Oliver Wendell Holmes, Sr. Throws Down the Gauntlet: The Claims of Dentistry  
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Oliver Wendell Holmes, Sr. Threw Down the Gauntlet: The Claims of Dentistry

David A. Chernin, DMD, MLS

It had been over 30 years since the founding of the American Journal of Dental Science, the organization of the American Society of Dental Surgeons, and the establishment of the Baltimore College of Dental Surgery. Yet the general acceptance and inclusion of dentistry into the family of learned professions, and the recognition of dentistry as a truly professional calling by the public and medical community, were both still beyond reach. In 1872, Harvard University, under the new leadership of President Charles Eliot, re-confirmed American dentistry’s profession legitimacy, implementing standards and reforms in the Harvard Dental School similar to those mandated to Harvard Medical School the previous year. Dr. Oliver Wendell Holmes, Sr. was given the task to articulate the justification for this contentious decision.

On the morning of February 14th, 1872, fifteen young men (including one each from Canada, Germany and Portugal) made their way to the Massachusetts Medical College building on North Grove Street, Boston. Their thoughts were likely centered on the personal significance of their pending graduation from Harvard Dental School; but they may not have been fully cognizant of the defining event that the coming commencement address would represent for American dentistry.

The events that were to unfold that morning were the realization of the vision of a select group of enlightened American dentists, who had, more than 30 years prior, conceived, created and nurtured the professionalization of dentistry.

From 1839 through the mid 1860s, the development of the dental profession was still in flux. Organizationally, the growth in regional dental associations and state dental societies had gained momentum. The establishment of the American Dental Association in 1859 resolved an ongoing conflict over how to create a stable and broad-based national dental organization. The unique American development of dental periodical literature continued its expansion, representing not only a potent force uniting a geographically diverse audience, but also providing a platform for discussion and debate.

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Dental education was different matter, however, as by 1865 there were only four dental schools in existence: Baltimore College of Dental Surgery, Missouri Dental College, Ohio Dental College of Dental Surgery, Pennsylvania College of Dental Surgery and Philadelphia Dental College; and their organization and curriculum was varied and questionable. In addition, all of the existing dental schools were propriety based and thus there was a significant entrepreneurial weight.

Despite these advancements, and the prominence and success of a core of elite dentists, dentistry was still viewed by a significant number of the medical community and the general public as merely mechanical. This view was also the position of the United States government, which listed dentistry as a trade until 1892.*

With the country recovering from the devastation of the Civil War, the American experiment to professionalize dentistry was at a crossroads. The 6th annual ADA meeting, held in Boston in July 1866, brought together a diverse group of dentists. The previous 25 years had seen a dramatic increase in the number of individuals practicing dentistry. Census numbers indicate more than a doubling, from approximately 2,500 in 1840 to over 6,000 in 1866; fewer than 10 per cent had graduated from dental schools.1 The delegates to the ADA meeting included a significant number of the founding elite and their students. In addition, there were practitioners who had entered dentistry from various trades. These newcomers, among them many Civil War veterans, were buoyed by their aspiration for a better future in the “calling” of dentistry, and had been further distinguished and strengthened by their military experiences.

The selection of Boston for the location of this meeting was significant. The previous year, on March 4th, 1865, Massachusetts dentists organized a meeting at the Young Men’s Christian Association building on Tremont Street to consider the establishment of a dental society; on March 24th, 1865 eleven members signed a constitution and paid an entrance fee. This act was initiated to set the stage for the establishment of a dental school in Boston. On November 6th, 1865, on a motion of Dr. I. J. Wetherbee, it was voted:

That a committee of three be appointed to take under advisement the subject of the establishment of a chair of dentistry in the Massachusetts Medical college, in accord dance with the recommendation of the President[N.C. Keep] in his annual address, and to take such action as the matter demands.

*The United States Bureau of Census in 1890 included dentistry among manufacturers. This was opposed by organized dentistry and was eventually changed with the passage of House Bill #7696 in 1892.

Oliver Wendell Holmes, Sr. (1809-1894)
Appointed to the committee were Dr. N. C. Keep, Dr. I. J. Wetherbee and Dr. Thomas H. Chandler. This committee, tasked with the establishment of a dental school associated with Harvard University, soon encountered an obstacle that threatened to split the recently-formed dental society. The cause of this schism was the insistence by Harvard University that all professors associated with the newly formed Dental Department needed to have a medical degree. (Adjunct staff without an MD would be permitted.) This last-minute condition so alienated a significant number of dental practitioners (with and without MD degrees) that it led to resignations and hurt feeling among many who had been instrumental in the formation of the Massachusetts Dental Society. A new committee was established on March 6, 1866, with Dr. N.C. Keep, Dr. E.C. Rolfe and Dr. Luther D. Shepard, to continue negotiations with Harvard University and the Medical School. (The disgruntled members of the Massachusetts Dental Society, led by Dr. Wetherbee, eventually petitioned the Massachusetts State Legislature, obtaining the incorporation of the Boston Dental School in 1868. The school eventual joined with Tufts College in 1899 to become Tufts College of Dentistry and later Tufts University School of Dental Medicine.)

Thus, the hosting of the Sixth Annual ADA meeting, commencing on July 31, provided the Massachusetts dentists the opportunity to showcase their contribution to dentistry’s advancement. In addition to the presentation of papers and clinics, much of the meeting consisted of discussion on three pressing issues: 1) organizing state dental societies; 2) petitioning state legislatures to enact laws on who could practice dentistry; and 3) the direction of the dental educational system. The importance of the future of dental education was made clear in the opening address of retiring President of the ADA, Dr. C. W. Spalding, who focused his remarks:

...to the necessity and practicability of establishing more and better dental schools. I doubt the utility of attaching a dental chair or chairs to schools of medicine, for the purpose of graduating students to practice dentistry. In my estimation such chairs are much needed in medical schools, but are useful only as a means of rendering the qualifications of the medical student more complete and comprehensive. Impressed as I am with the conviction that no subject of greater importance to the future well-being of our profession can engage the attention of this body, I take this occasion to bring the subject to your notice, and to propound to you the question whether we do not need a better, as well as a more extensive, system of dental education.

It appeared that the majority of the participants recognized that an accommodation either directly or indirectly with a major university would be desirable for the enhancement, advancement and professional recognition of dentistry. A number of respected and savvy dental practitioners reiterated the importance of integrating with “respectable universities.”

After he had listened to the heated debate on improving dental education, Dr. John M. Riggs articulated his position. After pointing out that attendance at Oxford or Cambridge had in the past been deemed essential to being considered learned, he predicted,

...that day is past. In this country we have imitations of those colleges. They are barely imitations. It is like going into a railroad depot in Boston, paying for your ticket, getting into the sleeping car, and into a musty bed, going to sleep and waking up at the end of the journey without any more information than you had when you got in. In these colleges you run the ruts of thought that everybody else has been in. After pointing out that dentistry has heretofore been an exception to that rule, for which reason it has seen much improvement....

I never wish to see dental colleges bearing the same relation to the profession, that the present literary institutions do to the intelligence and learning of the people. These are mere machines.

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*On December 11, 1844, with Horace Wells under the influence of nitrous oxide, Riggs extracted one of Wells’ upper molars, prompting Wells to declare, “A new era of tooth-pulling.” Riggs is also remembered for his work in the treatment of periodontal disease and for his 1876 paper “Suppurative Inflammation of the Gums, and Resorption of the Gums and Alveolar Process.” Penn J Dent Sci. 1876; 3(3):99-104. Periodontal disease would often be referred to as “Riggs’ disease” until the mid-20th century.
that grind men out, and give them a title to teach theology or practice medicine or law ... they introduce a chronic mode of thought, the man follows it up through life, and we seldom hear of any new discovery or invention from any of these men. But when you take a man who has on his hands the scar of the plough-handle or of some mechanical art, you will find that it is from these sources you get native talent ... I hope never to see the time come when the profession shall be diverted and drawn into any particular worn channels of education in college, to the exclusion of a proper education. The man must educate himself. He must apply himself to books, to thought, and to his laboratory, working out his ideas in one branch or another...

Let us reform the old idea of colleges. Let us have a practical thing. Let us teach them self-education, self-discipline, and to regard the colleges as a mere help; then we shall find discovery after discovery from our profession.

Later that year, 1866, Riggs was appointed to a committee by the Connecticut State Dental Association with reference to establishing a dental department at Yale, an idea that was strongly and successfully opposed by the Connecticut Medical Society.4 It was thus left to Harvard University to achieve that objective, with the Medical School accepting the proposal of the Massachusetts Dental Society on March 29th, 1867, followed by the Harvard Corporation’s vote to establish the Dental School on July 17th, 1867.

At the 7th Annual meeting of the ADA, held in Cincinnati during the summer of 1867, the Committee on Dental Education gave the following report:5

The report argued clearly, and at length, in favor of proper and thorough preliminary education. It expressed the opinion that there is in the profession, as a general thing, a feeling of satisfaction with the general plan of our dental colleges, the friends of these institutions wishing to add minor details and improvements, rather than to change their general features.

The question of substituting instruction in medical for that in dental schools was considered at some length, clearly demonstrating the necessity of specific instruction, with reference to our own specialty, which can be obtained only in our own colleges.

The report defines ‘dental education’ to be that joint education of both the head and the hand requisite to constitute a finished dentist, and to fit him for the highest practice of his art.” And this, the committee believes can be obtained only inside of our own ranks. While literary institutions may make scholars, medical schools physicians and surgeons, only dental colleges, pure and simple, can meet the present demands of our growing profession.

The year 1869 was an eventful year for Harvard Dental School and Harvard University in general. The dental school not only graduated its first students but also the first African-American, Robert Tanner Freeman.

While these two events are noted historical landmarks, the selection of Charles William Eliot as the new President of Harvard University would prove to be a seismic event. President Eliot, known as a persistent individual, was determined to transform Harvard into a world class institution. He immediately set about changing the organization and financial structure of Harvard.

In his first President’s report to the Board of Overseers for 1869-1870, while acknowledging the strengths of both the Medical and Dental School he stated “...[I] believe, however, that the organization of the Medical and Dental Schools is not a wise one....the whole system of medical education in this country needs thorough reformation.”6

By the time that Eliot gave his 2nd Presidential report of 1870-1871, his plan for “reformation” had been implemented. His first action was to have the Board of Overseers and Harvard’s Corporation repeal the special Statutes for the Medical School. This effectively placed the
financial decisions under the control of the University (as opposed to the Faculty).

Elliot’s next step was a complete overhaul of the educational process as it was then delivered at the Medical School. Here he encountered his toughest challenge led by Dr. Henry Jacob Bigelow, who took vigorous opposition to the changes, inquiring why it was necessary to change the mode of teaching which had been successful for eighty years. Elliot’s response: “I can answer Dr. Bigelow’s question very easily—there is a new President.”

The justification for the changes he introduced were clearly and concisely addressed to the Board:8

In order to appreciate the magnitude of the changes made in the Medical School at the close of the year 1870-1871, one must know what the ordinary method of American medical schools has been. The main strength of the body of teachers in an American medical school is spent upon long courses of lectures on the chief medical subjects, which are given every year during from four to five months of the autumn and winter. ...A candidate for the degree Doctor of Medicine has been required to prove that he has attended somewhere two such terms of lectures, and one of these two in the institution at which he is seeking his degree. He has been furthermore required to produce a certificate that he has studied [apprenticed] medicine for at least three years with some regular practitioner.

As this practitioner is very often an entire stranger to the Faculty who are to grant the degree, and may be living in some remote or obscure place, this certificate of three years’ study is a very uncertain piece of testimony. It has not been the practice to examine with care into the genuineness of such certificates, or into the character and amount of instruction which the bearers of the certificates have received from the physicians who sign them.

At the best schools a formal examination of candidates for the degree has been held; but this examination has been private, hasty, and notoriously lax. A majority vote of the body of examiners admits the candidate to the degree, so that the new doctor may be, and frequently is, utterly ignorant of nearly half the subjects of examination. The profession and the community have had no guaranty whatever of the quality of the examination.

It has been the pecuniary interest of the teachers composing a medical Faculty to have as many students as possible, and to grant as many degrees as possible, their receipts being proportionate to the number of fees paid for attendance at lectures and graduation...

... Finally the students, to whom this deplorable system of instruction has been applied, are in the great majority of cases, persons of scanty preliminary training. Very few are graduates of colleges, and very many are deficient in the elementary branches of what is called an English education. No medical school in the country would venture to publish, uncorrected, one quarter of the theses which candidates for a degree present as one evidence of their attainments.

It seems almost incredible that the grossly inadequate training above described should be the recognized preparation of aspirants to a profession which was once called learned, and which pre-eminently demands a mind well stored and a judgment well trained,—a profession in which ignorance is criminality, and skill a benefaction,—a profession which penetrates the most sacred retreats of human love, joy, and sorrow, and deals daily with the issues of life and death.

President Eliot had inherited the “education of dentists,” an appendage to the Medical School, from the previous administration with its contemporary template. It may be assumed that Eliot viewed dentistry from a number of perspectives: 1) His desire for Harvard to encompass all professional studies; 2) American dentistry’s preeminence in its field, as indicated not only by its growth and reputation, but the influx.
of foreign students to their schools (the opposite of which was occurring in medicine); 3) Dentistry’s successful integration of “practical instruction,” similar to the reforms he had implemented in Harvard’s medical education; 4) A respect for the Dental Faculty, that had been donating their time and expertise to facilitate success of Harvard’s enterprise to establish a dental school; 5) A young (except for Dean Keep), competent, energetic and innovative Dental Faculty very much in sync with his own opinion.

At the Dental Faculty meeting held on February 1, 1872, founding Dean Dr. N. C. Keep retired and was replaced by the highly-respected physician, dentist, microscopic researcher and civil war veteran, Dr. Thomas Barnes Hitchcock. More importantly, the following decisions were implemented: 1) The Board of Overseers rescinded the requirement that only MDs could hold the rank of professor at the dental school; 2) The Faculty would receive payment from the University; 3) The university would acquire the debt for the buildings and maintenance of the school; 4) There would be an addition of another term of education (Summer session) similar to the medical school; 5) The examinations would now be written and include additional liberal university courses; and most significantly, 6) The dental school would become its own department in the University.

These acts represented a dramatic statement regarding the future of dental education in America. For the first time, a President and Overseers of a major University recognized the importance and desirability of including dental education as a separate entity, and committing resources (financial, material and educational) for its success.

Until 1872, the graduating students from Harvard Dental School were included at the end of the Medical School’s convocation, with the commencement address focusing on the medical graduates. On February 14, 1872, the graduating class would be receiving its diplomas not at the end of the Medical Schools exercises; but at its own convocation with its own dedicated commencement address, similar to the other schools at Harvard. (See Figs. 1 & 2, following page).

The man delivering this address would articulate the rationale, and advance the recognition and inclusion of the profession of dentistry into the ranks of higher education and the public at large. This testimonial would come from none other than America’s premier medical educator, Dr. Oliver Wendell Holmes, Sr.

Dr. Oliver Wendell Holmes, Sr. (1809-1892) was 58 years old when he agreed in 1867 to become the Professor of Anatomy and Physiology at the newly-organized Harvard Dental School. Holmes’ reputation—national and international, professional and literary—had never been higher; and he was not one to withhold his opinion. Holmes was known for his concise retorts. When asked to comment on the use and effectiveness of current medicines, he responded, “I firmly believe that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be better for mankind—and all the worse for the fishes.”

Dr. Holmes was to provide the literary and professional announcement for the dramatic change in American dental education. The press coverage would take the form that his address would be published one week later in the premier medical publication, The Boston Medical Surgical Journal. This would suggest that the text of Holmes’s address was provided in advance to the editors to enable its immediate inclusion in the biweekly medical journal. Further distribution of the text was provided by a separate printing later in the spring for general circulation, as well as reprints in all the leading dental journals of that time.
Fig. 1. Pages from the program for the 1869 Harvard University Medical Commencement. The list of dental graduates appears as a brief afterthought to the list of medical graduates, who dominate the proceedings.
Fig. 2. In 1872, the Dental School has earned its own separate Commencement exercises, with the dental graduates listed prominently.
In his address, titled “The Claims of Dentistry,” Holmes delivers an informative, eloquent, entertaining and professional justification for the inclusion of dentistry “...[being] assigned its place among those chosen professions which a fully-organized educational institution [Harvard] may fitly take in hand, and provide for teaching.” Holmes systematically outlines the advancements and contributions that American dentistry has provided for the well-being and health of mankind. He further elaborates the importance of preventive dentistry and sound dental care for children. The recent educational changes instituted are alluded to in Holmes’s closing remarks, in which he states, “Harvard University is doing all it can do to recognize the value of your profession to the community...Our university always was, and must be, a leader in educational movements.”

The prose and style of Holmes’s address, in addition to his belief in the “claims” of dentistry as a profession, are as poignant today as they were over 140 years ago.

Holmes admiration for the “native talent and genius” of American dentistry was his passionately true conviction. In 1876, the medical bibliographer Dr. Joseph M. Toner, in preparation for a paper to be presented at the International Medical Congress in Philadelphia, sent letters to medical correspondents, requesting a list of ten outstanding physicians who had greatly contributed to the advancement of medicine in their respective states since 1776. In a confidential letter, dated April 17,th 1876, Holmes writes,12

I am going now to say a few words, somewhat confidentially, as it appears to me that you are one of the few Americans who like facts better than rhetoric.

A great many good, honest sensible doctors, of fair intelligence and some professional knowledge, who have worked faithfully and devotedly in their calling and deserve to be held in honorable remembrance, we have doubtless had in this country. But our original contributions to medical science have been of very moderate amount, unless we include dentistry [emphasis in original], where I suppose our countrymen have done a great deal.

We are presenting “The Claims of Dentistry” in its entirety, annotated to highlight the intellectual and literary illustration which its author employed in his justification and support for the American professionalization of dentistry.
References


6. Harvard University. Annual report of the President of Harvard University to the Overseers on the state of the university for the academic year 1869-1870. p. 17-18.


8. Harvard University. Annual report of the President of Harvard University to the Overseers on the state of the university for the academic year 1870-1871. p.18-20.


12. Joseph M. Toner papers, 1741-1896. No. 80 LC Control. No.: mm 78043059
The Claims of Dentistry

Oliver Wendell Holmes, Sr., MD
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Annotated by David A. Chernin, DMD, MLS
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We have met, under the auspices of Harvard University, to recognize by formal ceremonies the entrance of a class of students in dentistry upon the exercise of their profession. We give to this occasion the time-hallowed name of Commencement. Here ends the period of pupillage; here begins the life of applied knowledge and skill.

“Commencement” is not a word to conjure with, as it was a century ago, when it paralyzed for the day the commerce of the neighboring town, and emptied all the villages in a circle of fifty miles of their black-coated and white-wigged clergymen. It is not the grand pageant as I remember it, when the Governor made his entrance to the academic precincts with a troop of horses and a cavalcade of white-frocked truckmen; when the Common was covered with tents, as if an army had encamped upon it, and the trafficking and the revelries of Bartholomew Fair became notorious as a backdrop for mass debauchery.1

But this Commencement of the Dental School has a real significance, though it makes little show, and does not appeal to any vulgar interest. It publishes the fact that a new pursuit has been assigned its place among those chosen professions which a fully-organized educational institution may fitly take in hand, and provide for teaching. And you may be assured that, before our old university would take such a step, its governing boards had satisfied themselves that the time was fully ripe for it. The dental profession had achieved its success, and had won its place in the estimate of the intelligent public, before its teachers were asked to share the labors and the dignities which belong to the faculties of this great institution.

I. Bartholomew Fair (a fair for the feast day of St. Bartholomew) was held in England between the 12th and 19th centuries. Originally an opportunity for regional merchants to showcase their wares, it soon attracted performers as well. The fair grew in size and popularity, until it became notorious as a backdrop for mass debauchery.1

The occasion must naturally bring together many who have no other special knowledge of dentistry than such as they have gained while sitting in one of those magic chairs which fit alike the giant and the dwarf, which would accommodate the visitors of Procrustes, and suit itself to all the transformations of Proetus. Were this an assemblage of dentists and dental students only, who would dare to open his mouth for speech before the members of a profession in whose presence kings are silent, at whose command eloquence is struck dumb, and even the irresistible and irrepressible voice of woman is hushed into a brief interval of repose? Even if this first fear were overcome, a speaker might well hesitate to address an audience of experts, who know all that he is like to tell them, and a great deal more. But this hour does not belong only to our friends of the dental profession; and they can bear to listen to much that is familiar to them for the sake of their visitors, whose knowledge is limited to what they have acquired after the manner of poets, of whom Shelley says, “They learn in suffering what they teach in song.”

A few generalities are all that can be attempted in a discourse like this; enough to give some little idea of what the dental profession has grown out of, and what it is has grown to; a few hints to make us feel more keenly its importance; a picture or two of old superstitions and fancies and barbarisms to contrast with the enlightened knowledge of our own time; a brief mention of some of the leading modern improvements in the scientific and practical departments relating to the teeth; an explanation of the causes which have kept the dental profession from receiving the recognition it has a right to claim; and a vindication of its title to the regard of the community, and to a fair representation of its teachings at the great seats of learning. I mention some of the points I shall touch upon rather than discuss, not under formal headings, and with strict adhesion to the order in which I have mentioned them, but as they appear to present themselves most naturally.

2. **Procrustes**: a mythical Greek giant, who offered passing travelers a bed; if they were too tall or too short for the length of the bed, Procrustes would mercilessly cut or stretch them to size.*

3. **Proteus**: also of Greek myth, a shape-shifting sea monster.**


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** Ibid.
The greatest difficulty in handling the subject is the extent of its literature, and the infinite detail of ingenuity which has gone to the bringing about of the perfection of its mechanical processes. The value of the teeth to human beings is so prodigious, that, as soon as attention was fairly turned to their proper management and the methods of repairing their losses, inventive talent precipitated itself, so to speak, upon the new department of human industry. There is not pearl in any royal crown for which a young queen would give one of her front incisors. And those who know what a perfect organ each one of the teeth is, as shown by the more recent revelations of minute anatomy, what pains Nature has taken with its complex organization, will not wonder at the estimate set upon it.

The teeth, in their relation to the beauty of the human countenance, have figured in poetry from the earliest times. “Thy teeth are like a flock of sheep that are even shorn, which came up from the washing; whereof every one bear twins, and none is barren among them,” says the imaginative author of the “Song of Songs.” Their whiteness is been compared to that of snow, of Parian marble, and of pearls, until verse is tired of the images. The ancient poets and satirists are full of allusions to the beauty and deformity depending on the conditions of the teeth. The ladies who made it their business to please, on Bentham’s principle of procuring the greatest happiness of the greatest number, had recourse to every kind of artifice to disguise their defects, and commend their charms. Here is one of these tricks as given by Athenæus, in a passage not cited by Duval in his large collection of classical quotations relating to this subject. I give a part of it in English:

They whose teeth are elegant force themselves to smile even against their inclination, so that the beauty of their mouths may be seen by their visitors; but, if their smile is not so pleasant a sight, they hold a sprig of myrtle in their mouths, so that it will cover their teeth when they open their lips, on purpose or otherwise.

As for the unfortunates whose teeth were discolored, or had suffered some of the common changes that age brings about, the satirists scoffed...
at them in such coarse language, that their phrases are quite unbearable to modern ears. Even such a personal remark as that of the graceful Catullus would be considered inadmissible in our time: “Your mouth is full of teeth half a yard long, and your gums are like an old wagon-box.” 8 The first circumstance—the seeming inordinate length of the teeth—is a well-known effect of age, which produces a shrinking of the gums. The Frenchmen talk of dents dechausées, unshod teeth; and I remember that Thackeray, in one of his stories, speaks of certain ladies, not very young ones, as “long in the tooth,” among by no means flattering peculiarities. 9

We have grown more civil than the Romans; but we know the beauty of a fine set of teeth, and the deformity of its opposite, as well as they did. It is true that men can often conceal the imperfection of their dental arrangements by letting the eaves of a heavy mustache overshadow their mouths. But to women, to hide whose smile would be to take away half the sunshine of life, and to whom Nature has kindly refused the grown that would deprive us of it, there is no element of her wondrous beauty which can take the place of white, even, well-shaped teeth. And as beauty is not a mere plaything, but a great force, like gravity or electricity, the art which keeps it, mends it, and, to some extent, makes it, is of corresponding importance.

But we must add to this the consideration, that speech is so largely dependent on the perfection of the teeth, that our language, we might almost say, loses a letter with every tooth that falls. What can be more painful to witness than the efforts of a hapless friend to bite his consonants out of the alphabet when he is reduced to the condition of the infant, whose boneless gums are unfit for any task but the caressing pressure of the maternal mouthful!

And then the humbler, but still necessary function of mastication,—how much depends on the ease and perfection with which this is performed! You can tell the state of a village by going to the mill. If it has enough to grind, and grinds it well and cheaply, you will find good farms

8. Catullus (84 B.C.-54 B.C.), Roman poet. Holmes refers to poem No. 97, entitled “Disgusting: To Aemilius,” which goes into far more detail on its author’s opinion of his friend (none of which is fit to be reprinted here). No. 39, “Your Teeth!: To Egnatius,” is similarly scathing; its subject is an acquaintance whose perfect teeth lead him to smile constantly, regardless of the propriety of the situation. Egnatius cannot help but grin to show off his teeth, even while attending funerals, or defending himself in court.

and well-fed people: so, if you see a good square jaw, filled with good sound teeth, and moved by a set of muscles that mean business, and do it, you will find, all probability, that they nourish a sound frame in man or woman. I have never forgotten the complaint of poor Walter Savage Landor,—a sadder one than any of the Preacher's, it seems to me. I quote it from memory. “I have lost my mind,” he said; “that I do not care so much about: but I have lost my teeth, and I cannot eat.” It has been my custom for many years, when lecturing upon this part of anatomy, to bring forward the skull of a large turtle, in order that its jaws might be compared with those of the human being in very advanced years. The sharpened edges of the alveolar border in the old man show the retrograde process by which he returns to the quasi-embryonic condition, reminding us of that earlier period when he passed through the scale of being, upward, to reach the supremacy of which age is constantly trying to deprive him.10

It is no wonder, then, that the teeth have been particular objects of attention from the earliest period. The Egyptians, who made specialties of every thing, had professional dentists; and it is asserted that artificial teeth of ivory or wood, some of them on gold plates, have been found in the jaws of mummies.11 The teeth of mummies are said also to have been found filled with gold. I do not find any distinct notice of a

10. Holmes may be referring to Ernst Haeckel’s (1834-1919) biological theory “ontogeny recapitulates phylogeny,” which supposes that the life-history of an organism (its embryological development and aging) resembles the evolutionary history of that organism.

11. Further archaeological investigation would falsify this assertion: “Weinberger made much of the two teeth bound by a gold wire that were found in a tomb at Gizeh by Junker. However, this appears to be an isolated and unique case. No evidence of dental prostheses have been found in thousands of skulls and mummies that have been studied to date.”

dental profession from the time of the Egyptians to that of Galen. You will permit me to quote, in the original, a passage which I have unearthed in one of his treatises, because it makes use of an adjectives which will be found in our catalogues and diplomas, where it was admitted after some discussion:—

_Omnem temen istos communi nomine medicos appellant, perinde ut eos, puto, qui a quibusdam membrios, quorum praeceps curam gerunt, vocitantur: hos namque ocularios, auricularios, DENTARIOS (ita dicere liceat) medicos nominant._

It is a long interval from Galen to the middle of the seventeenth century; but I have not found any other traces of a special dental profession until I came upon the following, which looks very much as if it referred to such specialists. In the Diary of the Rev. John Ward, vicar of Stratford-on-Avon from 1648 to 1679,—the book rendered famous by a reminiscence of Shakespeare, for which the poet would not have thanked him,—is the following:—

_Upon a signe about Fleet Bridge this is written,

‘Here lives Peter de la Roch and George Goslin, both which, and no other, are sworn operators to the King’s teeth.’

Whether these operators had any other calling than this august office does not appear. Early in the next century, the practice of dentistry seems to have been in the hands of silversmiths and jewelers. I think many of us can recall the name of a fellow-citizen,—originally, I think, a watchmaker—who branched off, without any special training, into the business of a dentist, and who acquired a considerable name for filling teeth with skill and success, taking time enough about it, and receiving very handsome pay for his services.

Dentistry as a profession may be safely said to have come into existence during the present century. In this country, its growth has been of wonderful rapidity. One would have thought that Cadmus had sown a new furrow full of teeth, and that they had sprung up dentists. In 1820, it has been computed that there were not more than a hundred dentists in the United States; in 1858, there were four thousand. I presume they have increased in as rapid a ratio since that time; and,


13. Cadmus, of Greek myth, sowed the teeth of a dragon into the Earth; they grew up from the ground as Spartan warriors.

14. The correct figure is closer to 200.

15. This figure is closer to 5,000.


** ibid.
in the mean while, works on dentistry journals devoted to it, institutions for teaching it,\textsuperscript{16} have become so numerous, that it is recognized as one of the great callings of life.

If we would know what we have gained by the elevation of dentistry into an honorable special branch of medical practice, we must go back to the time when ignorance, superstition, and bungling awkwardness, reigned over the whole province of art, now so fully illuminated by science, and in which such admirable mechanical skill has developed itself in every form to relieve suffering, to supply deficiencies, to add in all possible ways to comfort and comeliness.

It is simply amusing to look back two or three centuries, and see what men were capable of believing. You will find in Ambroise Paré various forms of words in use in his time to cure the toothache. The notion that this pain was caused by a worm, which Shakespeare refers to, is at least as old as Avicenna.\textsuperscript{17} Strange significance was attached to an anomaly which an old friend of mine told me happened in his own person: I mean the same fact...

16. Though Dr. Holmes refers to them as “so numerous,” there were only five dental schools in the nation at the time of this speech: Harvard Dental School; Baltimore College of Dental Surgery, Missouri Dental College, Ohio Dental College of Dental Surgery, Pennsylvania College of Dental Surgery and Philadelphia Dental College. (see pg. 106 of this issue)

17. Indeed, the belief in toothworms is older still, being traceable as far back as Ancient Sumeria.

18. This legend did not originate with Shakespeare. The claim that Richard III was born with teeth appeared before the eponymous play, in histories by Thomas More (1478-1535) and John Rous (d. 1494).

19. This refers to the conquest of Constantinople and the surrounding lands by Sultan Mehmed II of the Ottoman Empire in 1553.

20. A credulous account of this golden tooth was related by Dr. Jakob Horst, a professor of medicine, in his treatise \textit{Tractatus de dente aureo puere Silesiani}. Though time revealed the miraculous tooth to be a man-made gold shell over a natural tooth, the workmanship nonetheless represented a quite early instance of molded crownwork—a notable artifact in its own right."

21. This likely refers to the practice of goldsmiths of inscribing their initials upon their handiwork.


But hereof we cease to discourse, lest we undertake to afford a reason of the golden tooth; that is, to invent or assign a cause when we remain unsatisfied or unassured of the event.

And in the margin, “Of the cause thereof much dispute was made, and at last proved an imposture.” All this was a good while ago; but I am myself old enough to remember several curious notions about the teeth, which had a considerable currency, and came near enough to being believed to be told pretty seriously. If one had a tooth extracted, it must be burned, because if a dog got it and swallowed it, one would have a dog’s tooth come in its place. I recollect a story told me of a somewhat noted public character, whose smile, or other attractions, had made him dangerous to the sex formerly called the weaker one,—a personage too well known to the scandal of his time,—who was said to have had his teeth, or some of them, extracted, and replaced by those of a living animal,—a calf or a sheep. This story was told seriously; and the hero of it I have seen with my own eyes, when age had disarmed him of the fatal fascinations of his earlier days. There is a common notion enough, still prevalent, that some persons have a complete set of double teeth, as they are called,—a jaw full of molars. I never saw one, and I doubt it anybody ever did; but the teeth of Indians and sailors, ground down the by the attrition of hard grains or sea-biscuit, might be mistaken for such a maleformation.

It is only since the year 1835 that the anatomy of the teeth, out of which necessarily arose new views of their physiology and pathology, can be said to have been fairly understood. It is true that old Leeuwenhoek had described the “pipes,”22 as he called them, of the dentine so long ago as the year 1678; but his discoveries were so much ahead of his time, that they had to wait some generations, like the seven sleepers,23 before they woke up, to find themselves confirmed. An article in “The British and Foreign Medical Review,” for the year 1839, brought before the profession in England and America, in a connected way, and with illustrative figures, a series of discoveries which had changed the whole aspect of dental anatomy.24 We owe all these discoveries, or rediscoveries, to the invention

22. “Having taken great pains to investigate the formation of the elephant’s tooth...I found it to consist only of a collection of tubuli, or pipes, which are exceedingly small, and all derive their origin from the inner part of the tooth...through which cavity I concluded the nutritive substance must be conveyed, for the continual support and increase of the tooth.”

23. According to this legend, seven Ephesian Christians hide in a cave to avoid persecution by the Roman emperor Decius. Finding the cave, the Emperor orders its entrance sealed with heavy stones. 187 years later, the cave is rediscovered and opened, to reveal that the seven had fallen into a mystical sleep, and thus neither perished nor even aged! Upon feeling the sunlight, the sleepers awaken and discover to their surprise that they have survived into an era when they would no longer be persecuted for their faith.


* Leeuwenhoek A. “Of the formation of the Teeth in several animals; the structure of the human Teeth explained, and some of the disorders to which the same are liable accounted for.” In: The Select Words of Antony Van Leeuwenhoek. Hoole, S (trans.). 1800. London: G. Sidney.

of the achromatic microscope, which enables any of us to show the student the beautiful intricate structure of the teeth as plainly as he can see the anatomy of the skeleton with the naked eye. You have all studied the exquisite tubular arrangement of the dentine; have speculated on the nature of the contents of the tubes, first demonstrated by Owen in the elephant;\(^ {25} \) have examined the prisms of enamel, and the stellate cells of the cementum; you have seen the vascular systems of the pulp, and around the fang, and how they run into each other; the tooth is for you a delicately organized living structure, carrying on nutritive functions through the greater portion of its substance, and capable, to a certain extent, of repairing its injuries. To those who studied Bell’s or Meckel’s Anatomy, who read the works of Hunter or Fox on the teeth, all this is a revelation which only those can fully appreciate who were born in the benighted days of dental heathenism.

While the scientific basis of dental art has made these great advances in modern days, the practice of the art itself has undergone the most wonderful transformation. The work of filling teeth has been carried to such perfection, that not only is decay arrested, and a tooth which seemed destined to rapid destruction so repaired that it will last a lifetime, but, where the greater portion of a tooth was gone, it has been built up, so that the miracle of the boy of Silesia is wrought every day by mortal hands; and we see a golden tooth in a living mouth without fearing an invasion of the Turks, or a war with England. I suppose that the improvements in this particular department of dentistry, the invention and perfecting of mineral teeth, their insertion on plates retained by atmospheric pressure, the substitution of the improved forceps for the \textit{clavis},\(^ {26} \) and the application of anaesthesia to extraction, would be considered the greatest achievements of modern dentistry.

What a change since the time when teeth were allowed to decay as if they were not worth the gold it took to fill them! What a change from the time of those ghastly \textit{rateliers},\(^ {27} \) as the French call them, carved in ivory and supported by springs that creaked with every motion of the jaws, like

\(^{25}\text{Owen R.} \textit{Odontography; or a Treatise on the Comparative Anatomy of the Teeth; their Physiological Relations, Mode of Development, and Microscopic Structure, in the Vertebrate Animals.} \textit{1840. London: Hippolyte Bailliere.}\)

\(^{26}\text{\textit{clavis}: key}\)

\(^{27}\text{\textit{ratelier}: rack. Refers to spring-supported dentures.}\)
the thorough-braces of an old-fashioned stagecoach! Could any thing be less inviting to social intercourse? Could any thing be more appalling to tender infancy than the sight of one of those dancing-sets of artificial teeth, looking as if they were ready to jump from their owners' mouths, and fasten upon one, as they used to say a turtle's head would do after it was cut off? Mr. Greenwood of New York, you may remember, carved a set for the Father of his Country; and one can hardly fail to see how the flattened and compressed lips were in a perpetual struggle with those loose-fitting arches and rebellious spirals. Yet this was considered a masterpiece of dental workmanship; and I have no doubt that pilgrimages have been made to Mount Vernon by artificers in that line of business, who left with a tear in one eye at the sight of Washington's majestic countenance, and a twinkle of satisfaction in the other at the triumph achieved by Mr. Greenwood.

Contrast this state of things with the manufacture of artificial mineral teeth as carried on in this country, where it has been brought to its greatest perfection. More than ten years ago, there were nine factories engaged in their fabrication, and more than two million teeth were made in a year. To-day, I suppose they must be made and sold by the bushel, like the cereal grains; and, if the great factories required elevators to handle their products, it would hardly surprise us. Compare the delicately-tinted, exquisitely-shaped porcelain incisors with those frightful ivory palisades that used to play up and down like a portcullis in a manner to terrify all beholders. In fact, the perfection of artificial teeth is carried almost too far. They have come to be for the inside of the head what the wig was for its outside in the days of our ancestors. It was so much more convenient to have a head of hair that one could whisk on and off in a moment; one that never grew gray; one that was just the shade the owner fancied, that was always in curl, that could be laid aside in hot weather to let the cool breeze play over the naked scalp (a luxury which Adam never knew in Paradise, and coming about as near to "sitting in one's bones" as is practicable while we are in the flesh),—all this...
The wig reigned undisputed for generations, and with the artificial teeth of this dental millennium in which it is our good fortune to live. They are comely; they never ache; they are contented with than we can say of most of our living servants; they undergo no changes in the mouth; they admit of the nicest personal proprieties; they serve perfectly a peachstone with them, as some can with their suffering from toothache is the figurative language in which is condition is announced. When he returns to society, he has recovered his youth like Aeson in the hands of Medea, and his smile is a glittering welcome, a mineral benediction, which it is a joy forever to have been blest with. Think, again, what the preliminary process of edentation would have been in the days when the rustic patient complained that he had to pay as much as his neighbor, who had been dragged three times round the room before the tooth came out. There never was a claw on bird or beast that was the cause of such anguish of apprehension, such howls of agony, as that diabolic instrument, looking like a vulture’s talon, but known by the name of the key.

It was a key indeed: it may have opened the door of heaven to the sufferer in due time; but, while the bolt was turning, the victim thought he was in that other place, where the man must be who invented the instrument of torture. Now a patient comes in; takes a few whiffs of an anaesthetic; has

28. This legend of Ethan Allen can be traced back to a 1793 satirical poem by Dr. Lemuel Hopkins, on Allen’s participation in an uprising against the British by what was called the “Bennington Mob”:

“Allen ’scaped from British jails.
His tushes broke by biting nails”

(“Tushes,” being a term to refer to a horse’s canine teeth.)


30. Aeson, father of Jason (who famously sought the Golden Fleece). Medea, Jason’s wife, employs her powers of magic and alchemy to restore Aeson to life after he has died from drinking poison. Aeson is not only resurrected, but returned to youthfulness.*

31. The tooth key enjoyed a regrettably long tenure as a popular tool for dental extractions. (For more, see pg. 160 of this issue.)

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a dozen or more teeth submitted to the embrace of the gentlemanly forceps, which lift them from their sockets as one takes out the pegs of a solitaire-board—say, rather, as a father lifts his first-born infant,—comes to; scares about him; asks when they are going to begin; is told that it is all over; bursts into tears of hysterical gratitude; kisses the smiling dentist; wants to hug all mankind, and make the human race happy at once; sobers down presently, ties up his face, and takes to retirement and Zimmermann for a season, as before mentioned.

I have seen something, as, probably, most of us have, of the practical skill of dentists; but, in alluding to some of the more important recent advances of the dental profession, I was unwilling to trust my own fortunately limited experience, and have consulted my friends, Dr. Moffatt32 of this city, and Dr. McQuillen33 of Philadelphia, the late editor of the journal known as The Dental Cosmos, both of whom have kindly favored me with their own independent opinions as to late improvements.

The use of the mallet in filling teeth, every blow of which instrument is a fractional knock on the head to the patient equal to about one hundredth of that which a slayer of cattle gives to a full-grown ox to finish him, but which, being taken in divided doses, allows the sufferer to escape with life,—the use of the mallet, automatic or other, far from agreeable as it is, is considered a vast accession to the art of dentistry. Every man must be anvil or sledge, says Goethe;34 and it is quite plain that our friends the dentists have settled it so far as they and we are concerned.

Nothing has excited my admiration more than the wonderful drills, moved by the foot, or any other power which may be preferred, finding their way into every corner of the mouth with a sinuous grace of movement such as the serpent displayed for the fascination of our unfortunate first parent, and making their way into the solid dental substance with a rapidity from which the engineers of the Hoosac Tunnel might borrow a most significant lesson.35

The employment of sponge gold36 for certain purposes, and the use of heat to develop the cohesive properties of the metal, have enabled

32. Dr. George Tufton Moffatt (1836-1895)
33. Dr. John Hugh McQuillen (1826-1879)
34. Goethe, Venezianische Epigramme, 14.
35. The Hoosac Tunnel, a railroad tunnel through Hoosac Mountain in western Massachusetts, was under construction when Holmes gave this address. It had been started in 1848, and many different approaches were attempted to drill through the rock, with varying degrees of success. Methods included explosives, steam-powered jackhammers, and specially-built machines. The process was long (more so due to interruption by the Civil War), costly (the equivalent of $20 million today), and dangerous (193 men lost their lives during its construction). The tunnel was finally completed and opened to railroad traffic in 1876.
36. *Sponge gold*, a metallurgical technique for creating a malleable and burnishable form of gold, ideal for fine dental fillings and other small-scale gilding.

the dentists to perform those remarkable feats of building up a tooth from its ruins, to which I have before referred.

The public seems hardly to appreciate the very great value of the cement fillings,—both the oxide of zinc and the gutta-percha,—either of which is capable of preserving for long us a tooth to infirm to bear filling with gold.

The use of sheet India-rubber to protect a tooth from moisture while being filled is another most valuable innovation.37

I learn that even exposed pulps may be protected by artificial means, and thus a tooth saved as a living organ from an almost hopeless condition.

Important as are these mechanical inventions, the growth of dental associations, educational institutions and journals, mark a still more general advance of the profession. I have known something of the teachers of the art, of their zeal, their capacity, their disinterested desire for the elevation of their calling. I have for years been a frequent reader of The Dental Cosmos, and I can bear testimony to the great intelligence with which it has been edited. I have found in its pages much information, of interest and value, that I have never met with elsewhere; and I have seen a great many medical journals with a broader titlepage and a vastly narrower table of contents. Yet this is but one of five dental journals published in the United States,38 and at least as many are published in other countries. It is from a living and wide-awake profession, then, that the new faculty is invited to share with us the honorable task of teaching; and we cannot doubt that the community will encourage, and it may be hoped in due time liberally endow, the infant offspring of Harvard University now cutting its first teeth with every promise of health and vigor.

The picture of old age drawn in Ecclesiastes is wonderfully impressive,—all the more so in consequence of the obscurity of some of its images. But we all know what the Preacher means when he speaks of the drawing-nigh of the years when we shall say there is no pleasure in them, and of the day when the grinders shall cease because they are

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37. The rubber dam was a recent invention, having been developed in 1864 by Sanford C. Barnum.*

38. The dental journals published in the US at the time of this speech were: The American Journal of Dental Science, The Dental Register of the West, Dental Cosmos, Dental Times, Dental Office & Laboratory and The Missouri Dental Journal.

few, and those that look out of the window shall be
darkened.39 There were no dentists in those days
to rejuvenate the old man with a third dentition.
There were no opticians to supply his failing vision
with the second eyes of old age. The aged people
seem to have been in a most forlorn condition at
a time when the men of today not rarely have a
good deal of vitality left, and enjoy life, and help
to make others enjoy it. To us who remember
the late Josiah Quincy40 and Dr. James Jackson41
long after they were eighty years old, who knew
something, by report, of Lord Lyndhurst42 and Lord
Brougham43 in their later years, it seems strange
to hear Barzillai say to King David, “I am this day
fourscore years old; and can I discern between
good and evil? Can thy servant taste what I eat or
what I drink? Can I hear the voice of singing men
and singing women?”44

But what would old age be to a great
number of persons without the aid of the dentist
and the optician? The worn-out laboring man,
unused to books, and with limited capacity for
social intercourse, may get along well enough,
perhaps, with his pipe, and his seat in the sunshine
or by the fireside. Father Abraham may not have
felt the need of spectacles: he went to bed early,
no doubt; there was no daily newspaper to read;
and he did not shave. But what would become of
the scholar, or of persons of any cultivation in our
days, who at fifty or sixty should find themselves
cut off from reading, and, not improbably, rendered
unpresentable, or at least miserably uncomfortable,
in society, in consequence of imperfect
articulation? The care of the eyes is therefore
recognized as one of the most important specialties
in medicine, and the study of ophthalmology
has engaged some of the most distinguished
professional talent in this country as well as in
Europe. The province of dentistry is only second in
importance to the other domain of medical science
and art, and rivals it in the intelligence and activity
of those who teach and practice it. In one respect, it
is of greater public interest than the other branch:
most children’s and young persons’ teeth require
positive attention; whereas their eyes, in the great
majority of cases, take tolerable care of themselves.

40. Josiah Quincy, III (1772-1864). Served as President of
Harvard University between 1829 and 1845.
41. Dr. James Jackson (1777-1867), First Professor of Clinical
Medicine at Harvard.
42. John Singleton Copley, 1st Baron of Lyndhurst (1772-1863)
43. Henry Peter Brougham,
1st Baron Brougham and Vaux (1778–1868)
44. II Samuel 19:35.
I think there are twelve times as many dentists in this city as there are oculists. If every one had twenty eyes in the early part of his life, and thirty-two when full grown, the numbers of oculists and dentists might be more nearly equal.

The branch of the medical profession to which this graduating class has devoted itself has not taken its proper position until within a comparatively recent period; but, in this respect, is has been no worse off than the other branches in former times, or than the entire profession at some periods of its history. The Romans contrived to live without doctors for some five hundred years: when they got them at last, they were slaves,—Greeks, for the most part,—and kept as appendages of a great man’s establishment, as he kept a cook or other servant.

The worthy vicar of Stratford-on-Avon, to whom I have before referred, gives us some very curious information as to the state of the medical profession in England in his own time and before it. A few paragraphs are worth quoting:—

The Saxons had their blood-letters, but under the Normans physic begunne in England; 300 years agoe it was not a distinct profession by itself, but practiced by men in orders, witness Nicholas de Ternham, the chief English phyitian and Bishop of Durham; Hugh of Evesham, a physician and cardinal; Grysant physician and pope; John Chambers Doctor of Physick, was the first Bishop of Peterborough; Paul Bush, a bachelor of divinitie in Oxford was well read in physic as well as divinitie, hee was the first Bishop of Bristol...

In King Richard the Second’s time physicians and divines were not distinct professions; for one Tydeman, Bishop of Landaph and Worcester, was physician to King Richard the Second...

[And again]: Edmund, Earl of Derby, who dye’d in Queen Elizabeth’s days, was famous for chirurgerie, bonesetting and hospitalitie.

We may be sure that all this meant a very low condition of medical knowledge. And this opinion is confirmed by what is found in the same Diary a few pages farther on.

Dr. Sydenham is writing a book which will bring physicians about his ears, to decrue the usefulness of natural philosophie, and to maintaine the necessitie of knowldg in anatome in subordination to physic.
Physick, says Sydenham, is not to be learned by going to Universities, but hee is for taking apprentices; and says one had as good send a man to Oxford to learn shoemaking as practicing physic.

There were other heretics besides Sydenham; for, as Mr. Ward tells us, “Some have said that physic is no art at all, nor worthy of the name of a liberal science, as Peter And. Canonherius, a practitioner at Rome, endeavored to prove by sixteen arguments.”

The vicar himself practiced physic, as well as preached, like others of his clerical brethren. We find from him that quarrelling and quackery were quite as common then as now. The university-teaching which Sydenham spoke of with such contempt was, of course, the book-learning of the time, and not the practical instruction of later days. Much as we have gained, the following words from the Diary are not so far from the truth to-day as they might be:

There are several sorts of physitians, said one; first, those that canne talk but doe nothing; secondly, some that can doe but not talk; third, some that can both doe and talk; fourthly, some that can neither doe nor talk, and these get most monie.

Some doctors have a noble out of a pound of their apothecaries; as Dr. Wright; many (have) a crowne, as an apothecarie in London told me.

In this last sentence, and in the fact that the English “general practitioner,” so called, has charged, not for his advice, but for his pills and potions, lies the secret of that disgraceful drugging system which has racked the entrails of Englishmen from generation to generation; which we inherited from the mother-country; and which is fast giving way to those more rational views, in which healthy nutrition, and the skilful alleviation of symptoms, are taking the place of the exhausting depletions and specific poisons supposed necessary to the cure of disease. In spite of this corrupting influence, English medical science and art asserted themselves successively in men like Linacre, Harvey, Sydenham, and Mead, and the practitioners who confined themselves to medical, in distinction from surgical, practice, so as to deserve the eulogies of such personages as Dryden and Pope, of Johnson and Parr and Blackstone. 

45. England’s great physicians: Thomas Linacre (c. 1460-1524); William Harvey (1578-1657); Thomas Sydenham (1624-1689); Richard Mead (1673-1754); eulogized by its great poets: John Dryden (1631-1700); Alexander Pope (1688-1744); Samuel Johnson (1709-1784); Samuel Parr (1747-1825); William Blackstone (1723-1780).
Edward Holyoke (1689-1769), 9th President of Harvard College. Father of Edward Augustus Holyoke (1728-1829), physician who was among the founders of the American Academy of Arts and Sciences and the Massachusetts Medical Society, and was also first President of that Society.

The statute in question made it illegal for so-called “inferior tradesmen” to engage in hunting or fishing; the rationale being to protect wild game stocks, and discourage workers from shirking their necessary public duties. The challenge, Buxton v. Mingay (1757), questioned whether a surgeon/apothecary should be fined for hunting under the statute, since his profession was at the time not officially licensed. The justices differed as to whether surgeons ought to be considered “inferior tradesmen,” given the admirable purpose of the work. While none denied the vital role of the surgeon, two of the four justices argued that, under the law as it stood, all trades lacking formal licensure must necessarily be considered “inferior.” The Apothecaries Act of 1815 would officially begin licensure and regulation of the medical profession in Great Britain; later, the Dentists Act (1878) would do the same for the profession of dentistry.


Fitz-Greene Halleck, “Alnwick Castle,” (1823) lines 96-98. The author, an American, notes with nostalgia the decline of the era of Scots Highlanders and English nobility, with the rise of the less-romantic mercantile and financial economy.

Holmes is referring to two sons of the 8th Duke of Argyll, George Douglas Campbell (1823-1900). The eldest son, John Campbell (1845-1914), married Princess Louise, daughter of Queen Victoria, and succeeded his father as duke. Lord Walter Campbell (1848-1889), began his career as an accountant for a New York shipping company, and later returned to England to enter the London Stock Exchange.*

But chirurgery—medical hand-work—fared very differently. No longer ago than when President Holyoke, whose son, the venerable physician, some of us well remember, entered upon the duties of his office, and for years after that time, the London Company of Barber-Surgeons were holding their meetings at their hall in Monkwell Street; and it was not till very near the middle of the last century, that the surgeons were incorporated as a separate body. It was about the same time, that is, during the reign of George the Second, that the question was discussed in open court, before the chief justice of England, whether a surgeon was an “inferior tradesman,” within the meaning of a certain statue of William and Mary. But we must remember in what contempt other of the most useful occupations were held so long as society was enslaved by its feudal traditions. Traffic and agriculture were scorned by the descendants of the Norman robbers, until they were starved into better views and more civil language than they had inherited.

The toiling tradesman and the sweating clown,
Would have his wench fair, though his bread be brown,
says Michael Drayton in the poetical epistle of Edward Fourth to Mistress Jane Shore. And now the great nobles of Britain are very glad to turn an honest penny by traffic, instead of taking it by force from their neighbors.

Lord Stafford mines for coal and salt;
The Duke of Norfolk deals in malt;
The Douglas, in red herrings.*

One son of the Duke of Argyle marries the queen’s daughter; and the other comes to New York, and goes into a trading-establishment. In this country, more especially, the useful arts have no right to complain of their want of fair recognition. If we do not absolutely forbid idleness, our rich men and women who live for amusement only are very apt to find themselves uncomfortable until they can get out of a country where there are bounties granted to fishermen, and nothing but taxes for gentlemen of leisure.

The movement of civilization is a perpetual struggle between the arts of destruction on the one hand, and those of construction on the one

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hand, and those of construction and conservation on the other. All that the earth teaches us of man in the earlier periods of his ascertained existence shows him to have been a fighting cannibal, who cracked the bones of his deceased relatives, to get their marrow, with the same pious satisfaction his descendant shows in breaking the seal of a last will and testament. The best man among savages is the one who swings the heaviest club, and has eaten the largest number of his enemies, or who carries the most scalps at his girdle. It is somewhat better in our day; but the ideal state of society is not yet made quite real. The fighting man is still the one most honored by the world. Even the phraseology of our religion, which points to the Lord of hosts and the Captain of our salvation, shows us how deeply-rooted is that feeling of the supreme excellence of a military title, which we inherit from the man-eating troglodytes.

But the modern movement, in its truest form, insists that mutual destruction is not the chief end of man. Even the fighting Romans had got so far as to decree that the oak-leaf garland, _ob cives servatos_,\(^{51}\) should take precedence of the conqueror’s laurel. And Christian civilization is ready to acknowledge, to-day, that the only really noble warfare is against the evils which beset the race. Men must be slain for a long time, always perhaps, in the greater conflicts of right and wrong; but humanity confesses, that, apart from the righteous end to be attained, a bloody victory is only a less calamity than a bloody defeat.

The arts of peace are gaining in consideration over the arts of war, slowly, we must own, but steadily. And, if any one of these arts of peace should have appeared entitled to the highest consideration of a civilized people, it would seem to be that which professes to relieve suffering, and prolong life. So it would have been held only second to the Deity, had he not too frequently disappointed the expectations of those who were ready to worship him. This always was and always will be. The children of Israel complained that they had to make bricks without straw: the physician has to make bricks without clay. Many of the patients that come to him had never any physiological right to live at all. They are not much nearer to

\(^{51}\) The phrase _ob cives servatos_ (“for having saved the citizens”), encircled by the oak-leaf garland, appeared on the reverse side of Roman coins. This phrase represented the highest recognition that could be offered in Roman society.

A Roman coin, from the reign of Emperor Claudius, 41-54 A.D. 
(Photo: Classical Numismatic Group, Inc.)
the true human pattern than that same starved
Justice Shallow, who was “like a man made after
a supper of a cheese-paring; when he was naked,
for all the world like a forked radish.”\textsuperscript{52} And they
come complaining that they are not in condition
to run ten miles within in the hour, or fight the
champion of the heavy weights for the prize belt. It
has taken a dozen sickly generations to breed them
down to constitutional invalidism, and they want
a pill or a powder to set them all right again. Or
they come to the physician at fifty or sixty, wrecks
of fine constitutions, got up originally without
regard to expense, but burned out with strong
drink, and browned to the marrow with narcotics
and nicotics, and want back the virginity of their
sodden and corrugated tissues. Or, it may be, some
desperate and violent malady has stabbed them
to the death; and, because no one has seen a hand
with a poniard in it, the patients or their friends
think that some drop or potion will undo the
mortal effect of the invisible dagger-stroke.

These inevitable disappointments have kept
the medical profession from receiving that degree
of confidence and of honor to which its noble
function seemed to entitle it. It does its best; but
that is not enough for the eager demand of men
for health, and length of days. Hence the great
number of pretenders and pretentious systems
which profess to be able to meet this want. Men,
and, still more, women, wish to be deceived; and
it becomes a lucrative trade to promise cures, as it
was to promise gold in the days of the alchemists.
\textit{“Spondent quas non exhibent divitias, paupers
alchimistae.”}\textsuperscript{53}

In spite of all the obstacles which meet
those who give their lives to the pursuit of
knowledge, without regard to the prejudices it
disturbs, science was never honored as it is in our
time; and the science of life was never studied as at
the present day,—never with such an apparatus of
research, never with such concentration of talent
on special investigations, never with such hope
of resolving the most difficult problems within
the reach of human faculties. Considered merely
as a study, medicine is a great and profoundly
interesting branch of science; but having regard to

\textsuperscript{52} \textit{Henry IV, Act III, scene ii.}

\textsuperscript{53} The title of a papal bull issued by Pope John XXII in
1317, which censured dishonest alchemists.
the interests it deals with,—life and death, well-being and misery, the conditions of mind and body, the happiness or wretchedness of whole communities,—we can hardly wonder, that, in early ages, a divine origin was assigned to it, and that he who is called the Lord of hosts is also spoken of by the nobler title of the Healer of the land and of the people.

Your profession, young gentlemen, is now an accepted province of this great and beneficent calling. It has shared the effects of that onward movement which has asserted for the arts of peace the dignified position to which they are entitled. You are bound, in your turn, to reflect honor on the institution which has invested you with authority to go forth as its representatives in the domain of your special duties. The diploma you have received is a certificate of your fitness for these duties; but it implies a promise that you will try to do credit to those who stand sponsors for you as you are christened with your new title. Harvard University is doing all it can do to recognize the value of your profession to the community; and it does this at the time when it is making the most strenuous efforts to place medical education on a basis worthy of a branch of knowledge so complex, so vast, so all important to mankind. That open volume with Veritas inscribed upon it should be, and it is, carried at the figure-head of the argosy of our American intellectual progress. Our university always was, and must be, a leader in educational movements. She is waiting for those to follow that dare, to pass her that can; and, if any drop astern, she must wave them a courteous salute, and leave them.

And now, gentlemen, we bid you God-speed as you go from these halls to exercise the talents which have been here trained, and apply the knowledge which has been here imparted to you. May you find the public ready to appreciate and reward your skill; and so acquit yourselves, that the ear which hears you shall bless you; and the eye that sees you bear witness to you; that the smiles of innumerable friends may reveal to you the perfection of your own handiwork; and your praise be in all the mouths of a grateful community!
Your Tooth It Ain’t So Purty But It’s Gen-u-ine: Cole Porter’s Comic Song “Snagtooth Gertie”

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Cole Porter (1891-1964), an American musical icon, has been internationally acknowledged as one of the most cosmopolitan, sophisticated, elegant and influential composer-lyricists of the 20th century. Born in Indiana and raised in wealth and privilege, he attended both Yale and Harvard universities where he honed his song-writing skills. In his 800 tunes, many of which became smash hits, he blended fresh, witty, urbane and colloquial lyrics with catchy, singable melodies. He composed musical scores for both Broadway stage and Hollywood movies, but focused on the former. While Porter enjoyed penning comic songs, he rarely had them published. In 1946, Cole wrote the music and lyrics for a Broadway show entitled Around the World in Eighty Days. Deemed a failure, it closed after only 75 performances. One light-hearted ditty, “Snagtooth Gertie,” which he composed for the show, was never used. The lyrics are presented for the first time in this paper.

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Cole Porter is among the most influential American composer/lyricists of the twentieth century. Born on June 9, 1891 in Peru, Indiana, into a wealthy and privileged family. He was recognized early on as a gifted and precocious child. Because he showed a keen interest in music during his childhood, his mother, Kate, initiated his early musical training: he played violin at age 6; piano at age 8; and, with his mother’s help, wrote his first operetta at age 10.

**Porter’s Collegiate Experiences**

After graduating from high school, Porter attended Yale University. Majoring in music, he wrote approximately 300 songs and sang with the Yale University Glee Club (which he also regularly conducted). In the fall of 1913, Porter submitted to family pressures and left Yale to enroll at Harvard Law School. However, within a year he transferred to the Harvard School of Music, and studied harmony and counterpoint from 1915-16.

**His Early Career and Marriage**

During the following 12 years, Porter developed his songwriting skills and established his unique, cosmopolitan musical style. After leaving Harvard, he faced a string of Broadway failures and “banished himself” to Paris, where he peddled his songs and lived in style, thanks to the generous allowance provided by his mother and maternal grandfather.

In 1917, he met Linda Lee Thomas, a wealthy divorcée and socialite who was eight years his senior. Regarded as one of the most beautiful women in Europe, she was a brilliant hostess who possessed an innate sense of class. After marrying in 1919, the Porters spent most of the 1920s in Europe: Paris, Venice and on the Riviera. During this time, they lived lavishly and surrounded themselves with well-known European intellectuals and artists. Porter’s life philosophy, “anything goes,” was described by one historian as “a message of civilized cheer.” Although Porter had bisexual inclinations, his wife overlooked them. While the couple had no sexual relationship, their 35-year platonic marriage was highly equitable and filled with mutual devotion. At their frequent parties, Cole typically performed his own music and lyrics, which tended to compliment the chic, esoteric mood common among the privileged social circles of that time.

**Porter’s Golden Decade (1928-1938)**

As Cole Porter joined the ranks of elite songwriters, his sophisticated and often complex love songs gained him many admirers. Schwartz described his special brand of genius:

At their best, Cole’s songs blended fresh, witty, urbane lyrics and highly singable melodies into a sparkling, irresistible combination. Cole’s lyrics in particular were models of ingenuity and sophistication. They set new standards of invention and craftsmanship that helped to spell the downfall of the mundane June-moon-croon approach that had been prevalent in popular music for so long.
In 1928, Cole Porter reintroduced himself to Broadway with the musical *Paris*, which featured his first blockbuster hit, “Let’s Do It (Let’s Fall In Love).”

He would write many of the decade’s hits: “What Is This Thing Called Love?” (1929); “You Do Something to Me” (1929); “Love For Sale” (1930); “Just One of Those Things” (1930); “Night and Day” (1932); “I Get A Kick Out of You” (1934); “You’re the Top” (1934); “Blow, Gabriel, Blow” (1934); “Begin the Beguine” (1935); and “It’s De-Lovely” (1936).1-7

Porter composed dozens of musical scores, both for the Broadway stage and for Hollywood movies. However, the bulk of his songs were written for the stage. During a 27-year period (1928-1955), Cole wrote eight musicals, each running for over 400 performances.2 As Irving Berlin did in the 1930s, Porter shuttled back and forth between Broadway and Hollywood.10-11

Porter once told Richard Rodgers that his secret of success could be traced to his convincing ability to compose Jewish and Eastern European melodies. Rodgers later observed, “It is ironic that the one who has written the most enduring Jewish music was an Episcopalian millionaire from Indiana.”8

**A Devastating Turning Point**

In 1937, when Cole Porter was 46 years old, he was involved in a devastating accident.1-5 As he was horseback riding with friends on Long Island, New York, his horse shied at some bushes, reared and fell on him. As a result, both of his legs were crushed. Although he endured 35 operations, his legs never mended properly. For the remaining 27 years of his life, he was rarely free from pain, and as a result, existed in a state of virtual sleeplessness.

To dull his ongoing physical agony and mental distress, he was treated with various medications. Although he received some physical relief, his mental and emotional states remained unimproved. Cole Porter was one of the first patients to receive a then-new form of treatment for depression: electroconvulsive therapy.

**“Snagtooth Gertie”**

Cole Porter wrote over 800 songs over the course of his lifetime, but only about half of them were ever published. Ironically, he was able to write with humor and wit in spite of his many afflictions. In 1946, Porter wrote music and lyrics for a two-act Broadway show entitled, *Around the World in Eighty Days*. Based on Jules Verne novel of the same name, and directed by Orson Welles, it opened at the Adelphi Theatre in New York City on May 31, 1946.5

The production, a ponderous hodgepodge of 40 scenes executed in grandiose proportions, was a dismal failure, closing after 75 performances. Porter’s musical contributions to this theatrical disaster were hardly memorable.4 “Snagtooth Gertie,” one of the songs written for this show, was never used. However, its whimsical lyrics remain:2

_Snagtooth Gertie, I love but you,_
_Your eyes they may be flirty, but your heart is true._
_Snagtooth Gertie, you drive me wild,_
_You may be fat and fury* but you’re cute like a child._
_Snagtooth Gertie, you are my queen,_
_Your neck it may be dirty but your soul is clean._
_Snagtooth Gertie, will you be mine?_  
_Your tooth it ain’t so purty but it’s gen-u-ine._
*(Porter noted on the manuscript): "from the word ‘furtive’, meaning shifty-sneaky”*

**Other Dental Lyrics**

From Porter’s 1948 Broadway show *The Pirate*, a song entitled “Be a Clown,” was introduced by Gene Kelly, Judy Garland and ensemble.2 A not so complimentary dental refrain reads as follows:

> Be a clown, be a clown,  
> All the world loves a clown.  
> Act the fool, play the calf,  
> And you’ll always have the last laugh.  
> Wear the cap and the bells  
> And you’ll rate with all the swells.  
> If you become a doctor, folks’ll face you with dread,  
> And if you become a dentist, they’ll be glad when you’re dead,  
> You’ll get a bigger hand if you can stand on your head,  
> Be a clown, be a clown, be a clown.  

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(Editor’s note: Readers may notice a strong similarity between “Be a Clown” and “Make ‘Em Laugh,” a showstopper supposedly penned by Nacio Herb Brown and Arthur Freed for the 1952 film Singin’ in the Rain. “Make ‘Em Laugh” was unquestionably stolen from Porter’s 1948 composition (after all, Freed knew the song well, having been producer of The Pirate). Porter was aware of this plagiarism, but declined to sue; he had remained grateful to Freed, who hired him as composer for The Pirate even after the dismal run of Around the World in Eighty Days.)

**Porter’s Own Dental Condition**

The press often noted that Cole Porter’s most attractive physical features were his wide, contagious smile and his perfectly formed, pearly white, glistening teeth. However, this attractive image did not occur naturally. Because he was a heavy smoker, Porter vigorously brushed his few remaining teeth—but it was his removable dentures which better kept tobacco stains at bay. Additionally, he underwent cosmetic dental procedures to improve the appearance of his teeth. Schwartz writes:

> As was true of his hair, Cole’s teeth were not quite what they seemed….He had an extensive set of bridges to replace what had been lost. However, except for Cole’s valets, who were used to seeing Cole without teeth when he took out his bridgework for daily cleaning, few knew that Coles luminescent smile was derived largely from dentures.

The façade did not end there. Being fastidious and infinitely concerned with his personal appearance, Cole privately dyed his hair. He displayed his affable grin in magazine ads for Camel Cigarettes and Rheingold Beer, quoted as saying “Camels have been a hit with me for years!” and “My beer is Rheingold, the dry beer.” These ads were at their peak of popularity when Porter’s highly successful Broadway musical Kiss Me Kate opened in the late 1940s. Contrary to this zealous testimony, Porter did not smoke Camels and rarely drank beer. Instead, he preferred expensive European cigarettes (including Murads and Helmars), and impressive quantities of scotch.

**Postscript**

By 1958, Cole’s deteriorating right leg was amputated near his hip, and replaced with an artificial limb. While the deaths of his beloved mother, Kate, (in 1952) and his wife, Linda (who died of tobacco-induced emphysema in 1954), had devastated him, the loss of his leg was more than he could bear. For the rest of his days, he could not accept his compromised condition. Often, he told others, “I’m only half a man now.”

From this point on, Cole Porter lived in relative seclusion and never composed another song. As his health began to precipitously decline in his final year, Porter stopped wearing his artificial leg, brushing his teeth or cleaning his mouth. On October 15, 1964, Cole Porter, age 73, died of kidney failure in Santa Monica, California. His body is interred in Mount Hope Cemetery in his native Peru, Indiana, between the remains of his wife, Linda and his father, Samuel Fenwick Porter.1,4

Charles Schwartz, in his biography of Porter, aptly memorializes him:

> Cole was a unique character when he lived, and a unique character he has remained. We may never see the likes of him again. He left such a strong imprint on our hearts and minds that he is still with us—as saucy as he always was—in spirit. Long may that continue!

**For More About “Snagtooth Gertie”**

Visit [http://www.historyofdentistry.org](http://www.historyofdentistry.org)
References


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Our meeting will coincide with the Spoleto Festival USA 2011.
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Brother Giovanni Battista Orsenigo, a monk of the “Ospitalieri di San Giovanni di Dio - Fatebenefratelli” holy order, was the most famous dental surgeon in Rome from 1870 to the start of the 20th century, but it was his nomination in 1972 by the Guinness Book of Records as the “most dedicated dentist,” having kept more than 2 million extracted teeth, that brought him international reknown. Orsenigo was not merely a tooth-drawer, but a truly great dentist, and one who honored the code of his monastic order. It is important that this distinguished colleague, who is not mentioned in international dental literature, be restored to dental history and that his memory be preserved.

Biography

Despite the abundance of sources, a historical inquiry of dental interest about Brother Giovanni Battista Orsenigo, the most famous dentist in Rome at the beginning of the 20th century, is not easy. On the one hand, it is difficult to avoid sensationalism about the fact that he extracted and stored 2 million teeth; on the other hand, the austere monastic order he belonged to and the discretion and the plainness of his life do not offer much to the reporter.

Orsenigo was born in 1837 in Pusiano, near the Italian city of Como, and was the 11th of 12 sons. His parents, co-owners of a bakery and delicatessen, christened him “Innocente.” Orsenigo studied until his 3rd year of public elementary school in the local village. Both his parents died when he was only 15, however they left their children, the eldest being 25, in a good financial state. In 1859, Orsenigo moved to Milan where he worked as a sales assistant in a delicatessen and began training to be a monk. In 1862, he went back to Pusiano to study with the holy order of “Ospitalieri di San Giovanni di Dio,” also known as “Fatebenefratelli,” and deepened his cultural knowledge.

Orsenigo’s choice was brave and generous: the Ospitalieri had been established by San Giovanni di Dio, Juan Ciudad, (Evora, 1495-1550)
who, having worked as a soldier and a bookseller, dedicated himself to a very ascetic life. People believed him to be mentally ill, and so placed him in a mental hospital. a terrible experience which inspired him to found his own hospital in Granada specializing in the modern, free and hygienic treatment of the mentally and physically ill. His followers got their name from his motto: “Be good brothers to yourselves, for God’s love.” He was canonized in 1690 and declared Patron Saint of Hospitals and of the Diseased in 1886. In addition to the consulate vows, such as poverty, chastity and obedience, followers of Fatebenefratelli, took a fourth vow: hospitality, promising to use their energies and abilities to the help ill and indigent, even if it meant putting their own lives at risk (art. 23 of the Constitutions of the Hospital Order).1

In 1863, Orsenigo was finally admitted as an apprentice in the Order of Florence and assisted the nurses of the Hospital of “Santa Maria dell’Umiltà” for four years. In the final years of his training, he practiced minor surgery such as dental extractions.

In 1867, Orsenigo “owned around forty books and twelve teeth instruments.”2 He moved to Rome to work at the Hospital of San Giovanni Calibita-Fatebenefratelli, founded in 1584 on Tiberina Island, the small island along the river Tiber between the Jewish ghetto on one side of the river and the densely populated suburb of Trastevere on the other.

The following year, in 1868, he took his vows in the Church of “San Giovanni Calibita” and became known as Brother Giovanni Battista.

In 1870, Brother Orsenigo opened his dental practice to the public, mostly performing extractions. He worked for free, though most patients left donations. Patients were so many that Orsenigo had to work day and night. Due to his achievements, in 1875, Orsenigo became a Prior “ad honorem” of the Convent-Hospital of “Santa Maria della Sanità” in Cesena.1

In 1882, Orsenigo graduated as a dental surgeon and requested that the Order of Fatebenefratelli store all donations in a bank account, to establish distance between himself and his accumulating wealth. The annual interest of this account was used to celebrate the feast of Madonna del Buon Consiglio at the church of San Giovanni Calibita; its capital was used for other important acquisitions by the brotherhood.

However, it was not only his abilities in the field of dentistry that made Brother Orsenigo popular—many people asked for advice and spiritual comfort, and his superiors often asked him for his opinion when it came to important decisions concerning the Holy Order. One of the hardest issues was that of buying back the Hospital of Tiberina Island3 which had been confiscated and handed over to the Commune of Rome for use as a public hospital at the fall of the Church State in 1870, which forced monks to work there as employees. The future of the building was in doubt for over 20 years until 1892, when the hospital was
eventually sold back to the Fatebenefratelli. The purchasing order was witnessed and signed by Orsenigo.

It is probable that Orsenigo’s personal influence and wealth was used to secure the hospital deal; in fact, as can be seen from the list of “the Religious” of the “Order of the Hospital of San Giovanni di Dio” of Rome from 1830 to 1878, Orsenigo is mentioned as one of the strongest supporters of buying back the hospital.3 He was also actively involved in the foundation of the Hospital of Nettuno, a small coastal city near Rome.4

In 1886, the Prior of Fatebenefratelli in Rome ordered the dedication of a Hospital to Brother Orsenigo, because he was so well known and admired, and so that the Order would be able to benefit from the donations he had accumulated from his dental work.1 Orsenigo was the most enthusiastic supporter of the initiative; in fact, he himself signed the agreements to purchase the plot of land and release the licensing agreement. After four years of bureaucratic difficulties, the first stone of the building was finally laid in 1890. Three years later, the building, with a large courtyard in the middle, a garden, a vegetable plot and two small houses for additional services, was completed.5 The institute’s name, “Orsenigo Hospital in Santa Maria del Buon Consiglio di Nettuno”, highlighted the importance of his role.

When the hospital was up and running, Orsenigo paid regular visits for more than ten years, however he never played an active role in the community that bore his name. Instead, he worked humbly on Tiberina Island until April 1904, when he was forced to retire due to a gastric problem (possibly a degenerated gastric ulcer) that he had had for over ten years. Orsenigo was admitted to the Hospital in Nettuno where, for more than a month doctors battled in vain to cure him.

Orsenigo passed away in the early morning of Friday, July 15,6 1904, at the age of 67. The news of his death was announced in many roman newspapers, including Il Giornale d’Italia,6 Il Messaggero,7 and L’Osservatore Romano,8 and was met with mourning and heartfelt emotion by the people.

### Dental Practice

Orsenigo learned the basics of surgical extraction at the Hospital of “S. Maria dell’Umiltà” in Florence, where this activity was regularly practiced in a well-organized manner.1 Brother Bartolomeo Pezzatini, an expert in surgical techniques and well known at the time for having written a dentistry manual,9 was almost certainly his teacher.

Brother Orsenigo started his first dental practice after moving to Rome in 1867, performing extractions for the town’s religious members. It was not until 1870 that Orsenigo’s dental services were offered to the general public.

It was the field of tooth extraction that made Orsenigo famous. His prodigious diagnostic and manual skills allowed him to perform extractions without any complications, at a time when antibiotics and local anesthetics did not even exist.

Orsenigo was naturally strong and was described as a “cuirassier” (a soldier chosen for his height and strength to be the escort of the king) dressed as a monk.10 Thanks to his daily exercises, he built up extraordinary strength and sensibility in his fingers, which allowed him to use palpation for diagnostic purposes, perceiving the correct axis of extraction, and even performing the extraction using only his hands.11

We can learn more about Orsenigo’s surgical procedures through an article whose author had direct experience with the monk:

The patient walked into that kind of workshop fitted as an operating theatre, with a glass door that opened directly on the street, and he was immediately welcomed by the monk who suddenly and powerfully opened his jaws to explore. Questioning him and touching his gums, [he] tried to guess which tooth he had to extract and waited for the patient’s assent. Most patients were asked to stand instead of sitting in the dentist’s chair, maybe because he was scared they would damage the chair! Then the doctor used to turn and grab the right claw from a shelf and keep it in his fist hiding it behind his back. With his left hand he used to cover the patient’s eyes to avoid him seeing and suddenly push his head downwards. An instant was sufficient to imprison the tooth in his grip, unhang the root from the gum and, shaking the wrist from right to left, he finally got to the last stage: the extraction!12
Apart from appearances, the universal respect that Orsenigo earned from the general society of the day precludes the notion he could be a simple tooth-drawer. Some of the people he is known to have cured left him notes and pictures, such as Pope Leone XIII, Queen Margherita di Savoia, the Prime Minister of the Italian Kingdom Quintino Sella, the Member of Parliament Menotti Garibaldi (the firstborn son of Giuseppe Garibaldi who united Italy), the poet Giosuè Carducci (the first Italian Nobel Prize for Literature winner), the famous opera singer Adelina Patti, Eugenia the Princess of Sweden and Norway, and many more.

We also have the record of an operation Orsenigo performed on Pope Leone XIII, in which the author reminds us that the elderly Pope, who was also recovering from a major surgical operation, was afflicted by periodontal disease that required the extraction of the tooth that caused it. Because of the risks, the Pope’s doctors advocated an operation under the influence of mild narcotics. The Pope having sought his advice, Orsenigo took charge of the situation and “coming closer to the Pope’s tooth with his fingers, he calmly pulled it out and put it into his pocket. No one realized what had just happened because they all thought that Orsenigo had limited himself to observation; however the Pope felt the absence of the tooth so the brother had to give it back, with the compliments of all of those present”.

Despite the many forms of gratitude he received, brother Orsenigo suffered a long period of bitterness due to the lack of certification for his profession. The priest of the Church of Pusiano wrote a memorial based on original documents, in which the brother speaks:

Right after I opened my surgery in Rome, there was such a competition that put jealousy and envy in all the dentists, and started wars of calumnies to stop the stream of patients. They did not just go the governing and municipal authorities, but also put pressure on my Superiors to have me expelled from Rome. In this way I found it necessary to have a degree in dentistry and in simple surgery. But this sounded terrible to me, since I was not instructed, and taking an exam was a terrible thought...

Orsenigo was helped by the chief of the Department of Health in Rome, Doctor Fioretti, who had asked the most famous doctors of the city to draw up several certificates in order to testify to Orsenigo’s abilities. Thanks to those documents, the Public Education Minister (with the consent of the dean of the Faculty of Medicine of Rome), allowed Orsenigo to directly take a dentistry exam without attending the prerequisite two-year university course. As a result, in 1882 Orsenigo finally obtained a degree in Dental Surgery.

In a letter that reveals his personality, the Orsenigo talks naturally and proudly about the exam:

[Last]ast February I passed the dental exam and simple surgery exam at the Royal University of Rome. The exam went well and all the professors were surprised. I immediately got the matriculation number as a Surgeon and as a dentist. But I actually have to admit that it has been a miracle of Jesus and Maria...

Finally, the 2 million teeth which made him so famous. Are the sources reliable? Several pieces of evidence exist: some of the monk’s contemporary authors asserted that “until 1903 he stored two million seven hundred and forty four [teeth]” and that in Orsenigo’s dental clinic there were “three enormous boxes, more than a cubic meter’s capacity, full of teeth that he had extracted.” This information is included in the Guinness Book of Records: “Most dedicated dentist: Brother Giovanni Orsenigo of the Ospedale Fatebenefratelli, Rome, Italy, a religious dentist, conserved all the teeth he extracted in three enormous cases during the time he practised from 1868 to 1904. In 1903, the teeth were counted and the cases were found to contain 2,000,744 teeth”. We believe this figure, but cannot believe that he extracted them all himself. The monk practiced for 35 years, so only if he worked 365 for 365 days every year could he have extracted 2 million teeth – pulling out a tooth every 10 minutes! Even if we “generously” let him work merely 10 hours per day, letting him eat and sleep (but not get sick) and allow him to rest at least on Sundays and during holidays (after all, he was a monk), his pace would still have to have been a tooth every 2-3 minutes...
that total. However, that does not diminish the
hundred thousand teeth at that time, without any
 complications and in those operating conditions?

**Conclusion**

But there is one remaining question: Why?
Why did he store all those teeth? Orsenigo’s main
biographer, Brother G. Magliozzi (who also belongs
to the Fatebenefratelli Order and currently works
in the poorest areas of the Philippines), claims that
“since God was behind Orsenigo’s work, he thought
it just to leave some tangible memory of his dental
activity, in order to glorify God. This meant
keeping a picture in memory of famous patients,
and just the most unique tooth of ordinary
people.”

To query our dental colleagues: how many
of us have kept extracted teeth, or given them to
students, instead of disposing of them; or saved
them and noticed a sparkle of perfection in
the specimen, as strikes the anatomist when he
observes a skull?

Despite the apparent extravagance of
keeping teeth—even if it is quite a common habit
among dentists—the fact emerges that Brother
Giovanni Battista Orsenigo was an untiring and
intuitive dentist gifted with amazing clinical skills,
an inspired and generous priest, and a simple
and good man.

Memorial plaque with bust of Brother Orsenigo.
The text reads:

*Brother John Baptist Orsenigo
Monk Dentist
of the Fatebenefratelli Order
Born in Pusiano 1/27/1837
Died in Nettuno 7/15/1904
In this chapel of the Hospital
founded by him in 1892
consecrated to Our Lady of Good Counsel
rests his mortal remains.*
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The author also made use of the following sources:


“That was the Beginning”: The Professionalization and Americanization of Dentistry in Pre-State Israel

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The history of dental practice in Israel dates back to 1953, with the establishment of the Faculty of Dentistry at the Hebrew University. This article will discuss the early roots of American involvement in Israeli dentistry: beginning with the late Ottoman period in Palestine, through the British Mandate, the establishment of the State of Israel in 1948, and the institution of the Faculty of Dentistry at the Hebrew University of Jerusalem. It will introduce the central characters who promoted the professionalization process of dentistry in Israel—a process made possible by the ‘Americanization’ of the field: importing American knowledge and practice. Moreover, this article will demonstrate that although the majority of dentists and dental practitioners arrived in Palestine from Russia and from Germany, the main professional influence was American.

Introduction

The fascinating story of the practice of dentistry in Israel and pre-state Israel (Palestine) and its transformation into a profession has yet to be fully told.¹ The history of an officially-recognized dental profession in Israel dates back to 1953, with the establishment of the Faculty of Dentistry at the Hebrew University in Jerusalem, under the auspices of Hadassah and the American Alpha Omega Fraternity.² However, the Americanization process—the impact of American knowledge and practice—was a major influence on the professionalization of dentistry in Israel, well before 1953.

The impact of American knowledge, particularly medical knowledge, is well known in international historical research.³ Medical services in Israel were no exception, having been created and greatly aided by American Zionist organizations, led by Hadassah, the Women's Zionist Organization of America.⁴ As far as dentistry was concerned, apparently, the American influence was not as dominant in the initial phases. Unlike nursing and midwifery studies, for example (which were based from the outset on American methodologies), a school for dentistry based on the American model of dental education was not established in Israel until 1953. It can be argued, however, that the American influence on Israeli dentistry was apparent much earlier, beginning in the Ottoman Period (1517-1917).

Beginning with Ottoman rule and later during the British Mandate (1918-1948), dentistry in pre-state Israel underwent a professional regulation process, transforming it into a fully-recognized profession. In a nutshell, dentistry in Palestine during the British mandate was

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composed of British legislation, Eastern- and Central-European dentists and dental practitioners, and American knowledge. American dentists and American professional attitudes greatly influenced the progression of dentistry and its professionalization process in Palestine. Later, with the establishment of the State of Israel, the “Americanization” process accelerated until American professional knowledge took on a central role in Israeli dentistry. The timeline of American influence can thus be traced, beginning during the late Ottoman Period, to its culmination with the establishment of the Faculty of Dentistry at Hebrew University in 1953.

**Dentistry in Palestine During the Ottoman Period**

Waves of Jewish immigration to Palestine began at the end of the Ottoman Period, particularly increasing in numbers after 1882. Among the immigrants were those who practiced dentistry. Information regarding dentistry in Palestine during the Ottoman period is quite scant. The data that does exist describes the roots of the practice of dentistry in Palestine before it became a profession. In the first decade of the twentieth century, several dentists (both male and female, most of them from Russia) already practiced in Palestine. Some of those who practiced dentistry had no formal training, possibly because the Ottoman administration did not require dentists to present a diploma (or because they also allowed unqualified people to work in the field). Other dentists or dental practitioners held diplomas. These individuals attempted to strengthen their status by advertising in the local press, emphasizing the institutions where they studied and their quality, mainly in Central and Eastern Europe. For example, an advertisement for Mr. M. Sussnitzki, possibly the first dentist (or dental practitioner) in Palestine (ca. 1886), refers to him as: “[t]he dentist (dental practitioner) Mr. M. Sussnitzki, qualified by schools of dentistry in Europe, and schools of our Capital.”

Despite the presence of a few dental practitioners, no emphasis was placed during that period on dental hygiene in Palestine. This was born witness by Dr. Arthur Dray, an American dentist who visited Palestine and served as probably the first American observer of the practice of dentistry there. Dray, born in 1875, the son of a dentist, probably apprenticed to his father. Following his visit to Palestine (in which he was impressed that very few there practiced dentistry, and even they were not experts), Dray returned to the U.S. to formally study dentistry. He then moved to Lebanon and established a School of Dentistry there in 1910. Dray treated the members of the Ottoman authorities, including Jamal Pasha, during World War I. These connections enabled him to continue his studies in Beirut during the war, and to bring American teachers to assist him, until he was murdered by his servant in 1926, at age 51. Later, students from Palestine came to study at his institute, adhering to American methods.

The second connecting link of the early era was comprised of American dentists who practiced in Palestine – either dentists born in the U.S. or those who came to study there and then chose to immigrate to Palestine. Acquiring an American dental education was very common during those times, not only among men, but also women. One such dentist in Palestine was named Mardian, and he treated “…dental diseases, in order to heal them according to the new American methods…” Another, by the name of Ernest F. Beaumont, worked in the American Colony in Jerusalem.

During World War I, dentists in Palestine were often recruited to practice dentistry in the Ottoman military (which controlled Jerusalem). During the war, in 1915, Dr. Samuel Lewin-Epstein arrived in Palestine on a humanitarian relief mission. Lewin-Epstein was born in Warsaw and arrived in Palestine at a young age. His family then moved to the U.S., and his parents sent him to study in London, after which he returned to the U.S. to study dentistry, completing his training in 1915 in New York. When he arrived in Palestine on the relief mission, he visited a clinic and presented some innovations in the field such as “conductive anesthesia” (a term for local infiltration) to several dentists. This was the first
exposure of some of the dentists in Palestine to practices known in the U.S., and also the first time dental services in Palestine were compared to the standard of American dental services.

Lewin-Epstein states: “The standard was low, as some had studied in non-recognized schools.”14 As the dentist Dr. Glassman15 describes his own arrival in Palestine along with the arrival of Lewin-Epstein: “That was the beginning.”16

**Dentistry During the British Mandate**

As mentioned earlier, connections with American dental science began already during the Ottoman Period.

At the conclusion of WWI, with the British now controlling Palestine, Dr. Samuel Lewin-Epstein returned there as part of the American Zionist Medical Unit (AZMU)17 and was stationed in Tel Aviv. He contacted the five dentists in the area, including two women: Drs. Spector-Levy (whom he knew from his previous visit to Palestine) and Caspi-Serebrinsky. According to Lewin-Epstein, they met on a weekly basis to discuss professional issues. This was actually the first organized activity in the field: “This primitive study club soon after took on the pretentious title of ‘The Tel Aviv Dentists’ Organization.’”18 Two additional dentists joined: Dr. Unger, who studied dentistry at the New York College of Dentistry,19 and Dr. Jesse Feinberg, a graduate of NYU.20 They had both personally imported dental equipment to Palestine. At the same time, the first dental hygiene survey of school children took place.21 Quite apparently, at that time emphasis was placed on dealing with existing problems (Lewin-Epstein describes that he extracted 12,000 teeth within two years) and less on advancing preventive dentistry or on a comprehensive program for dental services in Palestine.

A significant advance took place in November 1918, when the American Dr. Peter Segal presented Henrietta Szold, head of the Hadassah organization in the U.S., with an action plan for dentistry in Palestine. The purpose was “to ensure a healthy younger generation and establish a precedent for the socialization of Dentistry, to my knowledge the first attempt of this kind to be made.”22 The plan was ambitious and was based on the advanced concepts in preventive dentistry. He wanted to set up a clinic, research lab and a dental office and sponsor a dental nurse (oral hygienist) at every school. The estimated budget for this plan was $75,000, and even Dr. Segal acknowledged that this was quite a large sum in those days. Szold replied that the matter needed examining and that:

> [w]e have received a cable from Palestine specifying who are needed in order to complete the Unit [AZMU]. I might tell you that dentists are not on the list, but that should not convey to you the idea that your plan will not be taken up seriously, for your plan is in line with what we have had in mind all the time, namely the socialization of all dental work in Palestine.23

The issue of dentistry was not deemed important, certainly not at the same level of “regular” medicine, and even Dr. Segal noticed this: “At the conclusion of the war the whole plan and nature of the AZMU changes from relief work to more generally constructive work. But not so with the dental department.”24 He also understood that the public mistakenly thought of “dentistry…[as] a luxury in an undeveloped country.”25 Dr. Segal received this message from some of his American colleagues, who did not take on the mission, at least until the appropriate financing was raised. One of them, R. Ottolengui, reacted cynically:

> If by Palestine, you mean the Palestine of the East, your plan is certainly a dream far in advance of any realization that we have at the present time… it is exactly the plan which has just been practically ridiculed by the Mayor of New York City.26

Dr. Segal continued trying to raise the necessary funds, writing to Dr. Isaac Max Rubinow, who headed the AZMU. Dr. Rubinow’s letter, dated May 5, 1919, updated Segal on the status of the dental program:

> Of the 3 dentists, who originally went out with the Unit, Dr. Feinberg left even before I came, Dr. Unger, who is doing excellent work here, has unfortunately told me that he must return home… and this leaves us only with one, Dr. Lewin-Epstein…27
Henrietta Szold, founder of Hadassah, was persuaded to send Dr. Segal to Palestine to serve as Director of the Dental Department of the AZMU in 1920-1921. His time in Palestine strengthened his conclusion that the AZMU was not enough and he suggested establishing:

a school where about 20 girls could be instructed in the science of oral hygiene which would enable them to work in the school and educate the public... This can be accomplished at considerably small expense.

He also suggested “[d]ental insurance among the young labouring people.” In other words, Segal withdrew from his original grandiose plan and looked for alternate sources of funding and means of cost reduction. Employing female hygienists, who were not paid as much as male dental practitioners, were one such means to keep costs low. Segal established a class with four female students who studied oral hygiene.29

He also suggested setting up a mobile clinic, as well as collecting a small monthly payment from working beneficiaries. A mobile dental clinic was established and travelled between the schools. However, funding shortages forced its closure and Segal returned to the US. Upon his return, he tried to raise funds for this purpose. In one of his speeches, he presented AZMU’s aims and emphasized the American nature of its objectives: “to raise medical standards, to introduce American modern methods to put all medical work on a constructive basis.” It is possible that the skeptical reaction to dental insurance by his American colleagues and Hadassah leadership reflected the widespread American resistance to the socialization of medical and dental services. This fact is critical, as to this day, dental services in Israel are not publically insured, as opposed to medical services.

The American influence on dental health services in Palestine can provide a partial explanation for other social phenomena as well.

The delay in the integration of dental hygienists into the profession also stems from the American approach at that time. Thus, in a document from 1936 recording a discussion regarding a suggestion to provide a special training program for hygienists, Dr. Lewin-Epstein explains that even though he supports the idea, he:

fears that the dentists will not agree to the suggested course. Dentist opposition to the hygienist profession existed in America and exists in Europe now…. It is also necessary to find out what the government’s position would be to such a course as according to the health department only those with a dentist’s diploma are allowed to treat the mouth.

It was not until 1938 that the first nurse’s program completed a dental hygienists’ training course.
By this time, the Americanization of dentistry in Palestine had begun to weaken. However, a lasting effect remained: first of all, the legacy of American activity remained a reminder and an inspiration, including the renewed organization after WWII. As one dentist corresponds with the Dentists’ Association of Palestine:

I remember that during WWI...a sanitary medicine unit came from America, sent by Hadassah and four clinics were set up by the unit. American dentists worked in these clinics and did their best... Both in America and in Palestine the great value of this aid in recovering the settlements was understood.98

Moreover, American involvement, although perhaps less dominant than in previous decades, did not cease during the 1920s. First, quite a few American-trained dentists came to Palestine, some of them arriving at the same time as the medicine aid unit of the Jewish Battalions. These newcomers included dentists such as Dr. Moshe Glassman, who was born near Kiev but studied dentistry in the U.S. and later served as one of the founders of the Israeli Dentists Association. Other dentists immigrated to Palestine after the war, following their completion of studies in the U.S. These included Dr. Yaakov Yardeni (Berman), also Russian born, who studied dentistry in Kiev, Vienna and later the U.S., and immigrated to Palestine in 1921.99 Dr. Aharon Yosef Agranat (father of Shimon Agranat, who later on served as President of the Supreme Court) immigrated to Israel in 1929. He was a certified dentist and served as chairman of the Israeli Dentists Association.40 Thus, American dental knowledge continued to arrive in Palestine through the dentists who immigrated from the U.S., (although often their roots were in Eastern Europe). This Americanization process of the dental profession in Palestine was responsible mainly for the development of treatment techniques by American-educated dentists. American dentists, even if they were not the majority of those practicing dentistry, were perceived as leaders in the field. They emphasized with pride the source of their training, indicating on their stationery that they were “American dentists” (as did, for example, Glassman and Agranat).41

Second, Hadassah continued to be active in the field of dentistry. For example, Hadassah sponsored educational programs for children in the playgrounds it established in Jerusalem (initiated by Bertha Guggenheimer), teaching children hygiene rules, including dental care and the fundamentals of tooth brushing.42 A clinic that operated in cooperation with dentists in Tel Aviv and Jerusalem through the Nathan and Lena Straus Health Care Center provided dental treatment to children in schools.43 Straus, an American philanthropist, was also known as the forefather of public and preventive medicine in Palestine. This field of dentistry at the Health Center in Jerusalem and at the Vachtel Clinic was advanced and developed by Dr. Efraim Bluestone from New York, who practiced at this clinic himself.44 In 1935, Dr. Lewin-Epstein proudly declared that in Jerusalem nearly 7,000 children and pregnant women had benefitted from the services.45 In his opinion, the services they had received were based on American methods: “This system ranks with the most advanced dental research work done in America.”46

Moreover, during the Second World War, as in WWI, dentistry was influenced by American medical and dental troops who arrived in the Middle East in general and in Palestine specifically. For example, Dr. M. Don Clawson aimed at improving dental health services for the armed forces in the area. This was not the first time Clawson operated in Palestine. He was also the head of the dentistry school in Beirut and later on the head of the Iraqi oil company’s dental health services. In this capacity, he developed dental ambulances that apparently operated in Palestine as well.47

Institutionalization of the American Connection: Academic Influence

Sara Hook is joined by other researchers in dating the change from dental practice in the US into a profession to the period from 1839-1840. In her opinion, a “triumvirate” of components contributed to this change: organization
(establishment of the American Society of Dental Surgeons), education (the Baltimore College of Dental Surgery) and professional journals (the American Journal of Dental Science). The establishment of educational institutions, particularly academic ones, is therefore an essential part of the professionalization process. In addition, the American experience was based largely on cooperation between professional organizations and academic institutions.

Under British rule, the situation became much the same in Palestine, as British legislation focused on conditions of professional competence and preferred those who underwent theoretical academic training to those who underwent other kinds of training, such as the more traditional practical training (internship) with a dentist. Considering the varied origins of dentistry in Palestine and the “imported” nature of different academic training and methods within the field, no single dominant trend was apparent. Problems mainly arose from the inconsistency of dental education among immigrants from Eastern Europe and Russia. This legislation was in fact formulated by American dentists, such as Lewin-Epstein, who advised the British mandate authorities regarding the desired structure of the profession. These were also the roots for dental education in Palestine.

The idea of establishing a school of dentistry at the Hebrew University was raised in 1935 from two different sources. The first, the Jewish Dentists’ Committee in the US, offered to cooperate in the establishment of the school. The second was Prof. Bernhard Gottlieb of Vienna, who placed great importance on presenting the new methods of dentistry in academic training and research. It is not clear whether Prof. Gottlieb had originally intended to establish an actual school or just training activities. However, in either case, these efforts emphasized the question of whether to establish the profession through the assistance of Americans or Europeans – a determination that would ultimately influence the character of the profession.

This rivalry was not covert, as described in a 1937 document: “...there are two groups of dentists interested in establishing the institute and working to that effect – one led by Prof. Gottlieb in Vienna and the other recently established in the US.” Gottlieb’s move apparently succeeded in 1937, and a training institute was established by the Dental Organization (Tel Aviv branch). “The purpose of the institute is... to enable in the absence of a university with a dental faculty in Palestine, the advanced training of our colleagues... to acquaint them with new methods and materials.” The institute was actually a clinic, which was “of great benefit to the needy who could not afford to treat their mouths.” The Gottlieb Institute was used for the “advanced training and rehabilitation of new immigrant dentists.” This may have been due to Gottlieb’s understanding of the necessity of aiding new immigrant dentists, especially those from Germany, in their assimilation into Palestine and integration into the profession. During that period, hundreds of dentists immigrated to Palestine—mainly refugees from Austria and Germany. However, it was also expected at that time that due to World War II, there would be a break in the supply of dentists and professional knowledge flowing in from Europe in the future.

Gottlieb himself, who was barred from working in Vienna due to racist laws, arrived in Palestine and later moved to the U.S. He was very appreciative of American experience and research in the field, as it was apparent at that time that American initiatives in dentistry were leading the field. Among other new ideas, Gottlieb’s initiative regarding establishment of the American Undergraduate School in Lebanon was discussed. As previously mentioned, Jewish students from Palestine received training there. And so, on the eve of WWII, the European approach gave way to the American one, and the road to ongoing “Americanization” of the field was paved. Nevertheless, Central European knowledge continued to influence the profession, especially as renowned expert dentists who developed new methods arrived in Palestine.
Another example of the tension between European and American tendencies in the attempt to define the profession in Palestine involved the contents of the dental library. A library was considered a part of the professionalization process: “There can be no professional progress without professional books and journals.” This library, which emerged as a part of the “regular” medical library, was established in 1931 following a private initiative, mainly by Dr. Vachtel from New York. The library included the Moral collection (mainly from Germany) and the Gottlieb collection (mainly from Central Europe).

Discussions were renewed in 1945 regarding the establishment of a dentistry faculty at the Hebrew University, and cooperation with the Alpha Omega Fraternity began. The rationale behind establishing such a school was based not only on the need to institute local study and research (a priority that may have been typical of the 1930s), but also because the initiators expected a shortage of dentists in Israel. That shortage was related both to veteran dentists leaving the profession, and to the fact that European schools were closed to Jews in the 1930s, and thus few dentists were likely be found among Holocaust survivors.

Cooperation between higher education and the dental profession reached a new climax in 1946, when courses began to be offered at the Hebrew University of Jerusalem by the Dentists’ Association. This was an important achievement as the Association became tied to higher education and thus raised the status of the profession, as one that is based on academic knowledge and under academic auspices. In the following years, the initiative regarding the establishment of a dentistry school advanced slowly. In 1949, in a move led by the Dentists’ Association Planning Committee, Lewin-Epstein renewed discussions with the American Alpha Omega Fraternity after examining several alternative organizations that were able to assist. In 1950, the University’s board of trustees decided to establish a school of dentistry as part of the Faculty of Medicine. The establishment of a school of dentistry at the Hebrew University was therefore based on American knowledge supported also by Hadassah, thus culminating the trend that began in the Ottoman Period: “The future dentists of Israel will be trained by American methods in the Hebrew University.”

Conclusion

Although the number of dentists who imported their American education and training to pre-state Israel was relatively low, their influence there was quite great. They served in leadership positions in the Dentists’ Association and in Dentists’ Organizations. Some, such as Lewin-Epstein, had ongoing contact with the British Mandate, and advised Mandate leadership on legislation regulating the profession in Palestine, based on the methods they were familiar with. In this manner, the professional regulation of dentistry shifted from East to West: from Eastern European educational philosophy to an American approach. Ultimately, upon the establishment of the State of Israel, the dream of the intimate associates of the American Jewish organizations (Hadassah and Alpha-Omega) was finally realized: the founding of the Faculty of Dentistry at the Hebrew University in 1953.

Thank you to the archival staff of the archives holding the documents I used for this research: Central Zionist Archives (CZA); Israel State Archives (ISA); Hadassah Archives, NY; The American Jewish Historical Society, NY, (AJHS); The Hebrew University Archives (HUA). Thanks also to Dr. Nira Bartal; Dr. Moshe Kaplan; Adv Tzvi Pomrock; Dr. Zipora Shehory-Rubin and Prof. Shifra Shvarts.
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19. Letter from Szold to Rubinow. 7/13/1919. See AJHS P-137; AJHS P-137.

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33. Ibid.

34. See Picard A. supra note 3, pp. 106-111.

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37. CZA J113/6416. Dental Conditions in Palestine. 10/16/1930.

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52. Letter to Ginzberg from Dr. Ratnoff, re: the establishment of the Jewish Dentists’ Committee. HUA 247 (1935).


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65. HUA 247, 1945.


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If Dorothy and Toto had been seeking dental care in York, Pennsylvania, instead of Kansas or the Land of Oz, they may have encountered Registered Dentist Dr. Charles D. Richey. Besides “lions and tigers and bears,” snakes, wolves, foxes, and panthers are featured in this set of stock trade cards. Dr. Richey also advertised his practice on two other stock card sets depicting fish and birds.

He boasted that he had “a specialist who does only filling, and crown and bridge work,” who can “change an old broken stump of a tooth into a natural-looking useful grinder.” The text also exclaims that “Our electrical appliances make the work better and easier than the old fashioned methods.”

According to Polk dental directories (1893-1928), Charles D. Richey was an 1891 graduate of the Ohio College of Dental Surgery. He appears to have begun his career in the small town of Franklin, Pennsylvania, and by 1902 had offices in Pottstown, PA and in York, PA. The year 1906 finds him at the address on the trade cards pictured here, 9 West Market Street. By 1908 he is no longer listed.

Dr. Richey’s message: “LAUGH, and the World Laughs with You...But the laugh would not be so agreeable if you had a row of decayed unsightly teeth.” This motto gives irrefutable evidence that cosmetic dentistry is not merely a modern phenomenon.
“Lions and tigers and bears, oh my!”

Lithograph, ca. 1904. 2 3/4” x 43/16”.
One Day Off? Have a Good Time

Lithograph, 1910. 86 x 136 mm.
Dental Postcards XLV

This unused postcard, of the “Comics’ Series Number 16” was copyrighted in 1910 by J. J. Marks of New York City. Its inscription reads, “One day off? have a good time.” The dental patient, slight in stature, is flailing around in a rather conventional-looking four-legged chair with a headrest. Three maxillary molars fly past the portly dentist’s head as he gleefully prepares to extract his poor victim’s lower-left molars. The vulnerable fellow, his hair standing on end, wears no sanitary bib. His eyes are closed and he wears a grimace of extreme pain. Both his hands grasp desperately onto the dentist’s sleeves.

Wearing traditional street clothes, the dentist depicts little professionalism in his garb. Additionally, no typical dental equipment is included in this scene. This bespectacled, stocky practitioner, with a bull-like neck, is almost leering down at his patient. With his right hand, he is probing into the patient’s mouth with an extraction device which bears the unmistakable recurved profile of a “tooth key.”

Although anatomical tooth forceps had been perfected by the late 1800s, the key was a common extraction instrument that remained popular among dentists into the early 1900s. Typically, this device consisted of a hinged claw opposed by a “bolster,” a blunt metallic projection that was placed against the root of the designated tooth, before the claw was engaged over its crown. By quickly turning the key, the tooth was dislocated and wrenched out of the socket. Often, this barbaric action caused part of the supporting jaw bone to dislodge along with the tooth.

With three extracted molars already in mid-air, perhaps one can at least say that this dentist is working efficiently?

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THE RUSPINI CONTROVERSY

Controversy over historical matters usually elicits newly discovered evidence which results in increased knowledge. Historians are the wiser for the four articles involved in the present controversy between J. Menzies Campbell and B. W. Weinberger concerning the life of the eighteenth century dentist Bartholomew Ruspini and his dentist sons. These articles are Weinberger's "Bartholomew Ruspini and his Sons" (D. Items Interest 72:789-805 Aug. 1950); Campbell's "Chevalier Bartholomew Ruspini, 1728-1813, Surgeon, Philanthropist, Surgeon-Dentist" (D. Mag. & Oral Topics 70:402-422 Dec. 1953); Weinberger's "Who Was Bartholomew Ruspini, Jr.?" (D. Mag. & Oral Topics 71:225-230 Dec. 1954); and Campbell's "Reply to Dr. Weinberger" (ibid., p. 231-234).

As the editor possesses no additional evidence bearing directly on the issues of the controversy, he leaves judgment to readers who have perused the statements already published. On one point, the question of the competence of Ruspini's son George to practice dentistry at the age of 17 or 18 years, some light may be cast by a study of the ages at which contemporary dentists entered practice of the profession. A casual check has revealed these results: Fauchard, who was born in 1678, mentions an orthodontic case which he treated in 1696, when he was 18 years of age (Chirurgien Dentiste, 1746, Lindsay translation, p. 134). Antonio Rotondo, a Spanish dentist, born in 1808, demonstrated proficiency in 1824, at 16 years of age (Guerini, Life and Works of Giuseppeangelo Fonzi, p. 131-132). James E. Gardette, born in 1755, finished his professional schooling in 1775, at the age of 19 years (Weinberger, Introduction I, p. 135). A. F. A. Debarre, born 1819, was registered as dentist in 1839, at the age of 20 years (Medecins de Paris, 1845, p. 224-225). Berdmore, who was in practice by his twenty-second year (Lindsay, Brit. D. J. 49:226 Mar. 1, 1928), published his famous book when only 28.

Both Weinberger and Campbell mention a letter from one Hall to John Vanderlyn, distinguished American artist in Paris, requesting the latter, at Ruspini's instance, to obtain some samples of Fonzi's porcelain teeth, to be sent to Ruspini or his son in London. As a footnote to this letter, it might be observed that Vanderlyn not only was acquainted with Fonzi, but also was a close friend of Aaron Burr, then an exile in London. Burr later joined Vanderlyn in Paris and was introduced by the latter to Fonzi on February 27, 1810. Burr, after having Fonzi make him a denture, left Paris for London, carrying with him nearly a thousand of Fonzi's teeth, which he planned to present to Green-
wood (and ultimately did), but because of his impecciousness tried unsuccessfully to sell to several dentists in London (Denton, "Adventures of Aaron Burr's Teeth," D. Students' Mag. 23:14-16 Jan. 1945). Among the three unnamed by Burr in his diary (Private Journal of Aaron Burr, 2 vols. Rochester, N.Y., 1903), one may have been Chevalier Bartholomew Russini, still alive in 1812, or more likely his son. Burr had called on Fox and Dechamant.

LITERATURE ON PHARMACY EDUCATION

P/ From the American Institute of the History of Pharmacy, the editor has recently received some interesting pamphlets.

One by Glenn Sonnedecker is interesting to the historians of dental education since it furnishes some analogies and contrasts in the experience of pharmacy school associations with the exigencies of dental college organizations. The article, reprinted from the American Journal of Pharmaceutical Education, July 1954, is entitled "The Conference of Schools of Pharmacy--a Period of Frustration". The narrative of difficulties, hesitations, and ultimate dissolution of the Conference represents problems more or less common to all early educational efforts in the healing arts. This fact suggests that the history of education in any one of these fields can be fully understood only if the experience of medicine, pharmacy, dentistry, and various other professions be studied in common.

EMORY DENTAL SCHOOL AND ITS PREDECESSORS

P/ The Medical School Centennial Issue of the Emory Alumnus (October 1954) contains an historical article by Mary Roberts Davis on "The Yesterdays of the School of Medicine (p. 9-18, 64-66). Several paragraphs are devoted to the history of Emory School of Dentistry and the dental institutions that were its predecessors.

PIPERNO AND TRILUSSA

P/ Dorothy M. Schullian, acting chief of History of Medicine Division of The Armed Forces Medical Library, has contributed to the Journal of the History of Medicine and Allied Sciences (9:273-280 July 1954) an article on the friendship between the late Arrigo Piperno (died April 2, 1947), distinguished Italian dentist, and Carlo Alberto Salustri (died Dec. 21, 1950) satirical poet and caricaturist, who signed himself Trilussa or Tri. The numerous illustrations are dental caricatures.

CARIES IN PRIMITIVE PEOPLES

P/ Antonio Scarpa, in Rivista Italiana de Stomatologia 9:659-676 June 1954, reviews the literature on the occurrence of caries in prehistoric, primitive, and uncivilized peoples. He is unable to substantiate the commonly accepted views that dental caries was rare among such people and that the presence of caries was related to the character of the food.
BULLETIN OF THE HISTORY OF DENTISTRY

official monthly publication of
American Academy of the History of Dentistry

THE TEACHING OF HISTORY OF DENTISTRY

Some interesting statistics were adduced by the Committee on the Teaching of History of Dentistry in preparation for Dr. John Gurley's report at the 1954 meeting. Of 45 schools in the United States and Canada replying to the questionnaire sent out, 39 reported that a required course in the history of dentistry was given, and six reported that no course in that subject was given. Twenty-eight schools reported that the history course was taught independently of other courses. The number of hours devoted to the subject ranged from 5 to 66 with the median at 12 and the arithmetic mean at 15.3. Of 37 instructors in charge of courses in the history of dentistry, 16 were members of A.A.H.D., and 21 were not members.

The latter statement is significant. It would seem that only persons actually interested in the history of dentistry should be teaching that subject; and if a teacher is interested in the history of dentistry, the question can be raised, Why isn't he a member of the A.A.H.D.? Can it be that non-member teachers are unaware of the existence of the Academy? or are they doubtful of the Academy's hospitality?

PAPERS PRESENTED AT A.A.H.D. IN 1954

Several of the papers on the program of The Academy of The History of Dentistry at Miami appear in the Journal of The College of Dentists for December 1954. These are: "The United States Army Dental Corps" by William C. Stone, Sr.; "The Research Institute of the History of Dentistry of Berlin" by Curt Froekauer; "Review of Ohio's Contributions to Dentistry" by Edward C. Mills; and "Considerations for Publication of Dental History" by Wayne K. Stoler. William N. Hodgkin's paper "Dentistry in the Confederacy" will be published in an early issue of J.A.D.A.

ANOTHER TOOTHACHE SAINT

Georges Dagen has called attention to a Saint appealed to in case of toothache other than St. Apollonia (Bulletin, 2:Feb. 1954); namely, Saint Laurence. Milton Asbell, in a letter, points out that (according to Percy Dearmer's The Cathedral Church of Wells, London, G. Bell & Sons, Ltd., 1933) one William Bytton, in the latter half of the thirteenth century, became the object of popular canonization upon his death. Miracles were worked at his tomb and crowds flocked to it with offerings, especially persons afflicted with toothache. This power over toothache was probably explained by the statement that his "teeth were absolutely perfect in number, shape and order, and without a trace of decay, and hardly any discoloration".
AIR FORCE DENTAL SERVICE
The December 1954 issue of The U. S. Air Force Medical Service Digest is devoted to the USAF Dental Service. The articles are partly historical and partly descriptive of the Service.

DENTAL SOURCE BOOK OF A REALISTIC NOVELIST
An article by Charles Kaplan, entitled "Fact and Fiction in McTeague", in Harvard Library Bulletin 8:381-385, Autumn 1954, has an interest for the dental historian. Kaplan shows that Frank Norris, the author of McTeague, which was published in 1899 and became a major event in the history of the American novel, used Thomas Fillebrown's A Text-Book of Operative Dentistry, Philadelphia, 1889, as the source for technical details which he described in his novel. So comments Dr. Proskauer in a recent communication and concludes: "Kaplan quotes many passages in Fillebrown's work on which Norris leaned very heavily, going so far as to incorporate technical matter almost verbatim".

THOMAS EVANS IN FRANCE
Gerard Soyer has contributed to Revue francaise d'Odontostomatologie (1:113-114; 1281-1289 Nov. 1954) an account of the famous American nineteenth century dentist, Thomas W. Evans. The title is "Le dentiste Thomas Evans et l'histoire du Second Empire". Evans was famous for his service to the royal family, political as well as personal.

A PICTORIAL HISTORY OF DENTISTRY
Curt Proskauer, with the January 1955 copy of Tic, has begun a series of articles with interesting pictures on the history of dentistry. The first installment deals with Egypt and Assyria.

JOHN HUNTER
The contribution of John Hunter to dentistry is discussed by Karl Franz Hoffmann under the title "John Hunter (1728-1793), ein Förderer der modernen Zahnheilkunde" (Österreichische Zeitschrift für Stomatologie 51:169-176 April 1954).

ITINERANT DENTISTS IN ARGENTINA
Francisco Cignoli, in Revista Odontologica (42:400-401 Sept. 1954), has an article on "Dentistas Ambulantes del Pasado" reprinted from the newspaper La Capital (Rosario), June 1954.

COLORADO HISTORICAL MUSEUM AND LIBRARY IN NEW HOME
The History Committee of the Colorado State Dental Association has announced (J. Colorado D. A. 32:29-30 Sept. 1954) the change in location of its historical collections from the Denver Dental Library in the Metropolitan Building to the new Medical Library building of the Presbyterian Hospital. To the Society's valuable specimens will be added the outstanding collection of toothbrushes of Dr. Max Giesecke, described in the June issue of the State Society Journal.
A History of Dentistry in the US Army to World War II

By John M. Hyson, Jr.,
Joseph W.A. Whitehorne & John T. Greenwood
890 pages hardcover

Dental health has been a core requirement for soldiers since the earliest military history. When the muzzle-loading rifle made strong teeth critical to the operation of weapons, dentistry as a profession did not yet exist to assure this element of soldier fitness. This book documents the reciprocal influence of the maturation of the dental profession, and establishment of Army dental care programs. The theme of symbiosis of civilian and Army dentistry defines this period of dentistry’s history, in this well-illustrated volume, written by three accomplished historians. The project took over ten years and was initiated and supported by the Office of the Chief of the U.S. Army Dental Corps, and sustained during the tenures of five of the men who occupied that position.

Use the search function where the subject, title, first author (Hyson), Stock Number (008-023-00137-5) or ISBN (9780160821592) can be entered to locate the book.
PDF file version will be available for download by May 2009 at the publisher’s website (The Borden Institute).
http://www.bordeninstitute.army.mil

Limericks With A Smile:
Dental, Oral and Facial Limericks of Yesterday and Today

by Joan A. Christen, BGS, MA
& Arden G. Christen, DDS, MSD, MA

The authors have compiled 188 previously-published limericks related to dental, oral and facial themes; plus they offer an additional 384 personally-composed limericks. The humorous verses in this collection are at once bawdy, whimsical, ludicrous and cynical, and though simple in format, they communicate in few words their strong, sometimes paradoxical message. 159 pages with complete index.

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Intriguing and Eccentric Characters & Stories from the World of Dentistry

by Arden G. Christen, DDS, MSD, MA
& Joan A. Christen, BGS, MS

In this 230-page book, the authors have glimpsed into the lives of 32 dental characters: professionals who range from the noble to the bizarre. Introducing this work is a chapter on one of the most memorable and controversial characters of all time, Dr. Painless Parker (1872-1952). All of these fascinating individuals have left indelible marks on their chosen profession. The stories from this collection may be inspiring or infuriating, ingenious or absurd, credible or questionable—but seldom are they dull.

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A Little Treatise on the Teeth:
The First Authoritative Book on Dentistry (1563)

by Bartholomeus Eustachius
Edited by David A. Chernin, DMD, MLS
& Gerald Shklar, DDS, MS

One of the greatest anatomists of all time, Eustachius’ major studies remained unknown until their eventual Dutch translation and publication in 1714. Eustachius contributed substantially to the development of dental science. His conceptual advances concerning tooth development and function, based on anatomical dissections, were further buttressed by detailed plates of the musculature of the face, floor of the mouth, the neck, the tongue, and the roots and crowns of the teeth. In addition to giving us the first clear description of the dental pulp and root canal, Eustachius also conceived of the periodontal membrane as a gomphosis.

This volume presents the first direct English translation from the original Latin Libellus De Dentibus, and maintains the Latin and English texts on facing pages. Eustachius’ observations are an illuminating precursor to 21st-century medical science, and still represent a timely and relevant reference for any practicing dentist.

Price: $60. Available from: Maro Publications
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Limericks With A Smile: Dental, Oral and Facial Limericks of Yesterday and Today

by Joan A. Christen, BGS, MA
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Being a Documentary History of Dentistry and
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by Gerald Shklar, DDS, MS
& David A. Chernin, DMD, MLS
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Dentiste. This work is known to exist in only two locations.
Re-discovered by Dr. Jacques R. Foure, who translated the
work into English, he has provided us with an insight into the
clinical treatments that were available in early 17th century
France. Prior to Fauchard, it was generally believed that
any dentistry was performed by traveling mountebanks,
charlatans and quacks. M. Arnauld Gilles was a Parisian
dental practitioner who was fully recognized by the state
licensing authorities as “Operator for the Ache in the Teeth.”

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Painless Parker: A Dental Renegade’s
Fight to Make Advertising Ethical

By Arden G. Christen and Peter M. Pronych

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self-promoting dental crusader and patient advocate—
sought to gain respectability from the profession of which
he was a member. Instead, he was rejected by his colleagues
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