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HISTORY OF THE MODERN ETHICAL DENTAL SOCIETY

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One of the more common criticisms leveled at organized dentistry today is that the public is not being educated effectively on the important role that dentistry can play in the maintenance of oral and general health. The critics suggest many possibilities to accomplish this: newspaper columns, television and radio programs and announcements, articles and advertisements in popular magazines, as well as distribution of more material and information by dentists. As a matter of fact, the American Dental Association and most component and constituent dental societies have been actively engaged in an extensive dental health educational program for many years.

In 1919 the House of Delegates of the American Dental Association established a "Committee on Oral Hygiene and Public Service" and since that time there has been at least one A.D.A. council, bureau or committee responsible for educating the public on the importance of dentistry. The Association's public education program is active, and progress is being made, although not sufficiently rapidly to satisfy many dentists.

Prior to 1850 a few sporadic attempts to educate the public on the value of dental services were made by a few individuals, almost invariably with something to sell, either dental services or products designed to improve oral hygiene. It is interesting to note that in the early days in this country it was a common and apparently acceptable practice for those offering dental services to advertise in newspapers, and these advertisements often included some factual material about dental health.

Even such well respected dentists as John Greenwood, Sr., advertised his talents in newspapers and by distributing handbills. In 1785 he distributed handbills announcing that he "continues to perform the necessary branches of the dental arts, removing every substance tending to destroy the teeth and gums, cure the scurvy in the gums, make the teeth white, sells brushes that are suitable for the teeth, the powder that never fails to recommend itself," etc.

Many of the early newspaper advertisements by dentists served to educate the public on the importance of dental care as well as to call attention to their own talents. One surgeon dentist, Michael Poree, wrote quite a lengthy newspaper article about dentistry in the New York Gazette, December 11, 1769, designed to inform the public as well as to advertise his own skills.2

Early books on dentistry were written to educate the public about the oral cavity as well as to inform those who were desirous of treating dental disease. Weinberger points out that the first two books on dentistry published in this country were designed primarily to educate the public rather than dentists. The first, which was written by R. C. Skinner, surgeon dentist in New York in 1801, was entitled "Treatise on the Human Teeth, Concisely Explaining Their Structure and Cause of Disease and Decay to Which is Added the Most Beneficial and Effectual Method of Treating All Disorders Incidental to the Teeth and Gums; With Directions for Their Judicious Extraction and Proper Mode of Preservation: Interspersed with Additions Interesting to and Worthy of the Attention of Every Individual."3 This was a brochure of 26 pages in which the author described in general terms the structure of the teeth, eruption patterns, disorders of the teeth and general causes of decay, scurvy of the gums, abscesses, and gave some directions for extracting teeth. The book contained a general summary of opinions held at that time and represented no great contribution to dental knowledge.

While this book was written ostensibly to educate the reader, many times throughout the book the author indicated that the patient should seek a well-trained, experienced operator. For example, "The sufferings of unfortunate victims to vulgar operators ignorant of anatomy have been many and great. Scarcely a day passes, even in this enlightened metropolis (New York) without furnishing a melancholy memento of it. An erroneous idea too frequently prevails that any person can extract a tooth: from hence proceed broken teeth, fractured jaws, exfoliations, dangerous hemorrhages, deep seated abscesses and sometimes locked jaw. The latter is the sure, the certain, harbinger of speedy death."4 The author did describe how a tooth should be extracted, although he used such comments as "the various construction and situation of the teeth requires instruments of various forms. The judicious, experienced operator is abundantly supplied with these and when a case occurs that requires his professional assistance, he knows how to select and
apply such as are adapted to the case advantageously. ... The selection of the extracting instrument must depend entirely upon the judgment of the operator. ... Extractions may be easily effected by an operator that possesses the instruments and understands the proper method." Nowhere did Mr. Skinner describe the instruments or give any criteria for their selection, nor explain what he means by "the proper method."

Mr. Skinner praised his dentifrice, but did not give its formula. He included three testimonials of individuals who wrote that the dentifrice "not only possesses no noxious articles" but that it will "be very efficacious in saving the teeth from premature decay." Mr. Skinner comments that during a period of "nearly 12 years' extensive practice in this city, many difficult cases have presented to me from different parts of America, some which were deemed irremediable: not a single person has applied in vain; the most complete success has attended every operation." He also reports that he will take care of poor people, "at the dispensary, hospital, almshouse, or the house of the operator, gratis."

Reading the book leaves one with the impression that the author was less interested in educating the public as to the importance of dental care than to the importance of using only the services of a good dentist such as Mr. Skinner.

The second book published in this country, by Mr. B. T. Longbothom, was entitled "A Treatise on Dentistry Explaining the Diseases of the Teeth and Gums, with the Most Effectual Means of Prevention and Remedy." In the preface of this book, Mr. Longbothom admits "in endeavoring to perfect myself as a dentist I have employed some years and (if a liberal practice does not much mislead me) I may assert not unsuccessfully, but even as in the most extensive field of practice, there will ever remain a few uninformed of the good effects which experience has made known to others: I trust I shall not be condemned for attempting to raise in estimation an art more beneficial in this climate than in most others." In a note addressed "to those worthy gentlemen, ill-naturedly nomenclated quack-doctors," etc., he wrote: "I had just finished this treatise when I received an application to attend a lady whose upper jaw had been considerably injured by one of the greatest empirics of whom your fraternity can boast and was thus reminded of a duty which has only lost its weight I should presume by
the hackneyed manner in which it has hitherto been performed."

The style employed by Mr. Longbothom is not conducive to rapid scanning! His book is longer, more detailed than Mr. Skinner's, and it does include more dental health educational material. Mr. Longbothom includes descriptions of some cases which he treated satisfactorily although he makes no attempt to describe in detail how dental treatments should be applied. His description of how to draw a tooth is somewhat more illuminating than that of Mr. Skinner although he did state "but unless under the hands of a very skillful dentist may be attended with a serious consequence of drawing the wrong one, breaking that intended to be drawn, or otherwise injuring the mouth." Mr. Longbothom also announced a dentifrice for sale as well as an antiseptic lotion and an opiate, reporting where they could be purchased, but did not divulge their composition.

Both of these books were designed to impress the public with the importance of dentistry and the importance of visiting a good dentist for dental care.

Shortly after the Civil War, advertising by dentists was frowned upon as being unethical, and so until the American Dental Association formed its Bureau of Dental Health Education, little was done to educate the public on the benefits of dental care. Periodically advertisements were published in magazines and newspapers but these were designed primarily to sell dentifrices, tooth brushes or mouth rinses. In this century several commercial companies have included some educational material in their advertising of oral health products; some have carried on active and effective advertising campaigns using such slogans as "The clean tooth does not decay" and "Brush your teeth twice a day, see your dentist twice a year." Doubtless such campaigns have helped increase public interest in dentistry.

The gradual development of ethical dental societies led to a mutual respect by dentists for each other and to the eventual development of a code of ethics which discouraged advertising by dentists. Nevertheless, there have always been some dentists who persisted in advertising their services to the public through newspapers, handbills, radio, and recently television. There have also been many
dentists who believe that all these media should be used in an ethical manner to educate the public.

A small group of advertising dentists in Indiana about 1915 were able to elicit the support of the Better Business Bureau and some well-respected advertising men in organizing an association whose purpose was to promote advertising in newspapers as a method of increasing the public's awareness of the value of dentistry. As a result of their combined efforts, in 1916 the Modern Ethical Dental Association of Indiana was formed, apparently along the lines of other such societies elsewhere*, which had the following objectives spelled out in the Constitution:

Article II. Objects. The objects of the Association are to promote the public welfare by advancement of the dental profession in education, science and mutual fellowship; to elevate the practice of dentistry; to promote and encourage cooperation among the members of the profession; to meet socially and for the purpose of discussing any and all subjects and matters relating to the practice of dentistry, or in which the members of the profession may be interested; to advocate proper legislation and to take such steps and do such things as may be advisable for the advancement of the profession and the protection of its members.12

Their Code of Ethics, Article I Section 1 read as follows:

The dentist should be ever ready to respond to the wants of his patrons and should fully recognize the obligations involved in the discharge of his duties toward them. As they are in most cases unable to correctly estimate the character of his operations, his own sense of right must guarantee faithfulness in their performance.

Section 2: It is not to be expected that the patient will possess a very extended or a very accurate knowledge of professional matters. The dentist should make due allowance for this, patiently explaining many things which may seem quite clear to himself, thus endeavoring to educate the public mind so that it will properly appreciate

*According to a report in the Indianapolis Star, September 8, 1916, the first "modern ethical dental society" was founded in Milwaukee, Wisconsin.
the beneficent efforts of our profession. He should encourage no false hopes by promising success when, in the very nature of the case, there is uncertainty.

Article II, Section 2: It shall be unprofessional for any dentist to circulate or advertise fraudulent or misleading statements as to the skill of the operator, the quality of the materials, drugs, or medicines used or methods practiced.13

The application for membership in the Modern Ethical Dental Association stated "I am for greater dental efficiency and appreciate that big results are only attained by widespread unified advertising such as this organization has focalized in the ideal expressed herewith. I am glad this movement for the public good is for private profit because it provides a powerful motive and insures growth. You are on the right track. I am with you. (signed)_____

The organization had as its slogan "A public 100% dentally efficient instead of 80% failure." The Indianapolis Better Business Bureau lent its support to the organization and apparently paid for a series of advertisements in the Indianapolis newspapers. The Indianapolis News February 3, 1917 carried one headline, "Mary no longer fears the dentist's chair." The advertisement mentioned how much dentistry had been improved recently although it was still not entirely painless. The same week the Indianapolis Star carried advertisements by a group of advertising dentists called the People's Dentists, which included some health educational material. The advertisement called attention to the fact that toothache means bad health and poor scholarship, and another advertisement the next week discussed the relationship of good teeth to digestion. It is probable that representatives of the two groups had worked together to prepare the advertisements.

At the meeting of the Modern Ethical Dental Society in Indianapolis September 6-7, 1916, representatives of the Better Business Bureau discussed "Advertising for Better Business" and an editor of a magazine discussed "What Dental Advertising Needs." Mr. Thomas Snyder, well respected member of the Bookwalter-Ball convention service, declared that the advertising dentists in this country had done more for humanity than all the ethical dentists in the country and commented that not all the bad dentistry was from advertising dentists. There was another speaker not on the
printed program, named Dr. Howard R. Raper, Superintendent of the clinic of the Indiana Dental College and President of the Indianapolis District Dental Society. The newspapers of the time reported he presented an interesting stereoptic lecture entitled "The Difference Between Good and Bad Dentistry and Its Relation to Advertising." Dr. Raper, who now resides in Albuquerque, New Mexico, started out by saying that he was not in favor of dental advertising as it had been conducted. He added, "Neither am I opposed to the character of advertising which has been advocated by this baby society." He proceeded to show case after case of poor dentistry and commented that the "man who advertises painless dentistry or guarantees his work is a plain ordinary liar. In the very nature of things there are some operations that you cannot guarantee to be painless or to last ten years."  

Dr. Raper and other representatives of the Indianapolis District Dental Society and the Indiana State Dental Association were able to convince the Better Business Bureau that the advertising dentists in Indiana were advertising not to educate the public but to promote their businesses and that the "Modern Ethical Dental Association" should not be supported because it was contrary to the best interests of the public. So the Modern Ethical Dental Association faded out of existence.

The only justification for mentioning this organization is to point out how much more important it is to understand the motives behind individuals promoting organizations than it is to read the constitution and bylaws of that organization. It is to be hoped that future historians will not be misled by the idealistic phrases in the literature distributed by the Modern Ethical Dental Association and in their constitution and bylaws nor with its affiliation with the Better Business Bureau. Also, it is hoped that the opposition of leaders in organized dentistry will not be misinterpreted. Dr. Raper and the other Indianapolis dentists who opposed the Modern Ethical Dental Association were in favor of dental public health education in all forms, provided there was no mention of individual dentists in a way to result in direct personal gain.

About 1930 another group of dentists, all highly ethical dental practitioners, devised a plan to disseminate dental health education material. An American Dental Association Educational Publicity Committee, headed by Dr. Alfred Walker,
with Drs. Vernon Hunt, Virgil Loeb and Martin Dewey, developed a most ambitious program. Primarily the plan consisted of the development and use of paid advertising copy, and concurrently the development for dissemination by more orthodox methods of various types of educational material for use by dental societies and lay organizations. This Educational Publicity Committee developed samples of the type of material which it felt might be employed by the Association in a public educational program for presentation at the 1932 meeting. Apparently there was no objection to the plan of increasing the Association's public educational activities, but violent criticism was raised by some members to the use of paid newspaper advertising. A report of the discussion occupies more than 20 pages in the Association's 1932 Transactions. 15

Apparently the tremendous objections to the newspaper advertising aspect of the program caused the House of Delegates to disapprove the entire project. At least, Dr. Lon Morrey reports that when he became Director of the A.D.A. Bureau of Public Relations in September 1933, the Educational Publicity Committee was not in existence. 16

From 1933 until 1947, the Bureau of Public Relations, under the energetic and competent leadership of Dr. Morrey, expanded the program of dental health education rapidly. In 1947 the Bureau of Public Relations was formally dissolved and its dental health activities assigned to the Council on Dental Health and its public relations activities assigned to the Bureau of Public Information. Since that time, the Council on Dental Health and the various bureaus mentioned earlier, have continued their aggressive campaign to educate the public about dentistry. However, some dentists, including Dr. Raper, are still hopeful that a campaign designed to educate the public to the fact that "toothaches can be prevented" will be carried on in newspapers and magazines, as well as on television and radio. 17

Such a campaign to impress the public with the importance of oral health, how to obtain it, and how to maintain it, could doubtless be effective if all the modern skills of the better advertising men, coupled with the available knowledge of preventive dentistry, were focused upon developing palatable, sound dental educational material, and if a multi-million dollar budget were available. Even though this type of presentation directly to the public would be expensive, better dental health would result, and incidentally, a higher percentage of the public would visit dental offices.
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4. Ibid., p. 19.
5. Ibid., p. 20.
6. Ibid., p. 22.
9. Ibid., p. vi.
10. Ibid., p. 13.
11. Ibid., p. 37.
13. Ibid.
17. Raper, Howard R. Personal communication.

A Department of Defense publication\(^1\) states: "When suggestions from any subordinate are adopted, the credit should be passed on to him publicly." Who among us has not felt that this altruistic principle is notorious for its nonobservance?

We should realize that many of our rights and privileges have been gained through the acumen, effort, and action of uncredited colleagues. Of course, failure to give credit where credit is due very often arises through ignorance. George Washington once stated: "Truth will ultimately prevail where there is enough pains taken to bring it to light."\(^2\) It is so much easier not to make changes and to leave things status quo, as changes do require a lot of costly work. This status quo business appears to be prevalent throughout the recorded history of dentistry. In the interest of sound history, errors should be challenged to prevent further repetition, and significant omissions should be revealed.\(^3\)

With this thought in mind, I have reviewed carefully many items dealing with the remarkable accomplishments of Dr. Williams Donnally, an inadequately publicized individual whose outstanding documented suggestions were adopted upon the enactment of Congressional dental legislation. On four noteworthy occasions, twice for the Army and twice for the Navy, he acted to promote the image and much needed prestige of the dental profession.

Dr. Donnally was born 18 February 1851 at Lewisburg, W. Va., and attended the public schools there. In 1875 he entered the office of his brother in Georgetown, Ky., where he served an apprenticeship of some three years. Then he entered the dental department of the University of Michigan, from which institution he received the D.D.S. degree in 1880. Directly thereafter he went to Washington, D.C. and established a practice which he carried on throughout the remainder of his life.

Dr. Donnally joined the District of Columbia Dental Society and became one of its most active leaders, serving...
as secretary and in 1911-12 as president. He was a member of the dental examining board for several years and was instrumental in framing the first bill to regulate the practice of dentistry in the District of Columbia, enacted into law in 1892. He was prominent also in the National Dental Association and in the Federation Dentaire Internationale, attending the national meetings regularly and serving the national organization in numerous capacities such as secretary and chairman of the important legislative committee.

Dr. Donnally was such a powerful advocate of armed services dental legislation that it seems incredible that career dental officers could serve for many years without hearing of his efforts. Perhaps the crowning evidence of nonrecognition of this gentleman was the publication in a "chronology" of the Naval Dental Corps in 1962 of his photograph over the name of another person. More about this later.

The four outstanding military dental legislative successes in which Dr. Donnally so competently participated covered a period of approximately 14 years of continuous devoted service to the dental profession. His first achievement, while William McKinley was President, was the effective part he took in the movement which resulted in an Act of Congress dated February 2, 1901 authorizing the appointment of the first 30 dental surgeons in the U.S. Army. They were known as contract dental surgeons and were accorded the privileges of officers, but wore an Army uniform without insignia of rank.

Dr. Donnally's second, third, and fourth legislative achievements were: March 3, 1911, August 22, 1912, and March 4, 1913. These Acts made provision for one-grade commissioned officers in the Army Dental Corps, the Naval Dental Corps, and the Navy Dental Reserve Corps, respectively. These last three Dental Corps laws were approved by President William H. Taft.

An interesting sidelight of Dr. Donnally's career was that, although the Navy Dental Reserve Corps law of March 4, 1913 prescribed age limits of 22 to 30 for appointees, he was the first Navy Dental Reserve Corps officer appointed on April 23, 1913, although he was a little over 62 years of age. On September 15, 1913 he was appointed president of the first Navy Dental Reserve
Corps Selection Board, convened to recommend appointments under the new reserve law.

While directing attention to the great contributions of Williams Donnally in securing Army and Navy dental legislation, I am aware of the magnificent efforts of the pioneers and progenitors in this field for more than half a century, as early as 1850, starting with Dr. Edward Maynard, the dentist-inventor, and others such as Drs. Chapin Harris, C. McQuillen, H. J. McKellops, G. H. Perine, W. E. Driscoll, Emory A. Bryant, and many associations and societies. They sowed the seed for the establishment of dental corps in the Army and Navy. But, their strenuous efforts in contacting and securing help from Presidents of the United States, cabinet members, members of Congress, and many others during this long period failed to secure favorable action by the Congress.

It is regrettable that several lengthy published articles relating to the history of the Army and Navy Dental Corps, written by Dental Corps personnel, do not even mention Williams Donnally. A large picture of Dr. Donnally, copied from one procured by the writer for the Navy files, appears on page 13 of a widely distributed Naval Dental Corps historical chronology, carrying under it the name of E. A. Bryant. Although Dr. Donnally's contributions to the advancement of dentistry in the Army and Navy were many, the writer never has noticed a Donnally photograph displayed in grateful appreciation at any Army or Navy dental installation.

A few quotations and notes relative to Dr. Donnally's achievements taken from the official NDA House of Delegates Transactions are submitted:

"Of great importance to the profession was the organization in 1901 of the first Army Dental Corps, consisting of 30 contract dental surgeons without military rank. The Executive Council appropriated $500 to Williams Donnally, secretary of the committee which had successfully promoted passage of the bill in Congress, to reimburse him for expenses incurred therein. The members further moved that an earnest effort be made to secure a like corps for the Navy, preferably of commissioned officers." (The Navy never had legislation for the appointment of contract dental surgeons.)
"The Association continued to increase its efforts to improve the status of dentistry in the military services - the chief burden of this responsibility fell on the Committee on Army and Navy Dental Legislation. The Association, not unappreciative of the Committee's labors, presented a vote of thanks to Chairman Donnally and his committee members plus $200 to Chairman Donnally to help reimburse him for whatever money he may have expended in the interests of dental legislation."7

Dr. Richard Grady, a competent, nationally respected dental surgeon, was asked by a member of the Executive Council of the National Dental Association, on account of his experience and knowledge of affairs relative to the need for service legislation, to draft a bill providing for dental surgeons in the Navy. He declined due to an executive order prohibiting any action by Government employees to secure legislation by Congress. During this period he was a civilian Government employee as resident dentist at the U. S. Naval Academy. However, he strongly recommended Williams Donnally for this task as he thought highly of his ability respecting this matter and stated: "I have often wondered how he could carry all he knew concerning legislation and enlighten members of Congress themselves, outside of dentistry, as he did at the hearings before the military committee."8

Dr. B. Holly Smith of Baltimore, past president of the National Dental Association, in a letter dated November 2, 1907 to the editor of the Dental Cosmos stated: "I am glad to say, Mr. Editor, that I am no longer Chairman of the Legislative Committee, nor would I under any circumstances undertake it again. I firmly believe that it is necessary for the chairman of the committee to be a local man, and I know of no more efficient and influential person in Washington than Dr. Williams Donnally, the gentleman whom the Executive Council selected as chairman."9

"The year 1911 marks one of great accomplishment for dentistry - one in which the Association can take pride and credit. On March 3, 1911, the Congress of the United States approved legislation establishing the Dental Corps of the Army and stipulating that dental surgeons... would receive commissioned rank... Once again the credit for achieving this victory, which surpassed the gain of the Army bill of 1901, fell to the politically astute Williams Donnally of Washington, D.C., and his alert committee."10

During the proceedings of the annual meeting of the
National Dental Association (Southern Branch) in 1911 Dr. William Crenshaw, Chairman of the N.D.A. Committee on Legislation, remarked: "I wish to make a statement with reference to this legislation, and will also ask Dr. Donnally to give his views. Dr. Donnally is in Washington, in close touch with congressmen and knows more about the status of affairs than all of us combined." This statement related to the 1911 Army bill which originally had three grades of rank: Lieutenant, Captain, and Major. The last two grades were struck out.

Dr. Donnally replied: "I am very sorry the time is so limited, as I consider this subject worthy of very much more attention than can be given to it in 20 minutes... The effect of the opposition to which I refer was that two of the three grades of rank for which the dental profession has contended for nine years were omitted, and thus our measure, enacted several times by the Senate and approved by the House Military Committee, was reduced to a one-grade Army Dental Corps. This was done in the secrecy of the conference committee through the extraordinary efforts of the War Department, not only officially through the Secretary, the Chief of Staff, and the Surgeon General, but by such means as a lobby of commissioned officers in citizens' clothes buttonholing members of Congress at the Capitol, and asking them not to give dentists any rank at all. Medical men tried to defeat this legislation, and a remark of a former medical officer, now the Chief of Staff of the Army (the writers identifies Leonard Wood), was substantially that the more dentists we have, the fewer surgeons we will have in the Army, and therefore he would not do for Army dentists as he had previously indicated he would.

"As to the Navy legislation that has been pending in Congress for a number of years, we have different conditions to deal with. We have the Surgeon General and all the other bureau chiefs who have anything to do with recommending this legislation, fully committed, and all willingly agreed that three grades of regular rank is the minimum with which the navy dental corps should be started in the service, and we have their promise that they will continue to advocate that measure, notwithstanding the efforts of certain of the War Department officials to get to the Navy to reduce the Navy Bill to a one-grade bill.

"There is no official more dependable than Surgeon General Stokes of the Navy. The Chairman of the Senate
Committee told me a day or two before I left him that he
would renew the effort to pass the bill at this special
session of Congress. This should be done even though the
House of Representatives should defer action until the
next regular session..."

With reference to the promotion of the image and
prestige of the dental profession during the establishing
of the service dental corps, as mentioned early in this
article, the following statement by Dr. M. F. Finley of
Washington, D. C., President of the National Dental Asso-
ciation 1905-06, before the Maryland State Dental Associ-
ation and the District of Columbia Dental Society annual
meeting in Baltimore, June 9-10, 1910, is enlightening:
"The records and merits of the dental profession have too
long been ignored...An example of the social position of
the dental profession in Washington is that the D.D.S.
degree is not considered a sufficient qualification for
membership in the University Club, while the LL.B., the
M.D., and other degrees from almost any institution in
the country are considered sufficient - some of these
being colleges one never heard of before. I claim that
dentistry has done as much for the world at large as any
other profession."12

During the proceedings of the National Dental Asso-
ciation (Southern Branch) 14th annual meeting in Atlanta,
April 4-6, 1911, Dr. Finley stated: "Undoubtedly, the
greatest step of all in recognition of our profession,
in its far reaching effect, is the culmination of 12
years of effort in securing commissioned rank, with pro-
vision for retirement, for the Army Dental Corps in the
closing days of the Sixty-first Congress. There has been
misguided opposition in the ranks of our own profession,
even admittedly personal spite, and revenge sought, which
delayed this legislation and has prevented higher grades
of rank being secured, namely those of Captain and Major."13

Williams Donnally, along with Surgeon General Stokes,
did all the testifying during the greater part of the hear-
ings before the Committee on Naval Affairs, 62nd Congress,
second session, on the Naval Dental Corps bill which fi-
nally was passed by the Congress and approved by President
Taft on August 22, 1912. During Dr. Donnally's magnificent
testimony he quoted what President Taft, when Secretary of
War, had said: "I have some knowledge of the unsatisfactory
relations that exist between the Contract Surgeons and the Army. There are no persons who learn so quickly the difference between a real and a 'Mex' officer, if you may call him such, as the enlisted men. The life of a contract surgeon, especially one who is at all sensitive, is taken up in resenting slights. It is not a healthy attachment to any branch, but a collection of men who are neither fish, flesh, nor fowl, and I think the esprit de corps of the whole service would be much better if the contract surgeon could be entirely eliminated. 14

Dr. A. R. Melendy of Knoxville, President of the National Dental Association, paid high tribute to Dr. Donnally's great efforts in his address at the 16th annual meeting in Washington, September 10-13, 1912. In reference to status of the Army and Navy Dental Corps, he said: "By an act of Congress approved March 3, 1911 and another approved August 22, 1912, the nondescript and odious 'contract' position of our dental representatives in the Army and Navy has been removed, and a grade of regular military rank common to all staff corps is accorded...All honor is due to the present Legislative Committee and to all of the legislative committees who have labored so assiduously during the past years for this cause, and I take this opportunity of acknowledging my indebtedness to and expressing my appreciation of the untiring efforts in behalf of national dental legislation made by Dr. Williams Donnally, to whom more than any other man we are indebted for the passage of these Acts by Congress; for, whether as a member of the Legislative Committee or in cooperating with it, his interest and unselfish devotion has never waned; no personal discomfort has been too great for him." 15

A committee headed by Past President James Truman of Philadelphia, in a report on President Melendy's address, wrote: "The act of Congress of August 22, 1912, giving rank and precedence to the dental corps in the same manner in all respects as in the case of appointees in the medical corps of the Navy, is of such importance that it merits special notice...To the self-sacrificing character of Dr. Williams Donnally's work, through 14 years of unceasing effort, is due this success, and your committee heartily endorses all that the President said on this subject." 16

During the same session Dr. Truman, who was 86, recalled an incident in 1906 relative to charges against Dr. Donnally, of whom he said: "I do not think that this
profession throughout the United States comprehends what that man has done for its elevation through 14 years of sacrifice. I say, I do not understand it. I therefore want my views to go out through this report to the farthest extent of this country."16

When asked to give an approximation of his expenses in legislative work, Dr. Donnally replied: "Over five thousand dollars, without hope of reward." Dr. Truman than offered a resolution: "Whereas...Resolved, That it is recognized by this body that the success attending this prolonged effort, through 14 years, is mainly due to Dr. Williams Donnally of Washington, and this has been fully recognized by this committee and past committees in charge of this responsible duty; therefore be it Resolved, That inasmuch as this has not been accomplished except through large money outlay and sacrifice of time, resulting in serious loss and some financial embarrassment, in the past, to Dr. Williams Donnally, the Executive Council be requested to take this into consideration and devise a plan to reimburse the said Dr. Williams Donnally for the lavish sacrifice of his private means, and that the said council report the result of its conclusions to a future sitting of this body during its present session."17

Dr. Truman moved adoption and his motion was carried.

The proceedings of the Northeastern Dental Association on Wednesday, October 21, 1908, published in the May, 1909 Dental Cosmos, reveal that legislative results did not please everyone. Dr. M. L. Rhein of New York, later selected by Dr. Donnally’s Board for Dental Reserve Corps appointment, opposed reappointment of Dr. Donnally for three years as Legislative Committee Chairman, saying: "I understand a great many men of the corps (contract dental surgeons) wrote to the Executive Council of the National Association requesting they not reappoint Dr. Donnally because, they claimed, he did not represent real interests of the corps." The Council did not like this attitude; called it petty political business. Dr. Rhein continued: "Dr. Grady told us legislation must be under direction of the department, of the Army or the Navy. This is contrary to what Dr. Donnally has been giving out for years, that we will get our legislation with or without consent of the War Department...it has always seemed to me almost impossible to obtain this legislation without sincere War Department cooperation...one member of the Senate...
opposed to this legislation is Senator Hale...I visited him at his home in Washington...and told him I wanted his support as Chairman of the Naval Committee...but his reply was "Never, Never, Never!"

Disappointment of some members about inadequate results obtained for the contract dental surgeons brought unfavorable remarks about the efforts of the legislative committee. Dr. Donnally challenged these remarks at the National Association Meeting in Buffalo, July 25-28, 1905. He said: "I should like this opportunity, since the objects committed to this Committee on Army and Navy Dental Legislation have been debated, to say a word. I have been a member of this committee for seven years; have handled all the correspondence, have drawn all the bills presented to Congress; also presented the profession's claims for commissioned rank to the War and Navy Departments and to the committees of Congress, and have endeavored to keep the profession well informed in regard to the methods of promoting the profession's interest in the premises. The committee has had the hearty and continuous support of the officers and Executive Council of this association, of a large number of influential and earnest members of the profession, and of university presidents and college faculties. Only a few, perhaps not more than a half dozen in the profession, have antagonized or interfered with attainment of this object of the profession. The attainment of the object involves judicious conception of most intricate and delicate problems and demands perfect concurrence on the part of all concerned.

"The Surgeon General of the Army has advised interested persons who called on him that all should work together with the National Dental Association Committee to gain anything at all. How can we hope to gain even the simple and modest provisions of the Army dental bill, reluctantly consented to by the Surgeon General and reported against by the General Staff, by the present and former Secretary of War, while there is discord in our ranks, in the face of the fact that the Army Medical Bill failed of passage notwithstanding that it was supported by the American Medical Association, by the representatives of each state medical association, and directly by more than 2,300 county medical societies, by the Surgeon General, by the General Staff, by Secretary Taft and ex-Secretary Root, by the Senate and House Committees on Military Affairs, and by President Roosevelt in a special message to Congress."
"How many realize the significance of what has been accomplished in spite of powerful opposition? ... Remember that the War and Navy Departments never supported the proposed dental legislation ... Your committee has been for seven years your servant, doing your will at a sacrifice with no hope of reward in this world. If it faithfully represents you, support its efforts; if it does not, discharge it and lift the burden ... interference and effort have already retarded and made more difficult the attainment of the object. No one on the committee has any personal interest whatever in the result, nor has the committee at any time consented to terms less favorable than are possible of attainment ... realizing the force of the warning of the War Department officials that the more we ask the less likely we are to get anything at all."\(^\text{18}\)

The committee's work was upheld by the association.

Dr. Donnally's contributions to the advancement of dentistry by securing Governmental recognition legislatively, by favorable Congressional action and Presidential approval of two Army and two Navy dental bills were outstanding achievements for the entire dental profession. Although the Committee did not get all provisions requested, the writer knows from personal observation from 1942 to 1952 that they were fortunate to get any legislation under conditions existing at that time. The Committee members, and especially Dr. Donnally, are entitled to our lasting gratitude.

Dr. Donnally died August 16, 1929 in Washington, D.C. His remains were interred in the Arlington National Cemetery in lot number 4031 Section 3 on August 19, 1929. As a tribute to Dr. Donnally's outstanding contributions to the advancement of dentistry, this writer visited his grave on January 24, 1957.

References

4. Dental Cosmos, Nov. 1929, p. 1131, Dr. Donnally's obituary.


THE ORGANIZATION AND DEVELOPMENT OF DENTISTRY
FOR CHILDREN IN THE UNITED STATES

Samuel Harris, D.D.S., Detroit

I have wondered at the power of a single word uttered at the opportune time. It can and surely has at times changed the course of events and the best laid plans of men.

In my senior year at the University of Michigan School of Dentistry, Dr. Russell Bunting uttered such a word when he referred to prevention as the "anterior" side of dentistry. The singular use of the word anterior puzzled me. Dr. Bunting explained that prevention was the front view, the preferable aspect of dental service. Early care, he held, was most productive and most effective. This struck a responsive chord. Since, like so many in the professions, I had been motivated to study dentistry by an intense desire to serve people, for here was a potential for a rewarding service. Since we were concerned with prevention, it seemed the earlier we started the better.

Dentistry for children appeared to be the logical answer to the earliest practical approach. Now here came the rub. When I inquired, Dr. Bunting informed me that there was no course in dentistry for children at the University of Michigan. He would organize one if I wished to stay for another year. During my four years in dental school my meager funds had been supplemented with work. Now they were totally exhausted. Thus, when Dr. Bunting proposed as an alternative a year's scholarship at the Forsyth Infirmary for Children, I jumped at the opportunity.

Three years later, a chair in pedodontics was established at the University of Michigan. It came about in a strange and interesting way. Dr. Marcus L. Ward, the widely respected dean of the school of dentistry at the time, had stated repeatedly that, since in his opinion dentistry for children was the same as dentistry for the adult, there was no need for it to be given a special department. On my return from Forsyth, I debated this with him privately and on occasion vehemently. It was after one of these discussions, I was informed some years later by Dr. Kenneth A. Easlick--now retired but for thirty-seven years esteemed head of pedodontics at Michigan--that Dr. Ward emerged from
his private office just off the main clinic and called his associate, Dr. Robert K. Brown. "We are going to establish a department of dentistry for children," he said. "Whom do we have to put in charge?" As Dr. Easlick puts it, Dr. Brown answered, "Appoint Dr. Easlick, he hasn't a firm assignment." Dr. Easlick, who was serving in the department of materia medica, was called over and immediately allotted the task of creating and heading the University of Michigan Department of Pedodontics. Thus, that simply, was born a source which for nearly four decades now has been a veritable cornucopia for the outpouring of personnel and information in dentistry for children.

To return to 1924 and my early stay at Forsyth, a search of the dental literature proved puzzling. Dentistry in the United States was several hundred years old. Yet I could find relatively little information on that to which Dr. Bunting had referred as the all important "anterior" part, and even less on its aspects that related to dentistry for children.

I discussed this with a gracious teacher at Forsyth, Dr. Frank Delabarre, and later at some length with Dr. Harold DeWitt Cross, the director. Both agreed that there was a strange dearth of interest in dentistry for children. They offered the explanation that dentists found adults more manageable and adult restorative dentistry more profitable.

I kept thinking about this throughout my year's stay at Forsyth and concluded that this didn't have to be necessarily so. It was at this stage that I settled on two things. First, I would specialize in dentistry for children directly upon my return to Detroit; second, I would do what I could to band together the isolated interest that my year of investigation revealed existed among the handful of dentists who served children.

Thus it was that I carried a letter of introduction from Dr. Cross of Boston to Dr. A. C. Thompson and to Dr. Oliver White of Detroit. These two gentlemen proved friendly and most helpful. When I informed Dr. Thompson that I had it in mind to investigate the possibility of organizing a national society to advance dentistry for children and that I would like to begin field-testing the idea by first organizing a Detroit society of dentistry for children, he was most sympathetic and totally encouraging.
In fact he took it on himself to help call to the
meeting several of his friends who he knew would be inter-
ested and a few of the dentists employed at the Detroit
Department of Health. Dr. Thompson was at the time direc-
tor of the dental division of the Detroit health services.

Considering the meager interest in dentistry for
children that prevailed at the time, the meeting was well
attended. Fourteen of us were present. It quickly became
evident that the group was composed of dentists who were
able, dedicated and progressive. I had jotted down a few
remarks with which I opened the meeting. I include them
here to depict the spirit of the occasion.

The Opening Remarks in Organizing the Detroit
Pedodontic Study Club:

In the last two decades, dentistry has e-
merged from a mere mechanical calling to
a highly technical and preventative unit of
science. Its progress has been truly phe-
nomenal. Gathered in this room we have a
fair sample of the very fiber of this prog-
ress. We have a group of practitioners
giving their best to the preventative side
of dentistry. We are gathered to improve
ourselves and our means for rendering serv-
ice.

That a study group is wanted is obvious, for
I have personally talked to the majority of
those collected here and they are thorough-
ly and wholeheartedly in favor.

Further, I hope to make this group the pre-
decessor to a similar national organization.
With that point in mind, a number of letters
have been written to the active men in pedo-
doncia. I have not yet received their re-
plies, but will be glad to read them to this
group at a future meeting.

We have here dentists as energetic and
progressive as can be found anywhere in
dentistry for children in America. Let
us join our efforts towards the estab-
ishment of a group that will redound
to the benefit and credit of the profession and public at large.

I thus apprised those gathered of the ultimate goal behind formation of the Detroit group--this goal was organization of a similar national body to promote the advancement of dentistry for children and, hopefully, to integrate nationally the admirable but sporadic individual efforts made around the country.

In truth, however, it quickly became evident that the interest of those assembled was more for the advancement of their individual knowledge in the service, perhaps understandably so. As a result the group significantly decided to call itself the Detroit Pedodontic Study Club.

As I recall, only three of those enrolled limited their practice to pedodontics. However, even though such items as the class two filling in primary teeth, proper and timely extraction, and, even at that time, space maintainers were of primary interest, the presenting of programs before other dentists, writing on pedodontics, and even assisting the school system in focusing more attention to the value of earlier dental service for children became a planned part of our program.

In the meantime, I had selected for correspondence nationally the names of about thirty or so dentists having an interest in dentistry for children whose articles had appeared most frequently in the literature. I wrote to ten of them presenting my observation on the value of organizing a national society of dentistry for children and asked for their reaction and advice. This letter was written on December 8, 1926. That was just a little over a year following my return to Detroit. Their response was good and all were favorable.

The December 8, 1926 letter written to ten outstanding dentists to determine their reaction to organizing a national society of dentistry for children.

December 8, 1926

Dear Sir:

An enthusiastic group of local
pedodontists, as stimulation to the enhancement of their individual and group knowledge and to further more conveniently disseminate this knowledge to the profession and public alike, have decided to organize.

Your cooperation and advice relative to this question is urgently invited and will, I assure you, be most sincerely appreciated.

What other attempts have been made in this respect? Where -- when -- and by whom? Were they local or national in character -- affiliated with or independent of the A.D.A.? What is your opinion of this intended move particularly as regards the A.D.A. when it comes here next year?

A meeting is called for this group anent to organizing on the 14th of December. If you can conveniently answer by that date, the information will assume special and guiding significance to our attitude and action.

I wish to thank you for your forbearance and for the courtesy and kindness of your interest.

Respectfully yours,

Samuel D. Harris

The dentists to whom I had written were some of the country's busiest, consequently their interest and generous replies were especially encouraging. I learned much from these first letters. Two things impressed me most.

First, organizing a new national society might be a tremendous undertaking. Yet the real challenge was to come later. It was in maintaining and keeping it afloat the next year and in the years following organization. Second, if the organization was to serve children best, it must not be limited to dentists who restricted their practice to pedodontics.
By definition today a pedodontist is a dentist who limits his practice to children below a certain age. I do not specify the age because there is still not broad acceptance of the cut-off date. Some say it is to the teens, others aver through the teens. Some insist on an age between, the wish of the patient or the pressure of practice as the determining factor. There is agreement, however, that it is a practice limited to young people, and the confines of the specialty are becoming more clearly drawn day by day.

In 1926, as one would expect, the borders of the specialty were much more indistinct. A pedodontist or pediodontist or pediaodontist or pedeadontist, the designation varies, was a dentist who perhaps in large part served children. Frequently his practice was joined with orthodontics, or periodontics, or more often with adult practice in varying degrees.

The wide latitude in the use of the term pedodontist in 1926 is illustrated in my letter of December 8, 1926, which speaks of "an enthusiastic group of local pedodontists..." This referred to the fourteen who formed the Detroit Pedodontic Study Club. Of these, only three restricted their practice exclusively to children. Three actually limited their practice to periodontics. Three did both periodontics and pedodontics. One limited himself to orthodontics exclusively. Two were in general practice and two were employed by the City Board of Health.

In truth, there were mighty few pedodontists in the entire country. Those with whom I soon became familiar were Ed Sullivan of Boston, Frank Lamons of Atlanta, Regina David of Cleveland, Tom Bartholemew and his partner Walter McBride of Detroit, Paul Barker of Denver, Claude Bierman of Minneapolis, F. Blaine Rhobotham and Corvin Stine of Chicago, Haidee Weeks of Louisiana, and several, including M. Evangeline Jordon, Elsie Shilwachter, Floyde E. Hogeboom, and Charles Sweet of California. I soon learned that these were a special brand of people, totally, fervently dedicated to advancing dentistry for children. All were and many still remain bright and guiding stars in the now rapidly developing firmament of pedodontics.

M. Evangeline Jordon had written a book, the first in pedodontics, Operative Dentistry for Children, and her
pioneering precepts had encouraged a following, especially in California, which has continued to multiply rapidly to this day. F. Blaine Rhobotham had actually initiated a chair in dentistry for children at Northwestern University in 1921. Soon after, Floyde E. Hogeboom started a department of dentistry for children at the University of Southern California and also published a book, *Practical Pedodontia or Juvenile Operative Dentistry and Public Health Dentistry*, the second in pedodontics.

I also learned that in 1921 eleven pedodontists had gathered in Los Angeles and decided to organize. A constitution was prepared and a second meeting called to take place in Denver at the time of the next American Dental Association convention. However, only four showed up, and it was decided that the time was not ripe for the maintenance of a society limited to the few restricting their practices to dentistry for children.

This was valuable information to me in the planning of a society which was, most broadly, to advance this service. It did not take much figuring to determine that, if children were to be served in any significant numbers, it would have to be done by general practitioners. At the time they outnumbered pedodontists perhaps a thousand to two thousand to one. Although I was myself a pedodontist, my prime concern was not that a group of specialists would provide the service. It was rather that all those in dentistry who were interested would engage in it broadly to promote the idea in order that the numbers so engaged would be constantly and quickly increased.

Accordingly, encouraged by the replies to my first ten letters, I sent ten more to others in order to enlarge the circle of correspondents and to gain more information. When the replies to these were similarly favorable, I wrote the remainder of those on my list which had grown somewhat in the meantime.

Looking back, I cannot help but be impressed by the general tenor of encouragement and good advice which I received. Dr. Delabarre wrote counseling further enlargement of the circle of interested dentists by means of a notice in dental publications. Thaddeus Hyatt, whose guidance proved invaluable, recommended the immediate drafting of a constitution and bylaws.
Accordingly, beginning with the May 1927 issue and extending to October 1927, I placed the following notice in The Journal of the American Dental Association, in the Dental Cosmos, and in Oral Hygiene.

The notice carried in dental publications from May to October to gather the names of those perhaps interested in joining the proposed organization.

TO PEDODONTISTS

If you are limiting your practice to the care of children or if you know of any dentists in your community engaged in this specialty, will you please forward this information to the Detroit Pedodontic Society.

S. D. Harris, Secretary,
Pedodontic Study Club of Detroit,
412 Kresge Building
Detroit, Michigan

One hundred replies were received. Several sent lengthy letters. Many expressed satisfaction with the proposed undertaking and offered their cooperation and support. Some wrote to say they were deeply interested in serving children and hoped they would be permitted to enroll even though they did not limit their practices. A few eager to join in the movement were not even in private practice but like Dr. Harris R. C. Wilson of Cleveland headed a city or state department of dental health.

Twelve copies of a sample constitution and bylaws were then prepared by me and sent to those deemed the most knowledgeable persons on the list to ask for corrections and invite changes. Those consulted were:

P. B. McCrumb 105 Hunter Avenue
Kansas City, Missouri

L. Ottofy 1338 S. Michigan Avenue
Chicago, Illinois

Thaddeus P. Hyatt Wayne, Maine

F. B. Rhobotham 1836 Marshall Field Annex
Chicago, Illinois
Several excellent recommendations were offered, and these were gratefully incorporated into a second sample constitution and bylaws. These again were mailed to the same people. The final product carried the consensus of our thinking. It is of interest to note that at the organization meeting no changes were made in the proposed Constitution and Bylaws except in the name. The name I suggested was the American Society for the Promotion of Children's Dentistry; that finally adopted was the American Society for the Promotion of Dentistry for Children. One of those present thought it should be the American Society of Pedodontists. However, this was a minority opinion and was firmly opposed by myself and the others. First, because of possible identity with the inactive society of the same name, and more significantly because it was almost the unanimous feeling of all those present that the organization should have the broadest possible scope of membership.

Essentially, then, it was to be a promotional organization and, even though for convenience the word promotion was dropped from the name several years later, the promotional aspects of the organization have been its primary aspect from its formation to this date. In fact, the avenues of promotion outlined in the first constitution and bylaws have remained pretty much the same to date. They have constantly stressed inclusion of dentistry for children in every teaching curriculum and on state board examinations; its presentation on dental society programs at every level from the ADA through state, district, and local societies; its publication in the
dental literature at every opportunity; its advancement to the associated professions and by dissemination to the lay public in any of the myriad ways people are contacted and informed.

Let us return briefly to the year 1927. The Detroit Pedodontic Study Club had held together well. Occasionally through the early part of 1927 progress reports were presented to the club reviewing the stage of action in the formation of the national organization. At its opening autumn meeting following a lapse of two summer months, the Detroit club received a final report. The members were pleased and agreed enthusiastically to a man to support me in the organization of the national. The date had been set. It was to be at the time of the convention of the American Dental Association in Detroit. The date selected was Wednesday, October 26, 1927 and the place the Oriole Terrace.

Some fifty-six dentists attended this meeting. Dr. Thaddeus Hyatt of New York served as president pro tem and I as secretary. There was unanimous accord for organizing directly. The constitution and bylaws previously prepared were accepted and a permanent slate of officers selected. Dr. Walter McBride, the efficient and most likeable president of our Detroit Study Club, was named president, Dr. Blaine Rhobotham, vice-president and Dr. Samuel D. Harris, secretary-treasurer.

Those attending the organization meeting, Wednesday, October 26, 1927.

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<tr>
<th>NAME</th>
<th>CALLING, as listed by each</th>
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<tr>
<td>Alvord, William</td>
<td>General Practitioner</td>
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<td>Aufderheide, P. J.</td>
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<td>Burkhart, H. J.</td>
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<td>Rochester</td>
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<td>Cohen, Joseph T.</td>
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<td>Davis, William R.</td>
<td>State Dental Director</td>
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<td>Delabarre, Frank A.</td>
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<td>Boston</td>
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<td>Drain, C. L.</td>
<td>Asst. Professor Pedodontia</td>
<td>Iowa City</td>
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<td>Hyatt, Thaddeus, P.</td>
<td>Director, Dental Division, Metropolitan Life Insurance Company</td>
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<td>Smith, C. Carroll</td>
<td>School dentist</td>
<td>Peoria, Illinois</td>
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<td>Swift, Elizabeth</td>
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<td>Vaughan, Robert</td>
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It may be of interest to consider briefly here several related matters, each of which may well merit a much more detailed discussion at a future date.
Pertinent projects which I foresaw as essential and which I later initiated were state units, the first five of which were formed in 1929-1930; the *Journal of Dentistry for Children*, originally called the *Review of Dentistry for Children*, launched in 1933 and edited by me until 1943, at which time Al Seyler kindly and most capably became editor; and formation by the ASDC of a special college or academy of pedodontists. The latter was recommended and a constitution and bylaws prepared and mailed to ten persons in 1939-1940. Included were Dr. John Brauer, past president; Dr. Frank Lamons, president; and Dr. Ralph Ireland, secretary of the ASDC at the time, all later among the founding members of the American Academy of Pedodontics.

The world was embroiled in war. It was decided, therefore, by the officers of the ASDC, to whom the idea had been informally proposed, to withhold formation of the specialists group until after the war. For the time being, the ASDC Executive Council appointed a special committee to consider the establishment of qualifications for certification in pedodontics.

The special committee included Dr. John Brauer and Dr. Ralph Ireland, two of pedodontics' most constant and faithful leaders. They performed a truly yeoman service, ultimately producing not only the special body similar to the one originally advocated but effectively setting the groundwork for an American Board of Pedodontics.

In respect to the former, when Dr. John Brauer made his final report, he and I had one point of major difference. Whereas I originally advocated that this organization be closely linked with the ASDC and had prepared the constitution and bylaws accordingly, Dr. Brauer preferred a nearly total separation. After a meeting between the two of us at the request of the ASDC, a compromise was agreed to whereby all members of the Academy would of necessity hold membership in the ASDC; and the Academy would agree to schedule its annual convention every other year in the same place and at a time contiguous to that of the ASDC. Further, a joint committee of the two bodies would constantly serve to produce the greatest mutual effectiveness.

Thus, these mutual areas of operation and frequently with the same persons serving as officers, first of the one, then of the other group, have kept the two bodies linked since the formation of the Academy in 1948. A list of the
Harris

charter members of the American Academy of Pedodontics follows. It is noticeable and commendable that the ASDC and the Academy are working more and more all the time in a joint effort for the over-all effectiveness of the movement, and that in the past few years considerable evidence appears that, in effect, they are acting in the close union originally proposed in 1942.

A list of the charter members of the American Academy of Pedodontics:

Dr. H. K. Addelston New York, New York
Dr. Claude W. Bierman Minneapolis, Minnesota
Dr. John C. Brauer Seattle, Washington
Dr. Virgil D. Cheyne Iowa City, Iowa
Dr. John M. Clayton Kansas City, Missouri
Dr. W. W. Deemeritt Los Angeles, California
Dr. Kenneth A. Easlick Ann Arbor, Michigan
Dr. Elsie Gerlach Chicago, Illinois
Dr. Samuel D. Harris Detroit, Michigan
Dr. Joseph T. Hartsook Ann Arbor, Michigan
Dr. Ralph L. Ireland Lincoln, Nebraska
Dr. Frank F. Lamons Atlanta, Georgia
Dr. S. A. MacGregor Toronto, Canada
Dr. Ruth Martin St. Louis, Missouri
Dr. George E. Morgan Milwaukee, Wisconsin
Dr. Maury Massler Chicago, Illinois
Dr. Walter C. McBride Detroit, Michigan
Dr. Lyle S. Pettit Columbus, Ohio
Dr. Bernard Z. Rabinowitch Los Angeles, California
Dr. Elsie C. Schildwachter Huntington Park, Calif.
Dr. Alfred E. Seyler Detroit, Michigan
Dr. Corvin Stine Evanston, Illinois
Dr. Samuel Stulberg Detroit, Michigan
Dr. Charles A. Sweet San Francisco, Calif.
Dr. George W. Teuscher Chicago, Illinois
Dr. Walter S. Weisz Pittsburgh, Pennsylvania
Dr. Henry M. Wilbur Louisville, Kentucky
Dr. Harold C. Wittich Minneapolis, Minnesota

In 1952 at the Silver Anniversary Meeting of the American Society of Dentistry for Children, I, as a committee of one, was authorized by the American Society of Dentistry for Children to proceed with the formation of similar societies in other countries throughout the world.

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As a result, such organizations were formed in Mexico, Cuba, Haiti, San Salvador, Costa Rica, Honduras, Guatemala, Chile, Argentina, Brazil, Peru, Columbia, England, Australia, New Zealand, Japan, Israel, etc. The societies in Northern, Central, and South America were joined in 1955 into a Pan American Council of Dentistry for Children. The societies of dentistry for children in Europe, Asia, and Africa are at present about to be joined into a second such Council. I sent material and a constitution and by-laws to Scott Page of England for this purpose some six months ago. The plan is ultimately to link these two, thus forming an International Council representing all the societies around the world organized to advance dentistry for children.

In conclusion, it can be conservatively said that the American Society of Dentistry for Children has gone far toward making dentistry for children one of the most popular and useful fields of dental service and pedodontics an outstanding specialty. Looking back on it all, one may feel with a deep sense of humility that its progress has been most gratifying. Truly, it has been more, it has been incredible. Today the American Society of Dentistry for Children contains 8,000 members, the American Academy very nearly 1,000. Both are making a tremendous annual contribution to the advancement of dentistry for young people.

Looking ahead, one can foretell with a reasonable degree of certainty that the coming steps will be even more than seven-leagued, that the time is not so far off, perhaps less than another thirty-eight years, when every child in this country will receive a commendable, early, and efficient program of dental care and most children in the world will have such service available. Perhaps our own sons and daughters, hopefully as dentists, may see the day when the "anterior" side of dentistry will truly receive its just attention in all parts of the universe.

(Presented at the Annual Meeting of the American Academy of the History of Dentistry, Las Vegas, Nevada, November 5, 1965.)
Mr. President, Members of the Academy, and guests:

The Advisory Committee of the Academy to the Smithsonian Institution has been cooperating with the Smithsonian Institution for several years in an attempt to establish in the new Museum of History and Technology a decidedly improved dental exhibit as compared to the one installed in the old Arts and Industry Building. The exhibit in the latter building was inadequate in representing the history and progress of dentistry. This was due largely to the fact that no individual or organization in dentistry was sufficiently interested to improve it. How dental history, except in a few outstanding instances, has generally been neglected in our dental schools and by the profession in general is of concern to the Committee.

While the Committee did not have an opportunity to work with officials of the Smithsonian during the very early stages of planning, it was successful in securing a considerable increase in space in the new building. This will permit an initial display in February, 1966, upon which can be built an exhibit which will eventually fulfill the vision of the Committee and of the Smithsonian; namely, one unequaled in the world. It is the purpose to display not only important historical items and collections but through the machinery established in the reference division to permit dentists, professors in dental colleges and students interested in the history of dentistry to satisfy their research in this regard.

The present status of the exhibit is well described in the memorandum just received from Alfred R. Henderson, M.D., Consultant to the Division of Medical Sciences and quoted below:

During the past decade, the dental exhibits, although in their infancy, have been among the most commendable and admired of the collections displayed by the Division of Medical Sciences. In addition, the material collected represents one of the foremost historical specimens in dentistry and dental surgery to be found anywhere. Until recently, however, only a relatively small part of this
collection could be exhibited because of the restricted area available in the old Arts and Industries Building of the Smithsonian Institution, on the south side of the Mall.

With the completion of the new Museum of History and Technology, which officially opened in February, 1964, considerably more space was allocated for the Division of Medical Science exhibits and, specifically, for the dental collections. The new gallery of the Health Professions is due to be opened in February, 1966. During the past two years extensive revision of most of the old dental exhibits has been undertaken, as well as the development and construction of new ones. During this process the regular staff of the Division has consulted frequently with the Advisory Committee on Smithsonian Institution Affairs of the American Academy of the History of Dentistry.1

Several of the old case exhibits have been revised both to incorporate newly acquired or previously undisplayed materials and to exhibit the subdivisions of dentistry in a more sequential manner in their improved setting. These case exhibits will show, in an historical order, important developments on instruments for filling the teeth, from hand and bow drills to the earliest ultra high-speed turbine model. Another case will show extraction devices from the ancient pelicans to late nineteenth century forceps. Another case exhibit will show the development of artificial teeth and dentures, from the early eighteenth century to late nineteenth century, including rare carved ivory and animal teeth and the later mineral teeth. In this case, also, will be placed some examples of early articulators, tooth molds and vulcanizing flasks. The final case in this sequence will show objects related to the cleaning of teeth. This will include the primitive frayed stick, early, and frequently ornate,
tooth picks, nineteenth century scalers and early examples of toothbrushes.

Added to the artificial dentures section will be the "vacuum grip" plates and patents of Dr. Charles H. Land (1847-1922), grandfather of aviator General Charles Lindbergh.  

Two room exhibits will be added to this area. One of these will show the workroom and study of the pioneer orthodontist, Dr. Edward Angle (1855-1930). The room will be set up as closely as space and object arrangements allowed, at the time of his death, with his tools, instruments, orthodontic devices, books and papers, etc. as they were left. A large window over his workbench will view a painting of his yard as he saw it from this spot over forty years ago.

Dr. Angle's exhibit will be supplemented, in the foreground, by more modern orthodontic devices and by articulated models showing a modern technique for accomplishing corrected alignment and bite and two sets of Dr. Atkinson's universal appliances.

The second room exhibit will show the dental furniture and instruments of Dr. G. V. Black (1836-1915), donated by Northwestern University of Chicago, Illinois. Near his chair will be placed his original foot-treadle drill. Additional Black material has been recently acquired, consisting of his publications and two invaluable microscopes.

Another room exhibit near the dental area has been constructed to show the X-ray equipment used by the medical and dental professions about 1900. In this exhibit will be displayed the earliest X-ray tube used for dental purposes by Dr. C. Edmund Kells (1856-1928).

A transformer and electrical panel, similarly used by Dr. Kells, will be included in this exhibit. It is not generally
known that a dentist (Dr. Kells) was among the early martyrs to the roentgen rays; therefore, this will add special significance to the exhibition.

The seemingly unavoidable museum problem which confronts curators the world over continues to exist in spite of the new quarters. What would seem to be adequate, or even superfluous space during the early periods of design and construction, inevitably turns out to be too restricted for exhibiting the collections. Hoping to build newer and bigger edifices is too slow a process to meet and solve the problem. There are many interesting and important specimens that will remain unviewed by some ten million visitors to the Smithsonian Institution yearly, until a future date. Inevitably, perhaps, with time and growth, the dental collections and exhibits will outgrow their confined existence within the Medical Sciences and occupy an exhibit realm all their very own.

The Committee has cooperated closely with officials at the Smithsonian Institution and feels confident that the initial Dental Exhibit to be displayed in February, 1966, while not complete, will at least constitute an adequate and worthwhile beginning. It is the intention of the Smithsonian, supported by this Committee, to endeavor to make this exhibit the outstanding one of its kind in the world. Obviously, this project is intended not only for the edification of the public but for dentists and dental students interested in research in dental history. The Committee has obtained valuable collections and items from Northwestern University (Black), the University of Illinois (Angle), Columbia University (Land), the University of Pennsylvania (miscellaneous), Tulane University (Kells) and from individuals, such as the splendid collection of Dr. James Aiguier of Philadelphia, Pennsylvania.

One of the most valuable collections in the United States is the one at the Baltimore College of Dental Surgery, University of Maryland, and the Committee is pleased to report that after interminable conferences between members of the Committee and Dr. John J. Sally, dean of the
dental school and his faculty, it appears that an important part of that exhibit will be secured for the Smithsonian. The following report from Dr. J. Ben Robinson, who has greatly aided this project, is self-explanatory.

The Committee requested the Faculty of the Baltimore College of Dental Surgery to assist our project by turning over to us valuable historical material from its museum. It has indicated its approval of our request subject to the final approval by the Board of Regents of the University of Maryland. A few of the items marked for transfer are:

A facsimile of the College Charter; a group photograph of the four founders; the first dental diploma; likeness of the first dental graduate, Robert Arthur; the operating cabinet of Dr. Arthur, 1841; the first dental license issued to Horace Hayden in 1810; set of soft gold pluggers designed by Hayden in 1825; numerous extracting instruments mainly from the 18th century; four pelicans of the Fauchard era brought to America by Robert Woofendole in 1766; Washington's dentures made by John Greenwood; a profilograph of John Greenwood by Charles Wilson Peale; a full upper "Patented" porcelain denture by Loomis; numerous sets of various types of hand cutting instruments which antedate the foot engine, etc.

The Committees are encouraged to believe that the Board of Regents will act favorably upon this request.

The Smithsonian is extremely anxious to obtain this exhibit and, while it may not be possible to display it on the opening day in February, it will be shown as promptly thereafter as the adjustment of plans may permit.

There is in existence a splendid oil painting of Pierre Fauchard and every effort is being made to secure it for the exhibit. It is hoped that a generous donor will sponsor this and a similar historical painting for display in the Hall of Dental History of the Smithsonian Institution.
Correspondence has developed between this Committee and Dr. Raymond Nagle, dean of the College of Dentistry of New York University, concerning the fine collection of dental instruments and equipment at the College, most of which is now on exhibition in New York. It is believed that valuable items from this exhibit may be available to the Smithsonian after 1966.

Another item of interest is the proposed Exhibit on Fluoridation suggested by the Committee to be constructed and installed by the United States Public Health Service. In its first approach to the Smithsonian, the Committee found some reluctance on the part of officials to accepting it because of its controversial nature. However, at the request of the Chairman, Dr. Francis A. Arnold, Director of the National Institute of Dental Research, had his assistants confer with Smithsonian officials and members of this Committee on October 21st to ascertain the nature and extent of the exhibit and the reasons for an exhibit of this type at the National Museum. While nothing definite was decided at the meeting, it is felt that a favorable impression was made upon officials at the Smithsonian. A definite proposal should shortly be made by the U.S. Public Health Service. The Committee feels that it seems quite logical and proper that this type of exhibit could best be placed in the Smithsonian Institution by the United States Public Health Service, the governmental agency vitally concerned with the subject, rather than that such an attempt be made by the American Dental Association.

Another interesting exhibit offered to the Smithsonian, at the suggestion of the Committee, is the one presently on display at the Baylor University College of Dentistry, entitled "Correction of Oral and Facial Abnormalities by Oral Surgery with Orthodontic Therapy." It was prepared under the direction of Phelps J. Murphey, D.D.S. This exhibit according to Dr. Murphey has been promised for display at the 1966 meeting of the American Dental Association but will be made available to the Smithsonian thereafter. Dr. Sami Hamarneh, Curator of the Division of Medical Sciences, will inspect this exhibit in April, 1966, for evaluation concerning its acceptance by the Smithsonian.

Dr. Hamarneh also suggested that a one panel exhibit could be devoted to the American Dental Association for display in the Hall of Health to replace an earlier panel that needs refurbishing and bringing up to date.
The Committee has been giving consideration to developing a symposium on dental history to be conducted under the aegis of the Smithsonian Institution, having been encouraged to do this by many individuals throughout the country interested in dental history and the Curator in charge of the Division of Medical Sciences. If such a project is finally decided upon, it is the intention to request a grant from the National Institute of Dental Research or some other agency in order to finance it. A tentative program has been arranged for a three-day meeting but the Committee feels that no definite step should be taken until further consideration is given to content. For the information of the Board of Trustees and any other agency of the American Dental Association interested in this project there follows a description of the purpose of the symposium tentatively agreed upon by the Committee. Because the program is only in its primitive stage, it is not included.

**Purpose of the Symposium**

The American Academy of the History of Dentistry has conferred with officials of the American Dental Association, the deans of dental schools and individual members of the profession knowledgeable in dental history, and the consensus seems to be that a symposium on dental history should be held. To conduct it under the aegis of the Smithsonian Institution would, in the opinion of the Academy, be most appropriate at this time.

It is believed that such a symposium would bring forcefully to the attention of dental schools, dental organizations and the dental profession in general, the significant role that dental history has and will play in the future progress of the profession. Without sufficient knowledge of the past, it is difficult to evaluate the present and advance into the future. It is well known that very few, if any, dental schools give adequate courses in dental history, and postgraduate courses by dental societies or study clubs are woefully lacking in this regard. While there are a few dental museums in existence, their importance is not emphasized except in isolated cases.

If the various topics suggested, or any variation thereof, could be included in a symposium as visualized, it is felt that the importance of the study of dental
history will be brought forcefully to the attention of
dental schools, dental organizations, and dental practi-
ctioners and the health professions at large, resulting in
individual dentists taking greater pride in their chosen
profession and stimulating them to constantly improve their
ethical concepts, diagnostic, and operative procedures.

Authors like J. Ben Robinson, Weinberger, Sharp,
Asbell, Foley, Proskauer, Swartz, Faggart, Lon Morrey,
McCluggage, Stickley, Julian and Eleanor Jackson et al,
have contributed much in this field, but in our opinion
much more should be done. This whole program should be,
it seems to me, a challenge to this Academy. It is my
hope that the profession will respond to it favorably.

In closing, may I express on behalf of the Committee,
deep appreciation to Dr. Sami Hamarneh and his staff for
their cooperation in connection with the efforts of the
Committee.

Respectfully submitted,

C. Willard Camalier
Chairman

Footnotes

1. Members of this Committee active in this endeavor are:
   Drs. C. Willard Camalier, Sr., J. Ben Robinson, Henry
   Swanson, Alfred Chandler, Otto Brandhorst, Jacob Sharp,
   Curt Proskauer and Milton Asbell.

2. Donated by Columbia University, College of Dentistry
   and Oral Surgery, with the approval of General Charles
   Lindbergh.

3. Most of the materials for this exhibit of Dr. Angle
   were donated by the University of Illinois, College
   of Dentistry.

4. The later models and appliances were constructed by Dr.
   Spencer R. Atkinson, Dr. Charles A. Hawley and Dr.
   P. R. Begg of Australia. Dr. Hawley's appliance was
donated by his daughter, Dr. Carlotta Hawley.
Camalier

5. Donated by his granddaughter, Mrs. George Drennan, Jacksonville, Illinois.

6. Donated by his sister, Mrs. J. O. Pearson, of New Orleans, Louisiana, with the cooperation of Tulane University and Dr. M. B. Vanardo of New Orleans, Louisiana.

(Presented at the Annual Meeting of the American Academy of the History of Dentistry, Las Vegas, Nevada, November 5, 1965.)
OKLAHOMA ORTHODONTICS HISTORY
(Our Fiftieth Year) 1915-1964

Harry H. Sorrels, D.D.S., Oklahoma City

Since orthodontics has been with us as a specialty or practiced in the area of limited practice since 1915, it seems pertinent that we bring into focus our Oklahoma orthodontic history, the men who pioneered our specialty and, too, the names of all men who have dedicated their lives to the pursuit of dental and facial symmetry through the medium of orthodontics.

At this point it seems logical to list our roster since 1915 when Limited Practice Orthodontics first came to Oklahoma, with Tullie W. Sorrels who moved into Oklahoma City and put up his shingle in the Colcord Building.

The following roster is in chronological order of the advent of the practitioners into practice according to our licensure numbers:

1. Tullie W. Sorrels (Retired) Oklahoma City
2. Wm. E. Flesher (Deceased) Oklahoma City
3. Forris E. Woodring (Deceased) Tulsa
4. Oren E. McCarty (Deceased) Tulsa
5. H. B. Bolt (Deceased) Enid
6. Harry H. Sorrells Oklahoma City
7. Elmer B. Strickler San Rafael, Calif.
8. Carl D. Strickler Oklahoma City
9. John G. Leftwich Tulsa
10. Frank P. Bertram (Deceased) Oklahoma City
11. Wm. Eugene Overmeyer (Deceased) Muskogee
12. Fred E. Sims (Deceased) Tulsa
13. Joe T. Reece Tulsa
14. Roger C. Meyer Okmulgee
15. Marion A. Flesher Oklahoma City
16. L. C. Trotter (Deceased) Tulsa
17. Hugh A. Sims Tulsa
As can be noted, Doctor Frank P. Bertram was the first applicant after the passage of the 1935 law. He stood and passed the examination after spending considerable time with Doctor Ketchum of Denver as a preceptee. Doctor Bertram came under the law's grandfather clause which, at that time, stated that the applicant must have 30 semester hours or one academic year of graduate college work or its equivalent. Doctor Bertram qualified for examination through the medium of the equivalent clause as did Wm. E. Overmeyer, Joe T. Reece and Roger Meyer of that particular era. However, the first bona fide graduate student also come on the scene at this time in the person of a loved pioneer, Fred E. Sims, who took his formal training at Northwestern
At this point in our history, starting with Marion A. Flesher in 1940, all our members and practitioners have been formally trained in our nation's graduate schools. This is a record that no other state in the union can equal since most of the eleven states having specialist laws still admit preceptees and those coming in on short courses.

It should be noted that a rather singular item is present in the number licensed. The number is fifty at the same time as our fiftieth year presents itself.

To Doctor Herbert Krob goes the honor of being number fifty.

As one looks back to judge our first fifty years, he cannot but feel that orthodontics was established in Oklahoma by able and sturdy pioneers; and it was by them that an excellent professional, social and economic era was fostered for the social welfare of the children of Oklahoma.

To name those able pioneers that formed the nucleus of our present orthodontic world is easy. They were Doctor Tullie W. Sorrells who opened his office in 1915, and Doctor Wm. E. Flesher who took over Doctor Sorrells' practice in 1917 when he entered the service of the American Army in World War I. These men practiced in Oklahoma City while Doctors Oren McCarty and Forris Woodring opened their offices in Tulsa in 1918.

It must be said to the everlasting credit of these four men that they gave us a heritage of which we can all be proud.

Doctors Flesher, McCarty and Woodring have gone to their reward while Tullie Sorrells is retired but very much with us in spirit if not in deed.

In listing the highlights of these fifty years, they can be stated as follows:

Five orthodontists have been president of the Oklahoma State Dental Association. They are, in order of service:

Wm. E. Flesher
Eight orthodontists have been president of the Southwestern Society in its 44 years of history dating back to 1920. They are, in order of service:

- Wm. E. Flesher
- Tullie W. Sorrels
- Oren E. McCarty
- E. Forris Woodring

- Harry H. Sorrels
- Marion A. Flesher
- Harold S. Born
- Hugh A. Sims

Four Oklahomans have received the "Dewey Award" in the Southwestern Society, its highest service award.

- Wm. E. Flesher
- E. Forris Woodring
- Tullie W. Sorrels
- Harry H. Sorrels

On the national scene, Wm. E. Flesher served us as our National President in 1934, while Tullie W. Sorrels served ten years as Public Relations Director and currently Harry Sorrels is collaborating on our American Orthodontists history, while others are serving on various committees.

The panel of our State Orthodontics Society Presidents follow:

- 1950: Joe Reece
- 1951: Earl Cunningham
- 1952: Hugh Sims
- 1953: Harold Born
- 1954: Marion Flesher
- 1955: Harry Sorrels
- 1956: Laverne Merrifield
- 1957: George Webber
- 1958: George Webber
- 1959: Robert Knarr
- 1960: George Mindeman
- 1961: Wm. N. Flesher
- 1962: Jim Torchia
- 1963: Dow Miller
- 1964: Joe Harden
- 1965: Paul Plowman

Nine of our members have passed to their reward--God bless them!
There is one retired but still inspiring us to finer things for orthodontics.

Of the forty-eight still in active practice and holding Oklahoma licenses, six are in other states while we have forty-two active practitioners on the Oklahoma scene.

It can be said and easily qualified that Oklahoma orthodontists have been in on every progressive farsighted movement in American orthodontics history.

Oklahoma was the second state to have a specialist law. This law came into being in 1935 only a month behind Illinois which chronologically was number one in this statutory concept of practice regulations. Also, Oklahoma is in the vanguard of states imposing a formal education on all wishing to engage in the practice of orthodontics.

Since the effectiveness of any statutory provision must be well executed, we want to pay tribute to the Board of Governors of the registered dentists of Oklahoma for their studied and effective management of the specialist law.

Further, it should be stated that Dr. N. Dea Griffith, the first Secretary of this Board, gave years of devoted service to place the law in action. Then he was succeeded by Dr. Wm. E. Cole who in turn gave a decade of excellent service to this statute which has complemented all of dentistry by its forward looking action.

Another medium for the professional welfare is the State Orthodontists Society that meets twice a year in January and June wherein all areas of therapy and progressive ideas for the social and professional welfare are developed. Meetings of this group were held occasionally from 1935 to 1950, but in 1950 a more formal organization was set up. The State Society now has a four hundred book library set up for its use.

We look back only to reflect on the firm foundation built by our predecessors.

We look forward with the hope that we can continue the long-range vision of our early pioneers to provide the best in orthodontics and to develop a more excellent service for mankind.
With a continued dedication to its calling, each generation can leave behind a better world for "human progress marches forward only when each generation improves on the one before it."

Addendum:

Since this was written we licensed seven new men and one lady, E. Vann Greer:

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<td>Robert E. Gonce</td>
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<td>Richard A. Poster</td>
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<td>Lyle K. Shacklett</td>
<td>U.S. Air Force</td>
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<td>56</td>
<td>E. Vann Greer</td>
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<tr>
<td>57</td>
<td>Mark L. Rose</td>
<td>Norman</td>
</tr>
<tr>
<td>58</td>
<td>Jack C. Smith</td>
<td>Oklahoma City</td>
</tr>
</tbody>
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BIBLIOGRAPHY SECTION and NOTES


Boléo, José de Paiva. "Um Retábulo de Andrea del Sarto com uma curiosa figura de Santa Apolónia." Accōo Médica No. 2, October-December 1964.


Choi, Jin Hwan. A Short History of Dentistry. Dr. Choi has translated Maurice Smith's A Short History of Dentistry, first published in 1958, into Korean. Dr. Choi has added an appendix to this History which he translated for the dental students of Korea. It has been published by the Korean Academy of the History of Dentistry, San 4-4, Hoigi-dong, Seoul, Korea.


"Foley's Footnotes." Academy members should note with interest and benefit "Foley's Footnotes" which have been appearing regularly in The Journal of the American Dental Association since the May, 1966 issue.

**History of Medicine.** John B. Blake, Ph.D., Chief of the History of Medicine Division, recently addressed the University of Alabama School of Dentistry Century Club. Speaking at the Century Club dinner, on the occasion of the receipt of a gift of correspondence between George and Martha Washington and their dentists, Dr. Blake expressed the National Library of Medicine's long-standing and continuing interest in the history of the health sciences and professions. He pointed out that the Library's first catalog, handwritten in 1840, listed among its 130 entries John Hunter's treatise on the teeth. The Library considers the study of history and the development of medical history resources as part of its programs to improve our nation's health science libraries, Dr. Blake explained. He emphasized the value of an historical perspective of medicine for meaningful evaluation of present accomplishments.

**From Mexico.** Academy member Dr. Samuel Fastlicht, Mexico, D. F., has been elected treasurer of a newly formed Society for the History of Science and Technology for the period 1965-68. The Society is an outgrowth of the first Mexican Colloquium in the History of Science held in Mexico City, September, 1963.
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The Bulletin is published quarterly by the American Academy of the History of Dentistry at 211 East Chicago Avenue, Chicago, Illinois 60611.
There were four participants in the Contest. Because the summary of the selections by the judges resulted in a tie for the first place, the chairman referred the two papers to Dr. Milton Asbell, the secretary-treasurer of the Academy, for a final decision.

The first prize of $100 was awarded to William Wolf, of Marquette University, whose subject was "A History of Personal Oral Hygiene."

The second prize of $50 was awarded to Alex M. Rudewicz, of the University of Maryland, who wrote on "An Historical Oral Health Case."

The third prize of $25 was awarded to Marshall S. Greenberg, of the University of Pennsylvania, for his paper on "The Etiology of Dental Caries Past and Present."

A certificate of achievement was awarded to the fourth-place participant, Rainer A. Tornow, of McGill University for his paper on "Development of the Ethical Principle in Dentistry Through History."

The judges were Dr. Stephen P. Forrest, of St. Louis, Mo.; Dr. Henry A. Swanson, of Washington, D.C.; and Dr. Alan R. McDowell, of Rodeo, Calif.
Throughout literary history the importance of good oral hygiene has been expressed from Gloria's famous tooth-brushing sequence in John O'Hara's Butterfield 8 to Shakespeare's reference to the toothpick in his play, "A Winter's Tale,"--"He seems to be the more noble in being fantastical: a great man, I'll warrant, I know by the picking on one's teeth" (Act IV, Scene 3) to the Roman poet, Ovid, who, in his "Art of Love-Making" gives this advice to the young femme fatale of that day--"the girl who wishes to charm her lover, should not brush her teeth in his presence."2

It seems that man has always been interested in maintaining a clean, pleasant-appearing mouth. On prehistoric sites in Switzerland and France, archeologists have excavated sets of implements held together on a ring, consisting of a small earpick intended for the removal of ear-wax, a small two-tined fork which was used as a nail cleaner or scratcher, and a thin poniard which probably functioned as a toothpick.

Toothpicks appear to have played an important role in the oral hygiene of the Assyro-Babylonian civilization as C. L. Woolley, in the Ningal Temple at Ur, a site dating back to 3500 B.C., unearthed many toilet sets which included gold and silver tweezers, ear-picks and toothpicks. The appearance of the toothpick in burial places demonstrates how important they were considered, not only as a useful object in the life after death, but also in life itself.

Later the wedge-shaped cuneiform character writing of this civilization again points out the concern held for a clean mouth. In correspondence between physicians there have been found several prescriptions. One of the prescriptions recommends the following for the removal of film deposits from the teeth and the prevention of bad breath: a mixture of "salt of Akkad, Lolium, pine-turpentine, (with these) with thy finger thou shalt rub his teeth."3
Another prescription describes a means of cleansing the teeth by using the index finger bound with cloth, a method which until the introduction of the toothbrush was the most often employed means of "tooth-brushing."

In ancient India, the laws of Manu, an all-wise being descending from Brahma, required that the teeth be cleaned as a daily ritual. These ancient codes, still observed by modern Hindus, are cognizant of the prophylactic qualities of water:

Though he may be already pure, let him drink water after eating. Let him who desired bodily purity first sip water three times, then twice wipe his mouth.

In the 15th century B.C., when Indian medicine had loosed itself of the bondage of religious domination and flourished in an environment of free and independent thought, which was to later characterize the Greek world, Susruta recorded the following in the Susruta Samhita, the basic text for Indian medicine:

One should rinse early in the morning and brush one's teeth. The toothbrush should consist of a fresh twig of a tree or shrub free from any knots, twelve fingers in length and as thick as one's small finger. Qualities and taste of the wood shall correspond with the season of the year, according to astringent, bitter, sweet, or pungent taste. Each day one should use a tooth cleansing paste made of honey, oil, and other substances. Each tooth should be individually brushed with the paste and care must be exercised not to injure the gum tissue... After cleansing the teeth gargle with oil which fastens the teeth and stimulates the appetite.

In the time of the Great Grecian culture, the principal cleansing agent of the teeth continued to be the finger, with or without the application of cloth. Hippocrates, the great physician of the fourth and fifth century B.C., recommended a rounded woolen ball dipped in honey as a toothbrush.

One of the first Greek authors to refer to the toothpick was Alciphron, an epistolographer in the second
In one of his epistles he wrote: "After the meal one cleaned with a toothpick the fibrous residue which he had remaining between his teeth from the food." It is interesting to note that the Greek term 'Alciphron" used for toothpick is karphos which literally translates as "blade of straw."

During the "grandeur which was Rome," her subjects paid great attention to good oral health as demonstrated by the numerous references to toothpicks by the satirist, Martialis, in his epigrams. Martialis uses the Latin term "lentiscus" for toothpick which designates the mastic tree as the source from which the wood for the toothpick came. In addition to these wooden toothpicks, other materials are described by Pliny, the naturalist, who perished in the eruption of Pompeii--"Picking the teeth with the quill of a vulture turns the breath sour while a porcupine's quill makes the teeth firm." Pliny also advocated the use of a needle-sharp hare's bone as an aid to prevent bad breath.

Feathers were often mentioned by Roman curiters both as toothpicks and toothbrushes. Consequently, it is assumed that they were used as a combination cleaning implement, the quill-end cut to a point or angle serving as a pick and the feather-end as a brush.

It seems to be a wonder that any oral hygiene was practiced at all in ancient Rome considering a list of dentifrices compiled by Pliny: snails shells, ashes from the burnt head of a rabbit, wolf or mouse, goat's milk, bull's gall, plantain, birthwort or the filings of elephant's tusks.

Although not original to the Romans (as were most things of their civilization) and probably patterned after a Babylonian contrivance was the "chew stick," "fiber stick," or "fiber pencil" as it was variously named. The fiber brush, though a forerunner to the modern toothbrush, bears no resemblance to it, consisting entirely of a stick cut to five or six inches in length. The wood was very tough and fibrous so that the ends of the stick could be loosened by chewing or hammering, thus separating the fibers to about a quarter inch, giving it a brush-like appearance. In the important phase of removing the viscosous material which adheres to the teeth, the "chew stick" was deficient, but it did possess several, but less important, advantages over the modern toothbrush: it could
be boiled without damage; as with its ends softened the "chew stick" could be rejuvenated merely by cutting off the old worn fibers and hammering a new portion into a new brush and the bicarbonate of soda and other aromatic juices found in many of the woods used to fabricate the "chew stick" (licorice, lucern, dogwood, peach) acted as an astringent causing an increased flow of saliva, a natural mouthwash.

With the modern toothbrush, which is taken very much for granted, it seems very much an anachronism that the "chew stick" should continue to be used by millions of people today. By the Canon Law of Mohammed, every Mohammedan is required to cleanse his feet, hands, neck, face, nose, ears and mouth three times before each of the five daily required prayers. Today, as in the past, in the Middle East and India, "chew sticks," called siwak by Mohammedans, have a religious significance. During brushing, appropriate prayers are offered with fifteen minutes of brushing equivalent to seventy prayers.

The Koran tells how the siwak should be and has been used for hundreds of years. The sacred book prescribes that the siwak should be held between the little finger, the index, middle and ring fingers of the right hand, and pointed downward with the thumb extended along the handle toward the bristles. The anterior teeth are to be brushed first, then the labial and lingual surfaces of the posterior teeth and, lastly, the occlusal surfaces—a procedure which does not differ very much from the instructions the modern dentist gives to his patient!

After the invasion of the Roman Empire by the Barbarians, there followed a thousand years of upheaval in which culture and elegant living were forgotten.

With the settling of political and economic conditions, the Renaissance movement aroused memories of the happier and better days of the classical era. A new court life developed among the wealthy and regal. The invention of the printing press in 1450 and the renewed interest in writing caused more information to be recorded on oral hygiene. By the mid-1400's, the custom of picking the teeth was widely accepted on the European continent and by 1488 the custom had spread to the British Isles, so that sixteen days after James IV became King of Scotland, he purchased two gold toothpicks to be worn on a chain around his neck.
In 1577, Rhodes, in his Book of Nature, offered this advice on the use of the toothpick:

Pick not thy teeth with thy knyfe,  
But take a stick or some clean thyng,  
Then doe you not offend.  

Shakespeare alluded to the toothpick in several of his plays as an implement of gentility and possessed by those persons of the higher English society.

During the same period in France and the Latin countries, the toothpick was more fashionable than in England. Rabelais, in his famous satire, says that Prince Gargantua "picked his teeth with mastic toothpicks."  

Although the toothpick became more and more ornate, the intent of ancient and Renaissance man remained the same, esthetic and sanitary: it was the removal of disagreeable material from the teeth by the use of knives, sticks, or jeweled toothpicks. Generally, toothpicking was made a daily practice or even a religious ritual for fear of a toothache or religious disfavor.

By 1768, Berdmore, in his Treatise on the Disorders and Deformities of the Teeth and Gums, expressed the crux of the modern theory on the regular use of the toothpick: "They (toothpicks) tend to injure the gingival tissues; causing them to recede and the interstices to widen. Consequently, additional food lodges between the teeth, and the use of the toothpick more necessary."  

With the toothpick falling into disfavor, it was fortunate that the Industrial Revolution allowed for manufacture of the toothbrush in increased numbers, but it was also unfortunate that it was to remain an expensive luxury. In 1649, a friend asked Sir Ralph Verney to seek a toothbrush for him in Paris: "the little brushes for making cleane of the tooth, most covered twiste, together with some petit bouttes to put them in." In another letter Sir Ralph was thanked for gift brushes and boxes, to which he humbly replied, "These are such inconsiderable toyes that I must intreate you to speake no more of them."  

The toothbrush appears to have been uncommon as late as the 1750's as Samuel Johnson fails to mention them although he describes the toothpick. In the late eighteenth century, Robert Woofendale counseled that every morning and
other necessary times, a brush with horse's hair or hog's bristles fixed to the end, be immersed in cold water, shaken, covered with dentifrice and then brushed onto the teeth. 12

In 1779, John Baker, one of the first dentists to practice in America, gave these instructions on tooth brushing in an advertising circular he had distributed in Philadelphia:

Directions for those who have carious teeth and bad breathe. Lay a small quantity of dentifrice on the brush, so as to cover the hair, then rub the teeth and gums both on the inside and outside very well, principally upwards and downwards, and but little crossways; let it remain in your mouth about two minutes, then wash your mouth with water, warm milk and take a large teaspoon of Albion-Essence (his own concoction) to rinse your mouth, and force it between the teeth, for it destroys the fetid matter that lodge between the interstices and carious parts of the teeth; use the dentifrice three times a week; and Essence may be used every morning with a brush either before or after breakfast. Let none of the ailment of food remain between your teeth after eating, and if the brush is not sufficient to take it out of every cavity use a quill toothpicker, and the water as before mentioned, and by adding a little of the Essence to the water, it will be much better; if the gums are tender make use of the soft brush, till the texture of the gums becomes firmer and in a better state, then take a harder one, in so doing, you may keep carious teeth from becoming worse, and preservesweet breath during life. 13

In 1802, Baltimore dentist, B. T. Longbothom, in the second dental treatise published in America, attempted to educate the general public in the principles of oral hygiene...

Would those who have an objection to permit a dentist to inspect their mouth, use only a brush from time to time, chosen for its hardness, it would be attended with the happiest
effect, and let all acids, alcalies, etc., be banished from the toilet, as prejudiced in the extreme. The brush should be used in a transverse direction (direct up and down), so as to carry with it the appearance of brushing the gums from the teeth, which is from their vascular nature, will daily become more firm and free from scorbutic infections. 14

According to most reliable sources of dental history15 it seems that the first toothbrushes manufactured in any number were produced by William Addis of Clerkenwell, England in 1780. Although very rudimentary, Addis' brush was, nonetheless, very similar to the modern brush consisting of a bone handle with bristles drawn into holes cut into one end of the bone and held in place by wires. After a period of time, the Addis prototype became accepted into the daily lives of the wealthy in the British Isles and the European Continent. The second edition of the Complete Manual of Dentistry, published in Germany in 1840, contained some illustrations of a sophisticated toothbrush having different detachable heads. The set consisted of different angled brushes for cleaning lingual and labial surfaces of maxillary and mandibular teeth, special brushes for cleaning decayed teeth, and a holder for the different brush heads and ornate handles to hold the heads. In 1857, the first American patent for a toothbrush was applied for by H. N. Wadsworth. In America, one of the oldest toothbrush factories was founded in Florence, Massachusetts in 1866. In 1884, Dr. Meyer L. Rhein designed and patented a brush with three rows of serrated bristles with the longer bristles at the end. The following year, the Florence company was granted the right to produce Dr. Rhein's "Pro-phy-lac-tic" brush and by 1891 full rights and Dr. Rhein's trademark were purchased.

Generally, the early toothbrushes were essentially similar in design and manufacture. The bone handles were obtained from cattle thigh bones bleached in peroxide after being sawed into their general form, milled flat, and, finally, shaped manually. Following the bleaching process, the handles were polished, heads drilled, and slots cut into the back of the head under each row of drilled holes. The bleached bristles were drawn into the holes and fastened with a long fine wire which was tied to the initial bundle of bristles. The remainder of the bundles were
drawn into place by pushing the end of the wire up through the hole, from the back of the brush, looping it over the bristle, back down through the hole and drawing the bristle firmly into the hole. After all the bundles had been fastened, the exposed slots were covered with a cement and the bristles trimmed mechanically and finished by hand. In later years, each individual bundle of bristles was set in rubber cement and vulcanized, an expensive method which gave way in the 1920’s to bristles which were stapled into their holes.

Because the supply of cattle bone necessary for handles could not keep pace with the demand and concomitant time and expense of manufacture, a new and inexpensive handle material was sought after to supply not only the well-to-do but the masses as well. Celluloid handles were introduced in the early 1900’s but their use was abandoned because of their inherent combustibility and in 1930 they were supplanted by cellulose acetate which in turn was replaced by plastic materials (especially butyrate), nylon and polystyrene.

The bristles of the early brushes were derived from the long hair from the backs and shoulders of long-haired hogs. The quality of bristle depended upon the age of the hog and the climate and location in which it lived. Generally, the older the hog and the colder the climate, the better the quality bristle produced. For many years the finest bristle was that imported from Siberia and China (especially Chungking). The outstanding advantage of bristle is that it is not harmful to either the tooth or gingival tissues and does not bend as nylon does but breaks and, consequently, the brush is more liable to be discarded before it becomes useless or harmful. Because bristle is an organic substance, it absorbs moisture and must be kept very clean lest it become a vehicle for infection. Another disadvantage of bristle is the lack of scientific standardization of quality or stiffness. The grade of quality depends on the age and locality of the hog, the extent of bleaching to which the bristle has been subjected, and the skill with which it has been trimmed. The measure of stiffness depends upon the portion of bristle used—the nearer the root of the hair, the stiffer the bristle. Different brush stiffness classifications depend on the skill in blending the different cuts of bristle.

Because of the economic infeasibility of raising hogs
for their bristles which required a greater length of time to grow than the six to eight month period to market hogs for their meat value, concurrent with the demand for bristles for other brushes in addition to toothbrushes, there were not enough bristles to supply manufacturers and, consequently, high prices and widespread poor oral hygiene prevailed.

When nylon was developed in 1938 by DuPont de Nemour, toothbrush manufacturers quickly adopted the new product for both bristles and handles. The nylon filament (not bristle as the term bristle denotes a short, coarse, stiff animal hair) used in toothbrush manufacturing is produced by melting the polymer and forcing the molten through holes in a metal diaphragm into cold water where it solidifies. The diameter of the filament is accurately controlled by the diameter of the holes in the metal diaphragm. By varying the filament size from .005 to .015, the brushes may be classified in stiffness as "soft," "medium," or "hard" respectively.

The advantages of nylon are numerous. It is produced under hygienic and controlled conditions yielding a filament of uniform diameter which may be classified according to stiffness. Being inorganic and not subject to organic assault, it is easily kept clean. It does not absorb or soften in water and may be subjected to high heat and great force without damage. The most important advantage is that after thousands of years a mass produced, inexpensive toothbrush, made of nylon was available to the masses.

It is unfortunate that despite the efforts of such men as Stillman, Charters, Fones, Smith and Bell, the correct technique of toothbrushing remains unknown to the public today. To remedy this deplorable situation dental science, industry and, unfortunately, Madison Avenue promoters have offered the automatic toothbrush as a panacea.

From the time of the first exhibition of a motor driven toothbrush at an A.D.A. Convention in 1938, there have been over seventy-five brands of powered toothbrushes marketed. Basically, automatic toothbrushes can be categorized by their brushing motions:

1. The arcuate or up-and-down motion in a direction at right angles to the handle long axis (e.g., Broxodent by Squibb)
2. The reciprocating or back and forth motion in the same direction as the handle long axis (e.g., General Electric)

3. Combination of 1 and 2

4. Rotating motions

To obtain maximal hygiene without unreasonable abrasion to the teeth or restorations and minimal damage to the gingival tissues, the A.D.A. Council on Dental Therapeutics recommends an automatic toothbrush motor with "sufficient power but...self-limiting actions of the soft tissues which can be achieved through a combination of appropriate speed, bristle character, and limited stroke or arc of the brush head." 20

Regrettably, advertising claims for the automatic toothbrush have tended to be overzealous and disparaging of the conventional toothbrush: "Automatic-toothbrushes, a cure-all for deficiencies in oral hygiene." 21 Despite these claims, studies seem to illustrate at least a definite potential for the automatic toothbrush.

Phaneuf et al in a clinical study utilizing human subjects and dogs concluded, "the automatic toothbrush provides a new principle of tooth cleaning...may have unusual value in home dental care." They found, under experimental conditions, no traumatic or injurious effects on gingival health. 22

Quigley and Soparkar found that the group using automatic toothbrushes evidenced a reduced rate of gingivitis and a lower predilection to gingivitis than the group using a two-row, medium-hard brush or their own brush. 23

Derbyshire and Mankodi, using methods much like those used by Papanicolaou in his studies on vaginal exfoliative cytology, found that gingiva brushed with an automatic toothbrush had a higher degree of keratinized cells than gingiva brushed with a conventional brush. 24

In another experiment using a group of dental students, Derbyshire found the automatic toothbrush to be "superior in overall cleaning effectiveness to the manually operated brush." 25
Ash, Rainey and Smith found automatic toothbrushes to be as effective as conventional brushes in patients with a wide range of periodontal problems. Whether or not the automatic toothbrush is the panacea for which the dental profession has been waiting does not seem to be the urgent question but, instead, the age-old problem of mass dental education of the public. It seems futile indeed for the dental profession to seek new restorative techniques in a modern world of increasing dental problems unless the profession takes upon itself the vigorous, but Sisyphean, task of educating and stimulating the public to widespread and simple methods of oral hygiene to be used correctly and conscientiously whether manually or automatically.

FOOTNOTES (SEE BIBLIOGRAPHY)

2. Ovid, Ars Amatoria, III, 216.
4. Lufkin, p. 42.
5. Ibid. p. 43.
6. Kanner, p. 76.
7. Weinberger, p. 141, from Plinius, Historia Naturalis, Bk 37 ChS.
9. Rabelais, Gargantua, Bk I, 23.
15. Campbell, Addis, Giesecke
17. Webster's Third International Dictionary, "Bristle"
18. Council on Dental Therapeutics, p. 404
19. Ibid., p. 405
20. Ibid.
21. Quotation marks mine.
23. Soparkar and Quigley, p. 182-87
24. Derbyshire and Mankodi, p. 255-59
25. Derbyshire, p. 317-20

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NOTE:
The readers of this Bulletin may be interested in reading the rules and procedures which govern the Bremner Award Contest. This is a copy of the announcement that was circulated to the senior (Class of 1965) students in the dental schools of the United States and Canada:

(See next page)
THE BREMNER AWARD CONTEST
Sponsored by
The American Academy of the History of Dentistry

The American Academy of the History of Dentistry announces its sixth annual writing contest in the field of dental history. The purposes of the competition are to stimulate student interest in the history of the profession and to provide a means of recognition for student contributions to the literature in that important and interesting area of dental education.

A prize of $100 will be awarded the national winner. A prize of $50 will be awarded for the second place paper and a prize of $25 for the third place paper. Certificates will be presented to those other contestants whose papers are judged to be worthy of special recognition by the Academy.

Rules and Procedures

1. The contest is open to all senior (Class of 1965) students in the dental schools of the United States and Canada.

2. Announcements of the contest will be sent in November to each dean and each instructor of the course in Dental History. The manuscripts must be received by the Chairman of the Committee on Awards by June 1, 1965. This arrangement will allow seven months for preparation.

3. The dean and the Dental History instructor will be requested to supervise the competition and to select the winner in each school. Only one contribution may be submitted from each school in the national competition for the Award.

4. For the purpose of proper certification each manuscript shall be accompanied by a letter from the responsible faculty authority.

5. Although no limitations are set as regards length of the manuscript, the Academy suggests that it not exceed fifteen double-spaced typewritten pages, exclusive of footnotes, bibliography, illustrative materials, etc. White paper, 8-1/2 x 11 inches, shall be used.

6. To facilitate the judging process, each school nominee
shall submit the original and two copies of his paper. Manuscripts shall be sent either flat or folded once in the center.

7. Manuscripts submitted will become the property of the Academy. None will be returned.

8. For further information concerning this contest, consult your dean or your instructor in Dental History; or write to

Gardner P. H. Foley, Chairman
618 W. Lombard Street
Baltimore, Maryland 21201
History Academy

Fifteenth Annual Meeting

AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY
Baker Hotel, Dallas, Texas
Friday, November 11, 1966

PROGRAM

Morning Session, 11:00 a.m.
Meeting - Executive Committee

Luncheon Session, 12:00 noon
Dentistry As It Was in 1925 - Dr. Crawford A. McMurray, Secretary-Treasurer, Texas Dental Association

Afternoon Session, 1:00 p.m.
President's Address, Dr. Walter C. Stout, Dallas, Texas

Report of the Secretary
F.S. McKay, History of the Beginning of Fluoridation - Dr. Mark F. Bryant, Colorado Springs, Colorado

History of Dentistry in Deaf Smith County - Dr. H. A. Cavness, Hereford, Texas

Early Research in Fluordosis in Bauxite, Arkansas - Dr. David W. Hensley, Jr., Benton, Arkansas

Greene Vardiman Black, How He Grew in Greatness - Dr. James C. Donelan, Springfield, Illinois

Business Meeting, 3:30 p.m.
1965 - COMMITTEES - 1966

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