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PRESIDENT'S ADDRESS

American Academy of the History of Dentistry

Gardner P. H. Foley, Baltimore, Maryland

Since the founding of the Academy at Washington, D.C. in 1951, the publication in the dental literature of material dealing with various aspects of the history of the profession has been marked by a noteworthy increase in both quantity and quality. Nevertheless, many of our members have complained about the apparent or implied reluctance of dental editors to accept articles pertaining to dental history. Obviously, although dental historians have made some progress in relation to editorial hospitality, we are still confronted by widespread localized policies of deprecation and indifference.

A bibliography is now being prepared for publication in our Bulletin that will present a listing of all published writings dealing with the dental history of states, cities, and other geographical areas of this country and Canada. It will also include the histories of the dental organizations and the colleges. This effort in historiography should prove helpful as a reference guide; but it has other potential values—special recognition for the contributors, encouragement to future writers and sponsors of similar projects, and certification to the general profession of the extensive and valuable work accomplished by dental historians.

Believing that evidence of accomplishment is of great value to our promotional efforts, I would suggest the making of a survey of the literature to ascertain the number of articles of an historical nature appearing in the American dental literature since the founding of the Academy. Perhaps such a survey should be supplemented by a bibliographical listing of the contributions. This bibliography could then be followed by annual bibliographies, such as those in medical history, to cover the contributions of each year.

The teaching of dental history has always been a weak element in the curriculum. There are many reasons for this unfortunate situation: meager allocation of time; phlegmatic attitude of many deans; the indifference of faculties; the unavailability of capable instructors in the subject; and the deprecratory and uninspired attitudes of the students. Recently published surveys of the general area of dental education testify that the course in the History of Dentistry almost uniformly occupies a shockingly low position in the analytical estimates of dental students. I urge this Academy to recommend to the American Association of Dental Schools that its next Section on Dental History be concerned primarily with an inclusive analysis of the testimony offered by the surveys and with recommendations for the betterment of the quality of the presentation of the subject.

This Academy has the practical responsibility of contributing directly to the elevation of the quality of the teaching of dental history as formally offered in the dental schools' curricula. A most important and certainly an essential method of aid is to make available to all teachers of the subject, especially to the neophytes, a syllabus for guidance and direction. I recommend the appointment of a special committee to produce under the aegis of the Academy this vital medium of assistance for the teachers of dental history.

The Academy is fortunate in having the M.D.K. Bremner Award to encourage dental students in the writing of papers on subjects associated with the history of dentistry. The fifth contest has already been initiated; the results of the fourth contest will be announced this afternoon. Thus far the participation has been limited to a very few schools. Perhaps student motivation has not been effectively promoted; perhaps the teachers of dental history have not been sufficiently resourceful in encouraging their students to participate. One of the critical problems of this Contest, as expressed by many of the teachers, is the fact that the Contest is limited to seniors, while the course in dental history is given in one of the previous years. The solution to that problem and to other related problems lies in the planning of the teacher. Is it not possible and practical to motivate a student or students to prepare to enter the Contest even though the motivation may be exercised two or three years ahead of the actual Contest time? Would not a freshman
contemplating entry have a vital advantage in time over the senior, who would have only a few months for researching and writing this paper?

While there is the Bremner Award to encourage the dental students to participate in research and writing, there is no award to encourage dentists and others to execute research and publish papers and books in the field of dental history. Such an award—like the Welch Medal for medical history and the Urdang Medal for pharmaceutical history—would serve as a strong factor of recognition of the importance of the history of dentistry. An annual or biannual award for accomplishment in the writing of dental history would not only encourage the writers but also serve as a symbol to the profession that would surely lead to a wider recognition of an important phase of the work that this Academy most earnestly desires to accomplish: the creation of a more extensive and more effective participation in the writing and publishing of articles and books in the field of dental history.

During most of the course of its existence, the Academy has published a monthly Bulletin. This publication, edited from the first issue by the late and deeply lamented Dr. George B. Denton, has been an invaluable source of information and sustenance to the members. However, if this Academy is to progress impressively, it must contemplate the publication—on a quarterly or semiannual basis—of a journal that will provide suitable facilities for making available in print the papers presented before the Academy's annual meetings.

The poignant fact is that the Academy has outgrown the limitations of the Bulletin as presently conceived, published, and distributed. The Academy has publication needs that far exceed the present scope of its periodical. Besides the problem of providing space for the publication of the papers presented at its annual meetings, the Academy has an acute need and responsibility for affording space in which to note the research activities of its members; to attend to matters that invite refutation or correction; to publish the annual presidential address, report of the secretary-treasurer and reports of the several standing and special committees; to provide an Open Forum facility for its members and others; and to afford an inviting medium for the presentation of those varied elements so attractive to the historian that may be inclusively
The status of the Academy would be greatly enhanced, its membership would be greatly increased, and its values and interests would be markedly accentuated by the publication of a journal that would enlarge and variegate formidably the Academy's present representation in the literature.

I suggest to my successor that he appoint a committee to consider this vitally important recommendation and report to the next meeting on its findings.

In the President's Greetings that forms a part of the present meeting, I attempted to formulate a series of purposes that this Academy should strive to achieve. I shall present them again in this Presidential Address so that they may become a segment of an official record:

1. To cultivate in all members of the profession a knowledge of the history of dentistry and a prideful appreciation of the values of the contributions made throughout the centuries by both the major and minor participants in the promotion of progress in the art and science of dentistry.

2. To cause them to develop an awareness of dentistry's historical relation to and association with the scientific, economic and social factors in mankind's advancement in both learning and living.

3. To make them cognizant of the heritage of pioneering influence offered by their own state and local areas.

4. To inculcate in them a feeling of deep respect for the varied and ever-improving services of dentistry towards the alleviation and correction of the physical and mental afflictions of mankind.
Why did I choose to talk on Notes on the History of Dentistry in Puerto Rico? For me to talk on any other topic of history to a group like this—a group where we find men who have contributed so much to the literature of the history of our profession—would be highly presumptuous and even impudent. If you will allow me the use of the old saw, it would be no less than to attempt to carry coal to Newcastle.

When I was first assigned to the teaching of dental history in 1957, at the School Dentistry of the University of Puerto Rico, my knowledge of the subject was so scanty that I very much feared I might use up all of my ammunition in my first lecture and have nothing left for all the others. As time went on, however, I became so interested in the subject that I asked for thirty-six hours! Not because I wanted to hear myself talk, but because I wanted the students to participate in the classes by talking on a subject of their own choosing from a list of topics which I had already prepared. The benefits derived from this are too obvious for me to enumerate. It is to the credit of the School that I was given the thirty-six hours requested.

In teaching dental history to Puerto Rican students it seemed to me only natural to look into the history of organized dentistry in Puerto Rico. I have made some notes of my findings.

At this time I am confronted with two quotations regarding History. One is from Anatole France, who tells us that "All historical books which contain no lies are extremely tedious," and the other from Justice Oliver Wendell Holmes, who tells us that "Historic continuity with the past is not a duty, it is only a necessity." I agree with this statement, so do not be surprised if, in my determination to be sincere and adhere to continuity, the time will come when I may sound rather blunt.

LICENSE TO PRACTICE AS DENTISTS IN 1850

The duty to examine applicants to practice as dentists in Puerto Rico had been in charge of a Subdelegation for some time. This power was withdrawn in 1850. In Spain at that time only surgeons of the second and third class were al-
efforts to improve and safeguard the health of the people of the island. As a result of various surveys made to determine the need for more dentists for Puerto Rico, the University of Puerto Rico recognized its obligation in training personnel to meet the dental health challenge of the island. It opened its doors to the first class of students on August 19, 1957, but the official inauguration of the dental school did not take place until November 8-13, 1957 in the form of a dental conference attended by some of the very outstanding dental educators of the United States.

The date of November 8, 1957 was chosen because of the fact that the annual meeting of the American Dental Association was being held in Miami, and this made it more convenient for them to come from Miami than from the various states of the Union. There were fifteen deans in this group. They all came to Puerto Rico from Miami on the same flight, something that caused my son some anxious moments, thinking that if anything should happen to that plane, he would feel responsible for the loss of so much talent in dental education.

This group spent the mornings holding seminars and discussing the many problems encountered in dental education. They did such a magnificent job that when one of the scandalmonger newspapers of Puerto Rico wrote an editorial accusing the Rector of the University of extravagance and of having wasted the taxpayers' money by spending the sum of $35,000 in bringing all these deans to Puerto Rico, Dean Baralt answered this newspaper by telling them that the records showed the amount spent was $5,000 instead of $35,000 and that, measured against the great benefit the school had received by the visit of these distinguished educators, this amount should be considered a good investment instead of an expenditure. They accepted this correction in good grace and retracted with what might be considered an apology, claiming they had been misinformed and had to agree with Dean Baralt that it should be considered an investment instead of an expenditure.

MORE GROWING PAINS AND THE BLACK SYSTEM OF INDEXING

While I was telling my students in the history class who Arthur D. Black was and of his various contributions to
the profession—among them his system of indexing for all dental literature—the library of the school was using the Cunningham system. I had a talk with the head librarian regarding this and she admitted to me that when the Cunningham system failed to produce what they were looking for, they always had to fall back on the Black Index. I am happy to say that they are now adhering strictly to the Black classification for dental literature.

ORGANIZED DENTISTRY IN PUERTO RICO
DENTAL ASSOCIATIONS (A Chronology)

April 15, 1908 - The first dental association known as the "Asociación Dental de Puerto Rico" was founded on April 15, 1908. In 1914 this Association was recognized as a "Constituent" of the American Dental Association.

May 1, 1941 - The Asociación Dental de Puerto Rico sponsored a bill creating the Colegio de Cirujanos Dentistas. This bill was passed by the unanimous consent of both houses of the Legislature. This also made it compulsory for every practicing dentist to be a member of the Colegio de Cirujanos Dentistas. Both the "Asociación Dental" and the "Colegio" were recognized by the A.D.A.

July 11, 1945 - "A Certificate of Consent to Dissolution" was filed by the "Asociación Dental" in the office of the Executive Secretary of Puerto Rico. The "Colegio" continued as the only society in Puerto Rico to represent the profession and its affiliation with the A.D.A. continued until March 1958.

March 31, 1958 - The Board of Trustees of the A.D.A. reviewed the status of the Colegio de Cirujanos Dentistas de Puerto Rico. They found that "because of certain administrative problems which seemed to require a greater differentiation between members of the A.D.A. and the members of the 'Colegio' as established by law, the members of the A.D.A. in Puerto Rico should organize themselves into a constituent society separate from the Colegio."

May 18, 1958 - At a General Assembly of members of the A.D.A. of Puerto Rico it was voted to accept in principle the Constitution and Bylaws of the new organization to be known as the "Puerto Rico Dental Association." The Constitution and Bylaws were submitted to the A.D.A. at the
99th Annual Session held in Dallas, Texas, in 1958, where they were adopted, thus making the "Puerto Rico Dental Association" a chartered constituent of the A.D.A.

FURTHER COMMENTS

I understand that a teacher of dental history should possess certain attributes, namely, a wide knowledge of the subject, inquisitiveness and a sense of humor. Teaching dental history is very rewarding as there are many humorous small incidents that take place in the classroom. I have selected a few gems taken from examinations.

"That the first experiments in the development of anesthesia had been a total failure because the patients had continued to breathe."

"Horace Wells himself extracted his own molar under the influence of Nitrous Oxide."

"Chinese Medicine was characterized by their system of Architecture (Acupuncture)."

"John Riggs was the father of Pyorrhea." Who was the mother?

This group of Deans who came to Puerto Rico worked very hard throughout the mornings and part of the afternoons, but it was not all work and no play. They had the opportunity to play golf, go deep-sea fishing, sightseeing or whatever they wished to do. They were given a reception by the Rector of the University of Puerto Rico, a dinner by the Mayoress of San Juan, a luncheon by the dental society and even El Comandante (the name of our race track) dedicated a Sunday to the dentists. I have with me a photograph taken on that occasion, which I believe you will find very interesting since in it appears our very good friend and famous historian, Dr. J. Ben Robinson.

My time is limited and you might want to ask some questions, but I cannot finish this paper without extending to each and every one of you a very cordial invitation to visit our school and our little island. It is beautiful! Only God could have designed a more beautiful spot, but it is obvious to us that He did not choose to do so. I thank you.
Dentists throughout the United States decried the long hours of backbreaking work required for filling teeth and making bridges before casting procedures were introduced and came into general use by the profession. Dr. William H. Trueman, writing an article for The Dental Review in 1904, related his own experience as a dental patient. He recalled sitting in a dental chair for a period of six days in order to have four teeth filled and as he described it, "the dentist was at me all of the time except for the fifteen minutes he took for lunch. I didn't even have a sip of water, as we were both anxious there should be no mishap. He had my mouth dammed up from 8:30 a.m. to 5:00 p.m. every day."

In 1896, John Adolph Lentz, a native of Ann Arbor, Michigan, graduated from the University of Michigan College of Dental Surgery. He had graduated from the School of Law from the same institution two years previously, but the desire to use his creative ability and work with his hands caused him to enter dental school after receiving his LL.B degree.

Immediately following graduation from dental school, Doctor Lentz opened an office in St. Paul, Minnesota. He realized early in the practice of dentistry that the currently accepted method of making gold crowns had many shortcomings and should be improved. His first project was to carve in pink wax and invest the occlusal surface of a banded crown. By dry heat or by the use of warm water the wax was removed and molten gold was pressed into the mold by a carbon stick or a piece of steel. Laboratory experiments along this line continued for three years and a concept was formed during this time of making a casting machine with two registering cups to help solve the problem.

In January, 1899, Doctor Lentz moved to Phoenix, then Arizona Territory, where for a short time he practiced dentistry on a partnership basis with his brother, William G. Lentz, who had already established his practice in this city. It was at this time that Doctor Lentz built his
first machine from an ordinary articulator which had two
cups, an upper and a lower, attached to it. With this
original machine, pontics and occlusal surfaces that ad-
hered to a band were all successfully cast in gold.

In October, 1899, Doctor Lentz opened his own dental of-
lice in Phoenix. He soon became acquainted with Dr. John
A. Messenger, a dentist who had formerly practiced in
Chicago, but had been forced to move to Phoenix for his
health. In collaboration with Doctor Messenger and Carl
F. Kunz, a machinist, Doctor Lentz produced his second
casting machine in 1901. This device was constructed
from a strap hinge with upper and lower cups attached to
the jaws of the hinge. Casting results were improved be-
cause the cups came together in closer proximity, and with
this machine Dr. Lentz was able to cast gold onlays with
platinum pins and gold to porcelain facings.

Constantly experimenting, improving and building machines
in rapid succession, by 1903, Doctor Lentz had success-
fully made gold castings for almost every type of restor-
ation for cementation and actual use by his patients. All
of the early casting machines were made of wrought iron,
but in 1907, a St. Paul, Minnesota manufacturer started
making the machines out of cast iron.

Doctor Lentz's earliest concept of casting the occlusal
surface to a gold band involved investing the band in the
upper cup of his machine and the occlusal part in the low-
er cup after the first investment had hardened. Then
with dry heat the wax or modeling compound was softened,
the cups were separated, the mold heated, the gold melted
and with sudden closure the cups were brought together to
complete the casting process.

In 1903, Doctor Lentz started using the lost wax method
in his casting procedures. The upper cup either had a
lava tip which served as a piston to force the molten
gold into the mold, or a slightly later technique which
employed wet asbestos in the upper chamber and steam
forced the melted gold through the sprue hole into the
hot mold. Pink base plate was often used as carving wax,
but this posed a problem as the Arizona summer temperature
needed little coaxing in the laboratory to reach tempera-
tures as high as 115 - 120 degrees Fahrenheit. An S.S.
White product known as Fyrite was the casting investment
used at this time.
A busy and growing practice forced Doctor Lentz to work at night on his invention. It was not unusual for other dentists to visit his office socially, as well as to discuss the current research, and in some instances to offer technical advice. Dr. Messenger had partially recovered from his illness by 1900, and in addition to assisting with the office practice until 1903, he was also interested in the construction of a better casting machine. Dr. Burt Ogburn, a Pennsylvania graduate, started visiting the Lentz office at night in 1902. He was constantly working to make a harder carving wax, a better high heat investment for casting. It was Doctor Ogburn who offered the first suggestion for the utilization of wet asbestos instead of the lava tip in the final step of the casting procedure.

An assembly of dentists, large or small, usually terminates in the friendly riding and hurrahing of some member present. Doctor Lentz was accused in 1904 by some of his friends at a night session in his office of selecting tubercular patients for his experiments due to their doubtful longevity. He was also accused of making crowns that always needed soldering, patching or recasting. His colleagues vowed that if they were in need of dental services they would go elsewhere, preferably where other methods and techniques were employed. Doctor Lentz responded to their challenge by promising to make a crown for his dentist brother without a trace of solder if they would pay the regular fee for his work. Not only did Doctor Lentz make a satisfactory cast occlusal gold crown for a lower left second molar for his brother, but he also successfully made a cast gold inlay for a lower left third molar. This demonstration won the wager and put an end to the friendly heckling by his colleagues.

The casting technique became routine procedure by 1905. As the need for restorations of this type became necessary in Doctor Lentz's practice, he did not hesitate to make gold castings for his patients using wax patterns carved directly in the mouth. The experimental stage in the laboratory and on patients was considered at an end and Doctor Lentz filed his patent application August 30, 1905, for "A Process for Forming Dental Structures." He described in detail his machine specifically designed to facilitate and expedite the reproduction or duplication of a variety of forms, such as inlays, onlays, cusps, facings, tooth crowns, dummies, and other dental structures.
Correspondence with patent attorneys, December 1, 1905, regarding a patent for Dr. Lentz's first casting machine.

Application for a patent on Dr. Lentz's first casting machine.
August 30, 1905
Original model, carved in wood, of the first Lentz Casting Machine.

First wrought iron Casting Machine.
Patented 1906.
Blueprints of the 1906 casting machine.

Blueprints of the 1929 model casting machine by Dr. Lentz.
This apparatus was designed to practically eliminate soldering, swaging and many other time consuming laboratory processes. The invention was described as new and the patent was duly granted October 23, 1906 as No. 833,883.

Although Doctor Lentz kept good records and had a remarkable memory for dates, names of patients and the operations he performed for them, little did he realize that in a period of ten years almost from the date his patent was granted, he would be asked to bring his records forward and testify in the Taggart Case.

Dr. William H. Taggart, of Chicago, Illinois, patented a sprue former designed to fit a casting ring and described as a new apparatus for making molds for the casting of dental fillings and the like by the lost wax method. The patent was granted September 10, 1907 as patent No. 872,798. There were two other subsequent patents along this same line. Taggart's actual casting machine, of the pressure type, did not receive a patent number until February 7, 1911. Taggart had originally intended to donate his inventions without financial reward to the dentists of the United States as his personal contribution to the profession. However, he was influenced by a multitude of advisors that this concession was unreasonable since his patent rights had been abused and no one could be expected to give millions of dollars in return for ten years of work without something more tangible than favorable comment by the members of his profession.

The Dental Protective Association, organized in 1888 and led by Dr. J. N. Crouse, had been successful for twenty-five years in protecting the dental profession from patent exploitation. But this organization was willing for Taggart to receive a fee for use of the casting process, and the time seemed right for the Taggart forces to organize a campaign against dentists in the United States who refused to pay Taggart $15.00 for a license permitting them to use the processes on which he held patents.

A decision in 1908 rendered by the lower court versus Dr. G. W. Boynton, of Washington, D.C., was a victory for the Taggart group, but this decision was reversed upon appeal to the Appellate Court. The Taggart organization immediately claimed that this decision only invalidated one of their weakest patents. With renewed determination, and after careful study, the next case tried in 1913 was
against Dr. B. C. Moll of Chicago, Illinois, a dentist who belonged to no organization; and who was manufacturing casting machines, making inlays by the Taggart process, and violating all of Doctor Taggart's patents. Doctor Moll's appeal to dentists for help netted him only sixteen dollars. Unfortunately, he lost his case for lack of funds necessary to produce proper evidence and to hire topflight lawyers for his defense. The penalty assessed against Doctor Moll was $1,860 plus court costs and he was debarred from using cast inlays or the process of making them.

The Moll court decision gave Taggart and his organization confidence to institute further suits in rapid succession against prominent dentists throughout the United States. Letters were first mailed advising individuals of their infringement against the Taggart patents and that unless a fee of $150.00 was received within five days, litigation would be instigated for the full amount of all profits received and an injunction restraining the dentist from further use of the process for casting gold inlays.

When Dr. M.D.K. Bremner, of Chicago, Illinois, received his letter of warning May 18, 1914, he realized, after checking with many other dentists who had received the same letter, that a new organization must be formed. He immediately started to work. After the call was sounded and given proper publicity, 6,500 dentists eventually joined the new Dentist's Mutual Protective Alliance. Doctor Bremner emerged as the leader of this newly formed protective organization. After counselling with L. A. Williams, a Chicago patent attorney, Bremner was assured the case could be won, but that it would cost thousands of dollars because every clue concerning casting techniques prior to 1907 would have to be traced, the dental literature completely reviewed, dentists from all over the country interviewed, and witnesses brought from great distances to attend the trials. He assured Doctor Bremner that with proper planning the case could be won.

Doctor Taggart had many personal friends and was held in high regard in many sections of the United States. As a result of his wide acquaintanceship many dentists refused to join the Alliance. The Second District Dental Society of New York spent money from its treasury to mail seven thousand pamphlets advising the dentists of New York City not to join the Alliance.
By January, 1915, over five hundred cases had been filed; a few dentists were frightened into settling for the $150.00 fee, but the great majority refused to pay without litigation.

And then came the big case, styled Dr. William H. Taggart vs. Dr. M.D.K. Bremner et. al., which included twelve other dentists. Until this time, this was possibly the greatest patent case ever tried in the United States. If every practicing American dentist had been forced to pay the $150.00 fee, it would have amounted to $6,750,000 and there was no evidence whatsoever that Doctor Taggart and his assignees could not at will eventually raise the price for this special license. The judgment against Doctor Moll established the validity of the Taggart patents and made it possible to secure a preliminary injunction upon a day's notice against every dentist who did not submit to his demands.

Federal Judge F.A. Geiger presided in a Chicago court over this long drawn-out case, postponed into three sessions and involving twenty-four court days. Scores of witnesses testified, including Dr. B.F. Philbrook of Iowa who had read a paper "Cast Fillings" which was published in the Iowa State Reports in 1897. Other important witnesses who testified were: Dr. William E. Harper, of Chicago, Dr. J. B. Martin, of Indianapolis, Dr. J. B. Schottler of Milwaukee, Dr. H. P. Bachman, of Decatur, Illinois and Dr. J. B. Fleener, of Oskaloosa, Iowa.

The attorneys for Bremner and the other defendants in the Taggart controversy were in close contact with Doctor Lentz before the case came to trial. They were elated at the early date of his casting operations covering almost every phase of the Taggart processes and of his patent on a casting machine prior to the first patent of any kind Taggart had received. Dr. Lentz was subpoenaed as a witness. In preparation for the trial Dr. Lentz was forced to check all of his records from 1899 to 1907. He sent letters and telegrams to patients for whom he had made castings and to dentists who had observed his work. A letter written in longhand from Dr. H.J. Hendry, of Cottage Grove, Oregon, dated July 19, 1915, and preserved in the Lentz files, recalled a case Doctor Hendry had observed while visiting the Lentz office in 1904. "I remember about your inlay machine as it was the first I had ever seen that had done the work. You had a case where a man had split the outside of one of his lower molars and you
cast the piece in gold and set it. You did show me names, and pieces of work you had cast with your casting machine. I sure remember it well, for I have often told other dentists of some of the fine pieces of work I have seen you turn out."

At the trial Doctor Lentz was on the witness stand all day long on July 26 and 27, 1915. He was required in court to describe every part and the function of every part of his casting machine. His entire casting procedure was reviewed again and again, step by step, with a description of the materials used. Questions were asked in minute detail regarding the restorations Doctor Lentz placed in the mouths of his patients before 1907. This interrogation required the date of the operation, the name of the patient, the type of restoration, whether it was an inlay, onlay or crown, and how it was cemented to the tooth. The name of any dentist or person who witnessed or knew of the restoration was brought out in court as well as the exact location of Doctor Lentz's office at the time the work was performed. The careful preparation by Doctor Lentz and his damaging testimony against the plaintiff covered one hundred and twenty-five typewritten pages.

Judge Geiger's decision, filed March 4, 1918, against Dr. William H. Taggart in his suits against Dr. M.D.K. Bremner and other dentists, was a great victory for the dental profession. Strangely enough, it was a victory achieved without the endorsement of the National Dental Association. The evidence in the Bremner case was so overwhelming that it sounded the death knell of the Taggart forces.

A comment by Judge Geiger after the trial referring to some of the extreme claims by Doctor Taggart's attorneys in claiming that the pointing of the sprue former tip was something new, was that, "The claim of novelty in 'pointing' the sprue former is about as well-founded as would be the claim of novelty in the suggestion that a sharp knife is more serviceable than a dull one, or that a lead pencil writes better when sharpened than when it is not."

Doctor Lentz, in an article published in the May 1918 issue of the American Dentist, a Chicago dental magazine, praised the Dentist's Mutual Protective Alliance and Doctor Bremner for the great victory in the Taggart case. He pointed out that this was especially notable since the
Dental Protective Association and the profession in general had deserted the fight.

He continued, "furthermore, in view of evidence of what other men had done along the same line, they did not believe that the Taggart patents were valid. I do not know how thoroughly Doctor Taggart or the Dental Protective Association investigated the work of others before deciding on the novelty of the Taggart idea, but anyone familiar with the evidence must concede that whether Taggart's idea was original with him or not, it was not novel. My own work in casting, with two registering cups was done several years before Taggart applied for his patents, and at that time I fully believed that most of the principles involved were old."

Doctor Bremner had been in close contact with Doctor Lentz before and during the Taggart controversy. He had been graciously received as a guest in the Lentz home, but their friendship waned as Bremner continued to write articles on dental history for various publications. He gave scant credit to Doctor Lentz, except that he lived in Phoenix, Arizona, and to mention the date of his patent on a casting machine. The crowning blow came in a letter written May 13, 1941, from Bremner to Lentz. This communication was finally received after wandering around for lack of proper postage; the name Lentz was misspelled, L-A-N-Z, the letter was addressed to Phoenix, Arizona, without a street address, and Bremner's signature was initialed by his secretary.

The text of the letter stated, "I am writing the story of the life of Taggart and would like to include something about the work you have done. If you have a copy of the drawings that were included in your patents, send them to me and I shall greatly appreciate it."

Lentz's reply to Doctor Bremner's letter referred him to The American Dentist, for April and May, 1918. Doctor Lentz also remarked, "when you were writing for the Items of Interest, Your History of Dentistry, I wrote you reminding you of the fact that the Items and other regular dental magazines ignored and minimized the efforts of yourself and other dentists working with the Mutual Protective Alliance and that The American Dentist was the only one that would publish material such as that I have referred to. I never received an answer to my letter,
but I thought I noted in your story an abrupt winding up of the Taggart case (with no mention of the men and the magazine that championed the cause of the dental profession). Perhaps this was in view of your contemplated 'Life of Taggart', and, in any case, I do not think the story of Taggart or the Taggart case would be quite complete without notice of the men and the magazine that brought about a victory for the dentists."

It is doubtful that there was ever any further communication between Drs. Lentz and Bremner.

Doctor Lentz had not neglected his duty to organized dentistry through the years. Early in his career he showed unusual interest in the progress and organization of his chosen profession. He served for fifteen years as president of the Arizona State Board of Dental Examiners. He was the organizer and past president of the Phoenix Dental Society. When Dr. W. G. Loppenthien died before being installed as the first president of the Arizona State Dental Society, Doctor Lentz, the vice-president, served as president for the year of 1909, and again in 1910, when he was elected president. Under his guidance, the society successfully weathered some of its most trying periods. In his presidential address of 1910, Doctor Lentz urged better dental work, education of the public and sensible remuneration. Many of the remarks he made in this talk are just as applicable today as they were more than fifty years ago.

As a clinician and an essayist he was in demand, and he wrote numerous articles and presented many clinics in the prosthetic field. He published a book on Dental Kinematics.

Honors and recognition came from all over the country. The Los Angeles County Dental Society paid tribute to "John A. Lentz, as a dentist, prosthodontist, scientist, geometrical and politico-statesman."

He was recognized as a statesman for his success as President of the Charter Commission to admit Arizona as a state in 1912. Delta Sigma Delta honored him with an award in 1957 for his outstanding contributions to dentistry. He was granted a total of eighteen patents, which included an anatomical articulator registering mandibular movements, a pressure casting machine, a surveyor, a parallelometer and numerous hand instruments of his own design.
The terrific pace of long hours for more than fifty years finally forced Doctor Lentz to retire from active practice. His last project visualized a perfect set of cutting instruments, for cavity preparations to be copyrighted under the "Zip" name. Patent work was started on these instruments, which included various ideas and designs in handles and points that could be reversed for left-handed operators. This last project was not completed before he passed away January 29, 1958. He was eighty-two years of age at the time of his death12.

Doctor Lentz is survived by his wife and two sons who shared his enthusiasm for dentistry, his new ideas and inventions.

His name should be recorded in dental history as a dental leader and an inventive genius. He was characterized, by those who knew him best, as the West's most perfect dentist. He was indeed the Star of the West.

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Grateful acknowledgement is extended to Mrs. John A. Lentz for her cooperation. Without her contribution of the papers, models, records and instruments of Doctor Lentz, this paper could not have been written. The Lentz collection is on display in the Museum of Baylor Dental College.

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TEACHING DENTAL HISTORY AS A SOCIAL SCIENCE

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INTRODUCTION

I appreciate very much the honor of being asked to speak before members of the American Academy of the History of Dentistry who contribute so effectively toward the social and humanitarian objectives of dental education. My objective this morning will be to present a view that dental history might well emphasize three approaches.

The first approach is the teaching of dental history, in a sense backwards, by first stressing contemporary political, social, and economic events that affect the lives of the professional person and which have their roots and principles hidden in dental, medical, scientific and social history. Second, dental history should be taught integrally with the story of medicine, science, and sociology. Traditional dental history perhaps is too narrowed with its preoccupation with dental historical fact and development of technical and scientific dentistry to the exclusion of the social, economic, political, and cultural events which have historically molded the thinking and action of great leaders in the field of health services. Third, teaching should require dental students to apply thoughtfully, while in school, precepts and aims of history taught as a social science.

Summarizing briefly in advance, I will make a case for teaching dental history by viewing current political, social, cultural, and humanitarian events with the historical dental history of the past; for teaching dental history by emphasizing more of the present than of the past and with logical practicability for fusing into typical dental history the history of medicine, the philosophy of great dental leaders, and roots from the major social, economic, and political problems facing the dental profession in the past for the import that they may have for interpreting or appreciating problems of the present.

An assumption that I have felt in teaching dental history is that dental historians generally have not kept in
perspective the integral affinity of medicine and dentistry, of science as a cultural subject, and that they have not for the most part played sufficiently upon the philosophical and humanitarian social thinking of great leaders and events contributing to the rapid rise of dentistry as a great profession.

TEACHING DENTAL HISTORY BACKWARDS

Should we not experiment with teaching dental history backwards? In other words, should we use the psychological as well as the logical approach? This will involve providing the students with a number of present-day social, economic, political, and cultural problems that face the dental profession, and asking them through a study of dental, medical, scientific, and social history to discover the historical roots relating to these problems. The emphasis here would be to have the students study the problems of today (the psychological approach) and develop the logic of fact and information which history may provide as an appreciative or interpretive tool to the present. In this manner, the data of dental history may perhaps be more interesting and may be assimilated with greater meaning.

Experimentation with this approach brings to mind the following example. A problem facing the dental profession today is the specter of socialized dentistry and medicine. Students may be assigned a project to examine the facets of this threat, the nature of social dentistry schemes of the immediate past, the paralleling incidence of social-economic health history that will help them to see the background which has led to the present status of this current problem. At first the student may appear a bit confused, and the instructor is usually obliged to give guidance by suggesting a few areas for historical study and interpretation; for example, possible interpretation of the facts and the reasons underlying the developing of several classes of dental service during the Middle Ages ranging from the charlatan, the barber surgeon, the surgeon dentist, the physician surgeon, to the professional dentist. They are stimulated to wonder why these various classes of dental service arose, how this related to filling a need for more dental service, at respective times, and probable social-political-economic events accompanying the respective periods. Posed also is how the rise of the less qualified classes of dental service in early dental history might
relate to the feeling that a social dentistry scheme today might inevitably result in substandard dental service and personnel. There may be awareness drawn of reasons underlying free service provided for indigent persons of London in 1399. In recent years the free dental and medical service given enrollees of various alphabet New Deal relief agencies is of historical record.

Other historical data that feeds thought for the contemporary problems is the history of dental hygiene. Specific data which may contribute to thinking may relate to what stimulated the rise of the dental hygienists. What has led to several United States Public Health Service experiments and some in Australia and New Zealand to expand her services to include filling of simple cavities and other services which the dentist normally provides?

Still another historical area that bears upon the problem at issue is background on medical-dental postpayment and prepayment plans proposed by the government. This may include a study of health measures affecting medical-dental service beginning at the turn of the century and before, or it may set students to studying such legislative health schemes as the Wagner-Murray-Dingell Bill (in approximately 1946). Most state and local dental societies are now experimenting with various post- and prepayment plans. Historically, during the past 25-30 years there have been numerous socio-economic studies in dentistry applying to the example problems. With the study of dental history, is this not an opportune time to have the students investigate briefly the contemporary as well as the historical data and thinking of these plans? This is but one brief example to illustrate how somewhat more attention may be given to present-day problems as dental and medical history is studied rather than an approach to dental history where the logical fact and information of this history is dwelt upon.

May another example be cited to illustrate the historical study of dental education approached psychologically. In this, student committees study the issues and trends of modern dental education even before studying the corresponding recorded history. Their concern for study at first may be about their own dental curriculum, dental legislation affecting practice, or about teaching methods and efforts to improve them, recent surveys of dental-medical education, etc. At this juncture, students will gather the data from
the recorded history of dental education running back to medieval and pre-Christian eras. This data then takes on new life when they may learn and debate the methods of teaching to approximately 1840, the philosophy of great dental and medical education leaders (for example, that of Pierre Fauchard, Horace H. Hayden and Chapin A. Harris, Nathaniel Keep, and William Gies). Also, the thinking of French physicians prior to 1840 of the need to license the barber-surgeon or the surgeon-dentist and the provision for some formal dental education through medical schools, etc. This is an opportunity to take but a brief part of the writing of Pierre Fauchard (and, incidentally, not that part for which he has become so famous; that is, the technical and clinical scientific sphere of this contribution) to stress and interpret his philosophy of dental and dental health education when, in effect, he tells of the need for dentist members on the physician- and surgeon-dominated dental examining board of his time, of the need to educate more formally through writings and exchange of knowledge, and of a prime objective of his book to educate the public.

During the discussion period in the classroom, analysis may be made of this great dentist's philosophy of personal purpose, sincerity, and interest in humanity, in dental education, and in legislation, his role as a scientist and as a writer. Continuing the lessons to be learned may be the observation that Fauchard, while freely offering his wisdom and experience, did this with an admirable directness, clarity, and honesty with professional tone and humility and with a sense of educational methodology typical of the better writing in education. Most dental schools have as a purpose the development in their classes of effective professional communication, no little part of which is educational writing. The dental history student may, from a study of Fauchard's communication, learn much about the art and skill of this subject.

There are, of course, many other historical personages and events of dental education which may illustrate desirable character, skills, and professional qualities paralleling and offering moral support for contemporary problems. Some areas of choice might be the story of the first dental school in the world, early books on science and dentistry, the history of dental education from 1840 to the present. But my original tenet is again restated that, with all of this history, the students priorly should be provided per-
spective on parallel problems and trends in dental education today, as a means for putting the interpretive base materials of formal history to work. Also, another point is made again that more often character and social implications can be drawn upon in place of a tendency to stress the more abundantly written deeds of technical and scientific discovery or action.

BROADENING THE BASE OF DENTAL HISTORY TO INCLUDE MEDICINE, SCIENCE AND SOCIO-ECONOMICS

Most textbooks and periodical articles on dental history seem to narrow their data to descriptions of dental historical fact and attention alone to the technical-scientific advance with but meager inclusion of the social, philosophical, and medical backgrounds which most surely have had their very important impact on the development of the dental profession. It is my contention that, if indeed this is not occurring already in our dental history teaching, a turnabout should be made in that a fusion occur between dentistry, medicine, science, and social science history. Dental history is not possible of meaningful interpretation without the inclusion of the others.

The history of medicine and dentistry is historically and actually interwoven. At present a frequently expressed hope of dental educators is for greater cooperation between medicine and dentistry. Early dental history attests to the services of the physician dentist. The rise of science had as much meaning or import for dentistry as for medicine. Numerous great dental leaders of the past held a medical affiliation. Among them you know such names as Drs. G.V. Black, Arthur Black, Edward Angle, John Hunter, Calvin Case, William Hunter, Horace H. Hayden, Chapin A. Harris, Nathaniel Keep and Hippocrates. Dentistry is a branch of medicine, and is medicine. It has always been amazing to me that the mere historical event of dentistry having chosen itself as a branch of medicine with independent professional administration has appeared to exclude the whole cloth of medical-dental interrelationships in history writings. Yet it is submitted that dental history cannot be fairly understood or appreciated unless the two subjects are interwoven. Indeed, may it not be true that the qualities of idealism that all dental educators wish dental students to develop may emanate as much from a thorough appreciation and interpretation of that branch of medicine performed by
the physicians as that branch performed by the dentist?

The point may have been labored that when speaking of dental history one should assume a liberal incorporation of typical medical history.

In my teaching of dental history, a close parallel is maintained between ethics and principles of jurisprudence of the American Dental Association and American Medical Association, an overview to which is provided in our freshman orientation course. In pursuing this topic in dental history, the students are asked to trace the history of formal dental and medical organizations, first writings of dental and medical ethics codes, and the principles and goals of the American Dental Association and American Medical Association along with the certain precepts taken from the practice management courses relating to humanitarian service. They are asked also to trace historically pertinent statements of ethical, humanitarian, and judicious practice and education principles that have been promulgated by both the medical and dental professions including the Oath of Hippocrates, admonishments of Dr. William Hunter, and the studies of the Gies and Flexner reports on dental and medical education. Students are also asked to review from the literature contemporary philosophical and idealistic views of humanitarian service in the health fields as expressed by the leaders of present-day dentistry, medicine, and science.

THE MEDICAL SCIENTIST VIEWED AS A SOCIAL SCIENTIST

Being questioned by world society today are the presence or absence of humanitarian motives among today's scientists. Most of the dental profession will agree with me, I believe that science, in its search for new frontiers of knowledge, may frequently pass over thought for implementing science discovery into social service channels. It is believed that when the students investigate the views of medical and dental scientists, as well as those of the researchers in other fields of science, that they try to discover instances when scientists have expressed philosophy that speaks for using research data for social ends. This point may be vague; and to illustrate, we now hear of indiscriminate use of insecticides, of atomic energy for the destruction of man, of scientists who discover socially benefiting scientific principles, but by personal inaction to advocate the
students bring with them the first day of dental school. Nevertheless, it is suggested that by studious examination of the basic character and personal qualities of great dental, medical, and science leaders, the dental student will at least become more skillful in self-sensitivity or self-analysis and appreciate more the social qualities of others.

Allowing students to spend all of eleven clock hours for a thorough assimilation of the life and work of G. V. Black with thorough seminar discussions of his life might be of more benefit than to have them thoroughly oriented to the logical minutiae of dental and medical history that may be found in a Weinberger, Lufkin, or Bremner. The stress would be on Doctor Black's continuous searching, personal motivation, qualities of insight, habits of careful observation, keen deductive and inductive thinking, humanitarian application of his discoveries, the quality of his writings, the handicaps under which he worked, and his philosophy of life and admired way of personal living.

The students often have a tendency to equate a leader's contribution in terms of the mere fact that he discovered it first and that it was a big discovery. May not the dental history teacher capitalize by unveiling with the student the humanistic side of leaders' characters, and debating their motivations, their ways of thinking and qualities of intellectual thought. Perhaps this measure of teaching would do more good to develop the dental student as a professional man and scientist and humanitarian than by adding eleven hours to the ethics course. The dental history teacher does not have to rely entirely upon the foremost leaders for these studies in character.

In my own class, I have found that a lively discussion ensued by pausing momentarily in the factual information recorded of the dentist, Doctor Dinly, during the early Colonial period who left his home in a raging snowstorm to give dental treatment to a sufferer and who, as you know, lost his life. Around this may hinge some questions for discussion, as how would you evaluate the strength of the desire for human service of Doctor Dinly, who would leave his home under such conditions, knowing surely of certain high chance of risk to his own life. How would you compare his motivations with those of the average dentist and physician of today? This question usually sees the class divided about fifty-fifty and brings many facets of the hy-
pothetical question in view, as for example, the relatively greater dangers of those times which all service professions and vocations assumed in due course without any greater strength of basic humanitarian motivation.

Then there is the dentist today who will fly an airplane through stormy weather to attend a professional meeting which qualifies him to serve the public better, and so the discussion rages. It is believed that even with an example from dental history with limited fact of Doctor Dinly's character and motivation that this may nevertheless serve to develop the dentists' sharper awareness of their own willingness for a dedicated life of service.

DEVELOPING A ROLE OF SOCIAL-HISTORICAL CONSCIOUSNESS AMONG DENTAL SCHOOL DEPARTMENTS

One may query how, within the limits of clock hours typically devoted to dental history, the social, economic, topics mentioned may be fused with logical history and yet give worthwhile attention to either aspect. This may be partially solved with a dual advantage, one being by delegating at least some of the logical dental history teaching to the individual dental school department; these departmental staffs may have opportunity to develop interest and curiosity for dental history in relation to their subjects. Second, the formal sociology and history course may then devote less time to minutiae and give maximum purview to the highlights of history that have interpretive value for today's social-economic problems.

In our experience there has been a fortunate, though slow, increase in the number of departments that provide a lecture or more on the history of their subject. It is noted also the National Board questions now are beginning to converge on interdepartmental history teaching by asking an occasional historical question. Assuming that departmental history teaching can be developed widely within the curriculum, a sociology and history course can now, as stressed in my reference on "Teaching History Backwards," give more attention to the critical social-economic problems facing dental service today. This leads into another recommendation for the titling of dental history courses, namely, that they more appropriately should be entitled "Dental Sociology and History," signifying the intent to emphasize the human side, while at least some of the log-
ical detail of specialty or departmental history may be left to the respective teaching divisions within the school.

My students are told that they are not expected to know all there is to know of dental and medical history, but that one of the course's objectives is to so pique their curiosity, thinking processes, and interest that during their practice years they will want to do further historical reading, since this will add to new and fresh meanings of professional life.

PRACTICAL CORRELATION

While suggestions to correlate social-economic problems with history have been made, there is also the consideration of practical academic methods. One method would be an increased number of dental history questions requiring thoughtful application to current dental service methods or problems among the several departments. The hope is held that the National Board's occasional inclusion of a history question may in the future tend more to asking students to interpret history within the setting of a current professional development. This will probably require an occasional essay question with an agreed-upon criterion key that the question can be graded with some objectivity. Hopefully, the National Board will, in the future, consider a section of the test devoted to dental history and social economic applications.

Another means of correlating dental history with science and medicine is to encourage the student to incorporate brief significant dental-medical-scientific history in the introductory section of the scientific or technical paper he is assigned to write.

DENTAL SCHOOL COMPREHENSIVE EXAMINATIONS

Still another means is the use of a school comprehensive examination which integrates or interrelates an area within the curriculum we might call "professional adjustment." This area would include such formally-titled topics as freshman professional orientation, professional and scientific writing, dental sociology, economics and history.
civil defense, dental psychology, dental jurisprudence and ethics, practice management, professional viewpoints, and dental education.

Our curriculum committee voted a year ago to recommend a comprehensive examination covering these courses and required the examination of all seniors in their winter term. The first test will be given next year. The test's objective will be to require during a two- or three-hour examination across course lines, application of the different topic areas mentioned. A typical example might be the requirement to write for twenty minutes applying the principles of professional writing and providing significant historical background for a dental jurisprudence and ethics problem facing the dental profession today with the requirement that the problem be delineated clearly, describing the essential elements of the problem and then proposing some possible solutions.

Another question involving the essay and short-answer question might be to ask them to select, from the standpoint of interest in a significant problem or measure, an area of practice management which also involves thoroughly understanding the synthesis of social, economic, and historical data and asks the students to describe and assess contrasting views held by authoritative professional people. Obviously, these questions are quite different from the usual minutiae and narrow range of factual recall typically found in classroom examinations, but, they are believed to have important value for determining which students have learned to think across course lines, as indeed we all do constantly, and if they can express clearly to others with learned conviction a professional point of view.

DEVELOPING SOCIAL RESPONSIBILITY WITH THE TEACHING METHOD

The case has been made to teach history as a social science; but in order to do this, the classroom teaching method must be considered. History courses in the university have been taught traditionally by the lecture method, and for many years I have taught dental history similarly. However, there has occurred in the last several years one means among many that develops students' social consciousness, curiosity, and habits for history study. It is to place much of the initiative for independent study with them and have
them study as a cooperative team. Accordingly, students have been organized into committees of about ten.

Preceding the group study, the instructor provides orientational sociology and history lecture and illustration, involving not more than an hour and a half, giving a perspective of social, economic, cultural, political, and professional service problems which have their roots in dental medical, and scientific history. This is a sort of overview which aims to cite examples of problems that might be undertaken for study. Chairmen are appointed by the respective committees and the date set when, following a period of thorough investigation, they report to the class. Presently and evermore in the future, the approach of student committees will be to consider themselves as a working committee of a dental society, charged with the responsibility to study and investigate a special contemporary problem and to support, illuminate, and contrast or develop interest through principles, precedents, and facts of dental history.

We now see students "using history in reverse" as a means of better understanding or appreciating today's problems, and the group is working cooperatively as a professional team might. The committee is likewise charged to report their findings with equal responsibility to that a clinician might assume when presenting a clinic, or a faculty member or dental educator is expected to when applying good teaching.

Written communication is prepared with due consideration for some of the practical principles and the art of professional writing, and with oral delivery acceptably impressive and coherent. Audio-visual aids are to be carefully selected for their effectiveness in presenting the problem topic. Evaluation of the committee's performance is judged by such criteria as understanding of the contemporary problem, significance of historical data bearing upon it, thoroughness and care in using dental literature or source materials, careful documentation of facts and ideas, and effectiveness of educational method when conveying it to the class as a whole.

The class as a whole assists in the final evaluation. The described approach to teaching has been very satisfactory, and in most instances students demonstrate an amazing
interest, thoughtfulness, and care in preparation for those sociology and history projects.

SUMMARY

You may not be aware that almost everything suggested here is diametrically opposed to the recommendations of the Curriculum Survey Report of the American Association of Dental Schools, 1935.

They either implied or stated in effect that dental history should be largely informative; I insist that there must be more value on the social problems and thinking processes. They admonish against the instructor's attempt to interpret the present in relation to social-economic-philosophical principles of the past; I suggest to do so is imperative. They speak of the lecture method; in contrast, this paper has placed emphasis upon student team cooperation and independent study in cooperation with the whole faculty.

They indicate scientific and technical phases should constitute the larger part of the subject; I have supported the cause to include the whole field of medical, social, economic, political, and cultural views of dentistry. They suggest a logical simple-to-complex development of history, with the probability of laboring the point; I would suggest the psychological combined with the logical. They express a problem in teaching dental with medical history and state falsely, I think, that throughout the Christian era dentistry has always had a separate existence from medicine and surgery. The 1935 Survey astounds me with this statement regarding the teaching of dental history:

"The names and activities of individuals responsible for achievement in any branch of dentistry, naturally, may be mentioned in connection with that branch but accounts of the incidents of their personal lives have little or no place in history; and only in exceptional cases is there reason for grouping at one point, their various contributions to dentistry."

Mentioned in this presentation has been that the qualities of personality, temperament, and philosophical idealism that may be observed in the total life of a great per-
sonage are as important, if not more so, than the very fact of a notably great achievement.

My concluding statement expresses the hope that teaching of dental history in the future will lean somewhat more to the presently proffered views, as well as give judicious consideration to the views for teaching of more than a quarter of a century ago. Thank you for your courteous interest.

NEW DENTAL HISTORIES PUBLISHED IN THE UNITED STATES 1964

But one lamp; the story of dentistry in Massachusetts by the Massachusetts Dental Society on the occasion of its Centennial, 1864-1964, by Mildred McClary Tymeson. (Boston) Massachusetts Dental Society, 1964. 64 p.


Erie County Dental Society Centennial, 1864-1964; Erie County, New York. (Buffalo, 1964.) 45 p.

The Lynchburg Dental Society Presents One Hundred and Forty-Three Years of Dentistry 1820-1963, by Robert Palmer Stickley and Jack David Amowitz. Lynchburg, Virginia. 137 p. First printing limited to 50 copies.

Henry Wadsworth Longfellow's book, Tales of a Wayside Inn, is a collection of stories in poetic form about a group of men seated in front of the fireplace of an inn relating, each in turn, some of the most interesting stories in the literature of the world. As Longfellow says;

"Around the fireside at their ease
There sat a group of friends entranced"

Gathered together were a musician, a student, a theologian, a Sicilian, and a poet. Longfellow chose real persons as patterns for the characters in his story. For the most part they were his acquaintances or friends. What is of interest here is that Longfellow chose as the poet, Thomas W. Parsons, a dentist.

In his Tales of a Wayside Inn Longfellow presents a realistic characterization of Parsons,

"A Poet, too, was there, whose verse
Was tender, musical, and terse
All these were his; but with them came
No envy of another's fame
Honor and blessing on his head
While living, good report when dead,
Who, not too eager for renown,
Accepts, but does not clutch, the crown."

The Wayside Inn still stands in Sudbury 20 miles west of Boston. It was first built in 1686. Later Henry Ford purchased it and restored it as a museum. There was a room in the Inn known as "The Parsons Room" -- named in honor of the poet-dentist.

Poetry of a high order and dentistry may at first sight seem incongruous. Yet they uniquely blended together in the life of Thomas W. Parsons.

He was born in Boston in 1819, the same year as T.W.G. Morton. His father, after whom he was named, was a
native of Bristol, England. The father had received an M.D. degree from Harvard Medical School in 1818 and practiced dentistry. In fact he was an itinerant dentist, as was the custom of the time. There are numerous announcements from 1814 to 1822 in the newspapers of Worcester, Mass., that a Dr. T. Parsons, Dentist from Boston, would be visiting for a brief period of time.

Thomas W. Parsons, Jr., the son, studied at the Boston Latin School between his ninth and fifteenth years, where he became a devoted student of the classics. In lieu of receiving a college education, he toured Europe with his father for a year in 1836. To the sensitive, imaginative boy, the trip determined the artistic aspect of his life. He had a remarkable gift for language and quickly learned the soft Italian tongue. While in Florence, he became so fascinated by Dante, the great thirteenth-century Italian poet, that he committed to memory the entire Paradise section of Dante's *The Divine Comedy* as he strolled through the cobblestoned streets. An early enthusiasm for Dante developed into an intense and life-long passion with him for the remaining 55 years of his life.

Dante remains one of the greatest poets of all time. T.S. Eliot said, "Dante and Shakespeare divide the world between them; there is no third." Dante's immortal work, *The Divine Comedy* is a visionary journey through the horrors of Hell, through Purgatory and finally into Paradise.

Already the forces that shaped Parsons' life become readily evident--the dental background of his father and his own innate sensitivity to the classics and to Dante in particular.

Immediately after his return from Europe he entered Harvard Medical School. While still a student there at the age of 22, he wrote one of his first and greatest poems, "On a Bust of Dante." Later an English critic called it "By very far the finest stanza that ever left America" and by Stedman "The peer of any modern lyric in our time." He attended medical school for one and a half years but left without receiving a degree. Instead he studied dentistry under the likely preceptorship of his father.
He practiced on Winter Street, the fashionable part of Boston. He had among his patients the literary giants of his day in Boston. Though little is preserved concerning his profession, several references to dentistry appear in his letters which have been preserved at Harvard University and at the Boston Public Library.

One of his letters concerns an appointment he had, but unavoidably missed, with James Russell Lowell, the noted poet, essayist and diplomat. Parsons wrote, "I console myself in some degree by the thought that there is no imminent danger in the present condition of the faulty molar and that it might remain for weeks without change.' He then asks for another appointment, promising to be "as faithful as the Fates permit." Certainly flowery language for a dentist writing to his patient.

From all appearances he was a successful dentist. When he died he left an estate of $90,000. He did this although not practicing for the last 20 years of his life by travelling extensively abroad and by publishing his books at his own expense.

The blending of dentistry and poetry in Parsons was wittily described by Charles Eliot Norton, author and Harvard professor,

"You ask who Parsons is. He is a dentist by profession (whence he learned the use of the file, and of compression and various other secrets of poetry). He is most retiring and modest in life and well known only to a few. I like him very much and have known him for a long while."

For a dentist in Parsons' era to have literary tastes, to be a writer or a poet was not altogether unusual. The mid-and late nineteenth-century was the age of the whole man whose knowledge of the world was wider than that of his profession alone. This is exemplified by an address which the president of the Massachusetts Dental Society, Dr. Robert Andrews, delivered in 1876 advising his colleagues,

"We should be so cultured that people could not tell our work by our conversation; for a narrow education gives one knowledge of nothing but one's
An interesting anecdote involving Parsons and his office was described by Edwin Booth, the famous actor.

"I was in a drug store in Boston one day, when an active nervous man came in and said to the druggist in a loud whisper, 'Is that Edwin Booth?' 'Yes,' answered the druggist. 'Do you know him?' 'I do.' 'Please introduce me,' said the man. And after being a compulsory listener to this preliminary, I was presented to Dr. Parsons. He showered me with compliments which amused me by their exaggerated sense of my importance. Then he invited me to his office and I accompanied him there. No sooner was I seated in his big dental chair than he rushed to his desk and drew out a manuscript poem, which he thrust into my hand with a modest request that I should read it aloud. It was written in a blind hand, and I could hardly decipher the words. I begged him to excuse me, and assured him that I was a very poor reader, that I never trusted myself to read anything unless I had studied it carefully. He seemed disappointed but his face brightened up presently and he said 'Will you listen to me read it?' 'Yes, of course,' and he proceeded to recite with much fire and energy, his splendid poem, "Dirge for One Who Fell in Battle." I praised the poem as it deserved, and an acquaintance begun in this singular manner, strengthened into a warm and enduring friendship."

In 1843, Parsons published The First Ten Cantos of the Inferno of Dante Alighiere, Newly Translated into English Verse." Thus, at the age of 24, he became the first American to translate any of The Divine Comedy." Characteristically, he published this volume anonymously. It was not until 24 years later that his version of the Inferno was completed and published. To a publisher who attempted to hasten him, he replied, "I expect to be a student of Dante through all eternity and therefore I cannot afford to be hurried by the exigencies of your house." In one of his sonnets he says,

"Friends must be patient when I do these things
Wasting an hour that might be better given
To work - in following Dante far as heaven."
Little wonder then that it has been suggested that with his long, lean figure and his deep eyes and prominent nose he bore a certain resemblance to his idol. There are few things in literature more remarkable than this loyalty of his, this absolute consecration of one soul and mind to the interpretation of another.

Dr. Oliver Wendell Holmes, the physician-writer, said of him,

"Dr. Parsons is as true a poet as we have among us... to his life-long devotion to Dante, by the absorbing study he has given him, I attribute the facility of his style, the exquisite art that characterizes his work. He has written some poems finer than any other American poet has written."

Holmes also wrote to Parsons as follows,

"Your Dante, I judge from all that I have heard and read will carry your name to posterity coupled with a noble and monumental achievement."

But our poet-dentist never really achieved the full recognition he richly deserved, one reason being that he did not command the attention of a large public. He was a "poet for poets" rather than for the people. He was a literary craftsman who took such pride in his work that he labored over it slowly, rewriting and polishing, sometimes changing poems even after they had been published. Though he wrote his poems with infinite care, he was surprisingly indifferent to their subsequent fate. More often than not he sent his poems to newspapers and to obscure periodicals.

A Rochester, New York, newspaper published his poem, "A Song for October" with this preface: "This beautiful little poem which is floating anonymously in our exchanges bears unmistakable marks of a higher genius than is often manifested in newspaper verse. Does anyone know who is the author?"

However, his poem "The Sculptor's Funeral" appeared in the first volume of The Atlantic Monthly in 1858 and was followed by 25 poems over the years.
His collections of poems appeared as follows: Poems (1854), The Magnolia (1866), The Old House at Sudbury (1870), The Shadow of the Obelisk (1872) and The Willey House and Sonnets (1875). In addition, he published a book of common prayer called Circum Praecordia, the Collects of the Holy Catholic Church As They Are Set Forth by the Church of England" (1892). This last volume attests to his profound religious feeling. He was a member of the High Episcopal Church party, "as nearly a Roman Catholic as he well could be without absolutely stepping over the dividing line." Posthumously appearing in 1893 were two volumes Poems and Translation of Dante's Divine Comedy into English Verse.

Thomas Parsons was a shy, reserved man who, as has been said "carried his solitude with him into the street." He has been characterized as a "Hamlet of verse," as being out of joint with the time in which he lived, as though he should have lived in Dante's age.

His books were privately printed, mostly through the efforts of his wife who shared his literary interests. In 1857, he had married Anna Allen. She was his constant companion until she died in 1881. The marriage was childless.

Parsons travelled widely in England and Europe. In London, he met Gladstone and the Archbishop of York and said, "After such quiet people, I am somewhat dreading the rough and tumble of Winter Street." There is evidence that he practiced dentistry in London during his 14-month stay there in 1871-1872.

An interesting anecdote of an occurrence near the end of Parsons' life is told by Joseph Chamberlain, a newspaper editor.

"It was on a rather hot evening in early summer in the year 1886 at about eleven o'clock, as I remember, when, as I was poring over some editorials a man of remarkable appearance entered my room. He was tall, lean, a little stooped, and apparently about 65 years old. His face was long, his nose prominent; a Dante with a gray moustache. He was dressed in black, and in a somewhat old fashioned way, with a rather
long coat, and he carried a tall hat in his hand. His face was eager, flushed, and his deep eyes had an expression of exaltation. He is gone long and long now; the world knows that he was a gentleman as well as a poet; and I say this without hesitation and without a thought of derogation, that his exaltation was the result, not only of emotion but of wine, for this was evident. There was no shame in this. His habits were those of graceful and gentlemanly conviviality. I rose with an instinctive homage. The man bowed and said: 'I am Dr. T.W. Parsons, I wish to write for your paper some verses in honor of my old friend, Dr. Bethune, who was buried today.' I knew who he was then. Dr. Parsons, the author of the noblest rhymed English translation of Dante's Inferno. 'We shall be honored sir,' I said. 'You have not yet written the poem?' 'No sir. I will write it now, if you will kindly give me pen and paper.' I took him to the lighted library in the adjoining room and brought pen and ink. The poet with some difficulty sat down. I left him. It seemed to me that not more than 20 minutes had passed before he brought to me, rather roughly written on a single sheet of paper a poem on 'Dr. Bethune.'"

"Thou and I, 
Dear Doctor, ask a little mound,
And space to bid the world good by!"

Although Thomas Parsons never received a dental degree, Harvard conferred an honorary M.A. degree on him in 1853 in recognition of his poetic accomplishments and his role as a New England poet laureate. He was also elected a Fellow of the American Academy of Arts and Sciences. His poems are represented in the Oxford Book of American Verse.

The last 20 years of his life were devoted entirely to his writing. He spent much of his time at the Wayside Inn and at his home on Beacon Hill in Boston. He died on September 3, 1892 at the age of 73 at the home of his sister in Scituate, Mass.

Many tributes were paid to Parsons by the men of letters on his day. No other tribute equalled that of Thomas
Bailey Aldrich, himself a poet, who wrote of him, "Dr. Parsons' lighter lyrics have a grace and distinction which makes it difficult to explain why they failed to win wide liking. That his more serious work failed to do so is explicable. Such austere poetry is not the taste of the mass of readers: but such poetry, once created, becomes a part of the material world; it instantly takes to itself the permanency of mountains, prairies, and rivers; it seems always to have existed."

Fifty years after his death, The Rev. John van Schaick, Jr. writing in *The Christian Leader* said,

"They tenderly buried the body of the old man with honors. In Mount Auburn Cemetery in Cambridge, Mass. They praised his writings in the newspapers and they all went about their business. Soon T.W. Parsons was pretty much forgotten. Curiously, however, all through the half-century since he died his name has kept coming up, and almost always it has been on the lips or pen of the most cultured and discriminating people. He was no mediocrity. He was a 'poet of poets' and the poets have given him his honored place in literature."

It is time that the dental profession granted recognition and honor to this unusual and talented colleague.

9 Walnut Street

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**AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY**

Annual Meeting -- November 6, 1964

San Francisco, California

Plan to be there.
Thomas Jefferson held the view that a person is less remote from the truth who believes nothing than he who believes what is wrong. We should be no less uncompromising in our search for the truth and in our portrayal of dental history than was the distinguished author of the Declaration of Independence. In other words, the historian, to be worthy of the name, must be imbued with a real and unremitting passion for correctness.

In my own experience I have found it about as difficult to deal with error in dental history as with ignorance of dental professional and technical history. The history of dentistry in general and that portion pertaining to the activities of at least one of our Federal Services, in particular, is replete with error. Not long ago it was my doubtful pleasure to review a so-called chronology of dental history covering a field with which I can claim some familiarity. This publication, while purporting to be a historical narrative, at the same time denied that it was such and suggested that some future historian do the job with proper scope and detail.

Now the remarkable thing about this chronology was that the author could gather so much misinformation in a period of ten years while located at the scene of his writing. To many of us (dental historians excepted, of course) error is, after all, a child of our minds and we love it as our very own, as Senator Henry M. Jackson wrote recently.* Error is more often than not rooted in myths and wishful thinking the Senator believes. It seems to me the Senator is very charitable in this belief for the wishful thinker, or autobiographer, or photo legend writer on occasion appears to have steered a course dangerously close to the reefs of plagiarism.

In the July 1962 issue of the official monthly publication of the American Academy of the History of Dentistry,

*N. Y. Times, August 4, 1963
our renowned editor, the late George B. Denton, did not fully concur with an article entitled "Chroniclers and the Historiographers," (J.A.M.A. 181:1056-1058 September 22, 1962) by Dr. Frank B. Berry, Deputy Assistant, Secretary of Defense (Health and Medical), who raised the old question of the comparative value of chronicles and histories as satisfactory accounts of the past, especially with regard to military medical history in the United States.

Dr. Denton stated that Dr. Berry gives satisfactory dictionary definitions of "chronicle" and "history" but appears to use the word "chronicle" to designate any accounts of the past written by participants in the events recorded, and praises certain historical articles largely on the grounds that the collaborating authors were participants in the actual events rather than civilian historians. Concerning the original draft of one official account of surgical specialties, Dr. Berry criticizes: "They were filled with inaccuracies, and I could not accept the editorship without review of the work by men whose direct responsibility this surgery had been in the war." He continues, "And such a medical history should be so regarded, a true narration of events of a factual nature by those who participated in them; not a postmorten interpretation of events."

Dr. Denton differed with Dr. Berry in part as follows: "Granted that any historian in this field should be familiar with the technical material of military medicine and surgery, it does not follow that he must be a participant. The original records or chronicles of the participants should be the foundation on which the historian builds, and the trouble with the histories which Dr. Berry criticizes was that they were constructed backwards, the original documents being used to correct statements by civilian historians who did not have the original sources. Good history does not consist of the limited observation and experience of individual participants but of a collective and critical construction of all these observations. The criticism and constructive facility of the trained historian, as well as the records of observers, are necessary for good history. Chronicles furnish prologues, but not the most objective, trustworthy, and satisfactory histories."

As I have tried to emphasize, any history of any
events should be as factual as is possible. It was with this thought only in mind that I have reviewed carefully many items dealing with the history and development of the Naval Dental Corps. I am, therefore, trying to prevent the perpetuation of inaccuracies which may be accepted as true simply because someone published them or had them published. Any contention that statements must not be questioned because they came from official, unofficial, or personal naval sources or personnel has no sound logic from a historical standpoint.

Approximately 10,000 copies of a Chronology of the Naval Dental Corps 1912-1962 were distributed widely at considerable expense to organizations and individuals. This attractive paper-bound book of 132 pages is rife with inaccuracies and significant omissions. I suggested the prompt release of an errata addendum to the recipients of this chronology in order to make it a credible document commensurate in general excellence with the Corps it is designed to honor. My suggestion was ignored. I do not intend to dwell at length today on the errors and omissions in general to which I have referred.

There is one publication, however, in the accuracy and general excellence of which we are all very much interested, The Journal of the American Dental Association, and I shall point out a few examples of inaccuracies that have appeared in this, our official professional journal.

In April 1954 The Journal stated that C. Raymond Wells was the first Naval Reserve dental officer named to the rank of rear admiral. However, a dental officer named Cornelius T. Cross, who had been a Japanese war prisoner for three years, had been made a rear admiral approximately six years earlier because of being the recipient of a Bronze Star, the Award for outstanding performance of duty in actual combat. Cross became the first Naval Reserve rear admiral of the Naval Dental Corps upon his retirement for physical disability, July 1, 1946.

The statement under a photograph of Admiral Daniel W. Ryan in the September 1954 Journal was in error inasmuch as the Act of March 4, 1913 established a Naval Reserve Dental Corps. In the same issue reference was made to a Dental Corps autonomy bill passed by Congress in 1945. Congress did not pass a Dental Corps autonomy bill, and I
shall comment on this further.

Vice Admiral A. G. Lyle was mentioned in the August 1955 issue as having reached flag rank. This was incorrect, as the term "flag officer" at that time by regulation included only officers of the line of the Navy. However, a change of Navy Regulations, approved August 9, 1948 by President Truman shortly after Admiral Lyle's retirement, extended the application of the term "flag officer" to the staff corps. About four months later, in December 1948, the Secretary of the Navy authorized a staff corps flag having a white field with blue stars, not to be displayed from ships. This staff corps flag contrasts with the blue field and white star flag flown by line officers afloat and ashore.

The date of rank of Rear Admiral George Paffenbarger should have been stated as July 1, 1955 instead of August 31 as it appeared in the October 1955 issue of The Journal. George was misnamed a flag officer in the September 1957 issue as the Admiral had been misnamed earlier. When George acquired the flag officer title by regulation, he was accompanied by Cornelius Cross, another reserve dental officer.

For strict adherence to fact, an item in the December 1958 Journal should have stated that Rear Admiral Schantz served in World War II, went to Great Lakes Naval Training Center a year after the Japanese surrender, and headed the dental department during the last four legal months of World War II. In fairness to his predecessors, it should be known that the department was very ably organized and administered long before Captain Schantz reported for this duty.

A general news item in the February 1960 issue, attributing development of the air turbine handpiece to the Navy, would have adhered more closely to actual occurrence had it reported that the Navy had developed greater speed in an air turbine handpiece. The first air turbine handpiece was not developed at the Naval Dental School. The dental literature shows that several air turbine dental handpieces were in use and several U. S. patents were granted years before the Navy entered this field. J. W. Iseman on July 29, 1941 patented a straight air turbine handpiece attaining about 25,000 r.p.m. Per Ivar Norlen
in November 1952 patented an air turbine handpiece with a speed of 15,000 r.p.m. Walsh and Symmons, reporting on their air turbine handpiece in January 1948 in the New Zealand Dental Journal, stated that 40,000 to 70,000 r.p.m. were easily obtainable.

R. J. Nelsen reported in the September 1953 J.A.D.A. on the first high speed contra-angle handpiece, 61,000 r.p.m., employing a small turbine in the head of the handpiece developed in the Dental Research Section of the National Bureau of Standards. This development set the design pattern for air turbine contra-angle handpieces having speeds of 200,000 plus revolutions per minute. The Office of Naval Research had nothing to do with granting a license to the Weber Company, as was stated to be the case in The Journal news item.

P. H. Tanner, a civilian government employee, and O.P. Nagle, a naval dental technician, were granted a patent August 1, 1961 on a "High Speed Dental Handpiece." This patent does not imply that they were the original inventors of the air turbine handpiece. Tanner and Nagle obtained the patent without expense because they were government employees. Printed on the patent is a statement that the invention may be manufactured and used by or for the government of the United States for governmental purposes without payment of any royalties. Tanner and Nagle made personal arrangements with the Weber Company for profit, as the Office of Naval Research had stated it had no interest in this respect. You have noted that several patents for air turbine handpieces were granted prior to the so-called Navy "original" air turbine handpiece patent. Several patents were granted subsequently, one to the Weber Company dated November 21, 1961.

In the August 1962 J.A.D.A. editorial, January 1913 was given as the first naval dental officer appointment date. The official date is October 23, 1912. The same editorial referred to establishment of the Naval Dental Corps as an administratively autonomous body due to an Act of Congress in 1945. The provisions of "Public Law 284" approved by President Truman December 28, 1945, did not create, authorize, or establish the Naval Dental Corps as an administratively autonomous body. The Naval Dental Corps is still under the administrative control of the Surgeon General. Official report No. 240 of June 1, 1944,
relative to the House Naval Affairs Committee hearings, reveals that the testimony of all the dental officer witnesses, the President and President-Elect of the American Dental Association, and Congressman Rivers was against autonomy for the Naval Dental Corps. The above statements that this Law did not authorize administrative autonomy to the Naval Dental Corps is displayed beyond the peradventure of a doubt by the legal opinion contained in the Navy Judge Advocate General's letter of October 29, 1947 NRBd/A2-1/JBM/pl Serial: 195 relative to the provisions of Public Law 284. A pertinent excerpt is as follows: "...The provisions of this section quite clearly do not require the establishment of dental departments in all ships and stations, and since the language of this section is neither doubtful nor obscure, resort to the records of hearings before Congressional Committees and their reports for interpretation of the section is neither necessary nor proper." However, the greatly appreciated efforts of Congressman Rivers, those who testified, and many others assisted in securing departmental administrative action establishing dental departments ashore and afloat. The 1962 editorial also misinforms concerning the relatively favorable position held by naval dentists among those of the Federal Services. It should be known that the Army Dental Corps Chief (by the provisions of an Act of Congress, Public Law 381-80th Congress, approved August 7, 1947) has a uniquely favorable position of prestige in that he is appointed by the President of the United States, by and with the advice and consent of the Senate, for a normal duty tour of four years. Further, he is sworn into office. The Chief of the naval Bureau of Medicine and Surgery Dental Division is chosen by the Surgeon General and detailed to the duty by the Chief of Naval Personnel for an unstated period. He is not required to execute an oath of office, as a photo in the Dental Corps "Chronology" (page iii) appears, erroneously, to indicate. In the same issue of The Journal, a Naval Dental Corps Anniversary article stated that in the dental research field "the invention of the first air-turbine handpiece" was a pivotal development. The statement that the Navy or the Naval Dental School or a naval dental research activity invented the first airturbine dental handpiece has no basis in fact, even though the statement in respect to its inaccuracy escaped the ordinarily careful scrutiny of our Journal's editor. Some years ago a similar incorrect claim was made about the origin of the acrylic eye. It seems to me that my citations of
the literature remove any doubt in the case of the air-
turbine handpiece.

The December 1962 number of the Association's Journal depicted the presentation of a copy of the "Chronology" I've mentioned to President Kennedy, even after its numerous inaccuracies had been pointed out. The legend beneath the picture referred to the "Chronology" as a history of the corps. The "Chronology" did identify itself as the first published detailed recording of the history of the U.S. Naval Dental Corps. But, in a reply to my letter calling attention to the shortcomings of the "Chronology," the Surgeon General wrote: "NAVMED P-5080 (the "Chronology") was intended as an anniversary program presentation and was not prepared or intended to be a compilation of historical reference." Now, who are you going to believe? If we go back to Thomas Jefferson and paraphrase his view about truth, we might say: "If you don't believe anybody, you may not be far from right!"

(All foregoing statements are based on documents held by the author. Navy Department instructions require nevertheless the statement that the opinions or assertions contained in this article are those of the author and do not reflect the views of the Navy Department.)

HAVE YOU READ . . . ?


"First Article on Dentistry Published in America," by Milton B. Asbell (Outlook and Bulletin Southern Dental Society of New Jersey 33:49-50, 52 May 1964).
The first textbook of surgery to include dental treatment was written by Peter Lowe and published in London in 1597. Lowe, described on the title page of The Whole Course of Chirurgie... as "Scotchman, Acellian..." was in the faculty of surgery of Paris and surgeon to the King of France. Little else is known of him, except that he seemed proud enough of his birthplace, Ayr, to include it on the title page of his text.

Lowe remarked that Galen found that toothache was the worst of nonfatal disease because of the proximity of the dental nerves to the brain. But he pointed out that Galen described tooth worms, where none really existed, and said that the barber surgeons performed a disservice by pulling out so many teeth.

Lowe prescribed the use of wine rinses and the application of wine extracts of various herbs. He also suggested cauterization with a hot iron or (for the better class of people) silver or gold wire.

Lowe described a method of extracting teeth, and suggested that the wound resulting from an extraction be washed with salt or astringent. He mentioned the use of ivory and dog's teeth as substitutes for extracted teeth.

In discussing oral hygiene, Lowe described an epulis as arising from the roots of teeth. His method for removal involved vitriol applications.

Lowe's text also dealt with diseases of the uvula, tonsils and other structures of the oral cavity, as well as with general surgery.

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JUSTIFYING THE TITLE, "DENTISTS TO THE WORLD, ILLINOIS'S INFLUENCE ON THE GROWTH OF THE PROFESSION."

Julian and Eleanor Jackson, Chicago, Illinois

The title of our book, Dentists to the World and its subtitle, "Illinois's Influence on the Growth of the Profession," have been met with some raised eyebrows. Are they braggadocio? Let us see.

One of the very first men we met in our research was a paragon of influence, Walter Webb Allport. In 1859 he brought everlasting honor to his home state of Illinois when he was selected chairman of the Niagara Falls meeting that led to the formation of the American Dental Association. Certainly no other state can make that claim.

This early master of cohesive gold and cohesion of the profession, who began his career as a tailor's apprentice, edited one of the first dental health publications for public consumption. Dr. Allport's People's Dental Journal, published in 1863, was a potpourri of dental tips, flowery poetry and exhortations on the importance of learning "to appreciate the wide difference between good dentists and those who are unworthy of the name." The following passage shows what insight and foresight this Illinois dentist brought to his advice on how to prepare the child for dental treatment:

"...For, suppose the confiding little patient does believe these earnest assurances that 'it will not hurt a single bit to have the ugly old tooth taken out,' or some other operation performed, and is thus induced to go to a dentist and finds that it does hurt; what is the effect produced on the child? Why, simply this: it feels that it has been deceived—imposed upon. Its once unsuspecting confidence has been shaken or destroyed. There is created a feeling of distrust; it may be, of positive dislike toward the dentist. Often it causes a feeling of dread and even lifelong horror at the thought of all dentists and dental operations."

Even before the publication of the People's Dental Journal, as early as 1858, Dr. Allport added a page to dental history when he made bold to take the physicians
of the Cook County Medical Society to task for failing to consider dental causes for their patients' ill health, with this forthright admonition:

"In case of protracted ill health, the cause and condition of which (has) baffled the research and skill of the most intelligent in the profession, how few, in their earnest endeavors to improve the condition of their patients, ever pay the respect of a 'hasty glance' at the teeth and gums, even when their morbid condition can hardly escape recognition by more senses than one? And when, at last, from anguish, their patients are driven to the dentist, as they suppose, for relief from local pain, and a mouthful of decayed teeth is removed, and ulcerated gums take on healthy action, how positive and rapid often-times the improvement in the general health."

Dr. Allport enlisted the cooperation of physicians in a program of dental education of their patients with these words: "And the medical and dental professions, as guardians of the public health, will have accomplished much when they shall have taught the people to keep their mouths clean. To talk of sending such persons to the seashore for pure air, without properly treating their decayed teeth, and otherwise purifying their mouths, is simply nonsense. It would have been as easy for the hosts of Pharaoh to pass through the Red Sea dry as for pure air to reach the lungs through such a 'pass' uncontaminated with pestilential vapors..."

Dr. Allport was almost as daring as Dr. C. Stoddard Smith of Springfield, who in 1882 commented before the Illinois State Dental Society convention that "M.D." was said to stand for "miserable dentist." This impertinent remark came out of a discussion of the problem of whether a medical degree should be required before the specialty of dentistry was pursued.

But from its very start in 1865 the Illinois State Dental Society was in the mainstream (the popular place to be these days) of dental problems. The big headache of the day was the excessive tribute demanded by the Good-year Company for the right to use their precious Vulcanite as a base for dentures. The first meeting of the Society was called to hear Dr. Isaac J. Wetherbee, who had traveled all the way from Boston to fire up the gathering into supporting the United States Dental Union of Boston in its
Jackson and Jackson

legal battle to get rid of the Cummings patents—not that
the Illinois Society did a single thing about it for years
and years and years. When it did get around to fighting
illegal patents, however, Illinois led the nation in rid-
ing dentistry of this plague.

In 1888 at the convention in Cairo, Illinois, a com-
mittee was formed at the instigation of Dr. William H.
Taggart (he was the man who had something to do with the
cast gold inlay) and Dr. J. N. Crouse was named chairman.
Two sentences from Dr. Charles B. Rohland's history of the
Illinois State Dental Society in Col. C. R. E. Koch's
*History of dental surgery*, 1909, place this development in
its proper perspective.

"As usual, the Illinois State Dental Society came to
the front, put its shoulder to the wheel and, in this in-
stance, furnished the man for the hour, whose genius was
to solve the problem... The appointment of this committee
may be said to have launched the movement which eventually
resulted, under the brilliant leadership of Dr. Crouse, in
the formation of the Dental Protective Association, which
has since then proved such a wall of protection to the en-
tire dental profession against the exactions of unscrupu-
lous owners of unjust patents."

A dogged, "scrappy" fighter, John Nathan Crouse de-
voted every waking hour to pleading with dental groups,
grinding out and mailing out circular after circular and
composing editorials for his *Dental Digest* to try to get
the dental profession to part with a pittance to keep
themselves from being licensed out of existence. From the
start the American Dental Association had expressed their
confidence in this Illinois-inspired crusade, and in 1889
they backed up their approval with a grant of $1,000. The
Illinois State Dental Society, together with other state
societies, also supported Dr. Crouse's efforts.

How bad the patent situation had become was detailed
by Dr. Crouse in one of his circulars, in which he de-
scribed the tooth crown company's many-tentacled holdings,
as follows:

"Look at a list of its patents. On bridgework it has
several, including the Low, the Richmond, and the Shef-
field bridges. It has patents on permanent bridges and
patents on removable bridges; a patent on preparing roots
for crowns, which includes a patent on freezing the tooth, a patent on cutting off the tooth, a patent on killing the pulp, and on driving it out at the same time (if you can), a patent on filling the end of the root, and a patent on filling the root with material suitable for holding the metallic pin or screw which supports the crown or bridge.

"It had even a patent on the cement for securing crowns. On crowns it has many patents, including the Beers or gold crown, the Bitner crown, the Richmond crowns and the Sheffield crowns; several of each of the last two named. It has patents on crowns with bands and without bands; patents on crowns secured with screws and without screws; a patent on crowns secured with gutta percha, a patent on crowns secured with cement and a patent on crowns secured with both gutta percha and cement. It has also a patent on crowns covering the end of roots. In fact, if the validity of these various patents owned by the International Tooth Crown Company should be established, it would seem as if all the other crowns now in use would be declared an infringement on that company's crown patents...."

Although the profession was lethargic in responding to Dr. Crouse's persistent appeals to them to join the Dental Protective Association for a mere ten dollars, he managed to get 6,000 members within a few years in order to carry on the litigation that culminated in Judge Hoyt B. Wheeler's 1896 decision involving the Low bridges. In this pronouncement, Judge Wheeler stated that "when the method, and not the operating parts, is what is invented, that, of course, is what is to be patented. Here the natural teeth belong to the wearer, and are to be operated upon; they are not made by the inventor to operate and cannot be brought within the patent."

Despite this momentous decision, the "crown princes" had no intention of abdicating. They were powerless, however, unless they could again establish the Low patent. To do this, they concocted a phony suit in New York against a defendant who just happened to be the brother-in-law of the president of the crown company, and a favorable decision put them back in business. Again Dr. Crouse and the Dental Protective Association fought the profession's battle and in a three-year legal struggle ending in 1902 he proved collusion—the expenses of both sides had been paid for by the crown company.
For a number of years Dr. Crouse and the Dental Protective Association continued to exert a powerful influence on American dentistry by protecting dentists against pretrial inquisition, by exposing in the courts the most nefarious of the bogus diploma mills, the German-American Dental College, by attempting to effect a compromise in the Taggart controversy, and by knocking out the patent infringement claims of Dr. Cassius M. Carr of Denver on his pyorrhea tools.

A contemporary and friend of Dr. Crouse also made a significant contribution to the growth of the profession. He was Dr. Charles E. Bentley whose career would have put Horatio Alger to shame. He started as a tenor in a Negro road show and married Traviata, the daughter of the show's impresario who later sent him to dental school. In his senior year at the Chicago College of Dental Surgery he was a founder and the first president of the Odontographic Society of Chicago, whose fifteenth anniversary clinic meeting in 1903 attracted more than 3,000 dentists and 1,000 dental students from all over the country. He was a charter member of the Niagara Movement, out of which grew the National Association for the Advancement of Colored People. He was also a founder and the first oral surgeon of the Provident Hospital in Chicago, one of the early Negro hospitals.

Dental historians will not overlook Dr. Bentley because of his world-wide study of 167 cities of more than 100,000 population. He conducted this survey to determine what other cities were doing to encourage oral hygiene for school children in order to force the Chicago schools to permit classroom dental examinations. He had been asked by the Board of Education what work was being done elsewhere, one Board member commenting that as soon as dentists were permitted to come into the schools, the eye doctors and possibly the corn doctors would ask permission to come in and examine the corns of the children. Dr. Bentley's findings revealed that there was a direct relationship between the dental health of the school children and their grades.

For more than a decade his golden-voiced oratory, delineating his latest programs in dental education, was of national influence. Still quoted are these words of his at a testimonial banquet for the Illinois State Board of Dental Examiners: "It is the opinion of the practitioners assembled that a little taffy should be given to the members
of the State Board while they live and less epitaphy after they pass to the silent beyond."

Before leaving the schoolroom we must mention Dr. C. Carroll Smith of Peoria, who for a quarter of a century, beginning in 1918, devoted his life to teaching children the "whys" and "hows" of caring for their teeth. In order to avoid plagiarizing ourselves, we confess that the next passages are quoted from our book:

"Before he retired in 1942, with an electric razor as a parting gift, this jovial, industrious man made a number of contributions to the field of dental education that attracted world-wide attention to this Illinois city. As its Director of Dental Health, he changed the emphasis from restorative to preventive dentistry. He devoted his summer-vacation periods to writing all kinds of materials for the following school year--songs, plays, stories, jumbled-word exercises and toothbrush drills. He planned poster contests that brought major prizes in state and national competitions to his schools. His literature was not a slap-dash effort, but patiently written for each grade from one to eight in the grammar schools, carefully adapted to the teaching practices then in use and correlated to other subjects in the curriculum, taking occupational form rather than formal study, especially his materials for the lower grades. He worked assiduously to enlist the cooperation of the teachers and presented brilliant talks before Parent-Teacher Association meetings to make dental neglect a household heresy.

"When, at the age of seventy-two, Dr. Smith retired to Waterbury, Connecticut, where he lived for twenty years until his death, the July 15, 1942 issue of the Journal of the American Dental Association put him on the pedestal he had earned with this evaluation of his work: "In the early twenties, the Peoria school dental program gained international recognition and became an inspiration which resulted in similar activities in various parts of the country. Older workers in the field of dental public health who have intimate knowledge of his accomplishments exceedingly regret his retirement. Younger members who are less acquainted with his work, but who nevertheless are unknowingly practicing methods which he advocated and pioneered as early as a generation ago, will also feel the loss of his leadership."
"In his speech at the dedication of the Peoria Children's Dental Clinic on April 4, 1960, Dr. Lon W. Morrey, then editor of the Journal of the American Dental Association, lauded Dr. Smith as 'one of America's greatest dental health educators, a pioneer in public health dentistry...who blazed a new trail in the field of public health and whose influence in dental public health was felt not only in Peoria and the state of Illinois but in almost every country in which modern dentistry is practiced.'"

Of lasting value also in the art and science of dental public education was a creation of Dr. Arthur D. Black, the famous son of the famous father. He brought the tooth to life and made it talk to children of all ages from everywhere at the Century of Progress in Chicago in 1933 and 1934. During the exposition his exhibit, "The Talking Tooth" talked 14,000 times, 12 minutes at a time, to eight million people and gave them something else to think about besides the Great Depression.

"The Talking Tooth" was a large illuminated picture of a first permanent molar. Through light, color, motion and sound this vocal molar traced the melodrama of dental decay from a tiny pit in the enamel to the final tragedy of an abscess in the bone and extraction.

Among the many features of the Chicago World's Fair dental exhibit developed by Dr. Black and his special committee was a tankful of goldfish that went to sleep at 3:00 and 8:00 p.m. every day except Sunday to illustrate scientific studies of various local anesthetics.

Certainly this was the most ambitious achievement that had ever been attempted in the dental education of the public. Even after the exhibit was dismantled, its influence was felt through the distribution of Dr. Arthur Black's booklet, published to supply material for public lectures on dental health, without charge except for postage. Lantern slides of "The Talking Tooth" and the other illustrations were also available through the American Dental Association. "The Talking Tooth" had made itself heard throughout the world.

No area of preventive dentistry, however, has been more sorely in need of public education than the fluoridation of public drinking waters. Here again Illinois dentists have been in the forefront and have left their permanent mark on
dental progress. Let us try to forget the blackout of Dr. G. V. Black when he was invited by Dr. Fred S. McKay to come to Colorado Springs in 1909 and find the cause of the "Colorado brown stain," but failed to connect it with the water, although that was a subject he had dipped into in several articles for the Jacksonville, Illinois, newspaper. Rather let us stake our claim to fame on the definitive fluoridation study in Evanston, Illinois, and the victory in the Chicago City Council and the courts, making it the first large city to adopt the fluoridation of water supplies.

The carefully controlled fifteen-year study in Evanston proved beyond a challenge that the addition to the water supply of ionizing salts containing fluoride would reduce dental caries in children by 65 per cent and that fluoridation was absolutely harmless to general health, having no toxic effect on the human body. In May 1962, on the occasion of the 15th anniversary celebration of the Evanston study, Dr. Frederick J. Stare, chairman of the Department of Nutrition of the Harvard University School of Public Health, was able to announce that fluoridation had been accepted by "every research, dental, medical and health organization of any scientific status." Of a different mind recently, however, have been two east-of-the-Hudson literati, Professor Barzun of Columbia and the science editor of the Saturday Review.

Long remembered will be the Thermopylaean stand of Dr. J. Roy Blayney, who directed the Evanston study. He refused to issue premature endorsements of mass fluoridation, although he realized that the enemies of fluoridation were deliberately misrepresenting his position. When the Evanston study had run its full course and the fifteen-year results were made known, he could without hesitation urge every community to adopt fluoridation. His courageous conservatism added strength to his assurance that fluoridation had been proved safe at last.

Chicago, and the Chicago Dental Society, struck an early blow for fluoridation by resorting to the procedures of investigation, legislation and judicial review, rather than the chaotic processes of propaganda and referendum. A hearing before a master in chancery, for example, weighed the good sense and factual evidence of a number of Chicago dentists against the rantings of irresponsible witnesses in 625,000 words on 2,930 pages. Other communities might do
well to acquaint themselves with the Chicago fluoridation story and heed the words of Illinois Governor William G. Stratton in 1955: "A referendum cannot establish or destroy a scientific fact."

An inventory of the influence of Illinois dentistry on the growth of the profession would not be complete without recognition of the accomplishments of its three dental schools, Loyola, Northwestern and Illinois, as well as the Zoller Memorial Dental Clinic of the University of Chicago. To do this, 86 pages, already a condensation, in our book will have to be condensed again into a few brief paragraphs.

The most written-about man in dental history was Northwestern's immortal G. V. Black. His theory of extension for prevention, for which he was most widely known, his research on filling materials, his standardization of dental nomenclature and his classic textbook on operative dentistry were but a few of his many contributions to modern dentistry during a many-splendored career.

In the Northwestern University Dental School yearbook of 1901 Dr. Thomas L. Gilmer, an almost idolatrous admirer of his colleague on the faculty, told this revealing yarn: "Not long since, during a conversation with a little company of seniors of our school, the question was asked: 'Why did you leave such and such a school to come to Northwestern to complete your education?' They said, explaining, that 'in these other schools the professors were continually quoting Professor Black and telling us the many things he had done, so we concluded that we would go to the school where he taught and get the information at first hand.'"

Many students also came to Northwestern to learn from Dr. Gilmer, who as early as 1881 had published a paper on fractures of the mandible and whose pioneering work on cleft palates was the forerunner of Northwestern's present-day Cleft Lip and Cleft Palate Institute.

Before we leave Northwestern on this supersonic flight, we must mention that at this school was established the very first department of dentistry for children in the world, followed by a special clinic for treating children, and well in the vanguard has been its program of assigning its students to hospitals as a part of the regular pedodontic curriculum.
The oldest dental school in Illinois, the Chicago College of Dental Surgery, founded by the illustrious Dr. Truman W. Brophy, not only supplied its full share of dentists to the world, but imported a remarkable group of dentists from the Old World. They were: Dr. Bernhard Gottlieb's protégés from Vienna, brought here by Dean William H. G. Logan, who had already carved a special niche for himself by organizing the Army Dental Corps during World War I. Drs. Balint Orban, Rudolph Kronfeld and Joseph P. Weinmann, with Dr. Harry D. Sicher, put the "ology" in periodontology. Through them Loyola write its own history-making chapter on periodontology and gave the world real insight into the cause, treatment and prevention of the diseases that were prematurely "knocking the props" from under and around so many, many teeth. Their philosophy might be summed up in this incident: Asked at a lecture, "When do you give up and extract the teeth?" Dr. Orban's retort was, "When the patient's teeth fall out when he sneezes—that's when you take them out."

It was the State's newest dental school, at the University of Illinois, that first saw the possibilities of the newest methods of communication for teaching. A bright idea of alumnus Saul Levy's gave postgraduate teaching a new dimension. Using telephone wires, with elaborately illustrated manuals, filmstrips, and later closed circuit television, the latest knowledge of outstanding experts in all fields of dentistry was brought to practicing dentists in hundreds of communities for a decade beginning in 1947. Closed circuit television teaching is now standard practice in dental schools throughout the nation, and a special feature of dental meetings.

As a sample of the avid interest in the super-party-line telecourse, it was heard at 5:30 p.m. on the Pacific Coast. In Portland, Oregon, where the two-hour course was served with dinner, they put moccasins on the waitresses so that not a word from the lecturers would be missed.

Still another notable contribution for the permanent record book has been the work of the Zoller Memorial Dental Clinic in gnotobiotics, in tandem with the Lobund Institute of the University of Notre Dame. Research with the germfree rat, raised in the Reyniers isolator, was responsible for some of the most far-reaching conclusions
since the research of G. V. Black and his friend, Willoughby D. Miller. The findings presented in 1954 by Dr. Frank J. Orland, the Zoller Clinic’s director, indicated that “twenty-two rats (white Norwegian) reared under germfree conditions remained entirely free of even microscopically demonstrable dental caries. Of thirty-nine conventional control rats, possessing the usual mixed microbial populations, thirty-eight developed carious lesions when maintained on the same kind of dietary regime as the germfree animals. It is deduced from this evidence that dental caries in the rat is not possible in the absence of micro-organisms.”

Gnotobiotics also has been used in the study of periodontal disease, and it has been shown that, contrary to former belief, bacteria are not essential to the formation of calculus. The Reyniers isolator is now producing germ-free animals for use not only in further dental studies, but for research on virus as a cause of cancer, amoebic dysentery, and radiation injury. Units also are now functioning to control atmosphere in experimenting with exotic metals and in electronics for observations in a vacuum.

The Illinois State Dental Society itself has earned a place in dental history for all it has accomplished for the growth of the profession. The component society plan, the backbone of organized dentistry, was originated by the Illinois State Dental Society for its own reorganization and growth. The results were so astounding that its champion, Dr. Arthur D. Black, and a fellow Illinoisan, Dr. C. P. Pruyn, beginning in 1907 waged a "Seven Years' War" and brought about its adoption for the national structure.

Concurrently with his campaign to broaden the base of both the state and national organizations, Dr. Arthur Black championed yet another Illinois plan, whose influence also radiated in all directions from the state. In order to stimulate participation by the enlarged membership of the local societies and at the same time fill a void in their educational development, Dr. Black conceived the Postgraduate Study Course, which extended throughout Illinois. Articles from the leading dental publications were indexed and used as sources for assigned questions. This indexing program and his 50-year index of the Illinois Transactions in 1914 were the forerunners of Dr. Black's later project which has evolved into the Index to Dental Literature.
An Illinois name which has had many a reference in the Index and which belongs to the most controversial and one of the most influential men in dental history is William H. Taggart. Even though eventually the courts recognized the prior art of Dr. Barnabus F. Philbrook, whose method of casting metal inlays had been abandoned and laid to rest in the archives of the dental library of the University of Iowa, it was the tragic Dr. Taggart's process of casting gold inlays by the disappearing wax pattern which was adopted by the profession and revolutionized modern dentistry.

At Dr. Taggart's death on April 27, 1933, Dr. Rodrigues Ottolengui eulogized his old friend in his magazine, Dental Items of Interest:

"Has any dentist who ever lived done more than Taggart for the progress of dentistry? Have any dentists done as much? If such a claim can be made for any list of dentists, such list would be brief indeed. Beginning with Wells and Morton, one or both of whom gave anesthesia to the world, and continuing with Black and Miller whose eminent research work placed operative dentistry upon a firm scientific foundation, one well might pause, because whilst others have merited much from their colleagues, none can rank with William H. Taggart....He worked for eleven years to perfect a process that no one after him has materially improved in 25 years, and which has enabled dentists to add millions of dollars to their incomes, with practically no financial reward to Taggart. And finally he has died understood by only a few and unappreciated by the vast majority."

On May 11, 1960 a number of past presidents of the Illinois State Dental Society left their convention in Rockford and traveled to Freeport to place a wreath on Dr. Taggart's grave. Conscious of it or not, dentists everywhere, every day, place in the teeth of their patients tiny gold monuments to his memory.

To do justice to justifying the premise that Illinois dentists like Taggart, the Blacks, Allport, Bentley, Crouse, Logan, Blayney and Orban were dentists to the world would take a book--in fact, it did.

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(Given at the 13th Annual Meeting of the American Academy of the History of Dentistry, November 6, 1964, San Francisco, California.)
Thirteenth Annual Meeting

AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY
Sheraton-Palace Hotel, San Francisco, California
Friday, November 6, 1964

PROGRAM

Morning Session, 9:30 a.m.

Invocation - Dr. W. Edgar Coleman, Atlanta, Georgia

President's Address - Dr. Jacob Sharp, New Haven, Connecticut

The Beginnings of Professional Institutions in America - Dr. Lon W. Morrey, Glenview, Illinois

Early Dental Education in Indiana - Dr. Jack D. Carr, Indianapolis, Indiana

The History of Dental Amalgam - Dr. George M. Hollenback, Encino, California

Luncheon Session, 12:00 Noon

Introduction of New Members

McTeague--An Essay on Dentistry in the Novel - Dr. Ashur G. Chavoor, Washington, D. C.

Afternoon Session, 2:00 p.m.

The Story of Dentistry (Motion picture produced under the auspices of the Southern California State Dental Association) - Dr. Alfred I. Coleman, Los Angeles, California

The Illinois State Dental Society's Centennial Celebration - Dr. Carl J. Madda, Chicago, Illinois

"Dentists to the World--Illinois' Influence on the Growth of the Profession" - Mr. Julian J. Jackson, Chicago, Illinois

Business Session
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Objectives of the American Academy of the History of Dentistry

To stimulate interest, study and research in the history of dentistry.

To disseminate information pertaining to dental history.

To promote the teaching of dental history in the dental schools of the United States.

To cooperate with committees of dental history of other recognized organizations.
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Memorando para la Historia de la Odontología en Colombia, by Alvaro Delgado Morales. Bogota, D. E. 1964. 112 p. (The author is Dean of the Dental Faculty of the Javeriana University.)

NEWS NOTES

Dr. John Burkhardt, Jr., of the Academy of Stomatology of Philadelphia, is preparing to write a history of that organization. He is anxious to secure any material relating to the Academy that may be of help to him. His address is 1208 Medical Arts Building, Philadelphia, Pa. 19102.

A reprinting of Karl Sudhoff's Geschichte der Zahnheilkunde 2nd Edition (Leipzig 1926), has been issued in 1964 by the Georg Olms Verlagsbuchhandlung Hildesheim at approximately $13.18.