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From Alveolar Diffuse Atrophy to Aggressive Periodontitis: A Brief History

Ersu Guzeldemir, DDS, PhD* and Dr. Hilal Uslu Toygar*

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Technologic advances in mechanics, electronics, physics, chemistry, and computer science have contributed to advances in dental medicine. Periodontology is not only a clinical science but is also directly related to the basic sciences. Research is conducted in laboratories rather than in clinics now. During the last century, aggressive periodontitis has received attention from numerous researchers because of its multifactorial features. This paper explores the long scientific journey of aggressive periodontitis, beginning with its first definition as alveolar diffuse atrophy. Perhaps in the future, “alveolar diffuse atrophy” will be referred to by another name or term. However, this journey will never end.

Aggressive periodontitis (AgP) is a complex multifactorial periodontal disease, the progression and severity of which are determined by immunologic, microbiologic, environmental, and genetic risk factors; age; sex; and race and by the interactions of those elements.1–8 Although the clinical and radiological characteristics of AgP have been clearly defined, its genetic and immunologic features remain unclear.

As in all research fields, dental science evolves by means of technologic advances and improved instrumentation. Advances in technology made over the last 5 decades have contributed to the improvement in all dental sciences. A review of the English-language literature reveals only case reports of AgP from the 1920s to the 1940s. The first reports of AgP comprise only the clinical aspects of the disease, radiographic evaluations, and predictions about progression rather than etiologic factors and treatment options. In 1923, Gottlieb described a 22-year-old man with a fatal case of influenza as having “diffuse atrophy of alveolar bone”9, a condition thought to be a manifestation of a systemic disease. However, that case report was the first to present AgP, the pathologic mechanism of which is described as an enlargement of the periodontium resulting from severe alveolar bone loss and the destruction of collagen fibrils in the periodontal ligament. No gingival involvement was observed in the patient described, a finding that proved to be a distinctive feature of the diagnosis.

In 1928, Gottlieb realized that AgP was characterized by the destruction of continuous cement formation, which resulted in disorganized and irregular periodontal ligament fibrils. He referred to that pathologic process as “deep cementopathy” and thought that alveolar bone resorption and periodontal pocketing occurred as a result of a physiologic response to a
foreign substance (root cement).\textsuperscript{10}

Wannenmacher noted incisor and premolar involvement in patients with AgP, a process that he termed “parodontitis marginalis progressiva” in 1938. Wannenmacher established that inflammation and pocket formation occurred even if the gingival form and shape appeared healthy. That observation was the first accurate description of AgP, according to Saxen.\textsuperscript{9}

Thoma and Goldman\textsuperscript{15} contributed new information to the description of AgP in 1940 when they described a condition called “parodontosis,” the primary characteristics of which are the pathologic migration of maxillary incisors and the pathologic eruption of teeth. One year later, in 1941, Miller and colleagues\textsuperscript{12} evaluated 35 individuals who ranged in age from 14 to 30 years. Those investigators endeavored to establish the relationship of systemic factors in the pathogenesis of parodontosis. To that end, various laboratory analyses were performed. Parodontosis was described as “occurring [at an early age] and [causing] severe alveolar bone destruction.”

“Periodontosis” was the term used by Orban and Weinmann (1942)\textsuperscript{13} to describe a degenerative (rather than inflammatory) disease that usually affects females aged from 10 to 25 years. According to those authors, periodontosis is characterized by 3 histopathologic stages.

In 1950, the American Academy of Periodontology (AAP)\textsuperscript{14} published a dictionary of terms in which periodontosis was described as a secondary epithelial proliferation with or without the presence of a secondary gingival disease. The definition further states that periodontosis is characterized by the pathologic migration of teeth and tooth loss, that it arises from one or more periodontal tissues, and that it causes the degenerative non-inflammatory destruction of the periodontium. “Periodontitis” was the term used to refer to the inflammatory involvement of the periodontium.

In 1951, McCall (1951)\textsuperscript{15} postulated that hypoplastic first molars and incisors are a result of a serious disease or vitamin D deficiency in early childhood. He further stated that because those hypoplastic teeth erupt into the oral cavity, they are exposed to occlusal trauma to a greater degree than are other teeth, a process during which alveolar bone becomes progressively thinner.

In 1952, Glickman (1952)\textsuperscript{16} evaluated changes in radiographic images that are summarized as follows: enlargement of the periodontal space, the discontinuity or absence of lamina, vertical bone loss, and malformation of the trabecular bone.

The findings of Thoma and Goldman were supported in 1956 by Yount and Belting\textsuperscript{17}, who described the clinical appearance of the disease in detail. Yount and Belting reported no periodontal pocket formation, even in the presence of vertical bone loss. The clinical characteristics of the disease were described as pink, tight gingival tissue and a minimal amount of calculus. Even when periodontal pockets were present, the gingiva remained pink, and the accumulation of calculus might have been caused by pus formation. Usually, no cavities were seen in those patients. In the World Workshop in Periodontics in 1966, “periodontosis” was excluded from periodontal terms.

The term “juvenile periodontitis” (JP) was used in the French literature by Chaput and colleagues in 1967\textsuperscript{20}, and also in the English literature in 1969 by Butler\textsuperscript{18}. Baer, however, referred to JP as “periodontosis,” a disease of the periodontium that is characterized by the destruction of alveolar bone in more than 1 tooth in otherwise healthy young adults.\textsuperscript{19} Baer described 2 different types of progressive periodontosis, one limited to molars and incisors, and the other a generalized form of the disease. Most of the teeth are involved in patients with that disorder. It was not possible to attribute the excessive destruction noted to the effects of local irritants. Baer classified periodontosis by its clinical features. He noted that periodontosis was diagnosed in young individuals but did not affect the primary dentition (especially in females), that the pattern of alveolar bone loss differed from other types of alveolar bone loss on radiographic examination, that consanguinity was often a feature of the medical history of patients with periodontosis, that local etiologic factors did not cause deep periodontal pockets, and that the disease was progressive. Baer suggested that the term “periodontosis” was more accurate than “juvenile periodontitis”.\textsuperscript{19}

In 1979, Socransky and Baer described types of periodontosis that is characterized by generalized, acute, and rapid progression.\textsuperscript{20}

In a case series by Fourel in 1972, the term “periodontal syndrome” was used.\textsuperscript{21} Fourel claimed that periodontal syndrome did not differ in men and women, and he reported an autosomal recessive genetic transmission of that disorder. Regression analysis in family studies revealed that the X chromosome is responsible for this transmission. In contrast to the theory of Fourel, the transmission of periodontal syndrome has also been defined as being autosomal dominant (Melnick and colleagues, 1976).\textsuperscript{22}

Hormann and Frandsen (1979)\textsuperscript{23} reported on 156 individuals with JP. Those investigators classified JP by the type of alveolar bone loss. First molars and/or incisors were involved in type I JP, and fewer than 14 teeth were involved in type II. Type III, the generalized form of the disease, involved 14 or more teeth.

Over the years, JP has attracted the attention of numerous authors. In the 1980s, the clinical consensus
characterized JP as a degenerative and non-inflammatory disease. Page and Baab (1985) reported that JP is limited to certain teeth because of its regional specificity. They theorized that the discontinuity or the abnormal deposition of root cement in certain areas of dentition enables microbial invasion and results in defective periodontal attachment and the destruction of periodontal tissues without inflammation. Genc defined JP as a destructive disease of two different forms: either localized or generalized.

It is important to have a common scientific language for international communication in science. For this purpose, the First European Workshop in Periodontology and the World Workshop in Clinical Periodontics were organized, and during those events, periodontal disease classification was discussed. JP was evaluated under the heading of "early onset periodontitis" that is localized or generalized. The knowledge of the pathogenesis, inflammation, and disease progression of JP that was amassed from the 1960s to the 1980s was used to establish that classification. However, in the 1990s researchers realized that there were some missing points in the classification of periodontal disease. First in the European Workshop on Periodontology in 1993 and then in 1996 under the supervision of American Academy of Periodontology (AAP), those omissions were discussed, and another classification was accepted during the AAP Workshop for the International Classification of Periodontal Diseases in 1999. The term "juvenile periodontitis" was changed to "aggressive periodontitis" to exclude age as a criterion for diagnosis and to emphasize the aggressive destruction caused by the disease.

In 2002, two types of AgP were described in a review by Mombelli and colleagues. The clinical diagnoses were termed "secure AgP," "insecure AgP," or "uncertain AgP" according to a re-evaluation of previously published articles.

The etiology of periodontal diseases was initiated in the golden age of microbiology (1880-1920). Over the years hundreds of papers were published which contributed to define the developing of periodontal diseases. Hypotheses of "diffuse alveolar atrophy" that basically defined the description of the infectious nature of the disease and then trauma from occlusion and some combination of these factors, such as smoking, bacterial invasion, medically compromised patients, were thought to be affected of the disease progression. During the last era, the concepts regarding the microbiological etiology of the periodontal disease were changed. Around the seventies, researchers demonstrated that microbiota obtained from lesion sides of LJP, adult periodontitis and healthy individuals differed from each other. In early studies, culture techniques were usually used for identification of susceptible bacteria. The World Workshop in Periodontology (1996) designated A. Actinomycetemcomitans (A.a), P. gingivalis and B. forsythus as periodontal pathogens. In these days, an immunological response was suggested that has a value in defining periodontal pathogens. Technical developments such as checkerboard DNA-DNA hybridization, DNA probe, PCR and RFLP allow to assessment of specific microorganisms, by this way risk of periodontal disease progression, presence of an organism could be assessed. A.a was found strongly associated with LAgP. A.a have the ability to invade human gingival epithelial cells, human vascular endothelial cells and induce apoptotic cell death. Elevated levels of antibody in serum and saliva were detected in LAgP patients. The acceptance of the key of A.a in LAgP is allowed to determine possibilities of the treatment and prevention from LAgP.

Discussion

The goals of this review were to demonstrate the difficulties in classifying a disease while acknowledging its most essential aspects and to emphasize those efforts to classify diseases more accurately will never end. After World War II, medical and dental research accelerated. Technologic advances in mechanics, electronics, physics, chemistry, and computer science have contributed to advances in dental medicine. Periodontology is not only a clinical science but is also directly related to the basic sciences. Research is conducted in laboratories rather than in clinics now. Technical advancements in microbiology and immunology will change the perspectives in prevention and treatment of the AgP.

Perhaps in the future, "alveolar diffuse atrophy" will be referred to by another name or term, or perhaps that disease will diagnosed in utero and will be controlled before birth. Genetic researches may allow gene therapy in practice. Perhaps advances in nanotechnology will play a major role in the diagnosis and treatment of periodontal diseases. Perhaps, researchers will use techniques as yet unknown to detect early symptoms of disease and destroy diseased cells without injury to healthy cells. Perhaps aggressive periodontitis will no longer exist with intervention and changing the activities of polymorphonuclear leukocytes.

Many researchers have devoted their life to such purposes. Ideally, each scientific contribution would result in a better quality of life for every individual and less expense for governments. The whole is indeed the sum of its parts.
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7 P Hodge, BS Michalowicz, Genetic predisposition to periodontitis in children and young adults, Periodontology 2000, 2001, 26: 113-34.
DENTAL POSTCARDS NO. XXXV

DENTAL POSTCARD CAPTION: "GOOD FOR THE OLD MAN THAT MA HAS THE TOOTHACHE"

This lithographed, full-colored, U.S. postcard was copyrighted by Irvin M. Kline in 1907. Its dimension is 88 x 138 mm. Taken from the Uncle Sam's Comics Anglo Series, it pictures a drunken, disheveled man returning home to his wife after a bout of drinking. His obvious red nose and stupefied grin portray his state of intoxication. He is holding a cigarette in his right hand and a gold club in his left. His obese wife sits in a substantial chair, with a bandana wrapped around her swollen face, and her left eye closed. These details depict her painful condition: a dental abscess. Although her left fist appears to be clenched in anger, she remains in her chair. Obviously, she is too incapacitated to do otherwise.

This card, sent to Miss Alice Sandford in Covington, Kentucky, was written by P. J. Lane. Postmarked November 19, 1908, it has a green, one-cent U. S. stamp (Franklin, Scott #A 115, issued 1902-1908) affixed to the inside, upper right corner. The inked personal message reads: "Glad you enjoyed the show. Have not worked for a week. Been sick. Better at this writing, but not working."

Collected and analyzed by:
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Indiana University School of Dentistry

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The Humanitarian Service of Dentists in Grenfell’s Sub-Arctic Labrador: 1910-1930

Peter John Bellingham, B.Sc.(Hons.)

Little has been written about peacetime humanitarian work in dentistry. In particular, few know the achievement of dentists who served with Dr. Wilfred Grenfell’s medical mission in the early 1900s. These volunteers introduced dentistry to the impoverished coasts of Labrador and North Newfoundland, working under primitive conditions to meet an incredible need for dental care. This work constitutes an important chapter in the history of humanitarian dental service. As Dr. Grenfell himself noted, “the gospel of prosthetic and prophylactic dentistry in a distant, foreign country on a scale of this kind is entirely unique in the world’s field of dentistry, so far as I can find.”

Introduction

Most of the English-speaking world had heard of Dr. Wilfred Grenfell by the early part of the 20th century. A charismatic English medical missionary, Dr. Grenfell came to Labrador in 1892, and brought to its coast the only medical service it had ever known. His remarkable network of hospitals and nursing stations attracted both private funds and devoted volunteer workers, including dentists.

Dentistry began at Dr. Grenfell’s medical mission in 1910 with a single volunteer, a senior from Harvard Dental School. As the importance of dental attention was recognized and as funds were raised, the dental service expanded to as many as two dentists all year round and four dentists for two months during the summer. Under the leadership of Harvard Dental School, approximately 70 dentists volunteered between 1910 and 1930. Most of them were recent graduates of the dental schools of Harvard, Northwestern, Tufts, the University of Pennsylvania, and Columbia.

Labrador: Its History, and Conditions Before the Arrival of Dr. Grenfell

The Labrador Peninsula lies between Hudson Strait to the north, the Atlantic Ocean to the east, and the Gulf of Saint Lawrence to the south. For over a thousand years, travelers have seen little beauty in Labrador’s desolate coast. “Worthless,” said Bjarni Herjolfsson, a Norseman who stumbled across Labrador in 985. “This must be the land God gave to Cain,” said Jacques Cartier, who visited in 1534 while probing for a northern route to Asia. John James Audubon, who came to paint birds in 1833, described Labrador as “the most extensive and dreariest wilderness I have ever beheld.”

Much of the surface of the country is covered with low mountains and barren plateaus, on which are vast plains of moss, interspersed with rocks and boulders. Significant growths of timber can only be found at the heads of the bays. Cultivable land is practically non-existent. Snow lies from September until May, and temperatures reach as low as -40°F to -50°F during the long winters. The coast is lashed by furious storms in the spring and autumn, and blockaded in winter by ice fields from the Arctic.

Labrador had been the home of Inuit for thousands of years. In the sixteenth century, large numbers of seafaring Europeans began visiting the coast to exploit the extraordinary wealth of its fisheries. Because of strict colonization laws, significant settlements of year-round permanent European inhabitants did not take root until the middle part of the nineteenth century. By this time, Labrador was under the jurisdiction of Newfoundland, which was then a British colony with an autonomous government.
By the late 1800s, the permanent population of Labrador consisted of approximately 1700 Inuit in the far north, and 3500 Liveyers ("we live yere"), who originated mostly from the British Isles. But, every year during the summer cod fishing season, the population swelled with hundreds of schooners and about 30,000 fishermen and their families. These seasonal fishermen came from southern Newfoundland, France, Britain, Atlantic Canada, and the American Coast.

Fishing was an extremely dangerous activity in Labrador. The coast was frequently beaten by vicious storms. Fog often limited visibility to an arms length. Most of the waters were completely uncharted, and not one lighthouse existed in Labrador. Hundreds of fishermen died each year. Many more were seriously injured. The only medical aid available to them was that of a government doctor who traveled the coast on the mail boat. Even then, this doctor only visited the larger fishing settlements and his stays were very brief. The fishermen suffered from untreated strains, backs, focal infections, broken bones, arthritis, rheumatism, and hernias.

Both the seasonal and Liveyer fisherman were exploited by wealthy merchants, and lived in poverty on the mainland with their families. They lived in shelters made of mud, moss, and boards which were cold, damp, overcrowded and lacked sanitation. The children wore clothes made out of flour sacks, and most of them had never seen a doctor. The fishermen and their families suffered from untreated cases influenza, pneumonia, and tuberculosis. The effects of poor diet were quite evident, particularly among the Liveyers. Scurvy, pellagra, beri-beri, and rickets were prevalent along the entire coast.

Conditions did not improve during the off-season. If the summer harvest was poor, a family subsisted on just flour, molasses, and inferior fish during the winter. In the spring, many were found starved to death, or eaten by their starving dogs. The harsh life and cruel environment imposed a sense of fatalism and predestination such that families accepted tragedy, serious illness, and sudden death with surprising equanimity.

Origins of the Grenfell Mission

In 1865, Wilfred Thomason Grenfell was born in the Cheshire region of England. He was an adventurous and spirited youth. When he wasn't playing rugby, he was sailing the rough waters off the English coast. Grenfell was educated at the University of London, at Oxford, and began his medical studies in 1883 at London Hospital Medical College. In medical school his mentor was a well-known surgeon, Dr. Frederick Treves,* who suggested Grenfell join the Mission to Deep Sea Fishermen, a newly formed charitable society to which Treves himself was medical advisor.

Dr. Grenfell joined the Mission, and spent most of the next three years in the North Sea off the Scottish coast. He was medical missionary to 20,000 mariners of the British fishing fleet, who worked the sea with almost no medical or religious service. Grenfell lived among the fishermen, and helped hauling the nets when he wasn't busy treating the injured and sick. Grenfell loved the work, and soon became the superintendent of the Mission.

In his position as superintendent, Dr. Grenfell heard pleas from Anglican clergymen in St. John's to

* Dr. Frederick Treves (1853-1923) was a noted anatomist and surgeon in London, England. He received his medical education at the London School of Medicine, and was a surgeon at London Hospital between 1879 and 1898. Treves was a lecturer and instructor of anatomy and surgery at that hospital, and was appointed Hunterian Professor of Anatomy at the Royal College of Surgeons in 1885. Dr. Treves is probably best known as the caring physician of Joseph Merrick, the so-called 'Elephant Man,' a victim of severe neurofibromatosis.
assist the fishermen of Newfoundland and Labrador. In 1892, Dr. Grenfell sailed to Labrador to explore the situation.10 He was both fascinated and horrified by what he saw. Grenfell returned the following year and established a small hospital at Battle Harbour. A few years later a larger facility was built at St. Anthony, which became the administrative headquarters and principal hospital for the coast. Grenfell’s incredible charisma attracted private donations from around the world, which allowed the building of schools, orphanages, nursing stations, and more hospitals. By 1908, there were four main mission hospitals located at Battle Harbor, Indian Harbor, St. Anthony, and Harrington (Fig. 1). This network of social and medical services became known as the “Grenfell Mission.”

The Dental Concern

Oral hygiene was almost completely unheard of in the small settlements. A traveling Grenfell physician could visit homes all summer and not encounter a single toothbrush.12 To make matters worse, the diet of the average Labrador resident was grossly deficient in minerals and vitamins essential for proper dental health.13 Families subsisted almost entirely on codfish, bread, potatoes, molasses, cabbage, and tea. It was not unusual to see a Labrador resident with many or all teeth decayed to the gum line.2 The responsibility of treating dental ailments fell to the Grenfell physicians, who barbarically performed extractions without any anesthetic or training.2,14

Dr. Grenfell understood that something had to be done to remedy the desperate oral health conditions. He sought a solution during the winter of 1906-1907, when he spent four months touring the United States. By this time, Dr. Grenfell was extremely popular throughout the United States, Britain, and Canada. His talks attracted large crowds and he was welcomed wherever he went; that winter he even met with President Roosevelt for lunch at the White House.7 While in Boston, Dr. Grenfell had a meeting specially arranged with Dr. John Estabrooks of Harvard Dental School. He described the dental conditions to Dr. Estabrooks, and asked if any of the students would be willing to volunteer their services.3

Dentistry Comes to Labrador and North Newfoundland

The first dental volunteer with the Grenfell Mission was a senior at Harvard Dental School. His name was Daniel McCabe, and he went north in 1910.2 The journey was long and involved a thirty-six-hour train ride from Boston to North Sydney, a twen-

Figure 2. The hospital steamer “Strathcona.” (Among the Deep-Sea Fishers, April 21, 1911).
slight discomfort was borne with no complaining. Many of the patients for whom I did extracting would come a distance of ten or fifteen miles in nothing but a rowboat. Each patient treated by myself was asked to make a voluntary contribution to the mission and contributions ranging from five cents to five dollars were received. Work was done free, however, if a patient could not pay."

Typically three or four dentists worked with the Grenfell Mission each summer from 1915 onwards. However, even with the increased number of dentists, they could not meet the demand for dental work. As a result, some decided to extend their stay and continue treating patients. Dr. William Bennett, having volunteered in the summer of 1917, was the first of many to stay the winter at St. Anthony in Northern Newfoundland.\textsuperscript{16} The year-round service was particularly valuable for the adult inhabitants, who were often too busy fishing in the summer to have necessary work done.\textsuperscript{3}

Most of the work into the early 1920s was restricted to extractions and simple fillings. The limited scope of the dental work was mostly due to the large number of patients, the difficulty of having follow-up appointments, and the limited dental supplies and equipment. However, the work of the dentists occasionally went beyond the realm of basic dentistry. In a 1917 commission issued by the Administrator of the Colony of Newfoundland, Magistrate Squarey outlined some of the Grenfell Mission’s medical work. Squarey’s report detailed the treatment of a patient by Dr. Bennett and Dr. Fallon, who were recent graduates from Harvard Dental School and the University of Pennsylvania School of Medicine, respectively.\textsuperscript{17}

"On the 22nd of September I was also privileged to witness an operation on a man belonging to Trinity Bay. He was twenty-one years of age, and the sole support of a widowed mother and crippled brother. He was suffering from a tumor of the jaw. The patient was etherized, artificial respiration was effected by the placing of a tube in the nose, an incision was made through the middle of the lip around the nose, and the skin turned back exposing the upper jaw on the right side. With small bone cutters the upper jaw from the mid line to the last tooth was entirely cut away whereby the whole tumor was removed. The skin was then replaced and sewn into position. I may add that when I returned to St. Anthony about three weeks later, the patient was among the spectators on the wharf. When I left St. Anthony homeward bound, Dr. Bennett was constructing a substitute for that portion of the jaw which had been thus removed."

The dental facilities at the small hospitals improved over the years and prosthetic treatment became more available. However, the dentists began to focus more attention on the oral health of the children, since work with them promised a greater return for the efforts.\textsuperscript{18} In coordination with the Grenfell Mission’s Child Health Department, every village in the mission’s territory was assigned to the care of a traveling dentist. This operation began with the summer of 1922’s dental staff, which included Dr. Russel B. Macfarlane, an Instructor in Periodontia and Preventive Dentistry at Harvard Dental School.\textsuperscript{19,20}

Traveling dentists focused on prophylactic treatments, repairing small cavities, and oral hygiene education. They gave talks to the children, using simple language and lantern slide illustrations of dental diseases. They placed particular emphasis on home care of the mouth, and the relationship between diet and disease.\textsuperscript{19} The participation of dental hygienists from Boston’s Forsythe Dental Infirmary helped greatly with these efforts. Hundreds of free toothbrushes were distributed with dentifrices such as “Pepsodent Tooth-Paste” or “Merck’s Precipitated Chalk.”\textsuperscript{21} The children responded positively to the efforts to improve oral health; one school even put on the play, “Saving the Six-Year Molar,” in the summer of 1924.\textsuperscript{19}

The decision to focus more attention on children was made in consultation with the dental advisor to the Grenfell Mission.\textsuperscript{19} There were four dental advisors between 1910 and 1930, and they had the important task of recruiting dentists, raising money from dental societies, and organizing the transportation of both dentists and supplies. In addition, they provided advice to the Grenfell Mission on how to best utilize the dentists’ time in Labrador.
All of the dental advisors between 1910 and 1930 were clinical instructors at Harvard Dental School. Dr. Robert Catheron was perhaps the most committed dental advisor. He held the position for a full nine years between 1911 and 1928, despite taking a year to serve in France with the Harvard Unit and Dr. Varaztad Kazanjian,** his former classmate at Harvard Dental School. Dr. Catheron's commitment to the work in Labrador and Newfoundland may have been due to the fact that he was born and raised in a small community in neighboring Nova Scotia.23

By 1926, the majority of dental volunteers had been recent graduates or instructors from Harvard Dental School. In fact, during the first sixteen years, at least thirty-three of the fifty-six dental volunteers were from Harvard Dental School. In addition, all of the Dental Advisors responsible for organizing the dental participation had been instructors at Harvard. In 1926, Dr. Grenfell commented on the work of Harvard Dental School and its dentists in Labrador: 3

"The Harvard Dental School has created what I may call a Labrador Dental Department, having evolved a unit which is so far beyond the vision of the optimist in 1910, that it is worth recording as a unique piece of work.

In the past sixteen years, fifty-six dental officers have come North without any charge to the Grenfell Association, to give their services to the people of the Labrador and North Newfoundland fisheries. It is a remarkable thing that a unit which began with one young dentist should have grown to a unit of two men all the year round, four men for two months during the summer, and two dental hygienists for two months. The Gospel of splints and bandages is old terminology; the gospel of prosthetic and prophylactic dentistry in a distant, foreign country on a scale of this kind is entirely unique in the world's field of dentistry, as far as I can find.

The immense reduction in the arthritic cases and the other results of neglected local infections, to say nothing of the improved metabolism resulting from the care of the children's mouths, has been one of the most satisfactory outcomes of our whole medical service. It was our proud boast this year that every child needing dentistry between Anticosti Island and Hudson Bay Straits had access to a really skilled operator. These men have operated on rocks, on decks of vessels, in tiny huts, besides in the most completely equipped laboratories of our little hospitals, in each of which they have created a separate department.

Labrador owes an immense debt to the Harvard Dental School - a much larger debt than it is aware of, and a debt which, so far as I can see, it has no way whatever to repay, except in affording the school the supreme satisfaction of feeling that they have added a new chapter to the gospel of love of one's fellowmen that is not alluded to even in the Scriptures; and when the new version comes out, we shall be able to say: 'The blind see; the deaf hear; the lame are made to walk; and the sufferers from neglected dental troubles have been delivered from infinite suffering.' In the early days I have seen necrosis of the whole jaw and many sinuses through the cheek - troubles which now are almost as rare as teeth in a hen."

Harvard contributed a great deal to the dental efforts of the Grenfell Mission. However, participation from other dental schools grew tremendously throughout the 1920s. A considerable number of recent dental school graduates and faculty members volunteered from Tufts, Northwestern, the University of Pennsylvania, and Columbia. Among them included the Assistant Dean of the Dental Department at

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** Varaztad Hovhannes Kazanjian (1879-1974) was Professor of Clinical Oral Surgery at Harvard Dental School from 1922 until 1941, when he was appointed the first Professor of Plastic Surgery at Harvard University. Dr. Kazanjian was a 1905 graduate of Harvard Dental School, and a 1921 graduate of Harvard Medical School. He gained tremendous fame for his work as Chief Dental Officer of the Harvard Unit, a hospital unit staffed by American universities that cared for casualties of the British Expeditionary Forces during World War I. He later became widely recognized as one of the foremost practitioners of plastic surgery in the world.24
Northwestern, Dr. Frederick W. Merrifield, who was in charge of the dental work in Northern Newfoundland the summer of 1924 (Fig. 3).25 Columbia University, having donated a significant amount of dental equipment, maintained a summer medical and dental station at Spotted Island staffed by its graduates beginning in 1923.14,21

The work continued in Labrador, and in 1926, Dr. Krasnoff was appointed as the first year-round dentist on the Labrador Peninsula. Up to that point, year-round dentists were only stationed at the St. Anthony headquarters in Northern Newfoundland. Dr. Krasnoff traveled great distances to reach neglected communities during that winter, and became very familiar with the primary mode of winter transportation in Labrador, the "komatik," or dog-sled. In one instance, Dr. Krasnoff and his driver rode 200 miles from Indian Harbour to North West River to treat the dental needs of that isolated community. With eleven dogs, they battled extreme snow, wind, and temperatures of -40°F for eleven days straight.26 On another occasion, Dr. Krasnoff made a 250 mile trip to serve the Inuit population at Hopedale.13 He spent three months in Hopedale, working under the supervision of the Moravian missionaries. The Moravians were Protestant Episcopal priests from central Europe, who began a series of religious missions for the Inuit communities in the mid 18th century.7 Dr. Krasnoff mentioned his stay in a 1929 issue of the "Harvard Dental Record":13

"Five delightful weeks were spent here with Mr. Perrett, Superintendent of the Moravian Mission on the coast, and his family. Arriving here during Passion Week, I had the pleasure of attending the Eskimo services during the entire week, and I count the singing and playing of the native Eskimo choir there one of the biggest treats on my whole year on the coast.

Because no dentist had worked that far north before, this was all virgin territory with plenty of work to be done. I had the signal honor of making the first two artificial dentures (so far as I was able to learn from Mr. Perrett) worn by Eskimos on the coast. Because the Eskimo woman chews the sealskin to soften the edges in making boots, invariable the first question asked by a prospective prosthetic patient was whether she would be able to chew sealskin with the new teeth."

However, Dr. Krasnoff’s duties were not limited to dentistry, as many of the dentists who preceded him had experienced. During the month of November, an epidemic of follicular tonsillitis which took out much of the medical staff forced Dr. Krasnoff to expand the scope of his work. In one instance, he traveled 17 miles in a blizzard to successfully treat the badly dislocated shoulder of an elderly man.27 Some duties were more light-hearted. On Christmas Day of 1926, he acted as Santa Claus for the children of the orphanage, riding into Cartright dressed with white and scarlet fur on a komatik of eight dogs with bells jingling. Dr. Krasnoff probably expressed the feelings of many Grenfell Mission dentists when he noted:28

"One has plenty of time for thought and introspection, sitting on a komatik, and as the dogs trotted along on the trip I felt more certain than ever that true happiness can be attained only through service unto others."

A Notable Grenfell Mission Alumnus: Dr. James Morse Dunning

Dr. James Dunning served in Labrador at Harrington Hospital after graduating with his DDS from Columbia in 1930. He later went on to become a leading dental figure in his community, and made significant contributions to the field of dental public health. His tireless work included promoting fluoridation, establishing oral health centers in low-income communities, developing outreach clinics in rural areas, and proposing more efficient and expanded roles for dental hygienists. After serving as the 6th Dean of Harvard School of Dental Medicine, Dr. Dunning initiated the graduate program in Dental Public Health at Harvard. His well-known work, "The Principles of Dental Public Health," was first published by Harvard University in 1962 and is currently in its fifth edition.28

In 1984, a close friend and colleague stated that Dr. Dunning's time in Labrador "had a profound effect upon his perception of the role of dentistry throughout his career."28 Dr. Dunning wrote about some of his Labrador experiences in the Grenfell Mission’s quarterly magazine “Among the Deep Sea Fishers (Fig.4).” He was inspired by the villagers of the Harrington District, who entrusted him with the staggering sum of $200 for the purchasing of dental equipment and supplies for their community. The villagers had raised these funds through community fairs despite years of failed fish harvests.28,29,30 Dr. Dunning also described the tremendous benefit of providing simple dental care early in life after observing communities that had gone without this preventive care. In one instance, he noted his disappointment that children in a particular region were not receiving sufficient attention to their oral health. In a 1932 article published in "Among the Deep Sea Fishers," Dr. Dunning wrote:31

"So much time has had to go to restorative work that the possibilities in the line of oral hygiene and preventive dentistry among children

Post-Script

In 1933, steps were taken to ensure the regular contribution of dental professionals in Labrador and north Newfoundland. Under the leadership of Dr. Leuman M. Waugh, the New York Academy of Dentistry began sponsoring scholarships of $150 and $500 for summer and year-round dentists, respectively. In addition, the Grenfell Mission began paying for the majority of travel expenses. After 1947, when Newfoundland and Labrador Confederated with Canada, government funds slowly started to become dedicated to dentistry. Full-time dentists were hired and clinics were equipped for quality restorative work. Today, nearly 100 years later, full-time dentists working with the Labrador-Grenfell Regional Integrated Health Authority continue the task of serving the oral health needs of Labrador and North Newfoundland.

Acknowledgments

The author wishes to thank Ms. Jacqueline Hom for constructive criticism of the manuscript. This article is dedicated to the author’s parents, Drs. William and Patricia Bellingham, whose dental service among the aboriginal communities of Northern Ontario helped inspire interest in this story.

References

Ultrasound is based on the same principles as sonar, a technology used to detect underwater objects. Humans can only hear sound vibrations up to about 16,000 cycles per second. Faster vibrations (ultrasound) are beyond this limit. The existence of these sounds have been known by scientists for many years, but their application is a comparatively recent event. Ultrasound scanners use a transducer that generates and receives high frequency sound. As the sound passes through the body echoes are produced that can be used to identify size, shape, consistency and location of the object being evaluated. Doppler ultrasound is a special form of ultrasound commonly used to evaluate blood flow. Several types of Doppler are in use, including continuous wave Doppler ultrasound, duplex Doppler ultrasound (often called a scan) and power duplex ultrasound. With time, more systems and more applications are, likely to be discovered. Other uses of ultrasound are in the evaluation of a fetus and possible abnormality in its growth or development, flow in blood vessels, guidance in cases of needle biopsy and heart disease, diagnoses of some forms of tumors and infection. Dust particles adhering to metal or glass surfaces can also be removed by ultrasound. This application is often used in dentistry, particularly in prostheses. There are many medical indications for using diagnostic ultrasound, pregnancy probably the most recognized reason for an ultrasound exam. Other parts of the body in both humans and animals can also be examined with ultrasound including kidneys, spleen and breasts. There are no known harmful effects with medical use of the procedure and no adverse effects have been linked to it in spite of the many years these procedures have been used. In 1994 Great Britain issued a series of four stamps calling attention to medical discoveries. The 35p. stamp calls attention to ultrasound (Scott 1579).

— Hannelore T. Loey and Aletha A. Kowitz
“All I Want For Christmas Is My Two Front Teeth”
(The Story Behind the Song)
Arden G. Christen, DDS, MSD, MA* and Joan A. Christen, BGS, MS**

During his long and productive career, Donald Yetter Gardner (1913-2004) played various musical instruments, directed church choirs, wrote contemporary church anthems and led many community-sponsored choral events. Additionally, he penned a number of popular spirituals, including “Man Shall Not Live By Bread Alone,” and “O Give Thanks Unto the Lord.” He was noted for his varied musical accomplishments, but he was best known for composing what was to become an international children's holiday favorite, “All I Want For Christmas Is My Two Front Teeth.”3-6

How The Song Evolved

On December 5, 1944, in Smithtown, New York, 31-year old Gardner was filling in for his wife, Doris, as a substitute second grade school teacher. In an attempt to interact with the students, he asked what each of them wanted for Christmas. As the children hissed and lisped the “s” words in their answers, he noticed that almost every child was missing at least one front tooth. Inspired by his discovery, he composed whimsical words and lyrics to emphasize this toothless fact. The light-hearted task took him about 30 minutes.3-6 This instantly popular ditty was originally published in 1946.1 Subsequently, it was repeatedly recorded by various, well known artists, including Alvin and The Chipmunks, Harry Babbitt, Mariah Carey, Nat King Cole and George Strait. (Gardner's favorite version was performed by Nat King Cole.)6 For one week in 1948, the rendition by Spike Jones and His City Slickers reached number one on the pop music charts. It sold close to one and a half million copies over a period of seven weeks.4,7,9 The lyrics read as follows:3-2,8

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Everybody stops and stares at me
These two teeth are gone as you can see
I don’t know just who to blame for this catastrophe!
But my one wish on Christmas Eve is as plain as it can be!

All I want for Christmas
Is my two front teeth,
My two front teeth,
See my two front teeth!

Gee, if I could only
Have my two front teeth.
Then I would wish you
"Merry Christmas."
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It seems so long since I could say, 
"Sister Susie sitting on a thistle?"
Gosh oh gey, how happy I'd be, 
If I could only whistle (thhhhh, thhhhh).

All I want for Christmas
Is my two front teeth, 
My two front teeth, 
See my two front teeth.

Gee, if I could only 
Have my two front teeth, 
Then I could wish you 
"Merry Christmas!"

The words of this Christmas song were parodied in England in the 1960s, at the height of Beatlemania, when a British comedienne, Dora Bryan, recorded, "All I want for Christmas is A Beatle.”1

Gardner was a member of the American Society of Authors, Composers and Publishers. After his highly successful publishing experience, he worked as a music editor at Ginn and Company, where he penned songs for musical textbooks. Gardner never again enjoyed a pop hit of any distinction. However, he embraced the fame that the Christmas song continued to bring him.

“The sheet music is available in the 1981 Reader’s Digest Merry Christmas Songbook (8). Lyrics courtesy of Warner Bros., Inc. (1946) and as its composer, he welcomed royalties for the next half century. At age 91, Gardner sustained a serious injury when he fell at his Needham, Massachusetts home. On September 15, 2004, Donald Yetter Gardner died of complications arising from his subsequent surgery.3,5-6

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19th Century Dentistry Advertising Trade Cards
Theodore P. Croll, DDS
Ben Z. Swanson, Jr., DDS, MPhil

Dr. Fahrney's Teething Syrup, circa 1885. Lithograph.
Approx. 3-1/2" x 7" (in undamaged state).

Authors' note: Many medicinal products were produced by the Fahrney family in Frederick, Maryland and nearby Hagerstown, in the second half of the 19th century. The Victor Remedies Company was a Fahrney family business. These splendid cards promoted Dr. Fahrney's Teething Syrup. This childhood cure was offered for colic, dysentery, vomiting, diarrhea, constipation, biliousness, liver irregularity and various forms of indigestion. The dreaded children's disease called Cholera Infantum (or Summer Complaint) could also be treated and could prevent death, if used in time.

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Dr. Robert Semple - The Dentist Behind the Annexation of California

2006 Orland Memorial Lecture
Peter G. Meyerhof, PhD, DDS

On the 200th anniversary of the birth of Dr. Robert Baylor Semple, it is appropriate to remember this dentist whose name is almost forgotten today, not only outside California, but also in the state he helped create. To understand this man and his motivations, it is important to know something of his background and the forces that influenced his actions in a variety of fields, dentistry being just one.

Both of Robert Semple's grandfathers emigrated from Scotland to Virginia in the 1750's. His maternal grandfather, Donald Robertson, founded a school and was a respected teacher. One of his most famous students was James Madison, author of our Constitution. Another was George Rogers Clark who received his only formal education at Robertson's school. General Clark had a more direct influence on the life of Dr. Semple. Clark's successful military actions during the American Revolution west of the thirteen colonies almost single handedly determined that there would be a western frontier to the United States free from British encirclement. As a result of Clark's victories, when the Treaty of Paris was signed in 1783, Britain surrendered all of the land extending as far as the Mississippi River to the United States. Clark was also the first cousin of Robert Semple's mother, Lucy Robertson, and a personal friend of his father, John Walker Semple. It was Clark who recommended that the Sembles settle on the Cumberland River in Kentucky, which is where Robert Semple was born at Mount Radiance on February 3, 1806. Robert Semple grew up at that location until he was 12, when his father founded a village on nearby Indian Creek. This village was patriotically named "Seventy Six" and was situated in the wilderness close to the Tennessee border. John Walker Semple farmed, practiced both law and medicine, and served in the Kentucky Legislature as he had earlier in the Virginia Legislature.

The Student

Robert Semple’s father looked upon the press as the guardian of people’s rights, so at the age of four-
teen, Robert was sent to the state capital, Frankfort. Here he apprenticed as a printer with Amos Kendall, editor of The Argus of Western America and the official government printer. Two years later, Semple ran away from his apprenticeship because of alleged abuse from Kendall’s partner.

In 1824, at the age of eighteen, Robert Semple enrolled in the Department of Medicine of Transylvania University in Lexington, Kentucky, having previously expressed an interest in dentistry. This department was the fifth medical school in the nation and the only one west of the Alleghenies.

The 1820's was still two decades preceding the establishment of the first dental schools; Transylvania School of Dental Surgery becoming the third one only in 1850. Although the science of dentistry was generally considered a specialty of medicine, very few practicing dentists actually had any formal training in medicine, Semple being an exception. Most dentists were entirely self taught, while a smaller number learned dentistry as a trade, often from one or two books and a costly preceptorship with an experienced dentist. Indeed medicine was also frequently learned by preceptorship at that time.

In common with more than half the medical students at Transylvania University, Robert Semple only stayed for one year, not completing the medical program and thesis required for graduation after a second year. There are several possible reasons why Semple may have left Transylvania University at this time. Perhaps he thought he had gained enough medical knowledge to allow a successful career in dentistry, which indeed he had. Alternatively the administration at the university may have discovered that Robert Semple was younger than the required twenty one years of age for enrollment.

Just a few months later Semple traveled to Williamsburg, Virginia and enrolled in the Department of Law at The College of William and Mary where his uncle was a prominent judge and professor of law. Robert Semple completed his studies two years later and returned to Kentucky. In 1828 he married Sally Parrish and two years later they had a son who was named after his grandfather, James Walker Semple.

The Dentist

Following his return to Kentucky, Dr. Semple commenced the practice of dentistry. It is known he lived in Louisville for at least a short time. There is no evidence that he enrolled in a preceptorship program, such as the one offered by John Harris first in nearby Bainbridge Ohio, then in Chillicothe Ohio, and finally in Louisville, Kentucky.

Dentistry in the 1830's was often a part-time occupation, especially on the frontier. It consisted mostly of oral surgery using the ubiquitous toothkey and/or forceps. Incision and drainage as well as blood letting were also within the dentist's realm of surgery. The dentist was less often called upon to save teeth with amalgam and gold foil restorations, prosthetic dentistry, and tooth scaling. Accidents and infections were not the only reasons for the great number of extractions in the century from 1760 to 1860. At this time calomel (mercurous chloride) was a popular and universally used remedy and preventive medicine used for every ailment from headaches and constipation to yellow fever and malaria. This powerful purgative was often combined with jalap, an herbal laxative. It was named Rush’s Bilious Pills, or more descriptively, Rush’s Thunderbolts, after Dr. Benjamin Rush, signer of the Declaration of Independence, and medical adviser to Meriwether Lewis. Indeed, Lewis and William Clark had headed west with 4 ounces of calomel and 15 pounds of jalap. (William Clark was George Rogers Clark’s younger brother). Calomel, with or without jalap, caused intense salivation. A serious side effect was gingival ulceration alveolar necrosis, resulting in loose and painful teeth that would generally need extraction. On occasion, the
dentist could secure the loose teeth with silk thread or wire ligature.

Dental instruments would no doubt have included a combination of toothkeys, forceps, elevators, files, pluggers, scales, lancets, excavating chisels, primitive hand drills, and sharp fleams for blood letting. When possible, the dentist’s tools would have been obtained from dental manufacturers in the larger cities. Generally it was necessary to supplement manufactured instruments with rudimentary instruments such as modified shoemaker’s awls, nut picks, or tools forged by local blacksmiths or by the dentists themselves. As far as pain management was concerned, the most commonly used narcotic was laudanum, an alcoholic tincture of opium. Given, in excess, it could sedate patients into a helpless stupor.

The replacement of lost teeth could take the form of dental implants using extracted teeth from a variety of sources. More commonly partial dentures were made and secured with wire ligatures or silk threads, and full dentures were held in place with distally positioned spiral springs. Beeswax was commonly used to take impressions of the mouth. After the impression was removed from the mouth, soft putty was poured into the impression to obtain a model. When hard, a piece of ivory or walrus tusk was laboriously carved to fit the model. Sometimes swedged gold was applied to the model instead. These techniques were not new, and had already been used by Dr. John Greenwood of Philadelphia for the dentures of George Washington forty years previously. One new development at this time, was the widely available porcelain teeth that could be obtained from the Alcock Company and the Samuel W. Stockton Company. These teeth were available as plate teeth for attachment to dentures and as pivot teeth which had a small post so that they could be inserted into the residual roots of fractured teeth. When porcelain teeth were not available, human teeth could be attached to the denture or even to fractured roots and held in place with small wooden dowels.

Restorative materials would have included gold foil and tin foil for operative procedures. Occasionally small gold nuggets were carved and burnished into place. The latest restorative material was dental amalgam, controversial from the start, and prepared from a mixture of mercury and finely ground silver coins. Demand for dental treatment frequently took the dentist away from a fixed location, as many dentists developed extended circuits involving travel to neighboring towns, counties, and states. Leather or cloth pouches conveniently accommodated the instruments and materials for transportation by foot or saddle-bag.

Dr. Semple successfully practiced dentistry and probably some medicine too, for several years in this manner. It is probable that in common with other dentists of the region, he might have journeyed in a fixed circuit including the larger cities of Louisville, Lexington, and Cincinnati, with stops in the smaller towns in between. He later traveled more extensively throughout the United States. In 1837 Dr. Semple traveled down the Mississippi River and settled in Mobile, Alabama which had a population of 13,000 at that time. This was the year that began with spiraling inflation, remembered as “the Panic of 1837.” Mobile initially remained prosperous and retained some excellent dentists including Dr. Ludolph Parmly and Dr. David Randolph Parmly of the unusually talented Parmly family. Dr. Semple listed himself in the Mobile city directory in 1838 as a surgeon dentist working with a partner, Dr. Daniel L. Broom. The next year they advertised as surgeons and surgeon dentists with operating rooms on Dauphin Street and a second office in the fashionable Mansion House Hotel. Then a series of calamities struck Mobile as the local economy began to unravel, followed by a crime wave of looting, extortion, and two huge fires in September 1839. These arson created fires burned most of the downtown including Semple’s offices. The fires were followed by a serious Yellow Fever epidemic in the now bankrupt city. A large scale evacuation of Mobile followed, and Semple was one of the evacuees. He made a brief trip to Cuba around this time and lived in Tallahassee in the Territory of Florida during yet another Yellow Fever epidemic.
The Emigrant

By 1843 Dr. Semple had had enough of the south and moved north to Alton, Illinois. Robert Semple’s older brother James, lived in this city on the Mississippi, having moved from Vandalia where he had served as Speaker of the Illinois Legislature which included Abraham Lincoln as a freshman legislator. Indeed James Semple and Abraham Lincoln became friends and their paths crossed frequently over the next twenty years. While living in Alton, Dr. Semple visited Springfield several times, and later commented on the machinations of the state legislature he had witnessed there.17

Around the time that Robert Semple moved to Alton, James Semple held the first public meeting in the United States to call for the occupation of Oregon up to 54o 40’ (the Alaskan boundary). It was the overwhelming popularity of the idea of annexation of both Oregon and Texas that lead to James Polk’s election as President, and to James Semple’s appointment as a Senator from Illinois the next year. From the beginning of his Presidency, Polk made it clear to his cabinet that he wanted California for the United States at all costs. He was concerned that it might fall into British hands since Mexico owed Britain an enormous sum of money and since the Bay of San Francisco might well be coveted by the British Navy. The Mexican American War was in large part a means to secure California for the United States. California at this time was a department of Mexico which appoint-
ed the governor, but the last governor had been forced by the Californios (Californians of Spanish ancestry) to return south. They appointed their own governor who had a very tenuous control over California. By 1845 it was apparent that Mexico could not send any troops to defend California. Being unable to defend itself, it was inevitable that California would soon change hands to the British or the Americans.

In the spring of 1845 there were several parties of emigrants that left from Illinois and Missouri to settle in California. Emigrants left because of the unhealthy climate and frequent flooding as well as because of attractive newspaper descriptions of California22 and the widely publicized report of Colonel John Fremont on his last expedition to Oregon and California.23 Emigrants left in early May to avoid being trapped by snows in the Sierra Mountains. Robert Semple was not one of these emigrants. He left Independence, Missouri dangerously late, on August 17, 1845 in a small party without wagons.24 Semple’s party was lead by Lansford Hastings, author of the just published Emigrants Guide to Oregon and California. Hastings’ guide has been unfairly blamed for the Donner Party disaster of 1846. Interestingly, all future editions of this guide (written after Semple arrived in California) contained a new chapter written by Robert Semple stating concisely what supplies emigrants should bring with them.26 Semple’s trip had not been easy and the ten men were very short of food much of the time.27 Had they crossed the Sierra in December one year earlier or one year later, they would have been trapped in the snow. However, December of 1845 allowed safe passage with the first snow storm on Christmas Day, the same day Semple and his party arrived safely at Sutter’s Fort in the Sacramento Valley.

The Revolutionary

Dr. Semple later wrote that his purpose in California “was to act where I can be of the most service to my adopted country”28 and subsequent actions show he was sincere. He spent the winter of 1845-1846 planting a crop of wheat and helping various settlers as needed in the neighborhood of Sutter’s Fort. His
service as a dentist was probably not needed at this time. During the first five months of 1846 there were numerous threats of expulsion of the Americans being made by the Governor of California in Los Angeles and also by General Jose Castro, Commander of the military in California. These proclamations stated that the American crops and farms would be burned and all property confiscated if the American settlers did not leave at once.

Dr. Semple and a few others held a meeting in late May 1846 to discuss their situation. They expected that General Castro would strike first at the sixty man Corps of Topographical Engineers lead by Colonel Fremont who had again arrived in California just weeks before Semple. Semple and many other settlers gathered at Fremont’s camp for support, but Fremont made it clear that he intended to head back to the United States very soon. Also, Fremont refused to let his own men resign from his Corps to assist the settlers. News soon arrived of a large number of horses (170) being driven south to General Castro’s camp to initiate the expected roundup and expulsion of Americans. At this point, Semple took action. He rode with nine others to successfully intercept these horses. Two days later Semple with twenty other men set out from Sutter’s Fort to capture the stronghold of Sonoma, the base of General Mariano Vallejo. General Vallejo was the unofficial Civil Governor of the northern half of California and his land holdings were enormous. Dr. Semple and two others were invited into General Vallejo’s home where they audaciously demanded his surrender on June 14, 1846. Semple was given the task to draw up Articles of Capitulation. He also authored another statement announcing that the Americans came to establish a government based on democratic principles and that the destruction of property and injury to peaceful Californios would not be tolerated. It was Semple who then called for a meeting in the Sonoma Barracks next door to establish a provisional government. He stated “If we destroy one code of laws, it is our first duty to supply its place with some other code.” A flag was decided upon at this meeting and William Todd (Mary Todd Lincoln’s cousin) was given the task of making it. It included a star, a crude image of a bear, and the words “California Republic.” This became known as the Bear Flag, and the American revolutionists were henceforth known as the “Bears” or the “Bear Flaggers.” Today’s official flag of the State of California was adopted in 1911, and is closely based on the Bear Flag of 1846.

Semple and a few other Bear Flaggers accompanied General Vallejo back to Sutter’s Fort. General Vallejo was not only the Bear Flaggers’ prisoner, he was also being removed from Sonoma for his personal safety. In spite of Semple’s role in Vallejo’s overthrow and six week imprisonment, the General singled him out as the “Buen Oso” (the Good Bear). During the week after his return to Sutter’s Fort, Dr. Semple recruited thirty more volunteers and apparently convinced Colonel Fremont that Fremont could no longer desert his fellow countrymen—especially now with the news that General Castro’s men were riding north to retake Sonoma. Therefore, on June 24th Col. Fremont and Dr. Semple led ninety reinforcements to Sonoma. Fremont then led a small detachment including Semple across the Bay to Yerba Buena (the village that became San Francisco). These men spiked the cannons that guarded the entrance to the Bay. It was on this trip that Fremont gave the name “Golden Gate” to the entrance to the Bay.

Dr. Semple was put in charge of capturing the remaining Mexican officers in Yerba Buena. There was only one, Robert Ridley, and Semple spent the next few days escorting him back to Sutter’s Fort. From here Semple accompanied two hundred men to Monterey at the request of Commodore Sloat, who without official news of a declared war, had just raised the American Flag. Semple joined the dragoons to patrol the roads leading to Monterey and to serve as a physician to these men.

The Publisher

Three weeks later he requested a discharge to begin the first newspaper in California. His partner was Walter Colton, Navy Chaplain, author, and former newspaper correspondent. It was Walter Colton’s younger brother, Gardner Quincy Colton, who as a public lecturer had two years earlier introduced the
public lecturer had two years earlier introduced the world to dental anesthesia by the practical application of nitrous oxide to Horace Wells during a painless extraction of one of Dr. Wells' teeth. Now in August of 1846 Walter Colton and Robert Semple requested space in the Monterey Barracks. Dr. Semple had reconceived an old printing press, located a keg of ink, and found a ream of cigar wrapping paper that would serve as newspaper. On August 15th they issued the first number of the Californian. From its beginning it was a bilingual paper. Its first issue contained the just received news that President Polk had indeed proclaimed a war. The Californian also specifically advocated a territorial relationship of California with the United States. Semple published a serialized history of the entire Bear Flag revolt in his newspaper. He worked with others to write a more comprehensive history and to preserve for posterity historical artifacts such as the original Bear Flag. His interest in history was also evident in his acting as one of the founders of the California Society of Pioneers which still exists today and serves in an archival role of early California history.

After Walter Colton withdrew from the paper, Dr. Semple relocated the press to Yerba Buena in May of 1847. He continued to editorialize that although the United States flag flew overhead and a United States military government occupied California, it was still a foreign country. Therefore, he argued, Americans had lost the rights and privileges of citizenship and should still consider themselves subject to Mexican laws.

The Developer

During the autumn of 1846, Dr. Semple became interested in founding a city on land owned by General Vallejo at the Carquinez Straits which was a site Semple considered greatly preferable to Yerba Buena. This site near the mouth of the Sacramento River offered better anchorage, a better supply of fresh water and wood, a better climate and it was more easily defensible as well as lying on the natural transportation route to the interior. General Vallejo generously gave Semple a five square mile tract of land. Initially the town was called Francisca after the first name of General Vallejo's wife. On January 19, 1847 Semple brought a copy of his contract with General Vallejo to register it with the Justice, Washington Bartlett, in Yerba Buena. Sensing that Francisca would benefit by its name being so similar to the name of the bay, Bartlett reacted immediately by proclaiming San Francisco as the new name of Yerba Buena. To avoid confusion between Francisca and San Francisco, Dr. Semple now renamed his own town Benicia after the middle name of General Vallejo's wife. Dr. Semple established a ferry service from Benicia to the other side of the Carquinez Straits. This ferry made a considerable sum of money. An early passenger on this ferry was a young army lieutenant, William T. Sherman. Sherman wrote in his memoirs "We got well acquainted with the Doctor, who was quite a character. He was about seven feet high and very intelligent. I am satisfied that had half the labor since bestowed on San Francisco been expended at Benicia, we should have had at this day, a city of palaces on the Carquinez Straits."

Benicia grew, but it grew very slowly. In 1848, the first sample of gold to leave Sutter's Fort was brought through Benicia where Dr. Semple and his new wife, nee Frances Ann Cooper, inspected it. Semple exclaimed that he would give more for a good coal mine than all the gold mines that were likely to be discovered. The courier of the gold continued on its way to San Francisco and the gold rush started. As the gold rush depopulated the towns, Dr. Semple was one of the very few who continued to show no interest in the gold. Semple's ferry became ever busier and he replaced his first ferry with a larger horse powered ferry. Dr. Semple may have resumed a part-time practice in dentistry since he was referred to in letters as a dentist, but also as a ferry operator, an editor, a lawyer, and above all, the proprietor of Benicia. Using the profits from his ferry, he contributed the materials needed to build a school, a public meeting hall, and a wharf. He convinced the military governor to locate the headquarters of the army and the navy at Benicia. These bases were in operation until very recently.

The Politician

In early 1849, Congress had still not been willing to admit California into the union as either a territory or state since there was an exact balance of free states and slave states. There were rumors that California
States. Concerned residents, including Dr. Semple, took matters into their own hands once again and formed a legislative assembly in early 1849.41 The military governor, also without authorization, responded to the assembly’s request by calling for delegates to a convention to draw up a state constitution.42

Dr. Semple as well as General Vallejo were elected from the Sonoma-Benicia District to the convention. Once again, these former adversaries were colleagues. The forty-eight delegates from Northern and Southern California met in Monterey in September 1849.17 The delegates elected Semple as President of the Constitutional Convention. He spoke strenuously against introducing slavery into California. He supported granting full citizenship to the Californios and supported their proposal to grant separate property rights to women. He introduced the Great Seal. He supported an eastern boundary along the Sierra to create a separate territory in the Great Basin which had been part of Mexican California. Lastly, he offered land in Benicia to build a state university. This offer was rejected, but Semple continued with his plans to build Benicia University, and the trustees he assembled for this unsuccessful project went on with their efforts and established the University of California at Berkeley a few years later.43

The new California Constitution was signed by the delegates on October 13, 1849 and was approved by general election in California one month later. In December, the first state legislature met in San Jose although the U.S. Congress had not yet approved statehood. Dr. Semple was nominated for the United States Senate but John Fremont and William Gwin received more votes in the legislature which decided this matter. In 1851 Semple was nominated for Governor, but he dropped out of the race because of poor health.

The Final Years

In 1850, Robert Semple turned to a new project. His 19 year old son, born in Kentucky, had just died in Benicia. His development efforts in Benicia were unsuccessful, and he required a new diversion. He wished to build a steamboat that could travel from Benicia to the head of navigation on the Sacramento River, which he believed to be at a site named Colusa. He built a sidewheeler named Colusa spending over $30,000 (his entire fortune). He was unable to find a powerful enough steam engine and was forced to use two different engines, one originating from a saw mill and one originating from a locomotive. This bizarre double-boilered chimera resulted in gearing problems that could not be entirely overcome. The steamboat was almost un-manoeuvrable and the Colusa returned from its maiden voyage up the Sacramento River almost a total wreck. This disaster to Dr. Semple’s reputation was also a financial one from which he never recovered.

In 1853, the California State Capital was moved from a nearby town to Benicia. However, the next year the capital found its permanent home in Sacramento. By this time, Dr. Semple had already decided to leave Benicia with his wife and infant daughter for Colusa. He served as District Attorney there and is reported to have resumed the practice of dentistry.45 He also grew wheat and vegetables for sale down river. Then in October 25, 1854, at the age of forty eight, Semple was thrown from a horse, fell into a coma and died.

By the time Dr. Semple died, he had seen his goal of uniting California with the United States accomplished. As the most politically active dentist in the history of California (and arguably America’s most politically active dentist), it is unfortunate that he has received little recognition for his many achievements. A comprehensive biography is nearing completion, and may stimulate a greater knowledge and interest in this forgotten California patriot.

Fig. 7 - Title page of the Constitution of California, October, 1849
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41. Alta California, San Francisco CA, February 15, 1849.
HERE'S SOMETHING TO LOOK INTO!
LATEST AMERICAN DENTISTRY

This lithographed, full-colored U.S. postcard portrays a peering, bespectacled dentist, closely hovering over the large, characterized face of a male patient. The dentist, slightly built, narrow-faced, and adorned with mutton chop side-burns is using both of his hands to forcibly open the man's oversized mouth. It contains huge white teeth and surrounds a cavernously deposited, bright-red tongue. The patient sits in an ornately upholstered brocade parlor chair which tilts backward. His upper body is stiffly and uncomfortably positioned, and his head, firmly held in place by the dentist's right hand, is nestled in the chair's round head rest. The chair has five ornately-carved wooden legs. Behind it is a slender, four legged table which holds various dental tools, an atomizer and a pink object. One of the instruments appears to be extraction forceps. The pale green wallpaper is repetitiously patterned with vertical stripes, superimposed on white stemmed tulips. The lower matching wainscoting blends in to create a restful effect. The floor is covered with a plush, burgundy carpet. No cuspidor is present. Two signs appear on the wall: "Painless Extraction" and "Latest American Dentistry." At the bottom of the card the message reads, "Here's something to look into!"

The card, measuring 3 3/8 by 5 3/8 inches, was published by Bamforth & Company Ltd. (a British firm), between 1901 and 1907. No written message is permitted on the addressed side, for the US Government disallowed this feature until March 1, 1907. The use of the word "Post Card," embellished with ornate swirls, appears on the addressed side of the card. (Authorities first allowed "Post Card" to be printed on cards in 1901). No specific year can be found in the postmark. However, it was most probably sent between 1908 and 1909, as the card has an affixed, green, one-cent U.S. stamp (Washington, Scott #AI38), which was issued within that time period. Addressed to Mr. Frank Mayr, R.F.D. #7, Box 321, Springfield, Missouri, and postmarked June 8th, it was mailed from Pierson, Iowa.

Collected and analyzed by:
Arden G. Christen, DDS, MSD, MA and Joan A. Christen, BGS, MS
Indiana University School of Dentistry
BOOK REVIEW

Deux siecles d'orthodontie autour de l'Atlantique - Two Centuries of Orthodontics Around the Atlantic.

By: PHILIPPE, J. F. BRUNNER, A. HUET and T.M. GRABER

Reviewed by Hannelore T. Loevy, CD, PhD
Editor Emerita

This very easy to read and well informed book was produced to mark the 6th International Orthodontic Congress (I.O.C.) of the World Federation of Orthodontists held in Paris September 10-14, 2005. Previous International Orthodontic Congresses of the World Federation of Orthodontists were held in 1926, 1931, 1973 and 1951, in different parts of the world. The 6th congress included an historical exhibit organized by the curators of the Dental Museum of Lyon (F. Devara, F. Brunner F. Emptoz and A. Huet). The illustrations of the book were produced from material of the museum in Lyon by Mr. Eric Hurtado while the illustrations of Section 2 came from the collection of T. M. Graber.

The book, written in French and English, is divided into 4 sections. Section 1, by Julien Philippe presents a short history of the development of Orthodontics in Europe and the U.S. from Pierre Fauchard on, discussing his contributions as well as those of Bunon, Bourdet, Hunter, Fox Catalan, Delabarre, Maury, Bell, Kneiser, Harris, Lefoulon, and Schange.

Section 2 by T. M. Graber is subtitled "a personal orthodontic perspective and historical commentary after the first 100 years orthodontics in America". Graber points out that "the heritages of the past are the seeds that bring forth the harvest of the future" from the cornerstone of the Bureau of Documents of the United States Government in Washington D.C. Like the other sections of the book, this one is also well illustrated, with over 30 pictures of many of the important orthodontists and researchers of this period. Figure 31 unfortunately was mislabeled, it is not J. Mershon, but the former teacher of this reviewer, Dr. Harry Sicher. This however does not detract from the superb collection presented.

Section 3 also by Julien Philippe discusses "Pierre Robin and Functional therapeutics" including functional appliances and the Andresen activator. The origin and history of the Societe Francaise D'Orthopedie Dento Faciale is discussed by Francois Brunner in Section 4. A special mention is made to James Th. Quintero (1885-1954) of Lyon, founder of the society. The final page be Oliver P. Mauchamp calls attention to the Sassouni Association which contributed financially to the production of this useful and interesting book.
OBITUARY

Audrey Blyman Davis, 1934-2006
President of AAHD 1998-1999

Audrey Blyman Davis, former curator of medical history at the Smithsonian Institution’s National Museum of American History, died 29 August 2006 at her home in Baltimore, Maryland. She was 72. Dr. Davis was one of the pioneering female curators in the Department of Science and Technology at the museum. She earned a bachelor’s degree (1956) in chemistry and education from Adelphi College, received a fellowship to study at the Harvard School of Education (1959-1960), and took her Ph.D. (1969) in the history of science from Johns Hopkins University.

Audrey taught science in the New York and Boston public school systems from 1956 to 1962. In 1967, she began a twenty-six year career at the Smithsonian as curator of medical sciences. During her tenure Davis curated numerous exhibitions including Triumph Over Disability: The Development of Rehabilitation Medicine in the U.S.A. (1973), Pain and Its Relief(1983), and Homecare Becomes A Profession: Public Health Nursing 1885-1993 (1994). She was responsible for acquiring the voluminous archive of the Science Service, a non-profit organization founded in 1921, to advance the public understanding of science, as well as acquisitions to the radiology, endoscopy, psychology, ophthalmology, pediatric, and surgical instrumentation collections.


From 1982 to 1985 Audrey was the Secretary of the History of Science Society and editor of the History of Science Society Newsletter which she helped to transform. She was a past president of the Smithsonian Institution’s Women’s Council. An avid sportswoman, Audrey excelled at tennis and swimming. As a southpaw, she pitched for the “Dustballs,” the co-ed softball team of the National Museum of American History. In 1985 Audrey and her husband Miles Davis established The Watson Davis and Helen Miles Davis Prize “named in honor of the long-time director of the Science Service to honor books in the history of science that are directed to wide public audiences or to undergraduate teaching.”

After her retirement from the Smithsonian in 1993, Audrey helped curate exhibitions for the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore, Maryland. She was an avid book collector and active in many community organizations. Besides her husband of forty-six years, Audrey is survived by her two children, Laura Davis Belstein and Alan Watson Davis, a sister, two brothers, and four grandchildren.

Judy M. Chelnick
The present number of the BULLETIN is a trial issue. If it meets with approval of the members of the Academy, it will be continued in the present form at monthly intervals. Members of the Academy are requested to submit items of news interesting to dental historians. Address G. B. Denton, American Dental Association, 222 E. Superior Street, Chicago, Illinois.

GUERINI COLLECTION AT BALTIMORE

The collection of ancient prosthesis assembled by the Italian historian of dentistry, Vincenzo Guerini, was purchased in 1952 by Baltimore College of Dental Surgery. It consists of several specimens undoubtedly of the greatest antiquity, in some instances probably extending back to the fifth century B.C. or earlier, as well as a number of undated specimens which may also belong to the ancient period, and a number of pieces of more recent origin, from the eighteenth and nineteenth centuries.

The specimens from antiquity in their construction reveal Etruscan, Greek, or Phoenician origin. The Etruscan appliances, of which there are at least three, are characterized by the use of soldered gold bands for retention. The Phoenician pieces, supposedly following the manner of Egyptian craftsmanship, employ gold wires. Among the Etruscan specimens are also two examples of the votive pottery images of teeth placed by sufferers from toothache in the shrines of the gods whose good offices they wished to secure.

The collection is displayed in an ornate carved cabinet which bears the inscription "Cav. V. Guerini, Napoli" above and "Odontotecnica Archeologica" below.

A RARE BOOK ROOM

Northwestern University Dental School's large collection of rare dental books is to be housed in a rare book room which has just been completed. The collection consists of about 1,000 volumes (duplicates not counted) consisting of exclusively dental works published from 1547 to 1865, and of other scientific, medical, and general literary works containing material on dental subjects. The new room is equipped with a clear plastic door with ornamental ironwork and steel bookcases. The new room and its special equipment will do much to preserve this valuable collection intact and, when the books are fully catalogued and described as is planned, it will make them more useful to students of dental history.
EARLY FRENCH DOCUMENTS

The well-known edicts of the French kings in 1699 and 1768 prescribing the fundamental statutes of the surgeons of Paris and providing regulation of the practitioners of dentistry, have been extensively quoted in various histories of dentistry. But in no instance have these documents been carefully studied with regard to the relations of "experts for the teeth" to the community of surgeons with whom they were associated. A casual comparison of the provisions for dental practitioners in 1699 with those of 1768 indicates that the usually asserted change in their status under the two edicts is not borne out by the provisions of the documents. A microfilm copy of the edict of 1699 as published, and of the edict of 1768 both in manuscript and as published is in the possession of Northwestern University Dental School, Chicago, Illinois. This is probably the only form in which the entire documents are available in this country.

DIAMOND JUBILEE OF ITEMS OF INTEREST

The present, 1953, volume of Items of Interest celebrates the 75th anniversary of the journal's existence. Items of Interest, which has been a proprietary publication throughout its life, is the oldest dental journal now being published in the United States, and its publishers claim that it is the oldest dental journal in the world. "This volume," according to the publisher's announcement, "will contain numerous articles by eminent authorities, dealing with the development of the various branches of dentistry in the past seventy-five years."

BIBLIOGRAPHY

For the background of ancient dental history, Chauncey D. Leake's little book of 198 pages, The Old Egyptian Papyri (University of Kansas Press, Lawrence, Kansas, 1952) will be found helpful.

The Rhode Island State Dental Society, which commemorates the seventy-fifth anniversary of its founding this year, has issued a booklet of 54 pages, The History of Rhode Island State Dental Society. Dr. Charles F. McKivergan is the historian of the Society and largely responsible for the history.

Sir Frank Colyer's Old Instruments Used for Extracting Teeth is an exhaustive treatise in 245 pages (Staples, 1952). It is reviewed in the March J.A.D.A.

Libellus de Dentibus of Bartholomew Eustachius, the first book exclusively devoted to dental anatomy, has been published in facsimile and in German translation by Fritz Dräk of Vienna (Urban & Schwarzenberg, Vienna, 1951).

MAX E. SOIFER, member of the A.A.H.D. and editor of the Connecticut State Dental Association, died January 7 at Hartford.
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Painless Parker: A Dental Renegade's Fight to Make Advertising Ethical

By Arden G. Christen and Peter M. Pronych.
Throughout his professional life, Painless Parker—a 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 because he used the unacceptable practice of advertising blatantly to the public. The ultraconservative Profession of Dentistry regarded Painless as an outlaw, a renegade, a fraud, a charlatan, a quack, a scoundrel, a thorn in the side, and above all else—unprofessional. However, Painless may have been years ahead of his time as he can be credited with pioneering many innovative practices now accepted by modern dentistry. He developed and perfected the concept of group dental practice. As he stated, "You (the dentist) have to be organized, systematized, capitalized, advertise, standardized and specialized." This 491 page book tells Painless's story as he wanted it told—from his perspective, using many of his own words.

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

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After reviewing over 10,000 limericks, the authors found about 188 previously published works which are specifically related to dental, oral and facial themes. Within these three distinct categories, they offer an additional 384 personally composed limericks. The 575 basically humorous limericks within this collection may be called bawdy, whimsical, ludicrous, cynical, comical—or they may be identified by any other descriptor which the reader deems to choose. These limericks, though simple in format, are amazingly able, in a few words, to crisply communicate a strong, and sometimes paradoxical message. 159 pages with complete index.

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

Libellus De Dentibus. Bartholomaeus Eustachius (Latin and English on Facing Pages)

Edited By Gerald Shklar and David Chernin.
"Bartholomaeus Eustachius (1520-1574) was one of the great anatomists of all times. In many ways his anatomical studies were more detailed and comprehensive than those of his more famous contemporary Andreas Versalius (1514-1564), but his major studies remained unknown until their eventual publication in Amsterdam in the beautiful edition of 1714.... Eustachio's contributions to the development of dental science were substantial. In addition to the many conceptual advances concerning tooth development and function, based on anatomical dissections, he also presented more detailed plates of the musculature of the face, floor of the mouth and the neck as well as detailed plates of the tongue and of the crowns and roots of the teeth....In addition to the first clear description of dental pulp and root canal, Eustachio described the periodontal membrane for the first time and thought of it as a gomphosis type of joint. (He) understood that the crowns of the teeth were composed of enamel overlying dentin and this was the first description of the two separate tissues of the tooth. Occlusion was described in detail in man as well as animals. The permanent teeth were found to develop from dental follicles, and not from the roots of deciduous (primary) teeth as postulated by Vesalius...."

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Flower of Remedies Against The Toothache

M. Arnauld Gilles, Operator for the Aches of the Teeth

The first French text on dentistry and the diseases of the teeth. This work was published in 1621, more than 100 years before Pierre Fauchard’s classic work ”Le Chirurgien 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 the 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".

The printing of the book has the left-hand pages as an exact facsimile of the original French text, with the English translation on the right facing page. The work is divided into six chapters such as "How the teeth come and what is a tooth, "The cause of the pain of the teeth", Why and what are the considerations to draw the teeth and which is necessary to pull them".

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His Letters, Accounts and Patents

From the Archives of the Edward H. Angle Society of Orthodontists (EHASO)

A 4-volume set
compiled and edited by
Sheldon Peck

Published by
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2006

About this monumental sourcebook
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This is a 4-volume limited-edition hardcover book set of over 3400 pages. Dr. Angle's correspondence and business accounts from 1899 to 1910, among his most creative years, are included. In addition, all of his patents — 46 USA patents and 1 Canadian patent — from 1889 to 1934 (posthumous) are reproduced. These historic materials were preserved by Dr. Anna Hopkins Angle and are now part of the archives of The Angle Society. Typed and handwritten documents have been retyped for legibility and arranged chronologically.

Publication is planned for the autumn of 2006. The book set will be published on a non-profit basis by The Angle Society for reference libraries, educational/research institutions and individuals. The pre-publication price for the 4-volume historic set is US $1800, plus shipping. After publication, the book-set price will be US $2000, plus shipping. Institutions should provide a purchase order number with their order. Invoices will be sent to institutions when the publication is ready for printing and shipping. Pre-publication orders from individuals will be billed for pre-payment in full. Checks must be in US funds, payable to EHASO.

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