings or perhaps had not held meetings as required by the Membership Corporation Laws of the State of New York."

After discussion, Academy President Wilbur J. Prezzano

authorized Dr. Bacon "to look into the matter, activate the necessary procedures, and report in detail at a forthcoming board meeting."

At the directors' meeting two months later, on January 8, 1959, Dr. Bacon read that portion of the Membership Corporation Laws regarding the regular meetings required by statute for the Annals Corporation and suggested that the Annals Corporation retain an attorney "to arrange to have the minute book brought up to date and to make sure that in the future such meetings are held and recorded."

The following month, on February 5, 1959, Dr. Edward Stroh, president of the Annals Corporation, and Dr. Earle Banks Hoyt, secretary, reported that "regular meetings of the directors of the Annals Corporation had been held as required by statute but records of the minutes had not been reported to the Academy's Board of Directors and therefore would not be in the Academy's minutes or Dr. Bacon's source material."

After discussion, the following motion was made and passed: "1—The Board of Directors of the Annals Corporation, through its secretary, make a formal report to the Academy each year at its October meeting; 2—The filing of its annual reports to the Department of Internal Revenue and the State Tax Department be turned over to the editor of the Academy for consummation; 3—The current president of the Academy (Dr. Wilbur J. Prezzano) be a member of the Board of Directors of the Annals Corporation."

The motion as stated was ambiguous to the extent that *each succeeding president* of the Academy, rather than the one specific current president of the fiscal year 1958-1959, be a member of the Board of Directors of the Annals Corporation, which according to Academy records is the correct interpretation.

On November 12, 1959, Dr. Earle Banks Hoyt, secretary of the Annals Corporation, submitted two reports to the Board of Directors of the New York Academy of Dentistry.

The first report, dated April 21, 1959, read as follows:

"The annual report of the treasurer, Dr. David Mossberg, was accepted as read. The necessary tax forms have been filled in and filed.

Dr. Mossberg was instructed to secure a certified public accountant to audit the books of the corporation.

"Present officers of the corporation were elected to succeed themselves and to include the president of the New York Academy of Dentistry, Dr. LeRoy E. Burr, newly constituted member by action of the Board of Directors of the New York Academy of Dentistry on February 5, 1959.

"The corporation calls attention to Article XIV, Section 2 of the by-laws of the Academy which call in part for exclusive right of publication of any essays read before or presented to it. The corporation feels that unless this Article is enforced, *Annals of Dentistry* will not have sufficient material to continue publication."

The second report dated October 26, 1959, gave this information:

"The directors of Annals of Dentistry, Inc. met on October 26, 1959, to ratify the minutes of the previous meeting and to consider other business. The audit of the books by Kurz and Kurz, certified accountants, was accepted as presented.

"The resignation of Dr. David Mossberg, treasurer of the corporation, was accepted with regret. The secretary was instructed to forward to Dr. Mossberg a letter expressing regret and appreciation of his six years of devoted and efficient service.

"Dr. Gustav P. Frahm, treasurer of the New York Academy of Dentistry, was elected to fill the post which was vacated by Dr. Mossberg and to be so informed by the secretary.

"It was decided to consult legal advice, preferably Attorney Paul Chase, who has had experience in the affairs of the corporation, relative to the expense and expedience of dissolving the Annals of Dentistry Corporation and reorganization as a non-profit membership organization."

In commenting on Dr. Hoyt's report, Dr. Oscar J. Chase, Jr. stated that his son, Attorney Paul Chase had previously acted as counsel in connection with the legal affairs of *Annals of Dentistry, Inc.*, whereupon Dr. Edgar Bacon moved that "the Academy again retain Mr. Chase as legal counsel to study the points that had been raised by the accountants, McDevitt & Sons and Kurz & Kurz, particularly as to the change in the *Annals* corporate structure from a business corporation to a membership corporation."

During the discussion that followed, Dr. William McGill Burns suggested that "Mr. William Condon, of Latson & Tamblyn, who is the attorney for the Dental Society of the State of New York and First District Dental Society, and is

familiar with such matters, might be consulted for an opinion.”

Dr. Chase concurred with Dr. Burn's suggestion, whereupon Dr. Bacon withdrew his motion.

When the Board of Directors met again on December 17, 1959, Academy President LeRoy E. Burr stated that “Attorney William Condon had been invited to the meeting to help the board in its consideration of a possible change in the corporate structure, as recommended by McDevitt & Sons, and Kurz & Kurz, auditors.”

Dr. Edward Stroh opened the discussion by explaining the difference between the two types of corporate structures. Mr. Condon supplemented by saying “it was his opinion that nothing would be gained by switching from the business corporation to the membership corporation, as it only required the payment of a \$25 a year tax, and if changed might involve more expense in making the switch.”

Mr. Condon then gave the details of the Certificate of Incorporation of the 1936 corporation, which he had checked in the New York County Clerk's Office, but was informed that that corporation had been dissolved and a new corporation had been set up in 1951 by Mr. Paul Chase, who at the time was the attorney for the Annals Corporation.

At President Burr's request, Dr. Bacon read that portion of the material he had compiled for the forthcoming Academy history which covered the period from the date the *Annals* was incorporated in 1936 to the date the new corporation was set up in 1951. Dr. Bacon stated further that “the records of the Academy were barren on the developments that had occurred subsequent to 1951,” whereupon Dr. Stroh offered to supply the information from the minute book of the Board of Directors of the Annals Corporation.

Before making the final decision as to whether the corporate structure of the *Annals of Dentistry, Inc.* might be changed, Dr. Gustav P. Frahm stated that he “had heard a number of expressions from Academy fellows that the Annals was no longer serving any worthwhile purpose and should be discontinued, so the first question that should be decided was whether the Academy would continue to publish

the *Annals of Dentistry*, and if that question were answered in the affirmative, then an attorney should be employed to make sure that the Annals was properly set up and functioning in a legal manner and to insure that, in the future, its affairs would be handled in a business-like manner."

For the purpose of discussion, Dr. Frahm moved that the *Annals* be discontinued, which motion was seconded by Dr. Robert W. Northrop.

Dr. Edward Stroh pointed out that "such a motion would be out of order because Article XIV of the by-laws specifies that the Academy shall publish and finance a journal to be known as the *Annals of Dentistry*."

Dr. Wilbur Prezzano agreed with Dr. Stroh's declaration and further stated, "if discontinuing the Annals were the board's decision, it would have to be referred to the By-laws Committee for possible implementation and action by the main body." Dr. Willard Keane said that he "favored a study by a committee before taking any such drastic action." President Burr then stated that "such a study was being made by the Development Committee," whereupon Dr. Keane moved that "this matter be referred to the Development Committee for study and report," which motion was seconded by Dr. Frahm and accepted.

As the discussion continued, Dr. Frahm moved that "the Development Committee be empowered to employ the services of Attorney William Condon to establish the legal procedure for possibly setting up the *Annals of Dentistry* on a new basis." Dr. Hicks countered that "this was premature because it would depend on the recommendations the Development Committee might make after conducting the study." Dr. Frahm agreed and withdrew the motion. Dr. Henry Hicks then called the attention of the board to the Articles of Incorporation of the Academy which included under *Purposes*: "To encourage and develop professionally controlled journals and other means for the publication and distribution of dental literature."

On January 14, 1960, Academy Secretary Robert W. Northrop reported to the directors that "at President Burr's request, he had telephoned Mr. William T. Condon regarding

his study into the *Annals of Dentistry, Inc.* and had been advised that, after a conference with Attorney Paul Chase, Mr. Condon had confirmed that the 1936 corporation was never dissolved and it is that corporation which today is publishing the *Annals*; that he had sent a letter to that effect to the president of the Academy.”

President Burr commented that “Mr. Condon’s letter had not been received by him, but when it did come to hand, he would see that a copy was sent to the Development Committee and the editor of the *Annals*.”

The letter from Attorney William T. Condon to Academy President Burr, dated January 12, 1960 read as follows:

January 12, 1960

LeRoy E. Burr, D.D.S.
97 Park Avenue
Yonkers, New York

Dear Doctor Burr:

You will remember that at the meeting of the *New York Academy of Dentistry*, which I recently attended, there was some confusion existing with reference to the corporation *Annals of Dentistry*. I was asked to look into the question as to “what corporation was publishing the *Annals*.” My own search had indicated that it was a corporation organized in 1936. There were very positive statements made at the meeting that that corporation had been dissolved and supplanted by a new corporation. Since the meeting, I have conferred with Mr. Paul Chase and he confirmed that the 1936 corporation was never dissolved and it is the corporation which today is publishing the *Annals*.

The fundamental question as to whether publication of the *Annals* is to be continued is, of course, a matter for your Board of Directors to determine since it is a matter of policy. If the corporation is to be continued, I see no reason why the present corporation is not a satisfactory instrumentality to use.

Sincerely yours,
/s/ William T. Condon, Esq.

At a Board of Directors meeting on February 11, 1960, Dr. Edward Stroh, editor of the *Annals of Dentistry*, announced that Dr. Robert D. Morris had been appointed to serve as

treasurer and business manager of the Annals Corporation. Dr. Gustav P. Frahm then inquired of Editor Stroh if "the audit of the Annals Corporation's books in the future would be conducted by the Academy's auditors, McDevitt & Sons," to which inquiry Editor Stroh replied in the affirmative.

Dr. Henry Hicks, chairman of the Development Committee, of which Drs. Carlisle C. Bastian and Kenneth Clyde Pruden were members, read a report which included the following recommendations relative to the *Annals of Dentistry, Inc.*:

"We note in the Certificate of Incorporation of the Academy that high importance was given to the encouragement and development of professionally controlled journals. The *Annals* has maintained this objective. We feel that it would be a grave error for the Academy to abandon the publication of the *Annals* as has been suggested in some quarters from time to time.

"The *Annals* should be maintained as a medium for informing our fellows as to what transpires at the board meetings. It should also be maintained as a medium for contacting and keeping our fellows who are unable to attend regularly, informed of the activities of the Academy.

"It should be maintained for the publication of scientific papers that are presented at our meetings and other educational material. In this regard we suggest closer cooperation is indicated between the Executive Committee and the editor to insure that papers presented before the Academy are made available for publication in *Annals* as required under Section 2, Article 14, of the by-laws. If the Executive Committee insisted on this provision, it would add dignity to the Academy and procure the desired essays. Our attitude should be that it is a privilege to appear before the Academy. *Annals* was set up as a separate corporation to protect the fellows and friends of the Academy from possible damage suits and this protection is well worth the minimum state franchise fee of \$25.00. It would seem advisable, however, to have the Academy accountant serve as auditor for *Annals* corporation.

"The by-laws now provide that the editor of *Annals* shall serve on the Academy Board of Directors. This is obviously for the purpose of providing a close liaison between the Academy and its wholly owned subsidiary. It is therefore difficult to understand the friction which has developed between the two boards and most regrettable that no reports of *Annals* activities appear in the minutes of the Academy for a number of consecutive years.

"It has recently been provided that the president of the Academy shall serve on the *Annals* Board of Directors. Other officers of the

Academy can also be officers of the Annals Corporation provided that there be separate elections.

“This should help to bring the boards closer and prevent misunderstandings. We would further recommend that the Board of Annals Corporation be required to make a general activities report to the Academy at the October meeting.”

At the fellowship meeting which followed the board meeting on February 11, 1960, Vice-president Norman L. Hillyer, reporting for the Board of Directors, stated that “the report of the Development Committee had been presented by Dr. Henry Hicks and that President LeRoy E. Burr had appointed a special committee, hereafter referred to as the Reference Committee, to implement an educational program for the future course of the *Annals of Dentistry*. The committee was comprised of the president-elect, the vice-president, the treasurer, the editor of the *Annals*, and the chairmen of the Development, Executive, and Fellowship Committees.

The Reference Committee met on May 9, 1960, and made recommendations regarding the Annals of Dentistry which it presented in a report to the Board of Directors on September 15, 1960. Dr. Anthony Posteraro, chairman of the committee, read the report, which stated:

- “1— Since opinion of the Reference Committee is divided on the advisability of continuing the *Annals of Dentistry*, it is suggested that the directors consult the fellowship by means of a written poll for guidance.
- 2— The editor of the *Annals* shall be a member of both Boards of Directors—the Academy and the Annals Corporation.
- 3— The officers of the Annals Corporation shall be elected annually from the Board of Directors of the Academy.
- 4— The 5th. member of the Board of Directors of the Annals Corporation shall be president of the Academy.”

On October 13, 1960, Dr. Earle Banks Hoyt, secretary of the Annals Corporation, submitted the following report to the Board of Directors of the Academy:

“The Board of Directors of the Annals Corporation met as prescribed by the Articles of Incorporation of the New York Academy of

Dentistry on April 19, 1960, at the office of the secretary, Dr. Earle Banks Hoyt, 630 Fifth Avenue, New York City.

"There were present: President Edward Stroh; Treasurer Robert D. Morris; Secretary Earle Banks Hoyt; Member of the Board Oscar J. Chase, Jr.; and Academy President Edgar S. Bacon.

"The corporation re-elected the present officers for the ensuing year, received the treasurers's report, noting that the necessary tax forms had been filled in and filed.

"The corporation has no recommendations contingent on implementation of the report of the Development Committee."

After Dr. Hoyt read the report of the directors of the Annals Corporation, Dr. Anthony Posteraro, chairman of the Reference Committee, presented the following report:

"At a joint meeting of the Editorial Board of *Annals of Dentistry* and the Special Committee (Reference) appointed to implement an educational program for the future course of *Annals of Dentistry*, it was recommended:

- 1— That the members of the Academy who are interested in the continued progress of the *Annals* be urged to submit to the editor articles for publication.
- 2— That members, who by their experience and many years of practice, have developed special techniques, submit these items to the editor for publication. These items shall appear in the *Annals* under an appropriate heading.
- 3— That a section "Letters to the Editor" shall be published, thereby opening the way for freer discussions for the publication and distribution of dental literature.

It is with this in mind that a call for the support of the *Annals* and a reaffirmation of the above principles is recommended."

During the discussion which followed Dr. Posteraro's reading of the report, it was pointed out that "the Academy had so succeeded in its purpose to encourage and develop professionally controlled journals, there were now so many recognized journals in dentistry and its specialities, it (the Academy) could continue its efforts in this field without necessarily publishing a journal of its own." The difficulty of securing adequate material for publication in the *Annals* was discussed and the opinion was expressed by several board members that "an educational campaign should be con-

ducted among the fellows before a poll is conducted as to whether or not the Academy should continue to publish the *Annals of Dentistry*."

After further discussion, it was voted "a committee should be appointed to conduct such an educational campaign, and the matter of the poll should be reviewed again by the Board of Directors at its March meeting."

President Edgar S. Bacon suggested that "such a committee be elected by the board," whereupon the board elected Drs. John J. Asch, Edward Stroh, and Anthony Posteraro, chairman, "they having spoken in favor of such an educational program."

At a Board of Directors meeting on February 9, 1961, Dr. Edward Stroh requested that the Academy's Board of Directors elect the directors of the Annals Corporation. It was pointed out in the discussion that "the *Annals* is a separate corporation, and while the Academy as the sole stockholder can make various recommendations, it would be necessary, as advised by Attorney William Condon, to have a final action taken by the Annals Corporation."

On March 22, 1961, in a poll taken of the members of the Academy's Board of Directors as to whether or not the Academy should continue to publish the *Annals*, opinions were evenly divided. However, all the participants in the poll agreed that "if the journal was to remain, it should be improved and an expression of the fellowship at large should be obtained before any drastic changes were made." Some of the potential improvements suggested were: 1—written contributions by new members; 2—a paid editor; 3—circulating the journal to the universities.

On April 13, 1961, Dr. Anthony Posteraro, chairman of the Committee to Study Continuation of the *Annals*, presented a letter and questions on a return postal card which he suggested could be sent to the fellowship "to ascertain their wishes on the continuation of the publication of the *Annals* by the Academy."

As the discussion evolved, it was agreed that "the return postal card should also contain the signature of the fellow

returning the card; that the cards should be returned before the deadline of the December, 1961, issue of the *Annals*; and the cards should be returned to Dr. Robert W. Northrop, secretary of the Academy."

At the fellowship meeting which followed the Board of Directors Meeting, President-elect Gustav P. Frahm read the following report relative to the *Annals of Dentistry*:

"I am sorry to report that the *Annals of Dentistry* has come upon hard times. The original purpose of the Academy was to encourage and develop professionally controlled journals. In this it has been eminently successful; so successful, in fact, that there are now in existence so many journals published by the American Dental Association, its components, and other professional organizations, that the *Annals* seems to have out-lived its usefulness.

"Because of its limited circulation, it no longer attracts suitable material for publication and, as a result, its prestige is threatened. After careful study of the situation, the Board of Directors has decided to refer the matter to the fellowship of the Academy for a determination as to whether or not publication of the *Annals* should be continued.

"At this time, the Board of Directors would like to express its deep appreciation to the directors of the Annals Corporation and the editorial staff for the heroic work they have done in accomplishing the original purposes of the *Annals of Dentistry*."

Two months later, at a Board of Directors meeting on June 7, 1961, the utter confusion of who was what and what was who was still evident. The board records read: "As a point of information, President-elect Gustav P. Frahm wanted to know who represented the Academy on the Board of Directors of the Annals Corporation."

After he was informed that the incumbent president, Dr. Norman L. Hillyer, was the official member, he moved that "the representative of the New York Academy of Dentistry on the Board of the Annals Corporation be the vice-president rather than the president, this change to take place immediately and the Annals Corporation to be so informed." The motion was adopted.

On October 5, 1961, Academy Vice-President Robert W. Northrop reported on the vote by cards which had been sent out to the fellowship requesting opinions as to whether or

not the *Annals* should be continued. He stated that the vote was about 50-50. After discussion, Dr. Frahm moved that "the *Annals*, with necessary changes, should be continued." The motion was seconded by Dr. Ferdinand Neurohr and adopted.

Dr. Frahm reported that he "had requested Dr. William McGill Burns to be the president of the Annals Corporation, which he had accepted with the understanding that the *Annals* be discontinued," whereupon Dr. Burns offered his resignation as president of the Annals Corporation "in view of the fact that it was to be continued and he didn't have the time to devote to it."

The following month, at a meeting of the directors on November 9, 1961, Dr. Gustav Frahm stated that "because of the resignation of Dr. Burns as president of the Annals Corporation, there is now no president of the corporation." He suggested that "the Board of Directors meet and elect a president."

On March 8, 1962, Vice President Robert W. Northrop informed the directors that "the Annals Corporation is still without a president. An election will be held in April at which time the matter will be taken care of."

At the fellowship meeting which followed the March 8 board meeting, President Norman L. Hillyer announced the untimely death of Dr. E. Alan Lieban, the editor of the *Annals of Dentistry*. He further stated that Dr. David Tanchester had been appointed acting editor.

At the annual meeting of the Academy in April, 1962, Dr. David Tanchester was elected editor of the *Annals of Dentistry*. Subsequently, he was also elected president of the Board of Directors of the Annals Corporation.

One year later, when the directors of the Annals Corporation met on April 16, 1963, the following officers were elected for the ensuing year: Dr. David Tanchester, president; Dr. Oscar J. Chase, Jr., vice-president; Dr. Robert D. Morris, treasurer; and Dr. W. Ward Tracy, secretary.

President Tanchester stated that "Dr. Richard J. Warnecke, treasurer of the New York Academy of Dentistry, had in his

possession for safe keeping, one hundred shares of Annals Corporation stock, and Dr. W. Ward Tracy had the corporate seal." He then made a motion which was adopted that "in view of the fact that only one copy of the Annals Corporation by-laws exist, ten additional copies should be printed."

Dr. Robert D. Morris suggested that Miss Mary Jane Crew, executive secretary of the New York Academy of Dentistry, be authorized to take over some of the duties of the business manager. He specifically mentioned "updating the mailing list and the billing of foreign subscribers."

When Dr. Morris repeated his proposal at a directors meeting of the Academy on April 18, 1963, Dr. Robert Heinze pointed out that "the Annals Corporation is separate from the Academy of Dentistry and the Board of Directors of the Annals Corporation should decide on the action to be taken and to find ways and means of paying for this service."

After a "healthy discussion involving many aspects of the *Annals of Dentistry*," the meeting adjourned at 5:30 and the report was signed by the secretary of the corporation, Dr. W. Ward Tracy.

Dr. Ralph J. Bowman moved that "the 100 shares of *Annals of Dentistry, Inc.* stock be held by the treasurer of the Annals Corporation rather than the treasurer of the New York Academy of Dentistry." The motion was adopted.

Dr. W. Ward Tracy suggested that the fifth member of the Board of Directors of the Annals Corporation "be a fellow who would serve for several consecutive years, thus eliminating the past-president and president-elect."

After discussion, it was agreed that "a change of the by-laws be made indicating one meeting per year rather than the usual four."

At a meeting of the Board of Directors of the Academy of Dentistry on April 9, 1964, Dr. Robert Heinze moved that the "minutes of the Board of Directors be changed to state that Dr. Richard J. Warnecke, treasurer of the Academy, has in his possession 100 shares of stock of the Annals Corporation and that said stock is in the name of the New York Academy of Dentistry and the Annals Corporation." The motion was passed as read.

At a meeting of the directors of the Academy of Dentistry on November 12, 1964, the allotment budgeted for the publication of the *Annals of Dentistry, Inc.* was increased from \$2,100 to \$3,100. The business report of the Annals Corporation for the following fiscal year, April 1, 1965 to March 31, 1966, listed these figures:

Checking Account:

Balance April 1, 1965	\$2,871.58
Balance March 31, 1966	\$ 591.70
Decrease in balance	\$2,279.88

Savings Account:

Balance April 1, 1965	\$1,953.44
Balance March 31, 1966	\$2,032.72
Increase in balance	\$ 79.28

Schedule I (Income)

New York Academy of Dentistry	\$3,100.00
138 Subscriptions (Paid)	\$436.50
29 Subscriptions (Not Paid)	
29 Subscriptions (Exchange-Free)	
Total Deposits	\$3,536.50

Schedule II (Expenses)

Waverly Press	\$1,979.37
Proofreader	\$ 354.96
Tax Accountant	\$ 125.00
Secretary	\$ 100.00
Waverly Press (Mailing Envelopes)	\$ 99.15
Tax	\$ 25.00
Postage and Returns	\$ 18.85
Misc. (overpayment, bank s.c., etc.)	\$ 14.05

Total Expenses \$2,716.38

The directors of the Annals Corporation met on April 13, 1967, and elected the members of the board for the fiscal

year April, 1967-April, 1968: Dr. David Tanchester, president; Dr. Oscar J. Chase, Jr., vice-president; Dr. Robert D. Morris, treasurer; Dr. Robert N. Adamson, secretary; and Dr. W. Ward Tracy, member at large.

On October 10, 1968, Editor David Tanchester informed the directors of the Academy that he "felt that a definite decision should be seriously made concerning the continuation of the *Annals of Dentistry*," whereupon President Richard J. Warnecke stated that he would call a special meeting of the board to thoroughly go into the matter of Dr. Tanchester's proposal and the affairs of the *Annals of Dentistry* in general."

A special meeting of the Board of Directors of the Annals Corporation was held at the University Club, New York City, on November 25, 1968. Present were: Drs. David Tanchester; Robert N. Adamson; W. Ward Tracy; Malcolm W. Carr; and Ralph J. Bowman. The purpose of the meeting was to discuss the problems relative to the publication of the *Annals of Dentistry* prior to a forthcoming meeting of the Board of Directors of the Academy which had been planned for December 10, 1968.

After Editor Tanchester presented several letters commending the *Annals*, the question of accepting selective advertising in the publication was discussed. It was noted that "such action would probably mean a state tax involvement," and further discussion regarding accepting advertisements was tabled for the time being.

It was determined that the prestige of the Academy should be based on these factors: "1—The *Annals* publication; 2—Annual donation to the Boys' Club Dental Clinic of New York; 3—Headquarters room at the Academy of Medicine."

After discussion, it was unanimously agreed that "the editor of the *Annals* should receive some compensation for his services." No action was taken on this proposal.

The special meeting to which Dr. Warnecke referred at the directors' meeting on October 10, 1968, was held at the Columbia University Club, 4 West 43rd Street, New York City, on December 10, 1968. Present at this meeting were: Drs. Edgar S. Bacon, I. Frank Boscarelli, John D. Burr,

Malcolm W. Carr, Oscar J. Chase, Jr., John J. Dolce, Robert L. Heinze, George V. Lyons, Francis F. E. Morse, Robert D. Morris, Robert W. Northrop, David Tanchester, Homer Cree Vaughan, and Richard J. Warnecke.

A summary of the remarks by each fellow present is recorded here in the order presented:

Dr. Heinze—After presenting some of the problems of publishing the *Annals* . . . “no assistance from the associate editors . . . proofreading . . . obtaining a new editor if the present editor resigns . . .” Dr. Heinze suggested that “the publication of the *Annals of Dentistry* be abolished.” As alternatives, he suggested “the publication of a newsletter, or perhaps the association with other organizations in a joint publication.” He stated further: “The *Annals* isn’t worth the effort and a substitute should be made for some other medium.”

Dr. Vaughan—“The Academy has gone far beyond a newsletter. The only thing to do is to constantly improve the *Annals*. It’s a good medium to present opinions and an excellent contact with the entire fellowship. It’s one of the top journals in European organizations and they look forward to every issue with great interest.”

Dr. Bacon—“Although I am sure that Dr. Heinze is sincere in his opinion that the *Annals* should be abolished, it is very necessary that the Academy have some strong means of communication and the *Annals* serves that purpose. Dr. Tanchester is doing an outstanding job as editor and if the time should come when he feels that he should retire, there are numerous men in our Academy who are quite capable of taking over that position.”

Dr. Chase—“The by-laws stress journalism . . . Many organizations, as well as the entire fellowship look forward to receiving the *Annals* . . . I commend Dr. Tanchester on the excellent articles he chooses to publish.”

Dr. Carr—“Many of Dr. Heinze’s criticisms have been presented without valid reasons. Although the associate editors have not been active participants in the publication of the *Annals*, they can be called upon. A newsletter would be a step down . . . The by-laws are committed to publishing a

journal . . . The *Annals* is a tribute to our present editor who publishes superior articles . . . The Academy is known by our journal. The *Annals* must continue or the Academy loses immeasurably.”

Dr. Boscarelli—“As treasurer of the Academy, I am in full agreement that the *Annals* should be continued and the editor receive an honorarium. However, as many of our funds are earmarked in the budget, it is necessary to study the financial picture and have a definite suggestion as to which funds in the budget the honorarium should be charged.”

Dr. Warnecke—After being reassured that Dr. Tanchester wished to continue as editor of the *Annals of Dentistry*, President Warnecke stated: “Since we have no authority at this special meeting to vote on financial matters, the proposed honorarium for the editor will have to be approved by the Academy’s Board of Directors.”

After further discussion, a motion was adopted to continue publication of the *Annals*.

Dr. Boscarelli—“I suggest that President Warnecke appoint a committee to study the finances of the Academy and propose a realistic plan for the following: 1—determine a proper sum for an honorarium for the editor; 2—an aim of *Annals* for improvement, projected into future issues; 3—a possible plan to broaden the Academy investment procedures.”

Dr. Vaughan—“I move that the president appoint a committee of three members, one of whom would be the treasurer of the Academy and come up with a report to the Board of Directors regarding an honorarium for the editor, which action has the approval of this special committee.” Dr. Vaughan’s motion was seconded by Dr. Heinze and adopted.

Academy fellows who were appointed by President Warnecke to serve on the Special Committee were Drs. Homer Cree Vaughan, Robert D. Morris, and I. Frank Boscarelli, chairman.

At a Board of Directors meeting held the following month, on January 9, 1969, at the Columbia University Club, Presi-

dent Richard J. Warnecke, referring to the special meeting of December 10, 1968, wished to clarify the intent of the decision made at that time: "Was the committee, consisting of Drs. Boscarelli, Morris, and Vaughan, authorized to function only in the capacity of deciding on an honorarium for the editor of the *Annals* or was its function also to study the finances of the Academy?"

After discussion, it was decided: "1—The board recognizes the committee as formed on the motion of Dr. Vaughan at the special meeting of December 10, 1968, which stated that the committee should decide on an honorarium for the editor."

The following month, on February 13, 1969, Chairman I. Frank Boscarelli of the Special Committee reported to the Board of Directors as follows: "The financial statement of the *Annals of Dentistry Inc.* has been studied and the committee recommends, and I so move that an honorarium of \$600 per annum be offered to the editor of the *Annals*." After the motion was seconded, the discussion disclosed "other means of increasing this amount, such as the editor's proofreading and pasting-up of the *Annals*."

Dr. Edgar Bacon amended the motion "to be retroactive to January 1, 1969, with the honorarium to apply each year from January 1st. to December 31st." After the amendment and the original motion were adopted, the secretary, Dr. George V. Lyons, was requested to write to Editor Tanchester to inform him of the decision of the board.

The annual meeting of the Board of Directors of the Annals Corporation was held on April 1, 1969, at the office of Secretary Robert N. Adamson, 140 East 54th Street, New York City. The following members were present; Dr. David Tanchester, president; Dr. Oscar J. Chase, Jr., vice-president; Dr. Robert D. Morris, treasurer; Dr. Robert N. Adamson, secretary; and Dr. W. Ward Tracy, member at large.

Editor Tanchester expressed the opinion that he and any future editors "would profit by attending the annual meeting of the Association of Dental Editors, which is held at the

time and place of the American Dental Association Meeting." He also stated: "Workshops for dental editors are held several times during the year" and he "was considering attending some of these meetings."

A motion was adopted that "the Annals Corporation reimburse the editor for expenses incurred in attending the forthcoming annual meeting of the Association of Dental Editors in so far as was possible for funds in the treasury."

Editor Tanchester expressed a desire "to have a meeting of the editorial board before each issue of the *Annals* goes to press for the purpose of discussing the proposed contents." No action was taken on the editor's proposal.

It was proposed that "copies of the *Annals* be sent free of charge to all life members of the New York Academy of Dentistry with a recommendation that a change in the by-laws be made to that effect." Relative to this proposal, Corporation Secretary Robert N. Adamson was instructed "to determine from the Waverly Press (printers) the exact cost of mailing each copy of the *Annals*."

After the financial report for the fiscal year April 1, 1968-March 31, 1969, was submitted by the treasurer, the current officers of the Annals Corporation were re-elected for the ensuing year.

The 1970 meeting of the Board of Directors of the Annals Corporation was not held "because of the extended illness of Editor David Tanchester."

On January 19, 1971, the directors of the Annals Corporation held a meeting in the office of the business manager, Dr. Robert D. Morris, 140 East 54th Street, New York City. Present were: Dr. David Tanchester, president and editor; Dr. Robert D. Morris, business manager; Dr. Oscar J. Chase, Jr., vice-president; Dr. Robert N. Adamson, secretary; and Dr. W. Ward Tracy, member at large from the New York Academy of Dentistry.

Briefs of the highlights of the meeting are recorded here:

Dr. Robert D. Morris stated: "The projected costs of the four issues of the *Annals of Dentistry* for 1970-1971 will be about \$5,120, and there will be a six per cent increase in the costs of printing the Spring issue."

In regards to printers, the directors agreed that "the Waverly Press of Baltimore was doing a first class job and should continue to print the *Annals*."

In answer to the question as to whether the *Annals* should accept advertising "to help pay expenses," the directors "did not object to it per se, but doubted that the journal could get any advertising with its limited circulation." Relative thereto, it was pointed out that "accepting advertising would probably create a tax problem if it received income (apparently other than paid subscriptions) instead of being wholly subsidized by the New York Academy of Dentistry."

After the financial report was read and accepted, as per the audit of Arthur A. Sobel & Company, for the year ending March 31, 1970, it was suggested that "the business manager check with the auditors regarding the New York State Franchise Tax and the New York City Corporation Tax."

At a meeting of the Board of Directors of the New York Academy of Dentistry held on January 13, 1972, Dr. Robert D. Morris, business manager of the *Annals* Corporation, presented the following report in answer to questions submitted by the Finance and Budget Committee:

As of December 1, 1971, the *Annals of Dentistry* has on its mailing list 828 subscribers. The breakdown is as follows:

Members—			
Active	348		
Associate	43		
Non-Resident	53	444 total	
Non-paying Members—			
Allied	2		
Honorary	4		
Retired	23		
Life	74	103 total	
Non-member Subscribers—			
United States	110		
Foreign	129		
Free	42	281 total	

"It is to be noted that in the last category, the greater number of non-member subscribers are libraries of dental and medical schools, other universities and military institutions and hospitals rather than

individual practitioners, resulting in a larger audience than the member categories enjoy.

"As the printer, Waverly Press, has to allow for spoilage of a varying number of copies each issue, a large number must be ordered (i.e. 850) and frequently an even larger number than that comes out of certain printings. It has been thought in the past that this leads to a greater cost than was necessary. However, both the printer and the business manager feel that this has been reduced sufficiently at this time.

"It is to be noted that in the breakdown of billing costs, approximately 75% is allocated to composition and printing. This portion of the cost could not be lowered by any reduction in the number of copies printed.

"It has been asked if a reduction in the quality of paper might result in a substantial saving. The paper cost is approximately 8% of the total. A reduction there might result in a minor over-all saving, but with a loss in the quality of the reproductions of photographs which is excellent on the present grade paper.

"A question was asked in reference to the comparative cost of publishing one, two, three or four times a year. This can be answered by saying that the total number of pages printed per year is largely the determining factor in cost. If the same number of pages were put out in three issues per volume instead of four, the saving would be only in binding and postage and would not be considerable."

After Academy President I. Frank Boscarelli thanked Dr. Morris for his report, he spoke on "the value of the *Annals* to the Academy with world wide subscriptions"... and suggested that "Retired and Life Fellows be billed for the *Annals*, which is so stated in the by-laws."

Statistics regarding the cost of publishing the *Annals of Dentistry* in 1941 present an interesting comparison with the cost of publication in 1972. Relative thereto, the first edition of the Academy history contains this information: "The Board of Directors on January 9, 1941, ratified and presented for action the recommendation of the Publication Committee that publication of the *Annals of Dentistry* be continued for the year 1941 on a semi-annual basis at a cost not to exceed \$900. The fellowship promptly approved this recommendation." Based on this price, four issues in 1941 would cost the Academy \$1,800. For the fiscal year 1971-1972, under Schedule I (income), the auditor's report indicates that the Academy allowed the *Annals* Corporation \$6,255.

The above figures indicate quite conclusively the inflationary process which had settled on the publishing business and the nation in general in a period of about 30 years.

A complete summary of the audit submitted by McDevitt & Sons, accountants and tax consultants, 26 Court Street, Brooklyn, New York, of the Annals Corporation for the fiscal year 1971-1972 lists the following entries:

Checking Account:

Balance April 1, 1971	\$1,363.18
Balance March 31, 1972	\$4,932.60
Increase in Balance	\$3,569.42

Savings Account:

Balance April 1, 1971	\$1,979.57
Balance March 31, 1972	\$2,070.33
Increase in Balance	\$ 90.76

Schedule I (income)

New York Academy of Dentistry	\$6,255.00
Paid subscriptions	\$ 712.95
total deposits	\$6,967.95

Schedule II (expenses)

Waverly Press	\$2,456.59
Joan Gesswein	\$ 473.85
Accountant	\$ 165.00
Mary Jane Crew	\$ 150.00
New York State Tax	\$ 106.25
New York City Tax	\$ 25.00
Postage & returns	\$ 30.95
Refunds	\$ 2.75
Bank service charge	\$ 8.14
Total expenses	\$3,398.53

Author's note: The auditor's report under Schedule II (Expenses) is incorrect. Dr. Tanchester's \$600 annual honorarium is not included. Total expenses should be \$4,998.53.

When Dr. Edward Stroh resigned as editor of the *Annals of Dentistry* in April, 1961, Dr. E. Alan Lieban was elected to

that office. The following year, when Dr. Lieban passed away in February, 1962, Academy President Norman L. Hillyer appointed Dr. David Tanchester to serve as the acting editor. Dr. Tanchester was elected the editor of the *Annals of Dentistry* at the annual fellowship meeting in April, 1962. He was serving very capably in that office when he was re-elected editor for the tenth consecutive year in April, 1972.

Dr. David Mossberg was serving as business manager of the *Annals of Dentistry* in 1958. When he resigned in February, 1960, Dr. Robert D. Morris was appointed to that position. Twelve years later, in April, 1972, Dr. Morris was still the business manager of the *Annals of Dentistry*.

For the past fifteen years, which is the period the second edition of the Academy history supplements the first edition, the following fellows have served the Academy either as associate editors or as members of the Editorial Board: Drs. Robert N. Adamson, Edgar S. Bacon, Jack Barsh, E. Michael Bluestone, Charles F. Bodecker, Ralph J. Bowman, Malcolm W. Carr, Edward M. Carney, Matthew C. Catuna, Robert G. Charbonneau, Henry A. Chase, Oscar J. Chase, Jr., Howard R. Craig, M.D., S. Ellsworth Davenport, Jr., Alonzo N. De Vanna, Gustav T. Durrer, Leonard Hirschfeld, William J. Igee, E. Alan Lieban, Herman L. Malter, E. Byron Master, Merritte M. Maxwell, Louis J. Marino, Roland E. Morse, Raymond J. Nagle, Joseph J. Obst, Anthony F. Posteraro, Wilbur J. Prezzano, Sheldon Ross, Jerome M. Schweitzer, Gilbert Smith, Edward C. Stillwell, David Tanchester, Daniel Tobin, Walter A. Wilson, Homer Cree Vaughan.

CERTIFICATE OF INCORPORATION-*of-ANNALS
OF DENTISTRY, INC.*

Pursuant to Article 2 of the Stock Corporation Law.

We, the undersigned, being of full age, at least two-thirds citizens of the United States of America and at least one-third residents of the State of New York, desiring to form a business corporation pursuant to Article 2 of the Stock

Corporation Law of the State of New York, do hereby make, subscribe and acknowledge this certificate for that purpose as follows:

FIRST: The name of the proposed corporation is ANNALS OF DENTISTRY, INC.

SECOND: The purposes for which said corporation is to be formed are:

To publish periodically a magazine for the members of the dental profession, which shall be devoted to subjects of interest to that profession: To prepare for publication, print, electrotype, bind, sell and distribute and generally deal in magazines, newspapers, pamphlets, books and publications of all kinds; To engage generally in the business of job and book printing, book binding, engraving and electrotyping; To apply for and otherwise acquire and dispose of copyrights in the United States and elsewhere; To contract for the preparation of manuscripts of dental and medical books on any subject and to copyright, print, bind and sell the same; To acquire the necessary real estate and plant or plants, store or stores, for the proper conduct of said business and generally to manufacture, produce, buy, sell and deal in and with personal property of all kinds and nature as the said corporation may deem in anywise calculated, directly or indirectly, to effectuate the objects and purposes aforesaid; To acquire by registration, purchase or otherwise and to hold, own, use, operate, deal in and deal with, sell, convey and in anywise dispose of copyrights, domestic or foreign, and all literary property and literary productions of all forms; To do and perform any and all of the things hereinbefore set forth as objects, purposes, powers or otherwise, to the same extent and as fully as natural persons could do, as principals, agents, factors, or otherwise.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation, and the enjoyment and exercise thereof, as conferred by the laws of the State of New York, upon corporations organized under and in pursuance of the Stock Corporation Law.

THIRD: The total number of shares that may be issued by the corporation is 100, all of which shall be common stock without nominal or par value. Such shares without par value may be issued from time to time for such consideration as from time to time may be fixed by the board of directors.

FOURTH: The capital of the corporation shall be at least equal to the sum of the aggregate par value of all issued shares having par value, plus the aggregate amount of consideration received by the corporation for the issuance of shares without par value, plus such amounts as from time to time, by resolution of the board of directors, may be transferred thereto.

FIFTH: In furtherance of and not in limitation of the powers conferred by statute, the board of directors is expressly authorized:

To have one or more offices, and to keep the books of the company within or without the State of New York at such places as may be from time to time designated by them; but the company shall always keep at its principal office in New York correct books of account of all its business and transactions, and a stock book containing the names alphabetically arranged of all persons who are stockholders of the corporation, showing their places of residence, the number of shares of stock held by them respectively, the time when they respectively became the owners thereof, and the amount paid thereon, which shall be open daily, during at least three business hours, to the inspection of the stockholders and the judgment creditors of the corporation.

To determine from time to time under what conditions and regulations the accounts and books of the company shall be open to the inspection of the stockholders.

With the consent in writing and pursuant also to the affirmative vote of the holders of two-thirds of the stock issued and outstanding, at a stockholders' meeting duly called for that purpose, to lawfully sell, assign, transfer, or otherwise dispose of the property of the company as an entirety, provided always that a majority of whole board concur therein.

The company may use and apply its surplus earnings or accumulated profits to the purchase or acquisition of its own capital stock from time to time, to such extent and in such manner, and upon such terms as its board of directors shall determine; and neither the property nor the capital stock so purchased and acquired shall be regarded as profits for the purpose of declaration or payment of dividends.

The company reserves the right to amend, alter, change or repeal any provision contained in this certificate in the manner now or hereafter prescribed by statute for the amendment of the Certificate of Incorporation.

SIXTH: The office of the corporation is to be located in the City of New York, County of New York and State of New York and the address to which the Secretary of State shall mail a copy of process in any action or proceeding against the corporation which may be served upon it, is 667 Madison Avenue, Borough of Manhattan, City of New York.

SEVENTH: The duration of the corporation is to be perpetual.

EIGHTH: The number of its directors is to be five.

The directors need not be stockholders unless the by-laws of the corporation shall so require.

NINTH: The directors until the first annual meeting of stockholders, and their addresses, are as follows:

NAMES	POST OFFICE ADDRESSES
Bissell B. Palmer	667 Madison Avenue, New York City.
Arthur H. Merritt	580 Fifth Avenue, New York City.
C. Fred Ga Nun	8 West 40th Street, New York City.
J. L. T. Appleton	University of Pennsylvania, School of Dentistry, Philadelphia, Pa.
James P. Callender	32 Broadway, New York City.

All of the persons named as directors are of full age and at least one of them is a citizen of the United States and a resident of the State of New York.

TENTH: The names and post-office addresses of the subscribers to the certificate and the number of shares of stock which each agrees to take in said proposed corporation are as follows:

NAME	POST-OFFICE ADDRESS	NO. OF SHARES
C. Fred Ga Nun	8 West 40th Street, New York City.	4
James P. Callender	32 Broadway, New York City.	3
Grace Diaso	32 Broadway New York City.	3

ELEVENTH: The Secretary of State is designated as the agent of the corporation upon whom process in any action or proceeding against the corporation may be served.

IN WITNESS WHEREOF, we have made, signed and acknowledged this certificate this 11th day of December, 1936.

Joseph P. Callender

C. Fred Ga Nun

STATE OF NEW YORK,)
COUNTY OF NEW YORK.)
SS.:

On this 11th day of December, 1936, before me personally came C. FRED GA NUN, JAMES P. CALLENDER and GRACE DIASO, to me known and known to me to be the individuals described in and who executed the foregoing instrument, and they severally acknowledged to me that they executed the same.

BY-LAWS of *ANNALS OF DENTISTRY, INC.*

Adopted by the Stockholders-1936

ARTICLE I

- Annual Meeting 1. A meeting of the stockholders shall be held annually at the principal office at 2 P.M. on the third Monday in January (Amended 1/31/56 to third Tuesday of April), if not a legal holiday, and if a legal holiday, then on the next succeeding business day, for the purpose of electing directors, and for the transaction of any other business authorized or required to be transacted by the stockholders.
- Notice of Annual Meeting 2. Notice of the annual meeting shall be mailed at least ten days prior to the meeting to each registered stockholder at his address as the same appears on the books of the company.
- Special Meetings 3. Special meetings of the stockholders for any purpose or purposes shall be held at the principal office whenever called by the President or the directors, either by written instrument or by the vote of a majority.
- Notice of Special Meetings 4. Notice of each special meeting and of each meeting held pursuant to any provision of the Statute, stating the time and in general terms the purpose or purposes thereof shall be mailed at least ten days prior to the meeting to each registered stockholder at his address as the same appears on the books of the company.
- Quorum 5. At any meeting of the stockholders the holders of a majority of the shares issued and outstanding, being present in person or represented by proxy, shall be a quorum for all purposes, including the election of directors, except where otherwise provided by the statute.
- Adjournments 6. If at any meeting a quorum shall fail to attend in person or by proxy, a majority in

interest of the stockholders attending in person or by proxy at the time and place of such meeting may, at the end of an hour, adjourn the meeting from time to time without further notice until a quorum shall attend, and thereupon any business may be transacted which might have been transacted at the meeting as originally called had the same been then held.

Organi-
zation

7. The president and, in his absence, a chairman appointed by the stockholders present, shall call meetings of the stockholders to order and shall act as chairman thereof.

8. The secretary of the company shall act as secretary at all meetings of the stockholders and, in his absence, the presiding officer may appoint any person to act as secretary.

Voting

9. At each meeting of the stockholders every stockholder shall be entitled to vote in person or by proxy appointed by an instrument in writing, subscribed by such stockholder or by his duly authorized attorney and delivered to the secretary at the meeting. Each stockholder shall have one vote for each share of stock registered in his name on the tenth day preceding the meeting, exclusive of the day of such meeting. Voting for directors and, upon demand of any stockholder, upon any question at any meeting, shall be by ballot.

Polls of
Elections

10. At all elections of directors the polls shall remain open for at least one hour, unless every registered owner of shares has sooner voted in person or by proxy, or in writing has waived the provisions of the statute.

Inspec-
tors

11. At all elections of directors the polls shall be opened and closed, the proxies shall be received and be taken in charge, all questions touching the qualifications of voters and validity of proxies and the acceptance or rejection of

votes, shall be decided, and all ballots shall be received and counted by two inspectors. Such inspectors shall be appointed by the presiding officer of the meeting. They shall be sworn to faithfully perform their duties and shall in writing certify to the returns. No candidate for election as director shall be appointed or act as inspector.

ARTICLE II

Board of Directors

- Number 1. The business and affairs of the company shall be managed and controlled by the Board of Directors. The directors shall be five in number, but from time to time by amendment of these By-Laws, the number may be altered. If at any time the number of directors shall be increased, the additional directors shall be elected by the stockholders at a special meeting called for the purpose.
- Term of Office 2. Each director shall serve for the term for which he shall have been elected and until his successor shall have been chosen and shall have accepted his election.
- Vacancies 3. In case of any vacancy among the directors through death, resignation, disqualification or other cause, the remaining directors, by affirmative vote of a majority thereof, whether or not constituting a quorum, may elect a successor to hold office for the unexpired portion of the term of the director whose place shall be vacant and until the election of and acceptance by his successor.
- Place of Meeting 4. The directors may hold their meeting and may have an office and keep the books of the company (except the stock and transfer books)

- at such place or places in the State of New York as the board may from time to time determine.
- First Meeting 5. After each annual election of directors, the newly elected directors shall meet for the purpose of organization, the election of officers, and the transaction of other business, at such place and time as shall be fixed by the stockholders at the annual meeting, and if a majority of the directors be present at such place and time, no prior notice of such meeting shall be required to be given to the directors. The place and time of such first meeting may also be fixed by written consent of the directors.
- Regular Meetings 6. Regular meetings of the board of directors shall be held at the office of the company in New York City, at 3:30 P.M. on the third Monday of January, April, July and October, if not a legal holiday, and if a legal holiday, then on the next succeeding business day. No notice shall be required to be given of any regular meeting.
- Special Meetings 7. Special meetings of the board shall be held whenever called by the direction of the president.
- Notice of Special Meetings 8. The secretary shall give notice of each special meeting stating the object thereof by mailing the same at least five days before the meeting. If every director shall be present at any meeting, any business may be transacted, otherwise only such business as is specified in the notice may be transacted.
- Quorum 9. Two of the directors at the time in office shall constitute a quorum for the transaction of business, except where otherwise provided by statute, or by the Certificate of Incorporation.
- Order of Business 10. The board of directors may from time to time determine the order of business at their meetings.
- Chairman 11. At all meetings of the board of directors

the president, or in his absence, a chairman chosen by directors present, shall preside.

ARTICLE IV

Officers

Execu-
tive
Officers 1. The executive officers of the company shall be a president, one vice-president, a treasurer and a secretary, all of whom shall be elected annually by the board. Any two of the above offices may be filled by the same person.

Subor-
dinate
Officers 2. The board may appoint such other officers and agents as it shall deem necessary, who shall have such authority and shall perform such duties as from time to time may be prescribed by the board.

The
Presi-
dent 3. The president shall be the chief executive officer of the company. He shall preside at all meetings of the stockholders and of the board of directors. He shall have general charge of the business of the company. He shall sign and execute all authorized bonds, or other obligations in the name of the company, and, with the Treasurer, shall sign all certificates of stock of the company. He shall do and perform such other duties as are incident to the position of president and such as from time to time may be assigned by the board.

The
Treas-
urer 4. The treasurer shall have the custody of all the funds and securities of the company, which may come into his hands; he shall endorse, on behalf of the company for collection, checks, notes and other obligations, and shall deposit the same to the credit of the company in such bank or banks, or depositories, as the board of directors may designate; he shall sign receipts and vouchers for payments to the company; jointly with such other officer as may be desig-

nated by the board or singly, if authorized by the board. He shall sign all certificates of stock together with the president, he shall sign all checks made by the company, or in his absence such other officers as may be directed by the board; he shall sign all bills of exchange and promissory notes of the company; whenever required by the board, he shall render a statement of his accounts; he shall enter regularly, in books of the company to be kept by him for that purpose, full and accurate accounts of all moneys received and paid by him on account of the company; and he shall perform all duties incident to the position of treasurer, subject to the control of the board.

The
Secre-
tary

5. The secretary shall keep the minutes of all proceedings of the board and in the minutes of all meetings of the stockholders in books provided for the purpose; he shall attend to the giving and serving of all notices of the company; when so ordered by the board, he shall sign and affix the seal of the company to all contracts or other documents requiring it; he shall have charge of the certificate books and such other books and papers as the board may direct. He shall attend to such correspondence as may be assigned to him and shall perform all duties incident to the position of secretary, subject to the control of the board.

ARTICLE V

Capital Stock

Form and
Execution
of Certif-
icates

1. The certificates of shares of the capital stock of the company shall be in such form as shall be approved by the board. The certificates shall be signed by the president and also by the

- secretary and the corporate seal shall be thereto affixed.
- Certificates to be Entered 2. All certificates shall be consecutively numbered, and the names of the owners, the number of shares and the date of issue, shall be entered in the company's books.
- Transfer of Shares 3. Shares shall be transferred only on the books of the company by the holders thereof in person or by his attorney upon the surrender and cancellation of certificates for a like number of shares.
- Closing of Transfer Books 4. If so deemed expedient, by the board, the stock books and transfer books may be closed for the meetings of the stockholders and for the payment of dividends during such periods as from time to time, may be fixed by the board, and during such periods no stock shall be transferable on such books.

ARTICLE VI

Seal

- Seal 1. The board shall provide a suitable seal containing the name of the company, the year of its creation, and the words "Corporate Seal, N. Y." or other appropriate words, which seal shall be in charge of the secretary, to be used as directed by the board.

ARTICLE VII

Fiscal Year

- Fiscal Year 1. The fiscal year of the company shall begin January first and end December 31st.

JOURNALISM

ARTICLE VIII

Notice and Waiver of Notice

Notice
and
Waiver
of
Notice

1. Any notice required to be given by these By-Laws may be given by mailing the same addressed to the person entitled thereto at his address as shown on the company's books, and such notice shall be deemed to be given at the time of such mailing.

2. Any stockholder, director, or officer may in writing, waive any notice required to be given by these By-Laws.

ARTICLE IX

Amendments

Amend-
ments

1. The Board of Directors shall have power to make, amend, and repeal the By-Laws of the company by a vote of the majority of all the directors at any regular or special meeting, provided that the proposed amendment or changes in the By-Laws shall have been inserted in the notice of the meeting.

2. All By-Laws shall be subject to amendment, alteration and repeal by the stockholders at any annual meeting or at any special meeting called for that purpose, provided that the proposed amendments or changes in the By-Laws shall have been inserted in the notice of the meeting.

The Academy and the Field of Dental Research

THE Academy's stated purpose in promoting dental research has been accomplished in three ways. First, from 1924 to 1933, when the Academy began publishing its own journal, it helped to support *The Journal of Dental Research*; a highly respected organ that published dental scientific articles and reported dental research projects. To this journal, Academy members contributed articles, influenced its editorial and publicational policies, and gave generously to its financial support—over \$10,000 in all. Second, through its Research Council and other committees associated with research work, the Academy initiated and carried on research projects under the Academy's name and sole direction. And third, the Academy has given financial aid and encouragement to dental scientists working on research projects which the fellowship believed to be worthy of support.

THE RESEARCH COUNCIL

Although the Academy was founded in 1921, it wasn't until six years later that it gave any special attention to scientific research. At a Board of Governors' meeting on February 24, 1927, President Bissell B. Palmer, Jr. proposed that the Academy establish a Research Council for the purpose of investigating the validity of advertised claims of the manufacturers of dental products. This recommendation was unanimously adopted and the proposed council was promptly organized.

Dr. Palmer's statement regarding the proposed Research Council follows:

The Situation

At the present time the dental profession and the public it serves are not safe-guarded against worthless and even harmful dental preparations

and apparatus. The medical profession is so protected by a committee of the American Medical Association known as the Council on Pharmacy and Chemistry.

The Proposed Remedy

The organization of a committee to be known as the Research Council of The New York Academy of Dentistry. This Council would ascertain by research the correctness and accuracy of the advertised claims of the manufacturers of dental articles.

Recommended Method of Organization of the Council

The New York Academy of Dentistry following the adoption of this general proposal would invite Dr. William J. Gies, as an active fellow of the Academy, to accept the appointment as chairman of the Council for a term of five years. He would be requested to name the other four members (later increased to seven members) of the Council who would serve for various terms from one to four years; this question to be determined by lot. Each year in April at the time of the Annual Meeting of the Academy, the four members of the Council having unexpired terms would elect the fifth member for a term of five years; thus the Council would become a self-perpetuating body.

Rules and Regulations

The Council would formulate its own rules and regulations which would be revocable by a three-fourths vote of the Board of Governors, followed by a three-fourths vote of the total active fellowship of the Academy.

Finances

The work of the Council would be financed by the Advancement Fund of the Academy and by contributions made directly to the Council for its work. The Council would not incur financial obligations beyond its visible resources.

Publication and Findings

The New York Academy of Dentistry would have full ownership of the publication rights of the investigation of its Research Council and have full charge of the editing and active publication of these findings.

The first Research Council was directed by Dr. William J. Gies. To assist him, he appointed Drs. Henry W. Gillett, Bissell B. Palmer, Jr., Arthur H. Merritt, Leuman M. Waugh,

Holmes C. Jackson, and Alfred Owre. When Dr. Owre resigned on April 23, 1928, he was replaced by Dr. Charles F. Bodecker.

In the following letter to the Academy, dated March 22, 1927, Dr. Gies presented some rather idealistic views on what he termed "a satisfactory basis for the establishment of the Research Council":

The New York Academy of Dentistry
New York City

Gentlemen:

The Academy at its February, 1927, meeting, by founding the Research Council, took a step forward that is destined to be historical in its importance for progress in dentistry.

I desire with your approval to present a basis for the establishment of the Research Council that will put it beyond the reach of mistrust, by recording for myself as its chairman, this clear and unmistakable avowal, and proposing that my associates make similar declarations:

1, I am not now nor have I been under any obligation whatever in any relation of any kind to any person or to any group of persons or to any organization or institution, by agreement or implication, to depart in the slightest degree from the highest standards of rectitude, honor, and self-respect, and of fidelity to the broadest and best interests of the dental profession.

2, I have not had, and have not now, any financial interest or investment, directly or indirectly, in any business or concern engaged in the production or distribution of anything for sale to any part or phase of health service.

3, Under no condition in the future, whatever my personal needs might be, during my service as a member of the Council or after my retirement, will I ever permit myself to enter any relationship with any producing or distributing concern in dentistry, medicine, or in any other division of health service, through which I might derive any material gain or value.

4, I would expect to serve the Academy, dentistry and the public without any other reward than the best, namely, the anticipation that my effort would be of sufficient value to merit the Academy's approbation, and that it would contribute to the personal contentment that comes from work generously done in the public interest, and which I prize above material comfort.

If in the judgement of the Academy, this pledge affords a satisfactory basis for the establishment of the Research Council, I shall proceed to the

duty you have assigned to me and will report for further instructions at the meeting in April.

My compliments to the members!

Yours faithfully,

/s/ WILLIAM J. GIES

The Academy's fellowship approved Dr. Gies' recommendations and on April 25, 1927, the seven members of the Council "took the pledge."

Although it was voted that the Advancement Fund would serve as a nucleus for a fund to pay the expenses of the Research Council, the Research Council Fund was established for this purpose to which Academy fellows pledged approximately \$20,000.

With the hope of putting an official stamp on the Council's investigations, Dr. Bissell B. Palmer wrote to New York City's Commissioner of Health, Dr. Shirley W. Wynne, as follows: "The Research Council of the New York Academy of Dentistry is engaged in investigating the claims of proprietary dental articles. Many of these preparations are sold directly to the public, and as our investigation advances we are convinced that some of them are detrimental to the public health. If we place in your hands the results of our laboratory experiments, proving conclusively the baneful results of using these preparations, and prove that the claims made in the advertisements of the goods are false, could your department cooperate with us to the extent of forbidding sale of them to the public in New York City?"

Commissioner Shirley Wynne made this reply: "If the New York Academy of Dentistry or anyone else will submit evidence to the Department of Health that proprietary articles sold directly to the public are detrimental to the public health or are misbranded, the Department of Health will refuse permission for their sale in New York City."

Among the numerous proprietary products investigated by the Research Council were: "Taxi," a stain remover; and a bleaching substance, the so-called "Tooth Whiteners." The

later investigation was conducted by Drs. Bodecker and Karshan of Columbia University.

In 1931, Dr. William J. Gies reported that the Council had reviewed all the available literature of the past fifty years in regard to the knowledge of soaps in general and especially in regard to the use of soaps in the mouth. He stated further that the Council planned to have Mr. Victor Ross, a biochemist, survey the situation, prepare a scientific paper on the subject, and publish as his contribution to the scientific knowledge of soaps, and, as far as possible, the knowledge of their utility or their harmfulness in the mouth.

Subsequently, Mr. Ross presented a lengthy report regarding the literature on soaps. Academy records, however, do not indicate that any actual research on soaps was ever conducted under the auspices of the Research Council.

The Research Council was active until 1933, when the sustained financial depression required discontinuance of its work and the growing success of the A. D. A. Council on Therapeutics made the Academy's stated purpose in research redundant.

When the Council was officially discontinued on May 13, 1937, Dr. Bissell B. Palmer, Jr. made the following statement: "The Academy's initiative at the meeting on February 24, 1927, in promoting investigation of the validity of advertised claims of manufacturers of dental products has been helpful to dentistry directly and has had a stimulating influence on the evolution of the functions of the A. D. A. Council on Therapeutics. It has also set desirable precedents for the Academy to follow in future years, if and when problems in research need the Academy's special attention."

ACADEMY ENDORSES RESEARCH ON CARE OF CHILDREN'S TEETH

In the Fall of 1930, the Community Dental Service, a charity organization dedicated to the care of the teeth of indigents, proposed a campaign directed especially to the care of children's teeth. Academy Fellow William D. Tracy

was its sponsor. At a governors' meeting on October 23, 1930, Dr. Tracy requested the Academy to endorse the proposed campaign. He stated that it was advisable for the campaign to be introduced to the public through such organizations as the New York Tuberculosis and Health Association to avoid any belief that dentists were trying to establish more dentistry.

Acting on Dr. Tracy's request, the Board of Governors resolved "that the New York Academy of Dentistry is glad to endorse the proposed campaign to arouse interest among the dentists of Greater New York concerning the care of children's teeth, which is being fostered by the New York Tuberculosis and Health Association through its Committee on Community Dental Service."

The Community Dental Service was only one of Dr. Tracy's numerous charitable interests which reflected credit to the New York Academy of Dentistry.

RESEARCH ON DENTAL EROSION-ABRASION

In October, 1942, a committee representing the Academy was appointed to assist Dr. Charles F. Bodecker in his clinical research on the dental erosion-abrasion problem. Committee members were Drs. Richard Pomeroy, Gustav Wein, Francis McHugh, Brayton Redway, Edward Stillwell, Oscar Chase, Jr., Lee Turner, Vincent Keber, John Flynn, Ralph Bowman, George Lindig, Cornelius O'Leary, William Cook, and Wilfred Bruder, chairman.

An article authored by Dr. Charles F. Bodecker which appeared in the December, 1942, issue of *Annals of Dentistry* (Vol. I, No. 3) included the following statement concerning his proposed research project:

"The danger of cervical tooth destruction has been grossly exaggerated in the press. The public is told that 'cavities' can be formed in teeth by incorrect brushing and the use of abrasive dentifrices. Such statements are made on the basis of the accepted theory that tooth destruction occurs as a result of physical abrasion. . . . In a previous communication the clinical impression was mentioned that some predisposing cause,

such as an acid, possibly may augment the physical factor of tooth destruction. Clinical research only can clear this problem. If a group of members of the New York Academy of Dentistry would cooperate in this project, it might be possible not only to define more clearly the complete cause of cervical tooth destruction, but also to determine which type of treatment is most effective in freeing patients from the disagreeable hyper-sensitivity caused by these lesions. . . . Concisely expressed, the erosion-abrasion project for which your aid is solicited has the following aims:

“To determine whether the cause of the condition is destructive by physical means (toothbrush and abrasive dentifrice) or whether chemical means (acid) may hasten the process; If the presence of an acid is shown, it will be our aim to discover possible clinical causes for its formation, such as occlusal trauma, toothbrush trauma of the gingivae, constitutional factor, etc.; To experiment with four methods of treatment in order to define which best alleviates the pain of so-called sensitive necks caused by abrasion-erosion and which reduces the rate of the destructive process.

“The accompanying form has been prepared with instructions for recording the data. The Academy fellows interested in joining this group will find the method simple, taking less than ten minutes for each patient. The data will be published in the *Annals of Dentistry* with the names of all who aid in its compilation.

“The New York Academy of Dentistry would achieve a worthwhile contribution if progress is made toward determining the complete cause, treatment, and possibly the prevention of abrasion-erosion.”

On November 12, 1943, Dr. Wilfred J. Bruder, chairman, and Dr. Charles F. Bodecker, advisory chairman, reported for the Erosion-Abrasion Research Committee as follows:

“The clinical research project on the problem of erosion-abrasion is well underway, but a year or more must elapse before it is possible to draw even preliminary conclusions. The following have submitted preliminary reports on 29 patients having 209 erosion-abrasion lesions: Drs. Bruder, Chase,

O'Leary, Pomeroy, Thomas, Turner, Wein, McHugh, and Stillwell. Of these reports, four patients had been examined three times, three twice, and twenty-two once.

"At the beginning of this project, there was a general clinical impression that most erosion-abrasion lesions were sensitive to thermal shock or to the touch of an explorer. The observations of active committee members have not substantiated this impression. The advisory chairman believes that this clinical research may aid, not only in throwing some light on the vexing problem of erosion-abrasion, but in determining the most successful means of combating sensitivity of these lesions."

Approximately three years after the Committee on Erosion-Abrasion Research submitted its first report, Dr. Bodecker, on April 11, 1946, summarized the committee's work as follows:

"The fluid in the gingival sulci or crevices was tested in 496 teeth with blue and red litmus paper. In the average age group of 38 years, 132 erosion-abrasion lesions showed an acid reaction in 59.9. The number of cases examined are still few; even so a definite trend is established which suggests that an acid crevicular fluid is related to the formation of these lesions. . . . The advisory chairman believes that considerable progress has been made which warrants the continuation of the work by those interested in the subject."

The following year, October, 1947, Dr. Bodecker sent a letter to Academy President Earle Banks Hoyt in which he stated: "The problem of erosion-abrasion has reached a stage at which, for the time being, no further gathering of clinical observations will be necessary. It appears, therefore, that the dismissal of the committee is in order."

By vote of the Board of Directors, the Committee on Erosion-Abrasion Research was discontinued on October 9, 1947.

ACADEMY ENDORSES WATER FLUORIDATION

In 1956, the Committee To Protect Our Children's Teeth, Inc., of which Academy Fellow C. Raymond Wells was chairman of the Dental Advisory Council, staged a vigorous

campaign to have the municipal water supply of New York City fluoridated. The committee believed that its proposed fluoridation project offered the best means of aiding the prevention of dental caries for the people, particularly the children of the City of New York.

On September 28, 1956, Dr. Wells appealed to the Academy's fellowship for funds to help support the committee's work. He stated in part:

"You are probably familiar from the attention in the press, on radio and television with the excellent public educational job being performed by our committee to support the city administration's affirmative position on water fluoridation. We must now step up our activity preparatory to public hearings shortly after the fall election. Business, labor and parent groups have been most responsive to calm presentation of facts about the safety and effectiveness of this public health procedure.

"We follow policies established by the American Dental Association, which has strongly endorsed fluoridation of public water supplies now embodied in programs of 1,256 communities serving a total population of more than 25,700,000 people. Our work is in keeping with the judgment of the Dental Society of the State of New York which believes our profession should be an informational resource to support initiative taken by public-spirited citizens.

"The time to increase effort is right before us. Our capacity to sustain effective work depends directly on how much money we will have to spend. We have raised \$56,000 in gifts, grants and pledges toward budget needs of \$100,000. Here in the largest city in the world, we are obliged to be certain we have resources equal to the task of advancing scientific facts and correcting misinformation.

"It is hoped that each dental society and the academies will make a generous contribution. Checks should be drawn to the State Charities Aid Association, co-participant in our program. With your help, we can win a victory for forward-looking dental health."

The fellowship responded generously to Dr. Wells' appeal and adopted the following resolutions on April 12, 1956:

"The New York Academy of Dentistry at its annual meeting held on April 12, 1956, whole-heartedly endorsed fluoridation of the municipal water supply for the City of New York in the proportion of 1 part of fluoride to 1,000,000 parts of water, to aid the prevention of dental caries for the people, particularly the children of the City of New York."

"The New York Academy of Dentistry registers appreciation to the Honorable Leona Baumgartner, M.D., the Commissioner of Health, City of New York, for the belief in, and support of, this great preventive public measure, and for the recommendation of the Board of Health to the Mayor of the City of New York, to wit: 'It is urged that appropriate action be taken to improve the health of the citizens of New York City by providing for the fluoridation of our municipal water supply.'"

Although representatives of the Committee To Protect Our Children's Teeth, Inc. argued valiantly at the subsequent public hearings held before the Board of Estimate in the City Hall, their recommendation for the fluoridation of New York City's municipal water supply was rejected.

At a Board of Directors meeting on April 11, 1957, Academy President C. Raymond Wells read a copy of a letter which he had sent to members of the Board of Estimate regarding the Academy's position on fluoridation of the municipal water supply for the City of New York. At the time Dr. Wells sent the letter, dated March 6, 1957, he also was chairman of the Dental Advisory Council to the *Committee To Protect Our Children's Teeth, Inc.*, of which Benjamin Spock, M.D. was chairman.

Members of the Board of Estimate
City Hall
New York, N.Y.

Dear Sirs:

The New York Academy of Dentistry with a membership of 400 licensed dentists, elected to fellowship in the Academy for special

achievement in the Art and Science of Dentistry, at a meeting held on April 12, 1956, by resolution unanimously endorsed the fluoridation of the municipal water supply for the City of New York.

Copies of the resolution were forwarded to the Mayor, the Commissioner of Health and the Commissioner of Water, Gas and Electricity, of the City of New York.

The Academy of Dentistry respectfully appeals to the members of the Board of Estimate of the City of New York for favorable consideration of the well-researched and safe preventive public health measure of water fluoridation, to the end that in the future the people of the City of New York will, in a large measure, escape the serious dental ills so prevalent today.

Respectfully,

/s/ C. Raymond Wells, D.D.S.
President

Closely supporting the *Committee To Protect Our Children's Teeth* was the *Oral Hygiene Committee of Greater New York*, a coordinated committee of the First and Second District Dental Societies and components of the Dental Society of the State of New York and the American Dental Association.

On October 4, 1957, M. Joel Freedman, D.D.S., chairman of the Oral Hygiene Committee, sent a letter to Dr. Norman L. Hillyer, secretary of the New York Academy of Dentistry, informing him of the tenth annual observance of *Children's Dental Health Week* to take place from February 3rd. to 7th., 1958. "During that week," the letter stated, "all individuals and groups interested in promoting the dental health of the children of our community will unite in a nation-wide program of dental health education."

Because of the Academy's leadership in programs concerned with the health and welfare of children, Dr. Freedman invited the New York Academy of Dentistry to be one of the sponsors of *Children's Dental Health Week* in New York City. The Dental Academy's compliance with Dr. Freedman's request was a step forward in the final realization of the fluoridation of New York City's municipal drinking water.

Ten days later, on October 14, 1957, Dr. C. Raymond

Wells, as chairman of the Dental Advisory Council of the *Committee to Protect our Children's Teeth*, sent a progress report to Dr. W. Ward Tracy, president of the New York Academy of Dentistry, in which he stated in part:

You will be glad to know that prospects for markedly greater acceptance of water fluoridation appear bright. The last tally showed 1,522 communities with 31,566,000 people had adopted the programs. The A.M.A. Councils were requested to review their experiences and held a hearing in Chicago last month at which they welcomed evidence for all against fluoridation; the indications are that all data of any value supports our advocacy of the effectiveness, safety and desirability of this important preventive measure.

We still have a considerable job to do in gaining a greater measure of public understanding. Our Dental Advisory Council serves as a primary resource for information with publications and broadcast media, and for step-by-step community activity.

Favorable decision in New York is still a necessary major stride toward national acceptance. Only one-fourth of the people who could benefit are receiving the advantages of water fluoridation. Our special function is to see that wherever possible discussion proceeds along sound dental health principles.

Your (the Academy's) generous support in financing continued work is earnestly requested. We need \$36,500 more than we now have to carry forward a very valuable program during the next six months. The contribution of your society is important to us, both for its needed material help and its affirmation that dentistry stands firmly with the physicians, nutritionists, engineers and community leaders working for better preventive dental health on behalf of over one million children in the metropolitan area. Your society's contribution should be drawn to the *State Charities Aid Association* and mailed to me.

Complying with Dr. Well's request, the New York Academy of Dentistry contributed \$500 as the first of numerous appropriations to the *State Charities Aid Association* to further the work of the *Committee To Protect Our Children's Teeth*.

Only two days after Academy President W. Ward Tracy received Dr. Well's progress report and a request for funds, he received a letter, dated October 16, 1957, from Duncan W.

Clark, M.D., the new president of the *Committee To Protect Our Children's Teeth*. The letter read in part:

Of much interest, I am sure, will be the *TIME* report on the pamphlet, *WATER FLUORIDATION: FACTS, NOT MYTHS*, written by our past-president, the eminent health statistician, Dr. Louis I. Dublin.

Our best chance for favorable action on fluoridation by the Mayor and Board of Estimate will be after early December when the American Medical Association receives the reports of its Councils with the expectation of reaffirmation of previous approval. While fluoridation is in no way a major election question, it is highly desirable that a growing number of citizens want it. May I ask for your aid in a three-fold way:

1—Although more than 70 of the city's leading professional, business, labor and civic organizations have endorsed fluoridation, we still have an education job to do. This fall, approximately 500 local organizations will hold meetings and it is our hope that they will wish to consider endorsement of this health measure with communication of their views to their Borough Presidents, the Mayor, City Council President, and Comptroller.

Will you please return the enclosed form to me if there are groups whose officers you know and whom you are willing to approach? Your response can enable us to avoid duplication, and to plan an appropriate schedule of action.

2—Will you write a personal letter to officials of the Board of Estimate reaffirming your belief in this measure?

3—We need financial support. Program costs for the next six months are estimated at \$36,500. Most help in the past has come from a few foundations, and perhaps one-sixth from our members who have made personal gifts. If you are willing to make a request from any foundation officer, person or corporation, please let me know.

Our committee in its one year of existence has developed a key and somewhat unique role in communicating and working with the professions, the public and their officials. Our correspondence indicates that hundreds of community leaders across the country rely and draw upon our committee as a reliable source of facts and advice.

What happens in New York City this winter may well have a pivotal and extended effect on the nation-wide movement toward use of this measure. Your (Academy's) support on any of the above will be much appreciated.

The article in the weekly news-magazine *TIME* (July 22, 1957) reporting on the pamphlet by Dr. Louis I. Dublin, to

which Dr. Duncan M. Clark referred, was written in the usual breezy style so typical of that kind of news media. Yet, because of Dr. Dublin's prominence as a statistician, it represented an affirmative and authoritative opinion regarding the positive effectiveness of fluoridated drinking water. The most significant portions of the *TIME* article are quoted here.

FIGURES & FLUORIDES

Citizens who want to get their teeth into solid facts on effects of water fluoridation had their answer last week in a 28-page report by a statistician who has at his fingertips more figures on health and disease, life and death, than any man living: Dr. Louis Israel Dublin.

Dr. Dublin's conclusion: The case for fluoridation is water-tight.

Dr. Dublin's report is one of the most authoritative blows yet struck for the pro-fluoride side in the passionate U. S.-wide controversy over doctoring public drinking water. For half a century, Lithuanian-born Dr. Dublin, 74, has been translating statistics into weapons for the war against disease. From 1909 to 1952, as head of the Metropolitan Life Insurance Co.'s statistical branch, he amassed data from the health records of 30 million policyholders.

Now retired from Metropolitan but still working hard, Dr. Dublin dug into the fluoridation controversy, spent a year in statistical research. In his report *Water Fluoridation: Facts Not Myths*, published by Manhattan's Public Affairs Committee, he likens the opposition to fluoridation to the bombing of Cotton Mather's house in 1721 because Mather urged vaccination against smallpox, and the early 20th century fanaticism that drove public health workers out of some towns for advocating chlorination of water.

Statistician Dublin's most sweeping statistic: Next to the common cold, tooth decay is probably the most universal disease suffered by mankind. Men and women aged 40 to 44 who have spent their lives in areas with naturally fluoridated water average only three missing teeth; those in non-fluoridated communities average 14. Tooth decay has declined 54% to 60% among youngsters in city after city where fluoridation has been practiced for about ten years.

Are fluorides poisonous? Yes, says Dr. Dublin . . . in the same way as common salt, oxygen and water, which can kill you if you get too much of them. . . . To absorb a lethal amount of fluoridated water would require drinking 50 bathtubfuls at a sitting. . . . To produce even the mildest symptoms of fluoride poisoning would require that the victim swallow two-and-a-half bathtubfuls during a single day.

Dr. Dublin's smallest statistic is his most impressive. Searching for cases where any harm to health, even among the aged and ailing, is attributable to fluorides, he found not one.

The *NEW YORK POST*, in an article dated December 10, 1957, quotes Dr. William R. Alstadt, president of the American Dental Association, with these statements: "It is surprising that the nation's largest city, a leader in so many areas, has seen fit to turn its back to date on one of the great health measures of our time, depriving its children needlessly of substantial protection against disease. . . . He blamed a voluble minority for the city's failure to fluoridate its water. . . . He commended the Board of Health for recommending fluoridation, and noted that every major health organization had indorsed it. . . . The American Medical Association's governing body gave its complete approval to fluoridation last week after a preliminary report in 1951 favored it. . . . Alstadt pointed out that Chicago, San Francisco, Baltimore, Philadelphia, Washington, D. C., Cleveland and more than 1,500 other communities have added fluorine to their water supplies. . . . It is to be hoped that the benefits of fluoridation, which will reduce the incidence of tooth decay by about 65 per cent, will not too much longer be denied the children of New York City."

On January 22, 1958, President W. Ward Tracy received the following thank you letter from Dr. C. Raymond Wells, chairman, Dental Advisory Council to the *Committee To Protect Our Children's Teeth, Inc.*:

The enclosed official receipt from the State Charities Aid Association acknowledges the second generous gift from the New York Academy of Dentistry for the work of our committee. We are most appreciative of both your continued interest and support.

We hope that with the recent strong endorsement of water fluoridation by the American Medical Association and with the concerted action by the local civic groups, this vital health measure is obtained for New York City in the near future.

A bulletin of the Dental Information Bureau for the period from March 25 to April 21, 1958, gave this account regarding the fluoridation situation:

In the last month, the proponents and opponents of fluoridation have been particularly active. As an editorial in the May issue of *The New York Journal of Dentistry* points out, the sensational false claims

and misleading half-truths of the oppositionists attract more public attention than the sober scientific facts of our foremost researchers.

In several cases, dentists have appeared against each other in public debates, thereby heightening uninformed impressions that the profession is equally divided on the fluoridation question. On a number of occasions, we had referred to us by both groups questions involving applicable regulations of the Codes of Ethics. Such cases were referred to the Ethics Committees of the societies concerned. In many other instances, newspapers and radio stations called for clarification of data supplied by the contending parties.

On November 13, 1958, Academy President Wilbur J. Prezzano (1958-1959), received an appeal for more financial assistance from the *Committee To Protect Our Children's Teeth*, which he referred to Dr. C Raymond Wells. Dr. Wells recommended that the Academy contribute another \$100,000 for this purpose, which on motion was unanimously adopted.

A significant example of the strong and unfair opposition in high political places to the fluoridation of New York City's drinking water was clearly brought out in an editorial broadcast over New York City's Radio Station WMCA by Nathan Straus on Friday, December 5, 1958.

The title of the broadcast was *GEROSA AND THE SCHOOLS* and the official involved was New York City Comptroller Gerosa. In an elaborate report on school construction costs, Mr. Gerosa reported waste of more than \$100,000,000. Such an accusation by the chief financial officer of the New York City government was a matter of grave concern, for at the same time he said that he was "going to Albany to fight a Constitutional Amendment that would permit the City to borrow up to \$500,000,000 outside its debt limit to finance new and badly needed construction of new schools." This was a matter which "could not be lightly dismissed in our city. Many of our 332 schools are over fifty years old. Two hundred and thirty of them are not even fireproof."

After presenting the above resume of Mr. Gerosa's involvement in the school construction problem, Broadcaster Nathan Straus had this to say regarding fluoridation:

Let us take a quick look at the record of Comptroller Gerosa. He had no previous experience or apparent interest in public affairs until 1953

when, rather unexpectedly, he was picked by the Democratic Organization boss in the Bronx for the second most important position in the City government. Gerosa was in the trucking and construction business, known chiefly for the fact that he was a liberal contributor to the Bronx Democratic Organization. Since he has been Comptroller of the City, Mr. Gerosa has contributed little to City government. *He is remembered chiefly for two things.**

One of them was his opposition to a water-front park for the people of New York City. The second 'contribution' to City government has been his *consistent opposition to fluoridation of the City water supply.**

This is the story: Next to the common cold, tooth decay is probably the most universal physical ailment suffered by man. Dental defects were the largest single cause of rejections among the first two million men examined for World War II military service. New York City alone spends more than \$1,000,000 a year to provide dental treatment to those who cannot afford it.

Last year, the governing body of the American Dental Association gave its unanimous endorsement to fluoridation of the water supply as a means of preserving sound teeth for growing children. Fluoridation of the City water supply was strongly urged by the American Dental Association, the National Research Council, the American Water Works Association, and the United States Public Health Service. The New York City Department of Health, the New York Academy of Medicine, the medical societies of the five counties, and the NEW YORK ACADEMY OF DENTISTRY all support fluoridation. No qualified medical or dental organization opposes it.

Fluoridation has already been adopted by Chicago, Philadelphia, San Francisco, Baltimore, Washington, Cleveland, and 1,500 other communities in the United States. *Only New York City lags behind in this important health measure.*

In the face of this overwhelming array of scientific support, Comptroller Gerosa, in April of this year (1958), said, "I will not vote . . . that our water supply be fluoridated," and he branded the most respected bodies in American medicine as "zealots." On the basis of his own ignorant prejudice, Gerosa has condemned the children now growing up in the City to needless pain and dental decay in the years ahead.

This is the man who now sets himself up as a competent critic of school architecture, school site planning and school building.

Climaxing, but not concluding a bitter twelve-year fight to fluoridate New York City's water supply, the City Council on December 10, 1963, approved the measure by a vote of 19 to

* Italics are the author's

4. Two days later, on December 12, the New York City Board of Estimate gave its approval by a unanimous vote.

Continuing its attack on fluoridation, the *SATURDAY REVIEW*, of January 4, 1964, carried an article presented as "documentation" of its December 7, effusion, which had condemned the measure as "unnecessary." The latter piece, based largely on a study by a Canadian research team, was characterized by the A. D. A. Central Office as "a mixture of fact, speculation, and misdirected extrapolation."

The Dental Information Bureau, in its "Highlights of Headquarters Activity" of March 26, 1964, published this interesting bit of information regarding "the fight for fluoridation":

Defeated But Not Finished, the local anti-fluoridation forces continue their efforts. A former water commissioner of New York City, among others, has been active in addressing women's clubs and other groups. Among those calling on the DIB for literature with which to refute the claims of the "antis" was Mrs. H. S. Rasi, mother of a dentist, and past president of the Brooklyn Women's Club.

The dentist, whose mother was taking an active interest in promoting the fluoridation cause, was Academy Fellow Arthur S. Rasi, of 139 Clinton Street, Brooklyn, New York.

After the affirmative vote by the City Council and the Board of Estimate in December, 1963, the forces opposing fluoridation, which had built a substantial "war chest," manifesting their usual arrogance and distortion of facts, promptly announced plans to block the move in the courts. It was expected that, although the legal action would fail, the coming months would witness vicious and unreasonable attacks on the city government and gross distortions of the truth in publicity of various kinds.

The object of the anti-fluoridation forces was, of course, to embarrass New York City's Mayor Robert Wagner and his colleagues, discredit the dental and medical professions which had been actively identified with fluoridation since its introduction and, on various grounds, such as constitutional rights, to build public hostility toward the measure.

Reactionary sentiment to fluoridation still ran high. It was astonishing to note how many newspapers, radio and tele-

vision commentators, persons who should have known better, seemed to accept the half-truths and untruths which were daily being promulgated by the anti-fluoridation forces.

As an example of the distortion and misrepresentation of facts, an individual by the name of A. V. Hubbard, in a letter to the editor of the *New York Times*, wrote in part:

Is it possible that the people of New York City are unaware that by accepting this so-called harmless addition of one-millionth part of fluoride to our water supply, they are opening the door to government, not by the people but by government officials?

The principle of mass medication without consent of the people is a telling step toward removal of our liberties. Let us put the proposition to the people in a referendum.

In 1965, New York City became the largest metropolis in the world to adopt fluoridation. The following year, a "Fluoridation Census, 1966" released by the Division of Dental Health, United States Public Health Service, of which Dr. Viron L. Diefenback, assistant surgeon general, was the director, revealed that "Sixty-two and a half million consumers lived in 3,145 communities where water is adjusted to the proper fluoride level." The report also disclosed that "Ten million persons, living in 2,300 communities, drink water which contains sufficient *natural* fluorides to protect teeth."

The United States Public Health Service endorsement of community water fluoridation in 1951, followed several decades of research which proved that the process was safe, effective, and economical. The first community demonstration took place in Grand Rapids, Michigan, in 1945. The 1966 fluoridation census showed that eight of the nation's ten largest cities had fluoridated water supplies: New York City, Washington, D. C., St. Louis, Philadelphia, Baltimore, Chicago, Cleveland, and Detroit. Only Los Angeles and Boston were without fluoridated drinking water.

Thus, after many years of work and study by conscientious and dedicated dental and medical scientists and educators since those first studies and clinical trials in Newburgh, New York, proved the value of fluorides in reducing the incidence

of tooth decay, fluoridation was established unequivocally as the most significant advance in the new era of preventive dentistry.

THE PROTEOLYSIS-CHELATION THEORY

In January, 1956, Dr. Albert Schatz, Ph.D. and Academy Fellow Joseph J. Martin, D.D.S. from the National Agricultural College, Bucks County, Pennsylvania, applied to the New York Academy of Dentistry for a research grant of \$1,000. The project: "Research on the proteolysis-chelation concept of dental caries," with the objective "to determine whether the organic matrix and mineral component of the calcified body structures, especially tooth enamel, undergo simultaneous degradation when attacked by oral proteolytic bacteria."

Upon receiving notice that the Academy had approved the \$1,000 research grant, Dr. Schatz wrote to Dr. J. A. Salzmänn, chairman of the Academy's Research Committee, as follows:

Dr. J. A. Salzmänn, chairman
Committee on Research
New York Academy of Dentistry
New York, New York

Dear Doctor Salzmänn:

I am writing to thank you for your kind letter of January 18, from which I was happy to learn that the New York Academy of Dentistry had acted favorably on our application for a research grant for the sum of \$1,000.

The project, a research on the proteolysis-chelation concept of dental caries, is of considerable interest to us, as we intend to include studies with chelating agents at different pH levels under conditions that simulate the attack by erosion on smooth surfaces of different teeth. I am hoping that the information thus obtained will allow a comparison of the relative importance of acidity versus chelation with respect to dental caries as compared with erosion, such as that caused by brushing.

We cannot, of course, predict with absolute certainty how much can actually be accomplished within the \$1,000 budget. Nevertheless, I do feel confident that we shall make significant progress and obtain some information of interest and value.

I shall be happy to present the results of these studies before the New York Academy of Dentistry, as we shall certainly acknowledge the support of the Academy in reports of this work which will eventually be submitted for publication. If the Academy so desires, I shall also be happy to present our observations on the studies that we have so far carried out under our grant from the National Institute of Dental Research of the U. S. Public Health Service.

Cordially yours,

/s/ ALBERT SCHATZ
Director of Research

In the October, 1955, issue of *The New York State Dental Journal*, Dr. Charles F. Bodecker, internationally-known professor emeritus of dental histology at Columbia University, referred editorially to the proteolysis-chelation theory as "a revolutionary concept of dental caries." He stressed the point that "If this new concept is fully confirmed and accepted, the conclusion logically follows that, instead of preventing caries, over-alkalizing the mouth, may, as a matter of fact, contribute to its cause and progress."

An article of considerable historical significance entitled "PROTEOLYSIS-CHELATION: A NEW THEORY OF DENTAL CARIES" appeared in the November, 1955, issue of *The Journal of the New Jersey Dental Society*. It was authored by Joseph J. Martin, D.D.S., Albert Schatz, Ph.D. and Karl E. Karlson, M.S. It is recorded here in its entirety.

"The cause of dental caries has been the subject of considerable controversy. For many years numerous investigators have postulated that lactic or other organic acids, formed by bacterial fermentation of ingested carbohydrate (i.e., sugar), dissolve enamel apatite and thus initiate tooth decay. This is the acidogenic or chemico-parasitic theory, which is generally associated with the name of W. D. Miller. On the other hand, some workers believe that dental caries results from a proteolytic attack on the organic matrix of enamel. The latter concept derives largely from the monumental work of Dr. Charles F. Bodecker who in 1906 conclusively established the organic nature of the enamel matrix and who has since that time

contributed most outstandingly to the concepts of vitality, maturation, and variable physiologic resistance of calcified dental tissues, dental lymph, and the proteolytic theory of tooth decay.

“Unfortunately, there have been few and unsuccessful attempts to demonstrate that oral microorganisms are capable of breaking down keratin; a protein which is the major organic constituent in tooth enamel. From this it was generally concluded that keratin-digesting microbes are not present in the mouth and that enamel keratin is resistant to enzymatic attack. It is thus understandable why most attention has been focused on the acidogenic theory despite the excellent histological evidence supporting the proteolytic concept. Since tooth enamel consists exclusively of mineralized and organic components, one has no choice but to concentrate on the former if there is no mechanism for breakdown of the latter. Consequently, the role of acids in dissolving apatite has received major study.

“However, the application of new microbiological and biochemical techniques has recently proved that keratin-digesting bacteria and molds do indeed occur in the mouth, and that the enamel organic matrix can be rapidly destroyed by these cultures. These experimental observations constitute microbiological and biochemical aspects which compliment the fundamental histological work of Dr. Charles F. Bodecker. Moreover, various proteolytic and other enzymes, proteins, and protein breakdown products such as polypeptides are capable of forming water-soluble compounds (known as chelate or chelation complexes) with calcium. It thus appears that the dual proteolysis-chelation reaction may cause breakdown of the enamel organic matrix and at the same time dissolve enamel apatite. The proteolysis-chelation theory may therefore account for destruction of both the organic as well as the inorganic constituents of enamel simultaneously or in sequence.

“But this raises a question as to the role of acidogenic bacteria and acids in dental caries. Lactobacilli and other

acid-producers are widely distributed throughout nature, but are particularly abundant where carbohydrates are available and where the amount of oxygen is partially or wholly reduced. These microbes are therefore to be expected members of the oral population; it would be most surprising if they were not present in the mouth. What then is their relationship and the function of acid? Throughout nature, proteolytic bacteria are generally more active under alkaline conditions. And throughout nature, acid-producing organisms tend to control and inhibit proteolytic activity. The same relationship between these two groups of microorganisms applies in the mouth just as it holds true in many other places.

“There is another aspect that is of interest with respect to the etiology of dental caries. Bacteria become established in the mouth of the human immediately after birth and long before tooth eruption. Since the mouth and nasopharynx is both a portal of entry and major reservoir of numerous pathogenic bacteria and viruses, a tooth cavity is potentially one of the most dangerous kinds of infections, especially during the early years of life when resistance is at a minimum. If lactobacilli or other acid-producing bacteria are responsible for tooth decay, then nature has planted ‘seeds of destruction’ in the mouth before the teeth appear. However, if proteolytic bacteria are the cause of dental caries, it follows that nature has established acid-producing bacteria as a defensive factor in the mouth to protect the forthcoming teeth. They not only tend to check tooth decay but also serve to eliminate a major portal of entry for serious disease-producing germs during a period when the individual has minimum resistance to infection.

“In this light, lactobacilli and acid-forming bacteria in general are viewed not as the cause of dental caries but as an effort by nature to prevent tooth decay.

“With respect to practical implications, this new concept of dental caries supports the position of Dr. Charles F. Bodecker who has already questioned the efficacy of alkaline dentifrices. Such dentifrices may actually increase rather than

prevent tooth decay in view of the well-known fact that proteolytic activity is generally greatest under alkaline conditions.”

In January, 1956, the New York Academy of Dentistry gave a \$1,000 grant to Albert Schatz, Ph.D. and Joseph J. Martin, D.D.S. to pursue research on the PROTEOLYSIS-CHELATION CONCEPT OF DENTAL CARIES, which they were conducting at the National Agricultural College, Doylestown, Bucks County, Pennsylvania.

Nearly a year later, on December 31, 1956, Dr. J. A. Salzmann, chairman of the Academy's Committee on Research, of which Drs. Earle Banks Hoyt and Willard T. Keane were members, received the following letter from Dr. Schatz:

Dr. J. A. Salzmann
Committee on Research
New York Academy of Dentistry
New York, New York

Dear Doctor Salzmann:

I am happy to enclose for you a report of our work under the research grant from the New York Academy of Dentistry.

I feel that the information obtained is significant with respect to caries as well as erosion.

For example, some of our data provided positive evidence for the ability of proteins and protein degradation products to decalcify. Some studies along this line have been reported in the literature, but the results were negative or inconclusive.

Both Dr. Martin and I would welcome an opportunity to do further work along these lines on this project.

I am now in the process of preparing a more detailed report for presentation on January 10, 1957, and am planning to have this in manuscript form so I may present it to Dr. Edward Stroh, editor of the *Annals of Dentistry*, on that day.

Looking forward to the pleasure of meeting you on the 10th. and with best wishes for the New Year, I remain

Cordially yours,

/s/ Albert Schatz
Director of Research

The progress report on the PROTEOLYSIS-CHELATION CONCEPT OF DENTAL CARIES to which Dr. Schatz refers in his letter to Dr. Salzmann of December 31, 1956, was signed by both Investigators Albert Schatz and Joseph J. Martin. Sent from the Research Laboratories, National Agricultural College, Doylestown, Pennsylvania, it read as follows:

"The objectives of this project were set forth in our original application of December 20, 1955, and in our subsequent letter of January 26, 1956, addressed to Dr. J. A. Salzmann, chairman of the committee on Research, New York Academy of Dentistry. Specifically, the applicants hoped to obtain (1) information concerning the applicability of proteolysis-chelation as a reaction operative in the destruction of enamel during the carious progress, and (2) additional information which would contribute to our understanding of the mechanism of erosion of smooth surfaces.

"One series of experiments was concerned with the ability of oral proteolytic microflora to catabolize (1) proteins and protein degradation products, (2) carbohydrates, fermentation products (i.e. acids, alcohols, aldehydes, ketones), and related compounds, and (3) miscellaneous substances. This kind of information was desired because relatively little such work has been done with proteolytic bacteria of the mouth. Since many of the compounds tested for microbiological stability are capable of decalcifying tooth enamel in both caries and erosion, their durability under conditions prevailing in the mouth indicates which substances may be significant in the demineralization process. The results showed, among other things, that many fermentation acids were vulnerable to enzymetic destruction by oral microflora, lactic acid being particularly susceptible to breakdown.

"Other investigations dealt with the effect of oral proteolytic bacteria and their metabolic products on rat bone labelled with Ca^{45} . This material was used for this preliminary work because it was conveniently available in adequate amounts. It would have been far more difficult to obtain Ca^{45} labelled enamel from rats or other animals because of the relatively small amount of enamel compared to bone. In addition, pure apatite prepared with isotopic calcium was employed in certain experiments for comparison with Ca^{45} labelled bone.

"The result of these studies indicate that protein degradation products are capable of dissolving apatite under conditions where pH rules out acid action, and where chelation is therefore the most likely mechanism. The observations also suggests that chelation rather than pH per se may be the significant factor in smooth surface erosion. Citrus fruit

juice, for example, has been considered almost exclusively with respect to its acidity; that is, in terms of pH. But citrate is a powerful chelating agent, and it may well be that the chelating properties of citrus fruit juice and other acid beverages are more significant than pH in erosion. Many organic acids responsible for the acidity of foods are also capable of dissolving calcium phosphate by sequestration (i.e. chelation) reactions.

"The work that has been done provides an adequate basis for approaching the problem directly with tooth enamel. The information obtained now indicates which substances should be studied in detail, and how definitive experiments should be carried out with enamel.

"A more detailed report of this work will be presented at the January 10, 1957, meeting of the New York Academy of Dentistry, and a manuscript is being prepared for Dr. Edward Stroh, editor of the *Annals of Dentistry*."

At a Board of Directors meeting on November 14, 1957, Dr. J. A. Salzmann, for the Research Committee, reported that he had written to the deans of the dental schools at Columbia, New York University, Temple, Pennsylvania, Fairleigh Dickinson, and Seton Hall, informing them that "the New York Academy of Dentistry was interested in furthering research that could be applied in clinical dentistry and had a modest sum available for this purpose not exceeding \$1,000 in any one year; that it would be happy to receive any such applications, with the understanding that the person or persons working on such research projects would be expected to give a report of their progress at an Academy meeting, such paper to be the property of the Academy with a view to its publication in the *Annals of Dentistry*."

At the November 14, 1957, Board of Directors meeting, Dr. Salzmann also recommended that "the Academy consider the subsidization of the publication of theses written for the degree of Doctor of Medical Science and Master of Medical Science when found worthy for such publication by the Research Committee, the *Annals* to have the first choice of publication, but it not being necessarily restricted to the *Annals*, and reprints thereof sent to dental schools in the United States and other English-speaking countries."

After discussion, the Research Committee was authorized to explore this avenue, especially as to the possible costs involved.

One of the replies to Dr. J. A. Salzman's inquiries regarding the Academy's offer of a \$1,000 research grant came from J. H. Manhold, Jr., D.M.D., M.A., professor and director, Department of Oral Pathology and Diagnosis, Seton Hall College of Medicine and Dentistry, Medical Center, Jersey City 4, New Jersey. Professor Manhold, in a letter to Dr. Salzman dated December 6, 1957, stated:

"Apropos your letter of 12 November 1957 to Dr. Maxwell, and my answering of 15 November, enclosed is the Research Proposal which I should like to submit for your consideration.

"Thank you again for your courtesy and consideration in this matter and I shall look forward to hearing from you."

Professor J. H. Manhold's research proposal to the New York Academy of Dentistry, dated December 6, 1957, read as follows:

Title	Investigation of the applicability of microrespirometer technique to the study of human gingival disease.
Principle Investigator	J. H. Manhold, Jr., D.M.D., M.A., Professor and Director, Department of Oral Pathology and Diagnosis.
Address of Institution	Seton Hall College of Medicine and Dentistry, Medical Center, Jersey City 4, New Jersey.
Significance	If found to be applicable, the microrespirometer technique will allow, 1) studies of the respiratory quotient of the gingiva in various disease processes, 2) studies of the effectiveness of selected medicaments currently prescribed for treatment of gingival disease, 3) characterization of the changes in gingival tissue incident to aging, and 4) characterization of growth factors manifest in benign and malignant lesions of the gingiva.
Procedure	Small sections of gingival tissue will be removed from students, employees, and patients of Seton Hall College of Medicine and Dentistry and the various hospitals of the Jersey City Medical Center. This tissue will be examined microscopically and analyzed by means of a microrespirometer technique. This technique will employ capillary microrespirometer measurements on apparatus designed to the specifications set forth by Stern and Kirk (J. Gen. Physiol. 31:239, 1949) and will employ the method outlined by Kirk in <i>Quantitative Ultra-Microanalysis</i> , (New York, Wiley & Sons, 1950) pages 237-238.

Background In 1949, Glickman, Turesky, and Hill determined the oxygen consumption of normal and inflamed human gingival tissue by use of the Warburg Manometric technique. This data was found to be a valuable adjunct to the existent knowledge of gingival physiology. Using the same technique, Glickman, Turesky, and Manhold (1950) studied the oxygen requirements of healing gingival tissue of dogs. They found that an exact relationship between values for human and dog gingival tissue did not exist. However, the results did demonstrate that healing tissue requires a larger amount of oxygen than normal or inflamed tissue. Further extension of this investigation to human tissue was not made because the amount of tissue needed for accurate results made the use of the Warburg technique impractical.

Many problems relative to tissue metabolism still exist today, especially in the general area of neoplasia and aging. Much stress already is being placed upon the tissue respiratory factor in growth. However, the relationship between the tissue respiratory factor and anaplasia and aging is little understood. Another prominent specific problem is the possible correlation between gingival metabolism and the treatment of gingival disease. No studies of this nature appeared to be underway.

This establishment of the applicability of a microrespirometer technique to the study of diseases of human gingival tissues (which would appear feasible because only small quantities of tissue are needed for such determinations) might 1) give additional information to our existant knowledge of anaplastic processes in human tissue, 2) allow characterization of metabolic changes in the human gingival disease. (The work of Glickman, Turesky, and Manhold demonstrated that healing tissue required more oxygen than normal tissue. Therefore, medicaments which interfered with, or did not increase oxygenation could be excluded from future periodontal therapy.

Duration of Project	One year	
Proposed Budget	Microrespirometer apparatus	350.00
	Punch biopsy instrument	7.00
	Technician for microrespirometer	643.00
		<u>\$1,000.00</u>

A continuation of the research proposal concluded with an extensive bibliography, and biographies of Dr. John H. Man-

hold, Jr., the principle investigator, and Dr. Theodore E. Bolden, co-investigator.

Three months after Dr. J. H. Manhold's proposal was approved by the Committee on Research, the Board of Directors and the Academy's fellowship, at a meeting on March 13, 1958, voted unanimously to accept the Research Committee's recommendation and made the grant of \$1,000 for a period of one year.

At the March 13, 1958, meeting, the Committee on Research also recommended:

- "1) The activities of the Committee on Research be continued.
- "2) The Committee on Research be empowered to investigate the practicability of establishing a clinical research group among the fellows of the Academy. This group is to function under the sponsorship and auspices of the Academy.
- "3) The Committee on Research continue to investigate selected doctorate and master's theses for publication in the *Annals of Dentistry* and distribution to dental and medical libraries."

Although Academy records do not list or explain the transaction, it is apparent from the following letter taken from Academy files, that, during Dr. Wilbur J. Prezzano's administration (Pres. 1958-1959), a contribution credited to the New York Academy of Dentistry was made to the Yonkers Heart Committee, which is an affiliate of the American Heart Association. The letter, dated October 14, 1958, addressed to Dr. Wilbur J. Prezzano, Medical Center Building, White Plains, New York, read as follows:

Dear Doctor Prezzano:

Dr. George L. McNew, of Boyce Thompson Institute, sent a check from the New York Academy of Dentistry drawn in favor of the Heart Committee of Yonkers.

We greatly appreciate this contribution from the New York Academy of Dentistry, and as you know, the areas of heart research and community education and services are constantly needing to be supported and strengthened.

Gifts, such as yours, make it possible for us to carry on the work of

the Heart Program. The members of the Association and the Heart Committee asked me to express their thanks for your contribution.

Sincerely yours,

Louise G. Campbell
Executive Director

On January 8, 1959, Dr. J. A. Salzmann, for the Research Committee, reported to the Board of Directors, that his committee "had sent out letters to the deans of the dental schools in New York City and the immediate vicinity, inviting them to submit current research projects in which the Academy could help them to engage; that one application had been received, which would be considered by the Research Committee."

At the Fellowship Meeting on February 5, 1959, Dr. J. H. Manhold, Jr., gave a brief progress report on the results of the "Investigation of the Applicability of a Microrespirometer Technique to the Study of Human Gingival Disease," which in part was subsidized by the Academy for the current year.

The application to which Chairman J. A. Salzmann referred in his report to the Board of Directors, January 8, 1959, came from Dr. William F. Harrigan, professor and chairman of the Department of Oral Surgery, New York College of Dentistry. At the Annual Fellowship Meeting held at the Columbia University Club three months later, April, 1959, the Research Committee, comprised of Drs. Earl Banks Hoyt, Alfred A. Lanza, and J. A. Salzmann, chairman, submitted the following report regarding Dr. Harrigan's request for a research grant:

The Committee on Research considered a number of applications for research grants and has unanimously approved a grant of \$500.00 for the following:

Title	Study of Infections of Dental Origin
Applicant for Grant	Dr. William F. Harrigan, professor and chairman of the Department of Oral Surgery, New York College of Dentistry.

Aims of the Research	<ol style="list-style-type: none"> 1) To determine microbial distribution in abscesses and cellulitides of dental origin. 2) To determine the pathogenizing factors associated with the isolates. 3) To assay the importance of anatomic relations, apart from the "infectious" microorganisms in determining the nature and degree of the clinical syndrome.
Purpose of the Grant	The purpose of the grant is to assist in the purchase of supplies for cultures, tissue studies and laboratory studies relating to the research.
Significance of the Research	<p>Some bacteria (streptococci) have the ability to penetrate or invade tissue through production of fibrinolysin. Other organisms produce the substance coagulase that causes the coagulation or clotting of blood plasma. The clotting of plasma theoretically should favor localization of organisms and thus, may aid in development of the local abscesses typical of staphylococcal infections.</p> <p>This connotation has been carried over to infections of dental origin without evidence to substantiate it. Adequate information as to the organisms causing the abscess and cellulitis of dental origin is not known. Tests to determine the localizing and spreading factors of organisms when isolated have not been made in order to correlate them to the type of infection.</p>

The grant of \$500 which was approved by the Committee on Research and the Board of Directors in April, 1959, was ratified by the Academy fellowship on January 14, 1960. The money for this grant was taken from the Advancement Fund.

At the Fellowship Meeting in October, 1960, the speaker was Wallace J. Gardiner, D.M.D., F.I.C.D., instructor at Harvard School of Dental Medicine, member of the American Academy of Dental Science, and guest lecturer at the School of Dentistry, Tufts University. Dr. Gardiner's subject was "AUDIO ANALGESIA."

In the following condensation of his talk to the Academy fellowship, Dr. Gardiner, the inventor of audio analgesia, explains, evaluates, and tells how (in his opinion) "it has proved helpful to the average dental patient."

"Audio analgesia is a radically different approach to analgesia. The new system uses two types of sound which the patient hears through high-quality earphones: the first is a tape recorded musical program selected by the patient from a library of different types of music; the second is a "masking" noise which resembles a waterfall sound or the roar of ocean surf. The music provides a relaxing and diverting influence for the patient; the masking noise serves to overcome much or all of the painful parts of the proceedings and also to drown out the noise from the drilling operation.

"An important aspect of the system is a control box, held by the patient during the operation. With two knobs on this box the patient can control each of the two sounds separately, raising or lowering the intensity of each. This control not only gives the patient an opportunity to participate but also provides the dentist, who "monitors" through his own set of earphones, with a good indication of how his patient is responding to the operation.

"Very little is known about the causes of pain. Pain itself works as a protecting mechanism to warn of danger or harm to the human system. When the hand touches a hot object a message is instantly relayed to the brain saying, "It hurts. . . . Move!" Without the brain's reaction there would be no pain. With the present method, the recognition of pain and the relaying of the message are "blocked out" or "swamped" in part or totally by the electronically produced "masking sound", . . . referred to as "white" noise by engineers.

"Audio Analgesia has proven helpful to all average dental patients. Exceptions include patients who are classed as "alert reactors" or "hyper-responsive" types and those patients who desire to feel absolutely no pain and thus prefer always to use a local anesthetic. Use of the system with these patients, however, has also proven beneficial; audio analgesia allows the injection to be less bothersome and more effective.

"With this system, success depends upon the cooperation of the patient since it is the patient himself who must anticipate pain and provide analgesia through his control of the electronic system. This is a change from the positive type of anesthesia so familiar to the medicodental field. Since it depends on human factors, the patient using it will experience a degree of success directly proportional to his own ability to control the new system intelligently.

"The success of audio analgesia by the dentist will depend largely on his intelligent approach to this new idea, his understanding of the radical difference in administering this method, and on his ability to evaluate his patients."

At the time this book was being written, one of the most learned men in the dental profession was Dr. Jacob Amos

Salzmann. When Dr. Salzmann was chairman of the Academy's numerous Committees on Research he had already achieved world-wide recognition as an author, lecturer, editor, and researcher. When he received the coveted Albert H. Ketchum Memorial Award in 1966, which is the highest honor bestowed by the American Association of Orthodontists, it was said of him: "The specialty of orthodontics, the broader field of dentistry, and even our whole way of life have been favorably influenced and will continue to benefit from the contributions of this remarkable man." Dr. Salzmann is the author of over ten professional books, some of which were translated in Chinese. Among his many other outstanding accomplishments, he was the editor of the prestigious *New York Journal of Dentistry* for twenty-six years.

As the chairman of the Academy's Committee on Research, it soon became apparent to Dr. Salzmann that the amount of funds which the Academy was contributing toward research projects was insufficient to meet normal research requirements. Rather than have the Academy continue to make inadequate grants, he projected a practical alternative which he explained in a letter, dated November 9, 1960, to Dr. Edgar S. Bacon, president of the New York Academy of Dentistry:

Dr. Edgar S. Bacon, president
New York Academy of Dentistry
9 Rockefeller Plaza
New York 20, New York

November 9, 1960

Dear Doctor Bacon:

At the last Board of Directors meeting of the Academy, I stated in my report that the question of the support of research by the academy should be further discussed.

I had in mind specifically the fact that the amount which the Academy is prepared to grant for research, as I understand it, is a maximum of \$1,000 annually. As you are aware, grants made for dental research by the National Institute of Dental Health are greatly in excess of this amount.

The cost of materials, equipment and personnel engaging in research makes the amount made available by the Academy for this purpose inadequate and is apt to lead to insignificant contributions.

The following is my proposal for the use of funds made available for research by the Academy.

The Committee on Research should communicate with deans of the various dental schools throughout the country and offer to support the publication of research papers, monographs dealing with research, and theses written by post-graduate students.

The research contributions that the Academy would support should be chosen by the Committee on Research of the Academy. The contributions thus chosen would carry a footnote to the effect that publication was made possible by a grant from the New York Academy of Dentistry.

I regret not to be able to present the above personally as circumstances make it impossible for me to attend this meeting of the *Board of Directors of the Academy*. Will you kindly do this for me?

Sincerely yours,

/s/ J. A. Salzmann, D.D.S.

When the Board of Directors met at the Columbia University Club the following day, November 10, 1960, President Edgar Bacon read Dr. Salzmann's report and invited comment. After discussion, the directors voted "to study the letter and request more information as to the amount of funds which would be involved if the Academy increased the total annual grants to research projects."

The annual report submitted by the Committee on Research in April, 1961, and signed by Drs. Earl Banks Hoyt, Willard T. Keane, and J. A. Salzmann, chairman, read as follows:

"The Committee on Research has been in communication with dental schools in the metropolitan area and elsewhere. At present, the committee is considering two applications for grants. As soon as a favorable decision is reached on any of the applications, it will be reported to the Board of Directors of the Academy."

During the fiscal year 1962-1963, Drs. Kenneth C. Deesen, Bernard H. Wasserman, and Alfred J. Keck, chairman, were appointed by President Robert L. Heinze to serve on the Research Committee. The annual report submitted to the

Academy fellowship by this committee in April, 1963, stated:

"In October and November of 1962, the Research Committee contacted several dental schools: Columbia; New York University; Fairleigh Dickinson; also, the Gugenheim Clinic and several men in charge of research programs, advising them that the New York Academy of Dentistry would be interested in helping to finance worthwhile dental research projects.

"Unfortunately, not one request for a research project was made and therefore the Research Committee has no further report to make."

In April, 1963, Dr. Robert W. Northrop, president of the New York Academy of Dentistry, appointed Drs. Edwin H. Getz, Bernard Wasserman, and Kenneth C. Deesen, chairman, to serve on the Research Committee. As the first order of business, this committee was directed to study a request by the Committee for the New York Baby Tooth Survey for the support of the New York Academy of Dentistry and to report its recommendations to the Board of Directors. Simultaneously, Chairman Deesen was appointed a member of the Survey Committee to represent the New York Dental Academy.

The Committee for the New York Baby Tooth Survey was organized "to monitor the up-take of bone-seeking radio-nuclides by residents of representative areas of New York State, including New York City."

This action was taken in response to the concern over the marked increase of these potentially hazardous materials found in food since the advent of atmospheric testing of nuclear devices.

The radio-chemical analysis of deciduous teeth was considered to be the simplest and best method known at that time to determine the amounts of radioactive isotopes stored in the bones of children. The collecting and cataloging of large numbers of deciduous teeth was the first step in such a monitoring program.

Since the success of the program was dependent upon the initiative and cooperation of dentistry, the Research Com-

mittee recommended that the Academy urge its fellows to support this survey program and grant the sum of \$500 to further the aims of the Committee for the New York Baby Tooth Survey.

The Academy fellowship voted to make the \$500 grant at a meeting held on November 14, 1963. The funds were used to help finance the publication of an informative brochure which was distributed to dentists and other persons participating in the survey. The pamphlet was published in May, 1964.

Concerning the effectiveness of the survey program relative to the Academy's financial assistance, the Research Committee's annual report of April 9, 1964, stated: "There is little doubt that the endorsement of the New York Academy of Dentistry has helped foster the success of this program. To date, the Committee for the New York Baby Tooth Survey has enlisted the support of other branches of organized dentistry, elementary school systems, the physical resources of our city and state, and is now well prepared to move along rapidly and effectively when anticipated Federal aid is received this summer."

The personnel of the Academy's Committee on Research for the fiscal year 1964-1965, consisted of Drs. Kenneth C. Deesen, Edwin H. Getz, Bernard Wasserman, James W. Benfield, Herbert P. Ayers, Jr., and Gustav T. Durrer, chairman. This committee with the cooperation of the Scientific Investigation Committee of the American Academy of Restorative Dentistry prepared a paper entitled, "New Developments in Dentistry During 1964." It was presented to the Academy fellowship by Chairman Gustav T. Durrer on March 11, 1965. It is historically important and is recorded here in its entirety:

RESTORATIVE DENTISTRY

"Of particular interest to those engaged in restorative dentistry are studies on the sealing properties of filling materials. In recent years there have appeared many publications on the

use of radioactive tracers in the study of leakage patterns. It now appears that no present restorative material actually seals the cavity. There is no material which will actually bond the tooth structures. Leakage of deleterious agents between the restoration and cavity walls is constantly going on in the oral cavity. Many abnormal conditions which in the past have been blamed on various causes may be associated with this micro-leakage.

“Amalgam is without doubt the most widely used material in dentistry. Its properties and manipulation have been subjected to more intensive study than any other restoration. Amalgam possesses no adhesive properties and leakage always occurs for a period of time after insertion of the filling. This results in greater insult to the pulp from the fluids of the mouth. However, in time this leakage forms corrosion products in the amalgam against the prepared surface, which penetrates and reduces the leakage. Thus it is that amalgam restorations which have been in place for a long time are less prone to recurrent caries.

“Many claims were made that gutta percha produces severe pulpal irritation, yet gutta percha itself is completely inert and non-irritating. When it is used as a temporary filling, teeth which were sensitive continue to be so. Yet, if it is sealed in place with some chloropercha, the sensitivity will be abated as long as the chloropercha adheres to the cavity. The reduction of sensitivity is not due to the chloroform but to the sealing properties of the solution which prevents leakage of fluids and bacteria.

“Zinc oxide and eugenol is probably the oldest material in dentistry that is used to relieve pulp irritation. It has always been believed that this is due to the anodyne properties of the eugenol and the neutral pH of the mixture. Yet some years ago Bender and Seltzer showed that eugenol is a pulp irritant, and its repeated application can cause irreversible pulp damage. More recently Rodden, reporting in the *British Dental Journal*, corroborated this fact experimentally.

“Schach and Toepfer, working in the dental school of Munich, reported that compounds containing oil of clove and

eugenol caused hemolysis as well as protein precipitation. However, investigations in micro-leakage show that the adaptation of this material to the cut tooth structure is far superior to that of any other restorative material. So, it appears that the sealing properties of the material, in spite of the irritating qualities of the eugenol, accounts in part, at least, for its superior qualities in relieving pulp sensitivity.

“Based on these findings, extensive studies on the properties and uses of cavity varnishes were made. A varnish is defined as a material dissolved in a solvent, which is applied to a cut tooth surface in such a manner that the solvent evaporates, leaving a thin film of the material on the prepared surface. Although these materials are good thermal insulators, just as zinc oxide, the film which is left is too thin to possess any effective thermal insulating value; to protect the cavity surface from temperature changes due to large metallic restorations. In the light of investigations on leakage however, varnishes have come to play an important role because of their sealing properties.

“Another important property of cavity varnish is its resistance to penetration of free ions. This is of particular importance in the use of acid containing materials, such as silicate and zinc phosphate cement. There is increasing evidence that the acid balance of these cements is higher, and remains higher than was previously believed. Direct measurements indicate that the pH of silicate cement is 5.0 at the end of 24 hours, and zinc phosphate cement has a pH of 6. In a deep cavity this acid may cause severe pulp damage. While cavity varnishes are not totally impermeable, they can be effective in reducing the penetration of the acid.

“Varnish does not obviate the need for a cement base in deep cavities. Since they serve different purposes, both are indicated in deep caries. The varnish should be applied first if cement is used as a base. On the other hand, if zinc oxide or calcium hydroxide is used it should be placed before the varnish.

“The method of applying the varnish is most important. Drying cracks and voids can be avoided by application of

several thin layers. A single application of a thick varnish is not as effective as several layers of a thin varnish. It has been general practice to remove the varnish from the cavity margins. This is now questionable. A delicate layer of an insoluble resin left on the margins does not appear to deteriorate, but removal of this layer may cause it to peel off the cavity walls and reduce its effectiveness.

“However, varnish should be carefully removed from the margins of cavities for silicate restorations in order to permit penetration of the fluoride ions present in all silicate cements. Several investigations have shown that the available fluoride in the cement reacts with the adjoining enamel to bring about a substantial reduction in enamel solubility. This resists acid disintegration and accounts for the well-known caries inhibiting properties of silicate restorations. If varnish is left on the margins of these restorations, it reduces fluoride uptake approximately fifty percent.

“This unusual characteristic of silicate cement has been applied to other restorative materials by the addition of sodium fluoride to resin materials. The fluoride uptake and reduction of acid solubility of the adjoining enamel is comparable to that of silicate. Whether this will result in reduction of recurrent caries comparable to silicate cement is yet to be shown.

“Another subject that has received much attention in the past year is that of the role of sodium fluoride. Studies in Aurora and Rockford, Illinois present further proof that the low caries experience of children who consume water containing 1 p.p.m. of fluoride continuously from birth persists during adult life.

“Previous studies have shown that during pregnancy there is a positive fluoride balance and an accumulation of fluoride in fetal bones with advancing months. An investigation was undertaken to study the uptake of fluoride by fetal bone and teeth in relation to the fluoride content of the water. Fluoride content of femurs, mandibles and teeth of fetuses 4-9 months old were determined in an area of low fluoride content and an area of medium fluoride content. Up to the

age of five months there were no significant differences in the fluoride content of both groups. At the age of six months the femurs of the medium fluoride group had a significantly higher fluoride content. There was a marked increase in the fluoride content of femurs, mandibles and teeth with each advancing month of age; this content being greatest in the femurs and least in the teeth. The possible effect of this high accumulative absorption of fluoride in the bones has yet to be investigated. In the meantime, caution might be advised in encouraging indiscriminate use of fluoride pills, especially for pregnant women."

CROWN AND BRIDGE

"A team working at the Tokyo Medical and Dental University, investigated cement thickness under full coverage and means to reduce it by reducing resistance to cementation. They found that shortening the preparation and increasing its taper helped. Relief spaces of various kinds, however, were the most helpful, and their investigation disclosed that pressure during cementation made no difference, but that the design of the preparation had a considerable influence. Cement exposure at the margin was greatest with a full shoulder, less with a chamfer and least with a shoulderless type.

"A second team from the same university investigated the accuracy of fixed partial dentures made by various soldering techniques and one-piece casting. They found that less errors were produced with the fewer soldering spots at the final step. One-piece castings made by an improved thermal expansion technique were the most accurate. They found that the use of a second impression with the abutment castings in place, for the purpose of transferring for soldering, increased the chance of error.

"Adams and Sander made an interesting investigation into the frequency and duration of two maxilo-mandibular position contacts. These were measured on magnetic tape as transmitted signals by miniature radios incorporated into

bridgework. Contact was more often in intercuspal position than lateral to it. Frequency of contact was least in the early phase of mastication and greatest in the last phase of both positions. Intercuspal contacts were longer as eating progressed and longest during swallowing; duration of lateral contacts did not increase. This investigation seems more important in the light of the work of Charles Stuart in California. In developing occlusion, Stuart discarded some of the former ideas, like 4-inch spherical occlusion, bilateral balance, maximum contacts in all closures, total collectivization of all teeth in the occlusion, etc. Stuart describes, instead, what he calls natural pattern occlusion based on a fundamental cusp-fossa relationship."

PERIODONTOLOGY

Etiology

"Studies of the bacterial flora of the gingival sulcus indicated that the sulci always contain organisms in children and adults, with an absence of spirochetes and bacteroides melanogenicum in children. The difference in microflora may account for differences in periodontal pathosis affecting different age groups. The bacteria of the sulci of adults in disease and health produce equivalent quantities of hyaluronidase, an enzyme implicated by many researchers as preparing the gingivae for infectious bacteria. There is corroboration of the view that bacteria rarely invade the tissues in gingivitis, but may be carried there in procedures such as prophylaxis. Bacteremias are more apt to occur during ultrasonic scaling, than in hand scaling, but can be reduced by frequent application of ointments containing neomycin and sodium zinc phosphate.

"The accumulation of bacterial debris on tooth surfaces was shown to be closely correlated with gingivitis, though the same relationship of transparent plaque is still questioned.

"The frequent appearance of bifurcation and trifurcation involvements even in well maintained cases has been shown

to be related to the anatomic variation of enamel, wherein the enamel projects into the bifurcation in 28% of the cases and into trifurcations in 17% of all cases. Though pocket formation is still believed to be of local irritational origin, the role of occlusal traumatism in the extension of inflammation directly into the periodontal membrane has been demonstrated in human autopsy material for the first time. The mechanism described can account for infra-bony defects on all surfaces of the tooth.

“The normally occurring minute but constant flow from the gingival sulcus, has been very closely related to blood serum on the basis of protein studies. Since the most probable source of the inorganic elements of subgingival calculus is the gingival fluid, the problem of control of subgingival calculus formation is a most formidable problem.

THERAPY

“A variety of surgical techniques have been described which are designed to conserve, or increase the bone of gingiva. Along this line are such techniques as the sliding pedicle graft, which as the name implies, indicates coverage of denuded root structures, or roots having no gingiva, with tissue from adjacent donor sites, from either dentulous or edentulous areas. The success of this procedure is in the nature of 50% to 75%.

“Conservation of bone levels after osseous surgery, by carefully prepared and replaced flaps, has been found to be a consistent finding in human studies. Exposure of alveolar bone during the post-operative period is contraindicated because of extensive buccal bone loss, as well as reduced gingival tissue formation, in those procedures designed to extend the gingival zone. In general, the classical oral surgical approach to tissue management is the hallmark of all the recently proposed periodontal surgical techniques.”

ORAL HYGIENE AND DESENSITIZATION

“The numerous evaluations of the efficacy of electronic tooth brushes as opposed to hand brushes indicates a con-

siderable diversity of opinion. It is apparent that in these researches, much depends upon the experimental population chosen, and the exact techniques of recording and evaluation of the results. The use of hydro-therapy in the form of an intermittent water jet seems to be an efficient means of reducing gingival irritation and possibly increasing keratinization of the gingiva.

“The most extensive study of the strontium chloride or formalin containing desensitizing dentrifices now commercially available, indicates little reduction in cold and touch sensations after their use.”

DENTAL MATERIALS AND EQUIPMENT

“The use of powdered or sponge gold pellets results in a superior seal of the cavity, being on a par with gold foil. This method of speeding up of the gold filling operation has given renewed impetus to the use of pure gold. Sponge silver has been developed for similar application. Pellets of powdered gold may be rapidly formed into fillings with hardness numbers as high as those obtained with foil.

“Improvement in the physical properties of other materials for operative dentistry has been accomplished. Zinc oxide eugenol base cement, usually weak, has been strengthened by the addition of o-ethoxybenzoic acid (EBA) to the eugenol liquid and hydrogenated resin to the zinc oxide powder. Heat treated fused quartz additions further strengthens the material. While these combinations are stronger, ZOE used to cement fixed partial prosthesis has been reported to have disastrous results in such numbers of cases as to question the soundness of the practice.

“Silicate cements have been improved. Some reports will indicate crushing strengths over 30,000 psi. Addition of glass fibers to silicates for strength have been made but their value is not clear.

“Acrylic filling resins have been strengthened by the addition of silica particles surface treated with vinylsilane by Bowen at the American Dental Association, Research Division at the National Bureau of Standards. He also developed a

coupling agent for increasing the bonding of resin to dentine. This agent showed great promise notably when the tooth surface was pretreated neutral EDTA. The coupling material is n-phenyl glycine and glycidyl methacrylate, abbreviated NPG-GMA.

“Prosthodontic materials have been developed for the comfort of the denture patient to be used for impression registration during function or treatment lining of previously processed dentures. When soft based dentures are required for indefinite periods silicone liners may be processed to acrylic bases or complete silicone bases may be heat processed. Room temperature curing silicone materials are useful but less durable.

“Porcelain precious metal combinations for crowns and fixed partial dentures have shown bonds adequate to prevent leakage between the porcelain and the metal. The nature of the adhesion is therefore, mainly of academic interest. The casting surface roughness and the properties of the alloys, which are somewhat soft, leave room for improvement in spite of increases in strength.

“The number of denture base resins has increased. Some have certain improved properties but in each case there are other less desirable features.

“The increased use of the mouth guard and the rapid processing of it by vacuum forming will probably prove the most recent effective advance in prosthodontic prevention.

“Kasloff, of the University of Manitoba, reported that cracks in enamel can be induced by cutting instruments commonly used. Diamond instruments were less severe in their effect than carbide burs.

“Kinzer described a technique in which porcelain inlays are fused directly in a refractory investment to eliminate the disadvantages caused by a platinum matrix.

“There has been an increase in the use of the tray system of handling instruments in the operatory as well as a trend toward the use of equipment permitting the dentist to sit down while operating.

“Several manufacturers have introduced new style x-ray

film and filters which permit the use of much more visible light in dark rooms.

“A self-contained dental handpiece and engine has been developed for use in house calls or in operating rooms that are otherwise entirely dependent on air-driven turbines.

“Twin-head air-compressors have been developed so that one is at all times ready to take over if the other should fail, thus minimizing the risk of being without air pressure. Another new device dries the water that forms in air compressor lines.

“Prednisolone products for reducing thermal sensitivity and pulpitis became readily available to the dentist.

“For those recognizing the advantages in the use of the functionally-generated-path in restorative dentistry, a curved tray was made available which has undercuts on both sides for use in taking functional or anatomical cores.

“There has been increasing use of instruments designed to irrigate the mouth by means of water under pressure as an adjunct to patient home care.

“A dental chair with knee-action has been devised which permits the leg-rest and seat to merge as it is tilted backward and, at the same time, supports the patient in the lumbar region.

“An amalgamator has been developed with built-in dispenser. It produces a well-mixed and properly proportioned amalgam within 15-20 seconds; all in one step and ready for use.

DENTAL PHOTOGRAPHY

“The introduction of newer and faster color films need no longer be a source of consternation to the dental photographer who uses electronic flash as high light source. The days of guess work in masking of the electronic flash tube to correct exposure errors are past.

“By means of a remarkable innovation, it is now possible to control the intensity of the electronic flash. The dental photographer may now select the precise light output neces-

sary to match the speed of his favorite film by simply setting the dial of a continuously variable control.”*

During the fiscal year 1965-1966, Dr. James W. Benfield was chairman of the Research Committee. To serve with him, President John J. Asch appointed Drs. John Burr, Marvin Firdman, Gustav Durrer, and Gerard Courtade. In April, 1965, this committee presented a comprehensive report to the Academy fellowship which read as follows:

“In 1954, the Index to Dental Literature contained 6,000 items gathered from 153 journals. Ten years later, the same index contained more than 25,000 items from 293 periodicals. This brief report will touch only on a few of the subjects your committee felt to be of importance; but your attention is called to a comprehensive survey of the literature soon to be published by the Journal of Prosthetic Dentistry which was prepared by Dr. Ralph W. Phillips, Research Professor of the School of Dentistry, Indiana University.

“A commercial dental resin has been marketed in the form of Addent. The coefficient of thermal expansion is reduced by virtue of the high percentage of glass filler which is approximately 70 per cent. It has been reported by several investigators that there is somewhat less leakage with this resin during temperature cycling as might occur in the oral cavity. There is no evidence by any investigator, and this is important, that this resin possesses any true adhesion to either enamel or dentine. Interest should be centered upon its somewhat different aesthetic properties due to the high concentration of glass and the differences in mechanical properties as compared to conventional acrylic restoratives. The hardness is somewhat higher than that of conventional resins as is the strength and as is the resistance to tooth brush abrasion. On the other hand, the conventional acrylic restorative materials that you are familiar with are capable of passing the color stability test as it is prescribed in the A. D. A. specification for denture resins, which is the one that is still used because there is no specification for a self-curing restorative resin as yet. But the epoxide resin, Addet, shows some color shift by that test. It is very difficult to predict whether the somewhat greater hardness, strength, resistance to abrasion and the reduction in the coefficient of thermal expansion of this particular material will prove to be advantageous clinically or whether, on the other hand, the somewhat inferior color stability will, in time, pose a clinical problem. Certainly, in common with the conventional resins, its properties contraindicate its use as a permanent restoration in any area where it would be subjected to stress or attrition.

* The committee thanks Dr. Ernest Granger for the use of a similar report which he gave in Chicago at the Academy of Restorative Dentistry.

“For several years, studies have been reported on amalgam alloys of spherical-shaped particles. Although the early spherical alloys posed problems much like trying to condense marbles into a cavity preparation, this has been resolved to a great extent by grading the particle size and now, with such grading, many of the initial difficulties have been overcome. It is likely that one or two companies will introduce spherical alloys within the year. Several advantages have been reported for such alloys. Apparently, compressive and tensile strength values comparable to conventional alloy particles may be attained at considerably lower condensation pressures. Such particles seem to be particularly well-suited to minimal mercury technics, and the surface condition of the finished restoration is supposedly smoother and less marred by macroscopic voids. However, additional investigation is needed.

“In an investigation of noise radiated from high-speed handpieces, it was noted that the noise levels approach or exceed the accepted level of safety for noise which would impair hearing. On the other hand, Cantwell in Oregon, in investigating noise levels of a newly designed piece of apparatus employing air bearings, reported comparable results with other similar handpieces and judged that noise would be injurious to hearing.

“The effect of the laser beam on teeth has been reported. It has been shown that with sufficient energy density, the laser beam can penetrate sound enamel and that selective deep destruction of carious lesions occur. However, the possible effectiveness of laser radiation to remove lesions is still questionable. The transillumination caused by the laser beam through bone and soft tissue is of particular concern, and safety precautions must be followed to protect both operator and patient. While dosage of 35 joules produces cavitation of enamel and dentine in hamsters, adjacent enamel is decomposed and severe changes take place in the pulp and soft tissues.

“Atkinson and Sheppard in Melbourne, Australia, attached a small electric light to the patient’s chin and took movies at 32 frames per second in order to study variations in jaw movement in TMJ problems. This experimental method seems to be very helpful in diagnosing difficult TMJ cases.

“Dr. Walter Cohen, head of the Department of Periodontology at the University of Pennsylvania, has stated that gingival disease is no longer one that primarily affects older people. A recent survey in Philadelphia reveals that 30 per cent of children in secondary schools had gingival disease. He also pointed out that teeth with furcation involvements have a better prognosis now that autogenous transplants of bone are possible. Through and through furcations can now be maintained with the introduction of home water-irrigating instruments.

“Dr. John N. Ott, director of the Environmental Health and Light Research Institute, who has done a vast amount of original research on the effects of light on plants, animals and man has produced what

seems to be conclusive evidence that light reaching the retina of the eye induces nerve impulses that affect the pituitary gland which, in turn, controls the entire endocrine system. His findings confirm the work of Benoit and Assenmacher, Suckerman, Kreig, and Shipley, who used different methods. These workers have shown that light is not only of autonomic importance but wave-length dependent. In other words, certain portions of the light spectrum are of great importance.

"Deleterious side effects are believed to occur in plants, animals and man when they are regularly exposed to light that does not contain the full spectrum of daylight, including a small part of the near-ultra-violet. It had been assumed until recently that the atmosphere filters out all the ultra-violet, but it is now shown that a small part of this light penetrates the atmosphere. This segment of the spectrum might be compared with the so-called trace elements in biochemistry which were at one time ignored but are now recognized to have great importance; many of these are essential in activating enzyme systems.

"Since dentists work for long periods of time under artificial light, which is lacking in parts of the spectrum, which have now been shown to be important to both plants and animals, research is now being done in this field of considerable import to the dental profession. There is evidence that long-term exposure to fluorescent light is not desirable. This is especially true of those tubes which emanate the warm tones given by the longer wave lengths toward the red end of the spectrum. In experiments with more than 200 animals, the life span of C H mice exposed 12 hours daily to pink fluorescent light was less than half that of the same strain of animals exposed for the same period to the full spectrum of daylight. This committee respectfully suggests that the New York Academy of Dentistry endeavor to persuade Dr. Ott to come to present his findings to us next year.

"In restorative dentistry, there is an increasing interest and application of pins in various ways. Research projects at the Universities of Michigan and Indiana dental schools, including one by Moffa and Phillips, report that threaded wrought pins provided 13% more retention than smooth cast pins. There was increased retention with increased length up to three pins. There is a significant increase in retention when pin diameter is increased from 0.55 to 0.75 mm. In periodontal splinting and crown and bridge prosthodontics, parallel and non-parallel vertical and horizontal pin technics have been developed. There are now over ten paralleling instruments available to the dental profession."

In April, 1966, President Homer Cree Vaughan appointed the following men to serve on the Research Committee: Drs. John D. Burr, Stanley Behrman, Gustav T. Durrer, Jerome

Schweitzer, Edwin H. Getz, John J. Lucca, Ira Klein, James T. McGuinn, and James W. Benfield, chairman. At the Annual Fellowship Meeting a year later, April, 1967, this committee reported to the Academy fellowship as follows:

"Approximately 80 questionnaires outlining the activities of fellows of the Academy have been received as of this date. They reveal interest in a wide range of subjects.

"The questionnaires were turned over to Dr. George V. Lyons, chairman of the Program Committee of the Academy for the year 1967-1968, in the hope that he might find a speaker that would fit into his nearly completed arrangements for next year.

"At the request of President Walter H. Mosmann, the questionnaires will be turned over to Dr. Gustav Durrer, next year's research committee chairman, who will abstract them for publication in the *Annals*.

"A digest of the highlights of dental research from the world literature for the year 1966 is being prepared by Dr. John Burr for submission to the *Annals*. Dr. Tanchester, editor of the *Annals*, has indicated an interest in publishing such a paper providing prior permission is obtained from the authors."

The response to the questionnaires which had been sent out to the Academy fellowship was apparently disappointing, for the following April, 1968, Dr. Gustav Durrer, the current chairman of the Research Committee of which Drs. James Benfield, Stanley Behrman, John Burr, and John Lucca were members, submitted this statement: "Questionnaires were sent out to the members of the New York Academy of Dentistry to obtain information about current research projects which were of interest to, or being pursued by the various fellows. Answers have come back very slowly mostly handwritten, often undecipherable. In many instances, further information and elucidation was necessary. Many of the requests for further elaboration have not as yet been answered. For this reason, my report, as chairman of the Research Committee, has not been published."

In the fall of 1966, during President Homer Cree Vaughan's administration, the Academy fellowship was addressed by Edward L. Tatum, A.B., M.S., Ph.D., whose subject was: "The New Look in Biology." The talk pertained to

the possibility of interpreting the complex reactions of a living organism at the molecular level . . . which would enable man to understand the cause of evolution . . . the central role being the hereditary unit. The following is an abstract of Dr. Tatum's address:

"The new biology with its emphasis on the molecular organization and functioning of living cells and systems has great promise for man's understanding and control of his health and welfare.

"Within the next 20 years, most virus diseases will be conquered, and viruses will be effectively used for man's benefit in studies on cell genetics and possibly in genetic engineering or therapy.

"Methods for the detection of many more hidden detrimental genes will be available for widespread mass use. Through genetic counseling, the number of affected children born will be reduced significantly.

"Improved early diagnosis of affected babies will greatly increase successful treatment of affected individuals by new and improved therapeutic measures involving dietary control and regulations of gene expression.

"We can predict significant further progress in our understanding of the basic causes of cancer, and hence probable continued improvement in its treatment and prevention. We can be most optimistic for the prospects of effective preventive measures, especially through chemotherapeutic and immunological technics.

"In an even broader outlook, the concepts and findings of the new biology will bring closer to reality man's control of his own heredity and evolution. He may, sooner than some may expect, be able to alter or replace a faulty gene by another, and to control the activities of specific genes without their replacement.

"It may even prove possible to synthesize new and better genes to order in the laboratory and use them in genetic engineering.

"Such possibilities as these may be considered somewhat over-speculative, yet many biologists consider them as just around the corner. Progress along these lines would so greatly affect man and his health and welfare that serious thought and planning is needed now to ensure the effective and beneficial use of the new biology of the future."

When Dr. Richard J. Warnecke was elected president of the Academy in April, 1968, he appointed Dr. Matthew D. Levin as chairman of the Research Committee. The other members of the committee who were appointed to serve with him were: Drs. Herbert Bartlestone, James W. Benefield, Nicholas

DiSalvo, and Ira Klein. In the committee's annual report, April, 1969, which appropriately could be entitled "The Role of Computer Programming," Chairman Levin stated:

"In recent years the ever increasing roll of computer programming applied to dental education and dental research has stirred the interest and imagination of numerous dental educators.

"Much experimental work in this study is being done in dental colleges today. The primary targets investigated thus far are two:

- 1) The programming of clinical operative procedures, employed by junior and senior dental students, in school. This implies immediate appraisal of work performed on patients, grading of students, and assisting those students who may require additional instruction in a specific area.
- 2) Programming a treatment plan for dental patients after study and evaluation of individual panorex films.

"There are additional studies being considered. Those include the storage or banking of statistical data of similar and varied dental diseases and defects, and the storage or banking of research data performed to date of scientific investigations, et cetera.

"Since this concept through computed programming is relatively new, the committee devoted time to its study and evaluations.

"Consequently, although nothing definitive has thus far been established, the chairman felt it to be appropriate to bring this new development to the attention of the fellowship of the Academy at this time."

In April, 1969, Dr. James W. Benfield was again appointed chairman of the Research Committee. To serve with him, President John J. Dolce named Drs. Stanley Behrman, Morton R. Brenner, Marvin Birdman, Herman L. Malter, Walter L. Reiss, and Jerome M. Schweitzer.

This committee worked diligently during the fiscal year and on April 4, 1970, Chairman Benfield submitted the following report to the Academy fellowship:

"The Committee on Research for the New York Academy of Dentistry was apprised by the chairman that four brands of tooth paste now on the market in the United States contain chloroform. This ingredient will whiten teeth as is claimed by the manufacturers because it is an excellent solvent that will dissolve stains from tobacco, coffee and tea. However, it also causes crazing and dissolution of plastic materials used for dental fillings, denture bases and facings on crowns. It is also an

anesthetic and a chlorinated hydrocarbon having the formula CHCl_3 . Its toxicity approximates that of carbon tetrachloride (CCl_4), which has recently been taken off the American market by the FDA because it is too dangerous to have around the house as a cleaning fluid. The fumes of carbon tetrachloride has been responsible for numerous deaths.

"Both chloroform and carbon tetrachloride are excreted in the liver and are damaging to hepatic tissue. Aside from their causing damage to plastic materials, these chloroform-containing products may be responsible for causing systemic effects. The fact that chloroform crosses the intact mucous membrane is demonstrated by the fact that the user experiences a tingling sensation which is caused by partial anesthesia of the nerve ending in gingival and buccal tissues. The substance is then carried via the blood stream to the liver for excretion.

"Because tooth pastes are classified as cosmetics by the FDA, there is no requirement that the presence of chloroform be indicated on the label. Therefore, the public is not put on notice as it would seem that it should be. The FDA claims that it can do nothing about removing these products from the market because the manufacturers claim that chloroform is used as a flavoring agent and not an active ingredient. The ADA admits that no research has been done on these products but assumes that they are not a cause for concern because they have been on the market for some time and there have been few, if any, complaints.

"Two members of the committee agreed to investigate the toxicity and solvent action of these products further but to date their findings have not been received. It is believed that this subject should be pursued further by the Research Committee of the Academy during the coming year as it is our belief that the profession at large should be made aware of the potential harm from these products.

"A tape recording of a review of the dental literature for the year 1969 by Dr. Ralph Phillips of Indiana University, the well-known authority on dental materials, was made by the chairman in the hope that an abstract of this material might be prepared and presented to the Academy. This recording will be made available to the incoming officers of the Academy if they should elect to appoint someone to make the abstract and present it at an early meeting next fall."

The Research Committee for the fiscal year 1970-1971 was comprised of Drs. Stanley Behrman, Raymond L. Bitzer, Gustav T. Durrer, Daniel Green, Edward Zegarelli, and Edward Kaufman, chairman. This committee's primary interest was directed toward reviewing and compiling the literature relative to some of the important advances in the field of dental research during the year 1970.

The Research Committee's report submitted to the Academy fellowship by Chairman Kaufman at the Annual Meeting in April, 1971, is recorded here in full:

"The year 1970 saw many advances in dentistry through the modality of basic and applied research. Investigations in oral surgery during this year were directed toward a number of problems, a continuing investigation of bone healing and tissue transplantation, clinical evaluation of surgical technics, and studies relating to recently developed drugs for re-employment in ambulatory general anesthesia. Studies in the physiology of bone healing were related principally to the mechanisms underlying technics for the correction of facial deformities and segmental manipulation of the jaws.

"In 1970, an excellent review of the literature on transplantation and reimplantation of teeth was published. Numerous transplant studies were performed with emphasis on the suppression of immunologic mechanisms and the development of degradable materials, for screws and other fixation appliances.

"In the area of periodontology, several investigators studied mechanically and chemically induced periodontal disease. These studies resulted in a greater insight into the effects of systemic disease on periodontitis. A number of researchers studied the effect of hormones on aging bone and the relationship of electrical phenomena to bone growth. Researchers continued to study the effect on the tissues of environmental contaminants and learned that increased amounts of lead in the environment double the incidence of enamel hypoplasia in children.

"There was a great thrust in preventive dentistry research, including extensive studies on the effects of fluorides on the chemistry and microbiology of dental plaque and the effect on plaque of other inhibiting agents and mechanical cleansers. The development of a number of fissure sealants was completed and the products were marketed.

"In other dental material categories, researchers made a comparison of barnacle cement to conventional adhesives. The new carboxylate cements were studied in depth.

"An attempt was made to study the effect of the tissues on various alloys and other materials. In the area of implants, new alloys, new ceramic materials, plastics and chemotherapeutic treatment of implants and transplants were investigated. The porcelain metal bond in fixed porcelain metal prostheses was studied extensively. It is notable that a group of researchers reported on the use of glass ceramic materials as cast dental restorations.

"A gallium palladium tin alloy was formulated and studied, and composite resins were the subject of numerous studies. In view of the

universal problem of the corrosion in alloys used in restorations and implants, several studies were published on this subject.

"In another category, dental aerosols in the operatory and their effect on respiratory illness was studied in naval recruits. It was concluded that aerosols in the dental office have no significant effect on the incidence of respiratory illnesses in dental patients.

"These foregoing observations reflect a small segment of the significantly increased activity in the national program on dental research. This notable acceleration in advancing dental knowledge has been influenced by a number of factors; the development of more sophisticated instrumentation, the acquisition of highly competent investigators from other fields, and an underlying intense desire on the part of the profession to improved health services for the community."

At the Annual Fellowship Meeting in April, 1971, Dr. I. Frank Boscarelli was elected the 41st president of the New York Academy of Dentistry. As with all previously elected Academy presidents, Dr. Boscarelli's first order of business was to name the chairmen and the members of the various committees whom he believed would be best qualified to assist him in administering the affairs of the Academy.

During Dr. Boscarelli's administration there were 19 appointed committees. One of the more important of these was the Research Committee, which was comprised of Drs. Gustav Durrer, Daniel Greene, Edward Zegarelli, and James Benfield, chairman. Discerning what was significant and relevant, this committee abstracted various reports, papers, and articles of scientific investigators and committees on topics of general interest to the dental profession. These were combined in an annual report submitted to the fellowship on April 13, 1972.

This report, which includes a bibliography, has considerable historical value and is recorded here in its entirety.

"Recent scientific investigation in dentistry has largely centered on elaboration of the findings of Drs. C. C. Bass of Tulane University and Sumter Arnim of the University of Texas, the two pioneers in the field of preventive dentistry. There have also been some important re-evaluations of currently accepted methods and technics that seem important to bring to your attention.

"It should be noted that one of the most important sources of

information was the 1972 Report of the Committee on Scientific Investigation of the American Academy of Restorative Dentistry, whose chairman was Dr. Ralph W. Phillips of Indiana University School of Dentistry. The full report of that committee is published in the Journal of Prosthetic Dentistry.

DENTAL NEEDS¹

"It is claimed that the existing backlog of dental needs in the U. S. adds up to the biggest and costliest problem in the entire health field. Some of the problems are as follows:

1. There are 23,000 victims of oral cancer every year.
2. One in every 700 children is born with a cleft lip or palate.
3. Twenty percent of American children have orthodontic conditions that are deforming or crippling.
4. Sixty percent of young adults have periodontal disease; 80% of the middle-aged and 90% of those over 65.
5. Ninety five per cent of all Americans are attacked by caries, which is the more prevalent of all chronic diseases.
6. Less than 2/5ths of American people ever receive anything approaching adequate amounts of dental care.
7. Consumers are already paying some 4 billion a year for dental care. Incidentally, that is more than is spent for the treatment of any disease.
8. A recent estimate places the cost of eradicating the total national backlog of dental treatment at approximately 55 billion dollars.

THE DECADE AHEAD IN DENTISTRY²

"Dr. Ben Pavone, dean of the School of Dentistry at the University of California, recently predicted that occlusion is going to be one of the major disciplines and the wave of the future in restorative dentistry. Its importance will grow and grow in the years ahead. Furthermore, he said, its diagnosis and restoration cannot be delegated to any auxiliary.

"As long as teeth make movements in three dimensions, our restorative dentistry is not going to be successful unless the architecture of the occlusal surfaces conforms with mandibular movements.

"He also observed that bruxism occurs in 75 percent of our population and that occlusal problems occur in 90 percent of people at any age.

ORAL IRRIGATORS¹

"The safety of oral irrigation devices apparently has to be re-evaluated following a report of bacteremias in 15 of 30 patients with

periodontitis following the use of such a device. In another experiment evaluating the removal of stainable material from the six maxillary anterior teeth of humans, only 8 percent of the stainable material was removed by water pressure irrigation, while 68 percent was removed by toothbrushing. Thus, a realistic look should be taken at the claims in the literature that water pressure irrigation removes microbial masses from the teeth or periodontal pockets.

PIT AND FISSURE SEALANTS¹

“The concept behind the pit and fissure sealant therapy is undoubtedly virtuous. The data reported this year continues to be impressive. However, it should be cautioned that the commercial products available still have to be considered somewhat in a transitional stage. Continuing clinical evaluation will resolve a number of questions which are, as yet, unanswered. For example, the studies that have been reported involve careful selection of the cases which are to be treated. Experience with the resin system employed and a religious regime of patient recall is required. If less attention is paid to such details, the results are totally unpredictable. Also, in most of the investigations that have been reported, the seal has been used only on surfaces which appeared to be caries-free. Apparently, if the fissure is non-carious and reasonably acceptable, it can be cleansed rather effectively by the application of an etchant such as 50 percent phosphoric acid. The resin flows readily into the cleansed area providing intimate mechanical adaptation to the tooth surface. However, if the fissure is not readily accessible and, if it is carious, then it is possible that the enamel surface cannot be cleaned adequately, the resin would then not bond mechanically to the enamel. The subsequent leakage that might occur could actually enhance the progression of caries. It might very well be that the data being accumulated from the studies now in progress will prove that the present materials do provide a sufficiently good seal to arrest caries, even if the fissure or pit is not actually non-carious at the time of the treatment. There are, of course, other considerations. There is some evidence the continued exposure of enamel to the oral environment undergoes a maturation or weathering and that the mature enamel is, thereby, rendered less susceptible to decalcification. If this hypothesis is true, any sealant applied soon after tooth eruption and continued on an annual basis could conceivably prevent the maturation process. The enamel would then be vulnerable to caries when, and if, the sealant application is discontinued. Further research will resolve this theoretical controversy. Until documentation regarding these and other matters is obtained the dentist should use discretion in diagnosis and restrict the use of sealants to the conditions previously described. Their use, at the

moment, would appear to be best suited for community dentistry projects and for the practitioner who emphasizes preventive dentistry and whose office is organized accordingly.

COMPOSITE RESINS¹

“Composite resins have been advocated as a suitable replacement for amalgam in the Class II restoration. One year observations have now been reported on the clinical performance of 125 paired restorations of the two materials. The greatest single difference reported, and this has been reemphasized at the two year observation interval, was the measurable wear on the composite resin. The change, in other words, in anatomic contour is sufficiently great that the use of present composite resins in stressbearing restorations should be restricted to those restorations where esthetics is the principle consideration and in very conservative cavity preparations.

METHODS FOR GINGIVAL RETRACTION³

“Dr. Daniel F. Gordon, professor of Dentistry at the University of Southern California, recently reported on an evaluation of retraction methods done in collaboration with Dr. Alex Koper. He stated that electro-surgery is indicated where elongation of the clinical crown is necessary and where periodontal recontouring is being done but that, in most cases, the best results as far as the patient is concerned are to be obtained by the use of cords impregnated by aluminum sulfate (alum). He questions the wisdom of using epinephrine-impregnated cords, especially when multiple preparations are involved, because of the concomitant rise in blood pressure and pulse rate that occurs in many patients. Tests which were conducted indicated that, when tissue is removed surgically for retraction purposes, it does not regenerate to the original level.

SPLINTING OF TEETH³

“Splinting of teeth is another controversial subject with practically no scientific foundation. One attempt was made to measure the value of splinting in terms of degrees of mobility. Teeth with pathologic mobility were splinted. Splinting did, of course, reduce the mobility markedly but when the splints were removed six months later, the mobility was the same as before. Thus, no residual periodontal benefit was obtained. The point is that the periodontal value of splinting becomes questionable, especially when the marginal and hygienic problems of splints are considered.

EFFECT OF ACID ON TEETH⁴

"Of the many acids used as food additives, citric acid has the largest number of uses. It is legally usable in fruit juices, wines, candy, cough drops, carbonated beverages, frozen fruits, sherbert, jelly, preserves, gum, and a wide variety of other foods.

"Dental enamel is dissolved by mild acids, including those which have a pH of 4.2 or less. Citric acid has a pH of 2.3 and, therefore, is approximately 50 times more acid than the mildest acid which will dissolve tooth structure. In a study reported in the February 1972 Consumers Bulletin, more tooth structure was dissolved in a five-day test period by citric acid than by any of six other acids used as food additives. Its closest rival was phosphoric acid.

"A study done by this committee of five different flavors of a popular brand of lollipop commonly given to children by banks, barber shops, and even pediatricians revealed that their pH readings varied from 2.1 to 2.4, virtually the same as for pure citric acid. The explanation for this is that sugar, the principle ingredient, has a pH close to the neutral point.

"The pH of ascorbic acid ranges between 2.0 and 3.0 depending on the concentration. Patients should be warned not to use it routinely in chewable form.

DENTAL CARIES AND ARTIFICIAL LIGHT⁵

"The number and intensity of cavities has been linked to the absence of natural or simulated sunlight by a team of researchers in Boston.

"Thirty male golden hamsters on a diet containing 60 percent sucrose exposed for 12 hours daily to a new fluorescent light source which approximates natural sunlight, had only one-fifth as many cavities as those on the same diet that were exposed for the same period of time to standard fluorescent light sources.

"The artificial sunlight also had an effect on the sexual maturity of the animals. The gonadal development was only one-fifth as great in those under conventional fluorescent light sources.

PULPAL DAMAGE¹

"Dr. H. R. Stanley, of the University of Florida, summarized the work of several investigators which illustrates clearly that excessive heat can cause pulpal damage and suggests that irreversible damage can result from cutting technics which do not adequately dissipate the frictional heat during restorative procedures.⁶

"Dr. Wayne S. Brown and associates, at the University of Utah, did a most remarkable study for the National Institute of Dental Research entitled "Thermal Stresses in Teeth." It reveals that repetitive thermal

stress causes extreme structural damage in teeth. Most people subject their anterior teeth to several thousand temperature reversals in a year. It was found that cracks developed in extracted teeth after a few thousand cycles of thermal exposure with temperature differences commonly experienced in the mouth. As would be expected, the front teeth are usually subjected to the greatest temperature extremes. The lingual and occlusal surfaces of molars experienced greater temperature extremes than the buccal surfaces, as the tongue is less effective than the facial tissues in protecting teeth from temperature changes.

"A well-directed stream of water on to the tip of the cutting burr is the only satisfactory means of keeping the tooth temperature from rising excessively. Calculations have shown that the amount of water in the spray from the turbine is adequate to remove the energy deposited by the burr. However, it is not always sufficiently directed into the cutting region to be completely effective. Local temperatures as high as 650 F. can be produced when no coolant is used; 590 F. when compressed air is used; 185 F. with a turbine spray, and a temperature decrease of 5 F. when a stream of water was used.⁷

CARIES RESEARCH¹

"Current caries research appears to be dominated by attempts to understand and prevent plaque formation. It is generally accepted that smooth surface caries is directly linked to plaque accumulation, and yet, until recently, almost nothing was known about factors which influence bacterial attachment to the tooth. The future may even show that certain bacterial accumulations are protective in nature.

"One very interesting means of preventing plaque formation has emerged. A chemical, chlorhexadine gluconate, has been shown to inhibit all plaque formation for at least 60 days when used as the only form of oral hygiene. However, this agent must be considered as purely experimental at this stage. For example, some preliminary studies suggest that some individuals may be completely immune to its effects and possible side reactions have also been reported. With the present concern in this country regarding hexachlorophene-containing products, it is questionable that chlorhexadine toothpaste, for example, will be acceptable. At least, more safety requirements will first have to be satisfied. Nevertheless, for the first time, it has been shown that an agent does exist which can completely prevent plaque formation. It is conceivable that studies in progress will produce a practical means for plaque control.

TOOTHPASTE⁸

"The Army Institute of Dental Research did a study on ten brands of toothpastes in 1971 and found that all of them caused some degree

of gingival inflammation. Those which, according to the study, caused the greatest inflammation, were those products utilizing chloroform as an ingredient to whiten teeth by solvent action. Some manufacturers of these products claimed that the studies were incomplete and inaccurate.

"Members of the Academy may recall that this Committee pointed out several years ago that two popular brands of toothpastes contained chloroform for the purpose of dissolving tea, coffee and tobacco stains. At the present time there are at least six brands on the American market which contain chloroform. It seems appropriate to point out that chloroform is also a solvent for plastic filling materials, facings, and denture bases, and the Goodman and Gilman's "The Pharmacological Basis of Therapeutics," 3rd. Edition, p.90, states, under the title "Chloroform Effects on the Liver," that chloroform, as with certain other hydrocarbons, is capable of causing hepatocellular (liver) damage if given in small repeated doses.⁹

AMALGAM¹

"There is no longer any doubt that the weak component in the set amalgam is the gamma II tin-mercury phase. Thus, research on alloy formulation continues to center on the development of alloy systems where this weak, corrosion-prone phase is non-existent or totally void. This has led to introduction of dispersion-type alloys. These alloys contain a relatively high copper content, with the additional copper being added in the form of dispersed particles of a silver-copper eutectic. It is claimed that the dispersed phase suppresses the formation of the gamma II phase and acts as a filler to enhance certain physical properties. At least two clinical studies have indicated a superiority of dispersion-type amalgam alloy restorations in terms of partial break-down. However, it should be cautioned that both of these investigations involve only one year of measurements and the differences detected were very modest. Not infrequently, in studies of this type, differences noted in the early life of restorations plateau off in a similar distribution as aging occurs, for example, at three years.

PERIODONTAL DISEASE¹⁰

"A San Francisco scientist has laboratory and clinical evidence that both explains the causes of periodontal disease and provides a possible cure for it. He has found that local application of prostaglandins, secondary hormone messengers present in humans and animals, can destroy the cranial bone of rats within several days' time. The lesions produced were similar to those caused by periodontal disease in alveolar bone. It was also found that bacteria from the mouth which are

implicated in dental disease, produce prostaglandins. Exploration of the possibility that alveolar bone cells or gingival tissue cells may produce prostaglandins in response to the presence of bacteria is being undertaken.

PERIODONTAL DISEASE¹

“In spite of fashionable interest and much propaganda for oral hygiene, there is very meagre, if any, scientific evidence to support claims that periodontal disease is preventable, at least with current methods of oral hygiene. For example, an extensive study was made of preventive periodontics over a period of three years. Everyone involved in the study had a prophylaxis at the start of the investigation. Later, one-half were given periodic prophylactic care with instruction in oral hygiene, while the other half of the control was told to continue their previous type of dental care. After three years, the increase in oral hygiene scores was more than four times greater in the control than in the matching treatment group. The gingival inflammation was more severe in the control than in the experimental group and the loss of attachment was 3-1/2 times greater in the control than in the experimental group. It is very evident, from this study, that a well-organized preventive program may slow down the progress of periodontal disease when compared with the average type of dental care that is rendered. However, it also showed that, as a rule, current procedures, in preventive periodontics will not produce a plaque-free and healthy mouth when applied to a sizeable population.

“Even during the three years of intensive preventive care, 20% in the treatment group lost 1 mm. or more of attachment. A similar figure for the control group was 1-1/2 mm. or roughly 30 percent.

PREVENTIVE DENTISTRY¹¹

“At the University of Alabama, Dr. Sidney Finn is urging 600 children to chew gum. His unusual request is designed to test sodium trimeta phosphate's ability to prevent human caries. The chemical has already reduced tooth decay in laboratory animals.

ADULT ORTHODONTIA¹²

“Early attempts at positioning teeth were accomplished by recontouring crown or minor tooth movement. These are compromise procedures.

“More recently, the use of the CROZAT removable appliance with versatility and complete acceptability by the adult patient has made adult orthodontics a reality.”

The Grenfell Mission

IN 1891 a young English physician by the name of Wilfred Thomason Grenfell heard about the medical needs of the Labrador fishermen on this side of the Atlantic. He volunteered at once to navigate his small sailing vessel across and after one or two summer cruises to the Labrador coast, he established a hospital at Battle Harbor on the north side of the Straits of Belle Isle.

In the years that followed, Dr. Grenfell supervised the erection of hospitals and nursing stations along the hundreds of miles of rugged coast which today stand as a monument to one of the most successful medical missionary efforts of modern times. For this outstanding achievement, he was knighted by King Edward VII in 1907. He became Sir Wilfred to the world, but to his people in Laborador, he always remained *The Doctor*.

Dr. Leuman M. Waugh initiated the Academy's participation in the work of the Grenfell Mission in 1933 during his second term as president. However, his interest in the Mission dates from 1921 when he first visited the Mission Hospital at Saint Anthony and Battle Harbor, Newfoundland. As he cruised northward along the Labrador coast, he visited Spotted Island where Columbia University, through its College of Physicians and Surgeons, maintained a summer medical station, manned by a recent graduate and upper class medical students. Using a small open motor boat as a means of conveyance, they visited fishing settlements along the coast, rendering medical service to the natives and to itinerant fishermen from Newfoundland, the British Isles, and France. Their services were much needed as far north as Indian Harbor where the most northern of the Grenfell Hospitals was located. This hospital was in operation the year round under the supervision of an experienced physician and surgeon, assisted by graduate nurses and other personnel.

As Dr. Waugh cruised northward into Eskimoland beyond Grenfell Hospitals, he found that the Moravian Mission had well organized settlements for the Eskimos. The missionaries were trained in the principles of medical service and did much to alleviate the suffering of the natives. The more seriously ill patients were sent southward to the Grenfell Hospitals when transportation was available.

In the districts served by the Grenfell Mission, Dr. Waugh was impressed by the need for dental service among the natives who were mostly Newfoundland and Laborador fishermen—not Eskimos. Their food consisted mainly of fish, bread, potatoes, cabbage, tea, and some coffee. They were able to buy sugar and molasses of which they were very fond. Their favorite dessert was bread dipped in molasses. Mouth cleanliness was unheard of and decayed teeth were considered natural and unavoidable. Much suffering resulted. Whenever possible, patients sought out Grenfell physicians for the extractions which afforded the young medicos much satisfaction and some amusement. They did not realize that, while the extraction of a decayed tooth eliminated the pain and possibly the cause of disease, it at the same time robbed the patient of an important functional organ, the restoration of which was necessary to health and longevity.

Dr. Waugh's observations quickened his desire to assist in the provision of a dental service adequate to meet the needs of the northern inhabitants. To this end, in 1923, he sought the aid of Dr. Frank T. Van Woert, dean of Columbia's Dental School, who obtained permission for the release of the school's surplus dental equipment. This was presented to the Grenfell Mission and taken to the Columbia Spotted Island Mission Station by Dr. Henry G. Rieger, a recent graduate who later became an active fellow of the Academy. For the first time, the natives were given full service in both operative and prosthetic dentistry. As Dr. Waugh pointed out, the restoring of masticating efficiency is more important among primitive peoples in northern countries than in civilized communities because of restricted varieties of food (mostly meat), inferior cooking facilities and inadequate means of food preparation.

At a Board of Governors' meeting on January 12, 1933, Dr. Waugh, then serving his second term as president of the Academy, invited Dr. James Dunning to describe the dental health problems existing at the Grenfell Mission. Dr. Dunning had spent a summer at the Harrington Hospital and was well acquainted with the Mission's work. He explained the dental health situation at the Mission and reviewed the constructive points on which he hoped the Academy would take an active interest. One was the problem of inducing young dental graduates to spend a summer at the Grenfell Mission to help render dental care to the people within the Mission's province. The other was the provision of funds for the dentist's expenses.

On this point, Dr. Dunning had this to say: "For an annual contribution from the Academy of \$150, perhaps in the form of a scholarship, a dentist could be helped on his way for the summer season at the Grenfell Mission. The Mission will pay all of his expenses except his personal outfitting and transportation to the port from which he will sail, usually Montreal. Still another aspect of financial help from the Academy would be an endowment of \$500 for a full-time dentist who will stay the year round. This sum seems fairly large, but I certainly commend this to your interest if it is at all possible."

As a result of Dr. Dunning's appeal, the fellowship approved the following recommendations: 1, The underwriting of a \$150 deficit to support a summer dentist for one year at the Grenfell Mission; 2, The appointment of a committee to solicit the fellowship for subscriptions to create a \$500 scholarship fund for a full-time dentist.

Academy records show that individual members contributed \$138 the first month (March, 1933) and \$224 the following month. Thereafter, for the next eight years, the fellowship gave generously to this worthy cause. It discontinued its support only because the vagaries of World War II made such support impossible.

Dr. Clifford A. Esentraub, an intern at Forsyth Hospital, was the first recipient of the Academy's scholarship. In 1934 he was succeeded by Dr. W. J. Turbyfill. In 1935 the Academy sent two dentists to the Labrador coast.

On February 28, 1936, the Academy received the following letter of appreciation from Sir Wilfred Grenfell:

The New York Academy of Dentistry
 c/o Dr. Leuman M. Waugh
 New York, New York

Dear Friends:

Today is my seventy-third birthday. As I count the good things which have come to me through a long life, the loyal support you have given the work on the Labrador coast, which we both hold so dear, is an outstanding blessing.

It is hard for me to realize that *Anni Domini* have taken their toll and that I must be less active in the work which will always be a part of my life, and which, through forty-five years, it has been my privilege and joy to see begun and increased. I want to reverse the usual order, and send my birthday greetings to you. There is no better greeting that I can share with you than my conviction and assurance that under the able supervision of our generous Board of Directors, and the leadership of my efficient and loyal colleagues on the Coast and here at home, our work will go on into fields of greater usefulness and service.

Gratefully yours,

/s/ SIR WILFRED GRENFELL

On March 5, 1936, Secretary William Keller replied to Sir Wilfred as follows:

Sir Wilfred Grenfell
 London, England

My dear Sir Wilfred:

We appreciate your letter deeply, for as much as we realize the objective importance of the Labrador work, and close as this work is to us as an organization, it is to you personally that we shall always look as the inspirational force that started this work in action.

Our scholarship fund, as you know, is an insignificant fund relatively speaking, but it carries with it the sincere and continued interest of those who have contributed somewhat toward the need for our own special work in Labrador and maintain some slight actual contact with the young men who have been going north to perform it.

Every member of the Academy joins me heartily in returning your

greetings and in trusting that you and Lady Grenfell will be with us for many years to come to watch over the fulfillment of your splendid work.

Sincerely yours,

/s/ WILLIAM KELLER, D.D.S.
Secretary

Sir Wilfred Grenfell died on October 9, 1940. The following month, the Academy paid him this tribute: Be it resolved: 1, That in the death of Sir Wilfred Grenfell the world lost one of the finest exponents of the healing arts; one of the greatest philanthropists of modern times; and a man whose kindness, enthusiasm, faith and courage will long stand as an example to all mankind. 2, That the New York Academy of Dentistry, as a memorial to this man, pledges its lasting interest and support to the cause of the dental welfare of the people of Labrador. 3, That the deepest sympathy of the New York Academy of Dentistry be extended to Sir Wilfred's family and to his close associates; and that a copy of these resolutions be sent to his children and to Dr. Charles S. Curtis of St. Anthony, Newfoundland, who succeeds Sir Wilfred in charge of the Labrador medical service.

Dental Legislation

THE BYRNE-STREIT BILL

PENDING measures in the Legislature at Albany, in February, 1934, strongly suggested that the New York Academy of Dentistry should have a special committee to keep its members advised of legislation believed to be unfair to the dental profession. To serve on this committee, President William B. Dunning appointed Drs. George Callaway, Gordon Ga Nun, and Alfred Kohn, chairman.

On March 14, 1935, Chairman Kohn informed the Board of Directors that Rule VIII (a measure introduced by the Regents of the State of New York to ban dental advertising) had been declared null and void by the two higher courts in the state. As a result of this adverse decision, the First and the Second District Dental Societies and the Allied Dental Council held a joint meeting and decided "to support legislation, which if properly drawn would have the same effect." This legislation was identified as the Byrne-Streit Bill.

In support of this measure, President Dunning sent the following day message to Governor Herbert H. Lehman: "The New York Academy of Dentistry strongly favors the Byrne-Streit Bill (Senate 1508) in relation to dental advertising now in your hands. This measure will do much to safeguard public health and to elevate the standard of our profession in New York State. We respectfully urge you to sign this bill."

Mr. Charles Poletti, counsel to the Governor, replied to Dr. Dunning's letter as follows: "The Governor received your letter of April 8, relative to the above legislation. He appreciates your writing to him and wishes me to assure you that he will give your views consideration."

Pursuant to the wishes of the Academy and the dental pro-

fession in general, Governor Lehman affixed his signature and the Byrne-Streit Bill was made a law of New York State.

ON "PACKING" THE UNITED STATES SUPREME COURT

At a directors meeting on February 11, 1937, Dr. Oscar J. Chase, Jr. spoke extemporaneously regarding President Franklin D. Roosevelt's proposed plan for increasing the number of judges in the United States Supreme Court. He said in part: "I wish to speak for a few minutes regarding the proposed seizure of the Supreme Court of the United States. While we are interested in the advancement of our profession, and are gathered here for that purpose, our professional interests are trivial in comparison to the issue that now confronts our country. As a patriotic duty, I propose that the New York Academy of Dentistry, as an organization, pass a resolution protesting the passage of any law which would interfere with the powers and dignity of the U. S. Supreme Court; the resolution to be sent to Senators Copeland and Wagner, and to the two Congressmen at Large from New York City."

The lively discussion that followed Dr. Chase's remarks is recorded here:

Dr. Alfred Kohn: "Academy action in this matter would set a bad precedent. On future issues of a similar nature, it would give any member a moral right to appear before this Board and demand that it do what we are asking our members to do now. I think it is entirely out of order. While I, as an individual, am strongly opposed to President Roosevelt's intentions, I am not in favor of the Academy, as an organization, taking any action."

Dr. Frederick Kemple: "Although I am opposed to the packing of the Supreme Court, I think it would be establishing a bad precedent if our Academy protested as an organization."

Dr. Arthur Merritt: "I'll go along with Dr. Chase. This is a time such as we have never faced in the history of the United States. It is a time for each American to stand up and be counted. I see no reason whatsoever why this Academy as an

organization of citizens shouldn't so record its disapproval. I am heartily in favor of some action being taken by this organization."

Dr. William Dunning: "After all, we are citizens before we are dentists. I think the question resolves itself into: Is this a national emergency? I believe it is, and as citizens we must take some action."

Dr. Henry Gillett: "I am 75 years old. During my life-time I have never known of any action by a president of the United States so lacking in intellectual honesty as this idea of packing the Supreme Court. I think the Academy should take some positive action."

Dr. Alfred Walker: "I believe Dr. Chase's proposal is entirely contrary to the objects and principles of this organization. This is a matter that will be decided in the Congress and the Senate of the United States. Each member of this Academy, as any other citizen, has a right to his individual opinion and may protest if he sees fit, but I think for us to take action on this question as a professional society is entirely out of order."

Dr. Frederick Lum: "The Boston Tea Party was not a political movement. Neither is this. It is our duty as individuals and as an organization to go on record by sending a written protest to every one of our senators and congressmen."

The strong differences of opinion expressed by members of the Board seemed reason enough for not bringing Dr. Chase's proposal to a final vote.

ACADEMY OPPOSES WAGNER-MURRAY-DINGELL BILL

Early in 1946 a bill under consideration by the United States Congress, known officially as the Wagner-Murray-Dingell Bill (S-1606, HR 4730)—a general health measure intended to supplement the social security program—was considered by the Academy as being so deficient in many of its provisions that its enactment as a political make-shift would not achieve the laudable general purposes for which

the bill was intended. After further deliberation, the Board of Directors, believing that the general utilities of the bill should receive wide-spread public attention, adopted the following resolutions:

“The members of the Board of Directors of the New York Academy of Dentistry reaffirm their adherence to the humanitarian ideals: (a) That complete dental health service, as soon as possible, should be made available to every person—when and as often as it may be needed—to protect dental health and normality, repair and conserve damaged dental structures, maintain dental functions, and prevent dental disorders from causing diseases elsewhere in the body; (b) That the first step toward this consummation should be the provision of complete recurrent dental health care for all children; also, that in the opinion of the members of this Board, the provisions of the said Bill (S-1606) would not make it possible to attain either of these humanitarian objectives (a-b).

“Instead, as national law, the Bill’s provisions: (a) Would decrease rather than increase the usefulness of dental service; (b) Would convert dental health care into a deficient and perverted service that would not only falsely appear to yield alleged health benefits it could not accomplish; but, as such, a degraded service; (c) Would no longer attract to its practice men and women of the highest character, ability and initiative—the types of men and women who have given American dentistry world preeminence in quality, and upon whose interest and fidelity the future development of dental health care in this country, in quality and quantity, will primarily depend. Also resolved: That the Representatives of the State, and of the Districts of New York, in the Congress of the United States, be requested—for the reasons summarized above—to vote against adoption of the Wagner-Murray-Dingell Bill; and the copies of these resolutions, and of a circular letter of transmission, be sent to all of our Senators and Congressional Representatives.”

Following the action of the Board of Directors, President Arthur E. Corby sent copies of the resolutions to all members

of the Academy with a request that each one express himself as either opposed to or favoring the Wagner-Murray-Dingell Bill. At the same time, he designated Dr. Eugene Senior and Dr. Andrew J. Asch to tabulate the postal card returns, which were as follows: Total returns—284; In favor—4; Opposed—280.

When the vote was taken, the Academy's membership numbered 429: active, 235; associate, 110; non-resident, 76; allied, 7; honorary, 1. Thus approximately two-thirds of the total membership and nearly all of the active fellows voted in the referendum.

An interesting sidelight of the Academy's activities regarding the Wagner-Murray-Dingell Bill (S-1606), which was subsequently defeated, was the following discourteous and confusing letter sent by Senator Robert Wagner to "Mr." Arthur E. Corby:

Mr. Arthur E. Corby, president
The New York Academy of Dentistry
New York City

Dear Mr. Corby:

I thank you for your letter of July 15 and for the accompanying resolutions adopted by your organization voicing *approval* of the National Health Bill (S-1606).

Please be assured Mr. Corby, that I shall continue to press for early and favorable action on the bill.

Yours truly,

/s/ ROBERT F. WAGNER

THE WAGNER-MURRAY-DINGELL BILL

(S-5, HR 345 AND HR 782)

Three years after their original bill (S-1606) was defeated, the Messrs. Wagner, Murray, and Dingell tried once more to put through Congress a compulsory health insurance bill. And again the measure was defeated. In regards to this bill, the Academy's Legislative Committee, under the chairmanship of Dr. Sidney E. Riesner, recommended the adoption of

the following resolutions: I, The New York Academy of Dentistry does hereby memorialize the Congress of the United States not to enact any legislation containing the principle of compulsory health insurance; II, A copy of this resolution be forwarded to each Senator and Representative in Congress from this state, and to the Speaker of the House of Representatives and to the President of the Senate of the Congress of the United States.

THE BENNETT-GRACY BILL

On April 13, 1950, Dr. Sidney E. Riesner, reporting for the Legislative Committee, stated that Governor Thomas E. Dewey had signed the Bennett-Gracy Bill. This bill made it mandatory that: 1, Dentists must write prescriptions in duplicate and keep one copy on file in their offices for one year. Failure to do so is subject to disciplinary action by the Board of Dental Examiners. The other copy goes to the laboratory with the work and must be filed in the laboratory for one year. Failure to do so makes them liable to fine and/or jail; 2, The State Department of Education and the Attorney General's office have the right of entry into laboratory and dentists' offices for the purpose of inspecting prescription records; 3, The last feature of this bill is the amendment of what constitutes the practice of dentistry. It has been amended that dentists are permitted legally to do work in and around the adjacent tissues of the mouth. This is to clarify the field of oral surgery in relation to hare lip and cleft palate operations.

Dr. Riesner also reported to the directors that Governor Dewey had signed the Bennett Bill—a legislative measure authorizing the Board of Dental Examiners to increase its number to ten.

LEGISLATIVE COMMITTEE IS DISCONTINUED

On March 8, 1951, the Board of Directors voted to discontinue the Legislative Committee, feeling that if and when the occasion demanded, a special committee could always be formed to serve the purpose.

THE DENTAL PRACTICE ACT OF PENNSYLVANIA

At a meeting of the Academy fellowship on October 14, 1965, Non-resident Fellow James R. Cameron, D.D.S., Sc.D., LL.D., F.A.C.D., F.I.C.D. read a paper entitled "Our Professional Image Changeth" in which he discussed the changing concept of dentistry as an important branch of the healing arts dealing with the health care of people. Those portions of the paper relative to dental legislation and a few aspects of dental practice which might be said to invite malpractice suits are recorded here as having historical as well as ever-current significance.

"A review of the various state practice acts and the definition of what constitutes dentistry is one likely to be somewhat of a frustration as to the status of dentistry in some states. Some of the dental practice acts are so out of date that dentists practicing the modern concept of dentistry might well be thought to be practicing illegally. Some states have rewritten their practice act to bring it up to date and in keeping with present day practice. In 1959, the state of Pennsylvania rewrote the definition of dentistry to bring it into keeping with the advance of dental education. The new wording of the Dental Practice Act of Pennsylvania was passed by the Pennsylvania State Legislature, May 13, 1959. It is as follows:

Section I Short Title—This Act shall be known and may be cited as "The Dental Law."

Section II Definitions: "A person engages in the 'Practice of this Act, who diagnoses, treats, operates on, or prescribes for any disease, pain or injury, or regulates any deformity or physical condition, of the human teeth, jaws, or associated structures, or conducts a physical evaluation, or administers anesthetic agents, or who fits, constructs, or inserts any artificial appliance plate or denture for the human teeth or jaws, or who holds himself or herself out as being able or legally authorized to do so."

"The dental profession in Pennsylvania by bringing the Dental Practice Act to cover a broader conception of what

constitutes dentistry has pointed the road for other states to follow.

“As one studies the wording of the Pennsylvania Dental Practice Act, one cannot help but be impressed with its wide implication as to the service a dentist is expected to render. The inclusion of the words ‘administration of anesthetic agents’ and ‘the physical evaluation’ of a patient assumes a legal responsibility and protection. The well trained dentist should be capable of evaluating the general condition of a patient, and, where the history and his physical findings indicate the possibility of systemic disease which might well contraindicate a surgical procedure, consultation and guidance by a physician is mandatory. This does not mean that a dentist should do a physical evaluation from the scalp to the soles of the feet. It does mean, that the dentist should be sufficiently skilled and capable to evaluate reasonably the physical condition of a patient prior to the administration of an anesthetic agent or prior to attempting a surgical procedure. We are fully aware that many dental procedures do not call for this type of history and evaluation, but where anesthesia or surgery is contemplated such evaluation is a must if the dentist wishes to safeguard himself and his patient. The Pennsylvania State Board of Dental Examiners now examines candidates in physical diagnosis as part of the licensing examination.

“Great strides have been made in restoration procedures to maintain a healthy functional masticatory apparatus, particularly in the salvaging of chronically infected teeth by improved endodontic technic and also the salvaging of teeth loosened by periodontal infection. Considerable progress has been made in these two branches of practice. Teeth that not too long ago were condemned to the forceps are now, by improved technical procedures and knowledge of how to cope with the disease process, rendered healthy and serve a useful purpose in the mastication of food while preserving or improving the health and appearance of the patient. As dentistry passes through a transitional stage which it is doing, errors of judgment will at times occur. Poor evaluation and

the questionable ability of nature to respond to therapy may lead the overly enthusiastic operator in the field of periodontology and in the scope of endodontics to carry beyond the bounds of sound practice. Teeth lacking any alveolar structure or at least bony support are at times retained in the arch by various types of immobilizing appliances. Many cases of this hopeless situation are being observed as cesspools of infection and are a detriment to the general health of the patient. Such errors of judgment do not speak well for modern dentistry which is supposedly practiced with a knowledge of pathology and bacteriology. As stated earlier, both periodontists and endodontists are rendering a valuable service in the preservation of teeth rendered healthy by improved treatment, but often the judgment as to conditions suitable for conservative treatment is overlooked and the lengthy and expensive period of treatment only results in failure and criticism of dentistry by a trusting victim.

“So called rehabilitation is another area of present-day practice that can at times be questioned as to the necessity or advisability for such lengthy and expensive restorations where good sound teeth are cut into and reshaped to carry over-all coverage. Surely dental technic has advanced where such multiple tooth mutilation could be avoided and still provide the patient with a satisfactory dentition.

“Throughout my paper, I have repeatedly mentioned the responsibility of the dentist to his patient. This is becoming increasingly so from many angles. Malpractice suits brought against dentists are more common today than just a few years ago. Medicine for sometime back and increasingly so today is faced with this latest lawyer racket, and dentists now seem to be easy prey for lawyers instituting malpractice suits. Some of these questionable lawyers lacking in the ethics of their profession are known to even boast about their prowess and ability to convince a jury as to the guilt of a defendant, even though the defendant would not be considered in error by his professional colleagues. The practicing dentist today in order to protect his life savings must carry heavy insurance with

equally heavy premiums as a protection from such lawyers and easily swayed juries to award large damage suits. If we had fewer publicity seeking lawyers and fewer psychiatrists, our courts of law would not have the huge backlog we read so much about. These hazards and pitfalls which plague the dentist as well as physicians never were so numerous, formidable, and costly as they are becoming today.

“There remain many other problems facing the present-day dentist and the dentist of the future too numerous for discussion in a short presentation, but I trust that my remarks will provide food for constructive thinking as to the changing image of dental practice in its relation to the future well-being of those who need and seek a service which we, by training as dentists, are able to render. It is the responsibility of those of us who have found our niche as successful dentists to look to the future and lay the stepping stones for those who are to follow in our footsteps.”

Dental Information Bureau

THE Dental Information Bureau—a specialized medium for disseminating dental information to the public—was established in New York City on March 25, 1938. It was sponsored by the New York Academy of Dentistry, the First and the Second District Dental Societies, and The Greater New York Dental Meeting.

The Academy began taking an active interest in the Bureau on February 11, 1937, when Dr. C. Frank MacDonald outlined a proposal to the Board of Directors regarding the formation of a general committee for public dental information. As the directors agreed that such an agency was desirable, President Joseph D. Eby appointed a committee consisting of Drs. Alfred Kohn and George Callaway to study Dr. MacDonald's proposal.

Pursuant to the committee's favorable report of April 8, 1937, Dr. Edwin G. Van Valey was appointed to represent the Academy on the committee designated to further consider suggested recommendations for the set-up of a general committee for public information. Concurrent with Dr. Van Valey's appointment, the Board of Directors appropriated to this committee an annual sum of \$500 for two years to help defray its operational expenses.

On October 14, 1937, the committee, comprised of Drs. Fred Brophy, George Douglass, W. B. Dunning, C. Frank MacDonald, and Edwin G. Van Valey, recommended: "1, The creation of a general committee for public dental information, its members to represent the First and the Second District Dental Societies, the New York Academy of Dentistry, and The Greater New York Dental Meeting; 2, A yearly budget of \$3,200 be established for dental education, publicity purposes, and to procure the services of a publicity counsel; 3, This committee to be responsible for the promulgation and distribution of all information going to the public

through the press, magazines, radio, etc., except such material as is released through the channels of the Oral Hygiene Committee of Greater New York; 4, For the fulfillment of the objects of this project, it is requested that the committee be permitted to function for a period of two years.”

On January 13, 1938, Dr. E. G. Van Valey informed the Board of Directors that the General Committee had retained Mr. A. Mork as public relations counsel (succeeded by Mr. John W. Milford & Company in 1941) and had compiled a set of principles and regulations for the guidance of dentists in their contact with the press, lecture platform, lay periodicals and radio, which were being considered by the Bureau for adoption. These principles and regulations, with minor changes as were necessary to exclude the activities of the Oral Hygiene Committee, were approved by the Academy on March 10, 1938. They read as follows:

GENERAL PRINCIPLES

It is desirable that the dental profession should take advantage of the opportunities available for the education of the public in the prevention of disease, the conservation of health, and on the hazards of quackery.

In addressing the public through any of the available media, the individual dentist should consider himself to be speaking on behalf of the dental profession. The occasion must not be exploited for self aggrandizement. Personal interests and individual convictions must be placed secondary to the interests and prevailing convictions of the profession. The airing of controversial dental subjects before the public serves no good public or dental end. The dissenter can find adequate means and opportunities for presenting his convictions before his dental peers.

SPECIFIC REGULATIONS

Contact Of The Dentist With The Press

A dentist, unless he be an official health officer, or the officer of a private health organization, or unless he be authorized by the First or Second District Dental Societies, the New York Academy of Dentistry, or The Greater New York Dental Meeting, shall not issue, or cause to be issued, interviews to the press dealing with dental matters except formal official bulletins.

Individual dentists may, however, submit to being interviewed, when authorization has been received from the Greater New York Bureau for Dental Information or from some responsible officer of the First or Second District Dental Societies, the New York Academy of Dentistry, or The Greater New York Dental Meeting. Under such circumstances the dentist shall make a transcript of whatever public statement he may issue and should whenever possible, previous to its publication, compare his transcript with the reporter's copy.

Photographs Of Dentists

A dentist shall not permit his photograph to be published in the public press. Exceptions to this ruling are: 1, When a dentist has received signal honors; 2, When he has been elected to office in an accredited dental organization; 3, When acting as a public official.

Dentists Writing On Dental Matters For The Press And Periodicals

Writing for the laity by dental men is approved, subject to the following regulations: 1, That the publication in which the article is to appear is of a responsible character; 2, That the subject of the material, and the manner of its presentation be essentially educational in effect; and that it does not serve to aggrandize the author; 3, The article may be signed by the name of the author followed by his dental degree; 4, The author should avoid disparaging the dental profession.

Distribution Of Dental Reprints By Others Than The Author To The Dental Profession

The distribution of dental reprints by others than the author to the dental profession is permissible, provided that: 1, Such literature be strictly limited to the dental profession, except such material as may come under the authority of or is approved by an authorized committee of the society; 2, The accompanying literature be in keeping with recognized standards of ethical presentation; 3, No advertising material should either be imprinted or be so affixed to the reprint as to give the impression that it is an integral part of the author's communication; 4, It is further advised that before consenting to such distribution of reprints, the author should secure the advice of The Greater New York Bureau for Dental Information.

Compensation To Dentists For Services Rendered To Lay Writers On Dental Matters

It is permissible for dentists to accept fees for assistance given to lay writers on dental matters.

Radio Broadcasting

1, It is highly desirable that the dental profession should take advantage of the opportunities presented by the radio for constructive dental propaganda and for health education. 2, One education or clinical connection of the speaker may be mentioned by the radio announcer. 3, In the body of the radio paper, the speaker should not refer to his singular achievements, unique and outstanding practices, etc. 4, It is desirable that the talks over the radio by dentists should be given with the approval of the Greater New York Bureau for Dental Information, or under the auspices of the Oral Hygiene Committee of Greater New York. 5, Dentists may participate in commercial broadcasting programs, under the following conditions: (a) The commercial organization is of reputable standing; (b) It is permissible for dentists participating in such programs to accept a fee; (c) A dentist must not endorse the product or products of the organization sponsoring the broadcast; (d) In order to safeguard himself and the profession, when such employment is offered to him, a dentist should confer with The Greater New York Bureau for Dental Information, or Oral Hygiene Committee of Greater New York, both as to the standing of the commercial organization and the contents of the paper which he proposes to broadcast; (e) The announcer's continuity should be acceptable. No exaggerated or unwarranted claims should be allowed, nor should the announcer be permitted to imply that the speaker endorses the commercial organization or its product.

Cinema

It is recommended that wherever possible, news reels should be made by officials of local or state health departments, by committeemen of County Societies, or of the First or the Second District Dental Societies, the New York Academy of Dentistry, or The Greater New York Dental Meeting, or by individuals selected from special committees or delegated by these organizations or committees.

On February 14, 1938, Dr. C. Frank MacDonald, chairman of the Dental Information Bureau, informed Academy President Alfred L. Kohn that he was compiling a list of special consultants to work with the Bureau. He requested approval of the list and recommended that the men so listed should be officially invited and appointed by the presidents of the groups involved to serve in connection with the Bureau.

The list of consultants and their respective specialties as compiled by Dr. MacDonald read as follows: Dr. Henry W.

Gillett, general dentistry; Dr. H. J. Leonard, oral diagnosis; Dr. Lester R. Cahn, oral pathology; Dr. Adolph Berger, oral surgery; Dr. H. Spaulding Both, porcelain restoration; Dr. Arthur H. Merritt, periodontia; Dr. F. G. Neurohr, prosthodontia; Dr. Leuman M. Waugh, orthodontia; Dr. Theodor Rosebury, dental research; Dr. Bissell B. Palmer, dental journalism; and Dr. Charles F. Bodecker, dental teaching.

At the conclusion of the two year trial period, the Bureau's annual report contained the following information: "This report is for the second year of the two years originally allotted as a trial period for the Bureau. The original set-up for this Bureau terminates as of December 31, 1939. During these two years we have worked within our budget. . . . Two changes have occurred since last year. First, Dr. George Douglass was replaced by Dr. Percy Phillips as representative of The Greater New York Dental Meeting Committee. Second, in May, 1938, by permission of the original supporting groups, the New Jersey State Dental Society was included as a supporting member of the Bureau, with Dr. Walter S. Wilson as their representative on the Bureau Committee."

The above report was signed by Drs. William B. Dunning, James F. Henegan, Percy T. Phillips, Edwin G. Van Valey, Walter A. Wilson, and C. Frank MacDonald, chairman.

As the Bureau continued to function as a logical instrument in eliminating irresponsible information to the public, Dr. Oscar J. Chase, Jr., the Academy's representative, submitted the following report dated April 13, 1942: "During the past year, 54 releases were made. From these, 435 articles were reported by the clipping bureau. In addition to this function, the D. I. B. has been responsible for placing newspaper and magazine feature articles throughout the year; the articles in magazines being prepared with the objective of educating the public. . . . The Bureau is confident that the service rendered is of great importance to the profession and the public. It is worthy of the Academy's support."

On February 9, 1949, President Carlisle C. Bastian appointed Drs. Ralph J. Bowman, Joseph D. Eby, and Gordon

M. Ga Nun to make a survey of the Bureau of Dental Information with regard to its purpose, function, and procedure. The committee's report of March 9, 1949, stated:

"1, Primarily, dentistry's public relations are formulated in the dental office, so that in the last analysis, our public relations are our responsibility; 2, Public relations in the broad sense is a problem for the specialist in that field to correlate, organize, and prepare for press, radio, etc.; 3, The publicity the dental profession has received to date has been overwhelmingly favorable, due to a happy relationship between the patient and the dentist, the untiring effort of the dental profession to serve mankind, and, in this instance, the effective administration of the Bureau of Dental Information; 4, Freedom of the press makes it impossible to prevent an editor who seeks to create reader interest by selling the facts short through sensationalism and muckraking from operating on this basis; 5, Professional public relations can ameliorate this practice; 6, The Bureau of Dental Information is rendering dentistry a fine service through its knowledge of public relations and contacts with the press and radio; 7, The Executive Committee, when arranging programs for the year, should keep in mind that the public looks to the Academy for education and enlightenment. Subjects should be presented at some meetings which will appeal to the public interest and which will lend themselves to publication.

"8, Mr. Milford is sympathetic toward dentistry. He has studied our problems intelligently and is well qualified to interpret our interests so as to build a sound relationship between dentistry and the public; 9, Mr. Milford is being paid in accordance with a budget established prior to the period of inflation and therefore is entitled to the sum which he now requests, namely, \$500 per annum ensuing, so as to meet increased operational costs; 10, The Academy should assume the lead in sponsoring public relations; 11, This committee should be continued so when a broad, comprehensive plan on dental public relations is presented, every man of the 15,000 represented by the Bureau of Dental Information will pay his pro rata share of the cost."

On April 9, 1950, Dr. Henry Hicks, the Academy's representative, emphasized the Bureau's usefulness to the profession and its influence on the public. He contended: "The Bureau of Dental Information has functioned in behalf of dentistry for a period of twelve years, during which time the dignity and prestige of the profession as a health service has increased ten fold—a service which cannot be measured in dollars."

In 1954 Dr. Leo E. Sherman, chairman of the D. I. B., requested that each supporting component increase its subscription to the Bureau to help defray increased operational expenses. He suggested that the Academy's annual contribution be increased from \$500 to \$700. The Academy's Finance Committee, comprised of Drs. Edward C. Stillwell, chairman, Willard T. Keane, Gustav P. Frahm, George S. Callaway, and Lowrie J. Porter, recommended that the Academy postpone action on Dr. Sherman's request until a more equitable apportionment of the cost could be arranged.

Mr. John W. Milford's records list the following men who have represented the Academy on the Dental Information Bureau from March 25, 1938, to April, 1956: Dr. Edwin G. Van Valey; Dr. Oscar J. Chase, Jr.; Dr. Roland E. Morse; Dr. George S. Callaway; Dr. Thomas D. Cloney; Dr. Henry Hicks; Dr. S. Ellsworth Davenport, III; and Dr. Alfred J. Keck. (For a complete list to 1969 see page 241.)

When the Dental Information Bureau was established on March 25, 1938, as "the official news and information agency for the *Metropolitan Components* of the American Dental Association," it listed as its sponsors: the First and Second District Dental Societies of the State of New York; the Greater New York Dental Meeting; and the New York Academy of Dentistry.*

A few years later, the following sponsors were added to the roster: the Dental Society of the State of New York; the Tenth District Dental Society of the State of New York; the

* *Author's note:* The DIB was discontinued in 1969. For reference and historical reasons, these pages include a review of the Academy's involvement up to that time; also, information regarding the DSSNY's Communication Bureau.

American Academy of Dental Medicine; and the New York State Society of Dentists for Children. At the same time, the official stationery of the Dental Information Bureau stated that the Bureau was "the official news and information agency for the *New York State Components* of the American Dental Association."

Although the Dental Information Bureau, 55 West 42nd Street, New York City, was primarily established as "a specialized medium for disseminating dental information to the public," its purposes and functions are actually much broader than those stated. The Bureau also has lists of principles and regulations for the guidance of dentists in their contact with the press, lecture platform, lay periodicals, radio and television.

More specifically, the general principles, which could well be described as "ethical standards" regarding dentists, states that "in addressing the public through any of the available media, the individual dentist should consider himself to be speaking on behalf of the dental profession. The occasion must not be exploited for self aggrandizement. Personal interests and individual convictions must be placed secondary to the interests and prevailing convictions of the profession. The airing of controversial dental subjects before the public serves no good public or dental end. The dissenter can find adequate means and opportunities for presenting his convictions before his dental press."

The Dental Information Bureau also supervises and regulates the distribution of dental reprints by others than the author to the dental profession; compensation to dentists for services rendered to lay writers on dental matters; and makes recommendations regarding the participation of dentists relative to newsreels and the cinema.

Each year, the current president of the Academy appoints a fellow and an alternate to represent the Academy at the monthly meetings of the Dental Information Bureau. These men report directly to the Academy's Board of Directors regarding such business as transpires at these meetings. They also present subjects or problems which they feel are of

sufficient importance to bring to the attention of the board for discussion and possible action. Being an appointed committee, the representatives submit an annual report to the Academy fellowship at the regular fellowship meeting in April of each fiscal year.

An annual report which embodies the essential characteristics of similar representations, was submitted to the Academy fellowship by Drs. Alfred J. Keck and William Hogan Jr., who represented the Academy on the Dental Information Bureau during the fiscal year 1958-1959. The report read as follows:

“During the past year the Dental Information Bureau has been instrumental in getting dental publicity, which can be considered to be good public relations, on nine radio and television programs, thirty-four magazine articles, and thirty-four newspaper stories.

“To give you some small idea what the tremendous expense would have been to get the coverage mentioned above, I shall make reference to one article that recently appeared in *CORONET* magazine titled ‘What everyone should know about orthodontia.’ The space cost to dentistry, if purchased, would have been \$27,300. *CORONET* has a circulation of 3,200,000 subscribers and a readership of 12,800,000. This article not only deals with orthodontia but also glorifies dentistry. This publicity was given without any charge to our dental components.

“DIB is doing its utmost with the means at hand to get the best possible publicity with an eye on good public relations.

“Another important function of the Bureau is to prevent stories being published that would be adverse publicity to dentistry and thus poor public relations.

“At present the Dental Information Bureau, through the director, Mr. John W. Milford, has under consideration a new syndicated column which will be named “Dental Health.” If it materializes, it would be one of the greatest sources for good public relations and publicity on dentistry. Material would be distributed through the *Chicago Tribune* and the *New York News Syndicate* to a potential of some 1000 newspapers throughout the country.”

An annual report to the Academy fellowship which refers to some of the Bureau’s varied official services to the profession and to the “Highlights of Headquarters Activities,” a bulletin issued by the Dental Information Bureau, was submitted by Dr. Kenneth C. Deesen, the Academy’s representa-

tive to the Bureau for the fiscal year 1965-1966. The report stated:

"The Dental Information Bureau during the 1965-1966 season continued to serve effectively as the official public relations, information and news agency for the New York Academy of Dentistry, its component agencies, and for organized dentistry in general.

"In addition to preparing and disseminating press releases for all Academy meetings, the DIB was successful in promoting a review of the February meeting on the McCann radio show (WOR).

"An average of fifteen inquiries, requests for information and, occasionally grievances, were handled by the Bureau each day. These varied from answering calls of concern about newly fluoridated drinking water to providing speakers for radio and television programs and supplying editorial services to writers for national magazines.

"Even brief attention to the enclosed copies of 'Highlights of Headquarters Activities' will reflect the successful diligence of the Dental Information Bureau in jointly serving the Academy, the dental profession, and its interested and concerned public."

The following is a summary (condensed) of "Highlights of Headquarters Activity" of the Dental Information Bureau which covers the period from January 29 to March 25, 1965:

"CONSIDERABLE RESENTMENT was aroused among dentists and their friends when a former dental laboratory association employee appeared on the "Long John Nebel" radio program (WNBC, Sat., Mar. 20, 1:10-3:30 P.M.) and made a number of statements contrary to fact and derogatory to dentistry.

"Immediately upon the conclusion of the broadcast, Mr. Nebel booked, for his April 3 program, a Connecticut dentist (he will not divulge name until air-time) who phoned his protest and offered to clarify some of the points that, he felt, had not been properly covered. Dental leadership in metropolitan New York City area has decided, on the basis of experience, to forego any action that might tend to aggravate an already refractory situation.

"NEWSPAPER PUBLICITY ON CHILDREN'S DENTAL HEALTH WEEK was quite gratifying. Had the Mayor been present the City Hall CDHW-launching ceremonies, better results might have been obtained. Fortunately, City Council President Screvane substituted; this was vital to the WNYC-radio coverage. The OHC radio and TV publicity effort was commendable, and once again, WNBC-radio cooperated directly with the DIB. A contest was 'out' this year; instead, spot announcements were liberally used.

"THE LOCAL PRESS cooperated sympathetically in obituaries on Dr. Charles F. Bodecker, who passed away suddenly February 11.

"LOCAL DIB FOLLOW-THROUGH on the Scheduled Projects Program of the State Society's Communications Bureau was effective. The March project was devoted to dental care of senior citizens. April: oral cancer detection.

"ARRANGEMENTS WERE MADE whereby Dr. H. K. Addelson, DIB consultant, will continue as pedodontics adviser to the National Baby Care Council, whose newspaper column 'All About Babies,' will be serviced by Columbia Features, Inc., a syndicate.

"AMONG EDITORIAL SERVICES, which sometimes lead to newspaper, feature syndicate and national magazine stories, and are used by media to answer queries from reading and listening audiences: Robert Schoenfein, free-lance writer—data on family dental health expectancy if preventive care is practiced; Alton Blakeslee, Science Editor, Associated Press—data on periodontics; Marjorie Block, CBS News—information on relative merits of amalgam fillings and gold inlays; Jerry Nachman, N.Y. Post—information on dental study clubs of the metropolitan area; Joyce Lutens, Cosmopolitan Magazine—dentist-population ratios of various states; also

Courier-Life community weekly papers of Brooklyn—we provided series of dental health educational stories which the editors are considering using in near future; Philip H. Gustafson popular free-lance writer — exhaustive data for book on "dental health for the family"; Robert Lyles, Good Housekeeping — data from DIB consultants on the pros and cons of pacifiers for infants; John Hardrider, of Richards Studios—aided in search for photos of old-time dental offices for use in "nostalgic" Chemstrand advertisement.

"NEWS RELEASES—PUBLICITY ACTIVITY—undertaken on following: Stated meetings of First District, Feb. 1 and Mar. 1; Second District, Feb. 18 and Mar. 18; N. Y. Academy of Dentistry, Feb. 11 and Mar. 11; L.I. Dental Meeting, Mar. 10-12; Participation of New York State Society of Dentistry for Children in Northeast States Conferences on Dentistry for Children, Buckhill Falls, Pa., Mar. 26-28; 1st. Annual Queens County Dental Meeting, Apr. 8-10; Special release on State Society's selection of Dr. William McGill Burns to receive Jarvie-Burkhardt Award at upcoming annual meeting in May.

MISCELLANEOUS INQUIRIES, grievances, and requests for referral to dentists totaled approximately 475. All grievances are referred to the area dental society; queries re. "average" costs for dental procedures—many dozens monthly—are answered courteously but non-committally. We explain that costs do—and naturally must—vary from case to case; hence, any average would be a purely mathematical computation that would have little or no bearing on any individual situation.

Many callers desire referral to a specialist. The largest proportion of

them call for a periodontist. Quite often the specialist selected by the family dentist is unsatisfactory to the patient; this often precipitates an awkward situation. We tell the callers in such cases to go back to the family dentist and ask for another referral, rather than to go off on their own."

From time to time since the New York Academy of Dentistry began to participate in the activities of the Dental Information Bureau, various directors of the Academy had voiced dissatisfaction with the way the Bureau's director, Mr. John W. Milford, had conducted the affairs of the Bureau relative to public relations as it affected the Academy.

In an annual report submitted to the Academy fellowship in the spring of 1968, Dr. Gerald M. Galvin, the Academy's representative on the Dental Information Bureau referred to the comparatively small number of news releases issued in behalf of the Academy that were being published in the news media. Dr. Galvin's report read as follows:

"The New York Academy of Dentistry is a regular member of the Dental Information Bureau along with the First, Second, and Tenth District Societies of the State of New York, the New York State Dental Society, the American Academy of Dental Medicine, and the New York State Society of Dentistry for Children.

"I mention regular members because there is a group of associate members which is made up of those dental organizations which, by reason of minimum service requirements, are admissible as components at a lower scale of contribution. Associate members may not vote, hold office, or serve as committee chairman. However, they may be represented on committees.

"The bureau serves these members organizations as a liaison agency with the press, radio, television, and other media in the preparation, transmission and interpretation of information about dentistry designed to serve the best interests of the dental profession and the public. It also serves as a public relations counsel to these components.

"During the past year, the DIB was able to have published just one item concerning the Academy. That was the release on the installation of Dr. Walter A. H. Mosmann as president which appeared in the April 13, 1967, edition of the *New York Times*. Each month a release concerning the forthcoming monthly meeting was circulated but none were published.

"As your representative on the Dental Information Bureau, I question whether the Academy might not just as well be served by being an

associate member. Certainly, the service received seems to be out of proportion to the costs involved."

Regarding Dr. Galvin's reference to "the costs involved," Academy records indicate that prior to 1961, the Academy's annual contribution to the Dental Information Bureau was \$500. At a Board of Directors meeting on November 9, 1961, Dr. Walter A. H. Mosmann read a letter from DIB director, John W. Milford, in which he requested that "the New York Academy of Dentistry increase its yearly contribution from \$500 to \$625, plus \$17.50 pro rata share of the deficit of the previous year." The directors voted to grant Mr. Milford's request and to allow the additional sum beginning with the fiscal year 1962. At that time, a summary of contributions by individual component members of the Dental Information Bureau was as follows:

First District Dental Society	\$4,062.50
Second District Dental Society	\$2,812.50
Tenth District Dental Society	1,250.00
New York State Dental Society	3,750.00
Greater New York Dental Meeting	2,250.00
New York Academy of Dentistry	625.00
New York State Society of Dentistry for Children	250.00

Operational expenses of the Dental Information Bureau included such items as mimeographing, telephone, postage, press clippings, meeting expenses, stationery and supplies, messenger service, share of office rent and maintenance, secretarial and clerical services.

Mr. John W. Milford's answers to his numerous critics regarding his unsuccessful attempts to get Academy releases into the news media, usually followed a pattern which might be summed up in these (the author's) words:

"In order to effectuate a news release, it must have an aura of glamor about it. The average run-of-the-mill news release such as the election of an Academy president, the subject matter of an address on dentistry or on some equally dull subject, has no reader appeal except for dentists unless the speaker is really an outstanding personality; as outstanding, let us say, as the President of the United States or the Ambassador to

the Court of St. James; or perhaps the perpetrator of a juicy murder, and I would presume that no member of the Academy would care to commit murder merely to see the Academy's name in print. Now an unusually gory suicide might be a different matter."

On January 30, 1969, officers and component representatives of the Dental Information Bureau held a meeting in the headquarters of the Greater New York Dental Meeting with the chairman, Dr. M. Joel Freedman, officiating. The major topic of discussion was the forthcoming retirement of Mr. John W. Milford as director of the Bureau on April 30, 1969, and the necessity for a choice of a successor.

At this meeting, Dr. George E. Mullen, the special advisory liaison officer for the New York State Dental Society, the New York Academy of Dentistry, and the Second District Dental Society, raised the question of the future necessity of the Dental Information Bureau. He stated that "present plans call for expanding the Communications Bureau of the State Dental Society with a proposed budget of \$75,000. Final decision on the Communications Bureau will be made at the annual meeting of the State Society in May. Negotiations and discussions with various public relations agencies are in progress to determine which will best serve the Communications Bureau."

The following month, on February 13, 1969, Dr. George Mullen reported to the Academy's directors regarding the resignation of Mr. John W. Milford and the possible reorganization of the Dental Information Bureau and its relations to the State Dental Communications Bureau. Dr. Mullen then made a motion that "the New York Academy of Dentistry pay one-third of its current annual bill for Mr. Milford's services in accordance with the like procedures of District Societies, et. al." The motion passed. The Academy's one-third payment for Mr. Milford's services, which was subsequently paid, covered the period which concluded with the date of the annual meeting of the New York State Dental Society in May, 1969.

THE DENTAL INFORMATION BUREAU IS DISCONTINUED

The Dental Information Bureau was dissolved in 1969. It was not integrated into the Communications Bureau. The Bureau is not involved with the Academy. It serves only, and is supported only by the Dental Society of the State of New York. It replaced the Dental Information Bureau only to the extent that it is available to all districts for publicity and public relations counseling and services where the matter involved has state wide impact and where the Central Office has approved involvement by the Communications Bureau.*

From March 25, 1938 to the date the Dental Information Bureau was dissolved in 1969, the following Academy fellows represented the New York Academy of Dentistry: Drs. Edwin G. Van Valey (Sr.), Oscar J. Chase, Jr., Roland E. Morse, George S. Callaway, Thomas D. Cloney, Henry Hicks, S. Ellsworth Davenport, III, Alfred J. Keck, William G. Hogan, Robert G. Charbonneau, Paul Z. Haus, John Kanya, Robert W. Tirrell, Jr., Kenneth C. Deesen, Alfred J. Braid, Edwin H. Getz, Jerome M. Schweitzer, Neal Riesner, Gerald M. Galvin, Dwight Wilson, Dale E. Hopp, Thomas H. Swift, and Frank R. Hopf.

* The information concerning the Communications Bureau was furnished to the author by Dr. Percy T. Phillips, secretary of the Dental Society of the State of New York.

Special Events Meetings

After founding member, Dr. Sebert E. Davenport, Sr., passed away, the Academy honored his memory by designating one fellowship meeting a year as "The Davenport Memorial Meeting." The first of these meetings was held at the Columbia University Club, New York City, in February, 1937. The speaker was Dr. William J. Gies, and his subject: "Sebert E. Davenport, Sr.: Character, Service, Ideals."

In April, 1959, Academy President LeRoy E. Burr appointed Drs. Robert G. Charbonneau, William Raebeck, Jr., and Francis J. Loughlin, chairman, to serve on the Davenport Memorial Committee. A report presented by this committee to the fellowship, eulogized Dr. Davenport in these words:

"For several years, the Academy met at the Hotels Belmont and Commodore. In April of 1928, the fellowship tendered a testimonial dinner at the Waldorf Astoria Hotel to one of its charter members on the occasion of his fiftieth year in dental practice. That gentleman was Dr. Sebert E. Davenport, Sr. in whose honor this memorial meeting is named.

"Dr. Davenport was not only one of the founding fathers and an indefatigable worker in the espousment of every one of the many objectives of the Academy, but he was also elected to the presidency on the occasion of the Academy's fiftieth meeting.

"Our own Dr. Joseph D. Eby knew Dr. Davenport very well. Dr. Eby best describes him as being statuesque, for he did possess the massive dignity of a statue. Dr. Davenport's attitude, his spirit, his gentility, his kindness, his willingness to promote worthwhile ideas and causes, as well as to work for and to help those who were sponsoring or active in them, have served and will continue to serve as inspiration to all Academy members."

The tradition, which began in 1937 of honoring Dr. Sebert

E. Davenport, Sr. at annual fellowship meetings, continued for the next 24 years. At a directors meeting on March 9, 1961, President-elect Norman L. Hillyer suggested that the Davenport Memorial Meeting be substituted by a meeting which would honor all of the Academy founders; the meeting to be known as "Founders Night."

The first meeting dedicated to the Academy founders was held at the Columbia University Club on the evening of January 11, 1962. After President Hillyer read passages from *THE NEW YORK ACADEMY OF DENTISTRY—Its First Thirty-Five Years*, he introduced Dr. Bissell B. Palmer, Jr. "who spoke briefly of the first meeting of eighteen men who met in a room at the Columbia University Club on February 24, 1921, to talk over plans to organize the New York Academy of Dentistry."

Following Dr. Palmer's remarks, President Hillyer introduced the other founders who were present—Drs. Andrew J. Asch, Alfred L. Kohn, and Oscar J. Chase, Jr.—and expressed regret that Dr. Harold S. Vaughn was unable to be present because of illness. President Hillyer then requested the fellowship to rise for a moment of silent prayer "in memory of the thirteen founders who were no longer with us."

At a Board of Directors meeting the following month, February 15, 1962, President-elect Gustav P. Frahm proposed that the Board of Directors designate certain regular fellowship meetings to honor prenamed individual groups. To accept the responsibility for arranging these meetings, he suggested that Academy presidents be authorized to appoint Special Events Committees. As examples, he cited the following: October, new members; November, armed forces; January, founders; February, district societies; March, deans of dental colleges in the New York City area. Dr. Frahm stated further that "if these special events meetings meet with the approval of the fellowship, they could be adopted as standard procedure." On motion, the directors were unanimous in their decision to approve Dr. Frahm's proposal.

Three months later, on April 12, 1962, Dr. Gustav P.

Frahm was elected president of the New York Academy of Dentistry. Well-known for his organizational ability, as a first order of business, he appointed seventeen committees comprised of fifty-six Academy fellows. And motivating his proposal of February 15, 1962, he designated four special events meetings for the fiscal year 1962-1963. The personnel of the Special Events Committees and the groups and the dates of the fellowship meetings at which they would be honored, were as follows: Dr. C. Raymond Wells—Armed Forces—11/8/62; Dr. Edgar S. Bacon—Founders—1/10/63; Dr. Richard J. Warnecke—Boys' Club Dental Clinics—2/14/63; Dr. Jacob Shapiro—deans of dental schools in the New York City area—3/14/63.

Dr. Gustav P. Frahm, the 32nd President of the New York Academy of Dentistry, didn't live to see his "special events" proposal activated. Less than six months after he assumed the duties of the Academy presidency, he suffered an acute illness and died on September 20, 1962.

In accordance with Academy by-laws, Article III, Section II ("A vacancy in any office or in the personnel of the Fellowship or Ethics Committees, due to any cause whatsoever, shall be filled by an appointee of the Board of Directors. The appointee shall hold office until the next fiscal year."), the directors at a board meeting on October 11, 1962, appointed Dr. Robert Leslie Heinze to complete Dr. Frahm's term of office. As provided in the by-laws (the president shall fill any vacancies occurring in the membership of any committee), President Heinze appointed Dr. Matthew Besdine to serve as the new chairman of the Executive Committee.

President Frahm was a man of high personal and professional character. He was serious minded, yet on occasion, he had an unquenchable sense of humor. In a letter to Dr. Edgar Bacon regarding Academy affairs, dated February 20, 1962, he wrote in part: "The hopes of any administration in carrying out the purposes of the Academy can only be as effective as the interest and enthusiasm of the members." And a passage from his acceptance address to the Academy fellow-

ship on April 12, 1962, includes these amusing lines: "Anyone who has served on the Board of Directors as long as I have wouldn't dare miss a meeting. I would never know what they might say about me if I stayed away. Besides, the stimulating experience of sitting down once a month with the 'brain trust,' always gives me a mental and emotional . . . mostly emotional . . . lift."

ARMED FORCES¹ NIGHT

Prior to the fellowship meeting of November 8, 1962, which was dedicated to the armed forces, Dr. C. Raymond Wells of the Special Events Committee and a rear admiral (Ret.) in the United States Navy, requested President Robert L. Heinze to send letters of invitation to the following officers who were attached to the various branches of the U. S. military services: Captain E. J. Holubed (DC) USN; Captain Carl G. Henn (DC) USNR; Colonel W. L. Nielsen, (DC); and Colonel Kendrick Brockerman (DC). President Heinze' letter, dated October 10, 1962, read as follows:

Colonel Kendrick Brockerman (DC)
Base Dental Surgeon
McGuire Air Force Base, N.J.

Dear Colonel Brockerman:

The New York Academy of Dentistry has designated the November fellowship meeting as "Armed Forces Night," with Dr. C. Raymond Wells as chairman of this part of the meeting. The Academy cordially invites you to be a guest at the pre-dinner social hour, the dinner and scientific meeting, Thursday evening, November 8, 1962. This all will be held at the Columbia University Club, 4 West 43rd. Street, New York City (near 5th. Avenue).

The social hour will commence at 6 p.m., followed by the dinner at 6:45 p.m., and the scientific session at 8 p.m. There are usually 100 or more attending the meeting, which usually closes at 9:30 p.m., enabling you to get home at a reasonable hour.

It will be appreciated if you will wear your uniform so that you can be readily identified among our members and receive due homage.

It would be nice if you could prevail on other dental officers to attend this meeting. They can make reservations for the dinner, at

\$5.00 per person, by writing to Dr. I. Frank Boscarelli, 140 East 54th Street, New York, N.Y. If any do plan to attend, we hope they will wear their uniforms.

Incidentally, upon arrival at the Columbia University Club, please go to the mezzanine floor where you and your officers will be most cordially welcomed by Dr. C. Raymond Wells.

Anticipating an early reply and looking forward to seeing you, I am

Sincerely,

/s/ Robert L. Heinze, D.D.S.
President

Room 906
50 Clinton Street
Brooklyn 1, N.Y.

All of the officers who received President Heinze' invitation attended the fellowship meeting that was held at the Columbia University Club on the evening of November 8, 1962. They were introduced by Dr. C. Raymond Wells, who spoke briefly of the "fine services the dentists were performing in all branches of the United States armed forces and the high respect, both personally and professionally, with which they were being received by line officers and other military men." In behalf of the officers present, Colonel Brockerman responded to Dr. Wells' remarks by thanking the fellowship for a most enjoyable and profitable evening. He then commented humorously that "the martinis served at your social hour are as good as those in any officers' club I've ever been in... and that is saying something for the Academy's friendly hospitality."

The speaker at this first Armed Forces Meeting was Gerald L. St. Marie, D.D.S., and his subject: "Today's Chronically Ill and Aged—Problems or Challenge."

FOUNDERS¹ NIGHT

The fellowship meeting designated to honor the founders of the New York Academy of Dentistry was held as scheduled at the Columbia University Club on the evening of

January 10, 1963. At President Heinze' request, Dr. Edgar S. Bacon, the chairman of this part of the meeting, introduced the following founders who were present: Dr. Andrew J. Asch, Dr. Oscar J. Chase, Jr., Dr. Bissell B. Palmer, Jr., and Dr. Harold S. Vaughn. Founding member, Dr. Alfred L. Kohn was unable to attend the meeting because of illness. Dr. Bacon's introductory remarks to which Dr. Chase responded, were as follows:

"On February 24, 1921, which would be forty-two years ago, eighteen men met here at the Columbia University Club to form a new dental society whose fellowship would have for their ideal the highest of professional ethics. As a result of this meeting, the New York Academy of Dentistry was founded. Since then, the Academy has enjoyed a journey of dental progress which can be described aptly in the words of Josiah Holland who wrote this verse in 1881:

Heaven is not gained at a single bound,
But we build the ladder by which we rise
From the lowly earth to the vaulted skies,
And we mount to its summit round by
round.

"The meaning of this little poem is symbolic of the New York Academy of Dentistry. From a small beginning, it has built its ladders along the way, and it has mounted to the summit round by round.

"Professional strength has sustained the Academy. It is a strength that reflects the wise planning of its founders, all of whom are men of forward vision, personal and professional integrity, possessing unusual powers of leadership. In the sphere of organizational activities, it is fundamental thinking to say that no society professing to be of a high plane, could continue to exist for so many years unless its founders and the men subsequently elected to fellowship were gifted with these qualities.

"It is befitting, therefore, that the Academy specifies one meeting each year to honor its founders. So on this special occasion, and in behalf of the fellowship, it gives me a great deal of pleasure to say to the founders, thank you sincerely for a society of which we are proud to belong, proud of its achievements, and proud of you, the men who made the various elective fellowships available.

"To Dr. Andrew J. Asch, Dr. Oscar J. Chase, Dr. Bissell B. Palmer, Dr. Harold S. Vaughn, and to all the founders, the fellows of the New York Academy of Dentistry extend their gratitude, their highest respect, and a deep warmth of friendship. These feelings are permanent. No passing year will change them."

The speakers at this second Founders Night meeting were Lawrence H. Clayman, D.M.D. and Robert Gottsegen, D.D.S., and their subject: "The Case for Full or Partial Coverage in Restorative Dentistry: Periodontal and Prosthetic Consideration."

BOYS' CLUB NIGHT

The fellowship meeting dedicated to the dental staff of the New York Boys' Club was held at the Columbia University Club on February 14, 1963. The speaker of the evening was Dr. Willy Ley, and his subject: "The Conquest of Space."

In April, 1962, President Gustav P. Frahm had appointed the Boys' Club Dental Clinic Committee comprised of Drs. Peter Ruyl, Norman Tymeson, William Webb, and Richard J. Warnecke, chairman. Relative to the February 14, 1963, meeting, at the Annual Meeting in April, 1963, this committee submitted a report to the Academy fellowship which read as follows:

"The main activity of the Academy's Boys' Club Committee was to arrange a short program for the February 14, 1963 fellowship meeting which was designated to honor the dental staff and the executive director of the New York Boys' Club Dental Clinics.

"Individual letters were sent to members of the dental clinic staff and the executive director of the New York Boys' Club inviting them to dinner, the social hour, and the scientific meeting.

"At the request of President Robert Heinze, Chairman Richard J. Warnecke gave a short talk outlining the participation of the New York Academy of Dentistry in the affairs of the New York Boys' Club dental clinics, after which he introduced those members of the Academy who were on the Board of Trustees of the clinics, the dental clinic staff members, and the executive director, Mr. Robert Olson. Mr. Olson then spoke briefly regarding the activities and aims of the clinics.

"Inasmuch as little (really nothing) is mentioned regarding the duties of the Academy's Boys' Club Committees, as a guide line for future committees, it might be well to say something about the arrangements which were made for our dinner guests.

1. Notify the chairman of the dinner committee as soon as possible concerning the number of guests expected.
2. Make arrangements with the Reception Committee and the Boys'

Club Committee to greet the executive director and the dental staff members to see that they are properly received and entertained.

3. Ascertain in advance the names of the guests who will be present so they can be properly introduced.

"The committee chairman visited the main office (Thompkins Square) of the New York Boys' Club dental clinics and was very favorably impressed with the facilities and activities; an impression which he conveyed to the Academy's Board of Directors. A recommendation was made to the directors that the Academy seriously consider increasing the annual donation to this worthy cause in lieu of sums advanced to certain research projects."

DENTAL DEANS' NIGHT

The first Academy fellowship meeting dedicated to the deans of the four dental colleges in the New York City area was held at the Columbia University Club on March 14, 1963. As with the preceding Special Events meetings, President Robert L. Heinze introduced the chairman of this part of the meeting, Dr. Jacob Shapiro, who, after speaking briefly of the liaison between the dental colleges and the Academy, introduced the deans of the four dental schools. They were: Dr. Walter A. Wilson, dean of the School of Dentistry, Fairleigh Dickinson University; Dr. Gilbert P. Smith, dean of the Columbia University School of Dental and Oral Surgery; Dr. Merritte M. Maxwell, dean of Seton Hall Dental College (N. J.); and Dr. Raymond J. Nagle, dean of New York University School of Dentistry.

At the conclusion of Dr. Shapiro's remarks, President Heinze requested that "the Academy fellows in the audience who are faculty members of any of the four dental schools please stand up and be recognized," and twenty-five responded.

The speaker at the March 14, 1963, fellowship meeting was Mr. Bernard J. Conway, assistant secretary of the American Dental Association for Legal Affairs and the Judicial Council; and a member of the Illinois and American Bar Association. The title of his subject: "Social Security Benefits; Their Place in the Dentists Family Security Plan."

DENTAL DEANS' AND SENIOR STUDENTS' NIGHT

Four years later, in April, 1967, Academy President Walter H. Mosmann appointed a Special Events Committee comprised of Drs. John J. Murray, Neal Riesner, and Rufus L. Robinson, chairman. At a Board of Directors meeting on October 12, 1967, Chairman Robinson stated that "President Mosmann's proposal that a senior dental student from each of the four dental schools in the New York area be invited to an Academy meeting was an excellent idea," although he (Robinson) "would suggest that the deans of the dental schools be invited at the same time."

The board approved the proposal and at a meeting the following month, November 9, 1967, Chairman Robinson reported that he "had received acceptances from the four deans to whom he had sent invitations and, at his request, each had stated that he would bring a senior dental student to the meeting."

The fellowship meeting in honor of the deans and the four senior dental students was held at the Columbia University Club on January 11, 1968. Following the usual procedure, the president of the Academy, Dr. Walter H. Mosmann, requested the chairman of the Special Events Committee, Dr. Rufus L. Robinson, to introduce the Academy's guests: Dean Walter A. Wilson and student Robert Bonhag from Fairleigh Dickinson University; Dean Daniel F. Tobin and student, Miss Helen Parles, from Seton Hall College of Dentistry; Dean Gilbert Smith and student, James Serles, from the Columbia University School of Dental and Oral Surgery; and Dean Harry Blechman and student, Isidore Shepes, from New York University School of Dentistry.

The speaker of the evening at this Special Events meeting was Carl J. Monacelli, D.M.D., F.I.C.D., and his subject: "Prevention Through Operative Dentistry."

PAST PRESIDENTS' NIGHT

In April, 1969, Academy President John Joseph Dolce appointed Drs. John J. Murray, Neal Riesner, and Rufus L.

Robinson, chairman, to serve on the Special Events Committee. At President Dolce's suggestion, one fellowship meeting during the fiscal year 1969-1970 was in honor of the living past-presidents of the Academy. Regarding this meeting, the annual report of the Special Events Committee, presented by Chairman Robinson, read as follows:

"The Special Events Committee functioned somewhat more actively this year than in the past as President Dolce proposed several events of interest and value to the Academy. One of these events was the fellowship meeting held at the Columbia University Club in November 1969, which was dedicated to all the living past-presidents of the New York Academy of Dentistry. With seven exceptions, all were able to attend as honored guests. They were seated at a long table in front of the dais and were recognized both aptly and humorously by President Dolce."

Past-presidents who were present: Dr. Oscar J. Chase, Jr., 1938; Dr. Malcolm W. Carr, 1941; Dr. Kenneth C. Pruden, 1949; Dr. Henry Hicks, 1952; Dr. Willard T. Keane, 1955; Dr. W. Ward Tracy, 1957; Dr. Wilbur J. Prezzano, 1958; Dr. Edgar S. Bacon, 1960; Dr. Norman L. Hillyer, 1961; Dr. Robert L. Heinze, 1962; Dr. Robert W. Northrop, 1963; Dr. Gerard L. Courtade, 1964; Dr. John J. Asch, 1965; Dr. Homer Cree Vaughan, 1966; Dr. Walter H. Mosmann, 1967; Dr. Richard J. Warnecke, 1968; and Dr. John J. Dolce, 1969.

The living past-presidents who were absent: Dr. Leuman M. Waugh, 1931; Dr. Frederick W. Pratt, 1943; Dr. Earle Banks Hoyt, 1947; Dr. Carlisle C. Bastian, 1948; Dr. Adams Bailey, 1950; Dr. Lowrie J. Porter, 1951; and Dr. LeRoy E. Burr, 1959.

Professional Interrelations

COMMITTEE ON PROFESSIONAL INTERRELATIONS

A STANDING committee on professional interrelations was appointed by President William J. Gies on December 18, 1940. The purpose of this committee was to consider all professional relationships of dentistry and their most favorable coordination for the promotion of the public welfare to the advancement of oral-health service. This committee was authorized to appoint subcommittees and to obtain the help of selected advisors. The appointive terms of service were for a maximum of three years on a rotational basis; the appointments creating the committee to be in groups of three for terms of one, two, and three years respectively. The committee consisted of Drs. J. Oppie McCall, Arthur H. Merritt, and Bissell B. Palmer, Jr. to serve one year (1940-1941); Drs. S. Ellsworth Davenport, Jr., Clyde H. Schuyler, and Leuman M. Waugh to serve two years (1940-1942); and Drs. William B. Dunning, Edwin G. Van Valey, and Walter A. Wilson to serve three years (1940-1943).

1940-1941

The first annual report of the Committee on Professional Interrelations was presented in April, 1941. It read in part:

“In the field of professional relations between dentistry and other health service professions, your committee has studied the problem of ways and means to provide recurrent dental care for the entire population. It is obvious that in the solution of this urgent problem under the increasing socio-economic pressures of this revolutionary era, the closest possible accord between the medical and dental professions should be sought. But there should be frank recognition of the inherent differences between medical and dental care, espe-

cially in conditions of occurrence, recurrence, progress, self-correction, procedures, costs, et cetera.

“The two professions in accord with their accredited obligations and functions should separately formulate comprehensive health plans that could be impartially and intimately coordinated in the public interest, or conducted independently, in whole or in part, if that should be desirable or necessary.

“We suggest that organized dentistry should include in its study of this problem the essentials in a community plan for dental care in relation to a national health project as reported by the Committee on Community Dental Service of the New York Tuberculosis and Health Association. This plan was devised, responsive to a realization of urgent public need, by the subcommittee on dental participation in a tax-supported and/or voluntary insurance health plan of which Dr. Alfred Walker was chairman. . . . This community plan, if adopted, would evolve comprehensive proposals that the service be financed in part by tax funds, and emphasize recurrent care for children as the most useful dental protective measure. The plan has no insurance features.”

1941-1942

In the Fall of 1941, the Committee on Professional Interrelations began the study of three problems. It divided itself into three subcommittees as a preliminary procedure for that purpose. In April, 1942, the subcommittees submitted separate reports as recorded here:

Problem 1—How can preventive dentistry and curative dentistry be made available to the people of the United States?

The subcommittee comprised of Drs. Alfred Kohn, Bissell Palmer, Jr., and Joseph Eby were unable to agree upon a report.

Problem 2—The dental journal problem.

The subcommittee consisting of Drs. S. Ellsworth Daven-

port, Jr., Walter Wilson, and Arthur Merritt reported as follows: "The present situation in dental journalism is far from satisfactory. It cannot be solved by a multiplicity of local and state publications. The elimination of the proprietary dental journal cannot be brought about until better professional facilities are provided for the publication of current dental literature. The urgent needs appear to be: (a) Fewer local journals; (b) Education of the profession to a realization that if it is to have an adequate dental journalism, it must pay for it; (c) The publication of one or more additional national journals is needed (preferably by the A. D. A.) to provide for the prompt publication of worth-while material that is now being lost to the profession; (d) The possibility of establishing regional journals. This might be accomplished by merging some of the present dental publications in several adjacent states into one journal; (e) A digest journal would be helpful in meeting present-day needs in dental journalism and in promoting reader interest. If it is to fulfill its purpose, it must be free from the stigma of commercialism; (f) The publication of a specialty journal, such as being considered by the A. D. A., may be helpful in relieving the J. A. D. A., but can hardly be expected to do much toward solving the present problem in dental journalism; (g) Continued agitation for the purpose of developing in the profession a sense of responsibility toward professional journalism is, in the opinion of the committee, highly desirable. Not until the profession has been made to realize this responsibility can the present unsatisfactory situation be remedied."

Problem 3—Ways and means to raise funds for dental research.

The subcommittee that considered this problem consisted of Drs. Clyde Schuyler, William Gies, and Leuman M. Waugh. It reported as follows: "The committee believes that an endeavor by the Academy to initiate a fund—and thus to revive conditions in the Academy that encouraged research under the auspices of the earlier Research Council—would aid effectively on the basis of 'self-help' to the appeal that the

Academy and other dental societies might make the philanthropic and legislative bodies for the important financial support from non-dental sources that is urgently needed for the advancement of dental research.”

Based upon the information contained in the subcommittees' reports, the Committee on Professional Interrelations made the following recommendations: 1, Send to the American Dental Association of Dental Editors copies of the portion of this report bearing on the dental journal problem. Publish that portion in *Annals of Dentistry*; 2, Appoint a special committee to ascertain whether, and how, the Academy might cooperate in a procedure for the union of periodicals into more effective dental journals; 3, Authorize the secretary to issue with the next circular bill for dues, a statement inviting members of the Academy to contribute to the support simultaneously of the national defense and the proposed fund for prospective research under the auspices of the Academy; 4, Instruct your committee to continue the unfinished study of providing dental care for all in need of it.

1942-1943

The Committee on Professional Interrelations appointed to serve during the fiscal year 1942-1943 was comprised of Drs. Arthur E. Corby, S. Ellsworth Davenport, Jr., Alfred L. Kohn, Clyde H. Schuyler, Lewis H. Stone, Alfred Walker, Leuman M. Waugh, Walter A. Wilson, and William J. Gies. This committee submitted the longest report ever presented by an Academy committee. It consisted of twenty-four type-written pages.

After studying the ways and means to provide recurrent dental care for the entire population, the committee came to the idealistic conclusion that the dental profession, by constructive action and general guidance, should endeavor to bring about universal distribution of adequate dental health care as a welcome opportunity in public service rather than as a task in political servitude. After stating that it had confidence

in the purpose and ability of organized dentistry to lead the way to a fortunate solution of this great problem, the committee suggested that organized dentistry should include in its study the essentials in a community plan for dental care in relation to a national health project as reported by the Committee on Community Dental Service of the Tuberculosis and Health Association.

The proposed community plan would be financed in part by tax funds with emphasis on recurrent care for children as the most useful dental protective measure. With this plan in operation, the committee predicted "an undisturbed continuance of private practice in all parts of the country supplemented in the larger cities by clinics and in rural areas by mobile units—all phases to be organized for each state with the cooperation of the local practitioners and the American Dental Association." The plan would maintain "quality of service; limitation of tax-paid service to income-eligible groups; and provision of adequate regards in compensation, prestige, and security for those who elect to enter the field."

Because the community plan as described above was devised by Dr. Alfred Walker, chairman of the subcommittee on dental participation in tax-supported and/or voluntary insurance health plans, it became known as the "Walker Plan." After stating its preference for this plan, the Committee on Professional Interrelations presented its views on the need for organized dentistry to devise plans for recurrent dental health care for all groups of the population:

"1, Dentistry is a natural division of health service, the functions and development of which are duties of the separately organized dental profession, which is accredited as such by law in each of the states. Dentistry should be sustained as a truly humanitarian profession.

"2, Professional dental health care is a recurrent personal need of practically every person from early childhood to old age. Without such periodic care, dental disorders and their local and systemic consequences multiply and general health is progressively impaired.

“3, Approximately 80% of the population do not receive needed dental health care. This deplorable condition is due in part to inability to pay for that service; in part to ignorance of, or indifference to, the benefits of such care; and in part to mistaken assumptions regarding dental treatment.

“4, The outstanding obligation of, and opportunity for, organized dentistry as a humanitarian profession is the formulation of a plan or plans to assure the beneficence of recurrent dental health care for every person. To prevent the consequences of exploitation, the adopted plan or plans should be conducted under the guidance of the dental profession.

“5, All plans for more extensive distribution of recurrent dental care should be based on the golden rule, applied equally to patients and practitioners. The service for each patient should meet the highest health requirements and, whenever possible, should be given by the practitioner he chooses. The competent practitioner should be assured of remuneration sufficient to enable him, when reasonable in his personal and professional requirements, to perform his health service efficiently and contentedly. On any lower status, dentistry would cease to attract men of the greatest ability and the highest aspirations in the health service; and dental care would deteriorate accordingly.

“6, Prevention of all dental disorders in every person is the ideal of ultimate dental health care. Researches directed to attainment of this high aspiration should be promoted unceasingly.

“7, While anticipating discovery of means to prevent all dental diseases and their sequelae, the dental profession should continually endeavor to improve each procedure of treatment and amelioration.

“8, The dental profession, without diminishing its concern for any needs of adults in dental care, should focus public attention upon the dental welfare of children; and also should directly or indirectly bring about general understanding of the advantages of protective dentistry throughout childhood as

assuring prolongation of the health and functions of the teeth and also of the general health of those who receive such service.

“9, Present public dental health education is comparatively ineffective as a means to teach the need for recurrent professional dental care. Widespread understanding of the realities would promote support of public participation in plans for universal distribution of dental service. New and more appropriate educational procedures to these ends should be devised.

“10, Closely associated with the need for more constructive dental health education is the fact that the public is being systematically misled, and the general influence of the dental profession weakened, by the rising tide of persuasive but unwarranted commercial claims for dentifrices as agencies of assured prevention. More effective protection of the public against this imposition is required.”

Another portion of the committee's report contained a lengthy discussion of Dr. Charles L. Hyser's proposed plan for mass dentistry by a belt-line procedure. In summation, the committee concluded that Dr. Hyser's plan was analogous in general import to the Master-Servant Plan proposed by Dean Alfred Owre of Columbia University in 1930 as a means to convert the mental part of dentistry into a specialty of medical practice, and the manual part of dentistry into a medical subsidiary. Neither medicine nor dentistry approved the plan. The chief difference between the two plans was the inclusion in Dr. Hyser's plan of the belt-line procedure for accelerated mass treatments.

For the reader's information, the Hyser Plan was essentially this: A row of dental chairs; a row of dentists—One dentist taking X-rays, one dentist preparing cavities, one dentist inserting restorations, one dentist polishing restorations, and a nurse standing by to revive the patient if he was lucky enough to survive the “musical chair” regime.

As would be expected, the Professional Interrelations Committee rejected the Hyser Belt-line Plan as being wholly unprofessional. Dr. Hyser published his plan in a commercial

magazine. He was invited to appear before the Academy's Ethics Committee. He chose to substitute his presence with a letter of resignation as an active fellow of the Academy. Resignation approved!

Also included in the committee's report was the following statement of the subcommittee on dental service in a general health service:

"In approaching a general health service, emphasis must be placed on the importance of the directional authority of the dental service. This authority must be placed in a dental board and not in a medical board. If a service ever gets started otherwise, it would suffer irreparably and the reputation and respect for the profession would decrease in proportion to its inability to control the operation of its service.

"Dental service in hospitals is under medical supervision and, with few exceptions, its opportunity to develop and devote its energies to research is negligible. If dental service is put under control of the medical service, its operation should be limited to X-ray, diagnosis, and extraction for the relief of pain.

"We all feel and know that social and economic planning for the health of the citizens is bound to come. Why not then devote ourselves to designing not only a plan for dental operation, but also figures on cost and the taxation methods necessary to defray that cost? The essentials of any such proposal are the plan, the cost, and the revenue."

That part of the committee's report which contained the principles to be followed in outlining any plan designed to provide dental care for every adult read as follows:

"Adults who are without money or income must be cared for by subsidies from public funds and, in general, the dental services rendered should include relief of pain, removal of infections, restorative dentistry to an extent sufficient to return the recipient to an employable status, and restorative dentistry which is judged essential to health.

"Every adult or family having any regular income whatever must pay a proportion of the expense of achieving

and preserving dental health in order to develop the realization that such health is worth having and worth paying for, and is not merely a birthright to which everyone is entitled without effort. . . . A voluntary dental health insurance plan under the control of organized dentistry seems to offer the best solution to the problem of providing funds for persons with incomes below a certain fixed level to be decided upon.

“The privilege, the duty, the satisfaction of serving mankind should be outlined comprehensively by dental organizations and stressed in the regular curriculum of students in dental schools.”

1943-1944

The Committee on Professional Interrelations for 1943-1944 consisted of Drs. Alfred Kohn, Walter Wilson, William Gies, Arthur Corby, Lewis Stone, Alfred Walker, Harry Galton, J. A. Salzmann, and Edwin Van Valey. This committee concluded that its most useful efforts in the sphere of professional interrelations should be directed along two main lines:

“1, An inquiry similar to that initiated by the New York Academy of Medicine into the possibilities of obtaining the cooperation of representatives of organized labor, bankers, industrialists, politicians, physicians, philanthropists, and others, in determining how, within the changing order, the best qualities of dental service, dental education, and dental research, can be preserved and developed in the public interest. The subcommittee in charge of explorations in this field is making arrangements for special discussions, including a related symposium at a meeting of the Academy during the succeeding year.

“2, A special study of ways and means to provide dental health care for the entire population as projected in 1940 by a subcommittee of which Dr. Alfred Walker was chairman. The rest of the present report is devoted to this further study.

“The development and operation of a plan that would provide complete dental health care recurrently for the entire

population of the United States is plainly very desirable. It is equally evident, however, not only that it may be impossible for a long period to achieve this total coverage, but also that it would be undesirable to delay the development of effective community mechanisms until a national program could be inaugurated.

“It is obvious also that, although a project for complete dental health care for the entire population of every large city is very desirable, it may be impossible for many years to achieve this total coverage in Greater New York City. However, a preliminary program for partial coverage could be made a sound foundation for effective evolution of procedures for adequate dental health service for every person in this community.

“In your committee’s judgment, the most desirable initial basic procedure in this community, with which all other dental health care plans would ultimately be coordinated, would be a program for complete preventive and protective dental health care for all children. In support of the foregoing suggestions, we present these additional opinions.

“a, The program your committee proposes is based on the philosophy that the condition (care) of the health of all the people is one of the primary responsibilities of the community which should assure preventive and protective health care for all children on the principle underlying the community’s provision of elementary education for all children.

“b, Our proposed plan is intended to apply to children from their second birthday to their graduation from high school; or until, if in high school, their seventeenth birthday. For those who have not continued until graduation from high school, free dental health care should be provided to the end of the compulsory school age (17th birthday).

“c, A plan for dental health care for children in this community, such as we propose, must at the outset be constructively experimental and based upon conditions of operation that would be attainable, practical and effectual. Ways and means to finance the service, classification of the groups to be

served, methods of rendering the service, standards and scope of the health care to be given, conditions affecting professional personnel and salaries, nature of the organization and administration of the service, and various other factors would require definite projection and careful coordination. In this relation, instead of presenting our views on details—on matters that do not affect the general principles or desirability of the program we propose—it will be sufficient to indicate our general endorsement of the measures stated in the public announcement of the Walker Plan, so far as they are related to dental health care for children. We are confident that all of the factors necessary for successful operation would be effectually coordinated under the guidance of the Council on Dental Health for Greater New York City.”

Concluding its report, the Committee on Professional Interrelations submitted the following general recommendations as summarized: 1, We recommend that the New York Academy of Dentistry endeavor to create a special mechanism to provide dental health care for all the children in New York City analogous to that outlined in the Walker Plan; 2, We recommend that this endeavor be made under the direction of the Council on Dental Health for Greater New York City (A. D. A. Plan) in cooperation and coordination with existing local agencies for the complete dental health care of children; 3, About a year ago an important plan for the dental health care of high school students in this city was originated by the Department of Health Education with the collaboration of representatives of the First and Second District Dental Societies. Last June the plan was endorsed by these societies. We recommend that the Academy adopt resolutions adding its endorsement of the said plan, which now awaits application to the students in the city's high schools.

The resolutions recommended by the Professional Interrelations Committee and adopted by the fellowship on April 13, 1944, read as follows:

“I, The New York Academy of Dentistry hereby commends the plan, and expresses the hope that the projected dental

health benefits will soon be received by all high school students.

“II, The New York Academy of Dentistry hereby recommends the creation and objectives of the Council for Greater New York City and assures the Council of the Academy’s readiness to cooperate.”

1944–1945

The Professional Interrelations Committee appointed to serve during the fiscal year 1944–1945 “found that its most pressing matter was the problem of veterans returning from military service who are now looking for opportunities to resume civilian dental practice.”

To help resolve this problem, a consultation committee was appointed consisting of Drs. Arthur E. Corby, David Tanchester, Lewis R. Stone, C. Sterling Conover, J. A. Salzmann, Harry A. Galton, S. Ellsworth Davenport, Jr., Ferdinand G. Neurohr, and William B. Dunning, chairman.

Academy records show that the Consultation Committee contacted and offered friendly assistance to many returning veterans of World War II, and otherwise fulfilled its responsibilities commendably.

1945–1946

The annual report of the Committee on Professional Interrelations for 1945–1946 contained this information:

“Your committee has concerned itself with the problem of improving medico-dental relations and feels that interprofessional coordination without subordination can be promoted to the greatest degree of satisfaction for all concerned; and the relations between dentist and physician can be brought to the highest level of mutual understanding and respect and to the most effectual cooperation in the treatment of the individual patient when the two types of health service overlap without impairment of the independence of freedom of either profession by: 1, Establishing a definite and widespread belief

that dentistry is a specialty of medical science, but not a department of medical practice; and that medicine and dentistry are both divisions of health service; 2, Realizing, however, that the dental profession is the younger brother who has not yet overcome many of his shortcomings; 3, Placing the dental profession on the same plane as the medical profession through: (a) Encouraging young men and women of integrity and character to become dentists; (b) Requiring them to fit themselves intellectually by having the same cultural and educational requirements and the same fundamental training in the basic medical sciences; (c) Developing the premise that dentistry, like medicine, must serve mankind, and that it must become an important factor in bringing about national health; (d) Stimulating, supporting, and developing dental research to a point where real contributions to dental health are made by scientists in this field; (e) Encouraging consultations regarding clinics, general conditions, or individual patients by members of the two professions with the idea of benefiting large numbers of people; (f) Confining our practice to the oral and dental field and not reaching into phases of medical practice in which we are not qualified by training and experience; (g) The arrangement of medicodental meetings that are of genuine interest to the medical profession; (h) Preserving a complete autonomy and freedom of action of both professions, thus building and strengthening the mutual respect each for the other, and permitting each to develop as rapidly as is possible with the help and encouragement of the other."

COMMITTEE ON PROFESSIONAL INTERRELATIONS IS
DISCONTINUED

On October 9, 1947, the Board of Directors voted to discontinue the Committee on Professional Interrelations inasmuch as its functions had been taken over by other existing committees of the Academy.

COMMITTEE ON INTERRELATIONSHIP WITH THE NEW YORK
ACADEMY OF MEDICINE

At a directors meeting on February 9, 1942, President Malcolm W. Carr stated that, as a result of informal conferences that he had had with Dr. Malcolm Goodridge, president of the New York Academy of Medicine, looking toward the closer cooperation of the Academy of Medicine with the Academy of Dentistry, Dr. Goodridge had stated that he would be willing to appoint a committee consisting of Dr. Herbert Wilcox, director of the Academy, Dr. Arthur Chase, a trustee, and himself, to meet with a similar committee from the New York Academy of Dentistry.

The committee subsequently appointed to represent the Academy of Dentistry consisted of Drs. Edwin Van Valey, William Gies, and Malcolm Carr, chairman.

1942

The first annual report of the Committee on Interrelationship with the New York Academy of Medicine was submitted by President Malcolm W. Carr on April 9, 1942. It is recorded here in part:

“Informal conferences have been held between Dr. Malcolm Goodridge, president of the New York Academy of Medicine, and Dr. Malcolm Carr, president of the New York Academy of Dentistry, with the viewpoint of developing a plan of procedure whereby an interrelationship be established between the two Academies with special reference to fundamental objectives that both Academies have in common, namely, professional and lay education, problems arising from interdepartmental relations in hospitals and institutions and in public health service.”

“These informal conferences have resulted in the establishment of a most cordial and cooperative response. It is now planned that formal conferences be held between appointed committees from the two Academies.”

1942-1943

The Committee on Interrelationship with the New York Academy of Medicine reported to the Board of Directors on April 6, 1943, as follows:

"During the past year the committee met once with representatives of the Academy of Medicine. Present at this conference were Drs. Edwin Van Valey, Frederick W. Pratt, Malcolm Goodridge, Herbert B. Wilcox, and Malcolm Carr, chairman. The conference consisted of a general discussion as to the objectives that might be accomplished by establishing interrelationship between the two Academies. No attempt was made to set up any formal plan of interrelationship, believing that the approach at the beginning should be informal and that by continuing informal conferences, some plan would eventually and naturally take form. The representatives of the New York Academy of Medicine were cordial, gracious, and responsive. It was generally agreed that due to the pressure of many important problems that confront both Academies, the matter be kept open for discussion and the conferences be continued.

"Since this original conference, the chairman (Dr. Carr) has on several occasions continued the discussion informally with the president of the Academy of Medicine in order to preserve and further develop the cordiality and interest elicited during the conference.

"Dr. Goodridge's tenure of office as president of the Academy of Medicine terminated December 31, 1942. He was succeeded by Dr. Arthur Chase, whom it is understood shares the same spirit, cordiality, and interest of maintaining some relationship between the two Academies.

"The committee recommends that a special committee be again designated to continue the possibilities of such interrelationship, and believes that for the present a continuation of the policy of informal discussion be continued for the time being. It is evident that a circumspect and diplomatic approach is desirable before an attempt is made to submit any concrete plan that might be acceptable to both Academies."

1943-1944

On April 13, 1944, the Committee on Interrelationship with the New York Academy of Medicine reported as follows:

"The committee met with the president and the director of the New York Academy of Medicine and a number of fundamental principles were cordially agreed upon. The result of the meeting was encouraging and details of some workable principles were formulated.

"Dr. Malcolm W. Carr has accepted an invitation to serve on the Committee on Medicine and the Changing Order of the New York Academy of Medicine as the dental representative. This committee is committed to a two-year study of all phases of the practice of medicine in the changing order of world affairs and is to publish a report which will be a section on dentistry. It is proposed that the report on dentistry be published separately as a monograph. An enlarged committee and consultants has been formed to undertake this work and a plan of procedure has been formulated. Dental representation on this committee is an important acknowledgement of the place which dentistry now takes in its relationship to health service. It is the direct result of the initial conference held with the president and the director of the Academy of Medicine."

1947

Although the Committee on Interrelationship with the New York Academy of Medicine remained intact, the "war years" which intervened between 1943 and 1947 interrupted the formulation of some agency through which both professions could function and engage in an interchange of thought on mutual interprofessional problems.

When the committee, comprised of Drs. Gordon Ga Nun, William Gies, Frederick Pratt, Edwin Van Valey, and Malcolm Carr, chairman, resumed its activities, it submitted a report on April 10, 1947, which stated in part:

"Recently the chairman of your committee met informally

with the director of the New York Academy of Medicine and discussed again the proposal of interrelationship between the two Academies. The suggestion was again cordially received and, upon recommendation of the director, the president of the Academy of Dentistry sent a letter to the president of the Academy of Medicine suggesting that if the Academy of Medicine would consider favorably some plan of interrelationship with the Academy of Dentistry, we believed that a small joint committee of the two Academies might be a successful agency to develop appropriate plans and objectives for the future. We assured the Academy of Medicine of our earnest and cordial cooperation.

“This formal proposal was favorably acted upon by the Council of the Academy of Medicine, and we anticipate that the joint committee will initiate its deliberation at an early date.”

1948

The Committee on Interrelations with the New York Academy of Medicine reported to the Board of Directors on April 8, 1948. The report contained the following information:

“During the past year your chairman met informally several times with Dr. Howard Reid Craig, director of the New York Academy of Medicine, in order to formulate an agenda and consider a plan of procedure for the joint committee of the two Academies.

“The initial meeting of the joint committee appointed by the respective presidents of the two Academies was held at the Academy of Medicine on April 1, 1958. Representing the Academy of Dentistry were Drs. William Gies, Gordon Ganun, Edwin Van Valey, Earle Hoyt, and Malcolm Carr, chairman; and for the Academy of Medicine, Drs. Theodor Blum and Beverly C. Smith. Excused were Drs. Frederick Pratt and Russell H. Patterson. Dr. Howard Craig acted as chairman, *pro tempore*.

“The chairman stated that the joint committee was ap-

pointed for the purpose of conducting a study and determining the means of implementing closer relationship of the professions of medicine and dentistry. Whereas the interrelationship of the two professions as agents of public health is obvious, there is much to be accomplished by each profession; understanding the problems of each other in the fields of education, practice, and research.

"All members of the committee participated in a general discussion of this thesis and the following conclusions were reached:

"That the New York Academy of Medicine and the New York Academy of Dentistry should initiate a program of interrelationship. To accomplish this objective, it was resolved that a joint meeting of the two Academies be held next year. The plans and the program of the meeting are to be developed by the joint committee. Agreement was reached that such a meeting could appropriately be held at the Academy of Medicine at the time of one of the regular meetings of the Section on Medicine, possibly next February; also, that such a meeting be held annually.

"It was decided that a longer term study and survey be conducted on the subject of the interrelationship of the professions of medicine and dentistry; and in order to initiate such a program, a subcommittee be appointed to study the Rhode Island Report on medico-dental relationship.

"Dr. Beverly C. Smith, chairman of the committee appointed by the Academy of Medicine, and Dr. Malcolm W. Carr, chairman of the committee appointed by the Academy of Dentistry, were elected co-chairmen of the joint committee. They were also appointed as a subcommittee to plan the details of the joint meeting of the two Academies; to plan the agenda of the next meeting of the joint committee; and to conduct a preliminary study of the Rhode Island Report.

"The sincere spirit of cooperation evinced at this meeting and the resolutions adopted indicate that a program for effective interrelationship has been initiated between the Academy of Medicine and the Academy of Dentistry."

COMMITTEE ON INTERPROFESSIONAL RELATIONS

Soon after the Committee on Interrelationship with the New York Academy of Medicine submitted its April 8, 1948, report, the name of this committee was changed to the Committee on Interprofessional Relations. The personnel of the committee consisted of Drs. Gordon Ga Nun, William Gies, Frederick Pratt, Edwin Van Valey, and Malcolm Carr, chairman.

1949

The Committee on Interprofessional Relations presented its first annual report to the fellowship on April 14, 1949. It is recorded here in its entirety:

“The report this year of the Committee on Interprofessional Relations is essentially a report on the activities of the Joint Committee of the two Academies. The Joint Committee was appointed one year ago for the purpose of conducting a study and determining the means of implementing closer relationship of the professions of medicine and dentistry. It was recognized that, whereas, the interrelationship of the two professions as agents of public health is obvious, there is much to be accomplished by each profession in understanding the problems of the other in the fields of education, practice, and research. A discussion of this thesis developed the following conclusions:

“That the Academy of Medicine and the Academy of Dentistry should initiate a program of interrelationship by holding a joint meeting of the two Academies. An agreement was reached that such a meeting be held at the Academy of Medicine next November at the time of the regular meeting of the Section on Medicine.

“It was also resolved that a long term study and survey be conducted on the subject of the interrelationship of the professions of medicine and dentistry. In order to initiate this program a subcommittee was appointed to study the Rhode Island Report on medical-dental relationship.

“The committee believes that the Allied Fellowship of the Academy should be increased by the election of more physicians to this status of fellowship. Also that the programs of the Academy should be formulated so as to include presentations that would be of special interest to physicians and thus encourage their attendance at our meetings. These recommendations are commended to the favorable considerations of the entire fellowship and the Executive Committee.”

THE RHODE ISLAND PLAN

The Special Subcommittee of the Joint Committee appointed to study the Rhode Island Plan for improving medical-dental relationship submitted a report to the fellowship on April 14, 1949. The subcommittee consisted of Drs. Carlisle C. Bastian, chairman, Robert H. Patterson, and William J. Gies. The report read as follows:

“The Rhode Island Plan was formulated by the Providence Medical Association and the Rhode Island State Dental Society. It is very thorough and complete. Two paragraphs of the plan deal with the part that the medical and dental societies can play.

“One recommendation of this committee to Dr. Malcolm Carr’s committee is that the Academy of Dentistry should urge its members to participate in the Mid-Atlantic States Seminar in Oral Medicine, arranged by the University of Pennsylvania. This meeting is to be held at Skytop, Pennsylvania, from May 22 to 27, inclusive. The University would like to make this an annual event. From a study of the program it can be seen to fit into the recommendations of the Rhode Island Plan.

“Another recommendation is that when the Academy of Medicine has a speaker discussing matters pertaining to the dental field, members of the Academy of Dentistry should be invited to participate. Likewise, when the Academy of Dentistry has a scientific session dealing with some particular branch of medicine, members of the Academy of Medicine should be included.

“Finally, this committee believes that the Rhode Island Plan offers an excellent basis for guidance in efforts to create a better medical-dental relationship.”

1950

The Interprofessional Relations Committee consisting of Drs. Ralph J. Bowman, William J. Gies, Frederick W. Pratt, Edwin G. Van Valey, and Malcolm W. Carr, chairman, submitted a report on April 13, 1950, which contained this information:

“During the fiscal year a joint meeting of the New York Academy of Dentistry and the Section on Medicine of the New York Academy of Medicine was held in November at the Academy of Medicine. An informal dinner held in the President’s Gallery at the Academy preceded the meeting in Hosack Hall. The meeting was opened with short addresses by Dr. Benjamin P. Watson, president of the N.Y.A.M. and Dr. Kenneth C. Pruden, president of the N.Y.A.D.” The following program was presented:

Subject: Interrelationship of Medicine and Dentistry in the Fields of Education, Hospital Relations and Research

Essayist: Robin C. Buerki, M.D., Vice-President in charge of affairs, University of Pennsylvania

Subject: Infection of the Teeth and Oral Cavity in Relation to Constitutional Disease

Essayist: J. L. T. Appleton, D.D.S., Sc.D., Dean, School of Dentistry, University of Pennsylvania

Subject: Constitutional Diseases and Their Control by Means of Antibiotic Therapy

Essayist: Perrin H. Long, M.D., Professor of Preventive Medicine, Johns Hopkins University

1951

On April 12, 1951, the Committee on Interprofessional Relations (Bowman, Gies, Pratt, Van Valey, and Carr, chairman) reported to the fellowship as follows:

“During the past year the Committee on Interprofessional

Relations served as the Academy's Committee on the Joint Committee on Interprofessional Relations of the New York Academy of Medicine and the New York Academy of Dentistry. The work of the Academy's committee was effectively integrated with the deliberations of the Joint Committee.

"A joint meeting of the Section on Pediatrics of the Academy of Medicine and the Academy of Dentistry was held at the Academy of Medicine on Thursday, January 11, 1951. An informal reception and dinner in the President's Gallery preceded the meeting, and a larger number were present at the meeting that followed." The following program was presented:

Subject: Broad Aspects of the Use of Fluorine in Dental Caries

Essayist: Harold Carpenter Hodge, Ph.D., Professor of Pharmacology, University of Rochester

Subject: The Role of Sugar in Dental Caries

Essayist: Leonard S. Fosdick, B.S., M.S., Ph.D., Professor of Chemistry, Northwestern University

Subject: A Discussion of the Role of Maternal Nutrition in the Etiology of Dental Caries

Essayist: Reider F. Sognnaes, D.D.S., M.S., Ph.D., Associate Professor of Dental Medicine, Harvard School of Dental Medicine

1952

The Interprofessional Relations Committee's report as recorded here was submitted by Drs. Ralph J. Bowman, Earle B. Hoyt, Frederick W. Pratt, C. Raymond Wells, and Malcolm W. Carr, chairman:

"A meeting of the Interprofessional Relations Committee was held at the New York Academy of Medicine on Wednesday, March 19, 1952, in conjunction with the Joint Committee on Interprofessional Relations of the Academy of Medicine and the Academy of Dentistry. Dr. Howard Reid Craig opened the meeting with restatement of the objectives and the purposes of the Joint Committee of the two Academies.

"The general discussion emphasized that joint meetings

could best be arranged with the Section on Medicine, rather than integrated with a stated meeting of the Academy of Medicine. Certain subjects are of joint interest to both medical and dental professions, as for example: Interrelated Fields of Operative Surgery and Interrelationship between Otolaryngology and Dentistry; Present Concept of Focal Infection; Geriatrics; Social Economics; and Psychosomatic Medicine. The field is broad and the opportunities are great. There was unanimous opinion among the members of the committee that this program has been successfully initiated during the past five years and that continued effort will yield most satisfactory results.

“Your committee wishes to express appreciation of the enthusiastic and loyal support of the general program under consideration demonstrated by Dr. Howard Reid Craig, director of the New York Academy of Medicine.

“This year the Executive Committee arranged a joint medico-dental meeting at the Columbia University Club on Thursday evening, January 10, 1952.” The following program was presented:

Subject: Some Medical and Dental Implications of Radio Active Tracer Studies Including Tooth Permeability

Essayist: William Ward Wainwright, D.D.S., M.S., F.A.C.D.

Mediator: Edith H. Quimby, B.S., M.A., Sc.D.

1953

The 26th Annual Graduate Fortnight of the New York Academy of Medicine was held on October 19 to 30, inclusive. The subject: Disorders of the Blood and Blood Organs. At the suggestion of Dr. Howard R. Craig, the Academy of Dentistry was invited to set up an exhibit. Pursuant to Dr. Craig's suggestion, President Ralph J. Bowman appointed Dr. David Tanchester to serve as chairman of the Exhibit Committee.

Dentists who participated in the exhibit at the Academy of Medicine were Drs. Leonard Hirschfeld, Leon Eisenbud, Sheldon Ross, Irving Sheppard, Sidney Sorrin, and Harry

Roth. Regarding the Academy of Dentistry's contribution to the Fortnight, President Bowman received the following letter of appreciation from Dr. Howard R. Craig:

Dr. Ralph J. Bowman, president
New York Academy of Dentistry
New York, New York

My dear Dr. Bowman:

It was a great pleasure for us to have your exhibit at our Graduate Fortnight and I want to express the appreciation of the Academy of Medicine for your contribution.

We consider the Fortnight, including the Scientific Exhibit, a great success as judged by the large attendance and the obvious interest of the physicians.

Again, may I express our appreciation for your contribution to the success of the Fortnight.

Sincerely yours,

/s/ HOWARD R. CRAIG, M.D.

1954

On March 31, 1954, the Joint Committee held a conference in the Council Room of the Academy of Medicine. Representing the Academy of Medicine were Dr. Alexander T. Martin, president, Dr. Howard R. Craig, director, and Dr. Theodor Blum; and for the Academy of Dentistry, Dr. C. Raymond Wells and Dr. Joseph D. Eby, chairman of the Interprofessional Relations Committee. The Joint Committee's report submitted to the fellowship on April 8, 1954, read in part:

"The Interprofessional Relations Committee was met with a most cordial reception. An interesting discussion of facts, information, and the different angles of our mutual problems ensued.

"Dr. Craig's personal interest and cooperation can be definitely assured. He stated that in the twelve groups of specialty sections, as well as their general meetings, the attendance at the Academy of Medicine has fallen off and is definitely on a

decline. This seems to be due to several plausible reasons, such as compulsory hospital conferences and other energy-taking and exacting demands which prevent large turnouts unless the program is of exceptional interest.

“The Joint Committee resolved that the bond forged between the two Academies in recent years should always be held strongly together and not be allowed to disintegrate for lack of careful attention. It was Dr. Craig’s belief that the Academy of Dentistry should be host to the Academy of Medicine at the next meeting between the two Academies.”

1955

The report of the Interprofessional Relations Committee for 1955 simply stated: “Since no matter was referred to this committee from either Academy during the society year, no meetings were held.”

1956

The following report of the Interprofessional Relations Committee, dated April 11, 1956, was submitted by Drs. Ralph J. Bowman, Joseph Stahl, David Tanchester, Samuel Wald, and Malcolm W. Carr, chairman:

“The Committee on Interprofessional Relations met with the Joint Committee of the Academy of Medicine on March 28, 1956. Dr. Edward Donovan and Dr. Howard Craig, president and director of the Academy of Medicine respectively, and Dr. Willard Keane, president of the Academy of Dentistry, also attended.

“The Joint Committee agreed that: 1, The Joint Committee should be continued as presently organized; 2, The meeting of the committee should be held at least once a year; 3, Discussion should be continued concerning the interrelations of organized medicine and dentistry and of various problems in education and research on a long term basis; 4, Particular attention should be devoted to planning joint meetings between sections of the N.Y.A.M. and the N.Y.A.D.; 5, The

annual medical-dental meeting of the N.Y.A.D. affords opportunity to implement the plan for closer relationship between the two Academies; 6, The medical-dental meeting of the N.Y.A.D. will be held in February, 1957, in cooperation with the Section on Neurology and Psychiatry of the N.Y.A.M.; 7, The next meeting of the Joint Committee will be convened at the call of the chairman."

1957

The Joint Committee of the New York Academy of Medicine and the New York Academy of Dentistry met at the New York Academy of Medicine, 2 East 103rd Street, New York City, on April 8, 1957. Present at this meeting were Drs. Ralph J. Bowman, Gerard Courtade, Frank Nicolai, Joseph Stahl, and Malcolm W. Carr. Dr. Carr was co-chairman of the Joint Committee and chairman of the Dental Academy's Interprofessional Relations Committee. Dr. Howard Reid Craig, director of the New York Academy of Medicine and an Allied Fellow of the New York Academy of Dentistry, also attended the meeting.

At the conclusion of the meeting, the following report was unanimously agreed upon:

- 1— The Joint Committee of the New York Academy of Medicine and the New York Academy of Dentistry should be continued as presently organized.
- 2— A meeting of the Joint Committee should be held at least once a year.
- 3— Discussion should be continued concerning the inter-relations of organized medicine and dentistry and of various problems in education and research on a long term basis.
- 4— Study should be devoted to planning joint meetings between sections of the New York Academy of Medicine and the New York Academy of Dentistry.
- 5— The annual medical-dental meeting of the New York Academy of Dentistry affords an opportunity to implement the plan for closer relationship between the two Academies.
- 6— Plans are to be formulated for a special meeting of the New York

Academy of Dentistry in conjunction with the Section of Pediatrics of the New York Academy of Medicine to be held during the 1957-1958 season. The proposed subject: "The Integration of Professional Services in the Care of the Cleft Palate Patient."

- 7— The New York Academy of Dentistry will plan to participate in the scientific exhibits to be shown at the time of the Annual Graduate Fortnight Seminar at the New York Academy of Medicine in October, 1957.
- 8— The next meeting of the Joint Committee will be convened at the call of the chairman and co-chairman.

1958

When the Joint Committee met again at the New York Academy of Medicine in October, 1957, plans were formulated to hold a joint medical-dental meeting of both Academies at the Columbia University Club. Members of the Interprofessional Relations Committee representing the New York Academy of Dentistry on the Joint Committee were Drs. Malcolm W. Carr, Gerard L. Courtade, Frank Nicolai, Edwin H. Getz, and Ralph J. Bowman, chairman.

The medical-dental meeting proposed by the Joint Committee was held at the Columbia University Club on February 13, 1958. The speaker was Dr. John W. Myers of Baltimore, Maryland. The subject: "The Role of Some Nutritional Elements in the Health of the Teeth and Their Supporting Structures."

1959

The Joint Committee of the two New York Academies did not hold a formal meeting in 1959. However, Chairman Ralph J. Bowman of the Dental Academy did meet with Dr. Howard Reid Craig, director of the Medical Academy, in Dr. Craig's office at the New York Academy of Medicine. During the discussions that followed, Dr. Bowman was informed that the "Academy of Medicine is having a reorganization" and it was suggested that "the Committee for the New York Academy of Dentistry should meet at a later date with Dr. Beverly C. Smith, chairman of the Medical Interprofessional Rela-

tions Committee, with the possibility of having a meeting or forum on Cancer of the Mouth, Head and Neck, as the probable topic." Dr. Hayes-Martin was suggested as the probable moderator.

1960

At the Annual Meeting of the New York Academy of Dentistry held at the Columbia University Club on April 7, 1960, the Committee on Professional Relations, consisting of Drs. Malcolm W. Carr, Gerard Courtade, Frank Nicolai, Edwin H. Getz, and Ralph J. Bowman, chairman, made the following report: "The New York Academy of Medicine has had a reorganization. Dr. Aimes C. McGinnis was appointed to serve as director of Public Relations. This office was formerly held by Dr. Howard Reid Craig. When Dr. Bowman attempted to contact Dr. McGinnis, who at the time was out of the city, he was referred to Dr. Beverly C. Smith, chairman of the New York Academy of Medicine Committee."

Dr. Smith seemed anxious to pursue the relationship between the two New York Academies and, pursuant thereto, a meeting was arranged for the following month.

Although it was not considered a joint meeting of the two Academies, Dr. Howard Reid Craig of the New York Academy of Medicine addressed the fellowship of the New York Academy of Dentistry on November 10, 1960. He gave "an interesting and enlightening discourse" on the subject "Doctors, Drugs, and Drug Makers."

1961

A joint meeting of the Interprofessional Relations Committees of the New York Academy of Dentistry and the New York Academy of Medicine was held at the Academy of Medicine on Monday, April 10, 1961. Appointed to serve on the Academy of Dentistry Committee were Drs. Harold Aldrich, Malcolm W. Carr, Herbert Taub, and Ralph J. Bowman, chairman.

After Dr. Bowman announced it was the "aim of the Academy of Dentistry to plan for a long term program, and not just for the present year," informal discussions followed and numerous suggestions were projected by members of both committees.

Dr. Beverly C. Smith, of the Academy of Medicine, suggested "the Academies could have a joint F.M. program broadcast to the lay public or a closed circuit program for the profession which would be sponsored by the Academy of Medicine." It was also proposed that The New York Academy of Dentistry could have a joint meeting with the Section of Medicine of the Academy of Medicine having for its topic of discussion "Oral Medicine."

Moving away from the main topic of discussion, which was program planning, Dr. Beverly Smith invited the New York Academy of Dentistry "to store all of its past minutes and archives at the New York Academy of Medicine so they may be preserved for posterity, at no rental."

In his formal report to the Academy fellowship on April 13, 1961, Chairman Ralph J. Bowman strongly recommended that the Academy of Dentistry "again rent a room at the Academy of Medicine so that we may start our library, to be known as the New York Academy of Dentistry Room. Quite definitely, we are failing in our responsibility to future members of the dental profession if we do not enable them to benefit from these books, art objects and our other collections."

In closing his remarks, Dr. Bowman, who had always been a staunch advocate of the New York Academy of Dentistry owning its own building, pointed out "that until that time comes it would be wise for the Academy to arrange to rent a room at the New York Academy of Medicine, which can be obtained at a nominal cost."

1962

During the year 1962, the Interprofessional Relations Committee, consisting of Drs. Henry A. Chase, Lowrie J.

Porter, and Ralph J. Bowman, chairman, devoted its time and efforts to acquiring space in the New York Academy of Medicine Building, 2 East 103rd Street, New York City. This space was to be used "as a repository for the valuable history of the New York Academy of Dentistry, such as records, books, pictures, et cetera." Chairman Bowman urged that Academy members "should take a particular interest in establishing and making use of such archives."

1963

On April 10, 1963, a meeting of the Interprofessional Relations Committee was held in the new Academy headquarters at the New York Academy of Medicine. This committee consisted of Drs. Henry A. Chase, Lowrie J. Porter, Edwin Van Valey, and Ralph J. Bowman, chairman. After "many suggestions and much discussion," the committee concluded that "a joint meeting with the New York Academy of Medicine would be advisable in 1963-1964 if it could be arranged." The committee then decided upon a panel discussion on the subject "Medical and Dental Education and Practice in American Society."

For this panel discussion the committee members suggested as speakers such nationally famous people as Dr. Frank Berry of the World Health Organization; Dr. I. Radvin, vice-president of the University of Pennsylvania in charge of medical affairs; Dr. Philip Blackeby, president of the American College of Dentists; Dr. Paul Dudley White, the famous heart specialist; Dr. Charles Mayo, director of the Mayo Clinic; Dr. George Armstrong, New York University vice-president and former Surgeon General; Dr. Harry Lyons, dean of the Medical College of Virginia, Richmond; Mr. Melvin Dollar, director of New York Service Corporation; Dr. George James, Commissioner of Health, New York City; and Dr. Ralph Snyder, director of the Flower Fifth Avenue Medical School.

The committee's report concludes with this statement: "Our joint committee was so enthusiastic, another meeting is to be held soon to select the men we think are best suited."

1964

Representing the New York Academy of Dentistry on the Interprofessional Relations Committee for the fiscal year 1964-1965, were: Drs. Stanley J. Behrman, Edward Stillwell, Jr., Maurice J. Saklad, Anthony F. Posteraro, and Homer Cree Vaughan, chairman.

Although the Interprofessional Relations Committee held no regular meeting during the year, primarily because the New York Academy of Medicine was being reorganized, Chairman Homer Cree Vaughan, in his annual report to the fellowship, incorporated the following recommendations as a guide for future Interprofessional Relations Committees:

- 1— It would be expedient to invite the Medical Deans of each major medical school in this city to Honorary Fellowship in our Academy.
- 2— It would be helpful to form small groups, who wish to participate, into visiting various hospitals and “go the rounds,” or attend their seminars, or visit in their surgeries, so that the environment for further inter-personal play between medicine and dentistry could be improved and made more continuous.
- 3— In programming, invite men of different academic degree areas to lecture before this body.

1965

When Dr. John J. Asch was elected president of the New York Academy of Dentistry in April, 1965, he appointed Dr. Stanley Behrman chairman of the Interprofessional Relations Committee. The other members of the committee were: Drs. Wallace Maynard, Eugene Murphy, Maurice Saklad, and Abraham Kobren.

In November, 1965, Dr. Frank Glenn, a former president of the New York Academy of Medicine and the current chairman of its Interprofessional Relations Committee had a discussion with Dr. Howard Reid Craig regarding the activities of his committee. They concluded “it would be inadvisable at this time to reactivate the joint meetings of the two Academies.” However, they did feel very strongly that the

problems of paramount concern to both professions were those related to the concept of Medicare. What these problems would be and how they would affect medical and dental schools, in and out patient care, and the private practice of the professions were areas of great uncertainty.

Two months later, in January, 1966, Chairman Stanley J. Behrman of the Dental Academy, had a conference with Dr. Craig at the New York Academy of Medicine. At this meeting, Dr. Craig informed Dr. Behrman that "with a foundation grant, the Academy of Medicine was arranging a symposia of experts in the fields of medicine, economics, social work, et cetera, to try to prognosticate these changes and effects." Dr. Craig thought that "it would be very worthwhile if a representative of the New York Academy of Dentistry would attend the pertinent seminars." Dr. Craig also believed "there was no reason to call a joint meeting of the two Interprofessional Relations Committees until there were specific proposals to consider."

The following month, February, 1966, when Dr. Behrman continued "to pursue the matter," Dr. Craig informed him that "they were still trying to set up the symposia and that Mr. Becker of the Academy of Medicine staff, would let him know as soon as arrangements had been made."

In his annual report of April 10, 1966, to the New York Academy fellowship, Chairman Behrman "suggested that a representative of the Academy participate in the Academy of Medicine symposia as proposed by Dr. Craig." He also recommended that "attempts be made to have the membership addressed on Medicare and related problems by an official of the Department of Health, Education and Welfare."

1966

Serving the New York Academy of Dentistry on the Interprofessional Relations Committee for the fiscal year 1966-1967 were: Drs. Ralph J. Bowman, Edgar S. Bacon, and Malcolm W. Carr, chairman. Drs. Beverly Chew Smith, Fred S. Dunn and Russell Patterson, chairman, comprised the

Interprofessional Relations Committee for the Academy of Medicine. Drs. Russell Patterson and Malcolm W. Carr were co-chairman of the Joint Interprofessional Relations Committee.

In his annual report to the fellowship, President Homer Cree Vaughan referred to the Interprofessional Relations Committee in these words: "With the help of fellows Malcolm W. Carr, Edgar S. Bacon, and Ralph J. Bowman, the Interprofessional Relations Committee, as it was originally conceived, was reinstated. New members have been brought into this activity, and its future effectiveness has been greatly enhanced."

1967

The Interprofessional Relations Committee for the fiscal year 1967-1968 was comprised of Drs. Ralph J. Bowman, Edgar S. Bacon, and Malcolm W. Carr, chairman. This committee with the Committee on Interprofessional Relations of the New York Academy of Medicine held a joint meeting on April 11, 1967, at the New York Academy of Medicine.

Present for the Committee of the Academy of Medicine were Drs. Beverly Chew Smith, chairman, George Christakin, John M. Converse, Robert Goodhart, and Joseph E. McCormack, director of the Academy of Medicine.

Dr. Beverly Chew Smith and Dr. Malcolm Wallace Carr, co-chairmen of the Joint Committee, presided.

The Academy of Dentistry was also represented by Dr. Homer Cree Vaughan, president of the Academy of Dentistry.

The agenda included a statement of the duties and functions of the Joint Committee; a review of past accomplishments; a consideration of objectives for the future, including a consideration of a long term program; a discussion of subjects for a joint meeting of the Academy of Medicine and the Academy of Dentistry; and the preparation of an agenda for the next meeting of the Joint Committee.

A more detailed explanation of the agenda is as follows: "The duties and functions of the Joint Committee are to implement interprofessional relationship between the Academy of Medicine and the Academy of Dentistry. The objectives to be attained are to promote educational and public health programs of interest to both medicine and dentistry by arranging for joint meetings of both Academies, and to develop a continuing long range program of varied activities in related fields of interprofessional relations."

The Joint Committee recognized that in the past, "four joint meetings have been held" and "it is the consensus of the Council of the Academy of Medicine that every effort should be made to cooperate in every way possible to promote a program of interprofessional relationship between the two Academies."

The committee having agreed that first consideration be devoted to arranging for a joint meeting of the two Academies, the following subjects were considered and discussed at great length:

The Epidemiology of Dental Disease
The Role of Nutrition and Use of Formulae
Diet in Major Surgery
Oral Manifestation of Systemic Disease
Metabolism
Facial Neuralgia
Industrial Medicine and Dentistry
Anesthesia
Plastic Surgery

It was agreed "the agenda for the next meeting should include further discussion and selection of an appropriate subject for presentation at a joint meeting of the two Academies and the selection of the date of the meeting, and initiation of discussion for a long range program of interprofessional relations."

It was also decided to send the statement of proposed

suggestions for a program of interprofessional relations, together with a brief reference to the past accomplishments of the committee, to the members of the Joint Committee.

A second meeting of the Joint Committee of the two Academies was held at the Academy of Medicine on December 6, 1967. Present at this meeting were Drs. Carr, Smith, Converse, Bacon, McCormack, Goodhart, Bowman, Berry, Stevenson, and Wald. Dr. Malcolm W. Carr, co-chairman, presided.

As the first order of business, arrangements were made and approved to have a joint meeting of the two Academies at the Columbia University Club on March 7, 1968. Reference was then made to the previous report of April 11, 1967, entitled: "Proposed Suggestions for a Program of Interprofessional Relations of the New York Academy of Dentistry with the New York Academy of Medicine." Dr. Carr's remarks regarding the proposed suggestions may be summarized as follows:

"Since the formation of the Joint Committee, attention has been directed chiefly to arranging joint meetings of the New York Academy of Medicine and the New York Academy of Dentistry. Four joint meetings have been held; two special dinner meetings at the Academy of Medicine and two meetings as part of stated meetings of the Academy of Dentistry.

"It appears that the function and the responsibility of the Joint Committee, in addition to planning joint meetings of the two Academies, should now assume a broader aspect. It seems reasonable to assume that first consideration be directed to a declaration of the purpose and responsibility of the Joint Committee, its objectives for accomplishment and method to achieve a desired result. The Academy of Medicine and the Academy of Dentistry have recognized the value to public health of closer relationship between medicine and dentistry, and created the Joint Committee on Interprofessional Relations to develop a plan to implement this objective."

Following Dr. Carr's declaration, it was suggested that "the Joint Committee consider the value of a broad survey of

interprofessional relations of medicine and dentistry as servants of the public health; plan for a long term study of the subject; and seek financial support for the conduct of such a study.”

It was also suggested that “this study could follow the plan of organization of the Committee on Medicine and the changing order of the New York Academy of Medicine, with the objective of publishing a monograph of its final report which would embrace a consideration of the inter-relation of medicine and dentistry in aspects of: Medical and Dental Education and the Changing Orders; Graduate Education; Medicine and Dentistry in the Hospital; Clinical Practice; Public Health; Preventive Medicine and Dentistry; Medicine and Dentistry in Industry; Government Services; Health Insurance Plans; and Research.”

Dr. Carr stated that the “study may appropriately include also a survey of the manpower of dentistry today, as well as in perspectives of the future in relation to the public health need for dentistry for all people in urban as well as in rural areas.”

Concluding the meeting, it was agreed that this broad aspect of the inter-relation of medicine and dentistry be considered the agenda for the meeting of the Joint Committee which had been scheduled for March 7, 1968.

1968

Representing the Academy of Medicine and the Academy of Dentistry of the Joint Professional Relations Committee for the fiscal year 1968-1969 were Drs. Ralph J. Bowman, Edgar S. Bacon, George Christakis, John Converse, John A. Valauri, Homer Cree Vaughan, Samuel S. Wald, and Malcolm W. Carr and Beverly Chew Smith, co-chairmen.

The meeting which had been planned the previous year by the Joint Committee on Interprofessional Relations was held as scheduled at the Columbia University Club on the evening of March 7, 1968. Dr. Walter A. H. Mosmann, president of the New York Academy of Dentistry, after welcoming the

members and their guests, introduced the gentlemen who were seated on the dais. They were Drs. Morse, Zegarelli, Lyons, Hedsted, Sferra, Heinze, Smith, Warnecke, and McCormack. He regretted the absence of Dr. Malcolm W. Carr, co-chairman of the Joint Committee.

President Walter A. H. Mosmann then called upon Dr. George Sferra, a member of the Reception Committee, to introduce the guests of the evening: Drs. Goodhart, Berry, and Converse of the New York Academy of Medicine, and Drs. Bacon, Bowman, Vaughan, and Wald, of the Dental Academy's Interprofessional Relations Committee.

At the conclusion of the Business Meeting, Dr. George Lyons, secretary of the New York Academy of Dentistry, introduced the guest speakers: Dr. D. M. Hegsted and Dr. Edward V. Zegarelli, whose topic was "Nutrition."

The Interprofessional Relations Committees of the two New York Academies met again in October, 1968, at the New York Academy of Medicine. At this meeting, the history of the past activities and accomplishments of the Joint Committee were reviewed and long range plans for the future of the committee were discussed.

Preliminary plans were made for a special meeting of the New York Academy of Dentistry with the Section of Plastic Surgery of the New York Academy of Medicine projected to the spring of 1969. However, several subsequent conferences devoted to this subject indicated that there was insufficient time to arrange for a date mutually acceptable for each group. Consequently, this plan for a joint meeting was postponed until the spring of the following year.

The meeting of the New York Academy of Dentistry held February 13, 1969, was designated as a substitute for the proposed joint meeting of the New York Academy of Medicine and the New York Academy of Dentistry. The announcement of that meeting stated:

The Committee is established to facilitate a coordinated effort by the Academies of Medicine and Dentistry to promote educational and public health programs of interest to both medicine and dentistry by arranging for joint meetings of both Academies, and to develop a

continuing long range program of varied activities in related fields of interprofessional relations.

The members of the Academy of Medicine Committee and the Joint Committee were invited to be guests of the Academy of Dentistry for the dinner and the meeting. The scientific address of the evening was presented by Alan J. Drinnan, M.B., Ch.B., D.D.S., F.D.S.R.C.S., on a subject of interest to both medicine and dentistry concerning "the differential diagnoses and the different prognoses of various lesions."

1969

In April, 1969, the Joint Committee of the two New York Academies was comprised of Drs. Edgar S. Bacon, Ralph J. Bowman, George Christakis, John M. Converse, Homer Cree Vaughan, Samuel S. Wald, and Malcolm W. Carr and Beverly Chew Smith, co-chairmen.

A year later, April 10, 1970, at the Annual Meeting of the New York Academy of Dentistry, Chairman Malcolm W. Carr submitted the following report for the Interprofessional Relations Committee:

The Committee on Interprofessional Relations conferred on numerous occasions with the Committee of the New York Academy of Medicine to determine the feasibility of arranging a joint meeting of one of the Sections of Medicine with the Academy of Dentistry. Careful study of this proposal led to the conclusion that such a meeting could not be arranged during the past year, due to the difficulty of selecting a time for a meeting which would be mutually agreeable to both Academies. The Committee also considered various other aspects of interprofessional relations to be developed in the future.

The Committee recommends that the Joint Committee on Interprofessional Relations be continued in order to implement and make effective preliminary proposals discussed during the past deliberations.

The Committee records with deep sorrow the death of Dr. Ralph J. Bowman, who served as a member of the Committee on Professional Relations for a number of years, and whose wisdom and leadership were always a source of strength to the ideals of the Committee.*

* Dr. Ralph J. Bowman died on October 14, 1969.

1970

In April, 1970, the Joint Committee of the Interprofessional Relations Committees of the two Academies was comprised of Frank B. Berry, M.D., John M. Converse, M.D., Robert S. Goodhart, M.D., Francis F. E. Morse, D.D.S., James E. McCormack, M.D., Robert W. Northrop, D.D.S., George O'Grady, D.D.S., Stuart S. Stevenson, M.D., Homer Cree Vaughan, D.D.S., Samuel S. Wald, D.D.S., and Malcolm W. Carr, D.D.S. and Beverly Chew Smith, M.D., co-chairmen.

Sponsored by the American Academy of Facial Plastic and Reconstructive Surgery, the first international symposium on plastic and reconstruction surgery of the face and neck was held at the Waldorf Astoria, New York City, on August 9-14, 1970. One hundred and sixty-five (165) physicians and four (4) dentists from the United States were speakers at this symposium. The dentists were Vanoujan Chalian, D.D.S., Indianapolis, Indiana; Thomas A. Curtis, D.D.S., San Francisco, California; McCullagh Mayer, D.D.S., M.D., Rutherford, New Jersey; and August L. Stemmer, D.M.D., M.D., San Francisco, California. The only dentist from Europe was P. R. Zellner, D.D.S., M.D., Ludwigshafen, Germany.

The Joint Committee, which represented the New York Academies of Medicine and Dentistry, sent out the following invitation to its members:

The Joint Committee of Interprofessional Relations of the New York Academy of Dentistry and the New York Academy of Medicine cordially invites you to attend the First International Symposium on Plastic and Reconstructive Surgery of the Head and Neck to be held August 9-14, 1970, at the Waldorf Astoria, New York City.

The purpose of this invitation is to enhance the interprofessional relationship between the New York Academy of Medicine and the New York Academy of Dentistry.

The introductory paragraphs of the program for this five day meeting read as follows:

The first International Symposium on Plastic and Reconstructive Surgery of the Face and Neck will provide an opportunity to surgeon

specialists to meet with more than 200 of the world's outstanding facial plastic and reconstructive surgeons from August 9 through 14, 1970, at the Waldorf Astoria, New York City.

The symposium, sponsored by the American Academy of Facial Plastic and Reconstructive Surgery, is designed to cover the spectrum of plastic and reconstructive surgery in the region of the face and neck, correction of congenital deformities, management of trauma, tumor surgery of the head and neck, esthetic surgery and research.

The well balanced, purely scientific curriculum will offer lectures, panel discussions, question and answer sessions, and motion picture demonstrations.

On October 27, 1970, a symposium arranged by the Joint Interprofessional Relations Committee of the New York Academies of Medicine and Dentistry and sponsored by Group Health Insurance and Group Health Dental Insurance was presented at a formal reception and dinner at the University Club, New York City. Malcolm Wallace Carr, D.D.S. was chairman of the Joint Committee and Beverly Chew Smith, M.D. was co-chairman.

Of the one hundred and fifty guests who attended the special invitation meeting, eighty-three were dentists and sixty-seven were physicians. George W. Melcher, M.D. was the toastmaster and the three speakers whose addresses were directed to potential solutions in the delivery of medical and dental care were: Andrew D. Hunt, Jr., M.D., dean of the College of Human Medicine, Michigan State University; I. Lawrence Kerr, D.D.S., president of the Dental Society of the State of New York; and Herman M. Somers, Ph.D., professor of Politics and Public Affairs, Princeton University.

Because of the broad interest given to the health care services, of which dentistry is one, and the definite transitional socio-economic trends related thereto, significant portions of Dean Andrew D. Hunt, Jr's. address entitled "Medical Schools and the Public's Health," and Dr. I. Lawrence Kerr's address entitled "Potentials in the Delivery of Dental Care" are reprinted here as taken from the *Annals of Dentistry* (Vol. XXX, No. 4, 1971). The text of Dr. Herman M. Somer's address is not on record.

*The Joint Committee on Interprofessional Relations
of the
New York Academy of Medicine
and the
New York Academy of Dentistry
and
Group Health Insurance and
Group Health Dental Insurance*

*Cordially invite you to be our guest at a Reception and Dinner
followed by three addresses directed to
Potential Solutions in the Delivery of Medical and Dental Care*

*George W. Melcher, Jr., M.D.
Toastmaster*

*Andrew D. Hunt, Jr., M.D.
Dean of the College of Human Medicine
Michigan State University*

*J. Lawrence Kerr, D. D. S.
President of the Dental Society of
the State of New York*

*Herman M. Somers, Ph. D.
Professor of Politics and Public Affairs
Princeton University*

*The University Club
One West 54th Street
New York, N. Y.*

Tuesday, October 27th, 1970

*Reception 6:45 P. M.
Dinner 7:30 P. M.
Program 8:30 to 10 P. M.*

*Black Tie
R. S. V. P.*

MEDICAL SCHOOLS AND THE PUBLIC'S HEALTH

Dean Andrew D. Hunt, Jr.

As we enter the seventies, the issues are not greatly different from those at the beginning of the sixties. Health care remains fragmented, unevenly distributed, with costs rising at an ever increasing rate. Indices of health have not significantly improved; indeed, the disparity between the health of the poor and deprived on the one hand and of the middle and upper classes on the other seems to have increased.

Events for the past decade, as perceived in 1960, did, in fact, occur: namely, enactment of legislation such as Regional Medical Programs, Comprehensive Health Planning and Medicare and Medicaid.

Unpredictable, however, and perhaps vastly more significant during the sixties were the rise of the civil rights movement, the assassination of some of the nation's most influential political and social leaders, the development of militant consumerism, and the impact of student activists, which catalyzed such important unpredicted developments as neighborhood health centers, demands by the poor that they share in the definition of the health care they receive, and an entire new dimension for community medicine.

Prepaid group practice, in one form or another, would seem to be a most efficient and effective means both of providing excellent medical care to various populations and for ensuring stimulating and effective professional lives for the physicians involved. While it may well be that incentives which might occur as a result of national health insurance will stimulate the development of such group practices, the total number of physicians involved now in such groups in the United States appears to be less than 7,000 and new groups are slow to form.

The vast majority of medical care is provided by physicians acting as solo practitioners or in small groups or partnerships, who hospitalize their patients in community institutions.

In the area of biomedical research, the decline in funding of such research is painfully obvious. It is to be emphasized that the large research establishments which have made the United States preeminent in the field of scientific investigation were generated through the expenditure of public funds made available through a public mandate. This mandate today seems essentially non-existent, and few running for public office find it politically valid to include support of basic research as planks in their campaign platforms.

Universal health insurance, increased health manpower, and more equitable distribution of health services notwithstanding, a health population cannot be achieved so long as our extensive poverty culture is maintained.

The primary cause of ill-health in the midst of poverty is poverty itself. The depressing reiteration of alarmingly high rates of infant mortality, tuberculosis, crime, and every other unhealthy stigma in our crowded, depressed, rat-infested and deteriorating inner cities, and in our pathetically neglected rural slums, supports the prediction that the modes of secondary prevention and treatment of illness available to the health professions will have but modest effect in themselves on the fundamental condition of our poor people, even when they have proper access to properly distributed and organized services.

SUMMARY

The nation's health depends on the maintenance of a system which includes appropriate manpower education, deployment, and effective utilization, a balanced and creative research establishment, and a public essentially free of the devastating effects of poverty and environmental contamination. The attainment of these objectives requires change over above the capacities of the combined intellectual and professional output of professional schools and their graduates. The change required is essentially social and political as well as scientific and intellectual. The universities, should their capacity for leadership and political action be really mobilized, could become a focus for the change necessary to bring the often stated citizens' universal right to health from a cliché to a scientific and political reality.

POTENTIALS IN THE DELIVERY OF DENTAL CARE

Dr. I. Lawrence Kerr

Every aspect of the delivery of health care services has become subject to the interest and scrutiny of all segments of the nation. At times it has engendered passionate discourse and, certainly, has been the subject of articles in every major publication. Two networks, to my knowledge, have given the subject "documentary" time. It is difficult to find an item, excluding the Vietnam War that has gained the attention of so many.

Essentially the nation is demanding that health care be accessible to all, financed at reasonable cost, be of the highest quality, and that the planning and administration of this care be shared by the professional and the consumer.

However, it is already too late for the professional to do anything but take an objective view toward the situation as it exists and adopt for himself a positive attitude in which he will do everything possible to make sure that he is given a role in the planning and execution of all aspects of delivery. He should attempt to become a very strong member

of a new and perhaps cautious partnership with government, labor, and the average consumer. This is the time for innovative progress in change built upon the best of the old "systems," and a release from some ancient and sacred cows of professionalism that have led to this diminution in image of the health professional.

At the same time the lay and political leaders of the nation must not allow the old American "answer" of pumping more billions of dollars into an already inefficient system crisis aggravate the situation and continue the political trick of "overpromising and underdelivering."

The dental profession, now over a hundred years old, has established a reputation of quality and progress. The dental "image" in America is one of the best, and we do not hear such statistics that list medicine in the U. S. as being below the standards of other countries. Rather it is accepted that the dentistry practiced here is the finest in the world; BUT it must also be admitted that this care is only reaching a small segment of the population. High quality dental care reaches the pitifully low figure of 20 per cent of the people. Only 50 per cent of the people see a dentist once a year, many probably for an emergency. Thus the situation is that 100,000 dentists devote their professional abilities to serve the 20 per cent. We find that, with the exception of New York City, the dentist-population ratio allows for a busy and affluent dentist. In New York City, because of the overdistribution of dentists, many dentists are not busy and have financial difficulties. At the same time, there is a large void of service in the indigent areas.

This is very normal because the American system of freedom of choice and free enterprise leads the professional to place his services at the disposal of the affluent and the educated. In a sense, this is the economic system we have developed. When we speak of need and delivery and if we have been objective, we realize we must change the potentials of delivery if we are to meet the demands of the people as listed at the start of this report. We all went through the depression, and we recall that we read the now defunct *Saturday Evening Post* far more often than we delivered our services. So that as affluence reached the nation, the dentist trained to be solo entrepreneur selected, as a site for his activities, a neighborhood or area that would support him. There is nothing so different or wrong about this; however, the new concept of health will create a crisis. This will occur because there is every indication that the two main deterrents to the receipt of dental care will be removed. These are the financial deterrents and the educational voids. These have created the large gap between the "need and demand" for dental care.

Dental disease is a universal disease in that 100 per cent of the people have some form of dental disease existent at a given time and thus the remedial segment of a care system is so large as to defy imagination. Certainly, if the floodgate of access were to be opened at

this time, nothing but utter chaos would result. Fortunately, in one sense, the progression of dental disease is such that pain and debilitation are not the acute components they are in many forms of other health problems. Thus the people are not motivated to seek care, unless they understand the deeper significance of dental disease or are educated to the many preventive technics currently available to the profession and their patients.

The delivery system itself is the creation of our educational and economic patterns. The currently practicing dentist is the product of a school that has taught him to practice high quality dentistry as a lone operator in facilities designed to fit around him. In this atmosphere he has done a very fine job and cannot be criticized on that score.

There have been a number of group practices developed in recent years on the east coast, but the majority of them are west of the Mississippi. There are, essentially, a fee for service groups, but there is a steady growth of "closed panel" organizations sponsored by labor. The remainder of the services rendered is through military or public health installations.

At this point as we define the present system, I have a personal feeling about using dentist-population ratios as a descriptive device. We, on the Council of Legislation, frequently used this numerator, but I never felt it told the story. Primarily, because it is not a good assessment of the number of services rendered to a given number. At this point in time, we can state that the system of delivering dental care, as it exists, meets the present demand fairly well. However, even to make the smallest percentage of change in demand upward will create a tremendous pressure on the current delivery system.

Let us review the factors that will alter the current ratios of demand, delivery, financial access, and need.

First, there has been a steady growth of prepayment plans, now at a level of 7 million, after hovering around the 4 million mark for a few years. Labor is in the midst of a big push for dental benefits, particularly the UAW and the steelworkers union, but the greatest impetus will come, if the Congress sees fit to pass a Universal Health Insurance Bill that has a dental component. There are a number of bills introduced. Because many have had a "medical" input, dentistry is not included, but some of the major bills such as the Kennedy, Javits and Griffiths Bills have a dental segment. This care is primarily to be delivered to children. I am certain if such a bill passes with a priority for children, two things would happen in a hurry. There would be immediate urging for an adult component, and also a freeing of finances by the family that desires dental care, so that they might be used for the usually sacrificing Mother and Dad. This would, I am sure, increase the demand. I am certain that industry and labor would continue to negotiate dental benefits and these would fit into whatever pattern of third party

care is developed or legislated. Thus, we must give our attention to developing new potentials of delivery.

Alterations would have to occur in the following areas: education, financing, methods of practice including extensive utilization of auxiliaries, and a more sophisticated role for the patient in prevention.

Modern dental education, as indicated earlier, has done a good job in preparing the dentist for his role in the present system; but in a sense it has been a luxurious function. With the well intentioned goal of turning out a cultured and proficient dentist, a minimum of eight expensive years (more if one enters a specialty) is used.

Is this time and expense necessary? I feel that well intentioned as some curriculums are, there is some "hogwash" built into them. Too much repetition of subject matter, continuous teaching of extraneous material in the "how" category, and perhaps a waste of time in the present years with subject matter that neither exposes to significant culture or prepares the individual for his profession. Certainly, there is a horrible waste in the use of expensive capital assets. We still use the months for teaching as though we are back in an agrarian culture. While we protest high taxes for education, much of the facilities are laying idle for three-four months a year. Under the demands for developing dental manpower, this must be changed. There has to be elimination of those courses that are taught, such as soldering, etc. that will in the great majority of cases be done by an auxiliary with greater dexterity than the dentist. Of course, he must be familiar with the technics, but entirely too much time is spent on this kind of thing. We continue to create in the student an itemized mind, such as the need to produce so many surfaces of amalgam, so many inlays, etc. This has shown to be an ingrained factor in the dentist's capability to understand the economics of his profession. There should be and is, in some new curriculums, an attempt to teach the student the team concept, not only with his fellow professionals, but with the auxiliaries. There is a movement afoot to have a resolution passed at the A. D. A. meeting to give the schools an opportunity to study new methods of teaching. For no system will be developed, unless the incoming manpower is capable of managing it. What is needed is a new type of dentist, more biologically trained, and influenced to be a "captain" of the health team responsible for delivering the care. Thus he would have the ability to manage a number of auxiliaries, spend the time in the needed areas of his expertise, and not be bothered with details that could be handled by persons with less educational background.

Of course, all this will mean more teachers, et cetera, but the new demand will create more opportunities and the finances to fund the alterations in the educational system. Along with medicine, the accent must also be on a "health oriented" educational system, not a "sickness oriented" product, which trains students to meet only the ravages of

disease, rather than to be a socially conscious, prevention-minded health teacher and clinician. Research will still play a major role in the educational as well as the clinical segments of the health industry.

. . . Our Medicaid experience in this state (New York) proved even the present system is capable of an increase in productivity when the financial deterrent is removed (i.e. from \$0 to 83 million in one year). I know that labor will strive to have us participate in their plans, with the use of service benefits and fixed fees. *I don't believe the dentist should subsidize a plan that is devised as a low fee plan*, if he can prove that the cost of his services are such that subsidization takes place. However, he will be asked why he cannot devise a modality that will do as well, and be less expensive . . . Fortunately or unfortunately, too many solo practitioners in general dentistry are like myself. The average age is 53 and with a good income. There is a fear of disruption to all this, and resistance is developing to any change. I believe the solo practitioner has plenty of opportunity to serve in any potential delivery system.

The solo practitioner will be called upon to participate in plans utilizing those methods common to other industries. He will, of course, be asked not to let his quality diminish by the use of auxiliaries, new equipment and new technics . . . No matter how we change the educational requirements or training there will not be enough dentists to serve the new demand. We estimate we would need 90,000 *new* dentists in ten years and that is impossible. Thus, the area of greatest approach will be in the use of auxiliaries to perform those functions that need not be the sole province of the dentist. This will take training and attitude . . . The removal of the financial and educational deterrents will radically change the demand for dentistry. This will occur in the four to seven years ahead. Thus we have the time to re-evaluate our delivery systems. By expanding the utilization and the functions of dental auxiliaries, the productivity of the practitioner will be increased. There will be a rapid growth in the modality of group practice because of its inherent ability to meet increased demand with reasonable cost. There will be a challenge to the profession to meet the challenge of reasonable cost with high quality, by experimenting and innovating new methods of cost with the old.

A major challenge is to avoid the destruction of the present system, but rather to preserve the achievements of that system with major revisions to meet the new requirements of demand. This will require the greatest capacity for the professions leadership and foresight, as well as the willingness and capabilities of the individuals in it, to provide the components of change. This must be done by an increased social concern as well as retaining professional prerogatives. This will require a rededication to the full value of the word "doctor" . . . as teachers, leaders and, servants of our fellow man. I have no fear for the future should the profession accept this challenge to serve others, and not

itself. We have much to be proud of in the past; we have the abilities and the ideas to create and be a part of the future.

1971

The Academy's Interprofessional Relations Committee for the fiscal year 1971-1972 consisted of Drs. I. Frank Boscarelli, Robert P. Goodhart, George O'Grady, Homer Cree Vaughan, and Malcolm W. Carr, chairman. This committee held a meeting at the Columbia University Club on April 4, 1972, the proceedings of which are contained in its Annual Report to the fellowship on April 13, 1972:

"The meeting was called to order at 5:30 p.m. by Chairman Malcolm W. Carr. After a lengthy discussion of the past successes and the historic role of this committee, it was decided that the Interprofessional Relations Committee has an extremely important role and it should be continued.

"Many possible programs for inter-communication of the two professions were discussed, i.e., a large annual combined scientific session, individual scientific sessions with various groups, such as reconstructive surgery, maxillo-facial surgery, pediatrics, and the engineering aspects of present day bio-medical practices.

"It was determined that the start of a successful program could be developed by sending each of the fellows of the New York Academy of Dentistry the regular bulletin of the New York Academy of Medicine which outlines programs for 1972. The fellows of the Academy of Dentistry may attend and in this way use the various programs available to them for furthering interprofessional communication. For example, these programs contain subjects on carcinoma of vocal cords, neurotologic diagnosis in vestibular disorders, T-RNA, decoder of genetic messages, and many other valuable information seminars.

"Our Academy would be fortunate if this project could be arranged through Dr. Goodhart and the New York Academy of Medicine at a nominal cost. Dr. Beverly C. Smith, co-chairman of the Joint Committee of Interprofessional Relations, was informed of these proceedings and agrees with them whole-heartedly.

The project of distributing Academy of Medicine programs to the fellowship of the Dental Academy which was initiated in May, 1972 in accordance with the motion adopted by the Interprofessional Relations Committee on April 4, 1972 and

subsequently approved by the Board of Directors, did not receive the positive response as expected and was discontinued on February 14, 1974.

AUTHOR'S NOTE TO THE READER

Although this 50 year history of the New York Academy of Dentistry officially concludes the activities of the Academy's Interprofessional Relations Committee with its Annual Report to the fellowship of April 14, 1972, information regarding subsequent proceedings of this committee, the Joint Committee of Interprofessional Relations, and the combined fellowship meetings of the two Academies, is contained in the appendices of this book under "*Programs*" and the chapter entitled, "*Academy Chronology.*"

Dr. Carr's Monograph on Dentistry

IN THE fall of 1946, the Commonwealth Fund of New York, York, under the auspices of the New York Academy of Medicine, published a monograph entitled: *Dentistry—An Agency of Health Service*. The author was Dr. Malcolm W. Carr (Acad. Pres., 1941-1942).

When President Arthur E. Corby addressed the fellowship on October 10, 1946, he paid high tribute to Dr. Carr's work in these words:

"Dr. Malcolm Carr's book is a most important contribution to the dental literature in that it is the direct result of an invitation from a committee representing the Academy of Medicine of New York to the dental profession through the medium of Dr. Carr to take part in and contribute to its study of various health problems.

"Dentistry is recognized as an important mode of health service. The general relationship between medicine and dentistry and their mutual interests as servants of public health are obvious. Dr. Carr's book, however, represents the most important material evidence of that relationship in contemporary literature because it is one of a series of twelve monographs to be published by the Academy of Medicine as the result of more than three years of study of the Academy's Committee on Medicine and the Changing Order—a committee composed of physicians, dentists, nurses, representatives of labor, industry, law, social workers, and the clergy.

"Dr. Carr, who was selected by the Academy of Medicine to represent the profession of dentistry, was assigned the task of writing a monograph that would integrate dentistry with the objectives of the committee.

"This is a quote from the first chapter of the monograph:

'The inevitable conclusion is that if professional dental health care is to continue to meet its social obligations, then dental education, science, and art must proceed under a benevolent direction that understands their nature. That direction must be by men who are sympathetic with the objectives of dental health care and who believe in its philosophy. To deliver it to the incompetent administration of any who are unfamiliar with its special attributes, and impatient with its peculiarities, would be an irreparable disservice to the American way of life.' "

The preface of Dr. Carr's monograph was contributed by Robert Whitney Bolwell, A.B., A.M., Ph.D., chairman of the Graduate Council and professor of American Literature, George Washington University. Dr. Bolwell was also a fellow of the New York Academy of Dentistry. Some informative paragraphs from the preface are recorded here:

"This volume presents a panoramic picture of American dentistry. It gives something of its century of history, considerable information about the training of dentists and their present activities and complicated problems, and significant ideas relating to the future of the profession in a changing social order.

"One of the most significant facts about this book is the nature of its publication. The New York Academy of Medicine has sponsored and subsidized this presentation of the work, the problems and the plans of a separate and autonomous profession. Behind this evidence that an influential group of physicians is deeply interested in the general field of dentistry, stands that tacit implication that other physicians also should be interested. This volume deserves their careful reading.

"The two health services of medicine and dentistry have between them a practical boundary line which has been legally defined. But, unfortunately, this boundary line has sometimes been regarded by some members of both professions as a closed frontier—a boundary which has often acted as a barrier preventing the free interchange of interest, of informa-

tion, and of collaborative practice. Under these conditions each profession has been deprived of the benefits which the other can contribute. Of course, it is not necessary here to argue the general thesis that dentistry and medicine are complementary and that their services and achievements are interdependent. But it is perhaps desirable to go beyond the recognition of these fundamental relations. Obviously no professional specialist can read all the vast technical literature of another profession, but here is a convenient bridge into a different territory and the physician is offered a tour through a neighboring domain which will yield valuable results in practical knowledge and cooperation.

“The merit of this volume lies in its compact and yet inclusive presentation of practically all aspects of a broad and complex picture. Each topic treated can be magnified and expanded (in fact, it has been in specialized literature) and yet the main significance and relationship to other topics are shown with clarity and sufficient detail.

“The general objectives of this volume, and of the series in which it appears, is the theme of national health in a changing social order. . . . The New York Academy of Medicine should be congratulated for this contribution to its series. The profession of dentistry should be equally gratified by the work of its representatives who have organized and presented the component elements of this panorama.”

Because significant paragraphs from the “Summary And Conclusions” of Dr. Carr’s monograph contain information of considerable historical importance, they are quoted here in their entirety:

“Dentistry is a natural division of health service relating mainly to the teeth and their supporting structures, but also to the associated oral tissues and to the body as a whole. This health service is performed by the separately organized dental profession which, like the medical profession, is accredited and regulated in the United States by statutes in the public interest. The dental profession has been endeavoring, in accord with its public responsibilities and obligations in health care, to

develop dentistry into the *service equivalent* of an oral specialty of medical practice—a specialty which medicine has not created. Dentistry, which now has several important specialties of its own, has become too comprehensive and complicated in its requirements in actual practice to be reorganized—with any predominant public advantage—into a specialty of medical practice, proposals to this effect having been rejected repeatedly by both professions.

“The independent development of dental and oral health care resulted from recognition, outside the scope of medical practice, of the importance and desirability of protective treatment of teeth—hygienic and operative—against dental disorders, to prevent or delay the need for extractions and to conserve dental tissues and maintain dental functions, including effectual placement of artificial substitutes after necessary extractions. The inherent worth and abiding purpose of dental practice have carried dentistry forward from the limitations of a biomechanical craft to the expanding professional functions of a natural division of health service. A prolonged trade-era of improving craftsmanship, of attendant increasing personnel, and of growing public acceptance of the ensuing reparative and restorative dental service, prepared the way for the evolution in understanding and responsibility that resulted in the establishment of dentistry as a separately organized health service profession. In the United States during the past century, the autonomous dental profession, owing to its concern, understanding, fidelity, and successful endeavors, has acquired special competence in the related sciences and arts of dental health care.

“Treatments by a dentist for the arrest of dental disorders and for the maintenance of dental health and dental functions—after injury and in abnormalities or disease, including readjustments of position, restorations of parts, extractions, and total substitutions—are primarily biomechanical procedures, nearly all of which are unsuitable for treatments of diseases and disabilities elsewhere in the body and therefore are not included in medical education or in medical practice.

Unlike many other diseases and pathological lesions, dental disorders are not attended by effective forces of self-defense or self-repair, but are progressively destructive of dental structure, may involve supporting tissues, and tend to cause remote effects. Disintegration of the hard tissues of teeth as in caries or disorganization of their closely adjacent tissues as in periodontal disease opens channels for the admission of microorganisms, which not only induce local disturbances including periapical infections, but also—as modern research and clinical experience have shown—may bring about serious secondary infections in other parts of the system. This danger emphasizes the importance of the dentist's stress upon the health values not only of oral hygiene but also of the meticulous biomechanical procedures now current in dental health care to prevent transmission of microorganisms when present, and to arrest the progress of dental disorders before infection by way of teeth and closely surrounding tissues can occur elsewhere in the body. Professional dental education includes instruction in the best attainable methods for the prevention of systemic infections from dental sources. The approved measures in medical education to attain this objective are included in dental education

“Dental disorders develop recurrently and destructively in practically every person from childhood to advanced age—and in very many persons until all teeth have become too deficient to be retained. This very high incidence of dental diseases, which is not decreasing, accounts for the fact that the number of dentists in active practice is approximately equal to half the total number of all general and special medical practitioners combined. In many localities the number of dentists may be sufficient to meet the current total demand for dental health service, but nowhere are there enough dentists to provide dental health care for all who need it. The public welfare would be promoted if all dentists were distributed geographically in close accord with community needs throughout the nation. But practitioners of health service—in the freedom a democracy assures—prefer to live

and work where they believe they will find satisfactory opportunities for economic success and for cultural advantages for themselves and their families. Their geographic distribution in harmony with community needs, against the influence of this preference, should be effected by special inducement. That there is no current means for the attainment of adequate distribution of dentists is a deficiency that requires national social attention.

“In this country, since 1840, dentistry has been developed by a separate form of professional education. Practically all the independently organized (proprietary) dental colleges, like the similar medical colleges, have been discontinued or made integral parts of universities as autonomous schools therein. This system of dental education in universities has advanced dental health service in the United States to world preeminence. Dental education in American universities, with increasing cooperation from medical faculties, appropriately applies all related sciences and arts to the further evolution of dental health care, and includes the total prevention of dental disorders and their sequelae as a major objective of dental research and as an abiding aspiration of dental practice.

“Twenty years ago, Dr. Charles W. Eliot, then the venerable expresident of Harvard University, in addressing the dental students of that University, said in part: ‘I want to congratulate you on the greatly improved standing of the dental profession among the professions. That is one of the most striking changes in public opinion that I have witnessed during my seventy years of observation of the professions. There has not been any change so great as that which has taken place in regard to the dental profession, and the means of training dentists.’

“The trend that Dr. Eliot so clearly discerned has continued steadily upward in dental practice and in dental education. The current endeavors in the dental schools to remove deficiencies in financial support, in facilities, in teaching, in research, in hospital relationships, etc., is a continuing

manifestation of the spirit that has animated this progress. During the past three decades, in accordance with the continued development of dentistry as a natural division of health service and with dentistry's emphasis on the detrimental influence of dental disorders on the general health, important advances have been made in public health dentistry. Legislative proposals in recent years forecast the early expansion of public dental health education, dental health care for children, experimental efforts in mass control of dental caries, and epidemiologic studies of dental disorders.

"The most urgent social problem in dentistry is the development of satisfactory procedures by which the benefits of adequate preventive, protective, restorative, and surgical health care would be promptly and conveniently available to every person. Although dental diseases develop recurrently in practically every person, approximately 75 per cent of the people of the United States obtain very little dental health service other than extraction of teeth. The ideal of comprehensive and personally all-inclusive dental health care, to which the dental profession is giving earnest consideration, is not now attainable owing to obstacles that at present are insurmountable. But this predicament is a challenge to continual constructive endeavor for the greatest possible realization of that ideal. Attainment of the objective of adequate dental health care for everybody is obstructed by special conditions, among which are: 1, Prevalent lack of desire for and reluctance to seek such dental health care; 2, Insufficient number of dentists, inproportionate distribution throughout the country, to perform adequate services for the entire population; 3, Required payment by/or for each individual beneficiary of the relatively high costs of the needed dental health services.

"In the opinion of the dental profession, as expressed formally by the American Dental Association, the provision of dental health care for all the people is not the responsibility of the dental profession alone but must be shared by society. Programs for dental health service should be devised, oper-

ated, and controlled by local communities, either municipal or county, to accord with the many variations in community dental health needs rather than on a national scale by centrally controlled administration, and on plans that would accord with local judgments influenced by prevailing local conditions, which vary widely throughout the nation. Funds to support these programs should be used to provide effectual public dental health education for all persons, and dental health service plans for all children and for dentally indigent adults in accordance with local requirements. If the funds for these purposes are inadequate in any community, they should be augmented by state, and, if necessary, by federal contributions.

“In accord with these views, the American Dental Association, in 1942, established its Council on Dental Health as a new mechanism for the study and hoped-for solution of America’s general dental health problems. This national council has been supplemented by the appointment of similar councils, in the dental organizations and in their district societies, for extensive study and action.”

The Subcommittee on Dentistry consisted of Drs. William B. Dunning, Gordon M. Ga Nun, William J. Gies, Frederick W. Pratt, Edwin G. Van Valey, and Malcolm W. Carr, chairman.

Contributors to the monograph included Drs. James E. Aiguier, Robert W. Bolwell, Otto W. Brandhorst, H. Trendley Dean, Russell A. Dixon, James M. Dunning, William B. Dunning, H. Shirley Dwyer, William J. Gies (bio-chemist), Robert R. Gillis, Harlan H. Horner, Daniel F. Lynch, Sterling V. Mead, Arthur H. Merritt, Lon W. Morrey, George C. Paffenbarger, J. Ben Robinson, Clyde H. Schuyler, and C. Raymond Wells.

All of the members of the Subcommittee on Dentistry and a majority of the contributors were fellows of the New York Academy of Dentistry.

Other monographs published under the auspices of the New York Academy of Medicine were entitled: *American*

Medical Practice in the Perspectives of a Century, by Bernhard J. Stern, Ph.D.; *Government in Public Health*, by Harry S. Mustard, M.D.; *A Future for Preventive Medicine*, by Edward J. Stieglitz, M.D.; *Nursing and Nursing Education*, by Agnes Gelinas, R.N.; *Medical Services by Government—Local, State, and Federal*, by Bernhard J. Stern, Ph.D.; *Medical Education and the Changing Order*, by Raymond B. Allen, M.D.; *The American Hospital*, by E. H. L. Corwin, Ph.D.; *The Health Insurance Movement in the United States*, by Nathan Sinai, D.P.H.; *Medical Research*, by Richard H. Shryock, Ph.D.; and *Rural Medicine*, by F. D. Mott, M.D.

Dr. Malcolm Wallace Carr is one of the Academy's most distinguished fellows in areas of activity representing oral surgery, teaching and writing, and his mastery of the English language and exceptional ability to impart knowledge from the lecture platform are prestigious factors contributing to the elevation of dentistry to a higher cultural and professional plane.

In the area of interprofessional relations, Dr. Carr's fidelity to the concept that the ultimate in professional service to mankind can best be achieved by the combined efforts of physicians and dentists is exemplified by his continuing success in bringing together through Joint Interprofessional Relations Committees the New York Academy of Dentistry and the New York Academy of Medicine in a harmonious alliance dedicated to a common cause; an alliance of mutual understanding and respect acclaimed by both the medical and dental professions.

Dr. Carr's proclivity for promoting closer relations between the two professions is further evidenced by his influential contributions to the intern and resident training programs, graduate education in oral surgery, and higher standards generally now observed in the oral surgical services of the New York City hospitals with which he is affiliated; formally serving in the official capacity of director of oral surgery and attending oral surgeon at St. Luke's Metropolitan, Flower-Fifth Avenue, Polyclinic, Knickerbocker, and

St. Barnabas hospitals, continuing presently as consulting oral surgeon, and emeritus director of oral surgery.

The truism that "higher standards and greater knowledge invite higher respect," has been a prominent philosophical postulate throughout Dr. Carr's personal and professional life. His dedication to excellence and his refusal to accept mediocrity in others has brought him many citations, honors, and positions of high trust, all of which are manifestations of the esteem in which he is held by his colleagues, friends and peers.

Perhaps one of the best indications of the academic and professional stature attained by Dr. Carr is the recognition afforded him by election to serve as a trustee of the University of Pennsylvania. As a teacher, he had the distinction of a faculty appointment as lecturer in the Graduate School of Medicine at the University of Pennsylvania and for a number of years he delivered guest lectures in anatomy and maxillo-facial surgery.

A graduate of the University of Pennsylvania School of Dentistry and a former intern and resident, Presbyterian Hospital, Philadelphia, Pa., with graduate studies at Columbia University College of Physicians and Surgeons, Dr. Carr is a fellow and past president of the American College of Dentists, New York Academy of Dentistry, and the Academy-International of Medicine and Dentistry; founder member and diplomate of the board, American Board of Oral Surgery; honorary fellow, American Board of Oral Medicine and the American Society of Anesthesiologists; fellow, International College of Anesthetists, American Association for the Advancement of Science, and the International Association for Dental Research; associate fellow, New York Academy of Medicine; honorary member, Sigma Xi (Science), Eta Sigma Sigma (Oral Surgery), Omicron Kappa Upsilon (Dentistry), and seven honorary dental societies in Europe, Asia, and Latin America; life member, American Dental Association, and the New York State and First District Dental Societies; member, American Medical Association, Pan-American Medi-

cal Association, American Association of Dental Editors, and American Society of Oral Surgeons.

A descendent from a medieval English family first established in the New World at Newport, Rhode Island during the Colonial period by Caleb Carr, the first governor of the Colony of Rhode Island, it was singularly befitting for Dr. Carr to be invited to return to the homeland of his ancestors to be awarded the coveted F.D.S.R.C.S. (eng.), *Honoris Causa*, by the Royal College of Surgeons of England. At the convocation ceremony on this occasion, he was also accorded the signal honor of being the first American to deliver the Charles Tomes Oration; an address entitled, "Acute Infections of the Face and Neck of Dental Origin." (1948)

At a meeting of the First District Dental Society held at the Statler Hotel, New York City, on October 4, 1965, Dr. Carr was presented the Henry Spenadel Citation and Gold Medal Award, "in recognition of his contributions to the welfare of humanity."

In the introductory remarks by Academy Fellow Anthony P. Posteraro, chairman of the Henry Spenadel Award Committee, he stated in part, "This evening we are privileged to honor a member of our profession by conferring upon him the highest award our society can bestow upon an individual." The following are excerpts from Dr. Carr's response:

"I have had but two ambitions in the profession: first, to make myself a good clinical oral surgeon, to be ranked I had hoped with the best, and second, to create and promote the dental and oral surgical service in the hospital so that it would become accepted and recognized as an integral part of the modern hospital complex with adequate provisions for graduate training. The ramifications and the extension of these two pursuits have far exceeded expectations; of the first I can be no judge, but of the second there has been ample evidence of gratifying results.

"The opportunities of oral surgery, based upon the present system of graduate education and the accepted intern and resident program, are today greater than anything in the past. The future oral surgeon will be expected to practice competently even a wider scope of surgery, and he will feel confidently secure in doing so by the recognition he deserves from both medicine and dentistry, and the public whom he serves."

More recently, 19 July 1972, an honor of special distinction was conferred upon Dr. Carr by being invested as Officer of the Most Venerable Order of the Knights Hospitalles of Saint John of Jerusalem, by gracious sanction of her Majesty the Queen. The Order of St. John, which is the oldest order of chivalry in existence, has been providing care and facilities for the sick, the wounded, and the poor for nearly ten centuries. It has lived constantly by its motto, *pro utilitate hominum* (for the service to mankind), which is based on its founder's injunction "to care for our Lords the sick and our Lords the poor."

The War Years

ON APRIL 10, 1947, Dr. Edward M. Carney, Jr. addressed the fellowship on the activities of the New York Academy of Dentistry during World War II. Displaying a pictorial fluency, he said in part:

“Remember those Academy meeting nights in 1941 and 1942; the tenseness, excitement and uncertainty in the air? Remember how confused, worried and unsure we all were? The whole world was in menace. Procurement and assignment were our own private little bogeymen. And the smoke was a little thicker and the cocktails were downed quicker as we anxiously tried to figure out where we were going and when. There were several lectures on the management of war wounds based on experience fresh from the battlefields. We heard various appeals from the Red Cross, War Bonds, and U. S. O. Chicken was replacing meat on the menu; waitresses were replacing waiters. Butter was scarce. Money was plentiful. Dinner prices went up. And to paraphrase a well-known radio commercial, “The New York Academy of Dentistry was going to war.”

Turning back the pages of history to April, 1941, Academy President William J. Gies, in his annual report to the fellowship, stated in part: “War time conditions are developing rapidly. It can be assumed that the affairs of the Academy will be adapted to all patriotic requirements. I also expect that the objects and ideals enunciated in the by-laws for the advancement of the dental profession will have the Academy’s unimpaired devotion.”

Eight months later the United States was at war with Japan. The blow struck in the early morning of December 7, 1941. The target was the great American naval base of Pearl Harbor in the Hawaiian Islands. A few days later, on December 11, Germany and Italy joined with their Japanese

ally and declared war on the United States. Two wars now merged to form one huge conflict. But even before the start of World War II, the New York Academy of Dentistry initiated special activities and contributions to further our own defense and the Allied war effort; an effort that continued unabated until September 2, 1945, when Japanese officials signed papers of surrender on the deck of the battleship *U.S.S. Missouri* as she lay at anchor in Tokyo Harbor.

Some of the war efforts in which the Academy took an active part were:

Bundles For Britain, Inc. On November 2, 1940, Dr. Henry Dunning received the following letter from the Duchess of Leinster, which was sent from the National Headquarters of Bundels For Britain, Inc., 745 Fifth Avenue, New York City:

"My work while I am in this country is to supply England with medical and surgical instruments and equipment of every sort. Dental instruments and dental coats are also needed. I have been asked to send a case of these as soon as possible to London. If you have any surplus instruments or know of dentists who have any to spare, will you kindly let me have them to send overseas at once. I would be most grateful if you could manage this."

After reading the letter at a regular meeting of the Academy on November 14, 1940, Dr. Dunning appealed to the fellowship to support this cause. In response, President William J. Gies appointed Drs. W. Ward Tracy and Roland E. Morse to serve as the Committee to Aid Bundles for Britain, Inc.

Acting promptly, the committee, on January 9, 1941, reported to the fellowship as follows: "With the cooperation of the Duchess of Leinster, who is the executive chairman of the Medicinal and Surgical Department of Bundles for Britain, Inc., two separate letters were drawn up. One was sent to all active and associate fellows of the Academy; the other to dental supply houses in New York City. Altogether, 450 copies were distributed. The Manhattan members of the Academy were informed that their donations would be called for, while those from the Bronx, Brooklyn, Long Island,

Connecticut, and New Jersey were requested to deliver their donations directly to the Bundles For Britain headquarters. Offers of dental chairs and other bulky equipment were not accepted because shipping space is limited.”

The response to the letters was gratifying. Five thousand pieces valued at \$12,000 were contributed by Academy members and others. They were shipped by the American Red Cross to London, Libya, and the Anzacs.

Anzacs Ambulance Committee On October 9, 1941, the Board of Directors approved the underwriting of a sum not to exceed \$250 for the American Dental Ambulance Committee for the Anzacs to be applied toward the purchase of a mobile dental ambulance.

At a subsequent meeting, Dr. Henry Dunning, chairman of the Ambulance Committee, reported: “Although it had been necessary to take advantage of the Academy’s full underwriting of \$250 for the purchase of the dental ambulance for the Anzacs, over \$8,000 had been collected in the profession.” He also stated that “a cablegram of thanks had been received from the Premier of New Zealand, as well as a letter from the director of the Navy, Army, and Air Force of New Zealand, who is a dentist; and that the ambulance fully equipped was ready for shipment.”

American Plan For Medical And Surgical Care, Inc. In the Summer of 1940, the New York Academy of Medicine approved a plan—The American Plan For Medical And Surgical Care, Inc.—to care for British refugee children of whom there were approximately 100 in the New York area. Regarding the Academy’s participation in this plan, on December 4, 1950, Dr. Malcolm W. Carr received the following letter from Mr. Allen Walker, executive vice-president of the American Plan:

“Pursuant to our conversations, this is to present our request that the New York Academy of Dentistry may see its way to cooperate in the matter of providing dental care for refugee children brought over from England during the past several months.

“We have worked out a plan with the British authorities here to provide free medical and surgical care without limitation for these children; also free hospitalization when necessary.

“Following your assurance that your Academy would wish to respond generously to the suggestion, our thought is that your organization may see fit to appoint a small committee to work out details.

“These European refugee children mostly are the offspring of parents whose homes were blasted from under them in England. They are under-privileged and were brought to this country under all the difficulties of trans-Atlantic hazards.

“We shall be glad if your organization can see its way to collaborate with us.”

Responding to Mr. Walker’s appeal, a committee was appointed consisting of Drs. Carlisle C. Bastian, Malcolm W. Carr, and Gordon Ga Nun, chairman, to work out the details on how the Academy could best cooperate with the American Plan. The committee was authorized to circularize the membership to determine which fellows would be willing on a voluntary basis to engage in cooperative dental care for the British refugee children. As a result, more than one hundred fellows volunteered their services.

The following month, on February 13, 1941, Chairman Ga Nun reported that “the children for whom dental care had been requested were distributed among the various fellows who had volunteered their services. The British Consul-General has expressed his sincere thanks to the Academy for this very helpful work.”

Summarizing the committee’s work, Dr. Ga Nun, in February, 1942, stated: “Seventy British refugee children have had their dental requirements filled by fellows of the Academy; and as the American Plan has been discontinued because of lack of funds, I recommend that the committee also be discontinued.”

American Ambulance Committee In 1940, the Academy’s American Ambulance Committee comprised of Drs. Oscar

J. Chase, Jr., Martin C. Tracy, and Henry S. Dunning, chairman, collected funds from friends and members of the dental profession for an ambulance completely equipped for maxillo-facial surgery which was sent to England. At an Academy meeting held on November 14, 1940, Dr. Dunning indicated its formal acceptance by the British Ministry of Health; read letters of acknowledgment after its receipt; and presented lantern slides describing the ambulance.

Dental Services For British Seamen As a result of a letter sent to Dr. Roy D. Ribble by the New York British Merchant Navy Committee, a dental clinic for British merchant seamen was sponsored by the New York Academy of Dentistry. The clinic utilized the dental facilities at the Seamen's Institute—a clinic founded by Dr. William D. Tracy and supervised by his son, Dr. W. Ward Tracy.

In a letter addressed to the Academy, dated April 13, 1944, Mr. Ross H. Skinner, field secretary of the New York Merchant Navy Committee, paid this tribute to Academy fellows who engaged in this activity:

“The New York Academy of Dentistry started its volunteer dental clinic for the British Merchant Navy Club in April, 1941, when the war was in a very critical state and Merchant Navy survivors were frequently visiting our club.

“About thirty members of the Academy volunteered their services under the chairmanship of Dr. Roy Ribble; taking care of the seamen's teeth with fillings and extractions and with a few oral prophylaxis. Some of these men, having lost their dentures, were provided full replacements.

“The work has continued for the past three years through the generosity of the members of the New York Academy of Dentistry. The boys are truly grateful for the work accomplished and willingly make an individual contribution of 25¢ to the clinic for the services. This charge was made so that they wouldn't feel they were asking for charity.

“The clinic staff look forward to our volunteer clinic, enjoy both the contact with the youthful British seamen and the Academy dentists who should feel that the work they

accomplish each month is time well spent in real service to our British allies.”

From April, 1941, when the clinic was established, to May 1, 1944, 3,178 patients received dental treatment. Academy fellows who served at the clinic in this period were: Drs. Andrew Asch, Jacob Asch, Clinton Barker, John Bondy, H. S. Both, Kenneth Campbell, Edward Carney, Malcolm Carr, Mathew Catuna, Henry Dunning, Norman Gardiner, Alfred Kany, Donovan Leaming, Francis McCaffery, H. C. McLaughlin, Arthur Miller, Roland Morse, Douglas Parker, Theodore Peterson, Richard Reilly, Roy Ribble, C. J. Robertson, James Ruyl, Brayton Redway, Eugene Senior, E. P. Scully, G. F. Springs, and W. Ward Tracy.

Committee On Rehabilitation Of Selectees On March 31, 1944, Dr. Clinton Reed Barker, chairman of the Academy's Committee on Rehabilitation of Selectees, received the following laudatory letter from Dr. S. M. Strong, director of the American Flying Services Foundation:

“The end of the third year of the activities of the American Flying Services Foundation is near at hand. In that time this foundation has been of service to thirteen thousand boys. Just how many of these are actually flying to help us win this war, I am unable to say, but we can account for at least three thousand. These men would not have been in the air had they not received the benefit of the foundation.

“The New York Academy of Dentistry has, by its courteous assistance, rendered the service that made a very good number of these young men available for air training; and it behooves us all who are interested in the foundation, to extend at this time our gratitude for the fine work that the various members of your Academy have done and the magnificent cooperative spirit in which it has all been accomplished. On behalf of the various members of this foundation, will you please extend for us our thanks and deep appreciation to all members of your Academy.”

Academy records indicate that 102 fellows participated in the clinic work and 111 cadets received dental treatment.

TABLE 1

NAME	RANK	BRANCH	AGE	LENGTH
Herbert D. Ayers	Lt.	Navy	38	2 yrs.
Edgar S. Bacon	Lt. Cmdr.	Navy	39	2 yrs. 5 mos.
Edward Becker	Major	Army	33	3 yrs. 6 mos.
Samuel Birenbach	Lt. Col.	Army	50	3 yrs.
Clyde S. Bouton	Lt. Cmdr.	C.G.	50	2 yrs. 6 mos.
Ralph J. Bowman	Major	Army	45	2 yrs. 7 mos.
Wm. M. Burns	Capt.	Navy	47	3 yrs. 2 mos.
John D. Burr	Lt. Cmdr.	Navy	31	3 yrs. 9 mos.
E. M. Carney, Jr.	Lt. Cmdr.	Navy	38	2 yrs. 9 mos.
S. E. Davenport, 3rd	Capt.	Army	35	3 yrs. 11 mos.
Frank J. Dawson	Major	Army	42	3 yrs. 3 mos.
James M. Dunning	Lt. Cmdr.	Navy	42	3 yrs. 2 mos.
Leigh C. Fairbank	Brig. Gen.	Army	57	33 yrs.
John T. Flynn	Lt.	Navy	43	2 yrs. 6 mos.
Thomas P. Fox	Col.	Army	43	4 yrs. 6 mos.
Albert B. Glenn	Lt.	Navy	38	3 yrs. 1 mos.
George A. Gomes	Capt.	Navy	49	4 yrs.
Albert N. Greminger	Major	Army	39	3 yrs. 6 mos.
Floyd B. Gulick	Capt.	Army	37	3 yrs. 7 mos.
Harry E. Harvey	Capt.	Navy	62	37 yrs.
James J. Ivory	Cmdr.	Navy	47	3 yrs. 8 mos. 8 days
Joseph H. Jaffer	Lt. Col.	Army	51	1 yr. 10 mos.
Vincent M. Keber	Lt.	Navy	40	1 yr. 10 mos.
Wm. M. Lancaster	Lt.	Navy	37	2 yrs.
Charles H. Lazarus	Lt.	Navy	40	3 yrs. 3 mos. 15 days
Daniel F. Lynch	Cmdr.	Navy	45	2 yrs.
Edward B. Master	Capt.	Army	34	3 yrs. 10 mos.
Karl H. Metz	Col.	Army	55	29 yrs.
Frederick F. Molt	Capt.	Navy	66	3 yrs.
Robert J. Nelson	Lt. Cmdr.	Navy	32	4 yrs. 4 mos.
Robert W. Northrop	Lt. Cmdr.	Navy	42	2 yrs. 4 mos.
John J. O'Keefe	Major	Army	42	3 yrs.
Geo. C. Paffenbarger	Cmdr.	Navy	44	4 yrs. 8 mos.
Max A. Pleasure	Capt.	Army	43	3 yrs. 5 mos.
George H. Renselaer	Lt. Cmdr.	Navy	39	2 yrs. 8 mos.
Chas. R. Reynolds	Maj. Gen.	Army	—	39 yrs.
Edward J. Ryan	Major	Army	43	2 yrs. 10 mos.
Warren B. Spurge	Lt. Col.	Army	40	4 yrs.
Joseph J. Stahl	Major	Army	43	3 yrs.
John B. Stansfield	Major	Army	34	4 yrs. 2 mos.
Edward Stroh, Jr.	Lt.	Navy	38	1 yr. 3 mos.
Thomas H. Swift	Major	Army	39	5 yrs. 2 days
Robert R. Thompson	Major	Army	39	3 yrs.
John P. Traugott	Lt. Cmdr.	Navy	40	2 yrs. 6 mos.
Clinton B. Van Natta	Major	Army	35	4 yrs. 2 mos.
Homer C. Vaughan	Lt. Cmdr.	Navy	36	2 yrs. 6 mos.
Harry B. Vincent	Lt. Cmdr.	Navy	40	3 yrs.
S. S. Wald	Capt.	Navy	41	2 yrs. 11 mos.
Wm. H. Walker	Lt. Col.	Army	48	4 yrs. 7 mos.
Byron H. Weeth	Major	A.A.F.	42	3 yrs. 3 mos.
Charles R. Wells	Capt.	Navy	51	4 yrs. 6 mos.
Walter A. Wilson	Lt. Cmdr.	C.G.	49	3 yrs. 3 mos.
John C. Wolfe	Capt.	A.A.F.	—	2 yrs. 10 mos.

This is a conservative estimate of the work accomplished: 700 restorations; 150 extractions; and 40 dentures and bridges.

First Aid Course Committee In 1944, a committee under the direction of Dr. Douglas B. Parker and Dr. Malcolm W. Carr was formed to organize a course which would supplement the standard Red Cross First Aid Course. As a result, an excellent series of special lectures on emergency care of head and neck injuries, war wounds of the head and neck, and maxillary and mandibular fractures were given by Academy members.

American Red Cross From 1941 to 1946, the Academy made an annual contribution of \$100 to the American Red Cross.

Academy's Honor Roll In his address to the fellowship on April 10, 1947, Dr. Edward Carney, Jr. referred to the Academy's Honor Roll in this way: "The Academy's Honor Roll of individual military participants numbers 68 officers in all branches of the service. These men served in all parts of the world. As you would expect, there were some distinguished records made and some high positions held. There was one Legion of Merit; one Silver Star and Purple Heart with Oak Leaf Cluster; one Bronze Star; an Order of the Cross of Italy and Knights of Malta; three Letters of Commendation; and four Unit Citations. Seven on the list were World War I veterans. In the army there were: 5 captains; 12 majors; 4 lieutenant colonels; 2 colonels; 1 brigadier general; and 1 major general. And in the navy: 8 lieutenants; 13 lieutenant commanders; 2 commanders; 6 captains; and 1 commodore. The average age was 42."

Table 1 is a list of Academy fellows who served in the armed forces during World War II, as compiled by Dr. Edward M. Carney, Jr.

A CHALLENGE WELL MET

The challenge presented to military dentists to gain a worthwhile measure of administrative autonomy for their corps has been a formidable one. Through the indefatigable

efforts of certain able and foresighted men, who constantly pressed for legislation looking to the improved status of the dental profession in the armed services, this challenge has been well met and, for most practical purposes, has been or is in process of being consummated. As a result, the dentist going into the military services today will find his experience strikingly different from the dentist who served in either of the World Wars. He will be in a position to stand straight and firm, secure in the knowledge that his pride will not suffer because his professional standing is not equitable with that of his medical colleagues. Today, he has both rank and authority and freedom to work out his problems with little likelihood of interference.

The realization of this moral and professional victory came about after many years of steady progress which as exemplified by Naval Dentistry's chronological log, began before 1912 when the American Dental Association pressed for legislation providing for thirty acting assistant dental surgeons to be a part of the Medical Department of the Navy. Soon after the passage of this bill, Dr. Emory A. Bryant, president of the National Capitol Dental Society, and Dr. William N. Cogan, dean of Georgetown University Dental School, were appointed with the rank of Lieutenant Junior Grade. These two men, along with a senior officer of the Naval Medical Corps, were ordered to constitute a board to examine candidates for the Naval Dental Corps and, by 1913, the dentists provided by law were duly appointed. Thus the wheels of progress elevating the Naval Dental Corps in rank and prestige began to turn.

It is of interest to note that in the beginning only ONE dental officer was assigned to care for the needs of the entire Atlantic Fleet personnel; a singularly thin distribution, indeed.

During the period which saw the enactment of the Dental Corps Law, a Dental Reserve Corps was established largely through the combined efforts of Drs. Williams Donnelly and Emory A. Bryant. From 1912 through 1916 certain fully qualified dentists, who in some cases were under twenty-four

and therefore too young for the Regular Navy, came into the Dental Reserve Corps. The outbreak of World War I on April 6, 1917, brought a considerable influx into the Dental Corps, with the majority going into the Naval Reserve.

The next step to bring dentistry on a par with medicine came in 1918 when, on July 1, the Naval Appropriation Bill was passed providing for an increase in rank to Lieutenant Commander and a reduction in the minimum age limit to twenty-one. Two years later a law was passed permitting the transfer of Naval Reserve Officers to the Regular Navy, thus providing the Dental Corps an opportunity to gain a stronger foothold in the Navy through an increase in numbers.

It was fortunate for the Dental Corps that Rear Admiral Edward R. Stitt became Surgeon General of the Navy because it was through his friendship for the Corps that a dental division of the Bureau of Medicine and Surgery was established in 1923. Lieutenant Commander George Reed was appointed its first chief. It was also largely through Admiral Stitt's interest that, prior to the establishment of the dental division, a dental department of the Naval Medical School was set up, holding its first class in the fall of 1922.

Advancement in rank for dental officers gained impetus in 1925 when a so-called Omnibus Bill authorized qualified dentists in the ranks of Commander and Captain. Shortly thereafter, a small number of senior officers of the Dental Corps was selected for the rank of Commander, but, not having officers qualified in rank to constitute a selection board of dental officers, the first board consisted of six Rear Admirals of the Line with a Dental Corps Lieutenant as recorder. The dental officer so serving was Academy Fellow Lieutenant Henry R. Delaney, who since has attained the rank of Rear Admiral.

Although the Omnibus Law of 1925 made provision for dentists to hold the rank of Captain, no dental officer attained this rank until a group headed by Academy Fellow Harry E. Harvey was so promoted in February, 1937. Flag rank was obtained six years later when Alexander Gordon Lyle was appointed Rear Admiral, but, the Naval Dental

Corps did not have an equitable share in flag rank until the Officer Personnel Act of 1947 placed the Dental Corps on the same basis in respect to promotion to all grades as all other staff corps of the Navy, with a common percentage of the several corps in the rank of Rear Admiral.

During the World War II years, the American Dental Association had pressed for parity of rank and opportunity for the Naval Dental Corps, and on December 28, 1945, the Legislative Committee of the American Dental Association, with Sterling V. Mead as its chairman, succeeded in obtaining passage of the Dental Corps Law establishing dental departments in the Navy. Where heretofore dental officers were members of medical departments of ships and shore stations and under the control of medical officers, they were now answerable directly to the Commanding Officers of their respective organizations. The Corps as a whole continued to function under the Surgeon General of the Navy.

Thus after many difficult years, interspersed with bitter disappointments, the Naval Dental Corps attained a greatly desired objective—the right to become an autonomous unit with authority and respect in each ship and station and, so, for its officers in the field, a freedom from outside interference in the performance of their professional and administrative duties. To the courageous men responsible for the salutary elevation in professional standing, the dental profession will ever owe a profound debt of gratitude.

Academy Aids New York Boys' Club

HISTORICAL BACKGROUND

THE Boys' Club of New York was established in 1876 by Mr. E. H. Harriman. It occupied an unused basement on East Eighth Street. From this simple beginning, its influence and usefulness have grown steadily. With philanthropic support, it has continued to promote social and athletic opportunities of special helpfulness to under-privileged boys.

Today the Club occupies four buildings. The Tompkins Square building located at Avenue A and Tenth Street was built in 1902 and rebuilt in 1941. The Jefferson Park building at 321 East 111th Street was built in 1926; and the Central Park building, 110th Street and Fifth Avenue, in the Fall of 1954. The Pitt Street building, located on New York's lower east side, was dedicated on November 16, 1959. Since 1902 the Club has conducted the William Carey Camp at Jamesport, Long Island; and since 1926, the Summer Caddie Camp at Fisher's Island, New York.

Mr. Harriman emphasized three objectives for the Club's development: 1, All activities should be conducted by an expert staff of professional supervisors, aided by young college-trained businessmen who would devote at least one night a week as group leaders; 2, Boys wishing to enjoy the Club's facilities should become members and, for this privilege, pay a small fee; 3, The Club should provide attractive programs in athletics and social games as an inducement for boys to become members.

In the evolution of the Club, the promotion of health has been an additional objective. The Club also maintains excellent libraries and provides courses in painting and art ap-

preciation. The annual musical production is of special interest to Club members.

The dental clinic at the Tompkins Square Club was established in 1922 by Dr. Alfred S. Walker and Dr. Charles F. Ash, both of whom were members of the New York Academy of Dentistry. In the Spring of 1927, Dr. Walker established the dental clinic at the Jefferson Park Club. Dr. Edgar S. Bacon and Dr. Joseph Cruise were the first dentists to serve at this clinic on a part-time basis.

The great need for these dental clinics was obvious from the start. Records confirm that 1,161 appointments were made by club members at the Tompkins Square clinic during the first year of its existence. In succeeding years, the services at both clinics steadily increased. In 1959, the dental staff consisted of 20 part-time dentists, two dental hygienists, and two assistants.

Responsive to increasing needs for extending the scope of the dental services, provision was made for the treatment of non-vital teeth. Academy Fellow Raymond H. Schneider was the first dentist to perform root canal therapy at the Tompkins Square clinic. After serving in this specialty from 1948 to 1950, he was succeeded by Dr. Henry Chase, Dr. Harry Blechman, and Dr. Morton Brenner, in that order. Dr. Schneider and his family also established a special fund to finance the costs of urgently indicated restorations following root canal therapy.

In 1948, a Department of Orthodontics was incorporated in the Tompkins Square clinic under the direction of Academy Fellow George S. Callaway. The Orthodontic Department at the Jefferson Park Club was established in the Fall of 1958 under the supervision of Dr. Eugene Murphy.

A research program was initiated at the Tompkins Square clinic in 1952 for the purpose of compiling data on the costs of dental care and the susceptibility to dental caries as related to various race and age groups. This project was under the direction of Academy Fellow Earle Banks Hoyt.

The importance of the dental care received by members of

the Boys' Club was indicated in this published data: "During the first year of World War II, health records show that approximately 25 per cent of the men who were unfit for military service were rejected because of defective teeth. *Not one of the hundreds of Club members examined was rejected for this reason.*"

In 1923, the dental services of the Boys' Club were organized under a separate corporation—*The Dental Clinic of the New York Boys' Club, Inc.* A Board of Trustees determines its policies and helps to raise funds for its operational expenses. In addition to Mr. Peter Capra, executive director of the Club, the ten-member Board consists of five laymen and five dentists. Since April, 1946, when the New York Academy of Dentistry began taking an interest in the Club, all dentist-members of the Board have been active fellows of the Academy. They served in this sequence: 1946–1951—Dr. S. Ellsworth Davenport, Jr., president; Dr. Adams Bailey, vice-president; Dr. Harold B. Aldrich; Dr. George S. Callaway; and Dr. Earle B. Hoyt, 1951–1956—Dr. Adams Bailey, president; Dr. Harold B. Aldrich, vice-president; Dr. George S. Callaway; Dr. S. Ellsworth Davenport, Jr.; and Dr. Earle B. Hoyt. 1956–196 —Dr. Ralph J. Bowman, president; Dr. W. Ward Tracy, vice-president; Dr. Edgar S. Bacon, Dr. Henry A. Chase; Dr. James P. Ruyl; and Dr. Raymond H. Schneider.

Under the personal direction of Dr. Ralph J. Bowman (Acad. Pres. 1953–1954) the dental clinics attained their highest peak of operational efficiency. Fully staffed and adequately equipped, they exemplified the best in organizational planning.

THE ACADEMY'S ENDORSEMENT

The Academy began taking an interest in the Boys' Club in April, 1946, after President George S. Callaway, in his annual address, referred to the Academy's opportunity to assist in promoting dental health care for Club members and appealed to the fellowship for active participation.

In November, 1946, a committee comprised of Drs. P. Rees Daugherty, Albert B. Glenn, and Jacob Asch, chairman, recommended that the Academy appropriate \$500 for the calendar year 1947 to help maintain and improve the Club's dental clinic facilities. The fellowship approved the appropriation and, since 1947, the \$500 amount has been a regularly budgeted item. As of April, 1959, the Academy had contributed a total of \$6,000 to this worthy cause.

The Academy's endorsement and financial assistance, and the guidance provided by its Boys' Club Committees, has helped immeasurably to raise the operating standards of the clinics. This in turn has been an inducement to foundations and philanthropically-minded individuals to provide additional funds. The Heckscher Foundation for Children, for instance, contributed generously toward the provision of new equipment and enlarged dental clinic facilities.

Through the years, probably no two men rendered greater personal service to the Boys' Club dental clinics than Dr. Alfred S. Walker and Dr. S. Ellsworth Davenport, Jr., both of whom were active fellows of the Academy. In the Spring of 1959, plaques honoring their memory were placed in both the Thompkins Square and the Jefferson Park Club clinics.

A TRADITIONAL RESPONSIBILITY

The close relationship between the New York Academy of Dentistry and the Dental Clinic of the New York Boys' Club, Inc. is traditional. Since the inception of the two clinics, active fellows of the Academy have taken the sole responsibility for their maintenance and operational policies. In addition to the funds (approx. \$14,500) which the Academy has officially contributed to the clinics since 1947, individual members have given much time and thought to the dental health care of thousands of underprivileged boys who each year pay regular visits to the clinics.

Many former club members who received treatment at the dental clinics have shown their appreciation by returning to the clubs as alumni and taking an active interest in their

continued welfare. They contribute time and money and manifest a spirit of comradeship to the boys which helps to make the clubs places of social and congenial activity. The late Mr. Peter Capra, a Yale University graduate, was an alumnus of the New York Boys' Club. Upon graduation from college, he assumed the duties of executive director and retained that position until his untimely death in 1963.

Along with a few lay people, mostly prominent New York bankers, only Academy members among the dental profession have formed the small, closely-knit group who have been officers and members of the Board of Trustees of the Dental Clinic of the New York Boys' Club, Inc.

One prominent lay member was Mr. Frank Gulden. For many years he was the treasurer of the Board of Dental Trustees. He took a keen and continued interest in the dental clinics and the general welfare of underprivileged boys. A man of much personal charm, his fellow trustees will remember him as having added much conversational interest and *always* a bottle of the finest imported champagne which helped to enliven the dinner board meetings which were held at the University Club and, in later years, at the Princeton Club on West 43rd Street.

Another lay member, who was a dedicated dental trustee until his retirement from business, was Mr. J. N. MacThompson, formerly of the National City Bank. The contributions of these two fine gentlemen alone rank high in the welfare of the dental clinics continuous progress.

Dental trustees have sometimes been asked, "How do the New York Boys' Club Dental Clinics make better citizens of tomorrow? Why do the dental clinics occupy a prominent place in our national scheme of making a better world for everybody. . . . people of all nations, religions, and races?"

There are three definite answers to these questions which can be summed up as follows:

First, there is this matter of decency among men, sometimes identified as ethics or conformation to principles by which men live. As the thousands of boys report regularly to the clinics to receive the various dental health services, they

learn by group therapy and observation to assume responsibilities and, what is most important, to be gentlemen. This latter attitude remains an integral part of their personal make-up during their entire life span.

Second, there is very little juvenile delinquency in the areas immediately surrounding the New York Boys' Clubs. Such proof of juvenile adjustment strongly suggests that if City Administrations would seriously consider this fact and help to establish in slum areas more Boys' Clubs with their libraries, gymnasiums, recreational facilities, and health service clinics, juvenile delinquency would greatly diminish from a city which admittedly has been transformed into a jungle where rape and violent harassments abound; where decent, law-abiding citizens are afraid to walk in the streets, sit peacefully in the beautiful parks, and occupy unmanned elevators.

Third, it has been established that physical and emotional disturbances can result from neglected tooth cavities, dental abscesses, and irregular teeth; that regular visits to the dentist will help to prevent these troubles now and in later life. Furthermore, boys who have well-cared-for teeth do better in school, are happier individuals, and enjoy better health. It also has been noted by psychologists who are on the Boys' Club medical staff, that boys who are instructed at the dental clinics to brush their teeth regularly at home also keep their hands and faces cleaner, their hair combed, and, in general, are more interested in maintaining a neater appearance.

With these proven reasons why the New York Boys' Club Dental Clinics make better citizens of tomorrow, it is understandable why fellows of the New York Academy of Dentistry generally feel that no other charitable project looking to local and national betterment is more rewarding, more inexpensive, and more Godly.

THE WAYS AND MEANS COMMITTEE

In March 1965, Dr. Ralph J. Bowman, president of the Board of Trustees of the Dental Clinic of the New York

Boys' Club, Inc., appointed a Ways and Means Committee for the purpose of raising funds to help meet the increased demands of the dental clinics. The committee was comprised of Mr. Arthur W. Bingham and Drs. Ralph J. Bowman, James P. Ruyl, Raymond H. Schneider, and Edgar S. Bacon, chairman.

On April 6, 1965, the following letter was mailed to Dr. Bacon's "personal list of 724 and to 2,319 other prospects":

April 6, 1965

Dear Mrs. George Jones:

On New York's Lower East Side in the area of Tompkins Square and at Jefferson Park at 111th Street and First Avenue, stand two sturdy brick buildings, owned and operated by the Boys' Club of New York. Over 7,000 boys pass through the doors of these buildings annually.

Nearly one-third of these boys pay regular visits to the dental clinics which are located there; clinics which provide the dental health so essential to young healthy bodies, emotional and mental stability, and the building of our good citizens of the future.

The stakes are high to these youngsters.

To give these boys the same opportunity for dental health as you give your sons and daughters, we are seeking funds which must be raised to meet the increased demands for our services.

Please don't take these underprivileged boys for granted. They need and deserve your support. Last year 25% more boys than the previous year used our clinics. Please give something now. Make your check payable to the Dental Clinic of the New York Boys' Club, Inc.

Cordially yours,

/s/ Edgar S. Bacon, D.D.S.
Chairman

At a meeting of the Board of Trustees on September 20, 1965, at the Harvard Club, 27 West 66th Street, New York City, Mr. Gerard Hallock, treasurer, gave this report regarding the results of the fund raising campaign:

We budgeted a deficit of \$534 but ended with an anticipated surplus of \$1,517. This was due to our receiving an additional \$1,000 from the New York Rotary Foundation for Dental Health Week and to Dr. Edgar

Bacon's personal appeal to 700 of his friends and patients which brought in 200 gifts for a net of \$2,670.

At the annual meeting of the Board of Trustees held at the Harvard Club sixteen months later, on January 23, 1967, Treasurer Gerard Hallock's "report was read, discussed, and approved." Regarding the fund raising campaign, the minutes of that meeting read as follows:

A rising vote of thanks was given to Dr. Bacon for the splendid results of his money raising campaign which netted nearly \$10,000 in two years.

The largest contributions came from the Marjorie Merriweather Post Foundation, Inc. in the amount of \$500 and the Mary Duke Biddle Foundation which amounted to \$2,475. There was also a \$325 gift from the First District Dental Society which was made available by the Society's secretary, Dr. Isidore Teich.

AUTHOR'S ROYALTIES ASSIGNMENT

In the spring of 1967, Academy Fellow Edgar S. Bacon wrote a novel entitled *HI FROSH!*, the author's royalties from which he assigned to the Dental Clinic of the New York Boys' Club, Inc. Among the letters of appreciation received was one from Academy Fellow Ralph J. Bowman, president of the Dental Clinic of the New York Boys' Club, Inc., and a former president of the New York Academy of Dentistry (1953-1954). The letter stated in part: "It was certainly good news to hear that you have so generously agreed to contribute the author's royalties on your new book, *HI FROSH!* of 50¢ per copy to the Dental Clinics. You have always been most helpful to our work, and I want you to know that I and your fellow members on the Board of Trustees are grateful for this further evidence of your interest."

Among the letters was also one from E. Roland Harriman, a brother of former New York Governor William Averell Harriman (1954-1958) and a trustee of the New York Boys'

Club, which read in part: "I just want to add a personal word of thanks to Bob Olson's (exec. director) for your handsome contribution to the Dental Clinic of the Boys' Club of New York from the author's royalties from your new book, *HI FROSH!* You certainly are a real friend to the kids and your loyal support of the Clubs' activities is a real inspiration to all of us."

A WORK AND FINANCIAL BALANCE SHEET

A sample financial and work sheet for the fiscal year which ended September 30, 1964, listed these figures:

	TOMPKINS SQUARE CLINIC 287 E. 10th. St.	JEFFERSON PARK CLINIC 321 E. 111th. St.	TOTAL
EXAMINATIONS & CLEANINGS	769	1,198	1,967
FILLINGS	3,227	3,251	6,478
EXTRACTIONS	317	433	750
X-RAYS	1,489	2,022	3,511
TREATMENTS	984	269	1,253
EMERGENCIES	10	72	82
ORTHODONTIA	65	56	121
PULP CAPPING	6	0	6
ROOT CANAL	33	0	33
TOTAL DIFFERENT OPERATIONS	6,900	7,301	14,201
NUMBER OF DIFFERENT BOYS TREATED	769	1,198	1,967
NUMBER OF ADMISSIONS	3,465	3,816	7,281

SUMMARY

The total cost to operate the Dental Clinic was . \$30,552
 The number of Admissions treated was \$ 7,281
 The average cost per Admission was \$ 4.20

Note: The Tompkins Square Clinic also serves the Pitt Street Clubhouse at 135 Pitt St., N.Y.

In 1961, the Board of Directors of the New York Academy of Dentistry designated certain regular fellowship meetings to honor prenamed individual groups. To accept the responsibility for arranging these meetings, Academy presidents appoint Special Events Committees.

One group so honored is the Dental Clinics of the New York Boys' Club. At this dinner meeting, the Academy is host to staff dentists who work at both the Jefferson Park (Uptown) clinic and the Tompkins Square (Downtown) Clinic, the executive director, Mr. Robert T. Olson, and the dentist-members of the Board of Trustees.

Although the dental trustees of the Boys' Club Dental Clinics function independently of the New York Academy of Dentistry, each year a Boys' Club committee comprised of Academy members is appointed by the incumbent Academy president to act as liaison between the two clinics and the Academy Board of Directors. Members of this committee make regular annual visits to the clinics, observe operational procedures and standards and report their findings to the directors and the Academy fellowship.

One committee which is representative of Boys' Club Committees was appointed by Academy President Homer Cree Vaughan in April, 1967. One year later, this committee, which consisted of Drs. Brandan J. Boylan, Richard Nordham, Harold Sherman, and Norman Tymeson, chairman, submitted an annual report, dated April 4, 1968, which read as follows:

In accordance with established customs, the professional staff of the Dental Clinics of the Boys' Clubs of New York were invited, by way of recognition, to be our guests at one of the regularly scheduled dinner meetings.

Significantly, perhaps, the February meeting was selected, with the result that the happy occasion took place during nation-wide observance of Children's Dental Health Week. Despite a better than usual attendance in response to our invitation, let it be noted with regret that sudden illness prevented the appearance of Mr. Robert Olson, executive director of the organization. Happily, it may now be reported that this popular ambassador of good will, familiar to many of the fellows, has made a rapid and complete recovery.

Meanwhile, your committee chairman expressed gratitude for the continued financial support rendered by the Academy as an annually budgeted disbursement. Also mentioned with a word of thanks were the contributions from individual members of our fellowship toward the support of these eminently worthwhile dental clinics. Parenthetically, Dr. Ralph J. Bowman directs our attention at this point to a situation deserving our thoughtful consideration, viz; the Great Medicaid Mystery, or who put all the filled-out forms in Governor Rockefeller's Chowder?

While the book calls for the Boys' Club Dental Clinics to enjoy a high priority on Medicaid accreditation, there has, to date, not been one damned cent received from this facility; this, despite literally hundreds of dollars in claims filed. Consequently, the need for assistance of the most mundane sort has neither diminished nor disappeared, all other advice to the contrary.

Respectfully submitted,

/s/ Norman Tymeson, chairman

THE ENACTMENT OF MEDICARE AND MEDICAID

Historical Background

In February, 1964, President Lyndon B. Johnson, in a special message to Congress, began his efforts in behalf of medical care for the aged under social security. That same year, the House approved a Ways and Means Committee bill that liberalized the benefits and coverage of the Social Security Act, but did not incorporate medical care for the elderly. The bill was amended by the Senate to include such a program, but the provision was dropped in conference. Early in 1965, pressure began to build up for a medical care program for the aged, with the result that legislation called for two new titles to the Social Security Act.

Title 18—Medicare—, a combination of the King-Anderson and Republican bills, established an insurance program for persons 65 and over which finances hospitals and related institutional care through employer-employee contributions under the social security system, and physicians' care and other health services through monthly insurance premiums paid voluntarily by persons 65 and over and matched by Federal contribution.

Title 19—Medicaid—, took the AMA's "eldercare" plan as its base and extended the benefits to the recipients of Federal State public assistance programs other than old age assistance, as well as to "medically indigent" related to all Federal categorical programs. The result was a greatly expanded medical assistance program for the needy and medically needy which combined all the medical vendor provisions for the aged, blind, disabled, and families with dependent children under a uniform program and matching formula in a single title.

The new legislation also provided for an interlinking of Titles 18 and 19, specifying that States under Title 19 (Medicaid) could "buy-in" to the physicians' care part of Title 18 for their medically needy aged by paying the premium. The States could also pay the co-insurance and deductible portions of the Title 18 inpatient hospitalization costs of the medically needy.

After extensive changes, the Ways and Means Committee reported out a new bill which passed the House in August, 1967, and "after a floor fight in the Senate, because of restrictive welfare provisions," it passed the Senate in December. The bill as approved by the President read as follows:

The 1967 amendments to the Medicaid program established a maximum level for Federal financial participation in the cost of medical assistance for the medically needy. The limitation was set ultimately at 133-1/3 per cent of the actual payment level under the AFDC program. Another amendment of major fiscal consequence extended the privilege of buying-in to the Title 18 supplementary medical insurance program to people who are eligible for Medicaid but do not receive cash assistance and provides that Federal matching will not be available to States toward the cost of services which could have been covered by buying-in but were not.

MEDICAID AND THE BOYS' CLUB DENTAL CLINICS

The first indication that the Medicaid program would present problems for the Boys' Club dental trustees was contained in a report presented to the Academy fellowship by Dr. Norman S. Tymeson, chairman of the Academy's Boys' Club Committee. Dated April 4, 1968, and previously recorded in full in these pages, it stated in part: "Dr. Ralph J. Bowman directs our attention . . . to a situation deserving our thoughtful consideration, viz: the Great Medicaid Mys-

tery, or who put all the filled-out forms in Governor Rockefeller's Chowder . . . While the book calls for the Boys' Club Dental Clinics to enjoy a high priority on Medicaid accreditation, there has not been, to date, one damned cent received from this facility; this despite literally hundreds of dollars in claims filed. Consequently, the need for assistance of the most mundane sort has neither diminished nor disappeared, all other advice to the contrary."

Two years later, it was apparent that the trustees of the New York Boys' Club Dental Clinics were still having difficulties meeting normal financial obligations incurred by the clinics. To help defray the deficit, Dr. Ferdinand G. Neurohr, chairman of the Academy's Boys' Club Committee, which was comprised of Drs. Ward Tracy, Dwight R. Wolfson, Jr., Peter H. Strife, Raymond H. Schneider, Ralph W. Pruden, Robert D. Morris, and Edward M. Carney, Jr., recommended that the Academy contribute \$500 in addition to its regular budgeted annual donation. The action taken by the Board of Directors on Dr. Neurohr's recommendation was contained in the committee's annual report, dated April 15, 1971. The report stated:

Due to the increased cost of operating the Dental Clinics of the Boys' Club of New York, your committee recommended to the Academy that it increase its donation to the Dental Clinics in the amount of \$500, or a total annual contribution of \$1,000.

The Board of Directors agreed with the recommendation but suggested that the amount of the contribution be determined per annum.

The contribution was received by the Board of Trustees of the Dental Clinics of the Boys' Club of New York with grateful appreciation.

During the fiscal year 1971-1972, the situation at the Boys' Club Dental Clinics changed rapidly and with ironic incongruity. Instead of operating at a deficit, the dental clinics, due to Medicaid, were overly endowed with an adverse effect on clinic attendance. These facts were brought out in a comprehensive report submitted to the Academy fellowship by Dr. Henry A. Chase, member of the Board of Trustees of the Dental Clinic of the New York Boys' Club,

Inc. The report, which was submitted in April, 1972, read as follows:

The Directors of The Dental Clinic of The Boys' Club of New York would like to express their appreciation to The Academy of Dentistry for its generous \$500 donation this year. Your continued support of the clinic has meant a great deal to everyone connected with it.

Medicaid has caused some interesting changes in the past few years. At the Downtown Tompkins Square Clinic the number of boys using the clinic has fallen dramatically, as the boys are now using the same dentist as their families since the state pays for the Dentistry. The number of new admissions for the past three years has stabilized to 469, 436 and 478 boys respectively. At the Jefferson Park Clinic uptown this has not been the case. The number of new admissions has risen from 1222 three years ago, to 1506 in 1970 and 1549 in 1971. Due to large new housing units in the area we look forward to new and larger increases in the future. After Medicaid's inception and its effects on the Downtown Clinic, the Directors seriously considered closing the clinic. The Directors of the Boys' Club requested the clinic continue as it had always been such an outstanding feature of the club. We complied with this request.

Last year Medicaid raised its contribution to \$14.80 per visit per patient. It has now been reduced to \$12.38 per visit per patient. As a result we had a surplus of \$45,000 in the bank at the start of the year. Again, Gentlemen, thank you for your support. The clinic is financially solvent.

After former president Dr. Ralph J. Bowman passed away on October 14, 1969, the following dentists, all of whom are Academy fellows, have served continuously (1969-1973) on the Board of Trustees of the Dental Clinic of the New York Boys' Club, Inc.: Dr. Raymond H. Schneider, president; Dr. Ferdinand Neurohr, vice-president, Dr. Edward E. Armstrong, secretary, Dr. Brendon J. Boylan, Dr. Robert G. Charbonneau, Dr. Henry A. Chase, Dr. Oscar J. Chase, Jr., Dr. Ralph W. Pruden, Dr. James P. Ruyl, Dr. George W. Sferra, Dr. Elkan E. Snyder, and Dr. W. Ward Tracy.

In recognition of their past services, the Board of Trustees elected the following former dental trustees to honorary membership: Academy Fellows Harold B. Aldrich, Adams Bailey, Edgar S. Bacon, and Earle Banks Hoyt.

From 1958 to 1971, the following fellows were appointed to serve at various times on the Boys' Club Committee of the New York Academy of Dentistry: Drs. Ralph J. Bowman, Brendon J. Boylan, John D. Burr, Edward M. Carney, Jr., Henry A. Chase, S. Ellsworth Davenport, 3rd., William C. Hudson, Jr., William R. Joule, Richard A. Kiman, Robert D. Morris, Ferdinand G. Neurohr, Richard Nordham, Ralph W. Pruden, James P. Ruyl, Raymond H. Schneider, Harold Sherman, W. Ward Tracy, Clinton E. Vollmer, Richard J. Warnecke, William E. Webb, and Dwight E. Wilson, Jr.

Author's note: Although this history officially concludes with the year 1971, for information regarding subsequent change of name of the Dental Clinic of the New York Boys' Club, Inc., see date January 10, 1974, in chapter entitled, "Academy Chronology."

The Academy's Interest in Dental Education

WHEN the New York Academy of Dentistry disapproved the adoption of the Harvard Plan of Dental Education and the action of the Board of Trustees of Columbia University in merging the medical and dental faculties of that university, it automatically rejected the idea that dentistry could be integrated successfully with, and become a specialty or department of medical practice. The subsequent discarding of both programs was tangible proof that the Academy's constructive stand against the integration of medical and dental schools generally contributed to the advancement of dentistry as an autonomous profession and gave decisive meaning to the concept that dentistry can render a more comprehensive health service if dental schools are self-administered and regulated with the least amount of outside control; but always collaborating in close harmony with medicine and other health services.

As a matter of historical record, it should be noted that neither medicine nor dentistry demonstrated any particular enthusiasm for the idea of integrating dental and medical schools, when or after the two plans were put into operation. Each profession felt that it had a full time job trying to solve its own educational problems without voluntarily inviting a situation which would only tend to complicate matters. However, this was not the opinion of the comparable few who mistakenly believed that the subjugation of dentistry—a health service profession which had independently attained a century of progress—would set a precedent of higher educational standards which would benefit medicine and dentistry and mankind generally and, at the same time, be an example which other universities might wish to emulate.

THE HARVARD PLAN OF DENTAL EDUCATION

The Harvard Plan of Dental Education was formally inaugurated in 1941. After only eighteen months of operation, Dr. James B. Conant, president of Harvard University, announced quite frankly that the experiment had not been successful and henceforth the dental school would assume its former autonomous status.

In an address before the American Dental Association's Council on Dental Education held in Chicago on February 15, 1941, Dean C. Sidney Burwell of the Harvard Medical School, outlined the proposed merger of the dental and medical schools at Harvard University. The following paragraphs from his address, published in the *Journal of Dental Education* (Vol. 5, p. 149, Feb., 1941) pertain to the objectives of the proposed plan:

"In June, 1940, the president of Harvard University announced the plan for the establishment of the Harvard School of Dental Medicine. Under this plan, men seeking preparation for dentistry will register in the Harvard School of Dental Medicine and, at the same time, in the Harvard Medical School. At the end of five years they will have qualified for, and will receive both the M.D. and the D.M.D.

"The object of the plan is to supply some of the men whose life work will be with diseases of the mouth with a training in the underlying sciences comparable to that provided for other students in medicine. The importance of biological background in dental work is apparent in all the major divisions of dentistry, perhaps most obvious in oral surgery, orthodontics, children's dentistry, the problems of disease involving structures adjacent to the teeth, and the manifold problems of the prevention of dental disease.

"Therefore, it is suggested that the cause of the understanding and management of dental and oral disease will be well served by the same biological and medical preparation found desirable for the understanding and management of diseases involving other parts of the body. Accordingly, the curriculum of the dental school and that of the medical school have been combined and interdigitated. The objectives of this operation have been to establish a course combining adequate opportunity in the medical field with adequate opportunity in the dental field."

After making a thorough study of the Harvard Plan, the Academy's Professional Interrelations Committee submitted

the following report regarding its acceptability as a dental educational experiment:

"1, The Harvard Dental School, the first and therefore the oldest in any American university, with the support of the \$1,300,000 to be used for the new plan, could have accomplished more in a shorter time with a larger student body by attaining the very objectives hoped for by the president and medical faculty of Harvard University.

"2, By so greatly reducing the student body at a critical time when the number of dental graduates is the lowest in two decades, despite an increase in population and appreciation of the need of dental care, the welfare of the armed forces and the civilian population is not being well served.

"3, The Harvard Plan of Dental Education could become a menace if the planned experiment were adopted by other universities with a similar subjugation of their dental schools before the plan had been sufficiently tested to determine its worth."

Members of the Professional Interrelations Committee who concurred with the conclusions contained in the report were Drs. Bissell B. Palmer, S. Ellsworth Davenport, Jr., Clyde H. Schuyler, Alfred Kohn, Edwin G. Van Valey, Walter A. Wilson, and Leuman M. Waugh, chairman. Those who disagreed were Drs. Arthur H. Merritt and John Oppie McCall.

THE MERGER OF THE MEDICAL AND DENTAL FACULTIES AT COLUMBIA UNIVERSITY

The Harvard Plan of Dental Education didn't arouse the interest of the Academy's fellowship to as high a pitch as did the merger of the medical and dental faculties of Columbia University when the plan for the merger was announced on February 5, 1945. This was probably due to the fact that a majority of the dental faculty members who opposed the merger were fellows of the Academy; four of the six dentists who were among the founders of the Columbia School of Dentistry were past-presidents of the Academy; and the five professors who were directors of their respective departments were also fellows of the Academy. They were Drs. Charles F. Bodecker, Dr. Henry S. Dunning, Dr. Leroy L. Hartman, Dr. Earle Banks Hoyt, and Dr. Leuman M. Waugh.

In order to be better informed as to the status of dentistry under the merger, the Academy held two special meetings at which President Gordon M. Ga Nun presided. At the first meeting, held at the Columbia University Club on Thursday evening, February 20, 1945, Dr. Willard C. Rappleye, dean of the medical and dental faculties of Columbia University, defended the integration of the two schools. He addressed the fellowship as follows:

“It is a privilege to come before you to talk informally about the plan of Columbia University aimed to improve the training of dentists at our particular institution. It is well for you to have briefly some of the background in the development of this particular plan, because there have been a great many apparently contradictory statements issued by various persons. A certain amount of misunderstanding has grown up within the profession itself relative to the objectives sought.

“When the dental school was moved to the Medical Center in 1928, the aim was to bring that professional group more completely into the program of the broad basic sciences of the health field, and to begin the integration with the medical, public health and other faculties and research groups at the Medical Center. Even at that time the initial steps were taken by the University when it assigned to the medical faculty the instruction of the first two years of the dental course. Those departments of the medical faculty which participated in the instruction of the dental students were given representation on the dental faculty. In 1933, when Dean Owre resigned as dean of the Dental School, another step in the closer integration was taken when the dean of the Medical School was appointed acting dean of the dental faculty. The following year he was appointed dean of the Dental School. No additional steps would have been taken during the war period had they not been precipitated by the action of certain members of our own faculty.

“On May 5th of last year (1944), a memorandum was prepared by several members of the dental staff without reference to the faculty and presented to the president of the Board of

Trustees after earlier conversations with him. The recommendation was that the Dental School be made independent and autonomous. The memorandum was referred to the Advisory Committee on Educational Policy. That group comprises the deans of the different divisions of the university and certain other educational authorities and is advisory to the president and the trustees. Therefore, it was quite logical that this proposal requesting a modification of the administration of the Dental School and the creation of an independent school should be referred to that Advisory Committee.

“When this problem was referred to the Advisory Committee on Educational Policy that committee invited a number of individuals from the Dental School to appear before it. On May 17, one group was heard that was in favor of the recommendation of the original petition for an independent dental school; and on May 24, the representatives of a different point of view within the dental faculty appeared.

“It was apparent that there was a sharp and understandable division of opinion within the dental faculty itself. A thorough hearing of all sides of the question was afforded.

“On May 31, 1944, the subject was referred to the Faculty of Dentistry. The faculty divided almost equally (10 to 9) on the different points of view. Some favored an independent school of dentistry; others urged that the trustees create a fully integrated program, which seemed to be in the direction of the development started in 1928. With that completely divided faculty there was only one thing to do under University practice and policy, and that was to refer the question to the president and the trustees, with the report that the faculty was almost equally divided. As you know, it is the Board of Trustees that determines the policies of the University. It was, therefore, its responsibility to decide what should or should not be done.

“Further conferences were held. At that time objections came in from the various dental associations, alumni and individuals. All of these resolutions and objections were given consideration by the trustees, the president and the Advisory

Committee on Educational Policy. There was no objection raised by anybody to having criticisms and comments, every one of which received attention. They were in many instances very helpful and worthwhile. The Advisory Committee reported to the president in favor of the full integration of the medical and dental faculties. The matter was referred to the Committee on Education of the Board of Trustees. After full consideration, and with the resolutions of the various associations and others before it, the committee voted unanimously to recommend to the full Board of Trustees the plan that has since been announced.

“During this period the medical faculty was consulted. It expressed no opposition to the program but was not going to be put in the position of recommending a policy which should be initiated in another faculty. There was no objection on the part of the medical faculty to participation in this program and to the assumption of any responsibilities placed upon it by the trustees.

“On February 5, 1945, the statutes of the University were adopted to put this plan into operation with the safeguards that everybody had in mind right from the beginning, recognizing the independence of dental practice and of dental education and the strengthening of dental education and research as being the only purposes for which this whole program was instituted.

“Perhaps the simplest thing for me to do in describing the plan is to read the full news release:

STATEMENT BY PRESIDENT BUTLER CONCERNING NEW PLAN
OF DENTAL EDUCATION IN COLUMBIA UNIVERSITY

“ ‘Plans for the strengthening of dental education, research and practice by an integration of the Faculty of Dentistry with the Faculty of Medicine of Columbia University was announced today by President Nicholas Murray Butler. The decision of the trustees of the University represents the final step in the integration of dental education and research with the medical program at the Columbia-Presbyterian Medical

Center which was visualized when the Dental School was made a part of the Center in 1926.

“ ‘Dentistry is now one of the most important professions in the health program of the country. It has made noteworthy contributions to individual health and comfort. It has become increasingly necessary in broad programs of community health. During its hundred years of existence, the dental profession has made steady progress in developing high standards of skill and public service. Its requirements for training and licensure are closely parallel to those of medicine. Many of the advances in the biological, chemical and physical sciences are as applicable to research and teaching in dentistry as they are in medicine. The sciences of anatomy, bacteriology, pathology, pharmacology, physiology, endocrinology and nutrition are as much dental as they are medical subjects. The close relationships of clinical dentistry and medicine are common knowledge. That these two major health professions should be coordinated is most appropriate.

“ ‘The decision of the trustees of the University aims to insure the active interest and support for dental education and research of the strong staff of physicians, surgeons, scientists, nurses and public health leaders who comprise the Faculty of Medicine at the Medical Center and aims to emphasize the importance of dentistry itself. This group can contribute immeasurably to the development of a stronger program of dental education in the University. At the same time, the efforts in medical training and nursing education, public health instruction and graduate medical training will be benefited by the active participation of dentistry in these closely related fields of professional activity. There appear to be real advantages and particularly promising opportunities in the integration of the work in dental and oral surgery with the work of the other departments and schools at the Medical Center, such as have already developed in public health, tropical medicine, graduate and postgraduate medical education, nursing, cancer research, physical medicine and other major activities, all of which can also contribute to the strengthening of dental teaching and research.

“ ‘The new plan at Columbia University is designed to integrate the training for the two professions of dentistry and medicine as completely as possible without handicapping the development of either in its respective field of education, research and practice. It is obvious that certain features of dental practice are distinctive and should be continued independently, but many elements of training can advantageously be combined under a single educational policy and faculty.

“ ‘The Columbia program recognizes the great importance of continuing the independence of dental practice and the preparation of dentists in courses of instruction developed for their own particular needs. To accomplish this the staff of clinical instructors will continue to be fully qualified dental teachers who will occupy positions in the University, medical faculty and teaching staff entirely comparable to their colleagues in medicine or public health. Students will be selected for admission to the dental profession independently of those applying for medical training and the present high standards of admission will be preserved. The entire curriculum of four years of dental studies will be under the guidance of a Committee on Dental Education of whom a majority shall be from the dental group. This committee will make recommendations on the qualifications and admission requirements for dental students, the curriculum of instruction, the candidates for the degree of Doctor of Dental Surgery and shall be responsible for directing the educational program in dentistry. Certain members of the Department of Dental and Oral Surgery will have seats on the Faculty of Medicine and a dentist shall be appointed associate dean for dental and oral surgery and executive officer of this University department of instruction.

“ ‘The medical and surgical staffs of the hospitals at the Medical Center recognize fully the need of better dental services for ward and clinic patients, many of whom suffer from a combination of dental and medical conditions. Closer coordination of medical and dental care for these patients is important and can be accomplished much more readily through unified action and direction.

“ ‘The rapid developments of graduate and postgraduate medical education during recent years are paralleled by similar programs in dentistry but these independent plans should be closely related in hospitals, clinics and laboratories. The demands for graduate and postgraduate training for ex-service medical and dental officers in the near future will be urgent. The program of Columbia University in the various graduate fields of medicine and dentistry will make important contributions in the postwar period of adjustment for ex-service physicians and dentists. It can best be carried through under a single coordinating faculty.’ ”

“Your attention may be called to one or two provisions of the new statutes. One is the creation in the Faculty of Medicine of an associate dean for dental and oral surgery, an associate dean for public health and an associate dean for nursing, which regularizes the present working arrangements, except in the case of dentistry. Public health and nursing and our graduate programs of medicine are all under the Faculty of Medicine at the present time. That faculty is now specifically charged by statute with the responsibility for the educational programs in medicine, dental and oral surgery, public health and nursing.

“One provision that has been added to the statutes that may interest you is Chapter XX, paragraph 200, which reads as follows: ‘The School of Dental and Oral Surgery, founded to bring about greater union between dental education and medical education, and given its present name by agreement between the College of Dental and Oral Surgery of New York and the University, is continued under the Faculty of Medicine. The title shall be used in all announcements of programs of teaching and research conducted in the Department of Dental and Oral Surgery.’

“The Committee on Dental Education as created by the new statutes, of which a majority shall be from the Department of Dental and Oral Surgery and of which the associate dean for dental and oral surgery shall be the chairman, shall make recommendations to the faculty on the qualifications

and admission requirements for dental students, the curriculum of instruction, the candidates for the degree of Doctor of Dental Surgery, and such other educational matters dealing with dentists as properly may be assigned to such a committee.

“Also, the associate dean for dental and oral surgery shall be the executive officer of the Department of Dental and Oral Surgery and shall be responsible for the management of the dental clinic.

“The statutes provide elsewhere that four professors of dentistry shall be assigned to the Faculty of Medicine, together with such other professors as may be assigned by the trustees to the faculty. This is the only department of instruction that has more than one person assigned to the faculty by statute—four times as many as the Department of Medicine, for example, which is a large department.

“If you will bear with me, several comments about the financial situation are appropriate for the record because there have been unfortunate statements made by some individuals who are unfamiliar with the facts. It is important that you gentlemen should know something about the financial aspects of the program.

“Your attention may be called to the report of the Council on Dental Education. The council reports that the cost of operating the Columbia School of Dentistry as the highest of any dental school in the country. According to the report of the council, tuition fees provide 28 per cent, the clinic fees 23 per cent, the income from special endowments one-half of one per cent, and the income from general University funds 48½ per cent of the costs of operation. The annual deficit of the school was reported by that agency as over \$200,000. This represents the income on a principal or capital amount of over \$5,000,000.

“A quotation from the council's report may be given on this very question: ‘The cost per student per year in the Columbia University School of Dental and Oral Surgery is currently \$2,285.50 per student per year. This is considerably higher than the cost per student in any other dental school.

Judging from every angle it appears that Columbia stands at the top in the support of dental education on a comparative basis.'

"These comments about the financing of the Dental School are made because in talking to the representatives of two of the dental associations the statement was made that one of the purposes—and this also comes from one or two uninformed members of our own faculty—the real purpose back of this merger was to take the profit from the Dental School and make it available to the Medical School. It is difficult to understand how a deficit of over \$200,000 as reported by the Dental Council can be regarded as, or converted into, a profit.

"Something else has been said too about our facilities. The School of Dental and Oral Surgery is carried on the books of the University at over \$703,000. But you must remember that the first two years of the dental course are given in the Medical School, and those buildings cost \$4,400,000 in rough figures. Since a part of those facilities are used for half of the students' courses in dentistry, a portion of the cost of those facilities, together with the Dental School proper, bring the total capital investment of the University in dental education and research to at least a million and a half dollars which is in addition to the principal necessary to provide the income for maintenance of the program.

"Please be assured that the president and the trustees of the University and the Faculty of Dentistry are eager to have the understanding and support of the progressive leaders of dentistry and of the dental profession. The only and sole purpose of the University in this plan is to strengthen dental education, practice and research, and thereby to equip the profession of the future to make even greater contributions than they have in the past to public service. That is the only excuse for any of our professions."

At the second special meeting of the Academy held on March 8, 1945, Dr. Leuman M. Waugh (Acad. Pres. 1931-1933) explained in a clear and factual manner the situation

as it existed at Columbia. Because his record in the field of dental education was notable, he was eminently qualified to speak for himself and for those who opposed the merger of the medical and dental faculties at that university. In 1916, he served on the original committee on organization of the Columbia Dental School and was one of its six dental founders. In 1917, he was professor of dental pathology; in 1919, professor of histology and embryology; in 1922, professor of orthodontics; in 1927, director of the service clinic for graduate study; and in 1928, professor of dentistry. He was a member of the Administrative Board of the School of Dentistry from 1916 to 1928 and served as secretary of the Board from 1921 to 1928 when that body was succeeded by the Committee on Administration, on which he also served as a member. He was associate dean during the incumbency of Dean Alfred Owre and a member of the American Association of Dental Schools since its organization in 1923.

A chronological summation of Dr. Waugh's address follows:

"This Academy is an eminently competent body for the consideration of the problem before us. Its fellows are members of many component societies of the American Dental Association and represent different sections of our own country, and also various foreign countries. The six dentists who were among the founders of the School of Dentistry are fellows of this Academy, four of them having been honored by election to the presidency.

"We well remember the enthusiasm shown at a dinner at which President Butler addressed us on the establishment of the School of Dentistry, and the approval expressed by those present. A committee of some fifty dentists, formed for the purpose of raising funds and of naming nominees for a faculty, was soon at work. The founders of the Academy were members of this group and a goodly number of them later served in important capacities in the Faculty of Dentistry. Many of our fellows were subscribers to the fund for the establishment of the School of Dentistry in Columbia. Today, with but a few exceptions, the leading dental teachers are listed among

our fellows. It is notable that the five living dentists among the founders of the School are present this evening.

“Several times have the essential factors of this problem been before the Academy. In the minutes of the meeting of the Board of Governors on April 14, 1931, the Committee on Dental Education reported in part as follows:

‘ . . . It is the opinion of the committee that the question of the continuation of dentistry as a separately organized profession, or absorption of all or part of it into the medical profession, is one on which the organized profession should express an opinion. We do not agree with those who believe that the problem presented is only one of dental education, and that in consequence it should be settled only by dental educators. It seems entirely logical that dentists, outside the educator group, may be expected to have an entirely logical viewpoint as to the effects that the submergence of the dental profession in the medical profession would have on the development of the science and art of dentistry, and on the quality of dental services rendered to the public. This question, therefore, is not one primarily of dental education, and it is obvious that dentists need not have experience in the technology of dental education in order to be qualified to express an important opinion upon a matter so vitally affecting both their profession and the public they serve.’

“The difference of opinion now existing in the Dental Faculty of Columbia University bears directly on this problem. When shorn of misleading generalities, confusing details and pedantic promises, the stark fact again before us is this: *Shall dentistry be placed under medicine?*

“At our meeting on February 20, 1945, the dean of the School of Medicine and the School of Dental and Oral Surgery said that ‘If a protest to the trustees by a group of members of the dental faculty had not been made, the plan to convert the Dental School into a dental department of the Medical School would not have been proposed during the present war.’ That statement by the dean requires direct comment in clarification.

“The true reason for action at this disturbed time was the direct and positive fact that the administrative affairs of the School of Dental and Oral Surgery had been so grossly mismanaged that confusion and dissension were cumulative

throughout the past three years. Affairs had become so vexed and disruptive that the staffs and executive heads of several essential clinical departments were so definitely in disagreement with the associate dean, Dr. Houghton Holliday, that harmony in the faculty had become impossible. . . . There seemed no redress because the dean, when approached by the executive heads of several of the departments, was loath to confer with them, seeming to take the attitude that such matters should reach him only through the associate dean. And yet, he had stated to the faculty on several occasions that the executive heads of the Departments of Oral Histology and Embryology, Operative Dentistry, Oral Surgery, Orthodontics, and Prosthetic Dentistry were 'sovereign' and their control with the departments 'absolute.' He explained this as being the procedure existing in the medical faculty, and the one to be followed in the Dental School as being most efficient. This is what the executive heads were endeavoring zealously to follow.

"This ruling the associate dean did not respect. Instead, he is charged with inciting subordinates in at least two divisions to work with him over the executive professorial heads of their respective staffs. These were matters of most heated discussion in the meetings of the Committee on Administration for a period of over two years, and became a veritable 'battle ground' in the faculty meetings held in the spring and early summer of 1944. To this end the associate dean was invited, in April 1944, to a dinner conference with the dental members of the Committee on Administration, for the explicit purpose of discussing this dilemma in a sober and sympathetic manner. After conference with the dean, the associate dean reported that he was advised not to accept, as it might savor too much of 'politics.' "

On May 5, 1944, Professors Charles F. Bodecker, Henry S. Dunning, Leroy L. Hartman, Earle B. Hoyt and Leuman M. Waugh met informally with Mr. Frederick Coykendall, chairman of the Board of Trustees, for the purpose of getting

advice. The subjects discussed were summarized in a memorandum for Mr. Coykendall:

"I. The School was governed by an Administrative Board from its organization until some time after Dr. Owre came to Columbia. This Board consisted of the professorial heads of the Basic Science Departments and the professorial heads of the Clinical Departments of the Dental School.

"After Dr. Owre had been there a short time he informed the president and the trustees that it was the wish of the department heads of the Dental School that the departmental designations (professorships) be abolished and that we all be given the general designation of 'Professor of Dentistry.'

"This raised a storm in the professorate of the dental faculty which has never subsided and is deeply resented now. This led to a change in the administrative set-up of the Dental School; the Administrative Board being done away with and a Committee on Administration formed.

"We should like to know our true status as a Committee on Administration.

"II. We were told at our February, 1944, meeting, as in the past, by Dean Rappleye that the sovereignty of the heads of departments is inviolate. One month later at our March meeting, he reversed this by telling us that he had been in error; that there was only one clinical department in the Dental School, that Associate Dean Holliday was its head, and that the professors were technically and according to University rules subservient to him. He quoted from the University statutes to support this and stated his previous ignorance of this interpretation.

"We feel it is essential that this should be clarified.

"III. We are most anxious to carry on, especially during the war period, without friction. We feel that the attitude of our associate dean must be modified or sustained harmony will be impossible.

"IV. We feel the time has come for the appointment of a fully qualified whole-time dental dean. Dean Rappleye had

stated repeatedly, since his appointment as dean of the dental faculty in 1933, that he had neither the time nor knowledge to administer the affairs of the Dental School. (Our suggestion was not made as a criticism of him; in fact, it was our opinion that he would feel relieved.) Such is the unanimous feeling of this group which consists of five of the seven professors constituting the Committee on Administration. The five professors, all of whom are serving as heads of their respective departments are Drs. Charles F. Bodecker, Henry S. Dunning, Leroy L. Hartman, Earle B. Hoyt, and Leuman M. Waugh.

“V. We believe that the best interests of the University can be served only by a fully recognized dental faculty within the University family.”

The memorandum which Dr. Waugh and his associates prepared for Mr. Coykendall's information was given by Mr. Coykendall to Mr. Frank D. Fackenthal, provost of the University, who brought it before the Advisory Committee on Educational Policy. As a result, Mr. Fackenthal invited Drs. Waugh, Bodecker, Dunning, Hartman and Hoyt to attend a meeting of the Advisory Committee on Educational Policy held on May 17, 1944, for the purpose of discussion of the questions contained in the memorandum. After the five professors engaged in a courteous discussion with the provost and the Advisory Committee, Dean Rappleye stated that he had a plan already worked out. Dr. Waugh stated that he and his associates “were anxious to consider any means of improving dental education, research and service, and would welcome an opportunity to study Dr. Rappleye's plan.” The group of five dental professors was then asked to prepare a memorandum of their recommendations to be sent to Dean Rappleye for conveyance to the Advisory Committee. The following memorandum was therefore prepared and sent to Dean Rappleye:

“*From:* Professors Charles F. Bodecker, Henry S. Dunning, Leroy L. Hartman, Earle Banks Hoyt, Leuman M. Waugh

“*To:* Dean Willard C. Rappleye

"This report is respectfully submitted with the dominant thought that

"I. The best interests of the University, of dental education and of public service are beyond the personal interests of any group of men, no matter which side of a controversy they represent.

"II. A plan which formulates the integration of a medical science with public health is desirable.

"III. A plan must be administratively sound in order to be effective in education and public service.

"IV. Present social trends make it imperative that dentistry meet its obligation as one of the health services in: (a) Revising its educational concept (teaching); (b) Research (prevention); (c) Expansion of its service; (d) Integration of sub-professional groups; (e) Graduate study.

"V. It is desirable that a council of medical science composed of selected members of separate administrative faculties and their deans be formed to serve under our present dean, elevated to the rank of 'dean of medical science' or some more appropriate title.

"VI. It is desirable that each school maintain its own whole-time dean possessing the degree of that specialty who would be fully representative of its best interest: (a) In inter-school and in intra-departmental harmony; (b) In his ability to interpret dentistry to national leaders in associated fields; (c) To attract financial support; (d) In intelligent and forthright administration.

"VII. We respectfully request the restoration of our departmental professorships with the understanding that a revision in educational concept may dictate a new policy of a committee on administration and even the selection of its membership.

We believe that only by these means can we secure faculty members of leadership ability who in turn would attract students from all parts of the United States and foreign countries to lift our School from its present provincial status. Less than this is unworthy of a prestige university like Columbia.

Our request for this administrative program is not unique for it prevails in all other member schools of the American Association of Dental Schools.

"This memorandum is offered with conviction. However, the members who have studiously and earnestly prepared this report are ready to abide by the wishes of the president and the trustees and will serve with continued devotion."

At a special meeting of the dental faculty held on May 31, 1944, Dean Rappleye explained the plan which he had prepared and mentioned at the meeting of the Advisory

Committee on Educational Policy on May 17, 1944. He then presented the following resolution for immediate adoption by the faculty:

“Resolved: That subject to concurrence of the Faculty of Medicine, the Faculty of Dentistry requests the president and the trustees of the University to constitute the Department of Dental and Oral Surgery as the Department of Dentistry of the Faculty of Medicine.”

Dean Rappleye called a special meeting of the dental faculty on June 7, 1944, for the purpose of having its members take action on his resolution. In the discussion on the question of adoption of the resolution, Dr. Waugh read the following statement:

“Some important considerations bearing on the dissolution of the School of Dental and Oral Surgery of Columbia University into the Department of Dentistry of the Faculty of Medicine of Columbia University:

“Dentistry, by law in every state in the United States and by general public approval, is a separately organized profession. It has nearly half as many practitioners in the United States as the total number of physicians. Proposals that dentistry be made a specialty of medical practice—recurrent during the past century—have not been approved by either profession.

“I. Meanwhile dental health care has become increasingly effective for those who receive it; based on the instruction provided in the 38 dental schools; all of which are non-proprietary and most of which, in universities having medical schools, receive the cooperation of colleagues in the medical faculties. The following statement in 1931, in a paper published in the proceedings of the meeting in that year of the Association of American Medical Colleges by the late Dr. F. T. Van Beuren, then associate dean of our School of Medicine, has been widely quoted as correctly expressive of prevailing judgments among the medical and dental faculties in the United States on the desirable general interrelationships of medicine and dentistry:

‘Medicine and medical education have troubles of their own which will not be alleviated by attempting to swallow whole another profession; a profession (dentistry) which, by and large, does not want to be engulfed. And a profession like dentistry, with a hundred-year history, *deserves to have its feelings considered*. You may call dentistry a specialty of medicine, but that does not make it so; and it is none the less valuable for that fact.’

“II. Recent changes in the United States Army and Navy, by which the responsibilities of the dental officers have been given appropriate independence, accord with the accredited professional status of dentists. The plan at Harvard University, which in 1939 was devised by a committee consisting chiefly of the dean and other members of the medical faculty to transform the Dental School into a *Department of the Medical School*, was revised about a year ago to accord with a request from the War Department that physicians and dentists be graduated from *separate schools*, to assure adequate training in the characteristic aspects of each type of professional service.

“III. Our School of Dental and Oral Surgery includes the earlier College of Dental and Oral Surgery of New York, which, in 1923, was presented to and accepted by the University in public trust for the perpetuation of that College. The New York State Legislature on April 12, 1924, directly ratified by special enactment, the amalgamation of the School of Dentistry of Columbia University and the College of Dental and Oral Surgery of New York. The name of the united schools perpetuated that of the older one. By this merger Columbia acquired two large connected buildings at 302–306 East 35th Street and 309–315 East 34th Street, in which the School was housed up to the time of moving into the Medical Center, in September, 1928. The net worth of the buildings and equipment thus received, for perpetuation of the College of Dental and Oral Surgery of New York, after union with the University’s School of Dentistry (founded in 1916)—as formally evaluated by the University’s assessors—was \$445,185.59, the largest of the gifts to the University in 1923–

1924 as listed in President Butler's annual report for that academic year. The Jarvie gifts for the clinic were accepted for use in support of a *School* of Dentistry, not for use by a *department* in a school of another kind. The Jarvie gifts were about \$130,000, making a total of over \$575,000.

"IV. Postwar medical education is now being studied by the National Advisory Council on Medical Education. The Council, of which Dean Rappleye is chairman, consists of representatives of thirteen national organizations related to medical education. But this Council on Medical Education *does not contain* representatives of analogous dental organizations, evidently owing to realization that postwar dental education will be studied similarly under the auspices of national organizations related to dental education.

"V. Courtesy to the organized dental profession, and respect for the Dental School Association of which ours is a member, requires that the faculty of the School of Dental and Oral Surgery should not request that the Dental School be converted into a department of the Medical School before conducting related consultations with the national organizations of the dental profession in education and licensure; namely, the Council on Dental Education, of which Dr. H. H. Horner, recently of the New York State Department of Education, is secretary; the American Association of Dental Schools, of which all dental schools in the United States and Canada are members; and the National Association of Dental Examiners, in which each State Board of Dental Examiners is represented. It is not unworthy to assume that these organizations might be able to present valuable information and advice, which the University would not wish to ignore. These bodies could state definitely, for example, whether graduates of a dental department of a medical school—and under what conditions therein—would be admissible to the dental license examinations throughout the United States."

After Dr. Waugh had concluded his statement, Dean Rappleye called for a vote on his (Dr. Rappleye's) resolution: "Resolved that subject to concurrence of the Faculty of Med-

icine, the Faculty of Dentistry requests the president and trustees of the University to constitute the Department of Dental and Oral Surgery as the Department of Dentistry of the Faculty of Medicine."

Result of the voting:

"For: Professors Diamond, Holliday, Leonard and Ziskin of the Faculty of Dentistry, and Professors Clarke, Gregersen, Jobling, Karshan and Philip E. Smith (voting for Professor Detwiler) of the Faculty of Medicine; total—nine votes.

"Opposed: Professors Barber, Berger, Bodecker, Cahn, H. S. Dunning, Hartman, Hoyt, McBeath, McLaughlin and L. M. Waugh—all of the Faculty of Dentistry; total—ten votes."

Dr. William B. Dunning sent a mail vote opposing the resolution unless amended. Dean Rappleye ruled against the proposed amendments and stated that Dr. Dunning's vote would, therefore, be counted in favor of the resolution. Dr. Waugh called attention to the full meaning of Dr. Dunning's letter and stated that Dr. Dunning had instructed him in the presence of others to inform Dean Rappleye that the letter recorded a vote against the resolution if unamended. Nevertheless, Dean Rappleye ruled it out.

At the conclusion of the voting on Dr. Rappleye's resolution, Dr. Waugh offered the following resolution: "Resolved that the School of Dental and Oral Surgery be accorded continued integration in the basic sciences and research with the College of Physicians and Surgeons and further, that administrative control of the School of Dental and Oral Surgery be vested in its faculty, headed by a whole-time dean possessing the degree of Doctor of Dental Surgery."

Result of the voting on Dr. L. M. Waugh's resolution, June 7, 1944:

"For: Professors Barber, Berger, Bodecker, Cahn, H. S. Dunning, Hartman, Hoyt, McBeath, McLaughlin and L. M. Waugh—all dental members of the faculty; total—ten votes.

"Opposed: Professors Diamond, Holliday, Leonard and Ziskin (dental members) of the Faculty of Dentistry, and Professors Clarke, Gregersen, Jobling, Karshan, and Philip E.

Smith (voting for Professor Detwiler) of the Faculty of Medicine; total—nine votes.”

Although Dr. Waugh's resolution received a majority vote, President Butler refused to accept this result. Rather, after studying the minutes and actions of the Faculty of Dentistry of June 7, 1944, he stated that “the University should not permit a faculty which is substantially equally divided to stand in the way of carrying out this important undertaking” and thereupon requested that the proposal for such integration “be proceeded with for the purpose of bringing it to the Advisory Committee on Educational Policy and the Committee on Education as early in the autumn as possible.”

REPORT OF COMMITTEE ON DENTAL EDUCATION

(1945)

On January 25, 1945, the Board of Trustees approved Dean Rappleye's plan, and the following month, February 5th, the statutes of the University were adopted to put the plan in operation. Four months later, May 21, 1945, the Academy held a special meeting and approved the report of its Committee on Dental Education comprised of Drs. Gordon M. Ga Nun, Irving R. Hardy, Frederick W. Pratt, Kenneth C. Pruden, J. A. Salzmman, Edwin G. Van Valey, George S. Callaway, *ex-officio*, Arthur E. Corby, *ex-officio*, and S. Ellsworth Davenport, Jr., chairman. Because of its historical importance, the Academy's concept of dental education is recorded here in its entirety:

“Dentistry is a young profession and as such it is willing to confess its shortcomings and admit that the time when it may hope to attain its majority is not in sight. It needs continuous and sustained development in its intellectual framework in medical background, in scientific knowledge, in equipping itself to master its research problems and in other ways. It needs guidance and understanding in conquering dental dis-

ease. It realizes that there is some truth in the constructive criticism that perfection and leadership based upon mechanical ingenuity is not its highest ideal.

“Dentistry is learning gradually that its chief aim is service to mankind, all mankind, and that a far larger proportion of humanity must receive dental care in the future than during the first hundred years of its existence. Dentists have become keenly conscious that their main area of responsibility, the oral cavity, is not an isolated region, but a most important and integral part of the human body, the health of which is essential to normal functional activity and often to life itself. It is evident therefore that dentistry is a health service profession, founded upon medical science and knowledge and dedicated to the prevention and cure of disease and the restoration of normal function.

“As such a profession, dentistry has come to realize that its former educational and intellectual background was not adequate and that its students should equip themselves with a preliminary education fully comparable to that possessed by applicants for admission to ranking medical schools. Furthermore, since a fundamental framework of medical knowledge is essential, dentistry seeks the identical training in the basic sciences which is offered to medical students during the first two years of courses which contemplate the achievement of the M.D. degree.

“Because of the foregoing truths and principles, various educators, foundations, scientists and individuals have felt and do feel now that dentistry should be integrated with, and become a specialty or department of medical practice. This concept was evident when the Harvard University Dental School became the Harvard School of Dental Medicine and, more recently, when President Nicholas Murray Butler of Columbia University announced that the Board of Trustees had decided upon the integration of the School of Dental and Oral Surgery with the other departments comprising the School of Medicine.

“The first paragraph of this official statement reads as

follows: 'Plans for the strengthening of dental education, research and practice by an integration of the Faculty of Dentistry with the Faculty of Medicine of Columbia University were announced on February 6, 1945. The decision of the trustees of the University represents the final step in the integration of dental education and research with the medical program at the Columbia-Presbyterian Medical Center, which was visualized when the Dental School was made a part of the Center in 1928.'

'President Conant of Harvard University, in announcing that the original Harvard Plan would be inaugurated in the Fall of 1941, stated: 'The new program contemplates a more complete and formal integration of dental and medical education than has heretofore been attempted in this country. It is a move in the direction of attacking the great public health problem of dental disease at its source—through advancement of the study of the causes of such disease and its prevention. It is hoped that through the plan, the scope of adequate dental protection may be extended to large numbers of our people for whom dental attention is not now available.'

'On the evening of April 16, 1943, at the dinner celebrating the 75th Anniversary of the founding of the Harvard University Dental School, President Conant, in reporting the results of the first eighteen months of operation of the Harvard Plan to more than 500 alumni and guests, said in a prepared address: 'Every change is in the nature of an experiment and I say quite frankly that in several important matters this experiment has not worked. Whether it would have worked except for the war no one can tell. The fact remains that the scheme under conditions of today has not been successful. As a consequence we have decided to alter the procedure, change the course somewhat, if you prefer a sailing metaphor.'

'In an address entitled 'Dentistry in Great Britain,' delivered before the meeting of the Executive Council, Dental Society of the State of New York, December 5, 1944, and published in the January-February issue of the *New York State*

Dental Journal, Dr. A. E. Rowlett, president of the British Dental Association, in predicting a brighter future for dentistry in the British Isles, spoke as follows: 'I mentioned just now that British dental education and British dentistry. . . have been controlled by the General Medical Council. It is very satisfactory to be able to inform you that a change will almost certainly come about in a very short time and that it has been recommended by the General Council that all of the powers that are now vested in the General Medical Council pertaining to dentistry shall be transferred to a dental board which will include representatives of the universities and the dental schools, so we hope to see quite a change.'

"Dr. Rowlett complimented American Dentistry on its preeminent position, which he attributed to educational and professional autonomy, in contrast to the history of dentistry in England.

"In July, 1944, in the University of Alberta, Canada, an independent Faculty of Dentistry was created in place of the Dental Department of the Faculty of Medicine, which had been originated and established in 1918. This change was made upon recommendation of the medical faculty, followed by official action by the trustees of the University. Furthermore, in a new building program \$400,000 was set aside for a dental building and \$200,000 for equipment.

"That the Council on Dental Education is keeping abreast of the times is evidenced by its new rules announced after its recent meeting in Chicago, March 18-19, 1945, and published in the April mid-monthly issue of the *Journal of The American Dental Association*. Rule 3 reads as follows: 'If a school for the study of dentistry which has been approved by the Council on Dental Education, undergoes fundamental changes in its administrative organization, university relationships, curriculum plans, faculty organization, instructional program or stated objectives, approval shall be suspended until such time as the Council may again appraise the institution in terms of its policies and criteria.'

"The following quotation is taken from a letter dated April

17, 1945, and signed by George H. Fox, secretary of the Committee on Legislation, American Dental Association: 'There is an agency in every state government that has been given the authority by law to determine whether the graduates of a particular dental school shall have the right to take the dental examination. This is sometimes referred to as the right to approve or disapprove a dental school. In most states that authority is given to the State Board of Dental Examiners, though in a few states it is given to some other state agency.'

"The advice and opinions of these and similar agencies might well be given serious study when fundamental changes in the administrative set-up of dental schools are contemplated.

"Whereas, during the first hundred years of its existence, American dentistry has attained a position of world leadership in its field; Whereas, dentistry is one of the health service professions, dedicated to the service of all mankind; Whereas, dentistry is dependent upon a broad education and a fundamental knowledge of the basic medical sciences; Whereas, dentistry realizes the vital need for close cooperation with, and understanding of, medicine, since its field of operation, the oral cavity, is an integral part of the human body; Whereas, dentistry is keenly alive to the necessity of preventing, curing and conquering disease by various means, the most important of which is research; Whereas, dental health is a national asset and the time has arrived when an attempt should be made to care for the dental needs of a far greater majority of the people of the United States than heretofore; Whereas, there is a vital need for a greatly increased number of qualified dentists adequately to carry out such a comprehensive program

Now Therefore Be It Resolved

"1, That in the opinion of the New York Academy of Dentistry, dentistry is a specialty of medical science, but not a department of medical practice; 2, That the independence of dentistry as a health service profession should be preserved

and strengthened; 3, That dental schools which are departments of universities be permitted administrative autonomy under the guidance of a full time dean possessing a dental degree; 4, That all candidates for admission to such schools be required to present the same educational qualifications as candidates for leading medical schools; 5, That the first two years of the dental curriculum be identical with the corresponding medical curriculum; 6, That surgery in the oral cavity, like other dental operations, is a specialty of dentistry; 7, That the possession of the M.D. degree and all it signifies is a most valuable attainment for any professional man, but it is not an essential for a general practitioner of dentistry; 8, Finally, that the field embraced by medical science is so broad and the specialties of medical practice already are so many and so varied, that dentistry will develop and mature more satisfactorily and more thoroughly if, while permitted close and friendly cooperation with medicine, it is allowed complete autonomy and freedom of action.”

REPORT OF COMMITTEE ON DENTAL EDUCATION

(1947)

On April 10, 1947, the Committee on Dental Education, comprised of Drs. J. L. T. Appleton, Oscar J. Chase, Jr., Gordon M. Ga Nun, and S. Ellsworth Davenport, Jr., chairman, submitted its annual report. Because it contains recommendations for a comprehensive dental educational policy, it is recorded here in its entirety:

“Fundamentally, dentistry is concerned specifically with the establishment, maintenance, restoration and improvement of the health, function and appearance of the oral cavity and its associated parts, in their relation to the individual as a whole. In this country, dentistry is historically, educationally and legally, a profession distinct from, and coordinate with, medicine. Inasmuch, however, as the members of both dentistry and medicine are concerned in the prevention, diagnosis and treatment of human disease, and inasmuch as the human

being is an integrated organism whose several parts are inter-related and constitute a whole, both professions in actual practice, of natural necessity, have much in common.

“In planning dental education for the foreseeable future, cognizance should be taken of social and public health trends with the realization that the philosophy and practice of dental education can be important in influencing and developing some of these trends.

“In the future, more people will demand and will receive more complete and more comprehensive dental care than at present or in the past. Greater stress will be laid upon preventive services, upon industrial dentistry, and upon maternal and child welfare. Accordingly, there should be an increasing utilization of auxiliary personnel, e.g., the dental hygienist, the dental assistant and the dental technician.

“The diagnostic possibilities of dentistry in early detection of carcinoma, diabetes, avitaminoses, blood dyscrasias and other morbid conditions will be better appreciated and will prove an ever stronger factor in stressing the interrelation existing between the mouth and the health of the body and in bringing about that effective cooperation with physicians and other specialists which is so necessary to the mental and physical future of mankind.

“At least some dental schools should become centers of research. Insofar as endowments and finances permit, dental research should be encouraged and developed as never before.

“Full and part-time scientific researches should be placed in charge of the very best personnel available and many dental school teachers should have sufficient intellectual curiosity to cause them to engage in extra-curricular investigations for the extension of knowledge. This aliveness to research should create a stimulating intellectual climate for the undergraduate, which later would be reflected in a broader understanding by the average practicing dentist.”

Author's Note: It is well to record that as of this date (April 10, 1947), the most recent reorganization of the dental program at Harvard University had permitted the support of

four full-time research men wholly and entirely from the endowed funds of the Harvard School of Dental Medicine.

“The ideals, intellectual background, conduct and practice of dentistry must be such as to attract the very highest type of young men and women as students and they must be taught more clearly the duty of a professional man or woman toward civilization. On the other hand, financial remuneration must be sufficient to permit the dentists of the future to maintain themselves and their families in a manner which will invite the respect of those living in their respective communities.

“Educators, practitioners and others differ widely as to the best ways and methods of accomplishing the above objectives, but your committee makes the following suggestions to assist in pointing the way:

“1, Every university which sponsors both medical and dental schools should create an all-encompassing “School of Health” or “Health Services” under a vice-president or other qualified officer. This plan would permit medicine, surgery, dentistry, public health, nursing, and perhaps other schools to function as departments of the School of Health Services, with each department guided by its own dean.

“2, This plan would permit the integration of faculties to whatever extent might prove to be desirable and would provide the natural organization for identical instruction and training of medical, surgical, dental, and other students in the basic medical sciences by the same professors and instructors.

“3, If physical conditions at any university permitted, this plan would allow the students of all the above departments to live together, eat together and quiz together, and, during the first year or two of the courses, certain teachers would not necessarily know or perhaps care in what department a student was registered.

“4, The accomplishment and activation of the ideas expressed in paragraphs 1, 2, and 3 would of course depend primarily upon the establishment of: (a) Essentially the same requirements for preliminary education at least for medical and dental students; (b) Identical standards of admission to

the departments of medicine, surgery, and dentistry (a rule which would not be practical for some dental schools to put into effect at the present time, but which already is in force in others); (c) Identical instruction and training in the basic biologic sciences during the first year and a half or two years of the respective courses.

"5, It is probable that a mixture of full-time and part-time teachers is desirable, but all should be chosen from among the leading men of their respective professions. While realizing fully that every successful practitioner may not be a satisfactory teacher, nevertheless rarely should the instruction of medical and dental clinical subjects be intrusted to those who have not been successful in private practice.

"6, When the curriculum permits, the very top men in various specialties should be engaged to give lectures or demonstrations or clinics to students in order to provide the *ideal* in any field. This plan should be helpful even though a crowded curriculum gives time for the teaching of only one or two accepted methods of performing each type of work.

"7, In the present and in the future there must be more dentists instead of less, but the realization of this desirable condition must be tempered by the need for a broader education of students, more personalized instruction in practical subjects and the gradual evolvement of the various component parts of the ideal general plan as set forth above.

"8, Dental schools or departments of the future, or at least some of them, should provide for the continuing education of the practicing dentist by the establishment of appropriate graduate and postgraduate courses.

"9, If dentistry is to become increasingly attractive to the highest type of individual, dental education must shun any tolerance for governmental or state control of the profession. It must continue to favor and to teach the duty of every dentist to mankind through the vehicle of the private practice system with its opportunities for development, its independence and its avoidance of regimentation and complacency.

"10, Your committee believes that every one of its sugges-

tions and recommendations is practical and possible of accomplishment. However, it realizes that the program as outlined will need both time and money to bring about active accomplishment. Therefore, controlled and sustained public education is urged and the aid of foundations and that of philanthropically-minded individuals should be invited and encouraged."

COLUMBIA DENTAL SCHOOL RESTORED TO
AUTONOMOUS ADMINISTRATION

After a four and a half year trial period, the Board of Trustees of Columbia University finally decided that its dental educational plan of integrating its medical and dental faculties under the direction of a medical dean had not proved successful. Regarding the reversion of the Dental School to an autonomous status, the Academy, in April, 1959, adopted the following preamble and resolution which was read in general assembly by Dr. Leuman M. Waugh, the man who so earnestly had opposed the merger when the plan was first announced:

"Pursuant to the fact that the president of Columbia University has announced the establishment of an independent faculty of dentistry, effective July 1, 1959, by which the School of Dental and Oral Surgery will be restored to its original autonomous administration, headed by a dean who has earned the dental degree.

"By this action the School will again conform to the ruling of the Council on Dental Education of the American Dental Association; will be eligible for the membership of its teachers in the American Association of Dental Schools; and will restore eligibility for full accreditation to the School of Dental and Oral Surgery and its alumni.

"BE IT RESOLVED: That the New York Academy of Dentistry, in official meeting assembled, desires to express deep gratitude to Columbia University and to reaffirm support of its School of Dental and Oral Surgery."

Perhaps one of the most significant and meaningful talks regarding dental education as it directly affected the academic standing of the School of Dental and Oral Surgery, Columbia University, and potentially influenced the professional status of all dental schools and dentists in the United States, was delivered by Professor Leuman M. Waugh when he addressed the New York Academy of Dentistry at a fellowship meeting in April, 1959.

Dr. Waugh's address to the Academy came approximately fourteen years after President Nicholas Murray Butler announced plans for the strengthening of dental education, research and practice by an integration of the faculty of dentistry with the faculty of medicine at Columbia University. President Butler also stated that Dr. Willard C. Rappleye, dean of the medical faculty, would henceforth be the dean of both the medical and dental faculties, which revision would automatically eliminate the office of dental dean and reduce dentistry to a department of the faculty of medicine comparable with the departments of pediatrics, internal medicine, physiology, and other branches representative of the medical profession.

The address on the restoration of autonomy to the faculty of dentistry at Columbia University, as prepared for publication by Leuman M. Waugh, D.D.S., D.C.D., is recorded here in its entirety:

Mr. President, fellows of the New York Academy of Dentistry, and guests:

I am deeply grateful for the privilege of addressing you at this time. At the invitation of your Program Committee, I made a report to the Academy at its meeting in March, 1945, on the status of the Dental School at Columbia University. As I look around tonight, I recognize a number who were present at that momentous meeting which, by the way, had much the largest attendance to that date. The atmosphere was tense. The fellows of the Academy had played an important role in the activities leading to the establishment and progress of the School of Dentistry at Columbia. The Organization Committee of six, appointed by the University, were all fellows of this Academy and became the founders of the School of Dentistry. They were Drs. Henry S. Dunning,

William B. Dunning, Henry W. Gillett, Arthur H. Merritt, Harold S. Vaughn, and Leuman M. Waugh. All of the dental deans and the professorial heads of divisions were fellows of the Academy.

At the previous meeting in February, 1945, the dean of the Faculty of Medicine of Columbia had been the speaker and had made the alarming announcement that the trustees of Columbia University had taken action which cancelled the autonomy of the Dental School and made it a *department* of the Faculty of Medicine. This meant that dentistry would have to function on the same level as the departments of Anatomy, Physiology, Bio-chemistry, Radiology, etc. The Dental School would have a representation of five dentists in a medical faculty of about sixty-five.

The School of Dentistry had been set up by its founders in 1915 in accordance with the rules prescribed by the Council on Dental Education of the American Dental Association and by the American Association of Dental Schools. Compliance with these was essential to recreditation by the Council on Dental Education and for eligibility of the dental faculty for membership in the Association of Dental Schools. Two other conditions were important. First, the dental school must be given opportunity for development equal to that of other faculties of the university, and second, the dental dean shall have earned the dental degree.

For thirty years the Dental School had functioned on this basis of independence and autonomous administration. It had been accorded a most generous budget by the University. The Council on Dental Education of the American Dental Association had made its periodic examination of the School the previous year, 1944, and had rated it among the three highest.

The announcement of the medical dean threw dental circles in the United States and Canada into a furor, especially in the field of education. In a short time the Council on Dental Education announced that the School of Dental and Oral Surgery of Columbia had been dropped from the list of accredited dental schools. This worked hardship on the faculty and graduates, marking them as teachers and alumni of an unapproved school. This resulted in serious discontent and disrupted the faculty. A number of division heads resigned, some to enter private practice, and others to take teaching positions in accredited schools. Columbia's retrogressive step could not soon be changed. Correction would have to come from within and would require official sanction by the Trustees of the University.

At several stormy meetings of the dental faculty, it had been the boast of the dean of Medicine that at the most recent meeting of the Association of Medical Schools the question of placing dental education under medicine had been discussed and that from twelve-to-fifteen deans of medical schools had expressed approval. They had stated that

they would recommend such a change to their respective universities if Columbia would take the lead. To dentistry this was a most alarming threat.

The preparation of the report for the Program Committee of the Academy was an unwelcome task but it had to be done and made in full detail for the express purpose of informing the dental profession at large and all others concerned of the unsatisfactory conditions then existing in the School of Dentistry under the dominance of the dean of the Faculty of Medicine. We reviewed quite fully the efforts made by the dental faculty to prevent this retrogressive step and the protests of dental educators, the organized dental profession, and the nearly 5,000 dental alumni. We stressed the fact that the dental faculty after several official meetings had defeated, by a majority of votes, the resolution providing for the nullification of its autonomy. Of the eleven dentists serving as professorial heads of divisions only three favored the resolution and eight opposed it. However, despite this majority negative vote, the trustees decided to accept the recommendation of the Committee on Educational Policy. It is notable that the medical dean was the only representative of the Dental School on this committee. The committee had recommended and the trustees had voted to deny the Dental School continuance of its thirty years of autonomy and reduced it to a department of the Faculty of Medicine.

Our report was discussed by our illustrious fellow, the late William J. Gies, Ph.D., who had made the survey of dental education for the Carnegie Foundation (Bulletin 19). He of all educators, both dental and medical, was best informed. His astute comments were in full accord with the report and he added strong emphasis to a number of statements it contained.

The essayist scheduled for that evening was our good fellow, Dr. Clyde H. Schuyler. So much time was being consumed by the many questions and comments of deeply concerned fellows that we were conscious that too much time was being taken.

We suggested that the discussion be closed. Dr. Schuyler rose in protest, saying that the subject under discussion was so very important to the future of dentistry that he would prefer to present his paper at a future meeting so that the discussion could be continued. His wish prevailed. It is gratifying to note that Dr. Schuyler has recently been elected to membership on the Council on Dental Education.

The primary objective of our report was to discourage other universities from following the example set by Columbia. The report and discussion, together with the announcement made by the dean of Medicine, were published in the *Annals of Dentistry*, our official publication, in the autumn of 1945. The Academy had reprints made for distribution to universities having dental schools, to State Departments of Education, to the Council on Dental Education, to the

American Association of Dental Schools, to dental faculties of the United States and Canada, to State Boards of Dental Examiners, and to the constituent societies of the American Dental Association.

The First and Second District Dental Societies of New York had also been very active in the establishment of the Columbia Dental School and also in voicing protest against the change.

The alarming question was: Would other universities follow Columbia? The next three years were ones of anxious apprehension. Of utmost significance now is the fact that, after fourteen years, not even one university in the United States or Canada has followed the example set by Columbia. This is proof, indeed, that our combined efforts have attained their purpose. During the fourteen years under the Faculty of Medicine there were persistent rumblings of discontent in the dental staff.

However, through this seemingly long period, our courage never weakened. We believed that ultimately right must prevail. We felt confident that dentistry could best be developed by those dedicated to the single purpose of its advancement as an important part of health service. To attain this both its science and its art must be equally respected and developed as an entity. This can be accomplished only by those who appreciate and respect its art as an essential factor in dental therapy.

Our unfaltering faith was justified by the announcement made by President Grayson Kirk at the recent meeting of the Association of Dental Alumni. It was released to the press for publication on February 14, 1959. The copy in the New York Herald Tribune of that date reads as follows:

COLUMBIA SETS UP DENTAL FACULTY

"An independent faculty of dentistry will be established at Columbia University, it was announced yesterday. Dr. Gilbert P. Smith, now associate dean of the School of Dental and Oral Surgery, has been named dean of the new faculty by the university trustees. The School of Dental and Oral Surgery has been a part of the faculty of medicine since 1945. Dr. Grayson Kirk, president of the university, yesterday announced the separation—effective July 1 at Dean's Day ceremonies attended by dental school alumni. The separation, Dr. Kirk said, follows recommendations made in 1958 by the President's Committee on the Educational Future of the University."

A few days later, on February 17, 1959, we received the following from Dean-designate Smith:

"It appears from University Council action taken today that the School of Dental and Oral Surgery will have three representatives (the Dean ex-officio, one elected by the faculty, and one appointed by the

president) on the University Council in the future, all faculties of the University thus having equal representation. These actions will place us in a stronger position than ever before.

"It is notable also that the dean will be one who has earned the dental degree. To summarize, as of next July first by recommendation of President Kirk, his Committee on the Educational Future of the University, and with official sanction of the trustees, the School of Dental and Oral Surgery will be restored to its original status as an independent, autonomously administered dental school, headed by a dean who has earned the dental degree; and shall have representation on the University Council equal to that of all other faculties of the University. This fulfills the requirements of the Council on Dental Education and the American Association of Dental Schools.

"We feel certain that the dental alumni of Columbia will be grateful to President Kirk, to his Committee on the Educational Future of the University, and to the trustees for this important action which will restore the Dental School to its rightful status. We also are confident that the fellows of the Academy, as well as all educators devoted to the advancement of the profession, will enthusiastically join with us.

"During the existence of the Dental School there has been a respectful spirit of cooperation by the teachers in the basic biologic sciences common to both medicine and dentistry. Research facilities are available to the dental staff and students. Among the dental interns on the hospital staffs of the Columbia-Presbyterian Medical Center there is friendly cooperation in the clinical services. Dentistry owes much to medicine and it is hoped that the most cordial cooperation may continue to grow in teaching, research, and practice.

"The dental alumni, we are confident, will renew their interest and awareness of their debt to their Alma Mater. Columbia has always been most generous in support of its dental school. In the past the University provided over two dollars for each dollar paid by the student for his education. This is the most generous support of any university in the nation, and probably in the world. Very few alumni of professional schools are even in position to adequately repay this moral indebtedness to Alma Mater.

"Realizing this, may we urge each alumnus to give support to the utmost of his ability; it will be needed. It is now almost a third of a century since the Medical Center, including the Dental School, was built. Progress has marched on, new and larger quarters will be needed. May the alumni contribute a full share of support to provide the faculty with the best possible facilities for teaching, for research, and for advanced practice as a blessing to humankind.

"Fortunately, there are four of the six Founders of the Dental School still living. We wish that Henry Dunning, Henry Gillett, and William Gies might be with us to share our joy and thankfulness. We all had

worked so earnestly together just prior to the time of our statutory retirement in 1945 and sad indeed were we at the retrogressive turn of events. Now, after fourteen years, victory is ours, but let us be reminded that victory is but a challenge. Let us all combine to successfully meet it.*

SECOND DENTAL EDUCATION WORKSHOP
FOR THE
ADVANCEMENT OF EDUCATION IN DENTISTRY

On December 28, 1956, Dr. Norman L. Hillyer, secretary of the New York Academy of Dentistry, received a letter from M. Joel Freedman, D.D.S., chairman of the Oral Hygiene Committee of Greater New York, regarding a proposed conference on Public Health Dental Education in which the New York Academy was invited to participate. The letter read as follows:

Norman L. Hillyer, D.D.S.
Secretary
New York Academy of Dentistry

December 28, 1956

Dear Doctor Hillyer:

Recently, designated representatives of the dental societies of New York City met to examine their own educational program for the public. There was frank recognition of the need for a basic re-examination, together with other organizations concerned, of the objectives and methods of the total community effort.

*The New York Academy of Dentistry has long been one of the major city-wide organizations concerned with public dental health education.*** Because of your interest in the health of New York City residents, and in broad educational programs, we are writing to ask for your sponsorship of a conference designed to evaluate local experience to date. Sponsorship will not involve financial support, nor does it imply commitments of any other kind.

A relatively small discussion conference of specially invited participants is planned for Friday, March 1, 1957, at the Sheraton-McAlpin Hotel, Broad and 34th. Street, New York City. The conference announcements and invitation will be sent after sponsors' letters have been received. Essentially, the questions suggested for examination are:

* Author's note: Dr. Gies was not a founder of Columbia Dental School.

** Author's italics.

1) If we want a dental health education program in New York City, what kind would we like to see?; 2) How does what we now have compare with what we would like and what may be needed to move toward achieving what we want?

The organizations, in addition to the New York Academy of Dentistry, which are being invited to sponsor the conference are the: American Academy of Pediatrics; American College of Dentists; Board of Education of the City of New York; Department of Health of the City of New York; Catholic School Board; Catholic Schools Office; Community Council of Greater New York; Guggenheim Dental Clinics; Institute for Research-Guggenheim Foundation; New York Academy of Medicine; New York University College of Dentistry; School of Dental & Oral Surgery of the Faculty of Medicine—Columbia University.

We look forward to hearing from you soon that the New York Academy of Dentistry will be a sponsor.

Sincerely yours,

/s/ M. Joel Freedman, D.D.S.
Chairman, Oral Hygiene
Committee of Greater New York

Although Academy President C. Raymond Wells designated Dr. Alfred J. Keck to be the Academy's representative at the conference to be held on March 1, 1957, at the Sheraton-McAlpin Hotel, Dr. Keck reported to the Board of Directors on March 14, that "it had not been possible for him to attend the conference which had been sponsored by the Oral Hygiene Committee of Greater New York," but that "Dr. Alfred J. Asgis, director of the Dental Educational Workshop had requested by telephone that a representative of the Academy take part in the Workshop on Dental Education sponsored by the First District Dental Society and financed through the Henry Spenadel Foundation on April 12, 1957, and recommended that the Academy of Dentistry be so represented."

Dr. Alfred J. Keck then presented a summary of the items to be taken up at the conference, and after clarification by Dr. Percy T. Phillips, it was voted that President Wells accept the invitation and that Dr. Samuel Wald and Dr. William Hogan, Jr., be the representatives.

On October 1, 1957, Academy Fellow Robert L. Heinze, substituting for Drs. Wald and Hogan, Jr., as representative of the Academy to the Dental Education Workshop, presented this report, which read in part, to the Board of Directors:

As the representative of the New York Academy of Dentistry, it was my privilege to attend the Second Dental Education Workshop sponsored by the Henry Spenadel Fund for the Advancement of Education in Dentistry on April 12, 1957.

Over 200 persons attended, including dental teachers, practicing dentists, public health workers, college teachers, dental hygienists and interested persons in the field of education. Many of those attending were members of the New York Academy of Dentistry.

The Second Dental Education Workshop, which was sponsored by the Henry Spenadel Fund for Advancement of Education in Dentistry and administered by the First District Dental Society (New York City), was held on Friday, April 12, 1957, at the Hotel Statler in New York City.

The theme of the workshop was entitled: The Health Sciences For The Dentist Of Tomorrow, and its aim was "to stimulate greater participation by the dental profession in the study of educational problems and the improvement of dental education." The chairman of the Committee on the Henry Spenadel Fund for Advancement of Education in Dentistry was Isidore Teich, D.D.S., F.A.C.D., and the director of the Dental Education Workshops was Alfred J. Asgis, D.D.S., Ph.D., F.A.C.D.

Altogether there were three Dental Education Workshops, each having separate general objectives, which were as follows:

Session of 1956. To aid in the clarification of responsibilities of dental school administration, based on fundamental dental concepts; to meet the need of educational preparation of dentists for oral health service in a changing American society and an advancing dental culture.

Session of 1957. To re-evaluate the curricular content of dental education programs in the light of preventive trends in health care and the developing status of dentistry as the full service-equivalent of an oral specialty of medical practice.

Session of 1958. To indicate opportunities in education research for

**ANNOUNCEMENT OF
DENTAL EDUCATION WORKSHOPS**

Sponsored by the
**HENRY SPENADEL FUND FOR ADVANCEMENT OF EDUCATION
IN DENTISTRY**
First District Dental Society, Trustee and Administrator



SECOND DENTAL EDUCATION WORKSHOP

THEME:
**THE HEALTH SCIENCES FOR THE
DENTIST OF TOMORROW**

*“ . . . to encourage cumulative development of dentistry
to be the full service-equivalent of an oral specialty
of medical practice. . . ” WILLIAM J. GIES*

Morning and Afternoon Panels

HOTEL STATLER
New York City

Friday, April 12, 1957

Members of the health professions are cordially invited to attend all sessions.
Admission free. Write for Registration forms to Dental Education Workshops,
First District Dental Society, Hotel Statler, New York City.

the improvement of educational procedures on all levels of dental educational practices and the professionalization of teachers of dentistry.*

The program for the second or 1957 session consisted of two panels; one in the morning and one in the afternoon. The specific objectives of the morning panel were: 1—To outline criteria for the distribution of subject matter in programs of education of family dentists (general practitioners or oral clinicians). 2—To describe experimental and prevailing patterns of departmental organization of subject matter in the four year dental course. The afternoon panel had the following specific objectives: 1—To review principles of preventive medicine and of preventive dentistry included in the curricular content of dental education programs. 2—To indicate the extent to which established preventive procedures in oral hygiene and oral therapeutics are (and should be) included in the content of courses in clinical dentistry.

The topic of the morning panel was: DESIGN OF A FUNCTIONAL DENTAL CURRICULUM. Presiding at this session were the chairman, Clemens V. Rault, D.D.S., Washington, D. C., dean, Georgetown University, School of Dentistry, and the co-chairman, Samuel A. Isaacson, A.B., D.D.S., New York City, member, Board of Dental Examiners, University of the State of New York.

The topic of the afternoon panel was: EDUCATIONAL INTEGRATION OF PREVENTIVE PRINCIPLES IN THE DENTAL CURRICULUM. Presiding at this panel were the chairman, Merritte M. Maxwell, D.D.S., Jersey City, New Jersey, dean, Seton Hall College of Medicine and Dentistry, and the co-chairman, Matthew Besdine, D.D.S., Brooklyn, New York, Dental Division, Bellevue Hospital.

The morning session opened at nine o'clock with the address of welcome by Rex T. Taylor, D.D.S., New York City, president of the First District Dental Society. Other First District officers who assisted Dr. Taylor in administering the Workshop were: Michael S. Burnham, D.D.S., past-

* The Third Workshop on Dental Education was scheduled for April 11, 1958.

president; Jules B. Seldin, D.D.S., president-elect; Anthony S. Mecca, D.D.S., vice-president; Isidore Teich, D.D.S., secretary; and Louis L. Abelson, D.D.S., treasurer.

The name of the speaker, the title of his subject, and an abstract of his address is recorded here in chronological order as each speaker appeared on the morning and afternoon panels.

Speaker: Alfred J. Asgis, D.D.S., Ph.D., director, Dental Education Workshops

Subject: Disease Prevention and Mental Health Implications in the Dental Curriculum: Scope of Workshop.

Abstract: *Natural "Lifetime Teeth"* Emotional reactions, mental attitudes, and anxieties of dental patients are receiving attention by dentists as part of preventive and treatment services. In private office care, the family dentist strives for "lifetime teeth" in the promotion and maintenance of oral health for the individual and the community. To achieve the best professional results, the general public must recognize the importance of preserving the natural teeth for a lifetime for total health, and thereby avoid the necessity for artificial full dentures in later years. With health goals as an educational objective, the emergent functional curriculum synthesizes traditional content in training practitioners for professional, community, and citizenship responsibilities.

Functional Dental Curriculum a curriculum, *per se*, no matter how perfectly designed is not a functioning instrument. The inspiring teacher and enthusiastic student vitalize it in the educational process. To serve creative purposes in achieving educational objectives in training the family dentist for tomorrow, the dental curriculum must be oral health structured, psycho-social centered, and democratic-culture oriented.

The quality of dental care is closely related to the kind of professional training offered in the curriculum for family dental practice. The public has a stake in educational programs in the field of dentistry. Professional opinion recognizes dentistry as a phase of preventive medicine and branch of medical science in oral health service. This points up the need for greater mastery of scientific concepts to assure integration of the basic sciences at the clinical level. Physical, mental, and emotional factors are basic ingredients of dental care, even though the traditional curriculum often lags behind the broader aims of the dental professions. The findings of

our national survey on dental education for this Workshop indicate that dental schools are moving in constructive directions toward progress.

Budgeting for Preventive Care Strong support of dental education, dental faculties, and dental research must be forthcoming from the general public to advance the frontiers of oral health service for the masses. Lowering quality standards in education, research, and service will defeat dentistry's social aims. Family budgeting for annual periodic care by the family dentist is necessary for private practice to operate on preventive patterns. Dentistry as a professional career offers opportunities for imaginative and creative youth. The outlook in industrial expansion, automation, and population growth in our atomic age promises for professional dentistry increasing importance in national health and welfare.

Dentistry in Democratic Culture Our coordinating system of dental education is both dynamic and flexible. It reached beyond the traditional pattern of training dentists or "toothists." The future lies in the direction of educating Doctors of Oral Health to satisfy society's needs. A major goal of the family dentist as citizen and professional health worker is to contribute to building the nation's health and a stronger democratic culture in American society.

Speaker: Shailer Peterson, Ph.D., Chicago, Illinois, secretary, Council on Dental Education, American Dental Association.

Subject: Curricular Content of 4-year University Dental Course: Today and Tomorrow

Abstract: The following excerpts from the dedicatory address for the new dental school building at Baylor University, Dallas, Texas, October 4, 1954, reflect Dr. Peterson's approach and understanding of current problems in dental education:

The present two or three years of predental work will probably not be extended even though we find that almost forty per cent of the graduates last year had earned degrees when they were admitted. Also, it is probable that the four-year undergraduate curriculum will not be extended to five years as some have suggested and neither is it likely that the licensing boards will require internships. Improved facilities, high caliber students and the best faculties in the world still mean that a great deal can be taught in the four-year period. Sound educational programs do not just happen by accident—they are products of planning and design. The new building which you see in Dallas is really only a partial index of the contributions that Baylor and its friends have been making

toward professional education; but the building itself is an important monument to the work that has been done in the past and a symbol of the work and progress which is destined to result in the future. This pile of mortar, bricks, tile and glass is beautiful but behind them and within them is a faculty that is dedicated to dental education and to the cause it represents. Within this structure is a program of study with the facilities chosen and planned to expedite a dynamic curriculum. Within this structure, too, are persons who are planning not for their classes tomorrow or next week, but who are constantly studying the achievement of their students with a view to finding better and more effective methods of teaching even if it means turning the entire curriculum upside down and inside out.

Speaker: J. L. T. Appleton, D.D.S., Sc.D., Philadelphia, Pa., professor of Microbiology, University of Pennsylvania, School of Dentistry

Subject: Desirable Patterns of Departmental Organization Adapted to Needs of the Dental Curriculum

Abstract: The original social function of the dental school was to help individuals become dentists (of course there may be by-products). The job isn't easy. Departmentalization, while necessary, introduces difficulties. Toward circumventing these difficulties and toward improving the effectiveness of the school, we must develop organization within a department and organization among departments. But organization is not an end in itself: and the question—organization for what?—should be repeatedly asked. Paradoxically, no definitive or unanimous answer is expected or even desirable if we are to permit continuous growth and development of the school, adapting itself to the changing needs of the society served.

We can talk about "patterns of organization" in the abstract, but in real life situations, we are dealing with the ordering of human relations. Effective organization depends on good will and good communication among all the teachers. Responsibility for the formulation and for the execution of organizational patterns should be widely distributed: not the monopoly of a small hierarchy of full professors. There should be conscious experimentation with these patterns. I take it as axiomatic that the least and the simplest organization, compatible with the school doing its job effectively, the better. Good coordination depends upon good intercommunication

among the men doing the work: and in the everyday life of the school there are many opportunities for intercommunication ranging from an informal chat at the lunch table about an exceptional student or asking an opinion about a roentgenography or the design of a partial denture to the more formal participation in the regular meetings of a department staff, interdepartmental conference, clinical seminars, and in the work of the standing and *ad hoc* committees of the faculty. But one final point: all our concern with organizational patterns will be in vain unless the undergraduate is able and willing to organize for himself the experiences which our curriculum is offering him.

Speaker: E. M. Bluestone, M.D., New York City

Subject: The Hospital Contribution to Dental Education

Abstract: The educational function of the hospital should be broadened at the earliest possible moment, and with deliberate speed, to include the student of dentistry at all stages of his development. We have a precedent here to guide us in the educational program of the hospital for general and special medicine and surgery, of which oral medicine and oral surgery and related oral-health functions of the family dentist must be considered an inseparable part.

In actual practice, the process of integration involves a collaborative effort in which dentistry offers to all other specialties what they now offer to each other. So long as the dentist leans heavily on logic and recent medical history, he will succeed in this effort. He will fail once more if he permits himself to be classified as a less vital personality who can be relegated to a minor position on the team.

Successful cooperation, exhibiting equality of opportunity for productive effort and achievement, has been discovered thus far only in those hospitals where there is mutual respect, and appreciation of work well done. When the dentist emerges from the shadows and moves confidently toward the light, he is more likely to be recognized and invited into the group as an equal partner.

Speaker: Edwin S. Burdell, Ph.D., New York City, President Cooper Union for the Advancement of Science and Art

Subject: Role of the Humanities in the Professional Curriculum

Abstract: Applications of the basic philosophy and concepts to the dental curriculum will be presented. The humanities have a definite place in all areas of professional education.

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Speaker: Robert A. Savitt, M.D., New York City, Clinical Assistant, Professor of Psychiatry, University of the State of New York, College of Medicine

Subject: Preventive Medicine and Preventive Dentistry—Role of Psychiatry in Dental Practice

Abstract: In their daily service physicians and dentists practice preventive medicine. They seek to eliminate or lessen the probabilities of disease, infection, and organ mutilation. In their role as healers they may sometimes practice an intuitive form of preventive psychiatry. However, it is desirable to take this out of the realm of a purely intuitive process and to place it on a more scientific and knowledgeable basis. With this in mind, this paper seeks to define the role of psychiatry in dental practice.

Anxiety may be one of the main emotional reactions to a dental surgical procedure or any other category of oral health service performed by the family dentist. Attention is directed to oral surgery and tooth removal primarily because danger is implied in any surgical intervention where there is a threat to the body image. The minimization and elimination of anxiety is a potent aspect of preventive psychiatry.

There is no substitute for expert treatment and technical skills in dental care, but the dentist who is aware of the nuances and subtleties of interpersonal relationships has in addition an invaluable and indispensable therapeutic tool. Emotional attitudes in either the patient or dentist are discussed to illustrate the possibilities which could arise to hamper the successful conclusion of a dental procedure of any kind, whether nonsurgical, surgical, or restorative.

Finally, some thought is given to the need to integrate into the dental school curriculum, a course of psychiatric and psychosomatic study applicable to the requirements of the family dentist in his daily practice.

Speaker: Basil G. Bibby, D.M.D., Ph.D., Rochester, New York, Director, Eastman Dental Dispensary, and Professor of Dentistry, University of Rochester

Subject: Scope of Preventive Procedures in Oral Therapeutics in the Dental Curriculum

Abstract: Dentists in the future must be activated to think of prevention more in terms of eliminating the initiation of dental disease and less in terms of slowing down its spread and thereby preventing tooth loss.

To this end, the ideal of "positive health" should be held before students in all courses and the possible contributions

which the content of each course can make towards attaining it should be presented from all points of view be they genetic, nutritional, ecological or plain economics. Course organization and content will not of itself be enough. Practicality must be touched with idealism to win the allegiance of youth. This will require institutional and faculty example as well as curricular precept. A belief in prevention must be demonstrated by the dental school or graduate study center by its active participation in some programs of prevention and the carrying on, where students can see it, of a program of research which may ultimately contribute towards disease prevention rather than its treatment.

Speaker: Harry Blechman, D.D.S., New York City, Associate Professor and Chairman, Dept. of Microbiology, New York University, College of Dentistry; Executive Secretary, the Murray and Leonie Guggenheim Foundation Institute for Dental Research.

Subject: Scientific and Research Preparation of the Dental Student as Oral Clinician and Family Dentist

Abstract: The new basic tools of research; electron microscopy, ultracentrifugation, electrophoresis, chromatography and tissue culture techniques have added a new dimension to scientific thinking. The concept of a dynamic molecular biology applicable at the cellular level has formed a strong common link between the biologist and the chemist. Quantitative biochemical reactions are continuously emerging to define function and physiology at the cellular level. The integration of teaching relating anatomic structure and function with chemical and physical structure presents a most exciting and stimulating challenge to the educator. The transmission of the enthusiasm to the student should add warmth to the previously detached impersonal approach common to the basic sciences.

Heretofore, most teaching has been directed toward the consideration of the patient as the manifestation of a disease. The emphasis has shifted to a scientific approach to disease, with insistence on the understanding of the fundamental processes underlying derangements. Only recently have educators given consideration to the importance of looking at the whole patient with his own socio-economic and personal problems. A thorough understanding of environmental factors in oral health and disease are basic in the preparation of the dental student as a family dentist.

The ever increasing numbers of dentists who have joined the

ranks as teachers and investigators in the departments of the basic science of dental schools has contributed immeasurably toward the integration of the basic sciences with each other and clinical teaching. Dental educators must inculcate in their students a capacity for independent study, broad and discriminatory reading habits, intelligent written and oral expression and an awareness of the preventive aspects of dental practice.

A critical need exists for talented people to take up careers of investigation and teaching in dentistry. Students throughout their four years should be given opportunities to spend time in investigations of their own. Every effort must be made to make a future in research constantly more desirable and rewarding. The student should consider graduation as the beginning rather than the end of learning.

Speaker: Donald H. Miller, D.D.S., Elmira, New York, Chairman, Socio-economics Committee, American College of Dentists

Subject: Preparation of the Dental Student for General Dental Practice and Community Health Participation

Abstract: The primary purpose of this presentation is to raise some questions. Questions regarding the needs of the dental student today in order that he may be prepared to meet the tomorrow's responsibilities as a family dentist in general practice. Questions of his ability effectively to participate in health planning on a community basis.

The intent is also to make a strong plea to dental college administrators, dental curriculum designers, and the teaching faculties to adjust educational practices, in administration, curriculum, and instruction, in harmony with the progress of the profession and the growth of society.

Let us consider dental research. The dental student must know how to interpret research findings to the public, and to utilize these findings for rendering an improved dental service. Is the dental student developing a scientific attitude toward problems of oral health and oral disease, considering the dental curriculum as it is organized today?

With respect to professional ethics, the dentist's primary duty is to serve the public. By giving the highest quality care he discharges the obligation. He must avoid any conduct which may lead to the lowering of the prestige of dentistry in the eyes of the public. Is the student taught, by precept and concept, to conduct himself in a way that befits an ethical professional dentist?

Let us look at community health planning. The dental profes-

sion has cooperated in many programs which make it easier for people to receive complete oral health service. Mention may be made of post payment plans, as an illustration. We should also take cognizance of the chronically ill and the aged, who look to dentistry for oral health maintenance for total health. Industrial or occupational health and group programs also come within this category of community health problems. Does the current dental college curriculum give adequate attention to preparing dentists who will be facing these problems in the first few months of practice? These are some challenges that should be met in part by the dental curriculum.

Discussion by the audience followed each panel presentation. At the conclusion of the afternoon session, the following resolutions on Professional Curriculum for the Family Dentist of Tomorrow were unanimously adopted:

- WHEREAS: Dentistry contributes to the nation's health and welfare as a phase of preventive medicine and branch of medical science, and
- WHEREAS: The goal of the dental profession and of dental education is to maintain oral health through health education of the public and the rendering of preventive care for the family as the unit of health in our democratic society, and
- WHEREAS: The family dentist is charged with the professional responsibility of oral examination, and oral diagnosis, differential diagnosis and collaboration with other health personnel, and dental patient management in health and in disease, and
- WHEREAS: The practicing dentist must discharge his obligations to society as a citizen and partake in community leadership for the advancement of family and community health and welfare as part of evolving American culture, therefore be it
- RESOLVED: That the professional curriculum for the education of the family dentist of tomorrow should be balanced in content covering the health sciences, the humanities, and socio-economic orientation; and be it further
- RESOLVED: That the content of the professional curriculum for the education of the family dentist of tomorrow should provide for the educational integration of scientific concepts of the basic, the medical, and dental sciences at

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the clinical level of the 4-year dental course; and be it further

RESOLVED: That copies of these resolutions be sent to the American Dental Association, American Medical Association, American Association of Dental Schools, American Public Health Association, dental and medical journals, and to all other agencies and organizations concerned with the improvement of oral health.

THE ACCEPTANCE OF NATIONAL BOARDS IN NEW YORK STATE

When former Academy president, Dr. Robert L. Heinze (1962-1963) was president of the New York State Board of Dental Examiners, he wrote the following report regarding an amendment to the Education Law which was published in the *Annals of Dentistry* (Sept., 1964):

On March 29, 1964, an amendment to the Education Law became effective which provides that the certificate of the National Board of Dental Examiners may be accepted either in whole or in part in lieu of the written examinations in dentistry or dental hygiene upon recommendation of the New York State Board of Dental Examiners.

This action is a result of nearly four years of intensive study and investigation by the members of the New York Board.

The National Board scores will be used only to satisfy certain of the written requirements and all candidates for licensure will still be required to pass a practical examination administered by the New York State Board of Dental Examiners and in addition and until further notice a written oral diagnosis examination will be considered as part of the practical examinations for dentistry and all candidates are required to pass this written subject of the New York Board examinations.

The acceptance of the scores of the National Board is effective immediately and is retroactive indefinitely.

Following the above announcement to the deans of all interested dental schools, correspondence regarding the June, 1964, examination period became voluminous and varied.

A committee of the State Board consisting of Dr. George Hamm of Schenectady, Dr. Harry Binder of Troy, and Dr. Donald Wallace of Albany, secretary, all of whom are members of the New York Academy of Dentistry, was appointed to develop a policy and formula concerning this immediate period of examination.

Records show that about 82% of candidates for licensure of New York State take the National Board examinations and that forty states

accept the results of the examinations as partial fulfillment of their requirements.

From the time the society was founded in 1921, fellows of the New York Academy of Dentistry have always been interested in dental education. As teachers at the college and university levels, school administrators (deans), lecturers, and authors of dental textbooks, this interest has been extensive, important, and of a range representing many dental fields.

In the previous paragraphs, for instance, Academy Fellow Robert L. Heinze wrote in his capacity as president of the New York State Board of Dental Examiners. In the following article (*Annals*, June 1966), Academy Fellow David B. Ast of the Bureau of Dental Health, New York State Department of Health, Albany, New York, concerns himself with the training of dentists for leadership in the health field. He also refers to a paper entitled "The Prospective For Tomorrow's Health Goal," which was delivered by Academy Fellow Percy T. Phillips (ADA Pres. 1959) before the Greater Boston Dental Society in 1960. Dr. Ast's article read as follows:

TRAINING OF DENTISTS FOR LEADERSHIP IN THE HEALTH FIELD

Dentistry as a health service has come a long way from the time when it was a mere technical art to its present high level in which the biologic sciences contribute so much to the effectiveness of dental care. The training of dentists is the responsibility of the dental faculties in accredited dental schools. The final result of this training is dependent not only on the capabilities of the faculty but also on the curriculum content.

As new ideas and knowledge are formulated and developed, dental schools should move forward in their training programs. In the clinical aspects of dentistry the leaders in dental education move rapidly when new technics are demonstrated satisfactorily. However, in areas of social significance, where dentists should play a leading role in their communities' health program, the dental schools, by and large, have not been receptive to suggested additions to the curriculum. More than two decades ago the American Dental Association, Council on Dental Education recommended the inclusion of a course in public health in the dental school curriculum but few schools have given more than a cursory, if any, consideration to this.

The accepted definition of health today is the achievement of complete physical, mental and social well-being, not merely the absence of disease. In a paper entitled "The Prospective for Tomorrow's Health Goal" delivered before the Greater Boston Dental Society in 1960, Percy Phillips discusses society's goal as total health within the framework of the above definition. He refers to health security, an important national resource, "as a contribution to the solution of other problems of security." He further states, "It is fitting and proper that medicine should assume leadership in helping to solve the problems of contemporary society, but dentistry has a big stake and it must not be smug, complacent or spiritually anemic." If the profession is to take a leadership role in health affairs, the training for this leadership should start in the undergraduate dental school and should be a continuing process.

While the dentist practicing in his office is for the most part concerned with the individual patient in his chair, he should not divorce himself from taking an active part in the practice of public health. Winslow defines public health as "the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts." The basic difference, therefore, between private practice and public health is the "patient." In the former instance the individual under care is the patient, whereas in public health it is the community which is the patient. As complex as are the factors involved in the diagnosis and control of disease for the individual, just so, the complexity of the problem is compounded when the community's health is under consideration. The dentist, properly trained and imbued with his responsibilities as a member of his community, can be an effective leader in helping to resolve some of his community's health problems.

In the past few years there were a number of papers published dealing with the training of dentists in the social aspects of dentistry. At this point let me emphasize that there is a world of difference between what is meant by the "social aspect of dentistry" and what is considered by many dentists to be an ignominious term "socialized dentistry." In the latter term what is connoted is state dentistry as it is practiced today in Great Britain. State dentistry in one form or another has been practiced in this country from the time the U. S. Marine Hospital Service (now the Public Health Service) by an Act of Congress in 1798 assumed responsibility for the health of those in maritime service, to the present time with federal grants in aid for research and health services and with local, state, and federal support for health programs. Nevertheless the private practice of dentistry has never enjoyed a more productive, satisfying, and prosperous period than it does today. The implementation of the "social aspects of dentistry" in no way means to interfere with this. On the contrary, it should be an

enriching experience for the practicing dentist to know that optimum dental health is the right of all of the people and that he is helping to find ways and means to accomplish this. It cannot be done without his guidance and active participation.

The social aspects of dentistry according to Blackerby encompass all the subjects of direct social import, such as public health, ethics, jurisprudence, history, social and economic relations, psychology and human behavior, civil defense, biometrics, and epidemiology. Blackerby also includes the social significance of such subjects as preventive dentistry, dental economics and practice administration, gerontology, radiologic health, hospital relations, chronic disease and rehabilitation, health insurance and prepayment and postpayment plans. These are social aspects to many of the subjects included in the present day curriculum. The socially minded faculty member could readily include social significance in teaching his subject.

In April, 1963, the University of Alabama School of Dentistry, in cooperation with the Public Health Service, sponsored a seminar on Social Dentistry. Representatives from nine dental schools attended this seminar. The central issues considered were: (1) Are our dental schools doing a good job in creating a social consciousness in students? (2) If not, is this because of ineffective teaching methods? and (3) If this is so, would a Department of Social Dentistry be an effective device? It was the consensus that the answer to the first question was that the students were not graduating with a social consciousness. With regard to the second question the teaching methods in most schools for developing social attitudes were not good and, thirdly, that a Department of Social Dentistry was desirable.

In a paper on the Liberal Education of the Dentist in the October 1964 issue of the *Journal of the American College of Dentists*, Stein discusses the importance of a continuing education. He makes the following observation which I think may very well be applied to what could result from the training of the dentist in the social aspects of his profession. Stein says, "The mechanic who understands the role of the machine in the lives of its users, and the military expert who appreciates the full meaning of war to the accomplishment of human goals, and the orthodontist who looks beyond jaw-angle and tooth-crowding to the human psyche, and the teacher who seeks to help the young man or woman develop all of himself as well as the specific skills and knowledge the teacher has to give—these, too, are liberally educated. Each of these has torn from his eyes the veil of illusion that prevents him from seeing, through both space and time, beyond his own immediate interests and concerns."

Our objective should be optimum dental health for all of the people. When the undergraduate student has developed an attitude of social significance, the dental graduate will realize that his training has helped

him to see society as a whole rather than to see the individual patient alone.

COMMITTEE ON GRADUATE EDUCATION

In the fall of 1969, Academy President John J. Dolce appointed a Graduate Education Committee with the purpose of investigating the need and desirability of some form of graduate education under the auspices of the Academy. Dr. John P. Traugott was named chairman and those appointed to serve with him were: Drs. Robert Alexander, Malcolm W. Carr, Laurence Clayman, Alonzo De Vanna, George L. O'Grady, George Sferra, and William Pruden.

At a Board of Directors meeting on October 9, 1969, Chairman Traugott gave a comprehensive report on the need and methods for conducting a course in graduate education within the Academy. At his request, the directors voted sufficient funds to provide a secretary to assist him in carrying out the project.

The preliminary report submitted to the Board of Directors read as follows:

"The roster of the Academy has many names of highly competent and skillful clinicians, practitioners and educators on whose experience we could draw if post graduate education were to become a function of the Academy. With their aid it should be possible to achieve a high plateau, including only such subjects or aspects of them as would not be available in other programs. Unless this level can be reached it would be difficult to justify any such activity."

"President Dolce has authorized the appointment of a committee to inquire into the need for, and desirability of, instituting courses under the Academy's sponsorship, naming me as chairman. An early meeting of the committee is planned for the purpose of having discussions with the following guidelines:

- 1- Need.
- 2- Methods of avoiding conflict or repetition with other dental societies.

- 3— Methods of tailoring courses to add to their uniqueness and interest.
- 4— Available locations of classrooms or clinical facilities.
- 5— Limitations of enrollees to Academy or not.
- 6— Inclusion of outside lecturers.
- 7— Number of courses to be offered each year, their frequency and times of year given.
- 8— Questions of administration, fees and size of classes.
- 9— Inclusion of study groups in programs.

“The committee is large. It will tend to be unwieldy, with members widely scattered. It is hoped that only one meeting will be necessary from which a digest and recommendations could be made to the Board of Directors. To accomplish this, the chairman requests authorization to engage a stenographer to record opinions for future study of all those present. Members have been appointed because of their prominence in their special fields. Since many demands are made on their time, it would be desirable to lay the necessary groundwork at one meeting.”

Two months after Chairman John P. Traugott submitted his preliminary report, on January 9, 1970, he advised the directors that his committee “had held a meeting on December 9, 1969, at which time it had arranged to circularize the fellowship with a questionnaire requesting opinions regarding graduate education for the Academy.” Subsequently, he stated that the questionnaires had been sent out with the January meeting notices but the committee had not had time to evaluate the responses.

Dr. Traugott’s final report for the Graduate Education Committee was submitted to the Board of Directors at the Annual Fellowship Meeting in April, 1970. It gave this information:

The purpose of the Graduate Education Committee was to investigate the need and desirability of some form of graduate education under the auspices of the Academy. This was accomplished by meetings of the committee, discussions with Academy directors, and a direct mailing to the members.

From the first meeting it was apparent that the notion of formal, post-graduate education courses under the auspices of the Academy was

unacceptable to the members. A survey of the already plentiful, variously sponsored courses offered by societies, schools and institutions in our metropolitan area clearly dispelled the necessity of our further contribution. The committee was unanimous on this question.

However, it was equally unanimous in agreeing that a need might be fulfilled by the establishment of a small group for the purpose of study of special subjects. A survey by mail indicated that the greatest interest of the membership lay in four fields which were crown and bridge, periodontics, occlusion, and endodontics, although there were thirty-eight categories of study suggested altogether.

The committee herewith presents its final conclusions:

- 1— The Academy should not undertake formal supervised courses in graduate education.
- 2— The Academy can contribute to the competence of its members by making it possible to seek each other out for the purpose of forming study groups.
- 3— To accomplish this, the committee recommends starting a pilot plan in the fall of 1970 to continue for a year in order to evaluate the possible benefits.
- 4— The committee believes that this plan can be implemented by the appointment by the president of a coordinator of study groups and leaders of the four most popular subjects as indicated by the survey. These leaders would be identified by specialty, teaching, or special training in their study group category. The functions of the leaders would not include taking active part in group or groups unless they chose to do so. A leader would receive and place on file inquiries from members who wished to form a study group in his particular field. He would then mail a copy of the names of fellows who were interested to each applicant. In this way, small, cohesive, congenial units could be formed. The format, procedure, places and times of meetings would be left to the individual groups who could call on leaders for guidance if needed.
- 5— The coordinator would keep informed of his group's progress and receive reports which he would submit to the Board of Directors.
- 6— The committee recommends that this system be given adequate publicity through the usual monthly mailings and that this report be published in the *Annals of Dentistry*.

Over a period of years Academy Fellow Joseph J. Obst, B.S., M.A., D.D.S. has written extensively on dental subjects which relate directly or indirectly to dental education. Among his numerous papers is an article entitled "The

Formal Training of Teachers at New York University," which appeared in the May, 1937, issue of *Dental Items of Interest*. Another article entitled "Historical Note on Teacher Education at New York University" was published in December, 1965, in the *New York Journal of Dentistry*. As an associate editor of the *Annals of Dentistry*, Dr. Obst contributed an editorial "Whither Are We Going?" which appeared in the Spring, 1970, issue. The following year, he wrote a timely editorial for the same journal (Vol XXX, No. 4, 1971) entitled:

CURRENT TRENDS IN DENTAL EDUCATION

For purposes of easier identification, trends in dental education may be considered on three levels: namely, administrative, curricular, and instructional. It is well to bear these in mind even though there may be some overlapping of the areas concerned.

The current effort in experimentation is neither novel, unexpected or sensational. In order to meet changing needs on the three levels, with more or less rapidity, educational experimentation continues to be employed. Dental schools throughout the country are engaging in studies to promote a more flexible, a more motivating, and a more effective learning on the part of the student. The need for educational experimentation was pointed out by this writer some thirty years ago. In the same paper the importance of isolating and identifying administrative, curricular, and instructional problems in dental education was stressed. In addition, the essentiality of dental educational research was also emphasized.

During the intervening span of years, progress in the professionalization of the dental teacher was noted. Dental research throughout the years has always stressed the increasing need for further dental educational experimentation as well as for straight subject matter, yet little until of late has been attempted. The basic contributions of Gies, Midgley, Blauch, Hug, Jason, Nathan, Ewing, Gardner, O'Rourke, Tanchester, Newman, Walker, Horne, Robinson and McCall will long be remembered as furnishing the basic lattice-work for the future. Some have not been as fully recognized as yet in their time but the future will point especially to the educational wisdom of such men as Witkin, Fennelly, Asgis, Fleming, and Nagle. Tincture of time is the therapeutic distiller to sift out the chaff from the wheat.

The current change in philosophy for providing health services for all undoubtedly will modify our concepts as to the contributions of those mentioned. Political, social and economic factors will have their effects

on dental care and health delivery systems. Many alternative plans are being considered by our legislators at the present time. The Nixon Administration has proposed the National Health Partnership Act which provides mandatory coverage for the employed and Federally-financed coverage for the poor. Many other plans will be considered before any one plan is accepted.

It is certain that medical and dental education will evolve into different patterns as compared with those of the past to meet the need for training physicians and dentists. Inroads into the autonomy of dental education are already taking place; particularly in auxiliary training. The profession will remain alert to this seemingly unintentional threat. In 1839 those involved, with a few exceptions, in the training of physicians admitted that they had little or no interest in the education of dentists. Thus, dentistry was forced to develop its own criteria and standards for competence. Some educators today, through the Health Sciences Curriculum Approach, apparently are unaware of the evolution of the autonomous dental profession. That is not to say that dental educational programs should not be conducted in Health Science Buildings and in complete cooperation and coordination with all the other health sciences. The current trends in dental education toward prevention of dental disease will be favorably influenced in these surroundings. The future looks bright for the provision of dental health service for all the people providing that the common good is recognized.

Among the Academy fellows who have gained wide recognition for out-standing achievements as teachers and writers in the dental education fields is Anthony F. Posteraro, A.B., D.D.S., F.A.C.D., associate professor, New York University, College of Dentistry, and director of the Dental Diagnostic Clinic, Institute for the Crippled and Disabled. As an associate editor of the *Annals of Dentistry*, he has contributed numerous editorials and scientific articles to that journal. His editorial on dental education which appeared in the Summer 1970 issue of the *Annals* has considerable historical importance. It reads as follows:

The interrelationship of the various branches in dentistry can best be described as total service—service for the patient in the combined efforts of the general practitioner, the specialist, and in some cases, multispecialists.

Restorative procedures require not only a knowledge of the latest in technical skills and materials but also a general knowledge of the

biology, physiology, and chemistry of the areas involved. This interdisciplinary effort on the part of today's practitioners has brought dentistry to its present high level.

The so called "team approach" has become viable and meaningful with each member of the team having at least a basic knowledge of the problem involved.

But what of the future, in light of the new demands of today's students who propose such changes as voluntary attendance, no examinations, and early introduction to specialization? Conceivably, a student could elect to study only what interests him at the moment without acquiring knowledge of other disciplines.

The question of course is rhetorical. Those students who advocate this new approach hold that they will be better trained. If, however, exposure to the various disciplines has raised dentistry, can the lack of it continue to do so or will we be heading for a system of apprenticeship made holy by the academic environment and dignified under the name of change. Will we be returning to a practice that existed prior to the founding of the first dental college?

There can be no doubt that some of the discontent that exists today with teaching and curriculum stems, perhaps, from a rigid attitude on the part of the faculty and an inflexible curriculum. A happier solution for the future of dentistry rests somewhere between the two.

THE INTERNATIONAL CIRCUIT COURSES OF THE AMERICAN PROSTHODONTIC SOCIETY

As previously stated in these pages, since the New York Academy of Dentistry was founded in February, 1921, the members have provided the highest level of leadership in every phase and area of activity associated with the profession of dentistry. In the field of dental education, where its influence is especially felt, no program has received such wide-spread attention and interest as the eminently successful International Circuit Courses of the American Prosthodontic Society. This program, which was designed "to promote dentistry's highest professional standards throughout the world and to strengthen the ties of friendship and closer communication among dentists everywhere," was initiated by Academy Fellow Homer Cree Vaughan in 1962 when he was president of the American Prosthodontic Society.

The first team of distinguished clinicians to take part in the

International Circuit Courses sponsored by the American Prosthodontic Society consisted of Drs. Charles C. Berger, Carl C. Boucher, Clyde H. Schuyler, and Victor L. Steffel. These gentlemen met first in Miami, Florida, where on March 28, 1964, they were joined by Dr. and Mrs. Homer C. Vaughan, who gave them an official departure dinner at the Roof Restaurant of the Airport Hotel. Present also at this meeting was the Consul General of Paraguay.

Giving additional emphasis to the international character of their pre-planned trip to South America, the following morning the clinicians boarded a plane of the Lineas Aereas Paraguayas and took off for Asuncion, the capital city of Paraguay where they arrived in the afternoon of March 30th. After visiting the National Palace, the Renaissance Cathedral, the Archbishop's Residence, the Hall of Congress, the Godoi Museum, and the beautiful National University campus, they were wined and dined by their Spanish-speaking colleagues at the Asuncion Palace Hotel. The following day, March 31, 1964, the team appeared before the Dental Society of Paraguay and presented the first of a three-day series of prosthodontic clinics.

Encouraged by the acclaimed success of the first venture in international professional relations ever to be associated with the family of prosthodontic dentists, the four-member team went on to Buenos Aires, Argentina, where on April 3 thru April 10, they demonstrated their advanced technical and biological skills before the Argentina Dental Association; the College of Dentistry (Prosthetic Division), Argentina University; and the Somo-Prosthetic Society.

On April 12 thru April 16, the team of prosthodontists were at Sao Paulo, Brazil, where they appeared before the Brazilian Dental Academy and the Prosthetic Section of the Dental College of the University of Sao Paulo. Before returning to the United States, the team concluded their program in Rio de Janeiro, Brazil, where on April 16 thru April 19, they presented a three-day series of clinics before the Brazilian Dental Association of Rio de Janeiro. Pleased with the success of their undertaking and the enthusiastic

response of their professional foreign colleagues, the team of dental scientists arrived back at Kennedy International Airport in New York on the 21st of April, 1964, thus completing an inter-continental circuit which included four of the principle cities in South America.

Ten years after the distinguished dentists from the United States presented the first series of instructional clinics in South America, the American Dental Association honored the American Prosthodontic Society for furthering better health among the people of the world and for truly promoting dentistry's highest professional standards through its International Circuit Courses. The occasion was a gala tenth anniversary dinner held at the Hotel Ambassador in Chicago on February 10, 1973.

Tributes were paid to the twenty-eight clinicians who had taken part in the international exchange of scientific information in over thirty-seven countries, and Dr. Homer Cree Vaughan, the program director, received a special citation for founding and developing the International Circuit Courses into one of the most impressionistic and gratifying single educational projects ever to be associated with the dental profession.

Dr. Louis A. Saporito, president of the American Dental Association and guest speaker at the anniversary dinner, commended Dr. Vaughan in these words: "Dr. Vaughan is the one man without whom all this would not have been possible. It has been said many times that 'the great end of life is not knowledge but action,' and my dear friend, Dr. Homer Cree Vaughan, is a man who embodies the true spirit of this sentiment. It has been his inspiration, and, yes, his blood and sweat that have made this International Circuit Courses program the success that it has proved to be . . . We salute you and the American Prosthodontic Society for having had the vision and, indeed, the fortitude to undertake a program of this type where you send eminent teachers to teach the latest techniques in prosthodontics in foreign dental schools all over the world.

"And now please permit me to cite some of the other

achievements and reasons why this dedicated gentleman has gained the high respect of you who are gathered here tonight and the entire dental profession. Dr. Vaughan is a clinical professor, Prosthodontic Division, New York University College of Dentistry and a fellow (and president) of the New York Academy of Dentistry, the American College of Sports Medicine, the American College of Dentists, the International College of Dentists, the American Association for the Advancement of Science, the J. Pierpont Morgan Library, the Academy of Denture Prosthetics, and an honorary fellow of the American Academy of Maxillo-Facial Prosthesis.

“Dr. Vaughan is a charter member, past-president, and director of the American Equilibration Society; past-president and life member, American Prosthodontic Society; past-president, Century Club and member of the President’s Council, New York University; chairman, the Prosthodontic Section, First District Dental Society, 1955; vice-chairman, Section on Removable Prosthetics, American Dental Association, 1973-1974; a former director of dentistry, Evangelical Deaconess Hospital and member of the Medical Board, 1948-1968; consultant to the Councils on Dental Education and Hospital Dental Service, American Dental Association, 1973-1974; member, American Dental Association, New York State Dental Society, First District Dental Society, New York State Society for Medical Research, American Cleft Palate Association, and the International Association for Dental Research.

“In addition to University lectures, Dr. Vaughan has presented more than 250 clinics, lectures and seminars in the United States and foreign countries. A few titles of the 21 original papers he has authored are: “The Temporo-Mandibular Joint and the Mandibular Articulation” presented before the Academy of Denture Prosthetics, May 10, 1966, Louisville, Kentucky; “Occlusion, Bruxism, and the Mandibular Articulation,” presented before the American Dental Society of Europe, July 3, 1968, Amsterdam, Netherlands; and co-author with his son, Smith Cree Vaughan, B.A., D.D.S., “Endodontics, Pain Syndromes, and the Mandibular

Articulation," presented before the American Association of Endodontics, April 5, 1968, New York City.

"During World War II, Dr. Vaughan was a Lieutenant Commander and officer in charge of #1 Facial Rehabilitation Unit, U. S. Navy Fleet Hospital No. 111, (4,400 beds) Guam, M. I. and received Commendation and Citation with Ribbon for work done on casualties from Iwo Jima and Okinawa."

"In conclusion, I say in all sincerity, that the distinguished gentleman we are gathered here to honor tonight and whose exceptional qualities of leadership have contributed so much to elevating dentistry to a high cultural and professional plane, has been a true envoy of hope, of international collaboration through dental prosthetic disciplines."

Nine months after Dr. Vaughan was honored by the American Dental Association at the testimonial dinner in Chicago celebrating the tenth anniversary of the founding of the International Circuit Courses, he was recipient of the coveted "1973 Century Club Medallion Award," which was presented to him by the Century Club of the College of Dentistry, Brookdale Dental Center, New York University, at a dinner and dance in his honor at the Waldorf-Astoria, New York City, on the evening of November 16, 1973.

On this memorable occasion, Dr. Harry Blechman, dean of the College of Dentistry, New York University, and a fellow of the New York Academy of Dentistry, was the speaker, and the citation certificate presented to Dr. Vaughan contained these words: "With admiration and praise for outstanding and distinguished leadership; for meritorious service to alma mater; for extensive contributions to excellence in dental education; for humanity and humility; for this and more you are herewith proclaimed and recognized by your colleagues, friends and peers. As evidence of the esteem in which you are held, you have been elected to receive the Century Club Annual Medallion Award."

The signatures affixed to the award certificate were those of Dean Harry Blechman and Dr. Jules Roistacher, president of the Century Club of the College of Dentistry, Brookdale Dental Center, New York University.

Merit Award In The Humanities

In June, 1966, Academy President Homer Cree Vaughan proposed that the New York Academy of Dentistry confer a Merit Award in the Humanities to certain individuals who might be worthy of that distinctive honor, "so that we in our profession can join with others who contribute to our particular cultural experiences." The Board of Directors ratified the proposal by unanimous vote.

President Vaughan's reasons for motivating the idea that the Academy award a citation in the humanities perhaps can best be summed up in his own words:

"Over the past several years, we have heard mention in academic communities of the great need for the professional man who engages in the bio-chemical phenomenas of treating people, to know more about the humanities. For the past twenty years or more, there have been frequent references to this need.

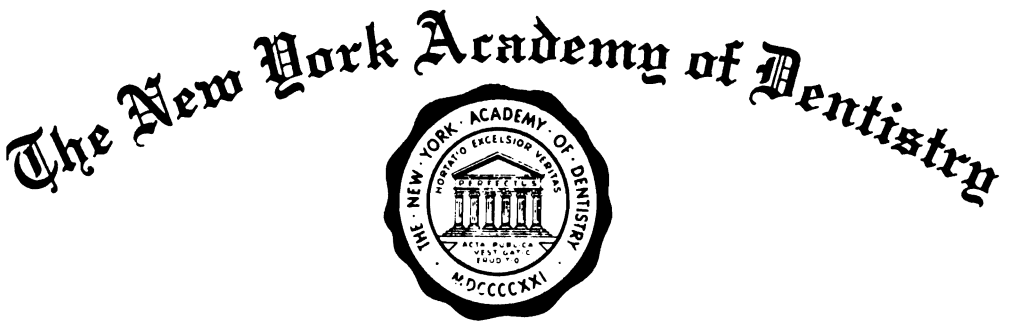
"Educational programs have been re-oriented and there has indeed been a tremendous increase in the knowledgeable base from which new doctors have operated.

"Strangely enough, the professions, particularly the dental and medical professions, have made no effort to recognize this fact. I know of no group or society within the framework of the disciplines that have made a specific and concerted effort to place their interests in this important area. It is, therefore, to the credit of our Academy that it will be the first to initiate an award which will in fact demonstrate that we, who have been honored in our profession by being fellows in this Academy, wish in turn to honor those whom we know have made dedicated efforts in applying the disciplines learned in the humanities. It is particularly incumbent that the New York Academy of Dentistry assume this important direction, for to my knowledge, it is the oldest honor Academy in our profession, which is unique in that it embraces all of our disciplines."

At a special meeting of the Board of Directors held a month later, July, 1966, the method of selecting candidates

for the Merit Award in the Humanities was established. The guidelines read as follows:

“Any fellow of the Academy may submit the name of a candidate to the secretary, who in turn will refer it to the Executive Committee. The Executive Committee will examine the record of the candidate and, if it approves, will direct the record to the directors of the Academy for their opinion and vote. The directors’ vote finalizes the selection. These candidates are then notified and will be requested to appear before one of our stated fellowship meetings to receive the merit award. They will sit with the president on the dais and the certificate will be presented with suitable ceremony at that time.”



presents this
Certificate of Appreciation in the Humanities
to
Lindsley Fiske Kimball A.B., Ph.D., LL.D.
for his many contributions to Humanity

Frederic F. C. Moore *Homer Cree Vaughan*
SECRETARY PRESIDENT

LINDSLEY FISKE KIMBALL, A.B., Ph.D., LL.D.

The first person to receive the Academy's Merit Award in the Humanities was Lindsley Fiske Kimball, A.B., Ph.D., LL.D., "who recently had climaxed his illustrious career by founding the New York Blood Center and Research Institute." The certificate was presented to Dr. Kimball by President Vaughan at a meeting of the Academy fellowship held at the Columbia University Club, New York City, on the evening of October 6, 1966. Dr. Kimball was cited by President Vaughan as "an excellent example of one who embraces almost every area of activity concerned with man's efforts to create a finer cultural experience for his fellow man."

Dr. Kimball's response to President Vaughan's remarks was as follows:

"If I might be permitted three words, they would be those of *acknowledgment, thanks, and challenge.*

"By way of *acknowledgement*, I might say that modesty is the art of turning one's back to praise, so that it is easy to pat.

"By way of *thanks*, I am mindful of the Englishman who went into a New York City drugstore for a small tube of toothpaste. "Well, now," said the clerk, "they come LARGE, GIANT, AND SUPER, so if you want a *small*, ask for a LARGE. In terms of appreciation, I would have SUPER.

"I also remember the Scotch dentist who said to his son, a medical student thinking of specializing in ear, nose, and throat: "Just remember, son, that people have 32 teeth and only 2 ears." Incidentally, he also could have told his son that the dentist is the *only* man on earth who can tell a woman when to open and shut her mouth.

"I said the third word was *challenge*. Some years back in Calcutta, I lost a tremendous inlay and had to wait until I reached New Delhi to have it even temporarily replaced. This was done by the president of the dental association. When he got my mouth well propped open, he said, "Why has the Rockefeller Foundation *never* put any money into dentistry?"

"Perhaps too many people have thought of dentistry in terms of the ultimate in the physical arts. In spite of our present tendency to worship science, I am convinced that the significant issues of our time, and indeed of human destiny, will be determined not by the physical but by the ethical and social determinants. Leaving out for the moment Vietnam and all international complications, America today is in the grip of a plague no less ravaging than the epidemics of the Middle Ages.

Euphemistically, we talk about "emotional integrity," but less palatable words would be neurotic, psychotic, paranoid, juvenile delinquent, drug addict, and so forth. They have forced their way into our vocabulary only because there is a consumer need for them.

"This then is my *challenge*—that you, as one of the most highly select and most expensively educated of our citizens, play the significant role which you could in strengthening our whole social fabric."

Dr. Kimball's curriculum vitae lists many citations and important positions. Among them, in addition to the one here previously mentioned, are: trustee, Rockefeller University (formerly Rockefeller Medical Institute); consultant, National Industrial Conference Board; vice-president, Community Blood Council of Greater New York; member, Budget Committee, Development Committee, and chairman, Nominating Committee of the Rockefeller University; president, National Urban League, Inc.; trustee, vice-chairman, The New York Community Trust; member, Board of Directors, United Negro College Fund, Inc.; member, the Advisory Committee, Family Service Association of America; executive vice-president (retired 1960), the Rockefeller Foundation; vice-president and director (retired 1960), General Education Board; and treasurer (retired 1965), the Rockefeller Institute.

Dr. Kimball was also associated with the late John D. Rockefeller, Jr., in corporate and philanthropic affairs; president (two terms), 1945-1949 and 1951-1952, and administrative vice-president of the United Service Organizations (USO); director, Veterans Hospital Camp Shows; director of Corporations Gift Committee, Greater New York Fund; and chief executive, Boy Scouts of America. Dr. Kimball is also listed in *Who's Who in America*; *Who's Who in Aviation*; *Who's Who in Commerce and Industry*; and *Who's Who in World Biography*.

HOWARD A. RUSK, M.D.

At a meeting of the Academy fellowship on February 16, 1967, Howard A. Rusk, M.D. was the recipient of the Acad-

emy's Merit Award in the Humanities. The certificate was presented to Dr. Rusk by Academy President Homer Cree Vaughan. Following the presentation, President Vaughan introduced Dr. Rusk to the fellowship as the speaker of the evening. His subject: "Sick People in a Troubled World."

An abstract of Dr. Rusk's address reads as follows:

"In this world of ours that is so technically precocious, yet spiritually retarded, we in the health professions can still speak a common language—a language that transcends race, creed, color, religion, and curtains—whether iron or bamboo. This gives us an unbelievable opportunity as well as an almost overwhelming responsibility—opportunities throughout the world, not only to serve our fellowman, but to provide leadership in international understanding that one day will help us to live in peace in the world."

The Department of Physical Medicine and Rehabilitation and the Institute of Physical Medicine and Rehabilitation at the New York University Medical Center, located on the Lower East Side, New York City, are known the world over for their contributions to the cure and alleviation of human suffering. So much of the fame attributed to these two facilities is directly due to the forethought, expert planning, and the indefatigable efforts of their chairman and director, respectively, Dr. Howard A. Rusk. For many years, Dr. Rusk has also been the chief of the Physical Medicine and Rehabilitation Service at Bellevue Hospital.

The recipient of twenty-two eminent awards in this and other countries throughout the world, Dr. Rusk's degrees include: A.B., University of Missouri; M.D., University of Pennsylvania; Six LL.D. and Four D.Sc. degrees. During World War II, Dr. Rusk served in the United States Air Force with the rank of Brigadier General, and from 1950 to 1957, he was a member of the Health Resources Advisory Committee, Office of Defense Mobilization and the National Advisory Committee, Selective Service System.

On behalf of the United Nations, World Veterans Federation, International Society for Rehabilitation of the Disabled (formerly Welfare of Cripples), World Rehabilitation Fund, Inc., and the American-Korean Foundation, Dr. Howard A.

Rusk, in recent years, observed and studied rehabilitation services and facilities in forty-eight nations in North and South America, Europe and the Near and Far East. He was president of the American-Korean Foundation and chairman of its board; president of the International Society for Rehabilitation of the Disabled; chairman of the World Commission on Research in Rehabilitation; and president of the Eighth World Congress of the International Society which was held in New York in 1960.

In addition to his academic responsibilities at New York University, Dr. Rusk is a member of the Visiting Committee, School of Hygiene and Public Health, Johns Hopkins University; a visiting lecturer on Public Health Practice, Harvard School of Public Health; and a member of the Board of Trustees, University of Pennsylvania. He is also a member of the President's Commission on Heart Disease, Cancer and Stroke, and chairman of the Rehabilitation Subcommittee.

Dr. Rusk is a consultant in rehabilitation to the United Nations, New York City Department of Hospitals, Vocational Rehabilitation Administration, Veterans Administration, and the Iran Foundation. He is a member of the Expert Committee on Rehabilitation of the World Health Organization, the Board of the Medical Advisory Committee to the National Society for Crippled Children and Adults, International Society for Rehabilitation of the Disabled. He is also a member of the National Advisory Arthritis and Metabolic Diseases Council, National Institute of Health, Public Health Council of the State of New York, the Committee for the Handicapped of the People-to-People Program, Board of Trustees of the Institute of International Education, Public Policy Committee of the Advertising Council, the Board of Directors of the International Rescue Committee, National Council on Alcoholism, and the United States Committee for UNICEF.

PETER SAMMARTINO, Ph.D.

Dr. Peter Sammartino was the third person to have the honor of receiving the Academy's Merit Award in the Hu-

manities. He was proposed by Academy President Walter H. Mosmann in May, 1967, and was presented with the award certificate at an Academy fellowship meeting held at the Columbia University Club, New York City, on October 12, 1967.

Regarding Dr. Sammartino's personal and academic background, the following was written by President Mosmann and sent to the fellowship with the October program notice:

"Dr. Peter Sammartino, president of Fairleigh Dickinson University, has dedicated his life to the education of youth of all nations and especially to the education of the underprivileged and the student of low income families.

"Beginning his career as a teacher in the public schools of New York City in 1944, Dr. Sammartino shortly was placed in charge of languages, New College, Teachers College, Columbia University. In 1940, he was asked to start a Community College in Rutherford, New Jersey, to make available higher education for those who did not have the means to attend school elsewhere. Under his guiding hand, the Junior College grew to become a College and then a University with campuses from Rutherford, Teaneck, Madison, and Wayne, New Jersey to Winston (near Banbury) in England. Fairleigh Dickinson University now offers advanced education to 18,000 students.

"Concurrently, Dr. Sammartino has authored many works. They include: Survey of French Literature; Grammaire Simple Lecture Faciles; II Prino Libro; and Community College in Action. He is, or has been, educational editor of United America and Atlantica; educational editor LaVoix de France; Associate Editor Literary Review and Clearing House Magazine. He participated in the President's Commission on Higher Education, 1956; was appointed (1965) by President Johnson to the Advisory Board of the Peace Corps, and has been decorated Chevalier Legion of Honor (France) and grand officer Order of Merit (Italy).

"Dr. Sammartino established the first and only school for dental hygienists in the State of New Jersey. Upon defeat of a public referendum for a dental school in New Jersey, he prevailed upon his Board of Directors to start a Dental School at Fairleigh Dickinson University, with a clinic to aid those persons without the means to receive treatment for the healing of dental disorders. One of Dr. Sammartino's main purposes in life is to help others achieve an education in their desired fields."

Dr. Peter Sammartino's curriculum vitae reads as follows:
President, Fairleigh Dickinson University, the largest pri-

vate university in New Jersey; Doctor of Philosophy degree, New York University; also studied at the University of Paris, France; LL.D. degrees from Long Island University and the University of Liberia; Litt.D., Kyung Hee University, Korea; author of fourteen books in the educational field; associate editor, *The Clearing House Magazine* and *The Literary Review*; member, President's Commission on Higher Education; delegate to the White House Conference on Education; chairman of the Legion of Honor, French Government; also officer d'Academie; Order of Merit (Italy); Silver Medal from the Sons of the American Revolution; Grand Commander, Order of the Star of Africa; Commander, Ordre National (Ivory Coast); former president, Rutherford Rotary Club, 1957; member, Board of Directors of the American Institute of Management; citation, National Conference of Christians and Jews; Council member at large of the North Bergen Council Boy Scouts of America; 1962, chosen Outstanding Citizen of New Jersey by the Advertising Association of New Jersey; 1964, president of the international Association of University Presidents; 1965, appointed by President Johnson to the Advisory Board of the Peace Corps; 1966, elected vice-president of the New Jersey Constitutional Convention.

After President Walter H. Mosmann presented Dr. Sammartino with the Certificate of Merit in the Humanities at the October 12, 1967, meeting, Dr. George V. Lyons, chairman of the Executive Committee, introduced Dr. Sammartino to the fellowship as the speaker of the evening. The title of his address was:

THE PLURALISTIC CONCEPT OF EDUCATION

Foreign visitors to the United States are often perplexed by the concept of the private non-sectarian university in our country. They can understand the heavily sectarian institution, but they cannot understand why these colleges have recently been rushing to shed their religious aspect. It is difficult to explain to them the reason for our pluralistic concept of higher education and why the two are melding into one.

There has developed a myth in higher education that private colleges have always had a rugged individualism and have enjoyed the virtues of independence because they have been free of state support.

Let us see whether we can untangle some of the threads of history. Originally, all institutions of higher education were started by church groups—all Protestant. Later, two things happened: since most of these institutions were in the East, and few in the Midwest and the West, state tax-supported institutions were founded in these regions. These tended to be heavily dependent on legislative whims and in many cases bureaucratically controlled.

In 1789 the first Catholic college, Georgetown University, was established by Father John Carroll. However, the great increase in Catholic colleges did not occur until much later. But almost at the very time that the Catholic colleges and universities were on the rise, the Protestant institutions were losing their sectarian coloration. Princeton started originally as a Presbyterian institution but became non-sectarian in 1894. Hardly anyone remembers that Harvard was originally a stalwart pillar of the Congregational Church.

In the nineteenth century also, a new movement appeared. New York University started in 1831 as a completely non-sectarian institution. Massachusetts Institute of Technology, developed as a technical school in 1860, was also non-sectarian.

It is true that a number of colleges in the eighteenth and nineteenth centuries received endowments from individuals, but these gifts were generally miniscule. A college, to struggle along, had to rely on two things: community or church support, and state appropriations. Most prestigious institutions, at one time or another, received state help in order to survive. Curiously, before the Civil War, the most richly endowed college was Union College, which in 1854 received \$600,000 from its president, Eliphalet Nott, who had invented a stove and invested wisely. But the college could not have reached this point without state help.

Private philanthropy could not meet the needs; the state had to step in. Sometimes funds were voted outright as with Harvard, Yale, Columbia, Bowdoin, and Williams. But sometimes the college was permitted to operate lotteries or was granted land. Princeton had permission to operate lotteries in New Jersey, Pennsylvania, and Connecticut. Dartmouth, even though it was in New Hampshire, received half of a village in Vermont.

What spoiled the concept of state help was that hundreds of little colleges were spawned and it became impossible to help them all. Furthermore, more and more of the students came from out of state and this weakened the partnership of state and college.

After the Civil War, public support shifted toward the state universities and toward education of a more practical nature and away from the sectarian type and away from the classical curriculum.

But even during the post-Civil War period, M. I. T. received \$200,000

from Massachusetts. New Hampshire poured a like amount into Dartmouth between 1893 and 1921.

Other developments after the Civil War were the millionaire alumnus and the industrial benefactor. College presidents conveniently forgot past partnership in public service. The very colleges that could not have subsisted without state help now made it a virtue to be "private" and to appeal to benefactors.

In reality, however, the only reason that hundreds of private colleges did survive was that the professors worked for a pittance. The teaching profession was the most underpaid of all. Indeed, President Eliot of Harvard made the low pay of professors a national virtue:

"The poverty of scholars . . . maintains the true standards of virtue and honor. . . . Luxury and learning are ill bed fellows."

The *Nation*, of all publications, said "Rich professors are all too often social bourbons." Today rich professors are apt to be social bourbon drinkers.

We must remember that before and after the Civil War there were not enough students to fill the plethora of colleges. To attract students, tuition had to be very low and the only way to meet the problem was to pay the professors less. In 1827, Princeton, in order to attract students, simultaneously reduced tuition and faculty salaries.

Despite these kinds of sacrifices, before 1860, over 700 colleges had to shut their doors.

The problem was further complicated by the fact that many colleges extended free tuition to students for the ministry.

Towards the end of the nineteenth century and the beginning of the twentieth, some states had too many private colleges: Ohio and Pennsylvania were good examples. Some states in the sparse regions had to depend mainly on state universities.

Through the depression years, things were really bad. State legislatures didn't have much loose money; most private colleges were operating on little if anything. Even the rich ones had to pull in their belts. The professors were still subsidizing the students. Columbia, for instance, in the late thirties had to reduce salaries by twenty percent. In fact, the Government had to establish a chain of WPA colleges to provide jobs at a pittance for unemployed professors.

World War II came along and most colleges existed by the grace of government contracts for the training of men and women in service. (In New Jersey, one such institution, Monmouth College, had survived.) What few students there were, were mainly in the first two years. Then came the end of the war and the beginning of the veteran period, the most convulsive period of quick adjustment to hit higher education. The veterans had to be taken care of, building restrictions were still in force and nothing could be done until the early fifties.

A temporary dip in enrollment caused by the ending of the veteran enrollment caused excruciating financial pains in many institutions and quite a few college presidents who couldn't produce a rabbit out of the hat fast enough found themselves resigning, some willingly, others not so willingly.

From the early fifties on things began to happen. The prestigious institutions were showered with gifts from nostalgic alumni. State legislatures unloosed their purse strings and things started to hum. The bulk of private colleges, however, solved their problem by boosting tuition an average of fivefold. No longer was it possible for the professor to subsidize the student.

But expenses began to skyrocket for three reasons. Faculty salaries soared and the yearly publication of the ratings of institutions by the American Association of University Professors encouraged the process. As the salaries rose, work loads decreased. Second, Spartan buildings of the past no longer sufficed. State universities vied with Ivy League schools to have luxurious buildings, centers, institutes, and what have you; and the new and less well known institutions had to keep up with the race.

There was an enormous expansion of square footage per student and per professor. Third, student services and auxiliary projects multiplied. Gone were the days when a college consisted of a president, the faculty, a secretary, and a janitor. Now there are directors, coordinators, supervisors for all sorts of things: student activities, counseling services for undergraduates, for alumni, veterans' problems, food services, dormitories, parking, medical services, spiritual guidance, placement, married students. The classroom teaching, as expensive as it is, is only a small part of the activities of the campus.

Now we have reached the limit of what we can charge the student. But we haven't reached the limit of our expenses. What will happen now?

Now in the tax-supported institutions, the enormous increase which may run from 500% to 1000% in 25 years has been absorbed by the state. The relatively few old institutions, with astronomical endowments, have been able to operate simply through the income on increasing endowments.

If an institution has a \$100,000,000 endowment and has an income of \$5,000,000 for an enrollment of 1000 students, it can spend \$5000 per student before it collects any tuition. The chances are that such an institution will have three additional factors to help it: higher than average tuition, healthy yearly contributions from alumni, and Federal research grants.

But most of the remaining private colleges are not quite so fortunate. In the past, most private institutions have had to operate within the framework of their income. Anybody who says differently doesn't

know what he is talking about or is disguising the facts. The income may include a yearly handout by a particular church or a modest contribution by alumni, but in general, private colleges, with the exception of the wealthy few, have had to depend on tuition.

Increase tuition? Yes, but we've already pushed tuition beyond the real power of the average American family. What has been happening is that students tend to work too many hours during the week and/or families go more heavily into debt. I am not against the idea of working your way through college, I did it myself. But there is a point of diminishing returns when the more a student works, the more he defeats the purpose of a college education. And while I would say that it is worthwhile for a student to go into debt to achieve a college education, that process, too, can be overdone. Who wants a girl who has a reverse dowry of \$5000 hanging over her head, especially if the would-be husband is also in debt?

Two other broad movements are also taking place with increasing emphasis and New Jersey is a good example. The senior in the upper ten percent of his high school graduating class is literally showered with scholarships. Without exaggeration, if he phrases his letter right he can get a scholarship offer from 500 institutions. What's more, in the major states, he can get a state scholarship. His only problem is "How can I get into Harvard or Yale or Princeton?" During the last twelve years or so, the only persons having difficulty in being admitted into college are those roughly in the bottom forty percent. But to take care of these (and for other reasons too) community colleges are springing up all over and are being heavily subsidized through tax sources. In effect, the very bright are very well taken care of by colleges and universities and in most cases also by the state. If the student has done poorly in high school and his College Board scores are low, the states are rushing to his aid through the community college movement.

The great mass of average students gets short shrift. Until college tuition started to climb to dizzy heights, this wasn't too much of a problem. In 1942 when Fairleigh Dickinson was founded, our tuition was \$250; the state college tuition was \$150. Twenty-five years later the state college tuition is still \$150 although the actual cost of educating the student has increased over 700% while our tuition has reached \$1250.

Now the student of limited means has lost his freedom of choice. The pluralistic concept of American higher education is in grave danger of vanishing. Shall the private college be limited to the rich and the tax-supported college to the poor, to put it in absolute terms? No! It makes sense to take the bull by the horns and realize that since we are taking care of the very bright, since we are spending many millions for those below average, since we are subsidizing students from middle class families and even millionaire families in State universities, and since

most private colleges can no longer subsist on tuition, we might as well do two things:

1. Say to every qualified student that if he chooses to go to a private college or university the state will give him a grant. In effect this is what the Federal government does under the various G.I. bills.

2. Where it makes sense to continue or to establish a curriculum of important social benefit, and if the private institution is in a position to do so, then the State will pay for any out-of-pocket deficit that may occur.

I would add a safeguard that under no condition may the subsidy to the student or to the institution be greater than the cost to the state in a public institution.

It makes sense for each state to utilize in its overall master planning the assets and know-how of its private institutions. Practically all of these private institutions developed when the state wasn't filling a particular need. What difference does it make who owns the property? The fact that the state didn't pay for it has saved billions for the nation. If tomorrow, Fairleigh Dickinson University were to go out of existence, its assets as a non-profit institution would go to the state anyway. The only real difference between public and private institutions is that: (1) in the former the Governor chooses the board members, while in the latter they are self-perpetuating; and (2) in the private institution the students are paying their own way. But as I have pointed out, this is becoming increasingly impossible.

Curiously some of these things are happening already:

1. In Wisconsin, a grant is made to students who wish to attend a private college or university.

2. In New York State subsidized state colleges may be located within private universities. The College of Agriculture, for example, is at Cornell University.

3. In Pennsylvania, grants are made to the University of Pennsylvania, a private institution.

4. Also in Pennsylvania, when the University of Pittsburgh became insolvent, the state came through with an outright grant.

It is evident that the public colleges are getting to be and want to be more like the private colleges. In effect, they want an outright yearly budget with freedom to experiment and to spend as they wish. The private colleges which, of course, have had this maneuverability right along, depending on how much money they had, have more and more come to depend on public assistance. Both are serving essentially the same students and offering, in the main, equivalent services. We need not be slaves to the happenstance of history or the lacunae of yesteryear. Instead, let us analyze objectively what is happening and let us use the strength of both public and private institutions in fashioning a rational program of higher education that will serve the people of the nation.

Academy Endorses Group Health Dental Insurance

IN THE late 1930s, various state and federal legislators began introducing bills which, if approved, would set up a system of compulsory health insurance. Many responsible dentists believed that the adoption of compulsory health plans would in time include compulsory dental health insurance and result in the eventual socialization of the dental profession.

To stave off this possibility, various plans were considered and studied which would place dental health insurance on a *voluntary* rather than a compulsory basis. One of these plans, in which the Academy took an active interest, was known as the GROUP HEALTH DENTAL INSURANCE PLAN. It was proposed by Academy Fellow Bissell B. Palmer, Jr.

On the evening of January 12, 1939, two different speakers presented papers to the Academy fellowship. One was David H. McAlpin Pyle, A.B., LL.B., president of the United Hospital Fund of New York. He read a paper entitled "The Social Responsibilities of the Dental Profession." The other speaker was Dr. Bissell B. Palmer, Jr. His paper was entitled "A Proposal for a Voluntary Insurance System of Dentistry; An Experimental Plan."

The first paper was, in substance, a sort of prologue to the second. Both papers as recorded here in part, stressed the urgent need for dental health insurance on a *voluntary* basis.

THE SOCIAL RESPONSIBILITIES OF THE DENTAL PROFESSION

By *David McAlpin Pyle, A.B., LL.B.*

"I could not help but realize as I wrote this paper that in many ways the problems which face the dentists differ from those which face the other branches of the health field. The editor of *Annals of Dentistry*, in the September, 1939, issue writes: 'The problem of providing dental care for the low-

wage group is even more complicated than is the problem of providing medical care for that group, because the incidence of dental disease is almost universal and its treatment is extremely time-consuming and, consequently, relatively expensive.'

"This, gentlemen, I think is true. There are certain inherent difficulties which are yours as compared with other branches of the health services. Later in the same editorial the writer states: 'We offer the inherent progressiveness of a comparatively young profession.' Let us pause for a moment to realize in full the implications of this last. There is no need to draw any historical comparison between the ages of your branch of science and that of your medical brothers. But may I point out that the very newness of the development of the science of dental care offers freedom from many of the handicaps which face us elsewhere today. I refer to the heavy capital involvement in buildings, hospitals and service stations, which have grown up around other branches of health service and which today offer one of the most complicated parts of their problem. Although the modern dentist must make a larger investment in costly equipment than is generally recognized, he is spared brick and mortar investment and its heavy capital cost. The dentist is therefore, I agree, faced with inherent difficulties greater than others, but is also able to enter the field with less incumbrances and *ipso facto* should be able the more readily to find an answer.

"I do not think there is any need to labor the point that we are all faced with the inescapable challenge of bringing to the people in all income groups better health services than are at present available to them at a price they can afford to pay. This has been so generally recognized that it has become almost a truism. I quote from an editorial in June, 1937, which appeared in *Annals of Dentistry*: 'After exhaustive study of all phases of the question, the writer came to one definite basic conclusion which subsequently was endorsed by the American College of Dentists and other bodies.' The conclusion was that the health service professions must recognize that it is not possible for the low-wage groups to finance the costs of medical and dental care, and that the profession must recognize their responsibility for meeting this condition.

"We are living in an age of transition. Local brands of different kinds of cure are being tried—'isms' of one sort or another. Each of these may well possess certain merits and certain demerits; each destroys many old values in an attempt to create suddenly new values in place of the old. I believe that there lies in our hands a rare opportunity to attain our end by our own methods more rapidly, more soundly, and more enduringly if we advance not by throwing out all the old, but by building on those of yesterday's foundations which upon critical examination are found to be socially and economically sound; and adding to these, stone by stone, when measure and test have shown them to be valued and sound.

"It has been comparatively easy in writing on hospital matters to find

fairly accurate figures and draw statistical tables to show the amount of medical care, hospitalization and convalescent service offered and required today and to draw estimates of the future needs. But this is not easy in the field of dentistry. Few figures are available. We know the number of clinics operating under the various auspices—voluntary and governmental. We know, in some detail, the figures of certain studies made on a limited number of patients of various age groups, but can anyone tell me today in any degree of exactness how much dental care is needed in our city and what number of operatives are required to handle it, and what payment per patient per year would be required to cover the cost? I have searched and there seems to be no answer, but in this I find some solace. For, if the answer is not available at the moment, is it not true that we have just so much more opportunity to get busy and find an answer before others jump in and offer a remedy or solution based on assumptions? Remedies or solutions based on assumptions are apt to hit dangerously wide of practicality.

“Your professional work differs in certain fundamental respects from the work of the ordinary medical or surgical case worker. The work of the dentist is, in almost all cases, done in an office and not in the home. There is the need of periodic inspection and examination in all ages, differing perhaps in importance and time of care called for in certain age groups. But I think it can be truthfully said that adequate diagnosis and early care bear an almost direct relation to the cost, as well as to the health benefits to the patient in your field and has a very direct bearing on our entire problem. Dental work, also, because of its very nature, is usually time-consuming and the more careful the attention, the longer the time required.

“These may seem commonplace remarks, but when one tries, as we have in the hospital field to arrive at service indices or rates, they become very real factors. For how, I ask you, can anyone arrive at a set of basic rates on anything even resembling an insurance principle without knowing, with a degree of accuracy, the amount of service which must be insured against; and the cost of rendering that service on a basis satisfactory to dentist and patient. At this point it becomes clear that our present system, insofar as service facilities are concerned, is at best vague and uncorrelated.

“We know that in the public school system of this city every effort is being made to have health examinations of all children who register. But we also know that dental examinations are made up to a certain grade and then, because of the cost of care, no further treatment is provided.

“There are at the present time in the five boroughs 232 dental clinics. This includes all clinics operated under voluntary auspices attached to hospitals and unattached, and those run under municipal auspices by the Department of Hospitals and the Department of Health in schools and health centers.

“There lies at your door, gentlemen, a rare opportunity. I am suggest-

ing to the dentist three definite steps to bring that into being: First, a survey of existing dental facilities, studies with all concerned in maintaining them, leading toward a zoning of the city and establishment of adequate service facilities in clinics and hospitals for those requiring this type of care. Second, a study with definite purpose to set up some kind of prepayment plan to offer more adequate dental treatment to certain income groups than is at present available to them. Third, a wide educational program to make the people more conscious of the imperative demand that they themselves give more attention to the care and treatment of their teeth.

"The time is ready, and if those who have devoted their lives to scientific study of the teeth will assume the leadership, then others less trained will follow rather than attempt to lead."

A PROPOSAL FOR A VOLUNTARY INSURANCE SYSTEM OF DENTISTRY; AN EXPERIMENTAL PLAN

By Bissell B. Palmer, Jr., D.D.S., F.A.C.D.

"Over the years, I have liked to believe that dentistry would never be found wanting whenever faced with any problem related to the public health. Even more have I cherished the belief that the New York Academy of Dentistry could always be depended upon to meet any responsibility that might be brought to it by any responsible person or group.

"Mr. Pyle, in a comprehensive address, has brought to us a challenge in the form of an intimation that dentistry will be lacking in meeting its full professional obligations if it fails to apply itself promptly to the solution of the problem of providing dental services for the entire population. In an effort to take up this challenge effectively, I offer to dentistry and to all groups interested in the problem an experimental plan for a voluntary insurance system of dentistry.

"I wish to emphasize the fact that the proposal that I am about to make is for the setting up of a system of voluntary insurance dentistry as an experiment. If its fundamentals, (not necessarily all its detailed provisions) prove to be sound in actual practice, then the system subsequently could be set up on a broader scale as an effective means of providing dental care of the lower-income group.

"It has become increasingly more apparent to those of us who have been studying the problem of providing health services to the lower-income group that, although dental services must be included in such a system of public health service, yet, dentistry cannot be coupled under the same system with medical services, because the fundamental factors involved are entirely different, as I shall now proceed to explain.

"In the first place, the need for medical care, and particularly for hospital services is generally urgent, obvious and non-voluntary. By non-

voluntary I mean that the patient has no alternative but to seek such services because of the nature of the disease or of the acute pathological condition. In dentistry, it is different. Excepting when severe pain or an acute infection is involved, only a deliberate intent on the part of a person steers his footsteps toward the office of a dentist. Only education in the field of dental health can send such an individual to a dentist when, so far as the individual knows, there is no dental disease.

"Secondly, while actuarial figures guide an insuring body as to its probable liabilities in relation to any sickness insurance which it may write; and while it can be depended upon that, out of a thousand insured individuals, only a certain number will present claims for medical, surgical or hospital services, in any insurance that might be written against dental disease, it would be found that practically every person so insured would require more or less constant dental services. Because of this basic factor, it is obvious that some different formula must be found if dentistry is to be provided for the lower-income group without direct government subsidy, with all the hazards to the public health and to the health service professions that would be related to such a development.

"It is therefore clear that without some qualifying factor it is not possible to resort to the *insurance principle* per se as a means of solving our problem. While it is true that practically the entire population of the United States requires annual dental care, it is also true that the extent of these required services varies greatly. Therefore, if we can imagine a situation in which a large group of individuals could be put into a healthy dental condition, we can understand that subsequently there would be a wide variation in the extent of services required to maintain that dental health. This would make possible the creation of an average of annual dental care required. This would strike somewhere between the services required by the caries-susceptible type, and the services required by the caries-immune type. The actuarial basis resulting from the variation under these conditions would make possible the application of an insurance principle for dentistry; something that heretofore has been considered impossible. The qualifying factor then is the healthy mouth as a starting point.

"Thirdly, while much medical care can be administered quickly and without the full concentrated attention of the practitioner himself, in dentistry, excepting in those states in which the oral hygienist is permitted to function in an extremely limited field, each meticulous step of every operative procedure must be performed by the dentist himself. With the high cost of education, the relatively high office overhead and expensive essential equipment, with only a limited number of possible operating hours per day because of the severe eye and nervous strain involved, and with the number of years in which to practice limited because of the hazards of practice depletion due to the competition of younger practitioners as years go on, and with the necessity for making provision against the needs of

such a day, the per hour cost of rendering dental service must of necessity be relatively expensive.

“So, it being generally accepted that dentistry must be a part of any comprehensive system of health service, and it being equally as definite that because of its peculiar requirements, dental care cannot be administered as is medical care, where there is a definite actuarial basis for accepting an orthodox insurance risk, it becomes clear that an entirely new concept of such a system of providing dental services must be evolved. No group has either the scientific knowledge or general information on the subject that the profession of dentistry has, so it is obvious that when an equitable, workable proposal is presented it probably will come from the dental profession.

“In an effort to meet the complications mentioned as making difficult any insurance plan for providing dental services, the following is offered, not as a consolidated, perfected system, but rather as a workable formula for a preliminary experimental study on which may be based an effective future program.

“It must be understood that compulsory health insurance is of no value to the unemployed, indigent group of the population because the members of that group do not have the funds with which to pay the insurance premiums. Such a system likewise is useless for the higher income group because the members of that group, being financially capable of paying the proper fees of private practice, would not be eligible to participate in the insurance system. Consequently, the only group for which compulsory health insurance could be of any interest, excepting academic, would be the lower-income group. The plan I shall propose is intended primarily for that group and, if its effectiveness meets my expectations, it would make any further consideration of compulsory health insurance unnecessary.

“As Mr. Pyle pointed out, there is a group which cannot pay for the necessities of life; much less are they able to pay the cost of medical and dental care. These people are public charges and within practicable limits, so they must receive health services. Under our changed economic conditions, it has become a hardship for practitioners to continue to render this service gratis as in the past, and some equitable compensation must be arranged for physicians and dentists who render services for indigents. I believe that within the framework of my proposed plan a satisfactory solution can be worked out for the no-income group of the population as well as for the low income group.”

The remaining portion of Dr. Palmer's paper contained a detailed description of his proposed insurance plan.

In February, 1939, President Oscar J. Chase, Jr. appointed a committee to study Dr. Palmer's insurance plan. It con-

sisted of Drs. George Callaway, George Babbitt, Malcolm Carr, S. Ellsworth Davenport, Jr., and Alfred Kohn, chairman. The following month, the committee submitted its first report:

“The development of the Voluntary Insurance Plan proposed by Dr. Bissell Palmer has reached a stage in its development where it becomes necessary to engage in research studies to obtain the answers to questions and essential data, so that the plan may be brought to a point of operation in its experimental phase. This, together with other researches will require the intensive attention of a dentist familiar with the problem. The committee feels it highly desirable that much of this work should be accomplished by Dr. Palmer, himself, because in some respects his original paper was skeletal, and changes and additions will be required as pertinent data is acquired by field work.

“We recommend that the sum of \$1,500 be appropriated from the Advancement Fund of the Academy for the expenses of the committee in furthering these studies. If Dr. Palmer will undertake this work, the committee would act in an advisory capacity. We wish also to report that since the last meeting of the Academy, a compulsory health insurance bill has been introduced in the United States Senate.”

Three years later, in April, 1942, the Insurance Committee's report contained this information:

“Since our last report to the Academy in 1939, we have continued making an analysis of Dr. Palmer's plan and have supplied answers to questions as they appeared in his original proposal. Dr. Palmer also made a statistical survey, the results of which he presented to the Academy at the November, 1940 meeting. This survey is a valuable contribution to the statistics on the subject.

“Now the world picture has changed in its political and social aspects. The United States is at war. Group movements in politics have become more powerful. The attention of private philanthropic agencies and public spirited citizens is focused on the war effort. It is obvious that the possibility

of getting support for any voluntary insurance plan is unlikely at this time. So in view of these conditions, your committee henceforth will report only when it has information which will serve a useful purpose."

In April, 1947, Dr. Alfred Kohn summed up the action of his committee during the intervening years:

"In my reports of the last few years, I repeated the statement that while the general matrix of the Palmer Plan had been worked into shape, the committee remained inactive during the war, due to the fact that it was impossible to interest any community, either civic or industrial, in a dental health insurance plan.

"Last Spring the New York State Legislature passed laws permitting voluntary dental insurance in this state. Activity in interested quarters began, and your chairman and Dr. Palmer held many conferences from that time to date. It is too early and impractical at this time to divulge what is going on, but Dr. Palmer, who has resigned from the committee in order to have greater freedom of action, is devoting considerable time to perfecting details and practicalities of his plan. By the Fall, I believe that he will have some interesting information."

It was not until February 5 of the following year (1948), however, that Dr. Palmer presented the report to which Dr. Kohn referred:

"Having presented to the Academy in 1939 a proposal for a voluntary system of dental insurance, and the Academy subsequently having appropriated \$1,000 for a study of the economic and social conditions among neighborhood practitioners of dentistry, on which I reported to the Academy in 1940, it seems appropriate that I make the following announcement to the Academy: The plan for a voluntary insurance system of dentistry based on this plan which was presented to the Academy in 1939 has been presented to the State Board of Social Welfare and to the State Insurance Department. Following study on their part, they have approved an application for incorporation of a non-profit cor-

poration to activate this insurance plan of dentistry. That is being approved under Section IX-C of the State Insurance Law amended in 1946 for that purpose. That is the first dental corporation set up under that law, so that the application has been approved and the Group Health Dental Insurance, which is the formal name, is now duly incorporated, and a voluntary dental insurance system, legal under the state law, is about to become an actuality in the state.”

Concerning the results of his follow-up survey, Dr. Palmer submitted this report to the fellowship at an Academy meeting held in January, 1950:

“This is a follow-up of the one that was authorized in 1939 and published in 1940. It is similar to the extent that it was a personal interview survey with a sampling of fifty neighborhood practitioners on questions of economics. It includes such matters as incomes from 1941 through 1949, gross and net; employment of assistants and hygienists and salaries; office rents; the amount of work sent to commercial laboratories and a comparison of laboratory charges to the prosthetic fee; the relationship of the prosthetic laboratory annual expense to total office expenses; and a large variety of similar items, of which there were over 5,000 recorded.

“The final report on this survey is scheduled for publication in the March, 1950, issue of *Annals of Dentistry*. It was my duty, as I look upon it, a rather sad one, to have discussed this report with Dr. Gordon Ga Nun within a few days of his death, but I am glad that he had worked on the general idea before he went.

“I wanted to be able to present this as a concluded piece of work. It was performed under the auspices of the Academy and I am pleased that the Academy will get whatever credit there may be in the undertaking.”

In April, 1954, the Academy indicated its official approval of the Group Health Dental Insurance Plan by adopting the following preamble and resolution:

“Whereas, the plan of pre-payment dental insurance known

as the Group Health Dental Insurance Plan was first introduced by Dr. Bissell B. Palmer, Jr. at a general meeting of the New York Academy of Dentistry in 1939; and the Academy financed some of the early research in relation to the plan in 1940; and the Academy in April, 1948, approved the plan in principle; and the First District Dental Society of the State of New York, after more than two years of intensive study by several committees and by its Board of Directors, endorsed the plan in 1950 by an 83% affirmative vote of the society's membership; and the New York State Department of Insurance, after several months of study, granted a permit for the activation of the plan

"Be it therefore resolved that the New York Academy of Dentistry, recognizing the public benefits involved, lends its moral support and approval to the Group Health Dental Insurance Plan."

In the mid-1960s, dental journals, newspapers and lay magazines were including in their pages numerous articles and editorials whose subject matter stressed the continued and increasing need for prepaid dental health insurance plans which would make available adequate dental care at nominal costs to *all* citizens of the United States and not just those who, heretofore, had the means to pay for this important health service.

One editorial which was informative and timely during that period was written by Academy Fellow Herman L. Malter, an associate editor of the *Annals of Dentistry*. Published in the March, 1964, issue of the *Annals*, it read as follows:

PREPAID DENTAL HEALTH INSURANCE PLANS

"During the past decade increased attention by the profession has been focused on the need for the continued development and refinement of programs of prepaid dental care for our citizens. The belief that dental treatment could be postponed indefinitely is a totally exploded myth. The search for a prepayment plan, whereby payment for good dental services would be facilitated, has been reduced to a chosen few.

"There are now three important entries into this relatively new and

fertile insurance field. The large labor unions, increasing fringe benefits, have organized dental clinics, employing the services of dentists and offering dental care, either free or at a minimum fee scale for union members. The commercial insurance companies have very effectively and economically formulated medical health plans of undoubted worth. These carriers have to a large extent blazed the trail in the area of prepaid dental health insurance. The figures these insurers quote are ample evidence of the feasibility and thoroughness of their planning of their pilot plans. The third entrant is the dental service corporation, initiated, organized and supervised by the state or local dental society.

"It would seem most logical, in view of dentistry's primary objective of providing for the public only services in its best interest, that this type of protection be under the immediate purview of our profession. Thus, the rapport between dentist and patient, so essential for maintaining a climate of mutual understanding, would be fostered by permitting the privilege of selection to remain unhampered. Under this type of sponsorship the dentist could be privileged to formulate the treatment plan and be adequately compensated for his services.

"The public attitude toward dental care has been changing slowly but surely, and today the need for this service has assumed its important role as a very necessary segment of total health service. In an editorial in the August, 1962, issue of *Dental Survey*, Melvin I. Dollar, Executive Director New York Dental Service Corporation, states: 'The dental profession, responsible for combating the most prevalent of all diseases, has developed a team of 100,000 specialists to meet this challenge. The profession knows, that its services are effective only to the extent the public utilizes them. To help motivate the public to meet its dental needs adequately, the profession now looks hopefully to dental insurance as a new weapon in its unending fight against dental disease.' Certainly, a dental service corporation formed by a state dental society to provide prepaid dental care is thus inextricably linked to the profession both in motivation and aim. It remains, after all, a corporation under the professional guidance of the dentists themselves—which is where it belongs."

Approximately twelve-and-a-half years after the New York Academy of Dentistry endorsed by resolution the group health dental insurance program in April, 1954, Dr. Bissell B. Palmer, Jr., chairman of the Board of Directors of Group Health Dental Insurance, Inc., presented a comprehensive historical review of GHDI that included the period from January, 1939, when he submitted the first plan formulated

in the United States for community-wide, nonprofit dental insurance, to April, 1966.*

Dr. Palmer's review, or progress report, published in the *Annals of Dentistry* (Vol. XIV, No. 3, Sept., 1966), and recorded here in its entirety, reads as follows:

THE FIRST COMMUNITY-WIDE DENTAL PREPAYMENT PLAN

"In 1933, only one third of the United States population visited a dentist during the course of the year, and then most of the patients went because of pain, infection, or breakage. Less than 25 per cent went for regular care. In 1930, the author introduced a resolution in the American College of Dentists to appropriate funds to send Dr. Nathan Sinai and Dr. A. M. Simons to Europe to investigate the social insurance systems there. It was apparent even then that there was a trend toward a system of medical and dental care for that large proportion of the population that received little or no dental treatment. The author advocated more study in the field and the drafting of a model dental section in health legislation. A few years later, experience in surveying the WPA projects in New York City revealed appalling conditions among middle-income and low-income workers. Service on President Roosevelt's Cabinet Committee on Social Security under Frances Perkins crystallized the author's thinking in regard to the need for a plan for dental insurance.

"In 1935, Associated Hospital Service of New York (Blue Cross) began operation, and in 1939 David H. McAlpin Pyle, who had been instrumental in launching Blue Cross, asked in an address at the New York Academy of Dentistry, "What are you going to do about a dental plan?" At that time, Group Health Insurance (GHI), the first plan in the Northeast paying for medical costs, was only a year old and Blue Shield was not even dreamed of. In discussing Mr. Pyle's challenge at the same meeting, the writer submitted the first plan formulated in the United States for community-wide, nonprofit dental insurance.

"Subsequently, on an assignment of the New York Academy of Dentistry, the writer made a survey of practicing dentists in Manhattan, chosen from the telephone directory, as a random sample, to find what services were rendered and what the average charges were. Introduction to Winslow Carlton, the youthful crusader for medical care insurance, led to further analysis of the problem and the further development of the plan, incorporating the group enrollment principle.

"Until 1946, enabling legislation for nonprofit health insurance mentioned only hospital and medical care. In that year, the New York State Insurance Law was amended to include dentistry.

* Dr. Bissell B. Palmer, Jr. passed away in New York City on January 23, 1968.

"Two years after, in February, 1948, GHDI was incorporated. Its six directors were Winslow Carlton, Arthur H. Harlow, Jr. (president of GHI), William J. Gies, Ph.D., Alfred Kohn, D.D.S., Maurice William, D.D.S., and the author. The other eighteen contemplated members of the board were not named so that these positions could be filled by dentists from various dental societies wishing to participate and an equal number of laymen representing labor, management and community.

"We were prepared for natural resistance to a new idea, but, when the plan was presented in the Spring of 1948, the reaction of the state and most of the local dental societies was even more discouraging than anticipated. However, after many meetings and almost endless discussions, the First District, the largest dental society in the American Dental Association, voted approval of GHDI by 83 per cent in a mail ballot in May, 1950. The Academy of Dentistry voted its approval in April, 1954. But the distance between incorporation in 1948 and operation in 1954 was uphill every step of the way. As a result of the author's visit to Washington in 1951, dental insurance benefits were added to hospital and medical services, and considered "fringe benefits," to which an employer could contribute without being taxed for such contribution.

"GHDI's affiliation with Group Health Insurance (GHI) was made possible by the enthusiasm, encouragement, and generosity of Winslow Carlton, GHI's chairman. GHDI was able to effect a management agreement, which provided for the use of GHI's clerical services and equipment, and to obtain the insurance advice of its officers for a payment of 7 per cent of each dollar of premium collected. This was an extremely generous arrangement, because at that time GHDI had practically no enrollment and its prospects for obtaining it at an early date were not bright. It permitted the stripling corporation to use most of its premium dollars for the payment of claims and to achieve efficiency and low operating costs which would otherwise have been unobtainable..

"In addition to overcoming resistance among the dental societies, there was the problem of breaking down the apathy of the public, and even of some members of GHI's sales staff, to dental care. Many hopes for rapid growth, when operation began in 1954, had to be revised. It was not until 1957 and 1958, after GHDI's earliest contracts had been remodeled and improved, that enrollment was sufficient to demonstrate the Plan's viability.

"The financing of GHDI during the years between 1954 and 1957 was very difficult. The early medical plans of the area—GHI, Blue Shield, and HIP—were aided by foundation grants, but a change in the Internal Revenue regulations discouraged grants from the many foundations to which application was made in 1950 for GHDI. The

Nathan Hofheimer Foundation was an exception. It came to GHDI's rescue with gifts which over the years totaled \$9,500 and in addition it made non-interest bearing loans of more than \$15,000 to be repaid as GHDI developed and the Superintendent of Insurance approved repayment from the Plan's unassigned surplus. Further financial help came in 1953 when GHI repaid its indebtedness to individual backers of its medical plan, and these people agreed to transfer their money—some \$46,000—to the dental plan. Thus GHDI was able to obtain sufficient starting capital.

"The enrollment in 1957 and 1958 of prominent groups such as the United Nations Secretariat, C-A-R-E, the Federation of Jewish Philanthropies, of members of a local union of the Oil, Chemical, and Atomic Workers, a local of the International Brotherhood of Teamsters, and of the International Longshoremen's Association made GHDI better known.

"GHDI's early years were marked by many improvements of its benefits, allowances, and administration. Having slim financial resources, it could not afford to pay at once for *existing* needs for expensive replacements such as dentures, bridgework, and jacket crowns. It did pay for such replacements if the individual corrected his defects and thereafter the need for a replacement developed. But the public wanted all benefits without waiting periods. To meet this wish, GHDI designed in 1959 a technic for insuring all benefits without waiting periods. It charged for this protection an extra first-year premium of \$50 per employee. GHDI assumed that no purchaser would be able to pay for such comprehensive care, but to its astonishment the Welfare Fund of the Office Employees International Union was immediately enthusiastic and bought the protection for several thousand members, giving them one year in which to correct all their defects, after which the coverage reverted to a more restricted type. GHDI suffered heavy losses during the first year of the group's enrollment, but by increasing to \$80 the one-time extra premium, it was able to break even on those segments of the group which enrolled after the first year. Subscribers achieved, in many cases, better dental health than they had ever dreamed of. Their word-of-mouth praise of GHDI proved as effective as paid advertising which GHDI could not afford.

"The next step for GHDI was to find a way to cover all services (except gum treatments) without waiting periods and without requiring an extra premium the first year. This was achieved by providing for expensive services, such as replacements, to the extent of 25 to 100 per cent of GHDI allowances, depending upon the premium which the group was able to pay. The subscriber thus shared the cost of these expensive services by paying the difference between GHDI's allowances and the full fee for the procedure.

“Dental insurance which pays all of the dentist’s bill directly to the dentist is the only kind the public will wholeheartedly support. In 1965, GHDI introduced its Family Dental Plans with fee schedules 30 to 35 per cent higher than its earlier plans—fees acceptable to most practicing dentists. An outstanding feature of these plans is that GHDI’s 5,200 Participating Dentists accept the maximum permitted charges of GHDI as their full fee regardless of a patient’s income. Various types of Family-Dental-Plan coverage are available: some are comprehensive; some have deductibles; some have coinsurance features.

“Participating Dentists appear to like GHDI’s Family Dental Plans. They are paid directly and promptly, usually within eight working days, and are spared the embarrassment of asking a patient about his income. They find that patients tend to obtain needed services, and that the reservoir of patients provided serves to level the economic hills and valleys of their practices. Groups still insured under GHDI’s earlier Income Ceiling Plans are being urged to transfer to the newer and higher-fee coverages.

“One contribution GHDI believes it has made is the laying of the groundwork encouraging the inauguration of nonprofit dental service corporations. There are today nine dental service corporations in operation which differ from GHDI chiefly in that their boards of directors are controlled by dental societies rather than by an equal number of dentists and laymen. In addition to the nine operating service corporations, fourteen states have incorporated dental plans but have not yet enrolled groups. Ten more states have enabling legislation for the development of such plans. Together these plans insure a half million persons.

“Commercial insurance companies, which at first were strong in their assertion that dentistry is uninsurable, have eagerly entered the field and are eager to underwrite business even at a loss in order to achieve “know-how.” Commercial carriers today insure more than half a million persons for dental care. The other million persons covered by dental insurance are insured by independent GHDI which covered 170,000 as of June 1, 1966; some 616,000 persons covered in group practice or clinic type plans; 189,000 in various mutual benefit arrangements; and 10,000 in health corporations in Puerto Rico, Texas, and Wisconsin.

“Only the nonprofit plans such as GHDI and the dental service corporations have agreements with Participating Dentists to restrict their charges to the Plan’s schedules of fees regardless of a subscriber’s income. This is a feature of special importance to labor organizations.

“Unions often start by providing benefits only for their members, and later add coverage for dependents. They increase the scope of their coverage as finances permit. They try to prevent out-of-pocket costs to their members and seek broad benefits.

430 GROUP HEALTH DENTAL INSURANCE ENDORSED

“GHDI, from its inception, has provided orthodontic benefits thus enabling children to achieve satisfactory occlusion. When it is remembered that public health dentists believe that half of all children in this country need some degree of orthodontic care, the advantage of a benefit that not only covers much or all the cost, but also motivates the subscriber, the contribution of dental insurance becomes clear. There is no question that the appeal of the orthodontics benefit to both union and management groups is great. Most families find it difficult to meet the cost for this service without insurance.

“The impact of dental insurance on dentists themselves has been marked. GHDI, being first on the scene, faced resistance to change, fears of economic disadvantage to the dentist, and concern about the loss of control by professional societies. GHDI believes that dentists in the New York area use their time more effectively and satisfyingly because some of their patients are insured.

“Moreover, the existence of a community-wide nonprofit plan discourages the development of clinic type, group practice plans which for many years provided the only type of insured dental care. Experience indicates that subscribers prefer to go to their own dentists in their dentist’s office.

“Most exciting to GHDI’s founders, and to those who have worked steadily to make the fledgling plan a success, is its social impact on the pattern of dental care of persons it insures. GHDI believes that apathy about dental health has been diminished among its insured subscribers. They tend to go for more dental care as years pass and statistics indicate that they receive a wide range of services.

“Dental insurance is not growing as fast as hospital or medical care insurance, but undoubtedly dental insurance will soon be as well accepted as hospital or medical protection. Today, 151 million people—79 per cent of the population—are covered for hospital-medical insurance. Only 1 per cent, or about 2 million persons, are covered for dental insurance. The prospect for growth is very bright and is enhanced by the advent of Medicare. The prospect is that supplementary programs in some states will soon add dental benefits as well. When the 1966 view is compared with that of 1954, it is scarcely surprising that the co-founders of dental insurance feel inclined to rub their eyes.”

Regardless of the confusion and frustrations experienced during the past decade by dental health insurance plans in general, whereby large numbers of Americans hoped to receive dental coverage under company-paid group prepayment programs, predictions for the ultimate successful administration of such plans beginning with the year 1974 were guard-

edly optimistic. This optimism was especially directed to the dental profession's own sponsored prepayment system, the Delta Dental Plans composed of many state dental service plans.

An article in the *Journal of the American Dental Association* (Vo. 88, Jan. 1974) summarizes the optimistic future outlook of dental health insurance prepayment plans in these words:

1974 TO BE MAJOR YEAR FOR GROWTH OF DELTA PLAN ENROLLMENT

"It is now apparent that as a result of the contract negotiations involving dental benefits in a number of major industries this past fall, 1974 will be the critical growth year in the entire field of dental care prepayment.

"There is every indication that the recent settlements between management and organized labor in the auto and farm implement industries, as well as the establishment of a national benefit trust for machinist union members, will set new records for the numbers of Americans receiving dental care coverage under company-paid group prepayment programs.

"It is also anticipated that the installation of these dental programs for the many millions of members of the United Auto Workers and the International Association of Machinists, and their dependents, will also lead to the management purchase of similar programs for nonunion salaried employees in these industries and in subsidiary and supplier organizations.

"If past history is any indicator, it would seem safe to predict that the acquisition of dental benefits by the auto workers will spur union leadership in such industries as steel, petroleum, chemicals, rubber, communications, transportation, and the building and construction trades, to seek dental care coverage at the bargaining table in forthcoming contract negotiations this year, or in succeeding years.

"Although the number of subscribers in group dental prepayments programs has been showing substantial growth in recent years, there can be no doubt that 1974 will mark the largest annual increase in this number, and begin an acceleration of growth that will continue through the mid-and late 1970s. It is now abundantly clear that 1974 will be the year the dental profession has been hearing about for so long: the year when large numbers of Americans will begin receiving dental services through their employee "fringe" benefit programs, and the beginning of an era of sustained growth in the field of dental prepayment.

“Sharing in the growth of these new dental programs will be the dental professions’s own sponsored prepayment system, the Delta Dental Plans. Many state dental service Plans, which together compose the national Delta system, will be playing a major role in the underwriting and administration of the programs already negotiated, in addition to representing the organized profession in discussions with purchasers of future programs.

“Moreover, the substantial involvement of Delta Plans in the UAW negotiated auto programs will provide an opportunity for the profession-sponsored prepayment system to be compared with commercial carriers in a significantly large, national program. The results of this comparison should be interesting.

“As the voice of the organized profession in the dental prepayment market, the Delta system has been successful in setting the pace for all carriers in such important areas as benefit design, provider compensation methods, peer review, and cost and quality assurance. Beyond its commitment to the preservation and strengthening of the private practice, fee-for-service system of American dentistry, the Delta Plans have worked unceasingly toward the goals of providing quality care programs with equitable treatment for the public, the program purchaser, and the practicing dentist.

“In this watershed year of 1974, in this new period of surging growth, the Delta Dental Plans will continue to serve and improve the concept that has now reached a new plateau of interest and acceptance.”

ACADEMY ENDORSES NEW YORK DENTAL
SERVICE CORPORATION

On September 18, 1973, Academy Fellow George E. Mullen, by letter to Academy President George V. Lyons, appealed to the New York Academy of Dentistry for financial support for the New York Service Corporation of which he was president. President Lyons presented Dr. Mullen’s request to the Board of Directors at a meeting on October 11, 1973, and the following month, November 8, after careful study and debate, the directors by unanimous vote decided to support the New York Dental Service Corporation. Dr. Mullen was advised of the board’s action in a letter from President Lyons, dated November 27, 1973, which read in part:

“On November 8, 1973, the Board of Directors unanimously approved the following action in favor of the New York Dental Service Corporation:

“1— The New York Academy of Dentistry with pleasure extends philosophical and financial support to the New York Dental Service Corporation.

“2— The Dental Service Corporation is given an unrestricted grant of \$500.00 and a restricted grant of \$1,000.00 from the general fund of the Academy. The latter grant is to be held in escrow for return to the Academy if the Corporation’s funds raised are not sufficient to undertake the underwriting of enough volume of business to be meaningful to the public and to dentistry. (In this matter, please refer to Dr. Abraham Kobren’s letter of July 11, 1973, to the members of the Dental Society of the State of New York.)

“3— The Board of Directors of the Academy encourages the Fellows of the Academy to lend their full support to the Dental Service Corporation in its efforts to establish a capital reserve.

“Your efforts to establish the Dentists’ voice and control in the future delivery and financing of sound dental care are most commendable and worthy of our fullest support and deepest appreciation.”

The Academy History

FIRST EDITION

Although the desirability of having an updated Academy history had been introduced numerous times as a topic of conversation at Academy board meetings, it wasn't until the late fall of 1955 that the specifics of the proposal were given serious consideration.

A history that included the first ten years of the Academy's activities had been written by Dr. Bissell B. Palmer, Jr., but now that the 35th anniversary of the Academy's existence was only one year away, and the ten-year chronicle was out-dated in point of time and content, it was the opinion of many Academy fellows, including those founders—Drs. Andrew J. Asch, Oscar J. Chase, Jr., and S. Ellsworth Davenport, Jr.—who were still active in the affairs of the Academy, that no more time should elapse before a book should be written that would take into consideration not only a review of the Academy's activities, achievements, and ideologies, but a history, broad in scope, which would be representative of the Academy and the dental profession in a fast changing world; one that would relate to dental legislation, dental research, dentistry as a health service, professional interrelations, group health prepaid dental insurance, and other dental-related pursuits which had gained prominence in varying aspects and complexities during the past three-and-a-half decades.

Certain Academy fellows had expressed a strong desire to compile and write a current Academy history, but for various reasons the project was discontinued, or stopped in its pre-initial stages. At one time, Dr. William J. Gies, a professor of biochemistry at Columbia University and a former Academy president (1940-1941), proposed to write a history that would include the first twenty-five years of the Academy's activities, but he gave up the idea because, in his opinion,

“the minutes and the records were too hopelessly mixed-up and skimpy to even attempt to initiate such a project.”

Apropos to writing an Academy history, soon after the 35 year history of the Academy was published in the spring of 1960, the author received the following letter from one of the Academy founders, Dr. Andrew J. Asch:

June 29, 1960

Dr. Edgar S. Bacon
9 Rockefeller Plaza
New York, New York

Dear Doctor Bacon:

Permit me to add my admiration to those you must have already received for the outstanding job you have done with the Academy history.

I feel qualified to pass judgment on your work, for I served on the committee just prior to yours, formed to write an Academy history. We found it too difficult an assignment and, to my mind, failed abysmally.

Your history strikes a nostalgic chord with me, having been with the Academy since its inception, or should I say, conception?

Again, my praise and thanks for your fine work.

Sincerely,

/s/ Andrew J. Asch, D.D.S.

8 West 40th Street
New York, 18, N.Y.

A few days later, on July 5, 1960, Dr. Bacon wrote to Dr. Asch as follows:

July 5, 1960

Dr. Andrew J. Asch
8 West 40th Street
New York, 18 N.Y.

Dear Doctor Asch:

I thank you very sincerely for your kind letter of June 29, 1960, in which you refer favorably to the history recently published by the New York Academy of Dentistry.

As for your comments regarding your history committee, may I say very earnestly that I, too, might have "failed abysmally," if during the three years required to compile, write, and edit the book, I had not been so fortunate as to be favored with the steadfast friendship and inspiring encouragement of my chief consultants, Drs. Malcolm Wallace Carr, Oscar Jerome Chase, Jr., and S. Ellsworth Davenport, Jr.

With warm personal regards.

Very sincerely,

/s/ Edgar S. Bacon, D.D.S.

9 Rockefeller Plaza
New York, 20, N.Y.

In June, 1955, Academy President Willard T. Keane appointed a History Committee comprised of Drs. S. Ellsworth Davenport, Jr., Edgar S. Bacon, and E. Byron Master, chairman, with instructions "to attempt to find a professional writer who would be willing to assume the responsibility of writing a 35-year history of the New York Academy of Dentistry."

At a Board of Directors meeting on November 10, 1955, Chairman Master reported that he "had not yet been successful in arranging meetings for the purpose of interviewing various prospects whom he had in mind to write the Academy history, but after talking it over very carefully with Committee Members Bacon and Davenport, it was the consensus of opinion that the Academy should not rush into just any arrangement, but should be pretty sure of the author before committing itself definitely to anything."

Dr. Davenport supplemented Dr. Master's report by saying that he "had had an interview the night before with a man who is a former librarian of the New York City Public Library, and who is now looking over the material that had been left with him. He (Davenport) would be advised of his reaction in a few days."

On November 14, 1955, Dr. Davenport received a letter from the librarian that stated rather succinctly: "I am too busy just now working on other writing assignments to undertake an assignment of such magnitude. However, in this instance, it is my opinion that a better, more knowledgeable

job could be done by a dentist, preferably one of your own members.”

It seems apparent that the reading of one of Dr. Bacon's books, *PSYCHOLOGY AND THE DENTIST*, and the fact that he was taking an active and keen interest in the affairs of the Academy, were the primary reasons that prompted Dr. Davenport to request Dr. Bacon to write the thirty-five year history of the Academy.

The request was presented in a pleasant, but rather round-about way. After an Academy fellowship meeting at the Columbia University Club in January, 1956, Dr. Davenport invited Dr. Bacon to join him “in a friendly nightcap” at the Union League Club. Happy to accept the invitation because he was a great admirer of Dr. Davenport and enjoyed his company, Dr. Bacon accompanied Dr. Davenport to the Union League Club, which was located at 37th Street and Lower Park Avenue. After enjoying a leisurely camaraderie of a couple of cocktails, during which time Dr. Davenport told some interesting stories about the U.S. Lawn Tennis Association, of which Dr. Davenport was an officer, the white-gloved waiter was about to serve another round of drinks when Dr. Davenport asked Dr. Bacon if he “would write the 35-year history of the Academy.” After Dr. Bacon consented to write the book, Dr. Davenport inquired if he would like to see a copy of Dr. Palmer's 10-year history. Dr. Bacon politely declined the offer with the remark, that he “thought it would be preferable to start from scratch on his own.”

Dr. Davenport's earnestness in getting on with the work was brought to Dr. Bacon's attention in a startling manner when two days later, on a Saturday morning about eleven o'clock, a truck drove up to Dr. Bacon's home in Scarsdale, New York, and the driver and his helper lugged in two large, metal cabinets (Compliments of Dr. S. Ellsworth Davenport, Jr., or so the man said.) that contained all the Academy's records—dental journals of many societies, photographs, letters, reports, board minutes, programs—dating back to February 24, 1921, when the Academy was founded.

Except during the month of August for three successive summers when portions of the records were taken to Dr.

Bacon's cottage on Torch Lake in Northern Michigan, all of this source material, along with additional records as they became current, remained at the same address in Scarsdale until the fall of 1962, which was two years after the book was published.

It's quite probable that the records, for what they were worth after being reshuffled, marked-up, and re-edited dozens of times, would still be in Scarsdale if an enterprising, newly-appointed Academy librarian, when attending his first board meeting (No. 244, Oct., 1962), hadn't entered the room and excitedly exclaimed, "Will somebody please tell me where in hell the records are! I can't find them anywhere!"

Eleven months after the work on the Academy history was initiated, reports began to trickle into the directors' meetings regarding the progress the author was making with his writing assignment. Thereafter, between November 9, 1956, and April 10, 1960, Dr. Bacon submitted eighteen reports. A few of these were presented by Dr. Bacon directly to the Board of Directors, but most were submitted through various members of the History Committee, which was comprised of Drs. S. Ellsworth Davenport, Jr., Matthew D. Levin, and E. Byron Master, chairman.

The first History Committee report, submitted on November 9, 1956, by Dr. Master, simply stated that Dr. Bacon had completed the manuscript covering the first ten years of the Academy's existence and copies of the first chapter had been sent to Drs. Carr, Chase, Davenport, and Wells. Academy President C. Raymond Wells supplemented Dr. Master's report by stating that he "had read the first chapter which had been sent to him; that he was very impressed and was looking forward to future chapters with keen interest."

Seventeen months later, on April 10, 1958, Dr. Bacon sent Chairman Master his seventh progress report which read as follows:

April 10, 1958

Dr. E. Byron Master
511 Millburn Avenue
Short Hills, New Jersey

Dear Doctor Master:

In answer to your request, I respectfully submit the following report: Last month, I completed the first draft of the thirty-five year history of the New York Academy of Dentistry comprising 750 typewritten pages. The second draft is well underway.

From time to time, I have held conferences with my chief consultants, Dr. Malcolm W. Carr, Dr. Oscar J. Chase, Jr., and Dr. S. Ellsworth Davenport, Jr., either by telephone, or in person. The meeting I had planned for this week with Dr. Davenport was cancelled due to his sudden illness. I am doing my best to make my efforts worthy of his confidence.

I am sorry that I cannot give you a completion date at this time.

Very cordially yours,

/s/ Edgar S. Bacon, D.D.S.

ESB:eg
9 Rockefeller Plaza
New York, New York

Author's note: Dr. S. Ellsworth Davenport, Jr., never recovered from his illness. He passed away six months later, on October 3, 1958.

By the fall of 1958, the writing of the history was sufficiently advanced to warrant obtaining estimates for the manufacture of the book. Webster defines the word "manufacture" as meaning "to work into suitable form for use." To a publisher or a bookmaker, it's a term that includes all the technical phases of getting a book together from the time it leaves the author's hands as a typewritten manuscript until it is returned to the publisher for distribution to the reading public.

The phases of manufacturing the Academy's history book included the make and weight of paper; the kind (s) and the spacing of type; the layout, or the planning and arrangement of text, photographs, cuts, and line drawings; the width of margins and the amount of space allowed for chapter headings; the printing of galley and page proofs; the make, weight, and color of cloth (linen), and the design for the cover (cardboard); and, finally, the choice of binding (sewed). Since a dust jacket, or an outside covering was required for

the history, it was necessary to choose the make, color, and weight of paper, and the type which would invite so-called eyeappeal. Needless to say, for those who have the knack or talent, bookmaking is truly a creative and fascinating artistry.

At a Board of Directors meeting in October, 1958, Dr. Bacon was authorized to contact the Waverly Press in Baltimore for the purpose of obtaining printing estimates and to work out the details of manufacturing the proposed history. Prior to this date, he had worked on a weekly newspaper as a typesetter (compositor), a reporter, and an assistant editor; contributed articles to *Parents Magazine* and various dental journals, including the *Annals of Dentistry* and the *New York Dental Journal*; published three books; edited the *Annals of Dentistry*; served for a number of years as chairman of the Council on Publications, the Dental Society of the State of New York; contributed guest editorials to the *New York State Dental Journal*; and had written the dental chapters included in the 13th edition of *HOLT'S PEDIATRICS*, a medical text and reference book, published by Appleton-Century-Crofts, Inc., New York. This writing and publishing experience was helpful to Dr. Bacon when working out the details with representatives of the Waverly Press in the manufacture of the new history book.

During the month of November, 1958, Dr. Bacon had two conferences with Miss Ruth J. Kelly, who was the first of two Waverly Press representatives with whom he would work while the book was taking shape. As a result of these meetings, at which time the initial details of manufacturing the history were discussed, Dr. Bacon received the following letter relative thereto:

December 3, 1958

Dr. Edgar S. Bacon
9 Rockefeller Plaza
New York, 20, N.Y.

Dear Doctor Bacon:

An estimate has been prepared covering the manufacturing costs of printing the history of the New York Academy of Dentistry. Figuring

the book will contain approximately 250 pages similar to the enclosed sample pages set from the manuscript you supplied, it will cost \$2,712 to print and bind 1000 copies and \$80 for each additional 100 copies.

At our last meeting, we figured on using 50 lb. Publishers Imperial Eggshell stock for this printing, a sample of which is enclosed. We also decided that the books will be casebound and covered with a vermin and water repellent cloth, pattern and color of your selection. The copies will be stamped in genuine gold, and headbands will be used, making the book, in my opinion, very elegant.

The prices quoted are F.O.B. Baltimore. The cost of alterations, as you realize, will be extra. In answer to your inquiry, we charge \$8.10 per hour covering actual time consumed by our compositors in making changes requested after the original manuscript has been set to type.

I shall get in touch with you before my next trip to New York and will be happy if you will give me a few minutes of your time during my stay there. There are a number of questions regarding type, margins, chapter headings, etc., which will require your OK before we proceed further. However, if in the meantime, you need any further information regarding estimates, please contact me and I shall be most happy to supply it.

Sincerely yours,

/s/ Ruth J. Kelly

RJK:ge
Enc.

Waverly Press, Inc.
Mount Royal and Guilford Avenue
Baltimore 2, Maryland

At a meeting of Academy directors on February 5, 1959, Dr. Bacon presented the following estimates which Miss Kelly had enclosed in her letter of December 3, 1958:

Pages	1000 copies	Additional 100s
256	\$2,712	\$80.30
304	3,130	86.40
324	3,300	89.25
352	3,545	92.30

In reply to President Wilbur J. Prezzano's inquiry, Dr.

Bacon stated that "he had estimated the book would run about 250 pages." After discussion, it was decided that the fellowship should be polled as to their desires on publishing and distributing the history, and taking the cost thereof from the Advancement Fund. In order to do this, it was agreed that "the chairman of the History Committee, Dr. E. Byron Master, should write a notice to be inserted with the March programs giving the background and asking the fellows to be prepared to vote on this issue at the next (March) business meeting." The directors also concurred with Dr. Bacon's suggestion, that he submit the complete manuscript to several of the "elder statesmen" for comment, criticisms, and advice, if required.

The notice subsequently written by Dr. Master and enclosed with the March, 1959, programs, read as follow:

TO THE FELLOWS:

"At the meeting of the Board of Directors of the Academy in January, 1956, it was voted to poll the entire fellowship to ascertain whether it was in favor of having a thirty-five year history of the Academy. At the Annual Meeting in April, 1956, you were informed that the result of this vote was six to one in favor of having the history. At the same time, it was voted that \$1,500 be taken from the Advancement Fund toward financing this project, and that Dr. Edgar S. Bacon, on the recommendation of Dr. S. Ellsworth Davenport, Jr., be engaged to undertake this work.

"The thirty-five year history is now nearly complete and it is necessary to vote additional funds to cover the cost of publishing and distributing the book to members of the Academy and to interested organizations throughout the world."

On March 12, 1959, the directors with the approval of the Academy fellowship, appropriated \$4,500 from the Advancement Fund "for the purpose of printing, publishing, and distributing 1,000 copies of the 35-year history; copies to be sent gratis to each fellow of the Academy, to all dental schools in the United States, and to other interested organizations throughout the country. The appropriation will also

include the packaging and mailing charges for such distribution.”

At a Board of Directors meeting on October 8, 1959, Dr. Bacon reported that “the writing of the history is now complete; that Dr. Malcolm W. Carr was reviewing it, after which a meeting would be arranged with Dr. Howard Reid Craig, director of the New York Academy of Medicine, who had read a copy of the complete manuscript and had kindly offered to write the preface for the book.”

On January 14, 1960, at Dr. Bacon’s suggestion, the History Committee was renamed the Publication Committee, “the membership of which is to be comprised of the same personnel.” The following month, on February 11, 1960, Dr. E. Byron Master, chairman of the Publication Committee, reported that the history of the New York Academy of Dentistry had gone to press on February 5, 1960, and will be finished on May 23, with the Publication Committee operating well within its budget.”

On April 7, 1960, Academy President Edgar S. Bacon informed the directors that “in addition to three trips which he had made to Baltimore in connection with the publication of the history, he had spent two days at the Waverly plant while the galley proofs were being printed and that everything had gone off without a hitch.” He also stated that “because of a close deadline set by Waverly, he had spent another ten days away from his office carefully proofreading the galleys and would soon be going through the same routine with the page proofs, after which it would require at least another two weeks to read and index the entire book.”

In October, 1960, President Bacon appointed a Public Relations Committee comprised of Drs. I. Frank Boscarelli, James W. Benfield, and Gerard L. Courtade, chairman, “whose prescribed function is to send copies of the recently published book, *THE NEW YORK ACADEMY OF DENTISTRY . . . Its First Thirty-Five Years*, to all dental schools in the United States, the A.D.A. Library, the First District Dental Society, the Dental Society of the State of New York,

and to other libraries and organizations where it was deemed advisable." The letter which was subsequently sent by Dr. Courtade and his committee, read as follows:

December 23, 1960

Dear Sirs:

Every dental school library in the United States and Canada is being presented with a complimentary copy of *THE NEW YORK ACADEMY OF DENTISTRY—Its First Thirty-Five Years*, written and edited by our own Academy Fellow Edgar S. Bacon, D.D.S., F.A.C.D. Your copy is being sent to you under separate cover.

In the preface, Dr. Howard Reid Craig, director of the New York Academy of Medicine, describes the range of this book in these words: "Some stories demand to be told; and so it is with this volume If one merely reads the chapter headings, he will realize that this is not a provincial history. Every subject discussed has implications much broader in scope. The problem of interprofessional relationships, dental insurance, dentistry as a health service, and dental information services are national in scope, not merely factors operating in the New York scene."

The New York Academy of Dentistry takes pride in publishing this historical volume as a worthy contribution to contemporary dental literature.

Sincerely yours,

/s/ Dr. Gerard L. Courtade, chairman
Dr. I. Frank Boscarelli
Dr. James W. Benfield

The following month, on January 26, 1961, the minutes of the Board of Directors meeting read as follows: "Reporting on the public relations assignment which he, together with Drs. I. Frank Boscarelli and James W. Benfield, had been given by President Bacon, Dr. Gerard L. Courtade stated that 60 copies of the history book, with a personal letter attached to each one, were mailed out of Scarsdale (Dr. Courtade's home town) before Christmas. 54 copies were sent to dental schools in the United States and six copies to dental schools in Canada. To date, 36 acknowledgments have been received and more are being received daily. As samples of the acknowledgments, Dr. Courtade read letters from Dr. Howard

Reid Craig, director of the New York Academy of Medicine; Dr. Clemens V. Rault, dean of the School of Dentistry, Georgetown University; and Dr. Willard C. Fleming, dean of the School of Dentistry, University of California, San Francisco Medical Center.”

Subsequently, 53 acknowledgments were received from dental schools in addition to the more than fifty personal letters received by Dr. Bacon from dental schools, libraries, and fellows of the Academy.

In April, 1962, Dr. Gustav P. Frahm was elected president of the New York Academy of Dentistry. A few months later, he died while still serving in that official capacity. The year before, however, on April 13, 1961, when vice-president of the Academy, he submitted an annual report which read in part: “In passing, I should like to report for the record that the 35-year history of the New York Academy of Dentistry, written by our president, Dr. Edgar S. Bacon, has been received with great acclaim, not only by the members of the Academy, but also by the dental schools and societies throughout the country. The book has become a valuable addition to the libraries of these various organizations, and the Board of Directors is very proud of our president and extremely grateful for his contribution to the esteem in which the Academy is held.”

Reviews of the book as published in dental journals were favorable. As an example, the review in the *A.D.A. Journal* (Vol. 63, November, 1961) read as follows:

THE NEW YORK ACADEMY OF DENTISTRY
ITS FIRST THIRTY-FIVE YEARS

*By Edgar S. Bacon, D.D.S., F.A.C.D., 257 pgs. Index. Price \$10. New York,
The New York Academy of Dentistry, 1960*

This volume is an invaluable reference source of information about The New York Academy of Dentistry. Dr. Bacon has consolidated his account of events since the Academy's founding from available data supplied by records and some of its members. In his introduction, he states, “This is the story of The New York Academy of Dentistry. It is not a chronology of organizational activities, but rather a restatement

UNIVERSITY of PENNSYLVANIA

PHILADELPHIA 4

*School of Dentistry
Office of the Dean***THE THOMAS W. EVANS MUSEUM
& DENTAL INSTITUTE
4001 Spruce Street**

5 January 1961

UNIVERSITY OF MINNESOTA**SCHOOL OF DENTISTRY**

MINNEAPOLIS 14

January 4, 1961

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SAN FRANCISCO 3
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December 29, 1960

American Academy of the History of Dentistry**PRESIDENT
DR. HARRY B. MCCARTHY**



BALTIMORE COLLEGE OF DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

OFFICE OF THE DEAN
LOMBARD & GREENE STREETS

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January 3, 1961

THE UNIVERSITY OF NORTH CAROLINA
CHAPEL HILL

SCHOOL OF DENTISTRY
OFFICE OF THE DEAN

UNIVERSITY OF DETROIT

630 JEFFERSON AVENUE EAST
DETROIT 26, MICHIGAN

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OFFICE OF THE DEAN
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448

THE ACADEMY HISTORY

Seton Hall College of Medicine and Dentistry

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FACULTY OF DENTISTRY

OFFICE OF THE DEAN

124 EDWARD ST.,

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THE COLLEGE OF MEDICAL EVANGELISTS

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INDIANA UNIVERSITY

School of Dentistry

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SCHOOL OF DENTISTRY
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REPLY TO
106 FORREST AVENUE, N. E.
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January 13, 1961

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MEDICAL CENTER

MORGANTOWN

THE SCHOOL OF DENTISTRY
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TEMPLE UNIVERSITY SCHOOL OF DENTISTRY
BROAD ABOVE ALLEGHENY AVENUE
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OFFICE OF THE DEAN

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COLLEGE OF DENTISTRY
OFFICE OF THE DEAN

December 27, 1960



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THE UNIVERSITY OF MANITOBA
FACULTY OF DENTISTRY

THE LIBRARY

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April 12, 1961

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IOWA CITY

College of Dentistry—Office of the Dean
January 12, 1961

NEW YORK UNIVERSITY
COLLEGE OF DENTISTRY
OFFICE OF THE DEAN
421 FIRST AVENUE, NEW YORK 10, N.Y.

January 5, 1961

SAINT LOUIS UNIVERSITY SCHOOL OF DENTISTRY
3556 CAROLINE STREET
SAINT LOUIS 4, MISSOURI

OFFICE OF THE DEAN

December 28, 1960

of the philosophy of dentistry as promulgated by its founders and practiced by its members; the philosophy of professionalism measured in terms of highest ethical standards." The editor has applied himself well to the task he has undertaken. He has prepared authoritative information which provides the subject's fundamental background, as well as presenting recent important advances.

The text, divided into 17 chapters, portrays the Academy's growth, its activities and achievements as well as its contributing influence toward the advancement of dentistry during the first 35 year period of the Academy's existence, which dates from February, 1921 until April, 1956. Elective officers and committees are completely enumerated through 1960. Supplementing the body of the work is a comprehensive account of each meeting, including the essayists and their titled subjects; also a complete listing of active, associate, allied, nonresident, retired fellows and honorary fellows, and a detailed index which points to specific items. Thus a complete historical continuity is preserved, and at the same time quick reference to individual events is made possible. Altogether, the text is written in a story-like style, easy to read and concise in relation to the material discussed. The approach is logical and orderly, indicating care and foresight.

The book makes interesting reading. It represents extensive investigation. Dr. Bacon merits commendation for the excellent job he has done in putting the material together with coherent form.

E. Alan Lieban

SECOND EDITION

The first edition of the Academy history was written primarily at the request of Founder-Member S. Ellsworth Davenport, Jr.; the second edition at the suggestion of Founder-Member Oscar Jerome Chase, Jr. fifteen years after the first edition was published and fifty years after the Academy was founded. On this date, April 15, 1971, the fellowship celebrated the 50th Anniversary of the founding of the Academy at the Annual Fellowship Meeting held at the Columbia University Club in New York City.

At this memorable meeting, Dr. Chase was presented with a "handsomely engraved silver bowl as a token of appreciation from the Academy fellowship for his keen interest in the affairs of the Academy since its inception." After accepting the gift in his usual gracious and dignified manner, he addressed the fellowship as follows:

"I feel honored to say a few words about the New York Academy of Dentistry on this 50th Anniversary of its founding. In this very room at the Columbia University Club, a meeting was called on February 24, 1921 by Dr. Bissell B. Palmer, Jr. The purpose of the meeting was to discuss the desirability of founding a new dental society which was to be called the New York Academy of Dentistry. This new society was to be the equivalent of the New York Academy of Medicine, a society of carefully selected practitioners.

"Eighteen men attended the first meeting. I am the sole survivor, and as my tribute to them, I want to mention each member's name: Andrew J. Asch, Leland Barrett, Oscar J. Chase, Jr., Sebert E. Davenport, Sr., S. Ellsworth Davenport, Jr., Henry S. Dunning, William B. Dunning, Henry W. Gillett, Frederick C. Kemple, Alfred L. Kohn, Arthur H. Merritt, Bissell B. Palmer, Jr., Edward H. Raymond, Paul R. Stillman, William D. Tracy, Frank T. Van Woert, Harold H. Vaughn, and R. W. Waddell.

"What a thrill it would give them as it does me to see how far the Academy has progressed and indeed the great strides our profession has made in this half century.

"Today each newly elected member receives a book called THE NEW YORK ACADEMY OF DENTISTRY—Its First Thirty-Five Years.

This compilation is a masterpiece of three years of research by Academy Fellow Edgar S. Bacon. Since then, fifteen more wonderful years have elapsed, *the history of which also should be chronicled.**

"With pride in the achievements of our Academy, joy in the fellowship of its members, and faith in the future, gentlemen, I give you the next fifty years."

Eleven months after Dr. Chase addressed the fellowship and made reference to the desirability of having an updated history, President I. Frank Boscarelli dictated the following letter:

Dr. Edgar S. Bacon
9 Rockefeller Plaza
New York, N.Y. 10020

March 15, 1972

Dear Doctor Bacon:

At the March meeting of the Board of Directors of the New York Academy of Dentistry, it was agreed to seek your services to bring the history of the Academy up to date.

We all recognize your fine past performance and look forward to this

* Author's italics

added endeavor. We also recognize that you will need help in some form of committee as in the past. Please feel free to ask for such committee help.

Before proceeding, the directors would appreciate some idea of the scope of your project and some estimate of cost.

May I suggest that this be accomplished, if possible, before the next board meeting, for I feel that we have an enthusiastic group willing to get started on this project as soon as possible.

Sincerely,

/s/ I. Frank Boscarelli
President

IFB:mr

A few days after Dr. Bacon received President Boscarelli's letter of March 15, 1972, he was requested "to consider the idea of updating the history with a book supplement which would include only the last 15 years of Academy's 50 years existence." Dr. Bacon's reply was addressed to President Boscarelli in a letter dated April 13, 1972.

Dr. I. Frank Boscarelli
515 Madison Avenue
New York, N.Y. 10022

April 13, 1972

Dear Dr. Boscarelli:

This letter is in reference to a request that I consider writing a 15-year book supplement.

To break the chronological continuity of the Academy's organizational events and accomplishments with a separate 15-year book supplement when a new edition of the present history is so clearly indicated, would, in my opinion, be ill-advised.

It is standard practice for publishing companies to revise histories at regular intervals, discard old copies and issue new editions. In this respect, the Academy has recorded a distinct fifty year milestone. The present history has served its purpose. It is a most logical time to issue a complete new edition.

Should the directors wish to have me proceed with this project, I shall be glad to do so with the understanding that I do my own editing, set my own work pace, and direct the final publication of the complete

edition; a procedure that was followed with the first edition with satisfactory results.

Cordially yours,

/s/ Edgar S. Bacon, DDS

In July, 1972, Dr. Bacon ceased practicing dentistry in New York City and retired to Traverse City, Michigan. The following month, on August 24, 1972, he received a letter from President William C. Hudson, Jr. stating that the Board of Directors had officially authorized him to proceed with updating the Academy history and a committee comprised of Drs. Malcolm W. Carr, Oscar J. Chase, Jr., I. Frank Boscarelli, and William C. Hudson, Jr. had been appointed to assist him.

Rather than rely on the U. S. Postal Service to transport the Academy's voluminous records . . . minutes, reports, correspondence, dental journals, covering a 15-year period . . . Dr. Bacon made a special trip by automobile from Michigan to New York City and on September 8, 1972, picked up the records at the Academy's headquarters in the Columbia University Club and returned to Michigan. From that date on, the evolutional compilation of the second edition of the Academy history proceeded in an orderly fashion.

Between January 8 and April 10, 1973, Dr. Bacon submitted three progress reports to the Board of Directors which detailed the subject matter being compiled at the time the report was written. The Annual Report submitted on April 10, 1973, also included information that could be classified as a general description of the subject matter as it relates to the entire book manuscript. The report read in part:

"In the preface of the first edition, Dr. Howard Reid Craig makes this statement: 'If one merely reads the chapter headings, he will realize that this is not a provincial history. Every subject discussed has implications much broader in scope.'

"Similarly, with the second edition, I try to select and present material which will leave readers with that same impression. This is an example:

“Because of the broad interest given to the health care services, of which dentistry is one, and the definite transitional socio-economic trends related thereto, all of which has historical value because it represents a trend of thinking in this particular era of dental progress, I occasionally stress this theme by quoting men who are knowledgeable on this and related subjects. For example, Dr. I. Lawrence Kerr, speaking on the Potentials in the Delivery of Dental Care, included this statement in his address to the combined fellowships of both the New York Academies at the University Club, New York City, on October 27, 1970: ‘It is difficult to find an item (health care), excluding the Vietnam War, that has gained the attention of so many.’

“Thus, by occasionally including material of historical and reference value which is indirectly related to the Academy, but which is of general interest to both the Academy and the dental profession, the book will have a wider scope historically, will be more readable, and will better represent the wide interests of the Academy.”

In early February, 1974, the manuscript of the second edition of the Academy history was sufficiently complete to warrant giving thought to its publication. Pursuant thereto, on February 5, 1974, Dr. Bacon suggested to President George V. Lyons, by letter, that “since the publication of this book is a big project entailing considerable expense, perhaps it would be advisable to have a special board meeting with Drs. Malcolm W. Carr, Homer C. Vaughan, and Oscar J. Chase, Jr. present to go over the entire book project.”

Complying with Dr. Bacon’s request, a special meeting of the Board of Directors, with President Lyons presiding, was held at the Princeton Club in New York City on the evening of February 20, 1974, for the purpose of discussing publication details of the second edition of the Academy history. Board members attending were: Drs. Robert N. Adamson, Edward Armstrong, Charles Hillyer, Alfred J. Keck, Ferdinand G. Neurohr, Arthur S. Rasi, and Rufus L. Robinson. Non-board members included Drs. Edgar S. Bacon, I. Frank Boscarelli, Oscar J. Chase, Jr., Francis F. E. Morse, and Homer C. Vaughan.

In September, 1972, when Dr. Bacon began compiling material for the second edition of the Academy history, Dr. Malcolm W. Carr graciously consented to act as his chief consultant. Consequently, after the completion of each sup-

plement or new chapter, a copy of the manuscript would be forwarded to Dr. Carr for his comments. This cordial relationship resulted in many interesting conferences.

Relative to the special meeting held at the Princeton Club on February 20, 1974, Dr. Carr was unable to accept an invitation as a non-board member because of a previous engagement. However, as a first order of business, President George V. Lyons read a letter from Dr. Carr, dated February 2, 1974, which stated in part: "It has been a pleasure to have had the opportunity of working with Dr. Bacon, the author of the history, since the early stages of manuscript preparation during which time we have been in constant communication. I have read the entire manuscript during the course of preparation and have found the entire work to be superb in both concept and arrangement, as well as a remarkably accurate factual fifty-year history of the Academy."

After reading Dr. Carr's letter, President Lyons turned the meeting over to Dr. Bacon who explained in detail the preparation and plan for publication and then presented a tentative estimate of the cost of printing as submitted by the Waverly Press of Baltimore. He then distributed copies of the manuscript page analysis that listed the following entries and figures:

(Final)

Second Edition Academy History
MANUSCRIPT PAGE ANALYSIS

<i>Chapter Supplements</i>	<i>Pages</i>	
Research	48	
Boys' Club	13	
Education	36	(1 pg. cut)
Legislation	<u>5</u>	<u>102</u>
Organization		
Life Fellowship	7	
Honorary Fellowship	8	
Development Committee	7	
Senior Advisory Committee	1	23
Interprofessional Relations	29	(1 pg. cut)
Dental Information Bureau	9	
The War Years	4	

Prepaid Dental Insurance	10	
Dr. Carr's Monograph	4	
Fluoridation	10	
Journalism	42	
Financial Position	<u>1</u>	<u>132</u>
<i>New Chapters</i>		
Academy Headquarters	20	
Merit Award in the Humanities	13	(1 pg. cut)
Special Events Meetings	11	
Academy History— First and Second Editions	28	(2 pgs. cuts) (photographs)
Academy Chronology	<u>37</u>	<u>109</u>
<i>Appendices Supplements</i>		
Academy Programs	1956-1975	12
Membership and Capital Accts.	1957-1971	1
Past Presidents	1961-1975	1
Past Officers	1961-1975	2
Executive Committees	1961-1975	
Ethics Committees	1961-1975	<u>2</u>
		<u>18</u>
Index Supplement (Approx.)	<u>3</u>	<u>3</u>
Preface (2nd. edition)	<u>2</u>	<u>2</u>
Dedication Page	<u>1</u>	<u>1</u>

SUMMARY

Chapter Supplements	234	
New Chapters	109	
Appendices Supplements	18	
Index Supplement	3	
Preface (2nd. edition)	2	
Dedication Page	<u>1</u>	
New Copy	<u>367</u>	<u>367</u>
Five Cuts and Photographs	6	
Academy History—First Edition	<u>257</u>	
Academy History—Second Edition	630 Pages	<u>630</u>

A second special board meeting for the purpose of discussing the publication of the Academy history was held on March 5, 1974, at the Princeton Club with President George V. Lyons presiding. Present at at this meeting were: Drs. Robert N. Adamson, Edward B. Armstrong, Charles Hillyer,

Ferdinand G. Neurohr, Arthur S. Rasi, Rufus L. Robinson, Jr., and George Sferra.

A letter from President Lyons to Dr. Bacon, dated March 18, 1974, which describes in some detail the actions taken by the Board of Directors at the March 5th special board meeting, contained the following information:

After the directors decided on a suitable honorarium for Dr. Bacon for writing and editing the book, it adopted a motion that "a committee be appointed to raise money, outside of capital funds, to finance publication." President Lyons' letter then stated:

"The Board of Directors conveys to you its most sincere congratulations for your composing a definitive and stimulating history of the Academy and compendium of dental affairs in an era of profuse dental activity. Your efforts will be a standard reference work for those who would be well informed in the development of modern dental therapy and administration.

"I have enclosed a copy of my most recent letter to Dr. Homer C. Vaughan, chairman of the Committee for Publication Financing. Please include its substance as an informative portion of this letter."

The letter which President Lyons sent to Dr. Homer Cree Vaughan relative to the chairmanship of the Committee for Publication Financing, dated March 8, 1974, read as follows:

Dr. Homer C. Vaughan
608 Fifth Avenue
New York, N.Y. 10020

March 8, 1974

Dear Dr. Vaughan:

Your personal interest in the revision of the History of the New York Academy of Dentistry has been of great help and satisfaction to Dr. Bacon and the Board of Directors of the Academy.

The manuscript as you know is well organized and extremely informative and stimulating. The complete work will without question be an enduring reference work for the Academy as well as for the many dental organizations and programs in which the Fellows have been principal participants and initiators.

The sentiment of the members of the Board of Directors is that early publication of the History would be best assured if the aforementioned

Committee functioned with your informed and interested guidance. Since my administration will terminate in mid-April, I conferred with Dr. Alfred Keck, president-elect, in this matter and the Committee has been selected with his advice and consent with the understanding it shall be continued as constituted through his administration if so needed.

As you know, Dr. Bacon is most anxious to reach publication date, and I hope you will be able to inform me of your acceptance of Committee Chairmanship for announcement at the Board Meeting of March 14th. I will then be able to advise Dr. Bacon of the definitive plans for publication of his masterwork of Academy dedication.

Attached is a list of Fellows who will be asked to serve as Committeemen. Alternates have been selected, if needed, and we certainly feel you might wish to add one or two Fellows of your own choice.

Dr. Keck and I will be deeply indebted to you in your acceptance of the task and the Academy will be forever enriched for dedication of its future through preservation of its prologue.

Sincerely,

/s/ George V. Lyons, DDS
President

cc: Board of Directors
Dr. Edgar S. Bacon

After Dr. Vaughan had accepted the responsibility of heading the Publication Financing Committee, the following fellows consented to serve as committeemen: Drs. I. Frank Boscarelli, Malcolm W. Carr, Oscar J. Chase, Jr., John J. Dolce, Harold Gelb, and Francis F. E. Morse.

Since its inception on February 24, 1921, the New York Academy of Dentistry has been fortunate in having presidents who are strong leaders, experienced in organizational matters and dental legislative protocol; men who have acquired the habit of making decisions and a talent for getting things done. These personal characteristics are especially in evidence during the change-over from one administration to another. With minimum effort, new business is initiated and unfinished business is picked up by the incoming administration smoothly and effectively.

A typical example of single purpose endeavor by successive

administrations was manifest by the intricate business of "getting out" the second edition of the Academy history. It was initiated during President I. Frank Boscarelli's administration, officially authorized in President William C. Hudson, Jr.'s regime, activated under the leadership of President George V. Lyons and successfully concluded during the administration of President Alfred J. Keck. With credit to himself and the Academy, each of these men faithfully discharged his responsibility for keeping alive the interest and organizational momentum so essential to successful culmination of the book project.

Furtherance of the project was lent impetus and direction in a most significant way when former Academy president, Dr. Homer Cree Vaughan accepted the chairmanship of the Publication Financing Committee. As one of the Academy's most highly respected and progressive members, as exemplified by his establishment of the Academy's "Merit Award in the Humanities" program and the American Prosthodontic Society's unique "International Circuit Courses" educational program when he was president of that prosthodontic organization in 1962, Dr. Vaughan, with the full cooperation of the Board of Directors, launched his fund raising campaign with characteristic vigor and enthusiasm; a behavioral pattern evidenced in committee members and all those who worked with him, including Academy President Alfred J. Keck.

On April 19, 1974, Dr. Vaughan sent the following letter to members of the Board of Directors and other prominent members who were interested in promoting the Academy's book project:

April 19, 1974

Dear Doctor:

Soon, the volume covering the history of the first fifty years of the New York Academy of Dentistry will go to press. Fellow Edgar S. Bacon has spent the past two years compiling and organizing data for this important book.

Will you join me, as my guest, for cocktails and dinner on Wednesday, May 8, 1974, at 6:30 pm at the Union League Club? (Park Avenue & 37th Street) The purpose: to especially mark this historic

moment with a pre-publication gathering and to discuss its full significance.

Sincerely,

/s/ Dr. Homer C. Vaughan
Chairman
Committee for Publication Financing

R.S.V.P.
Black Tie

The prepublication dinner held at the Union League Club in New York City on the evening of May 8, 1974, was a pleasant and memorable affair. The host, Dr. Homer Cree Vaughan, directed the ceremonies, Dr. Malcolm W. Carr was the principal speaker, and Dr. Edgar S. Bacon was the guest of honor.

After cocktails were served in a room where a bar, piano, and a table laden with hors d'oeuvres helped to encourage the evening's convivialities, the twenty guests moved into an adjacent room where a large square table was decorated with a beautiful floral arrangement and white-gloved attendants were on hand to serve the vintage wines and gourmet food.

Academy fellows attending this gala affair were: Drs. Robert N. Adamson, Edward B. Armstrong, Edgar S. Bacon, I. Frank Boscarelli, Malcolm W. Carr, Oscar J. Chase, Jr., Harold Gelb, Charles E. Hillyer, William C. Hudson, Jr., Alfred J. Keck, Alfred A. Lanza, Andrew M. Linz, George V. Lyons, Francis F. E. Morse, Ferdinand G. Neurohr, George Sferra, David Tanchester, W. Ward Tracy, Homer Cree Vaughan, and Richard J. Warnecke.

DINNER
MAY 8, 1974
THE UNION LEAGUE CLUB OF NEW YORK
TO HONOR
AUTHOR AND FELLOW EDGAR S. BACON



Front Row: Alfred A. Lanza, Edgar S. Bacon, Homer C. Vaughan (host), Malcolm W. Carr, and Alfred J. Keck. *Rear:* Harold Gelb, George Sferra, Robert N. Adamson, Andrew M. Linz, George V. Lyons, Ferdinand G. Neurohr, Oscar J. Chase, Jr., Frank Boscarelli, David Tanchester, Francis F. E. Morse, Charles E. Hillyer, Richard J. Warnecke, William C. Hudson, Jr., Edward B. Armstrong, W. Ward Tracy.



Dr. Harold Gelb, Dr. Charles E. Hillyer, Dr. Alfred A. Lanza



**Dr. Edward B. Armstrong, Dr. George Sferra, Dr. Homer C. Vaughan,
Dr. Andrew M. Linz, Dr. Charles E. Hillyer (last man on right)**



Dr. William C. Hudson Jr., Dr. Richard J. Warnecke, Dr. Edgar S. Bacon



**Dr. Alfred A. Lanza, Dr. Francis F. E. Morse, Dr. I. Frank Boscarelli
Dr. George V. Lyons, Dr. Homer C. Vaughan, Dr. Malcolm W. Carr**

Academy Chronology

- February 24, 1921 On this date, eighteen dentists met at the Columbia University Club, New York City, and founded the New York Academy of Dentistry.
- May 5, 1921 By-laws are adopted and officers elected: Dr. Henry W. Gillett, president; Dr. Bissell B. Palmer, Jr., vice-president; Dr. Arthur H. Merritt, secretary; Dr. Alfred L. Kohn, treasurer; Frederick G. Kemple, editor.
- Executive Committee holds first meeting: Drs. Ralph W. Waddell, Oscar J. Chase, Jr., and William D. Tracy.
- May 20, 1921 First fellowship meeting is held at the Columbia University Club. Speaker: Dr. Edwin A. Holbrook. Subject: "Dental Welfare Foundation."
- February 15, 1922 First men elected to active fellowship: Drs. Edward Kennedy, Leuman M. Waugh, James P. Ruyl, John W. Dickinson, Martin C. Tracy, Frederick S. McKay, and Morris E. Schamberg.
- First man elected to associate fellowship: Dr. Bissell B. Palmer, Sr., father of Charter Member Bissell B. Palmer, Jr.
- February 24, 1922 First Nominating Committee is appointed by President Henry W. Gillett:

Drs. Sebert E. Davenport, Sr., Leland Barrett, and Edward M. Raymond.

A dental clinic is established at the Tompkins Square New York Boys' Club by Academy Fellows Alfred S. Walker and Charles F. Ash.

- January 23, 1923 Treasurer Alfred Kohn's motion approved: "30% of Academy's net income to be set aside for a Building Fund; \$1,000 appropriated as a nucleus."
- March 8, 1923 Dental services of New York Boys' Clubs are organized under a separate corporation—"The Dental Clinic of the New York Boys' Club, Inc."
- January 17, 1924 Building Fund is discontinued and the Advancement Fund is established.
- November 29, 1924 President Henry Webster Gillett appoints Publication Committee: Drs. Sebert E. Davenport, Sr., William B. Dunning, and Fred Dunn.
- February 11, 1926 Bureau of Activities and Bureau of Records are established "to aid and encourage associate fellows to find and work on projects which would make them eligible for advancement to active fellowship status."
- March 5, 1926 Academy honors its first president, Dr. Henry Webster Gillett, at testimonial dinner, Hotel Ambassador, New York City.

- March 13, 1926 Seven distinguished Academy fellows present table clinics: Drs. W. J. Hoag, Thaddeus P. Hyatt, Edward Kennedy, Edwin J. Nestler, Lowrie J. Porter, Paul R. Stillman, and William D. Tracy.
- February 24, 1927 Research Council is established for purpose "of conducting researches which might be considered desirable by members of the Academy . . . to be financed through Research Council Fund."
- April 23, 1927 Academy fellows pledge \$20,000 to Research Council Fund.
- June 8, 1927 A dental clinic is established by Academy Fellow Alfred S. Walker at the Jefferson Park New York Boys' Club.
- February 23, 1928 Official seal of the New York Academy of Dentistry, designed by Dr. Malcolm Wallace Carr, is unanimously approved by Academy fellowship. Original die is cast by Tiffany & Co. at a cost of \$225.
- April 13, 1928 Academy Fellow Leuman M. Waugh addresses fellowship: "An Adventurous Cruise to Northern Labrador."
- February 23, 1929 *Non-Resident* classification of fellowship is established.
- April 10, 1929 Mr. John Mulholland, internationally famous magician, entertains fellowship with "An Hour of Magical Tricks."

- October 23, 1930 Academy endorses "Research on Care of Children's Teeth," fostered by the New York Tuberculosis and Health Association through its Committee on Community Service.
- January 16, 1931 *Allied* classification of fellowship is established.
- March 26, 1933 Academy underwrites \$150 deficit to support a summer dentist for one year at the Grenfell Mission, Labrador. Individual fellows contribute \$362 towards the project.
- January 11, 1934 Fellowship ratifies Board of Governors' resolution of December 27, 1933, that the Academy publish its own journal to be known as the *Journal of the New York Academy of Dentistry*.
- Board of Editors is elected: Drs. Malcolm W. Carr, James W. Dunning, Miles Hellman, Theodor Rosebury, Frederick C. Kemple, C. Raymond Wells, and Fred Dunn, editor.
- March 5, 1934 Published: The first issue of the *Journal of the New York Academy of Dentistry*.
- May 12, 1934 Ethics Committee is discontinued "as being unnecessary."
- April 8, 1935 Academy's first treasurer, Founder-Member Alfred L. Kohn, resigns after serving fourteen years. He reports a capital balance of \$19,187.71.

- July 12, 1935 New York Academy of Dentistry and the Philadelphia Academy of Stomatology participate jointly in publishing a new journal: *The Journal of the New York Academy of Dentistry and The Academy of Stomatology of Philadelphia*.
- September 13, 1935 Published: The first issue of *The Journal of the New York Academy of Dentistry and The Academy of Stomatology of Philadelphia*. Editor: Dr. Theodor Rosebury.
- January 9, 1936 The name of *The Journal of The New York Academy of Dentistry and The Academy of Stomatology of Philadelphia* is changed to *Annals of Dentistry*.
- April 3, 1936 The term "Board of Directors" as used in the Certificate of Incorporation is substituted for the incorrect term, "Board of Governors."
- Ethics Committee is re-established.
- By-laws amendment: "Chairmen of the Fellowship and Ethics Committees shall be considered officers of the Academy."
- December 14, 1936 Certificate of Incorporation of the *Annals of Dentistry* is granted to the New York Academy of Dentistry.
- February 10, 1937 The first "Special Events Meeting" honors the memory of the late Founder-Member Sebert E. Davenport, Sr.

Speaker: Dr. William J. Gies. Subject: "Sebert E. Davenport, Sr., Character, Service, Ideals."

May 13, 1937

Research Council is discontinued. \$3,000 balance in Research Council Fund is transferred as a gift from the Academy to the Endowment Fund of *The Journal of Dental Research*.

Academy appropriates annual sum of \$500 for two years to help defray operational expenses of the proposed Dental Information Bureau.

March 10, 1938

Academy approves "Principles and Regulations" for the guidance of dentists compiled by the Dental Information Bureau.

March 25, 1938

Dental Information Bureau is officially established in New York City.

January 12, 1939

Founder-Member Bissell B. Palmer, Jr. addresses Academy fellowship: "A Proposal for a Voluntary Insurance System of Dentistry: An Experimental Plan."

February 10, 1939

Academy appropriates \$1,000 from the Advancement Fund to the Committee to Study Dr. Palmer's Insurance Plan.

March 13, 1939

Associate fellowship classification is increased from 100 to 150.

April 11, 1940

Contingent Fund is established: "... not to exceed \$1,000, into which

all initiation fees shall be deposited . . . any amount in excess of \$1,000 shall be transferred to the Advancement Fund.”

- November 14, 1940 American Ambulance Committee comprised of Academy Fellows Oscar J. Chase, Jr., Martin C. Tracy, and Henry S. Dunning collect funds for an ambulance completely equipped for maxillo-facial surgery sent to England. Letter of appreciation and formal acceptance is received from the British Ministry of Health.
- December 9, 1940 The first Interprofessional Relations Committee is appointed by President William J. Gies.
- December 19, 1940 Philadelphia Academy of Stomatology discontinues its member-subscriptions and its affiliation with *Annals of Dentistry*.
- January, 1941 Academy fellowship donates liberally to Bundles for Britain, Inc. and receives letter of appreciation from the Duchess of Leinster.
- February 13, 1941 Past-presidents awarded Certificates of Appreciation.
- Vice-president is authorized to serve as chairman of the Board of Directors. Ten years later, on March 8, 1951, this responsibility is delegated to the president as it had been prior to February, 1941.

- Policy established in 1927 limiting presidents to two successive terms is discontinued. President and vice-presidents are ruled ineligible for renomination.
- March 26, 1941 The Department of State of New York State issues the New York Academy of Dentistry a Certificate Of Increase Of Number Of Directors from the previously authorized *eight* to not less than *nine* nor more than *fifteen*.
- April, 1941 Utilizing dental facilities at the Seamen's Institute, thirty Academy fellows provide dental services for British merchant seamen at a clinic founded by Dr. William D. Tracy and supervised by his son, Dr. W. Ward Tracy (Acad. Pres. 1957-1958).
- July 21, 1941 Academy approves and participates in the American Plan for Medical and Surgical Care, Inc. Seventy British refugee children have dental requirements filled by fellows of the Academy.
- October 9, 1941 Academy underwrites sum of \$200 for the American Dental Ambulance Committee for the Anzacs to be applied towards the purchase of a mobile dental ambulance.
- December 7, 1941 United States declares war on Japan.
- January 8, 1942 By-laws amendment: "Associate fellows shall be ethical members of the

dental profession and the total fellowship of this class shall not exceed *one hundred and twenty-five*—not more than *five* associate fellows may be elevated to active fellowship during any fiscal year.”

April 8, 1942

Dr. Malcolm W. Carr submits first annual report of the Committee on Interprofessional Relations with the New York Academy of Medicine.

October 5, 1942

Committee representing the Academy is appointed to aid Dr. Charles F. Bodecker in his clinical research on the dental erosion-abrasion problem.

March 12, 1943

Died: Dr. Henry Webster Gillett, Academy first president, at the Harkness Pavilion, Presbyterian Medical Center, New York City.

January 21, 1944

First Aid Course Committee under the direction of Dr. Douglas B. Parker and Dr. Malcolm W. Carr is formed to organize a course to supplement the standard Red Cross First Aid Course.

Academy fellows give series of special lectures on emergency care of head and neck injuries, war wounds of the head and neck, and maxillary and mandibular fractures.

March 9, 1944

Honorary classification of fellowship is established. Dr. William J. Gies, professor of biochemistry, Columbia University, is first man accorded honorary status.

- April 13, 1944 Dr. Malcolm W. Carr accepts invitation to serve on the Committee on Medicine and the Changing Order, of the New York Academy of Medicine.
- February 5, 1945 Academy opposes merger of Dental and Medical Schools at Columbia University.
- February 20, 1945 Dr. Willard C. Rappleye, dean of the Medical and Dental Schools, Columbia University, addresses Academy fellowship and defends the integration of the two schools.
- March 8, 1945 Dr. Leuman M. Waugh (Acad. Pres. 1931-1932) addresses the Academy fellowship on the educational problem as it exists at Columbia University.
- September 2, 1945 Japanese sign papers of surrender on deck of battleship, U.S.S. Missouri, in Tokyo Harbor.
- February 10, 1946 Academy opposes Wagner-Murray-Dingell Bill (S-1606, HR 4730)—a general health measure intended to supplement the social security program.
- November 8, 1946 Academy fellowship approves annual donation of \$500 to the New York Boys' Club Dental Clinic, Inc., beginning with the fiscal year 1947.
- April 10, 1947 Dr. Edward M. Carney, Jr., addresses fellowship on the activities of the New York Academy of Dentistry during World War II.

- March 23, 1948 Department of Orthodontics is incorporated in the Tompkins Square Boys' Club dental clinic under the direction of Academy Fellow George S. Callaway (Acad. Pres. 1945-1946).
- April 13, 1948 Academy Fellow Raymond H. Schneider is first dentist to perform root canal therapy at Tompkins Square Boys' Club dental clinic.
- April 8, 1948 The first Joint Committee representing the New York Academy of Dentistry and the New York Academy of Medicine is established. Co-chairmen: Dr. Beverly C. Smith and Dr. Malcolm W. Carr.
- By-laws amendment: "Provides for the office of president-elect as a substitute for vice-president." In 1951, the by-laws are again amended to include the office of vice-president.
- By-laws amendment: "Nominees eligible for election increased from *ten* to *twenty-five*."
- By-laws amendment: "Provides for the elevation of *ten* associate fellows during any fiscal year."
- Committee to Determine How the Academy Can Increase its Usefulness to the Profession is appointed by President Earle Banks Hoyt.
- June 3, 1948 Academy Fellow Malcolm W. Carr is

awarded F.D.S. R.C.S. (Eng.) by the Royal College of Surgeons of England. He is first American to deliver the Charles Tomes Oration. For Dr. Carr's curriculum vitae please read chapter, "Dr. Carr's Monograph on Dentistry."

March 24, 1949 New by-law: "Section 10 to Article XI, regarding vacancies."

April 14, 1949 *Retired* classification of fellowship is established.

Special Subcommittee of the Joint Interprofessional Relations Committee is appointed to study the Rhode Island Plan for improving medical-dental relationships.

November 11, 1949 First Joint Meeting of the New York Academy of Dentistry and the New York Academy of Medicine is held at the Academy of Medicine. Speaker: Dr. Robin C. Buerki. Subject: "Inter-relationship of Medicine and Dentistry in the Fields of Education, Hospital Relations and Research."

February 9, 1950 By-laws amendment: "... a vacancy in any office or in the personnel of the Fellowship or Ethics Committee, due to any cause whatsoever shall be filled by the Board of Directors and the appointee shall hold office until the beginning of the next fiscal year."

By-laws amendment: "In case a vacancy has occurred in any year, an

additional candidate shall be selected by the Nominating Committee to fill the unexpired term beginning with the next fiscal year.”

By-laws amendment: “. . . allow not more than *twenty-five nominees*, including elevation from associate fellowship or transfers from other classes of fellowship during any fiscal year.” The word *fifteen* was substituted for the word *ten*, making the Section read: “Not more than *fifteen* associate fellows may be elevated to active fellowship during any fiscal year.”

April 12, 1950

New York State Legislature passes Bennett-Gracy Bill which makes it mandatory for dentists to write prescriptions for laboratory work in duplicate. Dentists who fail to comply are subject to disciplinary action by Board of Dental Examiners.

September 27, 1951

A Certificate of Existence, signed by Academy Secretary Edward C. Stillwell, is filed with the Secretary of State, New York State, by Attorney Paul Chase (son of Founder-Member Oscar J. Chase, Jr.).

November 8, 1951

A Dental Welfare Committee is appointed by President Lowrie J. Porter: Drs. Earle B. Hoyt, Wilbur J. Prezzano, Jacob Shapiro, Edward C. Stillwell, and Henry Hicks, chairman.

January 3, 1952

A research program for the purpose of

- compiling data on cost of dental care and the susceptibility to dental caries as related to various race and age groups is initiated by Academy Fellow Earle Banks Hoyt at the Tompkins Square Boys' Club dental clinic.
- February 14, 1952 "Good standing in the American Dental Association or its equivalent" is required of active, associate, and non-resident fellows. Failure to honor this requirement automatically forfeits fellowship in the Academy.
- April 8, 1952 Academy's first Research Committee, Dr. J. A. Salzmann, chairman, is appointed by President Lowrie J. Porter.
- February 12, 1953 By-laws amendment: Article IV, Section 2 . . . provides inclusion of term "public health" in activities identified with the progress of dentistry.
- March 12, 1953 Academy relinquishes headquarters at the New York Academy of Medicine after five years of occupancy. Contents are stored in basement of office building at 121 East 60th Street. Academy continues to hold meetings at Columbia University Club.
- April 8, 1954 Academy approves Group Health Dental Insurance Plan.
- April 14, 1955 Name of Welfare Committee is changed to Development Committee: Drs. Harold S. Woodruff, Lowrie J. Porter, Roland E. Morse, chairman.

By-laws amendment: "Total fellowship in the associate classification shall not exceed *one hundred and thirty-five*.

Dr. Willard T. Keane, prominent New York dentist and clinician and chairman of numerous Academy committees and councils, is elected 25th president of the New York Academy of Dentistry.

January 6, 1956

Academy approves \$1,000 research grant to Dr. Albert Schatz and Academy Fellow Joseph J. Martin. Project: "Research on the proteolysis-chelation concept of dental caries."

Academy endorses fluoridation of the municipal water supply for the City of New York.

March 6, 1957

President C. Raymond Wells is elected chairman of the Dental Advisory Council to the Committee To Protect Our Children's Teeth.

March 10, 1957

Academy Fellow Harold C. Kilpatrick presents first lecture to the fellowship on "the new high speed rotary drill techniques in operative and restorative dentistry."

April 12, 1957

Dr. W. Ward Tracy, whose father, Dr. William D. Tracy, was a founder-member and whose uncle, Dr. Martin C. Tracy, was a member, is elected 27th president of the New York Academy

of Dentistry. Dr. Tracy is a Fellow of the American College of Dentists (Chm., N.Y. Section, 1964) and the International College of Applied Sciences; trustee, New York Boys' Club Dental Clinic, Inc., and member, Publication Committee, *The New York Journal of Dentistry*; director, Group Health Dental Insurance, Judson Health Center, and Seamen's Church Institute; author of numerous professional articles and producer of the dental film, "The Porcelain Jacket Crown," shown widely in the United States and foreign countries.

Dr. Robert Leslie Heinze represents the Academy at the Second Dental Education Workshop sponsored by the Henry Spenadel Fund for the Advancement of Education, Hotel Statler, New York City.

October 13, 1957

Cost of dinners at fellowship meetings is increased from \$4.50 to \$5.00.

Academy contributes \$500 as the first of numerous appropriations to the State Charities Aid Association to further the work of the Committee To Protect Our Children's Teeth.

December 5, 1957

Dr. Roland E. Morse (Acad. Pres. 1954-1955) is elected chairman of the 33rd. Annual Greater New York Dental Meeting, Hotel Statler, New York City.

- Quote from speech by A.D.A. President William H. Alstade (*N. Y. Times*): "New York City should get in step with the rest of the nation and fluoride its water supply."
- October 16, 1957 Academy sponsors *Children's Dental Health Week* in New York City.
- March 13, 1958 Academy approves \$1,000 research grant to J. H. Manhold, Jr., D.M.D., M.A. Project: "Investigation of the applicability of microspirometer technique to the study of human gingival disease."
- April 10, 1958 Board room conversation: Fellowship Committee Chairman Cyril F. Strife: "The books of the New York Academy of Dentistry aren't so complicated but an accountant can check them over in an hour or two." Academy Treasurer Gustav P. Frahm: "Oh, Yah!"
- October 14, 1958 Academy contributes \$100 to the Yonkers Heart Committee, an affiliate of the American Heart Association.
- October 15, 1958 Department of Orthodontics is established in the Jefferson Park Boys' Club dental clinic under the direction of Academy Fellow Eugene Murphy.
- January 7, 1959 The first panel discussion on "High Speed in General Dentistry" is presented to the Academy fellowship.

- April 12, 1959 Dr. David Mossberg resigns as treasurer and business manager of Annals Corporation. Dr. Gustav P. Frahm succeeds Dr. Mossberg.
- April 16, 1959 Plaques honoring the memory of Academy Fellows Alfred S. Walker and S. Ellsworth Davenport, Jr. are placed in the Tompkins Square and the Jefferson Park Boys' Club dental clinics.
- May 13, 1959 The Dental Practice Act (The Dental Law) of Pennsylvania is passed by the Pennsylvania State Legislature. Covers a broader conception of what constitutes dentistry (practice of dentistry), i.e., diagnosis, treatments, et cetera. Similar laws are subsequently passed by other states.
- July 1, 1959 The School of Dental and Oral Surgery, Columbia University, is restored to its original status as an independent, autonomously administered dental school, headed by a dean who has earned the dental degree.

Author's Note: Columbia University was founded as King's College in 1754 by grant of King George II. Its first president was Samuel Johnson, a clergyman (1754-1763). During President Seth Low's administration (1890-1901), the college moved uptown to Morningside Heights. Because of the addition of graduate and professional schools, the name Columbia University

was adopted in 1896. The name was again changed to Columbia University in the City of New York in 1912.

In 1915, Columbia University appointed an Organization Committee to "set up" a dental school. Five of the six members of this committee were Founder-Members of the New York Academy of Dentistry. They were Drs. Henry S. Dunning, William B. Dunning, Henry W. Gillett, Arthur H. Merritt and Harold S. Vaughn. The other member was Academy Fellow Leuman M. Waugh. In accordance with the rules prescribed by the Council on Dental Education of the American Dental Association and the American Association of Dental Schools, the members of the Organization Committee established the School of Dental and Oral Surgery at Columbia University and thus became the school's founders. All of the dental deans and the professional heads of divisions were fellows of the New York Academy of Dentistry.

August 3, 1959

American Dental Association, founded August 3, 1859 at Niagara Falls, New York, celebrates Centennial.

Academy Fellow Percy Toumine Phillips is "Centennial President" of the American Dental Association; the first native New Yorker to head the world's largest body of organized dentists.

Quote from Dr. Phillips address: "The 91,000 members of the organization

today are professional descendents of the 26 dentists who met at Niagara Falls, New York, on August 3, 1859, to establish the country's first permanent dental association."

Dr. Phillips' curriculum vitae (partial): D.D.S., Columbia University, 1919; LL.D. (Hon.), Fairleigh Dickinson University, 1959; master, International College of Dentists (Past-Pres., College at Large); fellow, American College of Dentists, New York Academy of Dentistry, New York Institute Clinical Oral Pathology, Pierre Fauchard Academy; member, Bronx County Dental Society (former president), First District Dental Society (former secretary, president), The Dental Society of the State of New York (secretary), American Dental Association (former speaker, trustee, president), Federation Dentaire Internationale; honorary member, Dental Societies of Britain, Australia, France, Italy, Japan, Philippines, and Peru, Omicron Kappa Upsilon; recipient, Henry Spenadel Award, William Jarvi Award, Pierre Fauchard Medal, New York University Alumni Award, William J. Gies Award, Centennial Award—First District Dental Society, Chevalier del 'Orde de la Ceuronne (Belgium), Centennial Award—Dental Society, State of New York, Centennial Award—Brooklyn Dental Society; Man of the Year (1969) SUNY at Buffalo; Distinguished Service Award—Bronx County Dental Society.

- November 8, 1959 Dr. Earle Banks Hoyt quotes letter from Dr. Don W. Gullett, president of the American College of Dentists: "... The dental profession has so concentrated on technics there exists an imbalance. If dentistry would concentrate for ten years on the other activities which make a true profession, the profession of dentistry would progress beyond any possible anticipation."
- December 12, 1959 Executive Secretary Augusta K. Grimm's annual retainer is increased to \$1,600.
- January 14, 1960 Academy approves \$500 grant to Dr. William F. Harrigan, professor and chairman of the Department of Oral Surgery, New York College of Dentistry.

Academy Fellow David Tanchester is elected chairman of the Greater New York Dental Meeting. Some of his outstanding honors and contributions to dentistry include: fellow, American College of Dentists and American Association for the Advancement of Science; past-president, First District Dental Society, Metropolitan Conference of Hospital Dental Chiefs, and Senior Medical Board, Montefiore Hospital; former clinical professor, Dentistry, Columbia University and of Oral Surgery, New York University School of Dentistry; diplomate, American Board of Oral Medicine and Board of Oral Surgery (Pres. 1962-1963),

State of New York; general chairman, Greater New York Dental Meeting, 1960-1961 and advisory chairman, 1961-1962; chairman, Council on Hospital Dental Service, DSSNY, 1945, and Lord Chain Award Committee, 1961; member, International Association for Dental Research, Federation Dentaire Internationale, Pierre Fauchard Academy, New York Academy of Science and American Association of University Professors; recipient, Alumni Meritorious Service Award, New York University and member, Century Club of New York University; honorary fraternity, Omicron Kappa Upsilon (Dent.) and Scientific Research Society of America.

History Committee is renamed Publication Committee: Dr. E. Byron Master, chairman.

February 5, 1960 The history of the Academy "goes to press." On motion, Board of Directors vote that 1,000 copies be ordered.

February 11, 1960 Standing Rule re-affirmed: Academy fellows are prohibited from accepting honorariums or gifts for participating in Academy programs.

Dr. Robert Morris is appointed Treasurer and Business Manager of the Annals Corporation.

April 12, 1960 The first Senior Advisory Council (later renamed Senior Advisory Com-

mittee) is appointed by President Edgar S. Bacon. Members: Dr. Ralph J. Bowman, regent, American College of Dentists; Dr. Malcolm W. Carr, past-president, American College of Dentists; Howard Reid Craig, M.D., director, New York Academy of Medicine; Dr. Oscar J. Chase, Jr., founder-member, New York Academy of Dentistry; Dr. Percy T. Philips, past-president, American Dental Association; Dr. J. A. Salzmänn, director, American Board of Orthodontics; Dr. C. Raymond Wells, past-president, American Dental Association; Dr. Walter A. Wilson, dean, School of Dentistry, Fairleigh Dickinson University.

May 23, 1960

Published: *THE NEW YORK ACADEMY OF DENTISTRY—Its First Thirty-Five Years*; a history book written and edited by Academy Fellow Edgar S. Bacon.

October 13, 1960

By-law Provision: President of the Academy is to serve on the Board of Directors of the Annals Corporation.

Public Relations Committee is appointed by President Edgar S. Bacon. Members: Drs. I. Frank Boscarelli, James W. Benfield, Gerard L. Courtade, chairman.

January 12, 1961

Memorial fellowship meeting is held at the Columbia University Club to honor three generations of Davenport: Founder-Members Sebert E.

Davenport, Sr. and S. Ellsworth Davenport, Jr., and Academy Fellow S. Ellsworth Davenport, III. Ladies present: Mrs. S. Ellsworth Davenport, Jr. and Mrs. S. Ellsworth Davenport, III. Address by Academy President Edgar S. Bacon. Invocation by Reverend Frederick Rapp. Bouquet of yellow roses presented to the ladies by Founder-Member Oscar J. Chase, Jr.

February 9, 1961 Academy's first panel on "Implant Techniques for the Making of Dentures." Panelists: Academy Fellows Robert S. Wolfram and Stanley J. Behrman. Moderator: Academy Fellow Earle Banks Hoyt.

February 10, 1961 Died: Founder-Member Arthur Hastings Merritt at his home. Fieldston Road, Riverdale, New York City, age 90.

Dr. Merritt was president of the First District Dental Society, 1918-1919; American Academy of Periodontology, 1925-1926; New York Academy of Dentistry, 1927-1929; American College of Dentists, 1938-1939; American Dental Association, 1939-1940; the William J. Gies Endowment Fund for the Advancement of Dentistry, 1950.

Dr. Merritt held honorary degrees from the University of Michigan; Columbia University; University of Maryland; New York University; Baylor University; and Hartwick College.

Dr. Merritt received the following awards and honors: The Fauchard Gold Medal for contributions to science, 1932; Jarvi Gold Medal by the New York State Dental Society, 1940; Callahan Gold Medal by the Ohio State Dental Association, 1940; Alfred G. Fones Memorial Medal by the Connecticut State Dental Association, 1941; Henry Spenadel Gold Medal, by the First District Dental Society, 1950; Children's Aid Society's 100th Anniversary Award, 1953; and the William J. Gies Award of the American College of Dentists, 1955.

March 9, 1961

Annual Sebert E. Davenport, Sr. Memorial Meeting is substituted by a meeting to honor the Academy's founders.

Functions of Development Council are delegated to the Senior Advisory Council.

On behalf of Academy fellowship, President Edgar S. Bacon presents \$1,000 check to retiring executive secretary, Mrs. Augusta K. Grimm, "for her loyal work and service of more than thirty years."

April 11, 1961

Dr. Norman L. Hillyer, a prominent orthodontist and clinician and an active fellow of the Academy since 1937, is elected 31st president of the New York Academy of Dentistry. A former teacher of orthodontics at New

York University College of Dentistry and the Columbia University College of Dental and Oral surgery, and the author of numerous articles pertaining to his specialty, Dr. Hillyer is a fellow of the American College of Dentists; member, Omicron Kappa Upsilon (Hon. Dent.); past-president, North-eastern Society of Orthodontists; vice-president, American Association of Orthodontists; past-secretary and treasurer, Second District Dental Society; and chairman, Advisory Committee, New York State Department of Health.

Dr. Edward Stroh completes arrangements with Teleanserphone to take Academy calls "to insure speedy referral of inquiries to current president or secretary."

Mr. John M. Bickel, brother of famous movie actor, Frederick March, addresses fellowship: "Let's Live and Have Fun."

April 13, 1961

Dr. Edward Stroh resigns as editor of *Annals of Dentistry*. Dr. E. Alan Lieban is elected editor.

June 7, 1961

By-law revision: "The vice-president of the Academy rather than the president is to serve on the Board of Directors of the Annals Corporation."

Miss Mary Jane Crew replaces Mrs. Augusta K. Grimm as executive secre-

tary. At time of appointment, Miss Crew was employed by the Kings County Dental Society and the Allied Dental Council.

December 10, 1961 Academy records are microfilmed at a cost of \$25.

Cogent quote from S. S. Sykes' *Essays on the First Hundred Years of Anesthesia*: "If the dentist extracts teeth in the evening it would be wise to have a Davy's safety lamp for the light to avoid the danger of explosions caused by the ether vapor, which catches fire if a naked flame approaches the mouth."

Author's note: Dr. Morton's experiment with ether in his private office two weeks before his historic demonstration at the Massachusetts General Hospital in Boston, could very well have ended in disaster. For the necessary light, Dr. G. G. Hayden, another dentist, held an ordinary candle. Thus it was by the merest fluke that the great discovery of ether didn't go up in flames.

January 11, 1962 Space for Academy's headquarters is leased at the New York Academy of Medicine Building, 103rd Street and Fifth Avenue.

The first "Special Events" fellowship meeting dedicated to the Academy's founders is held at the Columbia Uni-

versity Club. Chairman: Dr. Edgar S. Bacon. Founders present: Drs. Andrew J. Asch, Oscar J. Chase, Jr., Alfred L. Kohn, and Bissell B. Palmer, Jr. Dr. Harold S. Vaughn was unable to attend due to illness.

February 10, 1962 Died: Dr. E. Alan Lieban, at New York City, while serving as editor of the *Annals of Dentistry*.

March 8, 1962 President Norman L. Hillyer appoints Dr. David Tanchester acting editor of the *Annals of Dentistry*. The following month, Dr. Tanchester was officially elected editor of the journal.

June 3, 1962 Founded: International Circuit Courses of the American Prosthodontic Society by Academy Fellow Homer Cree Vaughan (Acad. Pres. 1966-1967) when serving as president of the Prosthodontic Society.

September 20, 1962 Died: Dr. Gustav P. Frahm while serving as the 32nd. president of the New York Academy of Dentistry.

In accordance with the Academy's by-laws (Article XII, Section 3 "... it shall be the duty of the vice-president to succeed to the presidency for the unexpired portion of the term in the event a vacancy in that office occurs"), the office of the president is filled by Vice-president Robert Leslie Heinze.

Academy Fellow E. Byron Master, professor and chairman of the Oral Surgery Department, Fairleigh Dickinson University, resigns from the faculty after serving for six years in that capacity

November 8, 1962 The first "Special Events" fellowship meeting to honor the Armed Forces is held at the Columbia University Club. Chairman: Dr. C. Raymond Wells, a Rear Admiral in the United States Naval Reserve (Ret.).

The late Dr. Arthur Hastings Merritt, Academy founder-member and president (1927-1928) bequeaths the Academy \$2,500.

January 10, 1963 Open House and Dedication Ceremonies are held in the Academy's new headquarters in the New York Academy of Medicine Building, 2 East 103rd Street, New York City.

A plaque to honor the memory of former Academy president, the late Dr. Gustav P. Frahm, is placed in the Academy's headquarters.

February 14, 1963 A "Special Events" fellowship meeting to honor the personnel of the New York Boys' Club Dental Clinics is held at the Columbia University Club. Chairman: Dr. Richard J. Warnecke (Acad. Pres. 1968-1969).

March 14, 1963 First "Special Events" fellowship meeting dedicated to the deans of den-

tal schools in the New York City area is held at the Columbia University Club. Chairman: Dr. Jacob Shapiro. Deans present: Dr. Walter A. Wilson, School of Dentistry, Fairleigh Dickinson University; Dr. Gilbert P. Smith, Columbia University, School of Dental and Oral Surgery; Dr. Merritte M. Maxwell, Seton Hall Dental College (N. J.); and Dr. Raymond J. Nagle, New York University School of Dentistry.

April 16, 1963

The Board of Directors is advised that "Dr. Richard J. Warnecke has in his possession for safe keeping, one hundred shares of Annals Corporation stock and Dr. W. Ward Tracy has the Corporate Seal."

Dr. Robert W. Northrop, prominent clinician and oral surgeon, is elected 34th president of the New York Academy of Dentistry. A former instructor of oral surgery at the School of Dentistry, Columbia University and an officer in the U. S. Naval Reserve Dental Corps during World War II, Dr. Northrop is a past-president, Presbyterian Hospital Interns' Association; former editor and chairman, Oral Surgery Section, First District Dental Society; member of numerous dental organizations, including Federacione Dentaire Internationale, Delta Sigma Delta (Grand Master, N. Y. Auxiliary), and Omicron Kappa Upsilon (Hon.). Presently, a captain in the U. S. Naval Reserve.

- October 10, 1963 Dr. Earle Banks Hoyt, member of the Fellowship Committee, retires to Arizona. Dr. Edgar S. Bacon is elected to fill Dr. Hoyt's unexpired three year term.
- December 10, 1963 After a bitter twelve year fight to fluoridate New York City's water supply, the City Council approves the measure. Two days later, December 12, 1963, the Board of Estimate gave its approval by unanimous vote.
- March 12, 1964 *Life* classification of fellowship is established.
- March 29, 1964 An amendment to the Education Law, as announced by Dr. Robert L. Heinze (Acad. Pres. 1961-1963), president of the New York State Board of Dental Examiners, "provides that the certificate of the National Board of Dental Examiners may be accepted either in whole or in part in lieu of the written examinations in dentistry or dental hygiene upon recommendation of the New York State Board of Dental Examiners."
- April 9, 1964 Academy President Gerard L. Courtade presents certificates to the first Academy fellows to be elected to Life status of fellowship: Drs. Harold S. Aldrich, Wilford J. Bruder, Walter C. Chapin, W. Ellery Follett, Robert E. Gillis, Charles Hattauer, Donald Hutchinson, Frank Nicolai, Edward J. Ortion, Eugene Senior, C. Raymond Wells, and Harold S. Woodruff.

President Courtade, who serves as special lecturer in fixed prosthodontics, School of Dentistry, Louisiana State University; guest lecturer, Dept. Crown and Bridge, Northwestern University Dental School, and a member, visiting faculty, L. D. Pankey Institute for Advanced Dental Education, is the author of numerous papers on restorative dentistry and a textbook, *PINS IN RESTORATIVE DENTISTRY* (Mosby, 1971). He is adjunct professor, Division of Prosthodontics, School of Dental and Oral Surgery, Columbia University; former chairman, New York Section, American College of Dentists, and a member, American Academy of Restorative Dentistry and the American Prosthodontic Society.

November 12, 1964 Allotment budgeted for publication of *Annals of Dentistry* is increased from \$2,100 to \$3,100.

February 11, 1965 Died: Academy Fellow Charles F. Bodecker, age 85, in Mullins, South Carolina. He was a former professor of Oral Histology, Columbia University Dental School; president of the International Association of Dental Research; associate editor of the *Journal of Dental Education*; associate fellow, New York Academy of Medicine and the New York Academy of Science; member of the New York State Board of Dental Examiners; author of 170 research reports, discussions and editorials covering 60 years; and for many

years, editor of the New York State Dental Journal.

April 6, 1965

Dr. Ralph J. Bowman, president of the Board of Trustees, the Dental Clinic of the New York Boys' Club, Inc., appoints Dr. Edgar Bacon chairman of the Ways and Means Committee. Net amount from fund raising campaign: \$10,102.

Dr. John J. Asch (Acad. Treas. 1960-1963) is elected 36th president of the New York Academy of Dentistry. Dr. Asch, whose father, Dr. Jacob Asch, was an Academy fellow and whose uncle, Dr. Andrew J. Asch, was a founder-member, served as an officer in the Dental Corps, U. S. Navy, during World War II. He is a former intern, Bellevue Hospital and attending dentist, Bellevue Hospital, New York Boys' Club Dental Clinic, White Plains and Grasslands Hospitals, and chief, Dental Clinic, Grand Street Settlement House, New York City.

July 25, 1965

House of Delegates of the American Association of Dental Schools adopts resolution stating: "Member institutions of A.A.D.S. should recognize only the Council on Dental Education of the American Dental Association as the accrediting agency for dental educational programs."

October 4, 1965

Academy Fellow Malcolm Wallace Carr (Acad. Pres. 1941-1942) is

awarded Henry Spenadel Citation and Gold Medal by the First District Dental Society (New York City).

January 10, 1966

Academy Fellow Alfred A. Lanza, chairman of the Legislative Committee, appeals to the Academy fellowship to support his committee's "all out efforts to increase our liaison between our Senators and Assemblymen by letter, telephone, and any other contacts . . . personal, patients, friends. If we are to be successful in our legislative programs, it will require the complete support of the entire dental profession."

March 10, 1966

By-laws amendment: "An active fellow who has been an active fellow in good standing for fifteen (15) years, having attained the age of seventy (70) years, may be classified as a life fellow upon application to the Board of Directors and election by two-thirds vote of the active fellows present at a regular meeting."

June 8, 1966

Board of Directors approves President Homer Cree Vaughan's proposal that Academy confer a Merit Award in the Humanities "to certain individuals who might be worthy of that distinctive honor." For President Vaughan's curriculum vitae, please read topic, "The International Circuit Courses of the American Prosthodontic Society," chapter, "The Academy's Interest in Dental Education."

- August 25, 1966 Died: Dr. William McGill Burns, in Brooklyn, New York, age 67. An active fellow of the Academy for many years, serving as chairman of numerous committees, Dr. Burns was a past-president of the Second District Dental Society and several times a member of the Organizational Committee of the Greater New York Dental Meeting. The fourth dental officer to attain the grade of Rear Admiral in the Naval Reserve, having served in both World Wars, Dr. Burns was a fellow of the American College of Dentists, International College of Dentists, the New York Academy of Dentistry, and the American Association for the Advancement of Science.
- October 6, 1966 Lindsley Fiske Kimball, A.B., Ph.D., LL.D., "who recently climaxed his illustrious career by founding the New York Blood Center and Research Institute," is the first recipient of the Academy's Merit Award in the Humanities.
- December 9, 1966 Died: Dr. C. Raymond Wells (Acad. Pres. 1956-1957), at Great Lakes Naval Hospital, Chicago, Illinois. Dr. Wells was a past-president of the American Dental Association (1943-1944) and the International College of Dentists; recipient of the Pierre Fauchard Medal and an honorary D.Sc. degree from Georgetown University; a rear admiral in the United States Naval Reserve, serving as

- senior dental officer at the Naval Receiving Station in Brooklyn and the Naval Hospital in St. Albans; and a strong advocate of fluoridation of New York City's water supply.
- February 16, 1967 Howard A. Rusk, A.B., M.D., LL.D., D.Sc., chairman and director, Department of Physical Medicine and Rehabilitation, New York University Medical Center, is the second recipient of the Academy's Merit Award in the Humanities. Subject of address: "Sick People in a Troubled World."
- March 12, 1967 Women's Lib (?): President Homer Cree Vaughan suggests "wives attend the Annual Meeting, *hopefully* to make the ceremony of installation of officers more impressive."
- May 10, 1967 Academy Fellow Edgar S. Bacon assigns book royalties from his novel, *HI FROSH!* to the New York Boys' Club Dental Clinic, Inc. Receives letter of appreciation from Trustee E. Roland Harriman, brother of former New York Governor William Averell Harriman (1954-1958), and son of Edward Henry Harriman (1848-1909), railroad magnate who founded the New York Boys' Club in 1876.
- August 3, 1967 Amended Medicaid Bill establishing maximum level for Federal financial participation in cost of medical assistance for the needy, results in New York Boys' Club dental clinics being

overly endowed financially, but clinic attendance is adversely affected.

- October 12, 1967 Peter Sammartino, Ph.D., president of Fairleigh Dickinson University (largest private university in New Jersey), is the third recipient of the Academy's Merit Award in the Humanities. The certificate is presented by Academy President Walter A. H. Mosmann.
- January 23, 1968 Died: Founder-Member Bissell B. Palmer, Jr., in New York City, age 78. A graduate of New York University College of Dentistry, Dr. Palmer was a fellow of the American College of Dentists, American Society of Oral Surgeons, International Association of Dental Research, New York Academy of Medicine, New York Society of Anesthetists, the New York Academy of Dentistry, and a founder of Group Health Dental Insurance, incorporated in February, 1948.
- April 4, 1968 Published: A revised edition of the Academy's Constitution and By-laws, as announced by Fellowship Chairman William C. Hudson, Jr. (Acad. Pres. 1972-1973).
- April 8, 1968 Dr. Richard J. Warnecke (Acad. Treas. 1963-1966) is elected 39th president of the New York Academy of Dentistry. A fellow of the American College of Dentists, the International College of Dentists, and past-president and member of the Board of Trustees,

- Second District Dental Society, Dr. Warnecke was an officer in the Dental Corps, U. S. Navy with the Third and Fifth Fleets in the Pacific area during World War II. He is a former delegate, House of Delegates and member, Reference Committee on Laboratory Relations, and Special Committee to Study Dental Licensure, the American Dental Association; a former member, Councils on Education and Annual Sessions and Oral Cancer and Continuing Education Committees, the Dental Society of the State of New York.
- June 30, 1968 Dental Society of the State of New York celebrates Centennial "with a year-long series of public, social and scientific activities."
- November 14, 1968 Dr. Hubert A. McQuirl, president of the American Dental Association, addresses Academy fellowship. Subject: "Current Policy Commitments of the American Dental Association and Their Effect on Your Practice."
- February 13, 1969 Dr. David Tanchester is first editor of *Annals of Dentistry* to receive an annual honorarium. Amount: \$600.
- March 9, 1969 Died: Founder-Member Alfred L. Kohn, in New York City, age 86. First treasurer of the Academy, 1921-1935; Academy president, 1937-1938.
- April 10, 1969 First meeting dedicated to Academy's past-presidents is held at Columbia

University Club. (For list of past-presidents who were present, please read chapter entitled "Special Events Meetings.")

Mr. John Milford, the first executive director of the Dental Information Bureau, of which the Academy was a sponsor, retires after serving 27 years.

May 1, 1969

Dr. Wilbur J. Prezzano (Acad. Pres. 1958-1959) is elected president of the American Association of Orthodontists at the Annual Meeting, Miami Beach, Florida. Dr. Prezzano's distinguished service to dentistry includes: president, Ninth District Dental Society, 1947; chairman, New York Section, American College of Dentists, 1954; president, Northeastern Society of Orthodontists, 1959; president, Dental Society of the State of New York, 1963; and member, American Board of Orthodontists, 1968.

September 1, 1969

Died: Founder-Member Harold Stearns Vaughn, M.D., D.D.S., D.Sc., F.A.C.S., at Fredricton, New Brunswick, age 93. A specialist in oral surgery and maxillo-facial surgery, Dr. Vaughn was a former attending surgeon, New York Post Graduate Hospital; consulting surgeon, Bellevue Hospital Medical Center; clinical professor of surgery, New York Post Graduate Hospital; fellow of the New York Academy of Dentistry (founder-member) and the New

York Academy of Medicine; member, American Medical and Dental Associations, the New York Laryngological Society, and American Board of Plastic Surgery.

October 10, 1969

Died: Dr. Ralph J. Bowman, at Upper Dutchess Hospital, Dutchess County, New York, age 67. Dr. Bowman was Academy president, 1953-1954; regent, American College of Dentists; member, Federation Dentaire Nationale; trustee and director, New York Boys' Club Dental Clinic, Inc.; served many years on Academy committees, especially active on Interprofessional Relations Committees; and was a strong advocate that the Academy have a building of its own.

November 17, 1969

A room in Academy's headquarters is dedicated to the memory of the late Dr. Ralph J. Bowman.

Academy Fellow Raymond H. Schneider, prominent New York dentist, is elected president, Board of Trustees, New York Boys' Club Dental Clinic, Inc.

February 12, 1970

President John J. Dolce appoints two new committees: Committee on Continuing Education, Dr. John P. Traugott, chairman; Budget-Finance Committee, Dr. Robert N. Adamson, chairman. The following year, December 15, 1971, President Dolce was

awarded the "Medal of Honor" by the Ninth District Dental Society.

February 25, 1970 Died: Founder-Member Andrew J. Asch, in New York City, age 87. Graduate, New York University College of Dentistry, 1904; former chief of Dental Clinic, Hebrew Sheltering and Guardian Society; former member, Board of Directors, First District Dental Society; dental staff, St. Bartholomew's Hospital; instructor, New York College of Dentistry in root canal therapy; inventor of tooth backing for detachable teeth; developed procedure for microcontrol for induction of electrolytic medication and the Inductance Porcelain Furnace.

April 9, 1970 Academy moves from original headquarters in New York Academy of Medicine Building, 2 East 103rd Street, New York City, to new quarters in same building at annual rent of \$2,500.

Dr. Herman L. Malter is appointed "Permanent Librarian." A former member and chairman of numerous Academy committees, including the House and the Junior Executive Committees, on April 4, 1974, he was elected the 9th treasurer of the New York Academy of Dentistry.

Miss Mary Jane Crew, executive secretary, receives salary of \$3,000 for fis-

cal year 1971-1972 and \$250 bonus for "extraordinary service in the fiscal year 1970-1971."

A special gift of \$500 is contributed to the New York Boys' Club Dental Clinic, Inc., making the Academy's total annual gift \$1,000.

Price of dinners at fellowship meetings is increased from \$7.00 to \$9.00 for guests and \$6.00 to \$7.00 for members.

Dr. Francis F. E. Morse is elected president of the New York Academy of Dentistry. He is a fellow of the American Academy of Restorative Dentistry, Greater New York Academy of Prosthodontists, American College of Dentists, International College of Dentists, New York Academy of Sciences; and past-president, University of Pennsylvania Alumni Society.

April 9-10, 1970

More than 200 of the world's outstanding facial plastic and reconstructive surgeons hold first International Symposium on Plastic and Reconstructive Surgery at the Waldorf Astoria Hotel, New York City. To enhance interprofessional relations, invitations to this symposium were sent out by the Joint Committee on Interprofessional Relations of the New York Academy of Dentistry and the New York Academy of Medicine.

- April 13, 1970 Died: Dr. E. Clinton Vollmer, Academy treasurer, in an automobile accident.
- Dr. Robert N. Adamson is appointed by the Board of Directors to serve out Dr. Vollmer's term as Academy treasurer and on April 15, 1971, he is officially elected to that office. Dr. Adamson, who earned the Bachelor of Art degree from Brown University in 1937 and the Doctor of Medical Dentistry degree from Harvard University in 1941, is a lieutenant commander in the United States Naval Reserve; attending dentist, St. Luke's Hospital and the New York Boys' Club Dental Clinic; secretary of Annals Corporation; member, the Academy's Senior Advisory Committee; Omicron Kappa Upsilon (Hon. Dent.) fraternity; various committees, Greater New York Dental Meeting; and former chairman of the Academy's Dinner, Audio-Visual, and Budget and Finance Committees.
- January 14, 1971 Dr. Robert D. Morris, Annals Corporation business manager, projects cost of publishing *Annals of Dentistry* at \$5,120 annually.
- February 24, 1971 New York Academy of Dentistry marks 50th anniversary.
- April 15, 1971 Dr. I. Frank Boscarelli, prominent New York City dentist, is elected 42nd

president of the New York Academy of Dentistry and appoints 19 committees. Dr. Boscarelli earned the Bachelor of Science degree, Manhattan College and the dental degree, School of Dental and Oral Surgery, Columbia University. A former instructor of Prosthodontics and Dental Anatomy, Columbia Dental School, Dr. Boscarelli is a fellow of the American College of Dentists, has chaired numerous Academy committees and presented clinics before the Bronx Dental Society and the First District Dental Society. He is a member, Psi Omega and Omicron Kappa Upsilon (Hon.) fraternities.

Honored: Founder-Member Oscar Jerome Chase, Jr. is presented with a "handsomely engraved silver bowl as a token of appreciation from the Academy fellowship for his keen interest in the affairs of the Academy since its inception."

Dr. Walter A. H. Mosmann (Acad. Pres. 1967-1968), professor and chairman of the Orthodontic Department, School of Dentistry, Fairleigh Dickinson University, is awarded Doctor of Science (Hon.) degree from that institution.

Academy headquarters is moved from New York Academy of Medicine Building to room 314, Columbia University Club, New York City, at annual rent of \$2,400.

May 3, 1971

Academy Fellow J. A. Salzmann receives Distinguished Service Award from the American Association of Orthodontists. Dr. Salzmann is past-president, American Association of Orthodontists, American Board of Orthodontics, and Northeastern Society of Orthodontists; recipient, Distinguished Service Award, American Association of Dental Editors, 1961; Award of Merit, Dental Alumni Society, University of Pennsylvania, 1963; Albert H. Ketchum Award, American Association of Orthodontists, 1966; and Award of Merit, St. Louis University Foundation for Orthodontic Education and Research, 1968.

Dr. Salzmann is the author of ten books covering the practice, principles, prevention, and techniques of orthodontics, and the first textbook on public health dentistry, *Principles and Practice Public Health Dentistry* (1938); contributing author, *Orthodontics to Rhinoplasty, New Concepts* (1971); editor, *New York Journal of Dentistry* (1931-1956), now editor emeritus; editor, *Reviews and Abstracts, American Journal of Orthodontics*, (1939-19); contributor on orthodontics, *Encyclopedia Britannica*; and contributor on dentistry, *Encyclopedia Americana*.

October 10, 1971

Academy Fellow Robert Leslie Heinze is elected vice-president, American College of Dentists at convocation exercises in Atlantic City after serving

three years on the Board of Regents. Dr. Heinze is a past-president, New York Academy of Dentistry, 1962-1963; Second District Dental Society; Brooklyn Dental Society; New York State Society of Dental Examiners; and Advisory Commission on Dental Hygiene, New York City Community College; honorary member, Metropolitan Conference of Hospital Dental Chiefs; founder-member, New York Academy of General Dentistry; former member, Board of Governors, Dental Society of the State of New York and the Technical Advisory Committee to the New York City Director of Medicaid; dental director, Kings County Hospital and member of Medical Board; associate editor, New York State Dental Journal; 50-year member, Psi Omega Fraternity; and for many years a delegate to the American Dental Association.

November 11, 1971 By-laws amendment: Article XII, Section 13—"The Finance and Budget Committee shall be a regular standing committee. It shall consist of six members: the treasurer, who shall be chairman, the president-elect, a past-president and three active fellows. The president shall in the first instance appoint one active fellow for one year, one for two years, and one for three years. Thereafter, the president shall appoint one active fellow to serve for three years to replace the retiring member. One member, other than the

treasurer, shall be appointed by the president to the Board of Directors.

By-laws amendment: Article X, Section 4—"The elected officers, the immediate past-president, the three members of the Executive Committee and the chairmen of the Fellowship Committee, Ethics Committee, and the appointed member of the Finance and Budget Committee, shall constitute the thirteen members of the Board of Directors."

December 5, 1971 Academy Fellow Irving E. Gruber is elected general chairman of the Greater New York Dental Meeting, the world's largest dental educational symposium.

December 15, 1971 Academy Fellow John J. Dolce (Acad. Pres. 1969-1970) is awarded "Medal of Honor" by the Ninth District Dental Society.

Price Commission rules that "physicians, dentists, and other health-care providers may not raise fees more than 2.5 per cent without prior approval, and only when each action is justified by higher costs."

January 13, 1972 Editor David Tanchester reports that the *Annals of Dentistry* has 828 subscribers.

February 10, 1972 Board of Directors oppose proposed Character Reference Program of the

American Academy of Dental Examiners. At Dr. John D. Burr's recommendation, a communication stating the directors' viewpoint is sent to the Dental Society of the State of New York.

April 13, 1972

Dr. William C. Hudson, Jr. is elected 43rd president of the New York Academy of Dentistry. A fellow of the American College of Dentists, International College of Dentists, American College of Prosthodontists, and a consultant, prosthodontics, Memorial Hospital, Dr. Hudson is a past-president, First District Dental Society, Greater New York Academy of Prosthodontists, and Federation of Prosthodontic Organizations; former chairman, New York Section, American College of Dentists, and regent, U. S. Section, International College of Dentists.

Dr. Homer Cree Vaughan (Acad. Pres. 1966-1967), reporting for the Inter-professional Relations Committee, states that "The committee determined that a successful program might be developed by sending copies of the scientific programs of the New York Academy of Medicine to fellows of the Dental Academy inviting them to participate, at an estimated cost to the Academy (dental) of \$1,000 for postage and printing." The project is accepted for one year with funds to be allotted from the Contingency Fund.

October 12, 1972

Academy Fellow Edgar S. Bacon (Acad. Pres. 1960-1961), author of the

first edition of the Academy history, is authorized by the directors to compile and edit the proposed second edition. He is advised of the directors' action by Academy President William C. Hudson, Jr.

November 9, 1972 Motion approved: "At the change of each secretary's term, all minutes be microfilmed to the current date." The microfilm of Academy minutes from 3-24-1921 through 4-13-1967, "which have been in the desk at Academy's headquarters," are deposited in the safe deposit box in the First National City Bank. . . . Dr. Robert N. Adamson and Dr. George V. Lyons possess keys to the box.

December 4-8, 1972 Academy Fellow Harold Gelb, clinical professor, Department of Removable Prosthodontics, College of Medicine and Dentistry of New Jersey and director of the Temporomandibular Joint Clinic, New York Eye and Ear Infirmary, is elected General Chairman of the 49th Annual Greater New York Dental Meeting to be held at the New York Hilton, New York City, November 13-19, 1973. Dr. Gelb is also chief attending dentist in Prosthetic Dentistry, French and Polyclinic Medical School and Health Center.

Author's note: Because the New York Academy of Dentistry's contributions to the organizational and educational success of the Greater New York Dental Meetings are substantial, a brief re-

sume of the early history of the Meetings and the Academy's involvement is here recorded:

Although available records do not mention any one particular individual, the original idea of the Greater New York Dental Meeting is purported to have come from the Bronx County Dental Society at a meeting in 1919. Five years later, 1924, when Dr. Armin Wald was president of the First District Dental Society, he realized "the necessity for an intensive series of postgraduate courses for dentists of that day" and he invited the following men to meet with him to form the Executive Committee: Drs. Theodore Blum, Herman Chayes, Martin Dewey, Waldo Mork, John Peters, Charles Vetter, Alfred Walker, and John T. Hanks.

The first meeting in 1924 was held in the Hotel Pennsylvania by the First District Dental Society as part of its activities. In 1929, largely through the efforts of Academy Fellow Charles M. McNeeley, the Second District Dental Society joined the First District Dental Society as co-sponsors of the meeting and, working together, the two societies formed the Organizational Committee of the *Greater New York December Meeting*. In 1937, the name of the meeting was changed to the *Greater New York Dental Meeting*. After Academy Fellow Percy T. Phillips was General Chairman in December,

1940-1941, at his recommendation, every General Chairman at the completion of his term of office has served as the Advisory Chairman.

John T. Hanks was the first General Chairman of the Greater New York Dental Meeting (December) in 1929, marking the joint efforts of the two societies, and, three years later, 1932, he was succeeded by Dr. Carroll B. Whitcomb, of the Second District Dental Society, who also served a three-year term. Since the expiration of Dr. Whitcomb's term of office in 1935, nearly all of the General Chairmen of the Greater New York Dental Meetings have been Academy fellows. In sequence, they are: Dr. Charles M. McNeely, 1938-1939; Percy T. Phillips, 1940-1941; Gustav P. Frahm, 1942-1943; Roland E. Morse, 1956-1957; David Tanchester, 1960-1961; Leo E. Sherman, 1962-1963; Alfred A. Lanza, 1964-1965; George E. Mullen, 1966-1967; David S. Shelby, 1968-1969; Irving E. Gruber, 1970-1971; and Harold Gelb, 1972-1973.

January 11, 1973

The New York Academy of Medicine and the New York Academy of Dentistry hold a joint meeting at the Columbia University Club. Speakers: Drs. John Converse, Augustus Vilauri, and Blair D. Rogers. Moderator: Dr.

Charles Hillyer. Subject: "Dentistry in Plastic and Reconstructive Surgery."

Academy Fellow Charles E. Hillyer, moderator of the above discussions, is a fellow of the American College of Dentists and vice-chairman of the New York Section; fellow of the International College of Dentists; attending oral surgeon, Roosevelt Hospital and assistant director TMJ Department New York Eye and Ear Infirmary; chairman, Organizational Committee, the Greater New York Dental Meeting, 1969-1972; Grand Master, New York chapter, Psi Omega Fraternity, 1972; and president Northeastern Prosthetic Study Group, 1973. In 1950-1952, Dr. Hillyer was on active duty in the Dental Corps, United States Naval Reserve.

800 copies of updated by-laws are printed at a cost of \$396. Academy Secretary Ferdinand G. Neurohr is authorized to have board and fellowship minutes updated on microfilm.

Names of Dr. Malcolm W. Carr and Dr. Oscar J. Chase, Jr. are added to the History Committee, presently comprised of Drs. I. Frank Boscarelli, William C. Hudson, Jr. and Edgar S. Bacon, chairman.

February 8, 1973

President William C. Hudson, Jr. informs Academy directors that the Columbia University Club is closing and Academy meetings will be held at a

location to be announced. President-elect George V. Lyons is requested to investigate locations which might be suitable for future Academy meetings.

Academy directors approve President-elect George V. Lyons' motion that "the fellowship of the New York Academy of Dentistry recommend to the First District Dental Society its consideration of the purchase of the Columbia University Club for use as the principal facility as a co-operative venture in conjunction with other interested professional organizations."

Subsequently, the First District Dental Society "decided that the purchase of the Columbia University Club as a co-operative venture with the Academy of Dentistry would not be feasible."

Non-resident Fellow Daniel F. Lynch of Silver Springs, Maryland, is elected an Honorary Fellow of the New York Academy of Dentistry.

February 10, 1973

The American Prosthodontic Society and Academy Fellow Homer Cree Vaughan, director-founder of the International Circuit Courses, are honored by the American Dental Association "at a gala banquet" held at the Hotel Ambassador, Chicago, Illinois. For a review of Dr. Vaughan's curriculum vitae and a detailed account of the International Circuit Courses, please

read topic of that name, chapter on "Education."

March 8, 1973

Academy fellowship holds first meeting at new location. . . . Harvard Club, 27 West 44th Street, New York City.

Academy Fellow Isidore Teich is awarded the Jarvie-Burkhart Medal for 1973 by the Dental Society of the State of New York. He was the recipient of the Henry Spenadel Award of the First District Dental Society in 1966 and the Silver Medal Award of the Hebrew University School of Dental Medicine in 1967.

Academy Fellow Herman L. Malter is appointed Assistant Dean for Dentistry at the Polyclinic Hospital, French and Polyclinic Medical School and Health Center. In April, 1974, he was elected treasurer of the New York Academy of Dentistry.

April 12, 1973

Dr. George V. Lyons, an active fellow of the Academy since 1960, whose professional achievements and contributions have brought him high praise and prominence in the dental profession, is elected the 44th president of the New York Academy of Dentistry.

May 5, 1973

Academy Fellow Anthony F. Posteraro, associate professor of Periodontics, New York University College of Dentistry (1969-19), is elected vice-president of the Dental Society of the

State of New York. He succeeds Academy Fellow Emil W. Lentchner who is now president-elect. Dr. Posteraro is a fellow of the American College of Dentists (Chm., N. Y. Section, 1968-1969); director and founder, the Dental Diagnostic Service, I.C.D. Rehabilitation and Research Center, 1967-1973; past-president, First District Dental Society and delegate, American Dental Association, 1964-1974; member, Pierre Fauchard Academy, 1973, and Omicron Kappa Upsilon (Hon. Dent.), Sigma Xi, and Delta Sigma Delta fraternities. (Dr. Posteraro was elected president-elect of the Dental Society of the State of New York in May, 1974, and will automatically become president in 1975.)

Academy Fellow Seymore L. Nash, past-president of the First District Dental Society, is designated executive director of the Dental Society of the State of New York. Chosen from among 70 candidates by a "Search Committee," chaired by Academy Fellow Wilbur J. Prezzano, Dr. Nash succeeds Academy Fellow Percy T. Phillips on August 31, 1973, at which time Dr. Phillips will become Secretary Emeritus.

September 18, 1973 Academy Fellow George E. Mullen appeals to the New York Academy of Dentistry for financial support for the New York Dental Service Corporation

of which he is president. A graduate of Fordham University and the Columbia School of Dental and Oral Surgery, Dr. Mullen is a fellow, American College of Dentists, International College of Dentists, New York Academy of Dentistry, and the Long Island College of Odontology; member, Pierre Fauchard Academy; delegate, American Dental Association; former General Chairman, Greater New York Dental Meeting; and past-president, Dental Society of the State of New York, Second District Dental Society, New York State Association of the Professions, and National Federation of Saint Appolonia Guilds.

November 8, 1973

On recommendation of Academy President George V. Lyons, the Board of Directors extends philosophical and financial support to the New York Dental Service Corporation; approves unrestricted grant of \$500 and restricted grant of \$1,000 from the General Fund "to be held in escrow for return to the Academy if the Corporation's funds raised are not sufficient to undertake the underwriting of enough volume of business to be meaningful to the public and to dentistry."

November 16, 1973

Academy Fellow Homer Cree Vaughan is recipient of the "1973 Century Club Medallion Award" presented by the Century Club, College of Dentistry, Brookdale Dental Center, New York University, at a testimonial dinner in

his honor at the Waldorf Astoria, New York City.

January 7, 1974

Academy Fellow Andrew M. Linz is elected president, First District Dental Society. A captain, Dental Corps, USNR-R, fellow, American College of Dentists (Chm. N. Y. Section, 1973-1974) and International Association of Oral Surgeons, Dr. Linz is past-president, New York State Society of Oral Surgeons; founder-member, American Dental Society of Anesthesiology; former chairman, Oral Cancer Committee for the Dental Society of the State of New York; and member, New York Academy of Science, Board of Trustees, New York College of Podiatric Medicine, 1963-1973, and Board of Directors, American Cancer Society, New York City Division.

January 10, 1974

Dr. Ferdinand G. Neurohr and Dr. Edward B. Armstrong explain to the Academy's Board of Directors the new structure of the Boys' Club Dental Clinic, Inc., henceforth to be known as Health Services of the Boys' Clubs of New York. Academy donates \$500 to this new enterprise.

Drs. Armstrong and Neurohr, both of whom are prominent in their respective fields of oral surgery and prosthodontics, are active fellows who have contributed much to the welfare of dentistry and the Academy. At the Annual Fellowship Meeting on April 4,

1974, Dr. Neurohr was elected vice-president and Dr. Armstrong was elected to replace Dr. Neurohr as secretary.

Dr. Edward B. Armstrong earned the Bachelor of Art degree at the University of Pennsylvania and the dental degree at New York University College of Dentistry. A captain in the United States Naval Dental Reserve Corps who saw active duty in Korea and Japan, 1954-1956, he is a former intern, oral surgery, Roosevelt Hospital, New York, and resident, Carle Hospital, Urbana, Illinois; associate clinical professor, oral surgery, New York University Medical College, and adjunct associate clinical professor, oral surgery, School of Dental and Oral Surgery, Columbia University; director and secretary of the Board, Boys' Clubs of New York Health Services, Inc.; fellow, American College of Dentists and diplomate, American Board of Oral Surgery; member, American, New York, and New Jersey Societies of Oral Surgeons and numerous Academy committees, including Associate Fellowship and Executive Committees.

Dr. Ferdinand G. Neurohr is a fellow, American College of Dentists and the Greater New York Academy of Prosthodontists; honorary fellow, Northeastern Gnathological Society and charter-fellow, American College of Prosthodontists; vice-president and

trustee, Health Services of the Boys' Clubs of New York; assistant professor, Prosthodontics, Fairleigh Dickinson University School of Dentistry; diplomate, American Prosthodontic Society; member, Omicron Kappa Upsilon (Hon. Dent.) fraternity; American Association of Dental Consultants; former chairman-member, numerous committees of the Academy, First District Dental Society, and the Greater New York Academy of Prosthodontics, including the chairmanship of the Academy's Executive Committee. Dr. Neurohr is also the author of numerous professional essays and publications.

January 22, 1974

Board of Trustees of the Health Services of the Boys' Clubs of New York elect Academy Fellow Edgar S. Bacon an honorary trustee. Prior to 1969, Dr. Bacon served on the Board of Trustees for nine consecutive years.

February 14, 1974

Project of distributing Academy of Medicine programs to Dental Academy fellowship, initiated on April 13, 1972, is discontinued.

February 20, 1974

A special meeting of the Board of Directors, called by President George V. Lyons, is held at the Princeton Club, 15 West 43rd Street, New York City, for the purpose of discussing printing costs and ways and means of publishing the second edition of the Academy history presently being compiled and

edited by Academy Fellow Edgar S. Bacon.

March 5, 1974

A second special meeting of the Board of Directors is held at the Princeton Club regarding the forthcoming Academy history. The directors approve Dr. Charles Hillyer's motion that "a committee be appointed to raise money outside capital funds to finance publication."

March 14, 1974

The New York Academy of Medicine and the New York Academy of Dentistry hold a scientific meeting at the Princeton Club, New York City. Speakers: Dr. Saul I. Heller and Dr. Martin Rubin. Subject: "Acupuncture." The Joint Committee of the Interprofessional Relations Committees of the two New York Academies was comprised of Malcolm Wallace Carr, D.D.S. and Beverly Chew Smith, M.D., co-chairmen, and Frank B. Berry, M.D., John Converse, M. D., Robert Goodhart, M.D., Andrew Linz, D.D.S., James E. McCormack, M.D., Robert W. Northrop, D.D.S., George O'Grady, D.D.S., Stuart Stevenson, M.D., Edward Stroh, D.D.S. and Homer C. Vaughan, D.D.S.

By-laws amendment: Article XVIII, Section I—"The fellows of the Academy shall conduct their practices and their activities in the profession in such a manner as will uphold and further the objects for which the Acad-

emy was organized and in keeping with the Code of Ethics of the American Dental Association, its constituent and component societies.”

March 18, 1974

President George V. Lyons appoints Committee for Publication Financing comprised of Drs. I. Frank Boscarelli, Malcolm W. Carr, Oscar J. Chase, Jr., John J. Dolce, Harold Gelb, Francis F. E. Morse, and Homer Cree Vaughan, chairman. Purpose: “To seek funds necessary to publication and the attendant expenses after the completed manuscript is received from Dr. Edgar S. Bacon.”

April 4, 1974

Dr. Alfred J. Keck, retired Navy captain, Dental Corps, USNR, and past-commanding officer, the Naval Reserve unit stationed at Roosevelt Hospital, is elected 45th president of the New York Academy of Dentistry. An active fellow in the affairs of the Academy since 1952 and a prominent member of the dental profession who has contributed much to its welfare, Dr. Keck is a past-president, First District Dental Society; former chairman, New York Section, American College of Dentists; committee chairman, Greater New York Dental Meeting (4 yrs.) and member, House of Delegates, American Dental Association (6 yrs.). Dr. Keck is currently serving a third term as a member, Board of Governors, the Dental Society of the State of New York.

Replacing Dr. Alfred J. Keck as president-elect, Dr. Rufus L. Robinson, Jr. is designated by unanimous vote of the fellowship to assume the responsibilities of that office. Thus, by virtue of the directive contained in the Academy's by-laws, his elevation to the presidency in April, 1975 becomes automatic. A former captain in the New York State Guard and the Air National Guard, Dr. Robinson earned the Bachelor of Art degree from Columbia College and the dental degree from the Columbia University School of Dental and Oral Surgery. A fellow of the International College of Dentists and, since 1942, attending oral surgeon, New York Eye and Ear Infirmary, he has presented courses, Continuing Education, First District Dental Society and clinical demonstrations, First District Dental Society and the Greater New York Dental Meeting. Since election to fellowship in 1958, Dr. Robinson has served as a member of numerous Academy committees and is a past chairman of the Audio-Visual, Constitution and By-laws, Associate Fellowship, and Ethics Committees.

Dr. George W. Sferra is appointed chairman, the Senior Advisory Committee after serving the Academy as chairman, Junior Executive Committee, 1972-1973, and Executive Committee, 1973-1974.

Since earning the Bachelor of Art degree, Columbia College, 1938, and

the D.D.S. degree, 1942, University of Michigan School of Dentistry, where he was a teaching fellow, Dr. Sferra has contributed much to the dental profession. A former alternate delegate, 1972, delegate, 1973, and member, Reference Committee, House of Delegates, American Dental Association, he is a member, Council on Dental Care Programs, DSSNY, and past-chairman, Public and Professional Relations, Lord Chain, and Dental Care for Groups Committees; and member, Board of Directors, 1970-1974, the First District Dental Society. During World War II, Dr. Sferra served in the Dental Corps, United States Army.

April 7, 1974

Academy Fellow Edward V. Zegarelli is appointed dean of the Columbia University School of Dental and Oral Surgery, as announced by University President William J. McGill. Dr. Zegarelli becomes the tenth dean of the 59 year old school.

April 19, 1974

Dr. Homer Cree Vaughan, chairman, Committee for Publication Financing, invites a number of Academy fellows to join him, as his guest, "for cocktails and dinner on Wednesday, May 8, 1974, at 6:30 pm at the Union League Club for the purpose of especially marking this historic moment with a pre-publication gathering to discuss its full significance."

May 8, 1974

"A gala black tie pre-publication dinner" hosted by Dr. Homer Cree

Vaughan, chairman, Committee for Publication Financing, is held at the Union League Club, New York City.

Author's note: For descriptive details of this social affair and a list of Academy fellows present, please read chapter, "Academy History—First and Second Editions."

May 16, 1974

Academy Fellow Alfred A. Lanza, a former ADA trustee, general chairman, The Greater New York Dental Meeting, and past-president, the First District Dental Society, "who has freely given 50 years of service to the profession as educator, administrator and dedicated member in all areas of organized dentistry," is awarded the 1974 Jarvie-Burkhart Award, the highest honor conferred by the Dental Society of the State of New York. His numerous honors include fellowships in the American and International College of Dentists, New York Academy of Dentistry, New York Academy of Prosthodontists, and honorary member of the Academy of General Dentistry and the Third District Dental Society.

September 1, 1974

Academy obtains new headquarters at 30 East 42nd Street, New York City, at an annual rental of \$3,936.72 with a five year lease.

About the Author

This book is Dr. Edgar S. Bacon's fifth published volume. He has written a book on psychology (Equinox Press, 1948); children's dentistry (E. P. Dutton & Co., New York, 1957, and William Heinemann LTD, London England, 1959); a history (1st ed. of this book) published by the New York Academy of Dentistry in 1960, with preface by Howard Reid Craig, M.D., former director, the New York Academy of Medicine; and a novel entitled *Hi Frosh!* (Equinox Press, 1967), a lively tale about life on the campus at the University of Michigan during the bootleg era. Dr. Bacon has contributed articles to *Parents Magazine*, *The New York Journal of Dentistry* and guest editorials to *The New York State Dental Journal*. He also is the author of the chapters on dentistry included in the 13th edition of *Pediatrics* (Appleton-Century-Crofts, Inc. 1962), a medical text and reference book edited by Drs. Holt, MacIntosh, and Barnett; a member, Editorial Board and former editor, *Annals of Dentistry*, the Academy's official journal; and a past-chairman, the Council on Publications, the Dental Society of the State of New York.

Dr. Bacon is a past-president, the New York Academy of Dentistry, the University of Michigan Club of New York, the University of Michigan Dental Alumni of New York, and a former member (3 yrs.), Board of Directors, University of Michigan Development Council. He is a past-chairman, New York Section, American College of Dentists; a former trustee and chairman of the Ways and Means Committee, the Dental Clinic of the New York Boys' Club, Inc., and, currently, an honorary trustee, Health Services of the Boys' Clubs of New York. He is a life member, New York Academy of Dentistry, American College of Dentists, American Dental Association, Dental Society of the State of New York, and the First District Dental Society.

After serving three years on the Board of Governors of the University of Michigan Club of New York, which is one of

the University's largest and most prestigious alumni bodies, Dr. Bacon was elected president, the only dentist to be elected to an active full term. During his administration, the Club staged three outstanding events. It sponsored the ticket sale for the Army-Michigan football game in Yankee Stadium; entertained at a "football bust" the co-captains and the entire coaching staff of the University of Michigan football team; and gave a dinner and dance at the St. Regis in honor of the newly-elected University President Harlan Hatcher, which event was attended by University and National Alumni officers, Governor Dewey, and 250 members and their guests.

In September, 1956, Dr. Bacon was awarded a "Citation of Honor" by the University of Michigan. The certificate, which bore the University seal and President Harlan Hatcher's signature, read as follows: "In grateful recognition of outstanding service, loyalty and devotion to the Development Council of the University of Michigan, this citation of honor is awarded to Dr. Edgar S. Bacon, who labored faithfully and diligently on behalf of the University's Development program in the capacity of Member, Board of Directors."

In the early 1950s, the University of Michigan was figuratively "bursting at the seams." To keep pace with the modern world of research, science and technology, additional buildings were urgently needed and more land was required on which to build them. The most logical area for expansion was the wooded, rolling hills just north of the Huron River and a mile or so from the original campus. This was a fine choice, for less than a decade after Eero Saarinen designed the plan for the development, the area was magically transformed into the beautiful North Campus; "an exciting panorama of change and growth marking a century and a half of educational leadership."

Thus the proposed expansion of the University of Michigan campus was the main reason for the formation in 1953 of the Development Council, and Dr. Bacon's appointment by President Hatcher to the Board of Directors, ratified by the Board of Regents, was, as Dean Russell W. Bunting stated in the *Alumni Bulletin*, "An outstanding honor for Dr. Bacon, who

is the only dentist on the board, and the dental profession as well." Other members of the board included such prominent people as Edgar Eisenhower, Attorney Glenn Coulter, Chester Lang of General Electric, who headed the successful fund-raising campaign for the University of Michigan's Phoenix Project, and Secretary of the Treasury, Mr. George Humphrey. Later, President Hatcher in a letter to Dr. Bacon included this passage: "As time goes on, I am sure it will always be a source of personal satisfaction to have played an active role in initiating this special program of the University and in helping to carry it through its formative period of organization."

Dr. Bacon is a graduate of the School of Dentistry, University of Michigan; a former intern and resident, Bellevue Hospital, New York City; and member, Psi Omega and Omicron Kappa Upsilon (Hon. Dent.) fraternities and Alpha Epsilon Mu and Kappa Kappa Psi, national honorary musical societies.

During World War II, Dr. Bacon was a pilot in the Civil Air Patrol and served as a dental officer in the United States Navy in the Pacific theater with the rank of Lieutenant Commander. While serving as senior dental officer aboard the USS CEBU (Arg 6), he was president of the Courtmartial Board and director of the ship's band; the author of a book, *Psychology And The Dentist*, and of numerous articles and editorials (non dental) published in the ship's paper. He received Letters of Commendation from the United States Surgeon General for writing a report on the "blowing up" and sinking of the ammunition ship, USS MOUNT HOOD, in the Admiralty Islands and a report of his ship's (USS CEBU) involvement in two successive typhoons in the China Sea.

Dr. Bacon's next book is entitled, *The View From Bellevue and The Bowery Woman Case*.

Appendices

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ACADEMY PROGRAMS

1921

Meeting 1

December *Speaker:* Dr. Edwin A. Holbrook
Subject: "Dental Welfare Foundation"

1922

Meeting 2

February *Speaker:* Dr. Robert T. Morris
Subject: "Division of Professional Fees"

Meeting 3

October *Speaker:* Dr. Henry W. Gillett
Subject: "Conservatism in Prosthetic Restorations"

Meeting 4

November *Speaker:* Dr. W. D. Witherbee
Subject: "A Discussion of the Principles and Indications
for X-ray Therapy of the Tonsils and
Adenoids"

1923

Meeting 5

January *Speaker:* Dr. George H. Semken
Subject: "Cancer About the Mouth"

Meeting 6

February *Speaker:* Dr. William K. Gregory
Subject: "Some Critical Stages in the Evolution of the
Human Dental Apparatus"

Meeting 7

- March *Speaker:* Dr. O. De Forest Davis
Subject: "A Discussion of the Munson Articulator"

Meeting 8

- April *Speaker:* Dr. Frederick S. McKay
Subject: "Mottled Enamel"

Meeting 9

- November *Speakers:* Dr. Paul R. Stillman; Dr. J. Lowe Young;
 Dr. Edward Kennedy; Dr. William B. Dunning.
Subject: "Traumatic Occlusion"

1924

Meeting 10

- January *Speaker:* Dr. William J. Hoag
Subject: "Ceramics"

Meeting 11

- February *Speaker:* Dr. Harold S. Vaughn
Subject: "Some Thoughts Concerning Pulpless Teeth"

Meeting 12

- March *Speaker:* Dr. I. Rosen
Subject: "Mouth Lesions"

Meeting 13

- April *Speaker:* Dr. William D. Tracy
Subject: "Indirect Inlay Technique"

Meeting 14

- November *Speaker:* Captain R. W. Leigh, D. C., U. S. A.
Subject: "Histopathology of Dental Caries and its Periapical Sequelae"

Meeting 15

- December *Speaker:* Dr. Charles F. Bodecker
Subject: "The Practical Significance of the Organic Matrix of Adult Enamel"

1925

Meeting 16

- January *Speaker:* Dr. Milo Helman
Subject: "Tooth Form in Relation to Dental Caries"

Meeting 17

- February *Speaker:* Dr. Henry S. Dunning
Subject: "Neuralgias of the Mandibular Nerve and Treatment"

Meeting 18

- March *Speaker:* Dr. Percy R. Howe
Subject: "The Interpretations of Dental Lesions in the Light of Recent Research"

Meeting 19

- April *Speaker:* Dr. Royal S. Haynes
Subject: "The Problem of Infectious Diseases"

Meeting 20

- October *Speaker:* Dr. Thaddeus T. Hyatt
Subject: "Prophylactic Odontology"

Meeting 21

- November *Speaker:* Dr. W. R. Pond
Subject: "The Advantages of Amalgam as a Means of Restoring Tooth Structure of Posterior Teeth"
Speaker: Dr. Henry W. Gillett
Subject: "The Advantages of the Gold Inlay as a Means of Restoring Tooth Structure of Posterior Teeth"

1926

Meeting 22

- January *Speakers:* Dr. William D. Tracy; Dr. J. Lowe Young;
Dr. Arthur H. Merritt; Dr. Harold S.
Vaughn; Dr. Edward Kennedy.
Subject: "A Cross Section Through Present Day
Thought in Dentistry"

Meeting 23

- February *Speaker:* Dr. William J. Gies
Subject: "The Findings and Conclusions of the Carnegie
Foundation's Study of Dental Education"

Meeting 24 (Clinics)

- March *Speaker:* Dr. W. J. Hoag
Subject: "Ceramics"
Speaker: Dr. Thaddeus P. Hyatt
Subject: "Practical Prophylactic Odontology"
Speaker: Dr. Edward Kennedy
Subject: "Partial Denture Technic"
Speaker: Dr. Edwin J. Nestler
Subject: "The Value of the Radiograph in the De-
tection of Caries"
Speaker: Dr. Lowrie J. Porter
Subject: "Orthodontic Principles Applying to the
General Practitioner"
Speaker: Dr. Paul R. Stillman
Subject: "The Tooth Brush"
Speaker: Dr. William D. Tracy
Subject: "Indirect Gold Inlays"

Meeting 25

- April *Speaker:* Mr. George S. Chappell
Subject: "Explorations in the South Seas"

Meeting 26 (Symposium)

- October *Speaker:* Dr. Edward Kennedy
Subject: "Full Denture Construction"

Speaker: Dr. Russell W. Tench

Subject: "Bite Taking with the Gysi Arch Marker"

Speaker: Dr. Victor Sears

Subject: "Articulation with the Human Articulator"

Speaker: Dr. James P. Ruyl, Sr.

Subject: "Esthetics"

Meeting 27

November *Speaker:* Dr. Louis I. Harris

Subject: "The Relation of the Dental Profession to the Public Health"

1927

Meeting 28

January *Speaker:* Dr. J. E. Nyman

Subject: "Immunity and Susceptibility to Systemic Involvement from Focal Infection"

Meeting 29

February *Speaker:* Dr. William J. Gies

Subject: "An Analysis of the Conclusions of the Carnegie Foundation's Study of Dental Education"

Meeting 30 (Clinics)

March *Speaker:* Dr. Carlisle C. Bastian

Subject: "Preparation of Vital Molar Teeth for Porcelain Jacket Crowns"

Speaker: Dr. H. Kroehl Taylor

Subject: "An Exact Reproduction of Set-up for Full Upper and Lower Sets of Teeth"

Speaker: Dr. Paul R. Stillman

Subject: "Stereopticon Illustrations of Incipient Mouth Lesions with Explanations"

Speaker: Dr. Henry W. Gillett

Subject: "Laws Governing Round Wire Clasp Design"

Speaker: Dr. William A. Squires

Subject: "Preparation, Working Models and Finished Specimens of Shoulder Jacket Crowns"

Meeting 31

- October *Speaker:* Dr. Foster Kennedy
Subject: "Facial Pain"

Meeting 32 (Clinics)

- November *Speaker:* Dr. James E. Aiguier
Subject: "Dental Medicaments"
Speaker: Dr. A. B. Hall
Subject: "Inlay Preparations and Castings"
Speaker: Dr. Albert J. Irving
Subject: "Indirect Inlay and Application to Fixed
Bridgework"
Speaker: Dr. Leo Stern
Subject: "Local Anesthesia"
Speaker: Dr. William D. Tracy
Subject: "Various Suggestions in Operative Tech-
nique"

Meeting 33

- December *Speaker:* Dr. F. V. Simonton
Subject: "The Most Significant Findings of the Cali-
fornia Stomatological Research Group in the
Study of Pyorrhea"

1928

Meeting 34

- January *Speaker:* Dr. Sherman L. Davis
Subject: "The Relation of Nutrition to General Im-
munity"

Meeting 35

- February *Speaker:* Dr. Russell W. Bunting
Subject: "The Role of the Bacillus Acidophilus as it
Relates to Dental Caries"

Meeting 36 (Clinics)

- March *Speaker:* Dr. Joseph D. Appleton, Jr.

Subject: "Method of Securing Dental Cultures and Smears"

Speaker: Dr. Leroy L. Hartman

Subject: "Cavity Preparation and Manipulation of Gold Foil"

Speaker: Dr. William J. Meier

Subject: "Cavity Preparation and Impression for the Porcelain Inlay"

Speaker: Dr. Russell W. Tench

Subject: "Various Suggestions in Prosthetic Technology"

Meeting 37

April

Speaker: Dr. Leuman M. Waugh

Subject: "An Adventurous Cruise to Northern Labrador"

Meeting 38

October

Speaker: Dr. L. V. Kimbrel

Subject: "A Method of Compensating for the Variables in Making Dental Castings"

Meeting 39 (Clinics)

November

Speaker: Dr. Clyde H. Schuyler

Subject: "Partial Denture Designs"

Speaker: Dr. Frederick W. Pratt

Subject: "Gold Inlays, Indirect Technic"

Speaker: Dr. Oscar J. Chase, Jr.

Subject: "Ceramics"

Speakers: Orthodontic Staff, Columbia University

Subject: "Orthodontia Technology"

1929

Meeting 40

January

Speaker: Dr. J. R. Blainey

Subject: "Operative Measures in Root Canal Therapy"

Meeting 41 (Symposium)

- February *Speaker:* Dr. William D. Tracy
Subject: "Prevention of Dental Caries"
Speaker: Dr. H. J. Leonard
Subject: "Prevention of Periodontal Lesions"
Speaker: Dr. Frank A. Delabarre
Subject: "Prevention of Othodontic Abnormalities"
Speaker: Dr. Sherman L. Davis
Subject: "Diet as a Factor in Preventive Dentistry"

Meeting 42 (Clinics)

- March *Speaker:* Dr. George Straussberg
Subject: "Swaged Platinum Base"
Speaker: Dr. W. J. Meier
Subject: "Porcelain Jacket and Inlay Preparation"
Speaker: Dr. Douglas B. Parker
Subject: "Some Oral Surgical Points of Interest to the
 General Practitioner"
Speaker: Dr. Henry Wasserman
Subject: "Movable Fixed Bridgework"

Meeting 43

- April *Speaker:* Mr. John Mulholland
Subject: "An Hour of Magical Tricks"

Meeting 44

- October *Speaker:* Dr. George H. Semken
Subject: "Tumors of the Upper Jaw with Special
 Reference to Cancer"

Meeting 45

- November *Speaker:* Dr. Von Denberg
Subject: "Aggressive Work in Mouth Hygiene and
 Preventive Dentistry"

1930

Meeting 46

- January *Speaker:* Dr. Russell Cecil
Subject: "The Relation of Medicine to Dentistry"

Meeting 47

- February *Speaker:* Dr. Leuman M. Waugh
Subject: "A Study of Nutrition of the Eskimos of the North Bering Sea and Artic Alaska, with Special Reference to the Teeth"

Meeting 48 (Clinics)

- March *Speaker:* Dr. Irving R. Hardy
Subject: "Esthetic Dentures"
Speaker: Dr. F. G. Neurohr
Subject: "The Spring Lock Insertion Bridge"
Speaker: Dr. Lowrie J. Porter
Subject: "Essential Consideration for the General Practitioner in Determining the Correct Time for Orthodontic Treatment in Various Types of Malocclusion"
Speaker: Dr. Edwin G. Van Valey
Subject: "Removable Bridgework"

Meeting 49

- April *Speaker:* Dr. Arthur F. Payne
Subject: "Psychology Applied to Dentistry"

Meeting 50

- October *Speaker:* Dr. E. V. McCollum
Subject: "Relationship Between Diet and Dental Caries"

Meeting 51 (Symposium)

- November *Speakers:* Dr. Lowrie J. Porter; Dr. Edward F. Sullivan;
 Dr. William D. Tracy

Subject: "The Responsibility of the General Practitioner in the Care and Preservation of Children's Teeth"

1931

Meeting 52

January *Speaker:* Dr. Milo Hellman
Subject: "A Report on the Whitehouse Conference on Child Health"

Meeting 53

February *Speaker:* Dr. Frank Castro
Subject: "Dental Education"

Meeting 54 (Clinics)

March *Speaker:* Dr. William A. Spring
Subject: "Porcelain Restorations"
Speaker: Dr. John Oppie McCall
Subject: "X-ray Interpretations"
Speaker: Dr. James K. Burgess
Subject: "A Simple Indirect Gold Inlay Technique"
Speaker: Dr. John T. Knox
Subject: "Something New in Indirect Inlay Impression"

Meeting 55

April *Speaker:* Mr. Thomas Skeyhill
Subject: "With Mussolini and the Black Shirts"

Meeting 56

October *Speaker:* Dr. Herbert E. Phillips
Subject: "Some Phases of Health Insurance Trends in their Relation to the Dental Profession"

Meeting 57

November *Speaker:* Dr. Raymond C. Willett
Subject: "Oral Defects Common in Childhood and Practical Methods for their Treatment"

1932

Meeting 58

- January *Speaker:* Dr. Arthur H. Merritt
Subject: "Vincent's Infection; Etiology, Diagnosis and Treatment"

Meeting 59

- February *Speaker:* Dr. Charles J. Imperatori
Subject: "Foreign Bodies of Dental Origin in the Respiratory and Digestive Tracts, their Diagnosis and Treatment"

Meeting 60 (Clinics)

- March *Speaker:* Dr. Finn Brunner
Subject: "Cements and Indications for Their Use"
Speaker: Dr. Leroy L. Hartman
Subject: "Simple Technique for Use of Cohesive Gold Foil"
Speaker: Dr. William J. Meier
Subject: "Porcelain Jacket Preparations and the Mounting of the Model"
Speaker: Dr. Chester J. Robertson
Subject: "Inlay Restoration Technique"
Speaker: Dr. Leuman M. Waugh
Subject: "The Orthodontoscope—An Adjunct in Record Making"

Meeting 64

- December *Speaker:* Dr. William H. O. McGehee
Subject: "Fundamental of Diagnostic Procedure"

1933

Meeting 65

- January *Speaker:* Dr. Willard C. Rappleye
Subject: "Comments on the Report of the Commission on Medical Education"

Meeting 66

- February *Speaker:* Dr. William B. Dunning
Subject: "The Management of a Dental Practice"

Author's note: Programs 61, 62, and 63 were not recorded in Academy minutes.

Meeting 67

- March *Speaker:* Major General John F. O’Ryan
Subject: “The National Economy League”
Speaker: Dr. Ina Helen Doane
Subject: “Porcelain Restorations”
Speaker: Dr. Clyde H. Schuyler
Subject: “Stress Distribution as the Prime Requisite to the Success of a Partial Denture”
Speaker: Dr. Samuel S. Wald
Subject: “Sinus Plates; Their Dental Aspects”
Speaker: Dr. J. L. T. Appleton, Jr.
Subject: “Sterilization”
Speaker: Dr. Daniel E. Ziskin
Subject: “Moulages of Oral Pathology”
Speaker: Dr. Andrew J. Asch
Subject: “New Inductance Foil Furnace for Porcelain”

Meeting 68

- April *Speaker:* Mr. Frank R. Oastler
Subject: “Yellowstone Park and Vicinity”

Meeting 69

- October *Speaker:* Dr. Arthur T. Rowe
Subject: “Pathological Results of Faulty Denture Construction”

Meeting 70

- November *Speaker:* Dr. John H. Dunnington
Subject: “Eyes”

1934

Meeting 71

- January *Speaker:* Dr. F. Blaine Rhobotham
Subject: “The Evaluation of Radiography During Childhood”

Meeting 72

- February *Speaker:* Dr. Ferdinand G. Neurohr
Subject: "The Spring Lock System of Dental Restoration"

Meeting 73 (Clinics)

- March *Speaker:* Dr. Raymond A. Albray
Subject: "Vincent's Angina"
Speaker: Dr. William H. Crawford
Subject: "Wrought Gold"
Speaker: Dr. Henry S. Dunning
Subject: "Dental Surgery"
Speaker: Dr. I. Hirschfeld
Subject: "Food Impaction"
Speaker: Dr. E. P. R. Ryan
Subject: "Liquid Wax Patterns for Castings"

Meeting 74

- April *Speaker:* Dr. Albert E. Wiggam
Subject: "An Educated Man in Our Changing World"

Meeting 75

- October *Speaker:* Dr. Arthur H. Merritt
Subject: "Vincent's Infection and Periodontoclasia"

Meeting 76

- November *Speaker:* Dr. B. E. Lischer
Subject: "The Human Face"

Meeting 77 (Symposium)

- December *Speaker:* Dr. Maurice Williams
Subject: "An Examination of Conflicting Social Philosophies"
Speaker: Dr. Bissell B. Palmer, Jr.
Subject: "The Adequate Health Service Movement"

1935

Meeting 78

- January *Speaker:* Dr. John Wyckoff
Subject: "Relationship of Heart Disease to Dentistry
as a Physician Sees It"

Meeting 79

- February *Speaker:* Dr. Edward Frankel, Jr.
Subject: "Diagnostic Points in Otolaryngologic Practice
of Interest to the Dentist"

Meeting 80 (Clinics)

- March *Speaker:* Dr. William H. Crawford
Subject: "Amalgam"
Speaker: Dr. William J. Meier
Subject: "Ceramics"
Speaker: Dr. Jacob Schaffer
Subject: "Three Quarter Cast Crown"
Speaker: Dr. Leo Stern
Subject: "Local Anesthesia"

Meeting 81

- April *Speaker:* Dr. John Bakeless
Subject: "Stuffing the Public Mind"

Meeting 82 (Clinics)

- October *Speaker:* Dr. Leroy L. Hartman
Subject: "A New Dental Desensitizer"
Speaker: Dr. Albert J. Irving
Subject: "Electroforming Indirect Inlay Models"
Speaker: Dr. Otto C. Risch
Subject: "Problems in Otolaryngology of Interest to
Dentists"

Meeting 83

- November *Speaker:* Dr. Samuel G. Gordon
Subject: "Drugs, Dentists, and Promoters"

Meeting 84

- December *Speaker:* Dr. Clyde H. Schuyler
Subject: "A More Satisfactory Service in Dental Prosthesis"

1936

Meeting 85

- January *Speaker:* Dr. Nathan Sinai
Subject: "Medical and Dental Relief; Policies and Results"

Meeting 86

- February *Speaker:* Dr. Henry Roger
Subject: "Physical Aspects of Cell Structure and Cell Behavior"

Meeting 87 (Clinics)

- March *Speaker:* Dr. Oscar V. Batson
Subject: "The Anatomy of the Edentulous Mouth"
Speaker: Dr. John H. Gunter
Subject: "Perplexing Pains of Dental Origin"
Speaker: Dr. Irving R. Hardy
Subject: "Tinting and Coloring Stock Porcelain Teeth with Mineral Stains"
Speaker: Dr. Adolph Berger
Subject: "A Consideration of Diagnostic Procedures in Oral Surgery"

Meeting 88

- April *Speaker:* Dr. Cornelius Greenway
Subject: "Hunting Big Game with a Fountain Pen"

Meeting 89 (Clinics)

- October *Speaker:* Dr. Merrill G. Swenson
Subject: "Closed Mouth Impressions in Conjunction with Bite Registration by Means of a Central Point Tracer"

Speaker: Dr. John T. Knox

Subject: "Indirect Inlay Impression Technique"

Speaker: Dr. Sidney E. Riesner

Subject: "Pathological Symptoms of Mandibular Joint and Treatment"

Speaker: Dr. Gordon C. Peck

Subject: "Practical Aspects in the Construction of Small Dental Castings by the Indirect Method"

Meeting 90

November *Speaker:* Dr. Leroy M. Ennis

Subject: "Differentiation of Pathological Lesions as Seen in the Roentgenogram"

Meeting 91

December *Speaker:* Dr. Alexander H. Paterson

Subject: "Idealism in Prosthetic Service"

1937

Meeting 92

January *Speaker:* Dr. Leuman M. Waugh

Subject: "Deductions from a Survey of the Dentition of the American Eskimo"

February *Speaker:* Dr. William J. Gies

Subject: "Sebert E. Davenport, Sr.; Character, Service, Ideals"

Meeting 93 (Clinics)

March *Speaker:* Dr. Herman Prinx

Subject: "Some Common Diseases of the Oral Cavity"

Speaker: Dr. H. E. Latcham

Subject: "Regaining and Maintaining Proper Interproximal Conditions"

Speaker: Dr. J. Richard Walsh

Subject: "Some Methods of Treating the Periodontal Pocket"

Speaker: Dr. Julius F. Hovestead

Subject: "Porcelain Restorations with Cast Iridio-Platinum Bases"

Meeting 94

April *Speaker:* Mr. John L. Davis
Subject: "The Will Rogers of the Pulpit"

Meeting 95 (Clinics)

October *Speaker:* Dr. Carlisle C. Bastian
Subject: "Porcelain Jacket Crown with Gold Shoulder"
Speaker: Dr. Arthur E. Corby
Subject: "Mercuric Cyanid in Treatment of Periodontoclasia"
Speaker: Dr. H. H. Manville
Subject: "Amalgam Restorations"
Speaker: Dr. E. C. Smith
Subject: "Uses and Abuses of Silicate Cements"

Meeting 96

November *Speaker:* Dr. Frederick P. Lord
Subject: "Movement of Jaws and How They Are Effected"

1938

Meeting 97

January *Speaker:* Dr. James C. Healy
Subject: "Allergy in General"

Meeting 98

February *Speaker:* Dr. Elaine P. Ralli
Subject: "The Teeth in Diabetes; A Problem in Nutrition"
Speaker: Dr. Milton J. Raisbeck
Subject: "Clinical Aspects and Symptoms of Heart Disease of Interest to the Dentist"

Meeting 99 (Clinics)

March *Speaker:* Dr. Lewis Fox

Subject: "The Radio Knife; Its Uses in Procedures of Interest to the Dentist"

Speaker: Dr. Ferdinand G. Neurohr

Subject: "The Spring Wire and Insertion Pin Lock Partial Denture Restoration"

Speaker: Dr. William A. Squires

Subject: "Comparison of Porcelain Bridges of the Two Tooth Types"

Meeting 100

April *Speaker:* D. Strickland Gilliam

Subject: (Not recorded)

Meeting 101 (Clinics)

October *Speaker:* Dr. Fred S. Dunn

Subject: "Hints on Oral Surgery of Interest to the General Practitioner"

Speaker: Dr. Carl Oman

Subject: "Inlays by the Direct Method"

Speaker: Dr. Russell Tench

Subject: "A New Development in the Field of Plastics for Full or Partial Dentures"

Speaker: Dr. Leuman M. Waugh

Subject: "Prevention in Orthodontics"

Meeting 102

November *Speaker:* Dr. J. L. Appelton, Jr.

Subject: "Bacteriology"

Speaker: Dr. Leroy M. Ennis

Subject: "The Value of Roentgen Ray in Diagnosis and Prognosis"

Speaker: Dr. Herman R. Churchill

Subject: "Fundamentals of Treatment Planning"

1939

Meeting 103

January *Speaker:* Dr. David H. McAlpin Pyle

Subject: "The Social Responsibilities of the Dental Profession"

Meeting 104

- February *Speaker:* Dr. Daniel E. Kirby
Subject: "Pictures in Color Illustrating the Technique of Cataract Operations"

Meeting 105 (Clinics)

- March *Speaker:* Dr. H. Barishman
Subject: "The Box-gingival Slice Preparation"
Speaker: Dr. Richard Blum
Subject: "Operative Dentistry"
Speaker: Dr. Ernest R. Granger
Subject: "Practical Application of Cast Platinum-Iridium in General Practice"
Speaker: Dr. Thomas E. Shanahan
Subject: "Why We Must Take the Centric Relation in Full Dentures?"

Meeting 106

- April Testimonial Dinner in Honor of Dr. Arthur H. Merritt
Subject: "The Mobilization of Dentistry for National Defense"

Meeting 107 (Clinics)

- October *Speaker:* Dr. George H. Chapman
Subject: "Bacteriologic Considerations of Dental Infection"
Speaker: Dr. Karl W. Knapp
Subject: "A New and Accurate Method for Producing Gold Inlay and Fixed Bridgework Using Hydro-Collodial Material"
Speaker: Dr. Lawrence L. Mulcahy
Subject: "Nitrous Oxide and Oxygen Anesthesia"

Meeting 108

- November *Speaker:* Captain H. E. Harvey, D. C., U. S. N. R.
Subject: "The Mobilization of Dentistry for National Defense"

1940

Meeting 109

- January *Speaker:* Dr. William B. Dunning
Subject: "Some Ethical Problems in Office Practice"
Speaker: Dr. S. Ellsworth Davenport, Jr.
Subject: "What Every Dentist Knows"

Meeting 110

- February *Speaker:* Dr. Russell L. Cecil
Subject: "A Present Day Conception of the Role of Focal Infection in Chronic Arthritis"

Meeting 111 (Clinics)

- March *Speaker:* Dr. Walter F. Barry, Sr.
Subject: "Simplified Technique for Mandibular, Intra-orbital, Posterior Palatine, Tuberosity and Mental Foramen Injections by Means of the Short Curved Needle"
Speaker: Dr. Charles Goodman
Subject: "The Immediate Insertion Anterior Fixed Bridge; The Pinledge Splint as a Permanent Stabilizer for Teeth Loosened by Traumatic Injury"
Speaker: Dr. Clyde H. Schuyler
Subject: "An All Compound Technic for Obtaining Lower Impressions"

Meeting 112

- April *Speaker:* Dr. James L. Clark
Subject: "The High Himalayas and the African Velt"

Meeting 113 (Clinics)

- October *Speaker:* Dr. Ernest R. Granger
Subject: "Partial Dentures"
Speaker: Dr. John W. Scherer
Subject: "The Porcelain Jacket Crown"
Speaker: Dr. Muller M. De Van

Subject: "The Role of Instant Replacement in Denture Planning"

Meeting 114

November *Speaker:* Dr. Bissell B. Palmer, Jr.
Subject: "Survey of Economic Conditions in Average Dental Practice"

1941

Meeting 115

January *Speaker:* Brigadier General Leigh C. Fairbank, D. C.,
U. S. A.
Subject: "Dental Requirements and Selective Service"

February *Speaker:* Dr. Foster Kennedy
Subject: "Facial Pain"

Meeting 116 (Clinics)

March *Speakers:* Dr. Merrill Swenson and Associates
Subject: "Full Dentures"

Meeting 117

April *Speaker:* Dr. George E. Raiguel
Subject: "The United States and World Association"

Meeting 118

October *Speaker:* Dr. Stanley D. Tylman
Subject: "Acrylic Restorations"

Meeting 119

November *Speakers:* Dr. Thomas F. Anderson; Dr. Katherine A.
Polevitsky
Subject: "The Electron Microscope"

1942

Meeting 120

January *Speaker:* Dr. John C. Krantz, Jr.
Subject: "The Chemistry and Pharmacology of the Sulphonamide Drugs"

Meeting 121

- February *Speaker:* Dr. V. H. Kazanjian
Subject: "Surgical Management of Maxillo-facial War Injuries"

Meeting 122

- March *Speaker:* Dr. Walter H. Eddy
Subject: "Vitamins and Industrial Efficiency"

Meeting 123

- April *Speaker:* Mr. Frederick Snyder
Subject: "The Lash in a News Flash"

Meeting 124

- October *Speaker:* Captain Albert Knox, D. C., U. S. N.
Subject: "Dentistry at War"

Meeting 125

- November *Speaker:* Dr. Milton J. Raisbeck
Subject: "Coronary Arterial Disease"

1943

Meeting 126

- January *Speaker:* Dr. Luzerne G. Jordan
Subject: "Occlusion in Complete Artificial Dentures"

Meeting 127

- February *Speaker:* Dr. J. Ben Robinson
Subject: "The Value Inherent in a Better Understanding of Facts of Dental History"

Meeting 128

- March *Speaker:* Dr. John J. Moorhead
Subject: "Surgical Experiences During the Pearl Harbor Attack"

Meeting 129

- April *Speaker:* Robert Whitney Bolwell, Ph.D.
Subject: "A Layman Looks at Dentistry"
Speaker: Mr. M. Donald Grant
Subject: "A Word from the Man on the Other End of the Forceps"

Meeting 130

- October *Speaker:* Dr. Morris Fishbein
Subject: "Planning for Post-war Medical Services"

Meeting 131

- November *Speaker:* Commander Samuel S. Wald, (DC) U. S. N. R.
Subject: "Treatment of Fractures of the Zygoma, Maxilla and Mandible"
Speaker: Captain John S. McQuade, (DC) U. S. N.
Subject: "War Wounds and Oral Surgery"
Speaker: Lt. Col. A. T. Briney
Subject: "A Brief Description of the Organization of Halloran Hospital"

1944

Meeting 132

- January *Speaker:* Dr. John C. Krantz, Jr.
Subject: "Anesthesia and Redemption from Pain"

Meeting 133

- February *Speaker:* Dr. Isaac Schour
Subject: "Flourides in Relation to Dental Caries"

Meeting 134

- March *Speaker:* Howard B. Lewis, Ph.D.
Subject: "Nutrition During the War and in the Post-war Period"

Meeting 135

- April *Speaker:* Mr. Charles C. Batchelder
Subject: "Will the Japanese Crack?"

Meeting 136

- October *Speaker:* Dr. Emanuel Applebaum
Subject: "Some Important Considerations in the Use of Sulfonamides and Penicillin"

Meeting 137

- November *Speaker:* Dr. C. Raymond Wells
Subject: "Dentistry in the Post-war Era"

1945

Meeting 138 (Symposium)

- January *Speaker:* Dr. Martha M. Eliot
Subject: "Dental Care of Children"
Speaker: Dr. Michael M. Davis
Subject: "Dentistry in a Nation-wide Health Program"
Speaker: Dr. Raymond M. Walls
Subject: "Professional Obligations and Opportunities"

Meeting 139

- February *Speaker:* Dr. La Mar W. Harris
Subject: "Acrylic Resins and Restorations"

Meeting 140

- March *Speaker:* Dr. Leuman M. Waugh
Subject: "Comments on Merger of Medical and Dental Faculties of Columbia University"

Meeting 141

- April *Speaker:* Robert W. Bowell, Ph.D.
Subject: "Articles of Faith in the American Creed"

Meeting 142

- October *Speaker:* Dr. Clyde H. Schuyler
Subject: "Practical Procedure in Full Denture Construction"
Speaker: Dr. Herbert H. Kacnick
Subject: "Tooth Preservation"
Speaker: Dr. Reed H. Gerard
Subject: "Important Procedures in the Construction of Fixed Bridges"

Meeting 143

- November *Speaker:* Dr. Paul H. Jeserich
Subject: "Graduate and Postgraduate Education in Dentistry"

1946

Meeting 144

- January *Speaker:* Dr. Walter A. Wilson
Subject: "The Dental Health Problem in the United States"

Meeting 145

- February *Speaker:* Dr. Philips J. Murphy
Subject: "A Definite Clinical Routine for Dental Caries Control"

Meeting 146

- March *Speaker:* Thomas E. McMullin, Ph.D.
Subject: "Patient Education and Learning"
Speaker: Dr. Oliver Campbell
Subject: "Financial Arrangements and Collections"

Meeting 147

- April *Speaker:* Mr. Jacques Romano
Subject: "Delving into the Incredible"

Meeting 148

- October *Speaker:* D. W. Bronk, Ph.D.
Subject: "Mechanism of Nervous Action"

Meeting 149

- November *Speaker:* Dr. Daniel F. Lynch
Subject: "Morton's Contribution to the Science of Anesthesia"
Speaker: Dr. Hayes Martin
Subject: "Mouth Cancer and the Dentist"

1947

Meeting 150

- January *Speaker:* Dr. Clifford J. Barborka
Subject: "Present Status of Chemotherapy"

Meeting 151

- February *Speaker:* Dr. Allan G. Brodie
Subject: "Clinical Implications of Recent Researches On the Mandible"
Speaker: Dr. William B. Dunning
Subject: "A Quarter Century of Progress"

Meeting 152

- March *Speaker:* Dr. A. Wilson Sears
Subject: "Why Not Use Elastic Impression Material for Inlays, Fixed and Removable Bridges?"

Meeting 153

- April *Speaker:* Dr. Edward M. Carney
Subject: "Activities of the New York Academy of Dentistry in World War II"
Speaker: Dr. Milton M. Krogman
Subject: "The Bones Speak for Themselves"

Meeting 154

- October *Speaker:* Dr. William S. Albrecht
Subject: "Our Decreasing Soil Fertility and Increasing Deficiency Diseases"

Meeting 155

- November *Speaker:* Dr. Walter Wright
Subject: "Obligations of the Professional Man"

1948

Meeting 156

- January *Speaker:* Dr. Ruth Moulton
Subject: "The Psychology of the Edentulous Mouth"
Speaker: Dr. James J. MacMillan
Subject: "A Lower Denture Impression Technique Utilizing Muscle Movements of Tongue and Mandible"

Meeting 157

- February *Speaker:* Dr. Herbert K. Cooper
Subject: "The Rehabilitation of a Cleft Palate Person"
Speaker: Dr. Arthur E. Corby
Subject: "The Philosophy of Sebert E. Davenport"

Meeting 158

- March *Speaker:* Dr. Eric Rogers
Subject: "Atomic Energy"

Meeting 159

- April *Speaker:* Dr. Ralph Slater
Subject: "The Art of Hypnotism to Dentists"

Meeting 160

- October *Speaker:* Dr. O. B. Coomer
Subject: "Some Efficient Technics in Modern Restorative Dentistry"

Meeting 161

- November *Speakers:* Dr. Sterling V. Mead; Dr. Howard A. Hartman; Dr. Fred D. Miller
Subject: "Stump the Experts"

1949

Meeting 162

- January *Speaker:* Dr. Muller M. De Van
Subject: "Construction of Immediate Denture Service"

Meeting 163

- February *Speaker:* Dr. R. F. Dyer
Subject: "The Future of Dental Research"

Meeting 164

- March *Speaker:* Dr. Kenneth A. Gibnell
Subject: "Diagnosis and Reconstruction Technic in Full Mouth Construction"

Meeting 165

- April *Speaker:* Dr. Harry M. Tiebout
Subject: "Alcoholics Anonymous"

Meeting 166

- October *Speaker:* Dr. Lester W. Burket
Subject: "Oral Manifestations of Systemic Diseases"

Meeting 167 (Joint Medico-dental Meeting)

- November *Speaker:* Dr. Robin C. Buerki
Subject: "Interrelationship of Medicine and Dentistry in the Fields of Education, Hospital Relations and Research"
Speaker: Dr. J. L. T. Appleton, Jr.
Subject: "Infection of the Teeth and Oral Cavity in Relation to Constitutional Diseases"
Speaker: Dr. Perrin H. Long

Subject: "Constitutional Diseases and their Control by Means of Antibiotic Therapy"

1950

Meeting 168

January *Speaker:* Mr. James C. Forbes
Subject: "Illumination of the Dental Office"

Meeting 169

February *Speaker:* Dr. Carl O. Boucher
Subject: "Complete Dentures"

Meeting 170

March *Speaker:* Dr. Harold Hillenbrand
Subject: "Current Problems in Improving the National Dental Health"

Meeting 171

April *Speaker:* Mr. Frederick Snyder
Subject: "Viewpoint and Viewpower from the News Tower"

Meeting 172

October *Speaker:* Reverend James T. Cleland
Subject: "The Marks of an Educated Person"

Meeting 173

November *Speaker:* Dr. Raymond E. Myers
Subject: "The British Dental Plan in Operation"
1951 (Symposium on Dental Caries)

Meeting 174

January *Speaker:* Harold C. Hodge, Ph.D.
Subject: "Broad Aspects of the Use of Fluorine in Dental Caries"
Speaker: Leonard S. Fosdick, Ph.D.

Subject: "The Role of Sugar in Dental Caries"

Speaker: Reidar F. Sognaes, Ph.D.

Subject: "A Discussion of the Role of Maternal Nutrition in the Etiology of Dental Caries"

Meeting 175

February *Speaker:* Dr. Thomas E. J. Shanahan

Subject: "Dental Physiology"

Meeting 176

March *Speaker:* Dr. Bernard G. Wakefield

Subject: "The Everyday Problems of Oral Surgery"

Meeting 177

April *Speaker:* Dr. Harry S. N. Greene

Subject: "The Transplantation of Cancer and Other Human Tissues to Lower Animals"

Meeting 178

October *Speaker:* Dr. Dwayne Orton

Subject: "Human Relations in Technical Times"

Meeting 179

November *Speaker:* Dr. Erwin M. Schaffer

Subject: "Articulation and its Relation to Periodontal Disease"

1952

Meeting 180

January *Speaker:* Dr. William W. Wainwright

Subject: "Some Medical and Dental Implications of Radio-Active Tracer Studies"

Meeting 181

February *Speaker:* Dr. Walter C. McBride

Subject: "The Conduct of a Children's Practice"

Meeting 182 (Symposium)

- March **MODERATOR:** Dr. Wilbur J. Prezzano
Speaker: Dr. E. Byron Master
Subject: "Root Resection with Immediate Root Filling"
Speaker: Dr. William R. Joule
Subject: "Timing Orthodontic Treatment"
Speaker: Dr. Gerard L. Courtade
Subject: "Practical Considerations in the Selection of a
Method for Gold Inlays"
Speaker: Dr. Jack B. Miller
Subject: "Reasons for Jacket Crown Failure"

Meeting 183

- April *Speaker:* Dr. Henry J. Taylor
Subject: "What is Our Future in this Troubled World"

Meeting 184

- October *Speaker:* Dr. William M. McGovern
Subject: "The International Scene"

Meeting 185

- November *Speaker:* Dr. George C. Paffenbarger
Subject: "Direct Filling Resins"

1953

Meeting 186

- January *Speaker:* Dr. Richard H. Freyberg
Subject: "Arthritis—Facts and Fallacies"

Meeting 187

- February **MODERATOR:** Dr. Karl W. Knapp
Speakers: Dr. David H. Coelho; Dr. Louis Schorr; Dr.
Gilbert P. Smith
Subject: "Discussion On Bridgework"

Meeting 188

- March *Speaker:* Dr. Samuel H. Ronkin

Subject: "Repositioning the Mandible in Case of Obstructive Deafness and Tinnitus"

Meeting 189

April *Speaker:* Carlton Fredericks, B.A., M.A.
Subject: "Some Aspects of Nutrition"

Meeting 190

October *Speaker:* Mr. Frank Gibney
Subject: "World Events and the Iron Curtain Countries"

Meeting 191

November *Speaker:* Dr. Irving Glickman
Subject: "Recent Advances in Periodontal Research and their Significance in Clinical Practice"

1954

Meeting 192

January *Speaker:* Wilton M. Krogman, Ph.D.
Subject: "Man; From There to Here—to Where"

Meeting 193

February *Speaker:* Dr. Walter T. McFall
Subject: "Dentistry for Children"

Meeting 194

March *Speaker:* Dr. Carlisle C. Bastian
Subject: "The Restoration of Badly Abraded and Eroded Teeth to their Correct Function and to Aid in their Preservation"

Meeting 195

April *Speaker:* Mr. J. C. Penney
Subject: "Responsibilities; The American Way"

Meeting 196

- October *Speaker:* Dr. Hubert N. Alyea
Subject: "Atomic Energy: Weapon for Peace"

Meeting 197

- November *Speaker:* Lewis Balamuth, Ph.D.
Subject: "The Technical Aspects of the Ultrasonic Dental Machine"
Speaker: Dr. Carl R. Oman
Subject: "The Use of Ultrasonics in Operative Dentistry"

1955

Meeting 198

- January *Speaker:* Dr. Lester W. Burkett
Subject: "Case Finding Opportunities of the Dentist"
Speaker: Dr. Herbert Conway
Subject: "Surgery of the Mandible"

Meeting 199

- February *Speaker:* Dr. Edwin H. Getz
Subject: "The Check Bite Impression Tray and Its Uses for Restorative Dentistry"
Speaker: Dr. Anthony F. Posteraro
Subject: "Effects of Occlusal Variations on the Periodontal Tissues"
Speaker: Dr. Gustav T. Durrer
Subject: "Practical Aids in the Construction of Full Upper Immediate Dentures"

Meeting 200

- March *Speaker:* Dr. L. Bodine Higley
Subject: "Orthodontics in General Practice"

Meeting 201

- April *Speaker:* Mr. William H. Dwight
Subject: "Highlights of the Near East"

Meeting 202

- October *Speaker:* Dr. Irving R. Hardy
Subject: "A Realistic and Rational Approach to Complete Denture Construction"

Meeting 203

- November *Speaker:* Dr. Henry M. Tanner
Subject: "Greater Efficiency with Modern Instruments and Higher Rotary Speeds"

1956

Meeting 204

- January *Speaker:* Dr. George C. Paffenbarger
Subject: "A Review of Some of the Current Program of the American Dental Association at the National Bureau of Standards"

Meeting 205

- February **MODERATOR:** Dr. Clyde H. Schuyler
Speaker: Dr. James B. Costen
Subject: "Recognition of Mandibular Joint Symptoms and Treatment of their Sources"
Speaker: Dr. C. Augustus De Vere
Subject: "Anatomy of the Temporomandibular Joint"
Speaker: Dr. Jerome M. Schweitzer
Subject: "The Temporomandibular Joint from the Point of View of the Prosthodontist"
Speaker: Dr. Sidney E. Riesner
Subject: "Roentgenographic Diagnosis of the Temporomandibular Joint"

Meeting 206

- March *Speaker:* Dr. J. Bernard Hutcheson
Subject: "Restorative Dentistry; Including Repositioning of Teeth and Reports on Cases"

Meeting 207

- April *Speaker:* Mr. Willy Ley
Subject: "The Conquest of Space"

Meeting 208

- October *Speaker:* Peter Sammartino, B.S., M.A., Ph.D.
Subject: "The Humanities and Dental Education"

Meeting 209

- November *Speaker:* Eugene W. Skinner, Ph.D.
Subject: "Use and Criteria of Selection of Rubber Impression Materials"

1957

Meeting 210

- January *Speaker:* Albert Schatz, Ph.D.
Subject: "The Proteolysis-Chelation Theory of Dental Caries"

Meeting 211

- February *Speaker:* Joseph A. Calanbra, B.S., Ph.D., M.D.
Subject: "Diseases of the Blood"

Meeting 212

- March *Speaker:* Harold C. Kilpatrick, D.D.S.
Subject: "Evaluation of High Speed Techniques in Operative and Restorative Dentistry"

Meeting 213

- April *Speaker:* Record unavailable
Subject:

Meeting 214

- October *Speaker:* Edward V. Zegarelli, A.B., M.S., D.D.S., F.A.C.D.
Subject: "Diagnosis of Diseases of the Jaws"

Meeting 215

- November *Speaker:* Bernard B. Raginsky, M.D.
Subject: "Psychosomatics, Hypnosis, Pharmacology and Premedication"

1958

Meeting 216

- January *Speaker:* Joseph Leffman
Subject: "Investments for Today's Markets"
Speaker: Frederick Ohmes
Subject: "Wills and Trusts"
Speaker: Maurice J. McCarthy
Subject: "Income Taxes and Estate Taxes"

Meeting 217

- February *Speaker:* John W. Myers, M.D.
Subject: "The Role of Some Nutritional Elements in the Health of the Teeth and Their Supporting Tissues"

Meeting 218

- March *Speaker:* Charles H. M. Illiams, D.D.S.
Subject: "Gingival Recession—Causes and Treatment"

Meeting 219

- April *Speaker:* Countess Maria Pulaski
Subject: "My Life As A Spy"

Meeting 220

- October *Speaker:* George L. McNew, B.S., Ph.D.
Subject: "The Strength of Modern America"

Meeting 221

- November *Speaker:* James W. Benfield, A.B., D.D.S.
Subject: "Recent Advances in the Fabrication of Dental Castings Utilizing Elastic Impression Materials"

1959

Meeting 222

- January *Subject:* "High Speed Techniques in General Dentistry"

MODERATOR: Harold C. Kilpatrick, D.D.S.

Speakers: Roderick A. McEwen, D.D.S.

John V. Borden, D.D.S.

Meeting 223

February *Speaker:* Roy G. Ellis, B.D.S., D.D.S., M.Sc.
Subject: "Dental Education and Research"

Meeting 224

March *Speaker:* Robert Gottsegen, D.D.S.
Subject: "Periodontia"
Speaker: Charles L. Storer, D.D.S.
Subject: "Oral Surgery"
Speaker: Francis F. E. Morse, D.D.S.
Subject: "The Porcelain Jacket Crown"

Meeting 225

April *Speaker:* Dr. G. Edward Pendra
Subject: "The Conquest of Space"

Meeting 226

October *Speaker:* Helge Berggren, D.D.S., Odont. D.
Subject: "The Reactive Behavior of the Translucent Zone of Dentin to Dyes and Radioactive Isotopes"

Meeting 227

November *Speaker:* Quentin Reynolds
Subject: "Bambo and the Bambo Curtain"

1960

Meeting 228

January *Speaker:* William F. Harrigan, D.D.S., A.B., M.D.
Subject: "The Diagnostic Approach to Oral Surgery"

Meeting 229

February *Subject:* "Common Restorative Periodontia Problems—
Their Diagnosis, Prognosis and Treatment"

MODERATOR: Jerome M. Schweitzer, D.D.S.

Speakers: Ralph Boos, D.D.S.

Sigurd Ramfjord, D.D.S., Ph.D.

Meeting 230

March *Speaker:* Robert E. De Revere, D.D.S., F.A.C.D.

Subject: "Cervical Restorations"

Meeting 231

April *Speaker:* Alfred W. McCann, Jr.

Subject: "The McCanns at Home"

Meeting 232

October *Speaker:* Wallace J. Gardner, D.M.D., F.I.C.D.

Subject: "Audio Analgesia"

Meeting 233

November *Speaker:* Howard Reid Craig, M.D.

Subject: "Doctors, Drugs and Drug Makers"

1961

Meeting 234

January *Speaker:* David Weisberger, D.M.D., M.D.

Subject: "Dental Drugs and Therapeutics"

Meeting 235

February MODERATOR: Earle Banks Hoyt, D.D.S., F.A.C.D.

Subject: "Implant Techniques for the Making of Dentures"

Speakers: R. Sutter Wolfram, D.D.S.

Stanley J. Behrman, D.D.S.

Meeting 236

March *Speaker:* Abram I. Chasens, D.D.S., F.A.C.D.

Subject: "Interceptive Periodontics"

Meeting 237

- April *Speaker:* John M. Bickel
Subject: "Let's Live and Have Fun"

Meeting 238

- October *Speaker:* Cleveland Amory
Subject: "Who Killed Society"

Meeting 239

- November *Speaker:* Charles M. Moore, D.D.S., F.A.C.D.
Subject: "Complete Denture Prosthesis—A Philosophy of Deference"

1962

Meeting 240

- January *Speaker:* Ernest R. Granger, D.D.S.
Subject: "Rehabilitation—Fact or Fiction"

Meeting 241

- February *Subject:* "Diagnosis and Treatment Planning for the Oral, Facial, Speech Handicapped"
Speakers: M. Mazaheri, D.D.S., M.Sc.
Robert I. Millard, B.S., M.A.

Meeting 242

- March *Speaker:* James Jay, D.D.S.
Subject: "Repositioning Teeth for Tissue Health and Restorative Simplicity in General Dentistry"

Meeting 243

- April *Speaker:* Professor Robert M. Langdon
Subject: "Swords Into Plowshares"

Meeting 244

- October *Speaker:* Gerald D. Timmons, D.D.S.
Subject: "Dentistry In Russia"

Meeting 245

- November *Speaker:* Gerald L. St. Marie, D.D.S.
Subject: "Today's Chronically Ill and Aged—Problems or Challenge"

1963

Meeting 246

- January *Subject:* "The Case for Full or Partial Coverage in Restorative Dentistry: Periodontal and Prosthetic Considerations"
Speakers: Lawrence H. Clayman, D.M.D.
Robert Gottsegen, D.D.S.

Meeting 247

- February *Speaker:* Dr. Willy Ley
Subject: "The Conquest of Space"

Meeting 248

- March *Speaker:* Bernard J. Conway
Subject: "Social Security Benefits—Their Place in the Dentist's Family Security Plan"

Meeting 249

- April *Speaker:* Professor Ralph Bates
Subject: "The Theatre of 1963"

Meeting 250

- October *Speaker:* Richard E. O'Keefe
Subject: "Insuring Dental Health Care"

Meeting 251

- November *Speaker:* George C. Paffenbarger, D.D.S.
Subject: "Highlights of Current Dental Research of the National Bureau of Standards"

1964

Meeting 252

January *Speaker:* Dr. Joseph F. Volker
Subject: "Some Problems Associated with the Establishment of New Dental Schools"

Meeting 253

February *Speaker:* Dr. Harold C. Kilpatrick
Subject: "Work Simplification in Modern Dental Practice"

Meeting 254

March *Speaker:* Leslie C. Peacock, B.B.A., M.B.A., Ph.D.
Subject: "Financial Planning for the Dentist—Personal Investment and Estate Planning"

Meeting 255

April *Speaker:* Warren Page
Subject: "Land of the White Cloud"

Meeting 256

October *Speaker:* Dr. John H. Mosteller
Subject: "The Restoration of Class III Cavities with Powdered Gold"

Meeting 257

November *Speaker:* Dr. L. D. Penney
Subject: "A Philosophy of the Practice of Dentistry"

1965

Meeting 258

January *Speaker:* Dr. Walter Cohen
Subject: "Changing Concepts of Periodontal Therapy"

Meeting 259

- February *Speaker:* Dr. Fred Miller
Subject: "Building and Maintaining Mouth Health"
"What Makes Dentistry Fail?"

Meeting 260

- March *Speaker:* Dr. Alexander L. Martone
Subject: "Tooth Positioning—Its Effects on Facial Es-
thetics and Speech"

Meeting 261

- April *Speaker:* Dr. Milton B. Asbell
Subject: "Revolutions in the Evolution of Dentistry"

Meeting 262

- October *Speaker:* Dr. James R. Cameron
Subject: "Our Professional Image Changeth"

Meeting 263

- November *Subject:* "Panel Discussion on Periodontia, Endodontia,
and Restorative Dentistry"
Speakers: Dr. S. Charles Brecker
Dr. Robert Gottsegen
Dr. Joseph M. Leavitt

1966

Meeting 264

- January *Speaker:* Dr. R. Sheldon Stein
Subject: "Research Findings Relative to the Residual
Ridge-Pontic Relationships"

Meeting 265

- February *Speaker:* Daniel Strong, D.M.D.
Subject: "Control of Gingival Tissues in Daily Practice"

Meeting 266

March *Speaker:* Frank E. Frates, Jr., B.S., D.D.S., M.S., F.A.C.D.
Subject: "Everyday Head and Neck Anatomy"

Meeting 267

April *Speaker:* Dr. Robert C. Murphy
Subject: "Operation Deep Freeze"

Meeting 268

October *Speaker:* Edward L. Tantum, A.B., M.S., Ph.D.
Subject: "The New Look in Biology"

Meeting 269

November *Speaker:* Aaron Kellner, B.A., M.S., M.D.
Subject: "Blood 1966"

1967

Meeting 270

January *Subject:* "Plastic Surgery and Maxillofacial Prosthetic
 Rehabilitation of the Facially Disfigured"
Speakers: John Marquis Converse, M.D.
 Augustus J. Valauri, D.D.S.

Meeting 271

February *Speaker:* Howard A. Rusk, M.D.
Subject: "Sick People in a Troubled World"

Meeting 272

March *Subject:* "The Burning Mouth"
 MODERATOR: Jerome M. Schweitzer
Panelists: Jack Budowsky, D.D.S.
 Bernard Schoenberg, M.D.
 Sidney I. Silverman, D.D.S.

Meeting 273

April *Speakers:* Dr. and Mrs. Jerome M. Schweitzer
Subject: "The Opal Sea"

Meeting 274

October *Speaker:* Peter Sammartino, Ph.D.
Subject: "The Changing Scene in Higher Education"

Meeting 275

November *Speaker:* John N. Ott, Sc.D.
Subject: "The Influence of Light on the Endocrine System and Oral Environment"

1968

Meeting 276

January *Speaker:* Carl J. Monacelli, D.M.D., F.I.C.D.
Subject: "Prevention Through Operative Dentistry"

Meeting 277

February *Subject:* "Periodontal Prosthetic Procedures"
Speakers: John J. Lucca, A.B., D.D.S.
Ronald B. Orrich, B.S., D.D.S.

Meeting 278

March *Speaker:* D. M. Hegsted
Subject: "Fluoride and Mineral Metabolism"
Speaker: Edward V. Zegarelli, D.D.S.
Subject: "Stomatitis Lesions of Systematic Origin"

Meeting 279

April *Speaker:* Kenneth Bobrowsky, Ph.D.
Subject: "Jungle Explorations into Central and South America for Reptiles, Animals, and Ancient Civilizations"

Meeting 280

- October *Speaker:* J. Douglas Colman
Subject: "Recent Changes and Effects of Pre-payment plans in Dentistry"

Meeting 281

- November *Speaker:* Dr. Hubert A. McGuirl
Subject: "Current Policy Commitments of the American Dental Association and Their Effect on Your Practice"

1969

Meeting 282

- January *Speaker:* Dr. William H. Pruden II
Subject: "Selection and Utilization of Abutment Retainers"

Meeting 283

- February *Speaker:* Dr. Alan J. Drinnan
Subject: "It Looks Like—But Is It"

Meeting 284

- March *Speaker:* Dr. William Schmid, Jr.
Subject: "Work Simplification Principles Utilizing Equipment and Techniques"

Meeting 285

- April Special Entertainment by the Downtown Glee Club: "A Concert of the Old and Modern by a Chorus of Sixteen Men by the Brooklyn Chapter of the Society for the Preservation and Encouragement of Barber Shop Singing in America"

Meeting 286

- October *Speaker:* Lieutenant Governor Malcolm Wilson
Subject: "Generalities About Our Government"

Meeting 287

November *Speaker:* Daniel Strong, D.M.D.
Subject: "Electrosurgery"

1970

Meeting 288

January *Speaker:* Edward V. Zegarelli, D.D.S.
Subject: "Oral Diagnosis"

Meeting 289

February *Speaker:* Robert E. Moyers, D.D.S.
Subject: "Preventive Orthodontics"

Meeting 290

March *Speaker:* Sidney Sorrin, D.D.S.
Subject: "Occlusal Equilibration"

Meeting 291

April *Speaker:* Justice John M. Harlan
Subject: "Remarks by Mr. Justice John M. Harlan"

Meeting 292

October *Speaker:* Ralph W. Phillips, M.S., D.Sc., F.A.C.D., F.I.C.D.
Subject: "Dental Material"

Meeting 293

November *Speaker:* Isiah Lew, B.S., D.D.S., F.I.C.D.
Subject: "Transplants and Implants in Restorative Dentistry"

Meeting 294

January *Speaker:* Harold Kilpatrick, D.D.S.
Subject: "Utilization of Auxiliary Personnel"

Meeting 295

February *Speaker:* Theodore Messerman, D.D.S.
Subject: "Mandibular Movement"

Meeting 296

March *Speaker:* James Howard Oaks, A.B., D.M.D.
Subject: "Cottage Industry on Public Utility"

Meeting 297

April *Speaker:* Carl A. Laughlin, D.D.S.
Subject: "Dentistry Tomorrow"

Meeting 298

October *Speaker:* Morris Eckhaus, D.D.S.
Subject: "The Parallel Pin Concept"

Meeting 299

November *Speaker:* J. Howard Oaks, D.M.D.
Subject: "Dental Education"

1972

Meeting 300

January *Speaker:* Commissioner Myles J. Ambrose
Subject: "The Modernization of the Custom Service"

Meeting 301

February *Speaker:* Katus R. Blakey, B.H., M.S., D.D.S.
Subject: "Dental Implants and Transplants"

Meeting 302

March *Speaker:* Gustav T. Durrer, D.D.S.
Subject: "Bars to the Rescue"

Meeting 303

- April *Speakers:* Mr. Walter Burnett
Mr. Allan Dinegar
Subject: "Discussion and Demonstration Used in Defense
Against Mugging and Other Forms of Street
Attack"

Meeting 304

- October *Speaker:* Dolf M. Droge
Subject: "Vietnam—The Hawk, the Dove, and the Owl"

Meeting 305

- November *Speaker:* Sir Terrence G. Ward, C.B.E.
Subject: "World Dentistry"

1973

Meeting 306

- January *Speakers:* Dr. John Converse
Dr. Augustus Valouri
Dr. Blair O. Rogers
Subject: "Dentistry in Plastic and Reconstruction Surgery"

Meeting 307

- February *Speakers:* Dr. S. Sigmund Stahl
Dr. Edward A. Lusterman
Subject: (Dr. Stahl) "A Periodontist Looks at Occlusal
Trauma and its Sequellae"
(Dr. Lusterman) "Periodontal Consideration in
Clinical Orthodontics"

Meeting 308

- March *Speakers:* Dr. Bernard Sharf
Ruth Sharf
Subject: "Preventive Dentistry—Is It For You"

Meeting 309

- April *Speaker:* General Surindar Bhaskar
Subject: "New Concepts in Clinical Practice"

Meeting 310

- October *Speakers:* George E. Mullen, D.D.S.
Mr. Gerald R. Gurainik
Vitus Lachnicht, D.D.S.
Subject: "The New York Dental Service Corporation—
Your Organization in Third Party Dentistry"

Meeting 311

- November *Speaker:* Frank V. Celenza, B.A., D.D.S.
Subject: "The Centric Position"

1974

Meeting 312

- January *Speaker:* R. Sheldon Stein, D.D.S.
Subject: "An Evaluation of the Current Use of Ceramo-
Metal Restoration"

Meeting 313

- February *Speakers:* Roy Boelstler, D.D.S. (Operative)
Jack Chachkes, D.D.S. (Periodontics)
Smith C. Vaughan, D.D.S. (Prosthetics)
Subjects: "Three Vital Disciplines for Oral Rehabilitation"

Meeting 314

- March *Speakers:* Dr. Saul I. Heller
Dr. Martin Rubin
Subject: "Acupuncture"

Meeting 315

- April *Speaker:* Stephen V. Grancsay
Subject: "Historical Arms and Armor—Sixty Years at
the Metropolitan Museum of Art"

MEMBERSHIP AND CAPITAL ACCOUNTS

<i>Year</i>	<i>Membership</i>	<i>Capital Accounts</i>
1921	26	\$
1922	57	1,212.66
1923	71	2,496.99
1924	87	3,859.47
1925	102	4,609.28
1926	112	5,588.76
1927	126	9,487.28
1928	134	11,749.33
1929	146	13,249.67
1930	158	14,880.77
1931	194	16,504.91
1932	239	16,137.62
1933	291	18,133.75
1934	325	19,518.09
1935	329	19,187.71
1936	332	20,394.44
1937	337	19,776.23
1938	359	18,296.83
1939	370	18,228.90
1940	392	18,229.50
1941	400	19,917.61
1942	410	20,687.41
1943	417	20,926.33
1944	420	21,035.44
1945	428	21,570.12
1946	438	21,786.08
1947	448	22,176.55
1948	461	24,465.31
1949	468	24,398.72
1950	475	25,012.66
1951	489	26,868.83
1952	497	27,809.99
1953	501	29,751.25
1954	509	35,757.87
1955	507	38,531.09
1956	530	41,049.23

APPENDICES

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<i>Year</i>	<i>Membership</i>	<i>Capital Accounts</i>
1957	546	\$42,229.94
1958	552	44,974.79
1959	551	47,791.41
1960	548	49,350.50
1961	547	46,840.07
1962	554	50,817.80
1963	551	52,088.96
1964	557	53,419.72
1965	565	52,686.24
1966	567	53,607.73
1967	561	53,650.54
1968	560	62,119.52
1969	551	69,376.44
1970	553	73,972.16
1971	561	76,400.27

ETHICS AND EXECUTIVE COMMITTEES

1961-1975

1961-1962

ETHICS COMMITTEES

Alonzo H. De Vanna, chairman
E. Alan Lieban
Donald B. Waugh

EXECUTIVE COMMITTEES

Ferdinand G. Neurohr, chairman
James T. McQuinn
William E. Pruden, II

1962-1963

Richard J. Warnecke, chairman
Francis F. E. Morse

Matthew Besdine, chairman
David Tanchester

1963-1964

Francis F. E. Morse, chairman
E. Byron Master
I. Frank Boscarelli

Matthew D. Levin, chairman
Norman L. Hillyer
Ferdinand G. Neurohr

1964-1965

E. Byron Master, chairman
I. Frank Boscarelli
Frederick F. Pfeiffer

James T. McGuinn, chairman
Ferdinand Neurohr
Edwin C. Van Valey

1965-1966

I. Frank Boscarelli, chairman
Frederick F. Pfeiffer
Wesley R. Burt

I. Frank Boscarelli, chairman
William C. Hudson, Jr.
Francis F. E. Morse

1966-1967

Wesley R. Burt, chairman
Robert N. Adamson (2 yrs.)
William H. Pruden, II (3 yrs.)

Jerome M. Schweitzer, chairman
William C. Hudson, Jr.
Gilbert P. Smith

1967-1968

Robert N. Adamson, chairman
William H. Pruden, II (2 yrs.)
Arthur S. Rasi (3 yrs.)

George V. Lyons, chairman
William C. Hudson, Jr.
Richard Nordham

1968-1969

ETHICS COMMITTEES
 William H. Pruden, chairman
 Arthur S. Rasi (2 yrs.)
 James W. Benfield (3 yrs.)

EXECUTIVE COMMITTEES
 George E. Mullen, chairman
 Robert N. Adamson
 Alfred J. Keck

1969-1970

Arthur S. Rasi, chairman
 James W. Benfield (2 yrs.)
 Robert D. Morse (3 yrs.)

John D. Burr, chairman
 William J. Hogan, Jr.
 Louis Marino

1970-1971

James R. Benfield, chairman
 Robert D. Morris
 George E. Mullen

Ferdinand G. Neurohr, chairman
 Brendon J. Boylan
 Arthur S. Rasi

1971-1972

Robert D. Morris, chairman
 George E. Mullen
 Rufus L. Robinson, Jr.

Howard A. Arden, chairman
 Eugene P. LaSota
 Paul Schneider

1972-1973

George E. Mullen, chairman
 Rufus L. Robinson, Jr.
 Earle L. Furman

Anthony Posteraro, chairman
 Charles Hillyer
 Dale E. Hoff

1973-1974

Rufus L. Robinson, Jr., chairman
 Earle L. Furman
 Paul Schneider

George W. Sferra, chairman
 Edward G. Armstrong
 Charles E. Hillyer

1974-1975

Earle L. Furman, chairman
 Paul Schneider
 Arthur S. Rasi

Herman L. Malter
 Morton L. Divak
 Augustus J. Valauri

PAST PRESIDENTS

1921-24-25	1	Henry W. Gillett
1925-26-27	2	Bissell B. Palmer, Jr.
1927-28-29	3	Arthur H. Merritt
1929-30-31	4	S. Ellsworth Davenport, Jr.
1931-32-33	5	Leuman M. Waugh
1933-34-35	6	William B. Dunning
1935-36-37	7	Joseph D. Eby
1937-38	8	Alfred L. Kohn
1938-39-40	9	Oscar J. Chase, Jr.
1940-1941	10	William J. Gies
1941-1942	11	Malcolm W. Carr
1942-1943	12	Edwin G. Van Valey (Sr.)
1943-1944	13	Frederick W. Pratt
1944-1945	14	Gordon M. Ga Nun
1945-1946	15	George S. Callaway
1946-1947	16	Arthur E. Corby
1947-1948	17	Earle B. Hoyt
1948-1949	18	Carlisle C. Bastian
1949-1950	19	Kenneth C. Pruden
1950-1951	20	Adams Bailey
1951-1952	21	Lowrie J. Porter
1952-1953	22	Henry Hicks
1953-1954	23	Ralph J. Bowman
1954-1955	24	Roland E. Morse
1955-1956	25	Willard T. Keane
1956-1957	26	C. Raymond Wells
1957-1958	27	W. Ward Tracy
1958-1959	28	Wilbur J. Prezzano
1959-1960	29	LeRoy E. Burr
1960-1961	30	Edgar S. Bacon
1961-1962	31	Norman L. Hillyer
1962-1963	32	Gustav P. Frahm*
”	33	Robert L. Heinze
1963-1964	34	Robert W. Northrop
1964-1965	35	Gerard L. Courtade
1965-1966	36	John J. Asch
1966-1967	37	Homer C. Vaughan
1967-1968	38	Walter H. Mosmann
1968-1969	39	Richard J. Warnecke
1969-1970	40	John J. Dolce
1970-1971	41	Francis E. Morse
1971-1972	42	I. Frank Boscarelli
1972-1973	43	William C. Hudson, Jr.
1973-1974	44	George V. Lyons
1974-1975	45	Alfred J. Keck

* Dr. Frahm died while serving as the Academy's 32nd president.

PAST OFFICERS

1921–1922

President	Henry W. Gillett
Vice-president	Bissel B. Palmer, Jr.
Secretary	Arthur H. Merritt
Treasurer	Alfred L. Kohn
Editor	Frederick C. Kemple

1922–1923

President	Henry W. Gillett
Vice-president	Bissell B. Palmer, Jr.
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Frederick C. Kemple

1923–1924

President	Henry W. Gillett
Vice-president	Bissell B. Palmer, Jr.
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Frederick C. Kemple

1924–1925

President	Henry W. Gillett
Vice-president	Bissell B. Palmer, Jr.
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Frederick C. Kemple

1925–1926

President	Bissell B. Palmer, Jr.
Vice-president	William D. Tracy
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Ralph W. Waddell

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President	Bissell B. Palmer, Jr.
Vice-president	William D. Tracy
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Ralph W. Waddell

1927–1928

President	Arthur H. Merritt
Vice-president	Leuman M. Waugh
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Malcolm W. Carr

1928–1929

President	Arthur H. Merritt
Vice-president	Leuman M. Waugh
Secretary	S. Ellsworth Davenport, Jr.
Treasurer	Alfred L. Kohn
Editor	Malcolm W. Carr

1929–1930

President	S. Ellsworth Davenport, Jr.
Vice-president	Leuman M. Waugh
Secretary	Lowrie J. Porter
Treasurer	Alfred L. Kohn
Editor	Malcolm W. Carr

1930–1931

President	S. Ellsworth Davenport, Jr.
Vice-president	Leuman M. Waugh
Secretary	Lowrie J. Porter
Treasurer	Alfred L. Kohn
Editor	Malcolm W. Carr

1931–1932

President	Leuman M. Waugh
Vice-president	Joseph D. Eby
Secretary	Lowrie J. Porter
Treasurer	Alfred L. Kohn
Editor	Malcolm W. Carr

1932–1933

President	Leuman M. Waugh
Vice-president	Joseph D. Eby
Secretary	Lowrie J. Porter
Treasurer	Alfred L. Kohn
Editor	Malcolm W. Carr

1933–1934

President	William B. Dunning
Vice-president	Joseph D. Eby
Secretary	Lowrie J. Porter
Treasurer	Alfred L. Kohn
Editor	Frederick S. Dunn

1934–1935

President	William B. Dunning
Vice-president	Joseph D. Eby
Secretary	William C. Keller
Treasurer	Alfred L. Kohn
Editor	Frederick S. Dunn

1935–1936

President	Joseph D. Eby
Vice-president	Alfred L. Kohn
Secretary	William C. Keller
Treasurer	George S. Callaway
Editor	Theodor Rosebury

1936-1937

President	Joseph D. Eby
Vice-president	Alfred L. Kohn
Secretary	William C. Keller
Treasurer	George S. Callaway
Editor	Bissell B. Palmer, Jr.

1937-1938

President	Alfred L. Kohn
Vice-president	Oscar J. Chase, Jr.
Secretary	William C. Keller
Treasurer	George S. Callaway
Editor	Arthur H. Merritt

1938-1939

President	Oscar J. Chase, Jr.
Vice-president	William J. Gies
Secretary	Earle B. Hoyt
Treasurer	George S. Callaway
Editor	Arthur H. Merritt

1939-1940

President	Oscar J. Chase, Jr.
Vice-president	William J. Gies
Secretary	Earle B. Hoyt
Treasurer	George S. Callaway
Editor	Arthur H. Merritt

1940-1941

President	William J. Gies
Vice-president	Malcolm W. Carr
Secretary	Cecil G. Fletcher
Treasurer	George S. Callaway
Editor	Arthur H. Merritt

1941–1942

President	Malcolm W. Carr
Vice-president	Edwin G. Van Valey
Secretary	C. Fred Ga Nun
Treasurer	George S. Callaway
Editor	Arthur H. Merritt

1942–1943

President	Edwin G. Van Valey
Vice-president	Frederick W. Pratt
Secretary	C. Fred Ga Nun
Treasurer	George S. Callaway
Editor	Arthur H. Merritt

1943–1944

President	Frederick W. Pratt
Vice-president	Gordon M. Ga Nun
Secretary	John P. Traugott
Treasurer	George S. Callaway
Editor	Lester R. Cahn

1944–1945

President	Gordon M. Ga Nun
Vice-president	George S. Callaway
Secretary	Roy D. Ribble
Treasurer	Lowrie J. Porter
Editor	Lester R. Cahn

1945–1946

President	George S. Callaway
Vice-president	Arthur E. Corby
Secretary	Roy D. Ribble
Treasurer	Lowrie J. Porter
Editor	Lester R. Cahn

1946–1947

President	Arthur E. Corby
Vice-president	Earle B. Hoyt
Secretary	Ferdinand Neurohr
Treasurer	Lowrie J. Porter
Editor	Lester R. Cahn

1947–1948

President	Earle B. Hoyt
Vice-president	Carlisle C. Bastian
Secretary	Ferdinand Neurohr
Treasurer	Lowrie J. Porter
Editor	Lester R. Cahn

1948–1949

President	Carlisle C. Bastian
Vice-president	Kenneth C. Pruden
Secretary	Edward C. Stillwell
Treasurer	Lowrie J. Porter
Editor	Lester R. Cahn

1949–1950

President	Kenneth C. Pruden
President-elect	Adams Bailey
Secretary	Edward C. Stillwell
Treasurer	Lowrie J. Porter
Editor	Henry Hicks

1950–1951

President	Adams Bailey
President-elect	Lowrie J. Porter
Secretary	Edward C. Stillwell
Treasurer	Gustav P. Frahm
Editor	Willard T. Keane

1951–1952

President	Lowrie J. Porter
President-elect	Henry Hicks
Vice-president	Franklin A. Squires
Secretary	Edward C. Stillwell
Treasurer	Gustav P. Frahm
Editor	Willard T. Keane

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President	Henry Hicks
President-elect	Ralph J. Bowman
Vice-president	Roland E. Morse
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Treasurer	Gustav P. Frahm
Editor	Edgar S. Bacon

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President	Ralph J. Bowman
President-elect	Roland E. Morse
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Secretary	W. Ward Tracy
Treasurer	Gustav P. Frahm
Editor	Edgar S. Bacon

1954–1955

President	Roland E. Morse
President-elect	Willard T. Keane
Vice-president	C. Raymond Wells
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Treasurer	Gustav P. Frahm
Editor	Edgar S. Bacon

1955–1956

President	Willard T. Keane
President-elect	C. Raymond Wells
Vice-president	W. Ward Tracy
Secretary	Norman L. Hillyer
Treasurer	Gustav P. Frahm
Editor	Edward Stroh

APPENDICES

1956–1957

President	C. Raymond Wells
President-elect	W. Ward Tracy
Vice-president	Wilbur J. Prezzano
Secretary	Norman L. Hillyer
Treasurer	Gustav P. Frahm
Editor	Edward Stroh

1957–1958

President	W. Ward Tracy
President-elect	Wilbur J. Prezzano
Vice-president	James P. Ruyl
Secretary	Norman L. Hillyer
Treasurer	Gustav P. Frahm
Editor	Edward Stroh

1958–1959

President	Wilbur J. Prezzano
President-elect	LeRoy E. Burr
Vice-president	Edgar S. Bacon
Secretary	Norman L. Hillyer
Treasurer	Gustav P. Frahm
Editor	Edward M. Carney, Jr.

1959–1960

President	LeRoy E. Burr
President-elect	Edgar S. Bacon
Vice-president	Norman L. Hillyer
Secretary	Robert W. Northrop
Treasurer	Gustav P. Frahm
Editor	Edward Stroh

1960–1961

President	Edgar S. Bacon
President-elect	Norman L. Hillyer
Vice-president	Gustav P. Frahm
Secretary	Robert W. Northrop
Treasurer	John J. Asch
Editor	Edward Stroh

1961-1962

President	Norman L. Hillyer
President-elect	Gustav P. Frahm
Vice-president	Robert W. Northrop
Secretary	Walter H. Mosmann
Treasurer	John J. Asch
Editor	E. Alan Lieban*

1962-1963

President	Gustav P. Frahm** Robert L. Heinze
President-elect	Robert W. Northrop
Vice-president	Robert J. Heinze
Secretary	Walter H. Mosmann
Treasurer	John J. Asch
Editor	David Tanchester

1963-1964

President	Robert W. Northrop
President-elect	Gerard L. Courtade
Vice-president	John J. Asch
Secretary	Walter H. Mosmann
Treasurer	Richard J. Warnecke
Editor	David Tanchester

1964-1965

President	Gerard L. Courtade
President-elect	John J. Asch
Vice-president	Homer Cree Vaughan
Secretary	Walter H. Mosmann
Treasurer	Richard J. Warnecke
Editor	David Tanchester

1965-1966

President	John J. Asch
President-elect	Homer Cree Vaughan
Vice-president	Walter H. Mosmann

* Dr. E. Alan Lieban died, February 10, 1962.

** Dr. Gustav P. Frahm died September 20, 1962.

APPENDICES

Secretary	Francis E. Morse
Treasurer	Richard J. Warnecke
Editor	David Tanchester

1966-1967

President	Homer Cree Vaughan
President-elect	Walter H. Mosmann
Vice-president	Richard J. Warnecke
Secretary	Francis E. Morse
Treasurer	I. Frank Boscarelli
Editor	David Tanchester

1967-1968

President	Walter H. Mosmann
President-elect	Richard J. Warnecke
Vice-president	John J. Dolce
Secretary	Francis E. Morse
Treasurer	I. Frank Boscarelli
Editor	David Tanchester

1968-1969

President	Richard J. Warnecke
President-elect	John J. Dolce
Vice-president	Francis E. Morse
Secretary	George V. Lyons
Treasurer	I. Frank Boscarelli
Editor	David Tanchester

1969-1970

President	John J. Dolce
President-elect	Francis E. Morse
Vice-president	I. Frank Boscarelli
Secretary	George V. Lyons
Treasurer	Robert N. Adamson
Editor	David Tanchester

1970-1971

President	Francis E. Morse
President-elect	I. Frank Boscarelli

Vice-president	William C. Hudson, Jr.
Secretary	George V. Lyons
Treasurer	Robert N. Adamson
Editor	David Tanchester

1971-1972

President	I. Frank Boscarelli
President-elect	William C. Hudson, Jr.
Vice-president	John D. Burr
Secretary	George V. Lyons
Treasurer	Robert N. Adamson
Editor	David Tanchester

1972-1973

President	William C. Hudson, Jr.
President-elect	George V. Lyons
Vice-president	Alfred J. Keck
Secretary	Ferdinand G. Neurohr
Treasurer	Robert N. Adamson
Editor	David Tanchester

1973-1974

President	George V. Lyons
President-elect	Alfred J. Keck
Vice-president	Rufus L. Robinson, Jr.
Secretary	Ferdinand G. Neurohr
Treasurer	Robert N. Adamson
Editor	David Tanchester

1974-1975

President	Alfred J. Keck
President-elect	Rufus L. Robinson, Jr.
Vice-president	Ferdinand G. Neurohr
Secretary	Edward B. Armstrong
Treasurer	Herman L. Malter
Editor	David Tanchester

ACTIVE FELLOWS

- | | |
|----------------------------|--|
| 1960 Adams, James D. | 165 No. Village Avenue, Rockville Centre,
N.Y. 11570 |
| 1951 Adamson, Robert | 630 Fifth Avenue, New York, N.Y. 10020 |
| 1966 Adelson, Henry | 1 Hanson Place, Brooklyn, N.Y. 11243 |
| 1964 Adelson, Jerry J. | 200 Central Park South, New York, N.Y.
10019 |
| 1966 Adisman, I. Kenneth | 100 Central Park South, New York, N.Y.
10019 |
| 1958 Adler, David | 140 Lockwood Avenue, New Rochelle, N.Y.
10801 |
| 1968 Agins, Theodore C. | 160 Broadway, New York, N.Y. 10038 |
| 1960 Arden, Howard A. | 9 Crane Road, Scarsdale, N.Y. 10583 |
| 1968 Armstrong, Edward B. | 654 Madison Avenue, New York, N.Y. 10021 |
| 1958 Arvins, Allan N. | 200 Central Park South, New York, N.Y.
10019 |
| 1949 Asch, John J. | Harwood Building, Scarsdale, N.Y. 10583 |
| 1940 Ast, David B. | New York Dept. of Health, Albany, N.Y.
12201 |
| | |
| 1963 Barsh, Jack | Abbey Victoria Hotel, 51st St. & 7th Ave.,
New York, N.Y. 10019 |
| 1958 Behrman, Stanley | 101 East 79th Street, New York, N.Y. 10021 |
| 1967 Belsky, Maurice | 92 Carroll Place, New Brunswick, N.J. 08901 |
| 1952 Benfield, James W. | 115 East 61st Street, New York, N.Y. 10021 |
| 1967 Berger, Charles | 730 Fifth Avenue, New York, N.Y. 10019 |
| 1965 Bernstein, Morton E. | 1629 Victory Boulevard, Staten Island, N.Y.
10314 |
| 1952 Binning, Roland | 88-34--195th Place, Hollis, N.Y. 11423 |
| 1963 Birnbach, Seymour | 206-07 Hillside Avenue, Queens Village, N.Y.
11427 |
| 1965 Bitzer, Raymond L. | 385 So. Maple Avenue, Ridgewood, N.J. 07450 |
| 1968 Blake, Melvin N. | 47 East 77th Street, New York, N.Y. 10021 |
| 1962 Blatterfein, Louis | 1 Hanson Place, Brooklyn, N.Y. 11243 |
| 1967 Blechman, Harry | 110 Bleecker Street, New York, N.Y. 10012 |
| 1971 Blinderman, Joseph J. | 18 East 48th Street, New York, N.Y. 10017 |
| 1950 Boscarelli, I. Frank | 515 Madison Avenue, New York, N.Y. 10022 |
| 1940 Boyd, Norman W. | 140 East 54th Street, New York, N.Y. 10022 |
| 1960 Boyd, William F. | 230 Hilton Avenue, Hempstead, N.Y. 11550 |
| 1962 Boylan, Brendan J. | 41 East 57th Street, New York, N.Y. 10022 |
| 1962 Braida, Alfred J. | Medical Center, White Plains, N.Y. 10601 |
| 1958 Brenner, Morton R. | 240 Central Park South, New York, N.Y.
10019 |
| 1966 Brown, William J. | 9 Rockefeller Plaza, New York, N.Y. 10020 |
| 1968 Bruel, Paul J. | 790 Madison Avenue, New York, N.Y. 10021 |
| 1968 Bruno, Sebastian A. | 630 Fifth Avenue, New York, N.Y. 10020 |

- 1954 Burman, Louis R. 200 Central Park South, New York, N.Y. 10019
- 1952 Burr, John Donald 10 Studio Arcade, Bronxville, N.Y. 10708
- 1954 Burt, Wesley R. 580 Fifth Avenue, New York, N.Y. 10036
- 1965 Cacciatore, Angelo C. 1 Hanson Place, Brooklyn, N.Y. 11243
- 1967 Calman, Herbert I. 101 East 86th Street, New York, N.Y. 10028
- 1965 Campbell, Oliver A. 721 Park Avenue, Plainfield, N.J. 07060
- 1962 Cannistraci, Andrew J. 2152 Muliner Avenue, Bronx, N.Y. 10462
- 1948 Carey, Thomas 30 East 40th Street, New York, N.Y. 10016
- 1941 Carney, Edward M., Jr. Barney Park, Irvington, N.Y. 10533
- 1971 Caronia, Victor 9 Donnybrook Road, Montvale, N.J. 07645
- 1958 Catania, Andrew F. 1 Hanson Place, Brooklyn, N.Y. 11243
- 1954 Catuna, Matthew C. 2 East 54th Street, New York, N.Y. 10022
- 1968 Celenza, Frank V. 444 Community Drive, Manhasset, N.Y. 11030
- 1958 Charbonneau, Robert G. 121 East 60th Street, New York, N.Y. 10022
- 1953 Chase, Henry A. 515 Madison Avenue, New York, N.Y. 10022
- 1963 Clayman, Lawrence H. 37 Park Avenue, New York, N.Y. 10016
- 1967 Coelho, David H. 30 East 40th Street, New York, N.Y. 10016
- 1957 Connell, George W. 630 Fifth Avenue, New York, N.Y. 10020
- 1964 Cooper, H. Milton 25 East Salem Street, Hackensack, N.J. 07601
- 1950 Courtade, Gerard L. 1 East 57th Street, New York, N.Y. 10022
- 1963 Cremens, John F. 260 Engle Street, Englewood, N.J. 07631
- 1971 Cummings, Edward M. 520 Franklin Avenue, Garden City, N.Y. 11530
- 1957 Cunningham, James G. 86 West Clinton Avenue, Tenafly, N.J. 07670
- 1954 Curran, William S. 630 Fifth Avenue, New York, N.Y. 10020
- 1957 Davis, Hardin K. 36 Massachusetts Boulevard, Bellerose, N.Y. 11426
- 1951 Dawson, Frank J. 2 East 69th Street, New York, N.Y. 10021
- 1961 Deesen, Kenneth C. 35-71—162nd Street, Flushing, N.Y. 11358
- 1973 De Julia, Joseph A. 23 Wheeler Place, West Nyack, N.Y. 10994
- 1965 De Lisi, Joseph C. 29 Echo Ridge Road, Upper Saddle River, N.J. 07458
- 1971 De Piero, James V. 595 Chestnut Ridge Road, Woodcliff Lake, N.J. 07675
- 1956 De Vanna, Alonzo N. 3063 Buhre Avenue, Bronx, N.Y. 10461
- 1967 Diamond, William 111 West 57th Street, New York, N.Y. 10019
- 1959 Di Salvo, Nicholas A. 630 West 168th Street, New York, N.Y. 10032
- 1967 Divack, Morton L. 88-09 Northern Boulevard, Jackson Heights, N.Y. 11372
- 1970 Dolan, William M. 1607 Bedford Street, Stamford, Conn. 06905
- 1949 Dolce, John J. 121 East 60th Street, New York, N.Y. 10022
- 1955 Doscher, Frederick S. 9 Rockefeller Plaza, New York, N.Y. 10020
- 1963 Dougherty, Lawrence E. 133 East 58th Street, New York, N.Y. 10022
- 1954 Durrer, Gustav T. 9 Rockefeller Plaza, New York, N.Y. 10020
- 1967 Duxbury, John Hedges 19 Riverside Avenue, Riverside, Conn. 06878
- 1973 Dwyer, William A., Jr. 1162 North Avenue, New Rochelle, N.Y. 10804

- 1966 Eckhaus, Morris 50 Bryant Avenue, White Plains, N.Y. 10605
 1963 Eisner, Lester L. 1082 Park Avenue, New York, N.Y. 10028
 1970 Ewen, Sol J. 107-21 Queens Boulevard, Forest Hills, N.Y.
 11375
- 1966 Feinberg, Elliot Harwood Building, Scarsdale, N.Y. 10583
 1961 Feldman, Alvin J. 730 Fifth Avenue, New York, N.Y. 10019
 1962 Fiasconaro, Joseph E. 74-10-35th Avenue, Jackson Heights, N.Y.
 11372
- 1952 Fierstein, Morris 166-26-89th Avenue, Jamaica, N.Y. 11432
 1962 Finnegan, John G. 66 Milton Road, Rye, New York, 10580
 1962 Firdman, Marvin 11 Lake Street, White Plains, N.Y. 10603
 1963 Fisher, Robert L. 1 Hanson Place, Brooklyn, N.Y. 11243
 1960 Fletcher, Roland A. 14 West 49th Street, New York, N.Y. 10020
 1971 Forte, Robert P. 88 Ridgewood Avenue W., Ridgewood, N.J.
 07490
- 1971 Franzetti, Joseph J. 1660 Schenectady Avenue, Brooklyn, N.Y.
 11234
- 1969 Friedman, Joel 730 Fifth Avenue, New York, N.Y. 10019
 1969 Frommer, Herbert H. 60 East 96th Street, New York, N.Y. 10028
 1956 Furman, Earle L. 144 South Harrison Street, East Orange, N.J.
 07018
- 1972 Gabriele, Pasquale C. 640 North Street, White Plains, N.Y. 10605
 1960 Gage, Stanley A. Cross County Medical Building, Yonkers,
 N.Y. 10704
- 1945 Galton, Harry A. 630 Fifth Avenue, New York, N.Y. 10020
 1972 Galvin, Gerald M. 9 East 62nd Street, New York, N.Y. 10021
 1971 Galvin, William P. 121 East 60th Street, New York, N.Y. 10022
 1971 Geczik, Francis X. 41 East 57th Street, New York, N.Y. 10022
 1964 Gelb, Harold 157 West 57th Street, New York, N.Y. 10019
 1972 Genter, Ronald 20 Chestnut Street, Rye, N.Y. 10580
 1952 Getz, Edwin H. 1 Rockefeller Plaza, New York, N.Y. 10020
 1955 Gibson, Joseph A., Jr. 121 East 60th Street, New York, N.Y. 10022
 1949 Giodano, James V. 310 East 37th Street, Paterson, N.J. 07504
 1967 Giro, Carlos M. 30 Central Park South, New York, N.Y.
 10019
- 1971 Goddard, Leonard H. 302 Main Street, Chatham, N.J. 07928
 1969 Goodman, Stephen Fox 37 Park Avenue, New York, N.Y. 10016
 1957 Gottsegen, Robert 931 Fifth Avenue, New York, N.Y. 10021
 1940 Granger, Ernest B. 149 Prospect Avenue, Mt. Vernon, N.Y. 10550
 1970 Grayson, Alvin J. 630 Fifth Avenue, New York, N.Y. 10020
 1964 Grieder, Arthur 203 Godwin Avenue, Ridgewood, N.J. 07450
 1963 Gruber, Irving E. 493 Nassau Parkway, Baldwin, N.Y. 11510
 1956 Gulick, Floyd B. 160 Eakins Road, Manhasset, N.Y. 11030
- 1959 Hamilton, Franklyn B. 520 Franklin Avenue, Garden City, N.Y.
 11530
- 1972 Harper, Oliver M. R. 110 Maple Street, Brooklyn, N.Y. 11225

- 1957 Heindel, John K. 144 South Harrison Street, East Orange, N.J. 07018
- 1957 Herlands, Robert E. 179 Fox Ridge Road, Stamford, Conn. 06903
- 1964 Hildes, Lyonel S. 38 Greenridge Avenue, White Plains, N.Y. 10605
- 1958 Hillyer, Charles E. 551 Fifth Avenue, New York, N.Y. 10017
- 1957 Hindels, George W. 815 Fifth Avenue, New York, N.Y. 10021
- 1952 Hirschfeld, Leonard 730 Fifth Avenue, New York, N.Y. 10019
- 1965 Hoffman, Robert 1846 Merrick Avenue, Merrick, N.Y. 11566
- 1959 Hogan, William G., Jr. 53 Elm Street, New Canaan, Conn. 06840
- 1954 Hogan, William J. 4345 Webster Avenue, Bronx, N.Y. 10470
- 1966 Hopf, Frank R. 175 Purchase Street, Rye, N.Y. 10580
- 1971 Hopp, Dale E. 22 Central Park South, New York, N.Y. 10019
- 1958 Hudson, William C., Jr. 630 Fifth Avenue, New York, N.Y. 10020
- 1957 Igoe, William J. 30 East 40th Street, New York, N.Y. 10016
- 1970 Ihle, Arthur W. 115 Glen Avenue, Port Chester, N.Y. 10573
- 1955 Jay, James 29 East 37th Street, New York, N.Y. 10016
- 1972 Jensen, Charles W., Jr. Dearfield Medical Building, Greenwich, Conn. 06830
- 1965 Jerome, Burton M. 16 North Broadway, White Plains, N.Y. 10601
- 1973 Jones, James P. 219 West 138th Street, New York, N.Y. 10030
- 1970 Joondeph, Norman H. 125 Strawberry Hill, Stamford, Conn. 06902
- 1943 Joule, William R. 8 Shunpike Road, Madison, N.J. 07940
- 1970 Judge, Francis X. 40 Parcot Avenue, New Rochelle, N.J. 10801
- 1962 Kanya, John 8 East 77th Street, New York, N.Y. 10021
- 1968 Kaufman, Edward G. 98 Cutter Mill Road, Great Neck, N.Y. 11021
- 1970 Kaufman, Paul S. 206-07 Hillside Avenue, Hollis, N.Y. 11423
- 1954 Keber, Vincent M. 630 Fifth Avenue, New York, N.Y. 10020
- 1952 Keck, Alfred J. 30 Central Park South, New York, N.Y. 10019
- 1956 Kelly, James T. 124 Main Street, Huntington, N.Y. 11743
- 1973 Kelner, Gerald M. 509 West Merrick Road, Valley Stream, N.Y. 11580
- 1959 Kilgallen, John R. 183 Ocean Avenue, Northport, N.Y. 11768
- 1958 Kilpatrick, Harold C. 7 Smith Ridge Lane, New Canaan, Conn. 06840
- 1962 Kiman, Richard A. 235 East 22nd Street, New York, N.Y. 10010
- 1956 Klein, Ira 730 Fifth Avenue, New York, N.Y. 10019
- 1961 Kobren, Abraham 12 Old Mamaroneck Road, White Plains, N.Y. 10605
- 1968 Korf, Arthur J. 140 East 54th Street, New York, N.Y. 10022
- 1960 Krantz, Morris 147 Mamaroneck Avenue, White Plains, N.Y. 10601
- 1965 Krasner, Daniel 14 East 60th Street, New York, N.Y. 10022
- 1957 LaBorne, Charles A. 67 Hilton Avenue, Garden City, N.Y. 11530
- 1968 La Forgia, Anthony 671 Franklin Avenue, Nutley, N.J. 07110

- 1963 Lamstein, Abraham 120 Central Park South, New York, N.Y. 10019
 1973 Landa, Lloyd S. 595 Madison Avenue, New York, N.Y. 10022
 1961 Lane, John O'Gorman, Jr. 9 Adams Road, Ridgefield, Conn. 06877
 1967 Langa, Harry 250 West 57th Street, New York, N.Y. 10019
 1959 Langel, Irwin 119 West 57th Street, New York, N.Y. 10019
 1948 Lanza, Alfred A. 64-85 Saunders Street, Rego Park, N.Y. 11374
 1963 Laskey, George H., III 10 Studio Avenue, Bronxville, N.Y. 10708
 1973 La Sota, Eugene P. 1 Rockefeller Plaza, New York, N.Y. 10020
 1963 Laub, Benjamin J. 301 Mill Road, Hewlett, N.Y. 11557
 1952 Lazarus, Charles H. 5 Fort Salonga Road, Centerport, N.Y. 11721
 1964 Leavitt, Joseph M. 654 Madison Avenue, New York, N.Y. 10021
 1960 Leistner, Sidney 130 West 57th Street, New York, N.Y. 10019
 1972 Lentchner, Emil 80-74—188th Street, Jamaica Estates, N.Y. 11423
 1948 Levin, Matthew D. 70 East 10th Street, New York, N.Y. 10003
 1971 Lew, Isiah 400 East 56th Street, New York, N.Y. 10022
 1963 Lewis, Nathan L. 110 Ocean Parkway, Brooklyn, N.Y. 11218
 1966 Libassi, Joseph P. 1665 Linden Street, Brooklyn, N.Y. 11227
 1961 Lifschutz, Alex N. 616 East 19th Street, Brooklyn, N.Y. 11230
 1959 Linz, Andrew M. 875 Fifth Avenue, New York, N.Y. 10021
 1964 Lombardi, Angelo R. 8-12 Clifton Place, Jersey City, N.J. 07304
 1965 Loring, Morton A. 280 Mamaroneck Avenue, White Plains, N.Y. 10605
 1957 Loughlin, Francis J. 8559—168th Street, Jamaica, N.Y. 11432
 1960 Luban, Joseph 20 South Broadway, Yonkers, N.Y. 10701
 1963 Luboja, Edward S. 630 Fifth Avenue, New York, N.Y. 10020
 1957 Lucca, John J. 524 East Gate Road, Ridgewood, N.J. 07450
 1960 Lusterman, Edward A. 165 North Village Avenue, Rockville Centre, N.Y. 11570
 1960 Lyons, George V. 115 East 61st Street, New York, N.Y. 10021
 1972 Lyons, Paul L. 133 East 58th Street, New York, N.Y. 10022
 1958 Malter, Herman L. 324 Madison Avenue, New York, N.Y. 10017
 1970 Marino, Louis J. 121 East 60th Street, New York, N.Y. 10022
 1932 Marsh, Brooks H. 125 East 63rd Street, New York, N.Y. 10021
 1950 Mason, Robert I. 774 North Broadway, Yonkers, N.Y. 10701
 1949 Master, E. Byron 493 Morris Avenue, Springfield, N.J. 07081
 1951 Maxian, Michael J. 211 Park Avenue, Manhasset, N.Y. 11030
 1971 Mazzeo, Vincent A. 234 Ainslie Street, Brooklyn, N.Y. 11211
 1965 McCabe, John L. 883 Poole Avenue, Hazlet, N.J. 07730
 1956 McGannon, Robert F. 200 Park Avenue, New York, N.Y. 10017
 1956 McGuinn, James T. 400 Madison Avenue, New York, N.Y. 10017
 1952 Mecca, Anthony S. 83 Charles Street, New York, N.Y. 10014
 1973 Menell, Howard B. 200 Central Park South, New York, N.Y. 10019
 1962 Miller, I. Franklin 30 Central Park South, New York, N.Y. 10019
 1964 Minervini, George A. 45 South Broadway, Yonkers, N.Y. 10702
 1957 Moore, Charles M. 205 Park Street, Montclair, N.J. 07042
 1964 Morris, Melvin L. 645 Madison Avenue, New York, N.Y. 10021

- 1958 Morris, Robert D. 501 Madison Avenue, New York, N.Y. 10022
 1957 Morrison, Arthur H. 2 Fifth Avenue, New York, N.Y. 10011
 1961 Morse, Francis F. E. 22 Central Park South, New York, N.Y.
 10019
 1955 Mosmann, Walter H. 385 South Maple Avenue, Ridgewood, N.J.
 07450
 1970 Moss, Melvin L. 630 West 168th Street, New York, N.Y. 10032
 1952 Mossberg, David 880 Fifth Avenue, New York, N.Y. 10021
 1959 Mullen, George E. 283 East 17th Street, Brooklyn, N.Y. 11226
 1953 Mullon, Walter B. 1554 Northern Boulevard, Manhasset, N.Y.
 11030
 1970 Murphy, Eugene F. 77 Pondfield Road, Bronxville, N.Y. 10708
 1958 Murphy, William J. 151 Park Avenue, Mt. Vernon, N.Y. 10550
 1967 Murray, John J. 56 Lafayette Place, Greenwich, Conn. 06830
- 1962 Nahoum, Henry I. 51 East 73rd Street, New York, N.Y. 10021
 1964 Naidorf, Irving J. 30 Central Park South, New York, N.Y.
 10019
 1969 Nash, Seymour Lee Statler Hilton Hotel, New York, N.Y. 10001
 1959 Neurohr, Ferdinand G. 41 East 57th Street, New York, N.Y. 10022
 1941 Northrop, Robert W. 645 Madison Avenue, New York, N.Y. 10021
- 1961 Obst, Joseph J. 798 East 34th Street, Brooklyn, N.Y. 11210
 1971 O'Connell, William L. 230 Hilton Avenue, Hempstead, N.Y. 11550
 1969 Odrich, Ronald B. 7 East 63rd Street, New York, N.Y. 10021
 1964 O'Grady, George L. 630 West 168th Street, New York, N.Y. 10032
 1940 O'Keefe, John J. 30 West 59th Street, New York, N.Y. 10019
 1970 Olsen, Clinton O. 11 Wall Street, New York, N.Y. 10005
- 1964 Palmer, Thomas W. 111 Lake Avenue, Tuckahoe, N.Y. 10707
 1962 Parker, Herbert M. 516 Fifth Avenue, New York, N.Y. 10036
 1964 Pasternak, Richard 58 Cathedral Avenue, Hempstead, N.Y.
 11550
 1973 Petrelli, Frank G. 115 East 61st Street, New York, N.Y. 10021
 1971 Philip, Chris 4915 Broadway, New York, N.Y. 10034
 1961 Pletman, Max 30 South Broadway, Yonkers, N.Y. 10701
 1971 Pollack, Alfred 29 Howland Road, East Rockaway, N.Y.
 11518
 1971 Portway, Thomas 170 Ridgewood Avenue, Ridgewood, N.J.
 07450
- 1958 Posteraro, Anthony F. 115 East 61st Street, New York, N.Y. 10021
 1954 Powers, Thomas F. 1024 Park Avenue, Plainfield, N.J. 07060
 1950 Prezzano, Wilbur J. 359 East Main Street, Mt. Kisco, N.Y. 10549
 1965 Protell, Martin R. 128 Central Park South, New York, N.Y.
 10019
 1969 Pruden, Ralph W. 630 Fifth Avenue, New York, N.Y. 10020
 1959 Pruden, William H., II 312 Warren Avenue, Ho-Ho-Kus, N.J. 07423
 1967 Puccio, Joseph 98 Murray Avenue, Port Washington, N.Y.
 11050

- 1972 Putnam, John J. 121 East 40th Street, New York, N.Y. 10022
- 1968 Quartararo, Ignatius N. 520 Franklin Avenue, Garden City, N.Y. 11530
- 1967 Rappaport, Sydney C. 123 East 37th Street, New York, N.Y. 10016
- 1971 Rapuano, Joseph A. 813 Morningside Road, Ridgewood, N.J. 07450
- 1959 Rasi, Arthur S. 139 Clinton Street, Brooklyn, N.Y. 11201
- 1950 Reiss, Walter L. 1 East Putnam Avenue, Greenwich, Conn. 06830
- 1942 Renselaer, George H. 67 Sagamore Road, Island Park, N.Y. 11558
- 1951 Rieger, Henry 174 Split Rock Road, Syosset, N.Y. 11791
- 1970 Riesner, Neal 50 Popham Road, Scarsdale, N.Y. 10583
- 1965 Riley, Charles W. 83 Park Street, Montclair, N.J. 07042
- 1958 Robinson, Rufus L., Jr. 630 Fifth Avenue, New York, N.Y. 10020
- 1970 Roistacher, Jules 215 East 68th Street, New York, N.Y. 10021
- 1962 Roistacher, Seymour L. 2110 Northern Boulevard, Manhasset, N.Y. 11030
- 1963 Rosen, Norman Century Village, Andover A-10, West Palm Beach, Fla. 33401
- 1967 Rosenberg, Arnold 20 South Broadway, Yonkers, N.Y. 10701
- 1952 Rosenstein, Solomon N. 630 West 168th Street, New York, N.Y. 10032
- 1969 Rosenthal, Lester E. 41 East 57th Street, New York, N.Y. 10022
- 1967 Ross, Sheldon J. 136 East 36th Street, New York, N.Y. 10016
- 1962 Rowbottom, Joseph T. 43 So. Forest Avenue, Rockville Centre, N.Y. 11570
- 1963 Rubin, J. Gordon 128 Central Park South, New York, N.Y. 10019
- 1964 Russell, Alfred M. 52 Vanderbilt Avenue, New York, N.Y. 10017
- 1961 Saklad, Maurice J. 45 West 54th Street, New York, N.Y. 10019
- 1967 Salman, Irving 250 West 57th Street, New York, N.Y. 10019
- 1961 Salviolo, Joseph A. 363 East 76th Street, New York, N.Y. 10021
- 1965 Sarubbi, Joseph F. 637 Yonkers Avenue, Yonkers, N.Y. 10704
- 1973 Scarola, John M. 1 Rockefeller Plaza, New York, N.Y. 10020
- 1960 Schmidt, J. Kenneth 121 East 60th Street, New York, N.Y. 10022
- 1964 Schneider, Paul 654 Madison Avenue, New York, N.Y. 10021
- 1953 Schneider, Ray H. 591 Park Avenue, New York, N.Y. 10021
- 1962 Schoen, Gerard H. 32A No. Grand Avenue, Baldwin, N.Y. 11510
- 1950 Schoman, Kenneth E. 630 Fifth Avenue, New York, N.Y. 10020
- 1963 Schwartz, Harold 17 West 54th Street, New York, N.Y. 10019
- 1959 Schweitzer, Jerome 4 West 57th Street, New York, N.Y. 10019
- 1952 Schweitzer, Jerome M. 730 Fifth Avenue, New York, N.Y. 10019
- 1966 Schweitzer, Robert 730 Fifth Avenue, New York, N.Y. 10019
- 1967 Seldin, Jules B. 240 Central Park South, New York, N.Y. 10019
- 1973 Selman, Abbe J. 121 East 60th Street, New York, N.Y. 10022
- 1964 Sferra, George 115 East 61st Street, New York, N.Y. 10021

- 1968 Shakun, Mortimer L. 3 Bracken Court, East Setauket, N.Y. 11733
 1971 Sheckman, Nathan M. 230 Park Avenue, New York, N.Y. 10017
 1963 Shelby, David 155 East 55th Street, New York, N.Y. 10022
 1953 Sherman, Harold 35 Park Avenue, New York, N.Y. 10016
 1956 Shore, Nathan 210 Central Park South, New York, N.Y.
 10019
 1971 Shovlin, Francis 173 Paul Court, Hillsdale, N.J. 07642
 1959 Silverstein, William H. 53 East 66th Street, New York, N.Y. 10021
 1966 Simring, Marvin 1 Hanson Place, Brooklyn, N.Y. 11243
 1962 Sindmack, Rudolph K. 16 So. Prospect Street, Verona, N.J. 07044
 1955 Sloan, Edward J. 1087 North Avenue, New Rochelle, N.Y.
 10804
 1956 Sloane, Robert B. 1 East 69th Street, New York, N.Y. 10021
 1971 Sorrel, Jerome M. 263 West End Avenue, New York, N.Y.
 10023
 1967 Spector, Joseph K. Station Plaza East, Great Neck, N.Y. 11021
 1956 Spengeman, Walter G. 20 South Broadway, Yonkers, N.Y. 10702
 1953 Stansfield, John B. 121 East 60th Street, New York, N.Y. 10022
 1971 Steen, Philip M. 30 East 40th Street, New York, N.Y. 10016
 1953 Stillwell, Edward C., Jr. Glen Ridge Arcade, Glen Ridge, N.J. 07028
 1968 Strife, Peter H. 745 Fifth Avenue, New York, N.Y. 10022
 1953 Stroh, Edward St. Luke's Hospital Center, 114th St. &
 Amsterdam Avenue, New York, N.Y. 10025
 1967 Strong, Daniel 140 East 54th Street, New York, N.Y. 10022
 1957 Swain, Brainerd F. 28 DeHart Street, Morristown, N.J. 07960
 1945 Swift, Thomas H. 77 Pondfield Road, Bronxville, N.Y. 10708

 1968 Taft, Leo 230 Hilton Avenue, Hempstead, N.Y. 11550
 1970 Tarshis, Julius 19 East 80th Street, New York, N.Y. 10021
 1971 Tekulsky, Irwin N. 105 East 85th Street, New York, N.Y. 10028
 1961 Terrace, Ralph 149 Old Short Hills Road, Short Hills, N.J.
 07078
 1962 Tirrell, Robert W., Jr. 3 Churchill Road, Cresskill, N.J. 07626
 1938 Tracy, W. Ward 9 Rockefeller Plaza, New York, N.Y. 10020
 1940 Traugott, John P. 121 East 60th Street, New York, N.Y. 10022
 1964 Turoff, Michael 1 Hanson Place, Brooklyn, N.Y. 11243
 1950 Tymeson, Norman E. 630 Fifth Avenue, New York, N.Y. 10020

 1968 Uccellani, Ennio L. 104 Middleton Place, Bronxville, N.Y. 10708
 1964 Unger, Alexander L. 211 Central Park West, New York, N.Y.
 10024

 1965 Valauri, Augustus J. 333 East 34th Street, New York, N.Y. 10016
 1972 Valenti, Anthony 77 Highlawn Avenue, Brooklyn, N.Y. 11223
 1968 Valinoti, Joseph R. 66 Park Avenue, Manhasset, N.Y. 11030
 1972 Vanacek, Russell J. 111 Dean Drive, Tenafly, N.J. 07670
 1961 Van Valey, Edwin C. 9 Rockefeller Plaza, New York, N.Y. 10020
 1940 Vaughan, Homer C. 608 Fifth Avenue, New York, N.Y. 10020
 1971 Verna, James L. 745 Fifth Avenue, New York, N.Y. 10022

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|-----------------------------|---|
| 1950 Vincent, Harry B. | 39 Broadway, New York, N.Y. 10006 |
| 1967 Vinton, Paul W. | 22 Glenwood Drive, New Shrewsbury, N.J.
07724 |
| 1937 Wald, S. S. | 420 East 72nd Street, New York, N.Y. 10021 |
| 1967 Walsh, John E. | 630 Fifth Avenue, New York, N.Y. 10020 |
| 1971 Walters, Thomas H. | 11 South High Street, Tuckahoe, N.Y. 10707 |
| 1969 Wank, Gerald S. | 40 Bayview Avenue, Great Neck, N.Y. 11021 |
| 1960 Ward, Howard L. | 15 Bond Street, Great Neck, N.Y. 11021 |
| 1955 Wardell, John C. | 100 E. Palisade Avenue, Englewood, N.J.
07631 |
| 1952 Warnecke, Richard J. | 12 Middagh Street, Brooklyn, N.Y. 11201 |
| 1960 Wasserman, Bernard | 730 Fifth Avenue, New York, N.Y. 10019 |
| 1972 Wein, Robert M. | 30 East 40th Street, New York, N.Y. 10016 |
| 1971 Weinberg, Lawrence A. | 57 West 57th Street, New York, N.Y. 10019 |
| 1972 Weinert, Allen M. | 33 Seminary Street, New Canaan, Conn.
06840 |
| 1968 Weismann, Joseph A. | 7 West 81st Street, New York, N.Y. 10024 |
| 1959 Weiss, Harry M. | 730 Fifth Avenue, New York, N.Y. 10019 |
| 1957 Wibell, Oke V. | 507 Fifth Avenue, New York, N.Y. 10017 |
| 1971 Williams, Arthur C. | 45 East 135th Street, New York, N.Y. 10037 |
| 1971 Williams, W. Kenneth | 209 West 125th Street, New York, N.Y. 10027 |
| 1968 Wilson, Dwight R., Jr. | 580 Fifth Avenue, New York, N.Y. 10036 |
| 1940 Wiltbank, Thomas | Strathaven Apartments, Glen Cove, N.Y.
11542 |
| 1956 Witkin, George J. | 1 Rockefeller Plaza, New York, N.Y. 10020 |
| 1972 Woolridge, Edward D. | Governors Island, New York, N.Y. 10004 |
| 1950 Xiques, William A. | 17 Battery Place, New York, N.Y. 10004 |
| 1970 Yospin, Tobias | 1 Hanson Place, Brooklyn, N.Y. 11243 |
| 1948 Young, Walter H. | Prospect Avenue, Salchem's Head, Guilford,
Conn. 06437 |
| 1969 Zegarelli, Edward V. | 630 West 168th Street, New York, N.Y. 10032 |
| 1954 Zola, Albert | 120 Central Park South, New York, N.Y.
10019 |

ASSOCIATE FELLOWS

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|-------------------------|--|
| 1971 Appel, Herbert N. | 57 West 57th Street, New York, N.Y. 10019 |
| 1971 Boelstler, Roy | 35-71-162nd Street, Flushing, N.Y. 11358 |
| 1970 Chachkes, Jack E. | 654 Madison Avenue, New York, N.Y. 10021 |
| 1973 Coleton, Stuart H. | 280 Mamaroneck Avenue, White Plains, N.Y.
10605 |
| 1969 Connors, John J. | 1 Hanson Place, Brooklyn, N.Y. 11243 |

- 1972 Del Tufo, Stanley C. 480 Paramus Road, Paramus, N.J. 07652
- 1970 Elks, George J. 160 Cabrini Boulevard, New York, N.Y. 10033
- 1971 Goldsmith, Jay P. 52 East 61st Street, New York, N.Y. 10021
1968 Gosling, Joseph F. 1607 Bedford Street, Stamford, Conn. 06905
- 1972 Haggerty, William J. 4 Dearfield Drive, Greenwich, Conn. 06830
1969 Himelfarb, Lawrence E. 630 Fifth Avenue, New York, N.Y. 10020
1971 Horn, James B. 4 Beech Hill Drive, Northport, N.Y. 11768
- 1968 Jacoby, William E., Jr. 40 West Ridgewood Avenue, Ridgewood, N.J. 07450
- 1955 Kessler, Edward P. 27 Drake Lane, Upper Saddle River, N.J. 07458
- 1973 Marshall, Howard 30 Central Park South, New York, N.Y. 10019
- 1970 McNulty, Edward C. 91 Riverside Avenue, Riverside, Conn. 06878
1971 Meistrell, Malcolm E. 41 East 57th Street, New York, N.Y. 10022
1972 Mellana, Frank L. 16 Lori Court, Woodcliff Lake, N.J. 07680
1970 Monahan, David M. 931 Fifth Avenue, New York, N.Y. 10021
- 1973 Pellarin, John V. 121 East 60th Street, New York, N.Y. 10022
- 1958 Raccuia, Alfred J. 85 Bay 8th Street, Brooklyn, N.Y. 11228
1960 Rasweiler, John J., III 9 Rockaway Road, Garden City, N.Y. 11530
1971 Rowan, Joseph E. 630 Fifth Avenue, New York, N.Y. 10020
- 1955 Severns, B. Scott 14 West 49th Street, New York, N.Y. 10020
1972 Shera, J. Courteney 475 Fifth Avenue, New York, N.Y. 10017
1973 Simon, S. Lawrence 157 West 57th Street, New York, N.Y. 10019
1973 Spergel, Ernest 366 Fifth Avenue, New York, N.Y. 10016
- 1973 Timmermans, John J. 875 Fifth Avenue, New York, N.Y. 10021
- 1952 Van Nostrand, James G. 50 West Front Street, Red Bank, N.J. 07701
1971 Vaughan, Smith C. 608 Fifth Avenue, New York, N.Y. 10020
- 1971 Weinstock, Stanley M. 654 Madison Avenue, New York, N.Y. 10021
1966 Wiggs, Richard I. 112 West 34th Street, New York, N.Y. 10018
- 1972 Zinner, Ira D. 2 East 54th Street, New York, N.Y. 10022

NON-RESIDENT FELLOWS

- 1929 Aiguier, James E. College Manor, Lutherville, Md. 21093
1941 Appleton, J. L. T., Jr. 4001 Spruce Street, Philadelphia, Pa. 19104

- 1962 Baade, William W. Renville, Minnesota 56284
 1973 Bibbo, James V. Bradford, New Hampshire 03221
 1963 Binder, Harry B. 2013-15th Street, Troy, N.Y. 12180
 1970 Brothers, Marshall A. 13076 San Mateo Street, Coral Gables, Fla.
 33156
 1968 Bush, Ralph B. P.O. Box 1165, Weston, Conn. 06880
- 1963 Clifford, Eugene M. 106 Niles Street, Hartford, Conn. 06105
 1971 Cloney, Gerard P. Sharon Clinic, Sharon, Conn. 06069
- 1957 deFord, Clifford C. 1125 Chantilly Road, Los Angeles, Calif. 90024
 1968 Dow, Stanley M. Seagate Manor, Apt. 602, 400 Seasage Drive,
 Delray Beach, Fla. 33444
 1949 Dunn, H. Lincoln 131 Dwight Street, New Haven, Conn. 06511
- 1956 Evans, Pierre O. 1298 Meadow Lake Way, Woodmoor,
 Monument, Colo. 80132
- 1972 Feinman, Jacob 250-174th Street, Apt. 2315, Miami Beach,
 Fla. 33160
 1971 Field, George W., III 115 Harley Street, London W.1, England
 1967 Fitting, Louis 14 Avenue Mon Repos, Lausanne, Switzerland
 1951 Fitzgibbon, David J. 3003 Van Ness Street, N.W., Washington,
 D.C. 20008
 1942 Fox, Thomas P. 1930 Chestnut Street, Philadelphia, Pa. 19103
- 1943 Glenn, Albert B. Hospital Hill, Sharon, Conn. 06069
- 1946 Hardy, Irving R. 1623 No. Santa Rosa Avenue, Tuscon, Ariz.
 85715
 1970 Henry, Fred A. Village Building H, 6405 Telegraph Road,
 Birmingham, Mich. 48010
- 1960 Lankhof, Frans G. W. Brouwersplein, 11 Amsterdam, Holland
 1970 Laughlin, Carl A. 613 Prunty Building, Clarksburg, W. Va. 26301
- 1968 Martone, Alexander L. 909 Norfolk Medical Tower, Norfolk, Va. 23507
 1956 Michael, John H. 829 Park Avenue, Baltimore, Md. 21201
 1947 Miller, Fred D. 1808 Third Avenue, Altoona, Pa. 16602
- 1968 Nagle, Raymond J. Linda Lane, Hyannis, Mass. 02601
 1946 Nelson, Robert J. 11400 Great Falls Road, Rockville, Md. 20854
 1968 Nordham, Richard Marwith Farms, Box 130, R.D. 1, Blairstown,
 N.J. 07825
- 1937 Paffenbarger, George C. Box 109, Route 1, Boyds, Md. 20720
 1968 Parkins, Frederick M. University of Iowa, Dental School, Iowa City,
 Iowa 55240

- 1956 Preis, Kyrle W. Box 35, Mt. Vista, Belan Road, Kingsville, Md.
21087
- 1946 Reece, Joe Tennyson 5545 E. Shelly Drive, Tulsa, Okla. 74131
1961 Roger, Jean P. 174 Boulevard Haussman, Paris 8, France
1956 Rose, Armand M. Southold, New York 11971
- 1961 St. Marie, Gerald 258 Bradley Street, New Haven, Conn. 06510
1951 Scialdo, Joseph C. 3228 W. Broward Blvd., Ft. Lauderdale, Fla.
33312
- 1959 Shera, George W., Jr. 64 Elizabeth Street, Dansville, N.Y. 14437
1940 Stevens, Walter W. 54 Noxon Street, Poughkeepsie, N.Y. 12601
1972 Swanson, Irving A. 400 Royal Palm Way, Palm Beach, Fla. 33480
- 1969 Tenenbaum, Benjamin 715 Laurel Avenue, San Mateo, Calif. 94401
- 1968 Vallotton, Charles F. Place St. Francois 5, 1003, Lausanne,
Switzerland
1963 Voorhees, Ralph 76 Barrington Street, Rochester, N.Y. 14607
- 1963 Wallace, Donald F. 36 Belle Avenue, Troy, N.Y. 12180

ALLIED FELLOWS

- 1950 Craig, Howard Reid Fairchild Road, Sharon, Conn. 06069
1958 Stark, Richard B. 20 East 68th Street, New York, N.Y. 10021

HONORARY FELLOWS

- 1956 Camalier, C. Willard 1726 Eye Street, Washington, D.C. 20006
- 1964 Hillenbrand, Harold 222 East Superior Street, Chicago, Ill. 60611
- 1965 Krogman, Wilton M. 1127 Spring Grove Avenue, Lancaster, Pa.
17603
- 1973 Lynch, Daniel F. Blair House, Apt. 726, 8201-16th Street, Silver
Spring, Md. 20910
- 1969 Ward, Terence Queen Victoria Hospital, East Grinstead,
Sussex, England

RETIRED FELLOWS

- 1969 Alexander, Robert H. Dark Harbor, Maine 04848
1953 Allen, James C. 222 Centre Avenue, New Rochelle, N.Y. 10805
- 1972 Berman, Leonard 251 Sheridan Avenue, Mt. Vernon, N.Y. 10552

- 1965 Clayton, Wiltshire G. 630 Fifth Avenue, New York, N.Y. 10020
- 1968 Gordon, Leo 120 West Park Avenue, Long Beach, N.Y.
11561
- 1964 Hennessy, Joseph W. Box 181, Roslyn, N.Y. 11576
1959 Husa, Edwin F. Box 163, Wiscasset, Maine 04578
- 1959 Jackson, George P. Interlaken Road, Lakeville, Conn. 06039
1958 Jennings, Willoughby M. 15 Anondale Drive, Huntington, N.Y. 11743
- 1965 Meeske, Frank W. Route 1, Box 537, Lake Placid, Fla. 33852
1962 Mullen, James M. 6 Orchard Lane, Doylestown, Pa. 18901
- 1960 Nitschke, William H. 30 Hix Avenue, Rye, N.Y. 10580
- 1960 Oman, Carl R. Morgan Creek Road, Chapel Hill, N.C. 27514
- 1972 Pickhardt, Edwin W. 121 Sissay Road, Tenafly, N.J. 07670
1963 Porter, Lowrie J. Buckfield Lane, Greenwich, Conn. 06830
- 1972 Reilly, Richard J. 176 Mamaroneck Road, Scarsdale, N.Y. 10583
1957 Ribble, Roy D. 8145 LaJolla Shores Drive, LaJolla, Calif.
92037
- 1961 Riesner, Sidney E. Box 282, LaQuinta, Calif. 92253
- 1970 Smith, Gilbert P. R.D. 1, Box 382, Sussex, N.J. 07461
1961 Standard, Stanley G. 912 Magellan Drive, Sarasota, Fla. 33580
- 1968 Tuoti, Ferdinand A. 829 Saturn Court, Box 696, Marco Island, Fla.
33937

LIFE FELLOWS

- 1964 Aldrich, Harold B. 121 East 60th Street, New York, N.Y. 10022
- 1973 Bacon, Edgar S. Box 86, Traverse City, Mich. 49684
1964 Bailey, Adams 15 Chedworth Road, Scarsdale, N.Y. 10583
1964 Bastian, Carlisle C. 39 Lycroft Road, New Rochelle, N.Y. 10804
1969 Blumenthal, Emanuel E. 150 Remsen Street, Brooklyn, N.Y. 11201
1964 Bruder, Wilfred J. 8 Maplewood Drive, Maple Shade, N.J. 08052
1964 Burgun, Joseph A. 25 Summit Avenue, Bronxville, N.Y. 10708
1967 Burr, Leroy E. 16 Park Hill Place, Yonkers, N.Y. 10705
- 1965 Cahn, Lester R. 888 Park Avenue, New York, N.Y. 10021
1964 Carr, Malcolm W. 52 East 61st Street, New York, N.Y. 10021
1964 Chapin, Walter C. 10 Lakeside Avenue, New Rochelle, N.Y.
10801
- 1968 Chase, Oscar J., Jr. 30 Sutton Place, New York, N.Y. 10022

- 1964 Cheney, Howard A. 377 South Broadway, Yonkers, N.Y. 10705
 1964 Clark, Ralph A. 4142-56th Way No., Apt. 609, St. Petersburg,
 Fla. 33709
- 1964 Conover, C. Sterling 51 Egbert Street, Bay Head, N.J. 08742
 1970 Croll, Faber W. 222 Boston Boulevard, Sea Girt, N.J. 08750
- 1965 Dickerson, Leon E. 116 Longview Avenue, White Plains, N.Y.
 10605
 1968 Dunlap, Walter M. 138 Randolph Place, West Orange, N.J. 07052
- 1972 Eaton, Leonard J. 142 White Plains Road, Bronxville, N.Y. 10708
 1964 Ernst, Herbert H. 1 Rockefeller Plaza, New York, N.Y. 10020
- 1964 Follett, W. Ellery 46 Conklin Street, Farmingdale, N.Y. 11735
- 1964 Gillie, Robert E. 180 Locust Avenue, Rye, N.Y. 10580
 1966 Goldstein, Max 81 Centre Avenue, New Rochelle, N.Y. 10801
- 1964 Hattauer, Charles 815 Park Avenue, New York, N.Y. 10021
 1972 Heinze, Robert L. 1 Hanson Place, Brooklyn, N.Y. 11243
 1965 Heitman, Frederick A. 3300 N.E. 58th Street, Ft. Lauderdale, Fla.
 33308
- 1964 Henderson, Archibold B. 23 Kraft Avenue, Bronxville, N.Y. 10708
 1965 Hicks, Henry 5 Glen Court, Greenwich, Conn. 06830
 1967 Hillis, William A. 22 Lafayette Place, Greenwich, Conn. 06830
 1973 Hillyer, Norman L. 16B Heritage Village, Southbury, Conn. 06488
 1969 Hogan, William G. 540 Monterey Avenue, Pelham Manor, N.Y.
 10803
 1967 Hopper, Craft A. 155 South Maple Avenue, Ridgewood, N.J.
 07450
- 1965 Howes, Ashley E. 2600 Gulf Shore Blvd. N., Naples, Fla. 33940
 1964 Hoyt, Earle B. 3004 East 6th Street, Tuscon, Ariz. 85716
 1972 Hudson, William Campbell, 630 Fifth Avenue, New York, N.Y. 10020
 Sr.
- 1964 Hutchinson, Donald 4973 Henry Hudson Parkway, Bronx, N.Y.
 10471
- 1966 Keane, Willard T. 80 East Hartsdale Avenue, Hartsdale, N.Y.
 10530
 1965 Kettenring, Alfred W. 20 South Broadway, Yonkers, N.Y. 10701
- 1970 Lauckner, Robert R., Jr. Claridge Avenue, Verona, N.J. 07044
 1971 Lindig, George F. 9 Rockefeller Plaza, New York, N.Y. 10020
 1964 Lindstedt, Theodore K. 108-09 Wessley Heights, Shelton, Conn. 06484
 1970 Loeffler, F. H. 1 West 54th Street, New York, N.Y. 10019
- 1969 McHugh, Francis X. 475 Fifth Avenue, New York, N.Y. 10036
 1970 Murphy, John S. 9 Rockefeller Plaza, New York, N.Y. 10020
- 1965 Patterson, William L. 121 Prospect Street, Westfield, N.J. 07090

- 1966 Phillips, Percy T. 20 Park Circle, White Plains, N.Y. 10603
 1964 Polloch, Gordon Valley Road, New Canaan, Conn. 06840
 1964 Pomeroy, Richard B. 19 Dickel Street, Scarsdale, N.Y. 10583
 1964 Pratt, Frederick W. Woodbury, Connecticut 06798
 1964 Pruden, Kenneth C. 31 Ridge Road, Ridgewood, N.J. 07450
- 1973 Redway, Brayton S. 315 East 69th Street, New York, N.Y. 10021
 1964 Ruggier, Joseph C. P.O. Box 112, Williamsbridge Station, Bronx,
 N.Y. 10467
- 1970 Ruyl, Horace S. 630 Fifth Avenue, New York, N.Y. 10020
 1964 Ruyl, James P., Jr. 9 Midland Gardens, Bronxville, N.Y. 10708
- 1971 Salzmann, J. A. 654 Madison Avenue, New York, N.Y. 10021
 1964 Schelpert, John W., Jr. 22 Forbes Boulevard, Eastchester, N.Y. 10709
 1969 Schmidt, Frederick E. 95 Northfield Avenue, West Orange, N.J.
 07052
- 1968 Schoen, David 9 Brookwold Avenue, Baldwin, N.Y. 11510
 1964 Schuyler, Clyde H. 55 Cambridge Road, Montclair, N.J. 07042
 1973 Seidel, Albin R. Box 819, Kennebunkport, Maine 04046
 1964 Shapiro, Jacob 20 East 9th Street, New York, N.Y. 10003
 1964 Sorenson, Otto J. 1 Deerfield Lane, Greenwich, Conn. 06830
 1965 Squires, Franklin A. Medical Center, White Plains, N.Y. 10601
 1964 Stern, Leo 745 Fifth Avenue, New York, N.Y. 10022
 1964 Stewart, Lewis Robert 730 Fifth Avenue, New York, N.Y. 10019
- 1967 Tanchester, David 171 Frederick Street, Peekskill, N.Y. 10566
 1965 Taylor, Walter E. P.O. Box 444, Cutchogue, N.Y. 11935
 1965 Teich, Isadore Hotel Statler Hilton, New York, N.Y. 10001
 1965 Totten, Arthur C. 102 Englewood Avenue, Barnagat, N.J. 08005
 1970 Trier, Jerome H. Arlen House, 500 Bayview Drive, Apt. 222,
 Miami, Fla. 33160
- 1964 Tucker, Milton S. 2146 Pelham Road, No., St. Petersburg, Fla.
 33710
- 1970 Turner, Lee W. 25 Broad Street, New York, N.Y. 10004
- 1969 Webb, William R., Jr. 34-41-79th Street, Jackson Heights, N.Y.
 11372
- 1972 Webster, T. B. R. South Street, Roxbury, Conn. 06783
 1971 Wein, Gustave F. 30 East 40th Street, New York, N.Y. 10016
 1970 Wilson, Walter A. R.D. 1, Box 175A, Waretown, N.J. 08758
 1964 Woodruff, Harold S. 9 Rockefeller Plaza, New York, N.Y. 10020

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