Editorial Note 2

The Beginnings of Professional Dental Institutions in 19th Century America 3
David A. Chernin, DMD, MLS

Dental Engravings Created After Works by Adriaen Brouwer: 17th Century Flemish Genre Artist 15
Arden G. Christen, DDS, MSD, MA
& Joan A. Christen, BGS, MS

The Israeli Anthem and Its Dental Connection 21
Malvin E. Ring, DDS, MLS, FACD

Galen on Oral Anatomy 24
Gerald Shklar DDS, MS

AAHD: Continuing Research 29
Zoe Piel

Dentistry on Stamps 32
Hannelore T. Loey, CD, PhD
& Aletha A. Kowitz, MA

Dental Postcards XLI 33
Arden G. Christen, DDS, MSD, MA
& Joan A. Christen, BGS, MS

Dental Trade Cards XXVII 35
by Teodore P. Croll, DDS
& Ben Z. Swanson, Jr., DDS

From the Archives: Vol. 2, Nos. 2 & 3 37

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Bremner Award for Pre-Doctoral Dental Students

A certificate, $500 cash prize and up to $300 travel and related expenses will be awarded to the winning unpublished essay on:

1) A subject relevant to the history of dentistry

2) The result of an original research effort related to dental history

3) A composition revealing an uncommon appreciation and understanding of historical items related to dentistry.

Eligibility: Contest open to all predoctoral students of dentistry in the US and Canada, including undergraduate students preparing for admission to dental school. Purpose is to encourage the student and research of the history of dentistry.

Entries must be original essays, not more than 5,000 words, on a subject relevant to dental history.

Selection: A special committee of the Academy will judge all entries received prior to March 1, 2010, for the current year’s award. The winner will be announced prior to June 1, 2010, so that said winner may be in attendance at the annual meeting of the Academy.

Application: Send typed essays (in triplicate), following the Instructions for Authors for the Journal of the History of Dentistry, along with a statement of authenticity by the Dean or responsible faculty, by March 1, 2010.

The Award is presented at the annual meeting of the American Academy of the History of Dentistry.

Please submit papers prior to March 1, 2010.

Please direct correspondence to:
Dr. Arden G. Christen
7112 Sylvan Ridge Road
Indianapolis, IN 46240
The majority of research in dental history continues to be within the domain of independent scholars. The majority of the individuals engaged in such endeavors are dentists who have continued their general interest in history, or those who are that select few who recognize the benefit and value of “reading history” for their professional growth. Additionally, there are investigators researching dentistry from the viewpoints of their own social, economic, technical or scientific disciplines.

The absence of graduate course work and an academic research center for the study of dental history hinders our professional development. Critical analysis examining the interplay of individuals, movements, organizations and events that influenced the development of our profession is lacking. An appreciation of the convergent and divergent characteristics and beliefs between these groups is necessary in understanding the progress and the controversies in our professional evolution. Furthermore, by such study, we may begin to appreciate the path by which American dentistry labored to obtain, maintain and sustain the professional credentials of a health profession. Historical research provides insight into dentistry’s adaptation to the changes in scientific, technical and educational advancements and the evolving social contract as a healthcare profession - offering guidance even as we deliberate our present dilemmas.

At our Academy’s 2005 annual meeting in Philadelphia, participates ranked ten priorities that our Academy should address to expand the awareness and importance of dental history. An issue that received considerable discussion was the validity and reliability within our literature. These concerns are urgent today due to the growth of “internet knowledge”. The amount of inaccurate and misleading information with respect to our “dental history” is alarming. The copying of dated and inaccurate material with inadequate or non-existent referencing abound.

At this present juncture, without the support or encouragement from our academic institutions, we need to extract ourselves from our roles as Vladimir & Estragon in Waiting for Godot. Our present agenda is clear. First, we need to review our published histories to correct and update with new findings from primary source material. Secondly, expand our horizons beyond the dental literature by the mining of primary resources from other disciplines. Thirdly, increase communication between and among collectors and writers.

Therefore, I wish to encourage our readership to submit for publication corrections within our body of literature and pertinent “discovered” documents that may assist others engaged in dental history research.
The Beginnings of Professional Dental Institutions in 19th Century America

David A. Chernin, DMD, MLS

As we celebrate the 150th anniversary of the founding of the American Dental Association, it is important to understand that the birth of this organization had a gestation period of 30 years. Six events which took place between 1839 and 1845, and their subsequent sequelae, established American dentistry on a definite institutional foundation.

The first three of these six events took place in 1839-1840. They were: the publication of a journal devoted entirely to dental interests, the first issue of which appeared in June 1839; the founding of a school for professional dental education which received its charter February 1, 1840; and the organization of a dental association of national pretensions, the organizing meeting of which was held August 18-20, 1840. The earliest of these important steps in professional advancement was the establishment of a dental journal. A committee of dentists acting in a private capacity met in New York City in May 1839. This committee meeting was called by Chapin A. Harris, and among those present were Solyman Brown and Horace Hayden. The American Journal of Dental Science was projected and a publication committee chosen, consisting of Eleazar Parmly, Elisha Baker, and Solyman Brown. Harris, residing at Baltimore, and Parmly, of New York, were chosen to act as editors.

The Journal was officially approved by the dental organizations, and was enthusiastically praised by medical journals. There was, however, some opposition to its publication. Hayden probably did not at first favor the issuance of such an instrument for the exchange of ideas. Solyman Brown quoted Hayden as saying when it was proposed, “that he had labored too hard and too long in the acquisition of professional knowledge to see it broadcast through the land by means of a magazine.”

In any event, Hayden never voluntarily contributed any new article of a scientific nature to the Journal, although several of his earlier articles were reprinted, and a presidential address and other remarks made in society meetings were included in the second volume. One paper on the anatomy of the sinus, which he presented before the
American Society of Dental Surgeons, he declined to have published, on the plea that he intended to include it in a forthcoming treatise on Odontology. To the third volume, Hayden contributed a series of very critical remarks on a paper Harris had delivered before the Society, as well as upon the editorial conduct of the Journal. It begins with a significant allusion to the “publishing of original essays, or reprints, without the consent and approbation of the parties concerned.”2 This may have been due to a feeling that the dissemination of ideas and information through a society or a school was justifiable because the recipients would of necessity be professionals. Publication in a dental journal, however, meant possibly giving technical and scientific knowledge to incompetent and irresponsible persons.

**Baltimore College of Dental Surgery**

Harris was the principal promoter of the establishment of a dental school at Baltimore. His interest in such an undertaking had probably been stimulated from two sources. James Taylor, in later years, recorded that he and John Harris* had discussed plans for dental education on numerous occasions, and that Chapin A. Harris had occasionally been present and joined the discussion. When Harris settled in Baltimore and became acquainted with Hayden, the latter’s interest in dental education doubtless served as a second inspiration. Through personal solicitation of the legislators, Harris, with the aid of H. Willis Baxley and Hayden, furthered the passage of an act incorporating the Baltimore College of Dental Surgery.

A charter establishing the Baltimore College of Dental Surgery was granted by the Maryland State Legislature, February 1, 1840. As provided by the charter, the faculty constituted the corporation, and the management and policy of the school was left mostly to their discretion. However, some things were stipulated. The four professors and their chairs were specifically named. One term of four months was to be held every year, and students who had attended two terms were eligible for the degree of Doctor of Dental Surgery. Students who had attended lectures for at least four months in any “respectable Medical School” were to receive credit for one term. It was also within the discretion of the faculty to grant the DDS degree, upon examination, to any practicing dentist whom they considered worthy of it. The charter also provided for a Board of Visitors whose duties consisted simply of examining the institution and seeing that the requirements of the charter were being observed.

The original quarters of the Baltimore College of Dental Surgery were probably not very spacious. They included a lecture hall, a laboratory for technical work, some space assigned as a museum, and a secluded room for the teaching of practical anatomy. In 1845, an infirmary was provided so that students could perform various dental operations upon patients. Although the school possessed no library, by 1844 students were given access to the private collection of Chapin A. Harris, one of the finest dental libraries in the America.

In 1846, plans for the erection of a college building were announced. This building was completed and occupied within the year. It consisted of six rooms: the lecture room and

*Older brother of Chapin Harris.
museum, the anatomical theater, the public hall, the mechanical room, the operating or infirmary room, and the dissecting room.

The teaching staff of the new college consisted of Horace H. Hayden, MD, Professor of Dental Physiology and Pathology; Chapin A. Harris, MD, Professor of Practical Dentistry; Thomas E. Bond, Jr., MD, Professor of Special Dental Pathology and Therapeutics; and H. Willis Baxley, MD, Professor of Special Dental Anatomy and Physiology. At the first meeting of the faculty Hayden was elected president, and Harris was elected dean.

In order to give proper publicity to the new college, an announcement was issued under the name of the Board of Visitors explaining the purpose, organization, and proposed courses to be offered. Notices were also placed in a number of prominent newspapers and journals.

The first term began on November 3, 1840, and the first commencement was on March 9, 1841. Five students enrolled. Among these were Robert Arthur (born at Calverton, Maryland), and R. Covington Mackall (born at Wilna, Maryland). These two young men, twenty-one and eighteen years of age, respectively, were apparently given credit for one term on the basis of their previous education which, however, was not of a scientific or professional character. They were granted the degree Doctor of Dental Surgery, March 9, 1841, at the first commencement of the school.

Arthur was destined to become one of the leaders in dentistry and in dental education. Mackall gave up dentistry a few years after graduation, entered medicine, and ultimately journalism, where he attained some prominence.

John Savier, enrolled in the same class, was the first student to earn the degree of DDS. (in 1842) after taking the regular two terms prescribed.

The didactic instruction at the first session was delivered in the form of lectures by the four members of the faculty. In the opening lectures, Hayden discussed osteology and dealt with the laws of ossification. Bond defined life, health, disease, physiology, hygiene, pathology; the nature of causes of disease; and discussed the “agency of the atmosphere in producing disease.” Baxley set forth “the elementary principles of animal organization.” Harris, in his introductory lecture, gave a general outline of some of the chief operations of the dentist.

On the whole, some of the didactic instruction must have appeared quite remote from the field of dentistry. Nevertheless, Harris in his first lecture stressed the practical character of the proposed courses:

In regard to the plan of instruction which it is proposed to pursue, it is only necessary to observe that, while it will be such as will enable the pupil to become thoroughly grounded in theory, the surgical and mechanical portions of the art will be exhibited in all their minutiae, and opportunity given to each of repeating them sufficiently often to become familiarized with, and skilled in the various manipulations pertaining thereto so that on leaving the school he may not only be a good theorist, but a good practitioner.

In the prospectus announcement issued by the Board of Visitors, the practical character of the instruction was emphasized by reference to “a valuable anatomical cabinet,” which would make possible “that demonstrative course of instruction so important to those who art to engage in the pursuit of a profession consisting mostly of practical details.” “A valuable cabinet of pathological specimens collected during many years of extensive practice by Professor Hayden, will also enable that gentleman to illustrate fully the course of instruction which has been assigned to him.” Harris was to describe and exhibit “in minute detail” the operations of dentistry.

Looking back on the year’s work, Dr. Bond, in his Valedictory Address, declared to the graduating students:

Your knowledge has been based upon extensive and accurate anatomical investigation. You have seen and traced out the exquisitely beautiful machinery by which the organism is everywhere knit together. You have learned the secrets of nervous communication, and studied the simple yet admirable arrangement by which nutrition is drawn by each part from the common receptacle or strength. You have also carefully examined the phenomena of health and disease, both as they are manifested in the dental arch, its connections and relations. Your attention
has been particularly directed to the effect of local irritation upon the general health, and you have seen how readily organs apparently unconnected and independent may be involved in mutual disease. You have been taught to regard the human body as one complete whole, united in all its parts, and pervaded everywhere by strong and active sympathies; and your principles of practice have been carefully formed upon a sound knowledge of general medicine.

The procedures of dentistry were taught in the first few years by technical exercises in the “workshop” and by demonstrations, sometimes on patients, by the instructor. After the infirmary was added in 1845, Harris demonstrated procedures by treatment of patients who came to the clinics, and after outlining treatment often turned the patient over to students to carry out the operation.

At the time the Baltimore College was founded, there were no textbooks of dentistry in English. Since there were no dental schools and no legal requirements for the practice of dentistry in either England or America, there was little incentive for the writing of books for prospective dentists. Instruction in dentistry was carried on largely by demonstration and oral precept. Dental books were either on hygiene (written for the public), or professional treatises addressed to the practitioner. In England the works of John Hunter (1771, 1778), Robert Blake (1801), Joseph Fox (1803, 1806), Leonard Koecker (1826), Thomas Bell (1829), and James Snell (1831), were intended for accomplished dentists, and the only general work published in America was Samuel Sheldon Fitch’s, A System of Dental Surgery (1829) which was largely a compilation of British authors.

Harris must have realized the need for dental textbooks. Hayden had planned to write a scientific work on Odontology, but died before his project was realized. Harris had written the Dental Art in 1839, which in a second edition (1845), under the title Principles and Practice of Dental Surgery, was expanded and elaborated into a work comprehensive in detail and scope comparable to the French textbooks. Harris’ book appeared in seven editions during his lifetime.

In the early 1850’s, members of Harris’ faculty produced textbooks in the various leading branches of dental science. Thomas Bond, who taught “special pathology and therapeutics” in Baltimore College since its foundation, declared in 1851 that “after ten-years experience as a teacher of these subjects, he has found it absolutely necessary that a compendium of medicine should be furnished, in which might be brought together in a small compass such selected information as the wants of the Dental Surgeon demand.” His, A Practical Treatise on Dental Medicine, published in that year, was intended to fulfill this need.

A course in chemistry had been introduced into the curriculum in 1849, and Aaron Snowden Piggot somewhat later became the instructor. In 1854, before joining the Baltimore faculty, he published his Chemistry and Metallurgy as Applied to the Study and Practice of Dental Surgery, which was designed for dental students. It was divided into four Books, of which the first three dealt with chemistry within the body, including digestion and chemistry of the mouth. The last Book covered “chemistry and metallurgy of the metals and earths used by the dentist.”

In 1853, Washington R. Handy produced an anatomy reference for dental students. The first part dealt with the bodily tissues with some histology. One part was devoted to the head and its viscera. The last two parts concerned the trunk and the extremities.

These textbooks, which were commendable presentations of the science of the time, were probably inspired by the zeal of Harris.

West of the Alleghenies

While these events were taking place in the East in the 1840’s, the next three similar professional manifestations were developing in the Middle West. These consisted of the establishment
of a dental society, the founding of a dental school, and the inauguration of a dental journal. They involved the people of the Mississippi Valley and centered in the city of Cincinnati.

Although travel conditions had been greatly improved from Colonial times in the building of railroads, the construction of canals and the introduction of steamboats, communication between the Atlantic seaboard and the country west of the Alleghenies was still difficult. The American Society of Dental Surgeons, the Baltimore School, and the American Journal of Dental Science more largely served the East and South than the West. It was natural that a dental school, dental journal, and dental society should spring up to meet the needs of the Middle West, and that these institutions should arise in Ohio and at Cincinnati.

“The Queen City of the West,” a city of some 46,000 in 1840 (when Chicago numbered only about 17,000), had a population of nearly 120,000 by 1850. Cincinnati claimed to be the fastest growing city in the country, except Philadelphia, and the largest metropolis in the Middle West, fifth-largest in the nation. It was a center of western culture, and was situated on the Ohio River with access to the Erie and Miami canals; it enjoyed immense trade with all the cities of the Mississippi Valley when transportation by steamboat prevailed. Enthusiasts for its future prophesied that it would become the center of cultural and commercial activity of the United States.

A dental society was the first step. The Mississippi Valley Association of Dental Surgeons was organized at a meeting in the Medical College of Ohio in Cincinnati, August 12, 1844. It was the first regional dental society for the Middle West, as the American Society of Dental Surgeons had been for the East. The Mississippi Valley Association in its early years had members from Ohio especially, from Kentucky, Indiana, Iowa, Missouri, Tennessee, and a few from Virginia and Louisiana. At the first meeting twenty-eight dentists were elected to active membership, and the organization never greatly exceeded that number.

A dental school was proposed by Melancthon Rogers, Jesse W. Cook, and James Taylor. A charter was drawn up to be presented to the Legislature of Ohio in 1844 and after some modification by the representatives of other dentists of Cincinnati who had not been previously consulted, the charter was passed and became law January 21, 1845. The board of trustees, who constituted the corporation, was non-dental, headed by B.P. Aydelott, a clergyman.

The new school was named the Ohio College of Dental Surgery, and was empowered to grant diplomas “provided that no diploma thus granted shall confer any privilege further than the practice of dental surgery.” The school opened in November 1845 with an enrollment of twenty-seven students all, with one exception, from the Mississippi valley states. Students were required to have been under a preparatory tutelage of two years with a reputable practitioner of dentistry, and to attend two courses of lectures from November to February in the school. In order to graduate, the candidate had to present a thesis and pass an examination. Some liberal exceptions were possible. Four students were graduated in 1846.

In the first year, the faculty consisted of three dentists: Jesse W. Cook, dean and professor of anatomy and physiology; Melancthon Rogers, professor of dental pathology and therapeutics; James Taylor, professor of practical dentistry and pharmacy. In 1846, chemistry was added to the curriculum, with Elijah Slack as professor.

The original building of the school, although not owned by the corporation, was constructed to meet the needs of the school, and leased. The building included a lecture room for 100 students, a dissecting room, a technical laboratory, a chemical room, and an operating room or infirmary. The laboratory was “furnished with a rolling mill, anvil, vice, hammers, draw plates, etc. for the working of metals, furnace for making teeth, lathe and emery wheels, soldering lamp, blow pipes, etc.” The operating room allowed several students at one time to perform clinical work on patients. The building was purchased by the school in 1851, and was superseded in 1854 by a new, more commodious building.
The Growth of Dental Schools

At some time during the period of 168 years, from 1840 to 2008, 160 bona fide dental schools were founded, with distinguishable names and sponsorship. Besides these schools in actual operation, there were several other ventures which got no further than a preliminary organization, or which were designed as commercial institutions for the purpose of peddling diplomas without course instruction.

Many of the 160 schools mentioned were discontinued or absorbed by other institutions. In some instances the new name and sponsorship represented a continuation of a school founded earlier and did not indicate a school really different from the predecessor. This was true of such schools as Baltimore College, the dental departments of Harvard University, Columbia University and Chicago College.

The early growth of dental schools was gradual, and until 1880 there had been only twenty schools established, of which five had already been discontinued by that time. The earliest schools were privately operated, and it was not until 1866 that Harvard University founded the first university-connected dental school. The first state-supported school was established at the University of Michigan in 1875.

By 1880 the operation of a dental school became recognized as a profitable undertaking. During the next three decades (1881-1910) ninety different institutions were founded, many of which had only a short-lived existence. During the period 1891 to 1900 forty-five schools were founded. The largest number of schools operating at one time was fifty-seven in 1900. Less than one-quarter of the schools founded during the period 1891 to 1900 survived until 2008.

After 1910 the number of operating dental schools in existence fell off rapidly, until only thirty-eight schools existed in 1930. Since that time, an expanding population has made more schools necessary. The “mortality” of schools for the entire period amounted to about two-thirds, so that by 2008 there were fifty-five dental schools operating.

Dental Associations

A society of national pretensions was the latest of the three professional objectives to be achieved. This does not mean, however, that it was therefore in all senses last. Organization, education, and publication had long been contemplated and discussed, and in some measure striven for by leaders of dentistry.

The Society of Surgeon Dentists of the City and State of New York came into being on December 3, 1834 and though local, was the earliest (adequately documented) dental society to be formed in the world. The constitution and bylaws of this Society indicate that its members were aware of the chief obstacles which had stood in the way of the development of dentistry as a profession. Particularly mentioned were the lack of legal regulation and the lack of professional cooperation. To correct these defects, it was proposed that the Society should have the power to grant diplomas, apparently to its members, and to require a certain grade of professional achievement before candidates were admitted to membership. It was also proposed that charges of malpractice should be investigated and dealt with by the Society. Advertisements claiming superiority over other practitioners were forbidden. To promote the exchange of ideas among members of the profession, it was stipulated that any member of the Society had the privilege of advising and consulting with any other member with regard to professional matters. The Society proposed to maintain a library and occasionally to publish books and pamphlets. There is no indication, however, that the more ambitious aims were ever carried out.

The membership of the Society consisted of at least eighteen or twenty members, mostly from New York City, although a few other cities of the state were probably also represented. The organization existed certainly until 1839, and possibly somewhat later.

American Society of Dental Surgeons

A meeting for the organization of a society of greater geographic scope than the New York
Society was held August 18-20, 1840 in New York City. The name, the American Society of Dental Surgeons, was adopted. Hayden, who had long advocated such an institution, was elected as the first president, and Harris was chosen corresponding secretary.

According to the preamble of the newly adopted constitution, the Society was established for the purpose of promoting union among dentists, of providing a means of communication and exchange of knowledge, and above all “to give character and respectability to the profession by establishing a line of distinction between the truly meritorious and skillful, and such as riot in the ill-gotten fruit of unblushing impudence and empiricism.” It is uncertain whether well-informed dentists were more seriously endangered at this time than earlier, though perhaps the recent invasion of the notorious Crawcour brothers, with their worthless Royal Mineral Succedaneum, had given the matter greater prominence.

Hayden was able to give this association his whole-hearted approval since it was to be limited to dentists of good standing. It proposed to carry out several projects for the elevation of the profession such as: the maintenance of a library, the publication of “books, tracts, and other documents,” the holding of examination of applicants and granting of the degree of doctor of dental surgery to its members, provided authority could be secured from the legislature. It published the American Journal of Dental Science, and issued diplomas to its members.

In the matter of excluding all but the medically trained, the Society did not succeed in fulfilling the expectations of the most exacting practitioners. Emile B. Gardette, distinguished medically trained dentist, who was elected in absentia a vice-president of the Society at its first meeting, declined to accept either office or membership because, as he explained, a “society, formed as this has been, could never received my sanction, much less induce me to accept a prominent post in it.” John Trenor, MD, also refused to be associated with the Society. By later propositions offered by both of these men for the education of dentists in medical schools, they indicated clearly that their objection to joining the Society was due to the absence of medical qualification for membership. The liberal policy of extending membership from fifteen members in attendance to forty-seven persons not in attendance, and an additional eighteen persons not in attendance as honorary members, involved the Society in some present and future embarrassments. In 1845, the names of twenty-three practitioners listed as members were dropped because they had been elected without “their knowledge or consent.”

The American Society of Dental Surgeons was at least regional, if not national, in scope. At the organizing meeting of the Society, the membership was declared to include not only those who were present and those who were nominated and elected, but also those who had expressed an interest by sending a proxy or letter, as well as every person who had been invited but had not responded. This policy resulted in an “acting” membership of sixty-two, made up of fifteen present, twenty-four elected, eleven who had responded, and twelve who had been invited but had not responded. To this number of regular members, eighteen honorary members were elected, of whom thirteen were resident in Europe. The elected “acting” members represented sixteen different states of the twenty-six at that time in the Union. Dentists from only five states—Maryland, Louisiana, New York, South Carolina, and Connecticut—were present, of whom the majority (nine) were from New York.

At the second meeting (1841) the question of the use of amalgam as a filling material came up. The feelings of members grew increasingly passionate until in 1846 the Society was ready to expel members who were unwilling to sign a pledge never to use that material. Fifty-six members of 134 originally failed to sign the pledge, but this number included some of the best-known and most ethical
practitioners in the profession. The struggle had become not so much a matter of the use or disuse of amalgam, as rather the right of the Society, or of the practitioner, to decide the clinical procedures proper to employ in the treatment of patients. Among the leaders of the profession who resisted the dictation of the Society were James Taylor in the West, and Nathan Cooley Keep, later first dean of the Harvard Dental School. The Society further expelled one of its honorary members, C. Starr Brewster, for the continued use of amalgam. The Corresponding Secretary was instructed to investigate, by correspondence with all honorary members, their views on the use of amalgam.

Stringent measures against the use of amalgam subsided after 1848, but the Society found itself involved in internal matters of discipline. Doctors William H. Dwinelle and C.T. Cushman were expelled for “immoral” conduct, on charges by fellow members. The Society quarreled with Harris over a printing bill, with the result that Harris’ conduct was declared “ungentlemanly, uncourteous and insulting to this society, and deserving of censure.”

The downfall of the Society proceeded rapidly. In 1853 Eleazar Parmly, who had held the presidency continuously since the death of Hayden in 1844, and Cyrenius Orlando Cone, the secretary, declined re-election. The organization fell into the hands of the moderates under the lead of Elisha Townsend as president. It was voted to hold the next meeting in Cincinnati. This move was probably motivated by the desire to get support for the Society from Western leaders. The meeting was held early in 1855, and at that time, in response to the president, intimated that “a more liberal, less exclusive, and more national organization” was needed, “one which shall unite the profession at large and which shall bring up at our yearly convocations a fair representation from every portion of our extended country.” It was further recommended “that a call be issued by the President... to take into consideration the general subject of associations, and the dissolution of this Society; said meeting to be held in Philadelphia on the day previous to the holding of the meeting called by a number of Dentists of that city.” The meeting referred to was that at which the American Dental Convention was organized.

At the Philadelphia meeting, the American Society of Dental Surgeons was unwilling to disband, but in the following year dissolution was voted.

The difficulties of the Society were partly due to the struggle over amalgam, but there were other factors that contributed to its downfall. The Society had been vacillating and contradictory in dealing with its own members. Probably most serious of all were the constitutional provisions for membership. The organization was a closed corporation. Members were nominated and elected by the attending members at annual meetings. Although there was a fairly wide distribution of members geographically, the members in attendance and control were not representative of the whole nation. The members, although leaders in the profession, held their membership as individuals and did not represent organized groups of the profession. All meetings except the first in 1855 were held in the East.

American Dental Convention

The American Society of Dental Surgeons was doomed from the time that Elisha Townsend was elected its president in 1853. In spite of Townsend’s statement at the May 1855 meeting that he aimed “at the regeneration, at the rejuvenation of the American Society,” he had already decided upon supplanting the present organization by another more in harmony with his idea of what a national society should be. He had already instigated the call for a convention to meet in Philadelphia in August of the same year. It was generally recognized that Townsend was the leader in the move for a new
society, and that the American Dental Convention was “a creation of his own, and to him alone belongs all the honor of its origin.”26 Moreover, he rejected the Society’s restriction on the use of amalgam.

The convention met in August 1855 and established the American Dental Convention. Eleven states and the District of Columbia were represented by the eighty-two persons who signed the Constitution and became members. The membership increased and reached its high point in 1857 with 190 members. After 1860 there was a general decline to about seventy-five members or less.

The principal feature of the Constitution of the new organization was its provision for membership. In the original Constitution, besides the persons in attendance at the first meeting, the membership was to consist “of such other practitioners of Dentistry and auxiliary branches of science, as shall hereafter be elected to membership.” A majority vote of those present gave election to membership. This provision was too restricted for some members and too liberal for others. Ultimately, the membership was open to “any dentist...unless objection is made, in which case he may be excluded by a vote of the Convention.”27

In several respects the American Dental Convention enjoyed features which might have been supposed to insure its stability and long existence. Most notable were (1) the lack of restrictions on membership which gave the Convention a wide representation of the profession, and (2) the apportionment of its annual meetings to matters of professional knowledge rather than to internal operation and disciplinary measures. Some of the most important papers given by the outstanding dentists of the country were on its annual programs.

Between 1855, the year the American Dental Convention was founded, and 1858, the enthusiasm and high hopes with which that organization began were superseded by dissatisfaction on the part of some members. Many felt that it was not properly a society at all but merely an annual gathering of persons interested in the practice of dentistry. All of them were not opposed to it but considered that it did not fulfill the need for a stable society which could elevate and maintain the prestige of the profession.

John De Haven White wrote:

We have said, elsewhere, that dental conventions, as they are called, do not meet the wants of the dental profession—we still say so; but in saying so, we do not mean to be understood as objecting to the holding of them as often as the profession see proper, nor do we object to what they do at them; if we do not approve of them, we can do as we have done, stay away. We think they have done a great deal of good, and they can and will do much more; but a society could do, if properly conducted, a different kind of good. We shall always hold it to be necessary that our profession shall have some great head, some flag to march under, some mark of distinction by which to identify the fully competent from the tyro or indolent and willfully ignorant. A standard of qualification must some day be established. We hold it to be the duty of the older and education portion of the profession to name what that standard of qualification shall be, in what it shall consist, for the information of the young inquirer and the older practitioner, that he may know what is required of him, and that he may know what course to pursue to qualify himself to merit the respect and confidence of the intelligent portion of the community and the profession.28

Other members, among whom John Hugh McQuillen was the most outspoken, considered that the Convention had outlived its usefulness and should be superseded by another organization. In an article, under the pseudonym of Junius, concerning the convention he declared:

If that which originated in the early periods of the world’s history, and had become time-honored and venerable on account of its antiquity, is thus summarily dealt with, why should there be a hesitancy in revising or reconstructing an organization that has become impotent, though but recently established. It was intended indeed only to subserve the exigencies of the period, and to prepare the way for a more permanent and useful
association. Its very name, CONVENTION, implies the ephemeral, not the persistent. The absence of a constitution, laws or qualifications for membership, partakes of the transient, not the established. 29

On the motion of McQuillen, the Pennsylvania Association of Dental Surgeons, at its meeting October 5, 1858, passed a resolution instructing its two delegates elected to the American Dental Convention to suggest that the Convention become a delegated body composed of representatives from the State and County Dental Associations throughout the Union.

Probably recognizing that it would be futile to ask the varied membership of the American Dental Convention to exclude a great part of its membership, consisting of physicians, unqualified dentists and qualified dentists unable to serve as delegates, McQuillen published an article in April 1859 criticizing the American Dental Convention. His focus was the issue of its membership, and proposing a new independent organization based on delegates.30 On April 6, he introduced the proposal to the Pennsylvania Association of Dental Surgeons, which they approved.31

After the various societies had been contacted and a majority had given favorable responses, a “call for a National Association based on a representative basis”32 was issued. This call was “for the purpose of forming, if the assembled delegates shall deem it expedient, a National Association upon a representative basis.” The call set the time of the meeting as August 3 and 4, 1859, and the place Niagara Falls. It is significant that this arrangement coincided with the meeting of the American Dental Convention. All of the twenty-six delegates attending the organizing convention were also attending the meeting of the American Dental Convention.

**American Dental Association**

The movement for a new organization came from within the Convention by members who were not fully satisfied with the old organization. These twenty-six delegates present at the Niagara Falls convention represented eight local dental societies, one dental school, and one alumni association. The meeting did not pass upon the question of the desirability of founding a new national organization. It did, however, draft a Constitution for a proposed Association and deferred action until the following year. A meeting at Washington, D.C. was set for July 31, 1860.

Twenty-three delegates representing eleven societies, but not schools, attended the Washington convention. Six of the ten organizations represented at Niagara Falls and seven of the same delegates attended this meeting. The Constitution drafted was adopted with minor amendments, and William H. Atkinson was elected president, with Jonathan Taft as secretary. Thus the American Dental Association was founded July 31, 1860 and held its first regular meeting.

It was obvious from the beginning and throughout the following years that the American Dental Association was hostile to the existence of the American Dental Convention. Members of the Convention recognized this antagonism and took action against the proposed new organization. The slightly smaller attendance at the Washington meeting of the organizing convention, Dr. Walter Webb Allport, at a later date, ascribed to “the influence of the opposition, which left no stone unturned to heap ridicule on the undertaking.” In the 1866 meeting of the American Dental Convention, when it came time to elect officers, Atkinson raised the question whether the organization was to continue. Dr. John B. Rich, of New York, immediately accused the A.D.A. of attempting to destroy the Convention. “This Convention was formed to bring together men who would not otherwise meet. It was the first scientific convention for the exchange of opinions and advancement of the dental profession, the members of which did not fight among themselves. He believed it to be the desire of the members of the American Dental Association to destroy this convention.”

Twice, in 1866 and 1868, Henry James McKellops suggested without result that the Convention dissolve. An attempt upon the part of the Convention to unite with the Association was rejected by the latter. This incompatibility of the
two organizations was somewhat masked by the fact that civilities were usually observed between the two. Many of the members of the American Dental Association were also members of the Convention. However, the Convention managed to maintain its existence for nearly twenty-five years after the establishment of the American Dental Association.

The basis of membership in the new organization was not designed to make a truly representative body or an effective agent in securing the objectives of the dental profession. This weakness lay in the constitutional provision that membership should consist of the delegates and permanent members who had previously been delegates. The membership increased gradually but slowly. New dental societies, encouraged by the Association, were formed and sent delegates. Prior to 1860 four state societies had been founded; between 1860 and 1869 eighteen state societies were established—a record never again attained in any succeeding decade; between 1870 and 1879 nine state societies; between 1880 and 1889 seven; and between 1889 and 1899 three.

The numbers of permanent members accumulated and soon outnumbered the delegates. Union with the Southern Dental Association (under the name of the National Dental Association) in 1897 brought in more delegates and permanent members, but there was a definite limit on the possible membership. In 1910 there were 39,997 dentists in the United States and 750 were members of the National Dental Association, or less than two per cent. Obviously this weakness in numbers made it impossible for the Association adequately to represent the profession or to influence effectively the public and legislative bodies of the government.

The membership of the Association was very complex because of the miscellaneous character of the bodies sending delegates. At the time of the organization of the Association in 1860 there were relatively few dental societies and these were of various sorts. It was probably right to assume that an organized group of dentists would be more likely to include the best practitioners of the community, large or small, than would an aggregate of individual practitioners. Therefore, it was almost imperative that the Constitution should provide that any organized group could send delegates.

In principle, this arrangement was not proportionate representation, for it allowed overlapping. Conceivably, a dentist in Cincinnati as a member of the city society, as a member of the faculty of the Ohio Dental College, of the State Society, and even as a member of the Mississippi Valley Dental Association, might share in the representation of all four organizations. Moreover, the organizations sending delegates became more and more various. Before 1912, besides the state societies, there were ninety local societies which had sent delegates; thirty-five dental schools; thirteen regional societies' and over five agencies outside the United States. There was no logic to the membership provisions of the Constitution nor to their interpretation in the practices of the Association.

From 1905 to 1908 there was considerable vacillation of the Association with regard to the organizations permitted to be represented, but at no time before the reorganization of 1912 to 1914 were the State Dental Societies recognized as the only proper ones for representation.

References


17. 1854 Annual Announcement of the Ohio College of Dental Surgery.


19. Trenor’s name was among the invited who did not respond at the first meeting. The receipt of correspondence from Trenor was recorded at the second meeting. His name did not appear in the transactions at any later time. His views on the necessity of medical education for the dentist were expressed in his article in the New York Dental Recorder 1851-1852, 6, p.138-141.


23. Minute Book, American Society of Dental Surgeons, 1847.


Dental Engravings Created After Works by Adriaen Brouwer: 17th Century Flemish Genre Artist

Adriaene Brouwer (1605/6-1638), a Flemish genre and landscape painter, was prototypical Bohemian. An artist who lived and acted with disregard for conventional rules of behavior, he produced works which often shocked the staid citizenry of his times. This article examines two dentally-oriented etchings crafted by Brouwer. “The Operation” portrays separate scenes in which two lowly tradesmen—a chiropodist and a peasant toothdrawer—are simultaneously at work in the opposite ends of the same room. A second etching, “Peasant Doctoring the Foot of Another Peasant,” accentuates the edentulous facial features, both of the suffering patient and of the operator.

In the 17th century, a number of Dutch and Flemish artists produced genre (true-to-life) paintings depicting the toothdrawers (dentists) of the early Baroque period.1-3 Prominent Dutch artists (in order of birth) in this group were: Gerrit van Honthorst (1590-1656); Theodor Rombouts (1597-1637); Adriaen van Ostade (1610-1685) and Jan Steen (1626-1679). Prominent Flemish genre painters were: David Teniers (1582-1649) and Adriaen Brouwer (1605/6-1638). Menzies Campbell placed these artists’ works in context when he wrote:3

This particular type of toothdrawer was a familiar figure for many centuries, not only in Britain, but also on the continent of Europe. Fortunately for the student of dental history, world-famed artists depicted them with their patients in the agonies of apprehension and realization.

Among this group, special attention will be focused on the Flemish genre and landscape painter, Adriaen Brouwer. Born in Oudenaarde, the southern lowlands of what is now Belgium,4-13 his father was a designer of tapestry cartoons. At the age of 16, Adriaen ran away from his home and nothing is known of his activities during the next few years.

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In his early adulthood, Brouwer was living in Haarlem, where he became a friend and probably a pupil of Frans Hals (1580-1666). A wanderer and a rollicking free spirit, Adriaen was known for his poetic writings, stage acting endeavors, and heroic escapades. Legend has it that in 1633, he was captured by sea pirates and briefly imprisoned as a spy. While in Haarlem he was a member of the Rederijkers, a noted literary society. In 1631, he settled in Antwerp, in the South Netherlands. There, he became a “Free Master” of the famous artists’ Guild of St. Luke. In the Dutch Republic, he was known as an intriguing pioneer among the Baroque “Golden Age of Painters” (1600-1700).

In his paintings, Brouwer typically portrayed scenes of low pleasures and unsavory habits (including gluttony, debauchery & drunkenness), engaged in by peasants. They dined, drank, smoked, played musical instruments, sang, danced, played cards, cast dice, fought, caroused and even slept. One of Brouwer’s favorite themes was smoking, then called “tobacco drinking.” Tobacco use, introduced into the Netherlands at the end of the 1500s, gained its popularity after the discovery of the New World. Considered by many as a “low pleasure”, it was soundly condemned by the clergy. The raw, harsh tableaux that Brouwer presented took place in country taverns and smoking dens. Here, his subjects became “tobacco drunk” on pipefuls of tobacco laced with locally grown hemp. Brouwer himself became addicted to brandy and to “illegal tobacco juice,” the use of which could be punishable by death.

Because his aim was to “depict humanity in the raw,” and to cover the elemental facts of life, he often intermingled scenes of tragedy with those of hilarity. In his works, Brouwer exposed human folly by portraying the images and gestures of his subjects in a mocking manner. As a result, he forced the viewer, regardless of status, to confront a threatening and derisive world. His works had a pervading moral content. Arthur Wheelock further explains:

Adriaen Brouwer’s keen observation and biting wit suggest that he sought to create a ‘vulgar painter’ persona. Numerous anecdotes also indicate that he led a colorful and dissolute existence. According to one account, Brouwer was frequently excluded from family celebrations because of his untidy appearance. Anticipating a certain wedding, he bought a fashionable costume that earned him an invitation. In the midst of the festivities, he took two pies and smeared them all over his fancy clothes. Brouwer then announced to the astonished guests that since it was the suit, rather than the man wearing it, that had been invited, it deserved to feast on the food.

Typically, Brouwer’s works, painted on oak panels, were small in dimension (mostly under 30 x 30 cm) and finely detailed. They were so technically excellent that Peter Paul Rubens (1557-1640) bought seventeen of them and Rembrandt van Rijn (1606-1669) eight. None of Brouwer’s paintings was ever dated.

In his last years, apparently under the influence of Rubens, Brouwer also painted a handful of landscapes. Continually in financial trouble, he led a dissolute, alcohol-driven life. Rubens bailed Brouwer out of prison on at least one occasion. Canady wrote of Brouwer’s spendthrift ways:

Tremendously productive, he would sell his paintings in batches by weight, without regard for the quality of those included, in order to get ready cash. One story, almost too good to be true but current among his contemporaries, has it that once upon receiving an unexpected payment of a hundred ducats, he threw the silver pieces on his bed and rolled in them ecstatically, then put them in his pocket and disappeared for nine days, to return broke once more but singing and whistling in the best of humor.

From 1634 until his death in 1638, Brouwer lived with the well known engraver Paulus Pontius (1603-1658).
Figure 1. “The Operation,” measuring 21 cm x 27.5 cm, is a framed etching based on the original oil painting by Adriaen Brouwer (c.1630). Of unknown origin, it was found by the authors in a flea market. Most probably, it had been removed from a published art book. This scene shows a peasant chiropodist and a peasant toothdrawer simultaneously at work in opposite ends of a gloomy, dismal-looking room.
Figure 2. “The Chiropodist” (Peasant Doctoring the Foot of Another Peasant) is an etching of Adriaen Brouwer, which measures 20.2 x 15 cm. To show greater detail, a portion of the scene has been enlarged. Note the facial features of the suffering patient and of the operator, indicating that they are both edentulous. Achenbach Foundation for Graphic Arts, Fine Arts Museum of San Francisco.
“The Operation”

Along with 16 other works, Brouwer’s oil painting, “The Operation,” (c.1630) hangs in the Alte Pinakothek gallery in Munich, Germany. It was painted on oak panel, 31.5 x 39.5 cm. in size. An etching based on the original is shown in Figure 1. In the left forefront of a dank room, a kneeling “chiropodist” surgically treats the left foot of a fellow peasant who, suffers intensely during this painful medical procedure. Standing to the left side of the patient and surgeon is an old, dispassionate woman (perhaps an attendant and/or scribe, who appears to be making entries on a writing platform). She interrupts her duties to observe a shadowy figure lurking in the doorway. In the upper extreme right, a toothdrawer is operating on a shawl-draped person, whose head is complianlty tilted backward. The patient, facing a window, is sitting in a tattered, barrel-like chair. To the left of the patient, a stand holds dental equipment. Behind the dentist, bottles, glasses and vases containing various medicaments sit on the windowsill.

This scene is extremely unusual for its time. It shows a type of “group practice,” where two distinct surgical procedures (medical and dental) are being undertaken simultaneously in the same room by separate health care providers.

During this era, many Dutch painters typically portrayed the vanity of earthly things and affairs (“vanitas.”). It was a reflection of Protestant thought: the transitory nature of human joys and of existence itself. In that era, the looming concepts of sin and hell were everyday realities for Dutch Calvinists. Themes which emphasized the evanescence of things were included in the works of many contemporary painters. In this work, the “vanitas” theme is suggested by the extinguished candle, the skull on a mantle, the suffering patients, and the ominous, dark figure standing in the doorway. The presence of death infiltrated many aspects of 17th century life.

“The Chiropodist”

The Fine Arts Museum of San Francisco currently displays a small undated etching, “A Peasant Doctoring the Foot Of Another Peasant,” created by Adriaen Brouwer. (Figure 2) Interestingly, the main feature of this work shows not only that the patient has a pained, open-mouthed expression from the discomfort of being incized on his right foot, but also that he is edentulous. Additionally, the surgeon is toothless. The patient’s hollowed face and sunken eyes attest to the fact that he is emaciated. While stabilizing his leg with his right arm, the patient reaches for his hurting foot.

Postscript

In January of 1638, 32-year-old Adriaen Brouwer was found dead outside a tavern in Antwerp. Some have suggested that he died as a result of the plague, which swept through the country that year. Brouwer was buried in a pauper’s grave, but after an investigation was held by members of the Artist’s Guild, he was re-interred in the Church of the Carmelites in Antwerp on February 12, 1638. He was held in such high regard by the Guild that his tombstone was engraved with a suitable eulogy.
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The Israeli Anthem and Its Dental Connection

Malvin E. Ring, DDS, MLS, FACD

In 1892 an article on dentistry among the ancient Israelites appeared in the popular dental journal *Items of Interest*. It was written by Naphthal Herz Imber, an obscure wandering poet and writer who had traveled through most of the world, but achieved immortality for having written the poem *Ha Tikva*, or *The Hope*, which became the national anthem of the State of Israel. However, searches through biographies of Imber show no indication that he had any interest or attachment to dentistry.

The Israeli national anthem, *Hatikva*, or “The Hope,” was written as a poem by Naphtali Herz Imber, a poet who was born in Galicia—now Poland—in 1856. A penniless Bohemian, little is known of his childhood or youth, but early manhood found him a vagabond drifting from country to country in Europe. He settled for a time in Romania, cadging whatever support he could from the local Jewish community. In 1882 he made his way to Turkey and there met Sir Laurence Oliphant. This British gentleman was an odd eccentric, of means, who had lived in Haifa, Palestine, and was passionately in favor of the settlement of Palestine by the world’s Jews. He and his wife, the Lady Alice Oliphant, were beguiled by the young poet, who was barefoot and in rags and tatters when they met him. They took him back with them to Palestine.

Unfortunately, Imber was an alcoholic and was drunk most of the time. Nevertheless, in 1886, he did succeed in publishing a book of poetry, the first poem of which was originally titled “Tikvateinu ” or “Our Hope.” The poem was set to music by Samuel Cohen, a native Palestinian. Although the tune resembles Smetana’s “The Moldau,” it is actually based on an old Romanian folk tune. By the time of the first Zionist congress in 1901, the name had been changed to “Ha Tikva”, “The Hope” and was adopted as the official anthem of the Zionist movement in 1933. When the State of Israel declared its independence in 1948, the song *Hatikva* was sung, and it was ultimately chosen as the official national anthem of the new state.

The continuing story of its author is not a happy one. Imber left his patrons, the Oliphants, and immigrated to the United States around 1891, but left soon after for London, returning to America in 1892. In this country Imber found another patron, Judge Mayer Sulzberger of Philadelphia, who arranged for the poet to receive a monthly stipend. The relationship was short-lived, however, because of Imber’s frequent drunkenness. Imber drifted from state to state, often drunk, frequently posing as an expert on Kabbala, Jewish

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mysticism. Yet he continued writing poetry and commentaries on the Bible and other Jewish texts. In 1909, when he was 53 years old, he collapsed on Forsyth Street on the Lower East Side of Manhattan. He was taken to Mount Moriah Hospital where he died of starvation and cheap liquor. The congregation of the Rivington Street Synagogue paid for his burial.

**Imber’s Only Known Writing on Dentistry**

By fortuitous coincidence, at the time Imber was in Philadelphia, a number of Jewish intellectual visionaries realized that there was a wealth of Jewish literature which was unavailable to the average American because it was written in Hebrew. This group thus founded the Jewish Publication Society in 1892, with the aim of translating worthwhile Hebrew literature into English. It was thus that Imber’s books of poetry were published by the Society in English translation, including his first book that contained his poem *Hatikva*.

While Imber was in Philadelphia in 1891, he wrote an article “Dentistry Among the Ancient Hebrews” which was published in *Dental Items of Interest*, Vol. 14, No. 7, July, 1892. Items was the foremost dental journal of its day, with a large circulation. How Imber came to write about dentistry is a mystery! Extensive searches through the many biographies of him make no mention of any connection—or interest—in dentistry. It is also probable that an editor at the Jewish Publication Society put his article into proper and readable form.

Having had the education common to most young Jewish boys in the Poland of his childhood, he would have studied the Talmud extensively. The Talmud is a compilation of oral and written Rabbinic commentaries on the first five books of the Hebrew bible. Numerous questions and answers appear having to do with dentistry, and Imber gives but a few examples of the dozens of instances where teeth and their treatment are discussed. A curious one he did not mention appears in the tractate *Kethuboth* 111b, and concerns personal adornment. In this section, a Rabbi Yochanan is quoted as saying that “The person who whitens the teeth of his neighbor is better than the person who gives him milk to drink.”

Nevertheless, Imber apparently had little knowledge of medical and dental history, because he thought that chloroform was used in ancient days. Chloroform was actually a discovery of the pioneer German physiologist von Liebig in 1829. Too, the ancient Israelites themselves practiced no dentistry, relying instead upon the ministrations of Phoenicians and Greeks. Imber was also wrong as to the reason women were allow to go out on the Sabbath with false teeth made of silver but not of gold. The actual reason for the prohibition was that gold was much more valuable than silver, and if a gold tooth fell out of the mouth, the woman would be much more apt to pick it up and replace it in the mouth—which would be doing work—than if it were simply made of silver. The article follows:

**Dentistry Among The Ancient Hebrews**

The millstones, as King Solomon nicknamed the teeth, were regarded by the ancient Hebrews as the motive power of life; their value therefore is manifest in every respect of social and religious experience. Moses legislated his famous law known as “tooth for tooth,” a law which was altered and explained in the Talmud to mean a fine: The man who broke the tooth of his fellow man had to pay him a certain amount of money for the damage of his tooth, according to the estimate of the jury. If the master broke the tooth of his slave, the latter was set at liberty on this account, according to the Mosaic law. “Rabon Gamliel, who was the teacher of the Apostle Paul,” says the Talmud, “had a slave, Tabi by name, and as he was anxious to set him at liberty, he broke his slave’s tooth, that the latter should be free, and the Rabbi was so happy the day of his slave’s liberation, that he gave a banquet to his friends, besides sending his slave off with a present.”

The Talmud has some laws concerning “tooth breaking.”

Toothache plays a great role in the folklore...
and proverbs of the ancient Hebrews. King Solomon, in his proverbs, says: “As vinegar is to a tooth, so is a lazy messenger to his sender.” Another of his proverbs is: “The confidence in a traitor is like a sore tooth.”

The Talmudical folk lore says: “If a man dreams that his teeth have fallen out, it is a bad omen; that his children will die.”

More known, perhaps, is the Talmudical proverb: “All aches, but not toothaches.”

Indeed, the dental profession was in its utmost cultivation under the care of the learned sages of the Talmud, and the reader will be astonished to learn that the art of replacing false teeth for natural ones was in use two thousand years ago, in the same cultured mode of the profession as in our modern time.

Samuel the Chacham (Chacham means wise, and the term is applied in Hebrew and Arabic to physicians and dentists) who lived after the destruction, was the house physician and dentist of the famous Rabbi Yehuda, the saint. The latter was often afflicted with toothache, but was cured by the above-mentioned dentist.

Whether the Rabbinical dentists have used chloroform I can hardly say, but I imagine, from a Talmudical narrative, that they have used it. The narrative in question was as follows: “Once Rabbi Yehuda, the saint, had pain in his eyes, and his house physician and dentist, Samuel the Chacham, wanted to perform on his eyes an operation, but as he refused to submit, the latter placed a certain liquid under the former’s cushion, and the liquid was so strong that it went through the cushion.” Now, what sort of liquid could that have been, if not chloroform?

The Talmud had a curious notion: That ordinary vinegar is good for the sore flesh of the tooth—not wine vinegar.

How dentistry was cultivated to perfection by the sages of the Talmud can be seen from the following: It is well known that the Hebrews were forbidden by the law to carry things on the Sabbath, but the Talmud allows the Jewish women to go out on the Sabbath with their false golden or silver teeth. Some Rabbis are allowing the silver teeth, for they look like the natural ones, but do not allow them to go out on the Sabbath with false golden teeth.

Human bones were not used, to polish them into false teeth, on sanitary principles, as the human bones are declared by the law as unclean, which means unhealthy. Curious is it to note that the Hebrew term for tooth is “shen” while the term for an elephant is “shenhab,” probably so termed as they used ivory for the purposes of dentistry in making from the elephant’s white tusks false human teeth, and the old Latin proverb, Nomen et nomen, can be applied to things also.

—Naphthali Herz Imber, Philadelphia, April, 1892.
Galen (130 A.D.-200 A.D.) was the most distinguished physician of antiquity. He was born in Pergamon in Asia Minor, a city with a famous library. His father was Nikon, a well-known architect. Galen began medical studies in Pergamon at the age of seventeen, and later went to Alexandria, which at the time had both a university as well as a celebrated library. Many famous men of antiquity were trained in Alexandria, including Euclid, Archimedes, Dioscorides, Rufus of Ephesus, and Soranus.¹

Galen was disappointed in his educational experience in Alexandria, and after five years returned to Pergamon. In 164 A.D., he moved to Rome and became successful there as a practicing physician, eventually assuming the role of chief physician to emperor Marcus Aurelius.

Galen wrote extensively. According to his own statements, he wrote 125 books on philosophy, mathematics, grammar and law. Most have been lost, but there are 83 extant works considered to be genuine, and still others whose authenticity is in doubt. The standard edition was published in 22 volumes by Kuhn, with the original Greek and a Latin translation on facing pages.

Galen's fundamental theory of nature was that all objects were composed of four elements: earth, air, fire and water. All natural objects had four qualities; hot, cold, dry or moist. There were four humours: blood, phlegm, yellow bile and black bile. Unfortunately, Galen's knowledge of physiology was primitive and often wrong. Sadly, the ignorance of the middle ages would allow this humoral theory to endure for 1500 years. Nevertheless, Galen offered some valuable concepts for succeeding generations. He stressed that the correct treatment of disease should be based upon both reason and experience. Despite his overall ignorance in physiology, Galen's study of anatomy resulted in a number of except treatises, such as "On the Usefulness of Parts" and "On Anatomical Procedures". Galen's study of anatomy was well done and remained authoritative until the
Renaissance. He understood nerve physiology, heart valves, arteries and veins. He recognized that arteries arose from the aorta, and that they contained blood, not air. Though he wrote seven treatises on the pulse, it is surprising to note that Galen did not grasp accurately the circulation of the blood. Antiquated ideas of blood circulation were to last even beyond Vesalius, the great anatomist of the 16th century.

Galen's overall knowledge of clinical medicine was advanced. He was aware of conditions such as pleurisy. In addition to general medicine, Galen also practiced surgery and wrote extensively on this subject, such as the control of hemorrhage using pressure, cautery or ligation.

Galen's writing on the mouth, teeth and tongue are of considerable interest. His observations have relevance even to modern dentistry. I offer Galen's descriptions directly, from Charles Daremberg's admirable French translation of the original Greek. I have also referred to a recent English translation by Margaret Tallmadge May.

**Chapter VIII**

Why do we have precisely thirty-two teeth, fixed sixteen in a row in each jaw, those in front (numbering eight) named incisors, sharp and large, capable of biting; following them are (four) canines, large at the base and pointed at the summit, capable of completely grinding the body of food that had only been cut by the incisors; followed by (twenty) grinders that are named molars, rough and large, strong and hard, made for exactly grinding the food cut by the incisors or torn by the canines.

Suppose a single modification of the teeth that would wipe out their usefulness. If the molars were entirely smooth they would not have their function. In effect, all species of food are crushed by the irregular and tough teeth (molars). It is for this same reason that millstones that grind corn, with time become blunt and polished and one has to cut and repair them.

Suppose that the molars were rough but not also hard, what disadvantage would result? They would be worn down before crushing the food. If they were rough and also hard but not flat, they would not have much profit as instruments of trituration, needing a large base to be effective. That is why the incisors cannot grind, because they are narrow. With all these qualities, if the molars were small, this single default would detract from the usefulness of other qualities, since we would need an extremely long time to chew our food. Similarly, in the case of the incisors and the sharp teeth (canines) following them. If you change any one of their qualities you will find their usefulness abolished.

Let us admit that these very wise combinations are the result of good fortune; change merely the position of the teeth and see what results. Imagine that the molars are in front and the incisors and canines in back, and consider what usefulness these teeth or the large molars would still have. Would not all their other qualities be wiped out, even though well foreseen by the most provident atoms if these erred in arranging them? If one arranged a chorus of thirty-two members in good order, we would praise him for being skillful. Shall we not praise nature when she has arranged, with full harmony, an ensemble of the teeth so beautifully?

If you wish, let us also attribute the creation of the teeth to the grace of atoms, so that we assume that it is by good fortune and without any skill that not only were some teeth made sharp and others dull, some smooth and others rough, some small and others large, but also that their position was so arranged. Again, this is a concession that we make.

What shall we say about the roots? One finds one in small teeth, two in larger teeth and three or four in the largest teeth. Here again, the concourse of the atoms has produced a work of art, precisely as if some Creator had directed them.

Also, concerning the molars, those in the middle are the largest, and those on each side are smaller. Again, is this not an admirable disposition of the atoms? For it was not necessary, I think, that the space at the back of the mouth, being narrower than the space in the front, should have teeth as
large as the middle portion near the cheeks, which is very broad. In effect, it would be wrong to put large teeth in narrow parts of the mouth and small teeth in the wider parts, and since the tongue had to be broader at its root, as I have shown, it was preferable that large teeth not be situated in this position.

And these long outgrowths of the bone in each jaw, that one calls alveoli from an analogy to mangers used for cattle, is this again an admirable work of fortune? In each tooth, these grow around it, binding and holding it fast, so that it is not easily shaken free. To have made suitable places for the roots, large places for large roots and small spaces for small ones, also seems like the work of admirable justice. No artisan, either among those who fit timbers with bolts, or among workers in stone has made for the prominence on the things which is fastening concavities to receive them that are so exactly equal to them as those which the most fortunate movements of the atoms has prepared for the roots of teeth. Cavities too broad would cause a loose would cause a loose junction with the bones, while cavities too narrow would not permit the roots of the teeth to reach the bottom. Moreover, would one not also marvel that the teeth are bound to the alveoli with strong ligaments (periosteum), especially at the roots were the nerves are inserted and marvel more if this work of chance, not art?

But here is a phenomenon more marvelous, the same attributed to the atoms of Epicurus and to the molecules of Asclepiades – the equality of the teeth. Indeed, the fact that the lower teeth are made exactly equal to the upper, even though the two jaws are not. It is the mark of a supreme being. And the making of the teeth on the right side equal to those on the left, and the alveoli, roots, nerve, ligaments, arteries and veins of one side equal to the other side – how can I believe that this is the work of chance and not art?

Perhaps one might attribute to the wonderful good fortune of the atoms the fact that adjacent parts are justly formed, but to refrain from giving any one animal strong claws but weak teeth is the work of a Creator who is perfectly mindful of the use of each part. To make short necks for animals that have the limbs divided into tows, and longer necks for animals having solid or cloven hoofs so that they may stoop and graze – is not this too work of some Creator mindful of the usefulness of parts?

Is it not a marvel that because cranes and storks have longer necks, they also have larger bills, whereas fish that lack legs have no neck at all? Why indeed would fish need feet or neck when they do not need to walk or make sounds? But when the fish population is so numerous, that the atoms do not forget to make feet or neck in a single one of them, it is the work of an accurate memory! Perhaps one might believe in a fortunate motion of atoms for man alone, or a single kind of animal, but that they should have similar good fortune in all animals is impossible, unless the atoms also have intelligence.
**Chapter IX**

I may explain the animals in some future day. In man – for we must return to him – a single canine tooth has been produced on each side of each jaw, whereas lions, wolves and dogs have many of them on both sides. Here, also, nature clearly understood that she was forming a civilized, social animal, whose strength lay not in the might of body but in wisdom. Hence, whatever has necessary to sufficiently crush any harder bodies of food would be carried out by two canine teeth, so that she has with good reason doubled the number of incisors, because they have wider usefulness, and she has made molars still more numerous, because they have the widest usefulness. There is no fixed number of teeth as these (molars); in some individuals that have longer jaws, five are formed on each side, and in others with smaller jaws, there are four. In most cases however, there are five, and there are never four on the left side and give on the right, or five on the left and four on the right, or four below and five above; and yet once in a while, atoms would be bound to lose sight of quality of number.

For my part, though I have made many allowances for the atoms, how can I grant them works involving memory? For not even their authors dare to endow them with intelligence and reason. And how could memory of equality or analogy be made in such a thing?

How is it that man has a small mouth when lions, the wolves, and, in general, all animals called carnivores have mouths very widely divided, unless here too our Creator was mindful of the usefulness of the parts? In fact, it was logical for the size of the mouth to be in accord with nails and with the strength of teeth. For what would be the use of these things if the mouth was small? And why would a man be better off if he had many molars and his mouth had a very wide opening?

What I said recently about the masseter muscles is enough to show how greatly the parts of them near the corners of the mouth contribute to perfect chewing. Hence, if the mouth opened more widely in man as it does in the wolf, he would not chew his food perfectly and he would gain no advantage in defense from its size, since he does not have many canine teeth. On the other hand, if it were drawn together into a small area, in that animal, as it is in man, the action of its sharp teeth would be spoiled.

In general, if you examine all animals, you will find that whose strength lies in biting have the mouth very large and full of such teeth, whereas in those whose teeth are useful for chewing and perfectly triturating the food, the mouth is drawn together into a small area and has many molars within it, and either no sharp teeth at all or a single one on each side of the jaw.

Just as these parts have been constructed in a fashion analogous to each other, so have the nails been accurately made in the same way. In domesticated, timid animals they are broad, soft and blunt, but in wild, fierce animals they are large, sharp, strong and curved. I suppose that the atoms must make the nails of fierce animals suitable for cutting and holding.

**Chapter X**

In essence, the volume of the tongue is in perfect harmony with the mouth, for it easily touches all the sides, as it could not if its volume was smaller. It is nowhere affected by not having enough room from which it might suffer, I suppose, if its size were excessive. Is it not marvelous that it readily moves in every direction? And is it not also marvelous that it moves according to the will of the animal and not involuntarily, like the arteries? For if its movements were not in accord with our impulses, how could we perform the act of chewing? Or swallowing? Or conversing? Since it is better for these motions to be performed in accord with the animal’s impulses, is it not praiseworthy too that the tongue is therefore moved by muscles? Is it not also admirable that since it must be moved up toward the roof of the mouth, moved down and moved to the sides, it therefore has many muscles, one providing one movement and other another movement.

Now if the tongue is doubled like all other instruments of sense – for I have already spoken
of them – the muscles on each sides are properly equal in number and size. Thus, it also has two arteries inserted into it, one on each side and similarly two veins (lingual arteries and veins) and two pairs of nerves. One of these (lingual nerve from mandibular division of trigeminal) is soft and one hard (hypoglossal nerve), the first distributed into its outer tunic, and the second scattered into the muscles, because by the one it must perceive flavors and by the other it must move according to the will, as I have also said earlier at some point, where I was explaining the outgrowth of nerves from the encephalon.

In certain animals, such as snakes, the tongue is divided, but in man, the parts are properly united and come together to form one part, which is better for either eating or speaking. It is clearly doubled in man, since no muscle, vein, artery, or nerve passes across either from the right side to the left or left to right. It is made large and strong at its base to establish itself firmly, and slender at the tip so that it moves quickly, in this also seems to me the work of uncommon foresight. Since some of the muscles must elevate the tongue upward toward the palate, and others must move it down and still others move it to the side, is it not work of marvelous foresight that some (glossopalatine) are therefore inserted into it from the parts above, others (genioglossus and hypoglossus) from the parts below, and still others (styloglossus) from the sides? For I have shown in my book ‘On the Movement of Muscles’ that every muscle pulls the part toward its own source. Hence the muscles inserted from above would move the tongue upward, those whose sources are below would move it down, and in same way the lateral muscles would move it to the sides.

Since the tongue becomes difficult to move when it is dried out, as one sees clearly in persons who are excessively thirsty and in those who have all the moisture of the mouth dried up in burning fever, nature had made marvelous provision to keep the tongue from being easily affected by such problems. I have said earlier, in speaking of the larynx, that there are glands like sponges placed besides it, one on each side to serve this purpose. The same thing has been done in the case of the tongue, and channels from these glands pour forth through the lateral and lower parts of it, moistening the tongue itself and the lower parts, and side and the whole range of the mouth.

References


In the early 1990’s, the American Academy of the History of Dentistry gathered information about dental collections and museums across the globe. This collected information was organized and published into a directory, which served as a valuable reference tool for researchers and potential visitors to these museums. More than 15 years later, the Academy has undertaken to update, expand, and enrich our original directory, and to bring its resources online. We hope this project will provide value not only to our membership, but to many more people worldwide who wish to learn more about dental history.

With the collaboration of Shannon O’Dell and Andrea Matlak, we created a survey form to send to museums, archives, libraries and other institutions. We made this form available through both paper mailings as well as electronic access on our website. The survey form was designed to gather information about the extent of each institutions’ holdings as pertain to dental history. This specialized goal entailed building a list of many types of holdings, including dental instruments, trade catalogues, photographs, and teaching models. The complete list appears on the second page of the survey form, on the following pages.

The survey form was created as an Adobe PDF (Portable Document File), and made available for download on our website. The use of this format meant that the form could either be printed and filled out by hand to be mailed, or filled out on a computer and submitted via e-mail. The electronic submission option was by far the most popular method.

Response to our survey has been extensive. To date we have received close to 80 responses, from 30 U.S. states as well as from Canada and abroad. Electronic access to our survey form has allowed even more institutions to participate in the survey than those who were included in our initial paper mailing. Ms. O’Dell & Ms. Matlak informed yet other institutions about our survey via e-mail and the web, which allowed for an Internet-based “word of mouth” effect, with institutions passing the survey form along to others. Respondents have included academically-affiliated and independent museums, libraries, and archives, as well as institutions such as the Smithsonian and the Henry Ford.

The volume of survey responses represented a large amount of data. An electronic database was constructed. This database serves several purposes: to hold and organize all the survey responses for our own reference; and later to make this information browsable and searchable via our website. In the same way that the electronic survey form gave institutions more flexibility to respond at their convenience, the database will give visitors to our website many choices about how they wish to view and search the new museum directory.

The original paper directory listed museums and other institutions alphabetically by US state and by country. Visitors to the new online directory may wish to browse this way, however they will also be able to browse by institution name or by region. They will be able to search by keyword, or by a specific combination of collection holdings and special services. Most importantly, the database can be expanded, updated, corrected and enlarged, as more participants contribute information about their dental collections. Unlike a paper directory, an electronic database need never go out of date.

Correspondence:
284 Harvard Street
Brookline, MA 02445
(617) 731-6767
zoe@histden.org
DENTAL COLLECTIONS SURVEY

Save time and postage - complete our survey online at www.historyofdentistry.org/survey

INSTITUTION NAME:  

ADDRESS:  YEAR ESTABLISHED:  

CITY:  STATE/PROVINCE:  POSTAL CODE:  

TELEPHONE:  

FAX:  

COUNTRY:  

WEBSITE URL:  

EMAIL:  

CURATOR/COLLECTION MANAGER:  

OTHER KEY STAFF:  

Please complete the following survey page and MAIL or FAX both pages to:  

THE AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY  
284 Harvard Street  
Brookline, MA 02446  
FAX: (617) 731-8724  

If your organization does NOT have collections pertaining to the history of dentistry, please check this box and return the form with your institutional contact information. Otherwise, please complete the survey on the following page.
AVAILABLE SERVICES
(please check all that apply, and mark a $ next to fee-based services)

☐ Reading/Research Room
☐ Library
☐ Museum
☐ Historical Reference
☐ Genealogical/Family History Reference
☐ Interlibrary Loan
☐ Mail Inquiries Accepted
☐ E-mail Inquiries Accepted
☐ Duplications/Photocopying
☐ Special Events
☐ Online Resources
☐ Photography Permitted
☐ Group Visits Allowed
☐ Tours/Docents Provided

FEES
(please briefly describe where applicable)

Admission fees: __________________________

Photocopying/Duplication fees: __________________________

Research fees: __________________________

COLLECTIONS ACCESS
(please briefly describe where applicable)

Restrictions: __________________________

Finding Aids: __________________________

Indexes: __________________________

Card Catalogs: __________________________

Published catalogs/finding aids: __________________________

Online Access: __________________________

DENTAL HISTORY HOLDINGS
(please check all that apply)

☐ Advertising ephemera  ☐ Manuscripts
☐ Animal specimens  ☐ Micrographics
☐ Archives  ☐ Oral histories
☐ Artwork  ☐ Pamphlets
☐ Artifacts  ☐ Personal papers
☐ Audio  ☐ Photographs
☐ Books/monographs  ☐ Rare Books
☐ Clippings  ☐ Scrapbooks
☐ Curios  ☐ Serials/Journals
☐ Dental product packages  ☐ Slides (including glass lantern)
☐ Directories  ☐ Teaching models
☐ Dental Equipment  ☐ Theses
☐ Film  ☐ Textiles
☐ Human specimens  ☐ Trade catalogues
☐ Dental instruments/kits  ☐ Vertical files
☐ Textiles  ☐ Video

Other:

________________________________________

ESTIMATED COLLECTION SIZE
(Number of items or square/cubic footage)

________________________________________

________________________________________

ADMISSION/VISITING ARRANGEMENTS

Reading Room hours: __________________________

Exhibit Hall hours: __________________________

Call for appointments/hours? ☐ YES  ☐ NO

________________________________________
Football was brought to America by early British colonists, and was played on village greens and school campuses. The game was initially very similar to soccer, but was soon modified. Because the game was rather rough, it was banned at Yale and Harvard in the middle of the nineteenth century, but this ban did not last long. By 1873 the game’s rules were changed, and the sport, now modified, was embraced by Yale, Princeton, Rutgers and Columbia. Some collegiate games were played before the rule change, however, according to a plaque at Rutgers which reads, “First intercollegiate football Rutgers vs. Princeton 1869-1871”.

By 1876, football was adapted to the code of rugby, a similar sport popular in England. From the Eastern American colleges, interest in football spread further to the Midwest. In time, yet more rule changes were introduced and a professional football league was founded. The National Football League used college rules until 1927, when new changes were adopted. The football helmet was invented by George Barckley of Lafayette College in 1896. While face protection had long been encouraged, face guards did not become mandatory until 1963. A face guard is shown on this stamp, labeled “1869–1969” to commemorate the American Intercollegiate Football centenary. The stamp is one of a set of two, issued in September 1969. (Scott #1382).
Dental Postcards XLI

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

A Trip to the Dentist

(front of card)
Postcards depicting dressed, anthropomorphized cats were most popular from the 1940’s through the 1960’s. They were chiefly printed in Switzerland, Belgium, Spain, and to a lesser degree, in Thailand, Turkey and the United States. Their publisher was Alfred Mainzer Inc., of Long Island, New York.

Eugen Hartung (1897-1973), a European graphic artist, designed a large collection of these charming and whimsical animal postcards, many of which are still on the market. His signature logo, a heart with a loop or “tongue” in the center and a tiny dot on each side, typically appears in a bottom corner of the drawing. This linen-textured postcard, never mailed, was printed in Spain circa 1940’s. Measuring 3.5 x 5.5 inches, it is brilliantly colored and scalloped (“deckled”) along the edges.

The scenario depicted centers around a hectic visit to the dentist by a family of cats. A feline mother and her five offspring, fully dressed in the styles of the 1940’s, are reacting to a sibling’s sheer panic as he squirms in the dentist’s chair. The reassuring feline dentist wears dark-rimmed glasses, and a gathered, smock-like gown rolled at the sleeves. In his right paw, behind his back, he holds a dental forceps. With his left paw, he steadies the lower jaw of the young patient, who flails in fear as he anticipates the dreaded extraction. With his eyes locked in a terrified stare, the little fellow raises his right paw in a futile attempt to stop the procedure. The dental assistant, dressed in a fitted knee-length gown and wearing high heeled shoes, is stalwartly standing behind the protesting lad. With her paws firmly clasping his head, she also looks distressed. The alarmed mother cat nervously moves toward her son in a protective gesture. In the process, she tips over a small round table holding her purse, spilling its contents to the floor. At her mother’s right side, a female kitten, adorned in “Mary Janes”, gestures for attention. Swinging tails abound in this chaotic scene.

In the waiting room doorway, two brothers are mischievously smiling and enjoying the action--of course, completely behind their mother’s back. The tallest of these three, a girl in a red dress and a white bandana tied around her swollen cheek, looks on in horror. Undoubtedly, it is she with who will be next to serve time in the dreaded chair.

On the back wall, a chart shows four types of teeth with caries markings. The dental equipment, including the chair, unit and cabinet, is authentically detailed and meticulously drawn. It depicts a European design popular in the 1940’s.

Underneath the dental cabinet on the left, two smiling mice peek out, shamelessly gloating that justice is finally being served.
This rare creased and stained trade card was produced more than 100 years ago for Dr. Lydia C. Clare, an 1890 graduate of Pennsylvania College of Dental Surgery in Philadelphia. Dr. Clare is listed in Polk dental directories at her Eighth Avenue New York address from 1893 to 1907. She had a “Special office for filling teeth, separate from the extracting and other rooms,” “Electric light nights” (we assume this means evening hours), and a “Lady in attendance” (beside herself, we suspect). Spoken at her office were “German, French and other languages.” “Make no mistake,” Clare was where you and your teeth belonged! Marvin Bros. Printers prepared for Dr. Clare this stock trade card featuring John Howard Payne on the front. Payne was a playwright, author and statesman, born in 1792 and died in 1852. He wrote the
enormously successful “Home Sweet Home” in 1822, and in 1970 was inducted into the Songwriter’s Hall of Fame. Payne oringally sold the tune for 30 pounds sterling, and everyone else involved with the song became rich. “Mid pleasures and palaces, tho’ we may roam, Be it ever so humble, there’s no place like home.”

The small stock card featuring the roller skaters was offered by Thomas Clare, Surgical and Mechanical Dentist, at the same address in New York as Lydia Clare. This card can be dated to the late 1880s because the lithographers were Joseph E. Ellery and William Wilson, whose printing business in New York operated from 1882 to 1888. Thomas Clare is not mentioned in the Polk Dental Directories from 1893 to 1928, so we assume that Lydia carried on the dental practice of Thomas who was perhaps her father, brother, uncle or husband.
A RARE BOOK BY THE QUACK PATENCE

A small and undistinguished volume of 60 pages in the possession of Northwestern University Dental School, appears to be one of the rarest books in the field of dentistry. This is entitled A Treatise on the Teeth, wherein is demonstrated their Formation, Growth, Extension, Preservation, Disorders, and Cure, and so forth, published in London and is by the notorious quack designated only as M. Patence. This book is not listed in any of the better known bibliographies, including the recent one by J. Menzies Campbell, and the older ones by Crowley and by Weinberger, as well as the catalog of the Surgeon General. B. R. Townend in 1942 contributed to Dental Magazine and Oral Topics an extensive article on Patence based on his advertisements in newspapers, but he did not mention Patence’s book and perhaps did not know of its existence. It would be interesting to know what other libraries, if any, have copies of this contribution to the unscientific and unprofessional field of dental literature.

An idea of the character of the work may be derived from the following passage with regard to movements of the mandible:

If we consider the six-fold action of the jaw, it excels all mechanical motions whatever; all the parts move from centrical points, except the compound rivet, which few understand; the rest terminate in angles from the centre, but this, when it opens, moves quite different; its actions are horizontal, vertical, forward, backward, extends behind, or shuts before; for when the grinders meet, the upper fore-teeth project over the lower, and when the fore-teeth are employed in eating, there is an open space betwixt the grinders; so that rest is given alternatively throughout the whole, the methods of which no mechanic can comprehend, there being no screw, or constructed lever, to alter the wonderful operation of such an amazing construction; which alone is sufficient to prove the infinite power of our Maker. (Patence, 1774, p. 7)

SAINT APOLLONIA AND SAINT LAURENCE

Students of the relation of Saint Apollonia to dentistry will be interested in Georges Dagen’s "Saint-Laurent and Sainte Apoline" in L’Information Dentaire 36:197-202 Feb. 18, 1954.
MEETING OF THE A.A.H.D.
E/ The American Academy of the History of Dentistry will hold its third annual meeting Friday, November 5, in the Bay View Room of the McAllister Hotel, Miami. Friday has been chosen for the day of meeting to avoid conflict with the many other meetings scheduled for Saturday.

INFORMATION DESIRED
E/ Edward C. Mills, of Columbus, Ohio, is desirous of learning the exact date of birth of Dr. Mason S. Dean in order to complete his record of the presidents of the American Dental Association.

Mr. Everett E. Farwell, who is completing records on Dr. Henry Daniel Cogswell for the California Historical Society, wishes to obtain material concerning this pioneer dentist who with his wife and brother, James L. Cogswell, practiced in San Francisco during the "gold rush" days.

SEVENTEENTH CENTURY DENTISTRY
E/ Two articles by Karl Frz. Hoffmann discuss the dental works of two seventeenth century Germans; namely, Joseph Schmid (fl. 1650) and Johann Stephan Strobelberger (1593-1630). The article about Schmid's Speculum Chirurgicum oder Spiegel der Wund-artzney (1656) is in Zahnärztliche Welt 9:108-110, Feb. 25, 1954. The article on Strobelberger is in Österreichische Zeitschrift für Stomatologie 50:561-563 Nov. 1953.

VINCENZO GUERINI HONORED
E/ Italian dental historians have expressed appreciation that Vincenzo Guerini, the dean of dental historians at the age of ninety-four, was elected an honorary member of the A.A.H.D. Clinica Odontoiatrica (9:opp. 2. Jan. 1954) devotes a page, with portrait, to recent laudatory comments and honors for Guerini. The article declares: "This recognition given spontaneously to our dean by the scholars and Academy should be no surprise, since the fame of Guerini abroad rose to the highest point years ago. It is enough to consider that he, along with Godon and Aguilar, founded in 1900 the Federation Dentaire Internationale; he took part in all the international congresses sponsored by the Federation except the last one, held in London in 1952."

DENTAL EXHIBIT AT SMITHSONIAN INSTITUTION
E/ The Smithsonian Institution is planning to reorganize and expand its historical exhibit of dentistry. It is expected that the exhibit will be designed to show the development of various technical and professional aspects of dentistry.

ENCYCLOPEDIA AMERICANA ON HISTORY OF DENTISTRY
E/ An extensive article on the history of dentistry by George B. Denton will appear in the forthcoming edition of the Encyclopedia Americana, which will probably be published in 1955.
BULLETIN OF THE HISTORY OF DENTISTRY

official monthly publication of
American Academy of the History of Dentistry

HISTORICAL CONTRIBUTIONS OF SIR FRANK COLYER

Sir Frank (J. F.) Colyer, an honorary member of the A.A.H.D.,
elected at the 1953 meeting, died March 30, 1954, at the age
of 88. A notice of the death of this distinguished British den-
tist will appear in the May number of the J.A.D.A., p. 591. It
is appropriate here that special attention be given to his con-
tributions to the history of dentistry.

As honorary curator of the Odontological Museum of the Royal Col-
lege of Surgeons, Sir Frank was familiar with the anatomical and
pathological specimens of John Hunter as well as with the instru-
ments in the collection of the College. These specimens furnished
the basis of his two excellent historical works John Hunter and
Odontology (London, Claudius Ash, Sons & Co., Ltd., 1913) and
Old Instruments Used for Extracting Teeth (London, Staples Press,
1952).

The following articles on the history of various aspects of den-
tistry have been contributed by Sir Frank Colyer:

The barber-surgeons and the Royal College of Surgeons of

The teeth of Londoners of the 17th and 18th centuries. D.
Record 42:237-243 1922.

The debt of the dental profession to John Hunter (re dental
anatomy and histology). President's address. Brit. D. J. 41:
60-74 1920.

Some old types of instruments used for extracting teeth.
Austral. J. D. Sc. 7:193-202 1927.

Old instruments used for extracting teeth. Brit. D. J. 66:
15, 1939.

John Hunter and the transplantation of teeth. Brit. D. J. 70:
249 April 1, 1941.

July 2; 31-34 July 16, 1943.

EARLY DENTISTRY IN OREGON

An interesting sketch of early dentistry is contributed by
(Mrs.) Jean Barringer Howard, under the title "The Story of
Dentistry in Oregon," to the Oregon State Dental Journal for
February 1954 (23:2-9).

DATE OF ISSUE

This number of the Bulletin was issued April 30 and includes
items of later date than the month designated (March).
HONORARY MEMBERSHIP IN A.A.H.D.—AN EDITORIAL

The death of Sir Frank Colyer only a few months after his election recalls the problem of choosing the honorary membership of the A.A.H.D. which rose at the 1953 meeting of the Academy. Four distinguished historians, three of them outside the boundaries of the United States, were elected; namely, Vincenzo Guerini (Italy), Lilian Lindsay (England), J. F. Colyer (England), Hermann Prinz (U. S.). All of these were eighty years of age or above when elected, and were chosen partly on the ground that they would never be active in the Academy. There are several older dental historians in foreign lands all of whom might be eligible for honorary membership including Casotti (Italy), de Vecchis (Italy), Palazzi (Italy), Greve (Germany), Driak (Austria), Dagen (France), Cunha (Brazil), Campbell (Scotland), Strömgren (Denmark) and Townsend (England).

The perspective of distance and the absence of local and personal loyalties make the problem of selection of nominees from other countries relatively easy. But the naming of a dental historian of this nation, however venerable or distinguished, is bound to initiate a flood of claims to equal recognition, and result in dissatisfaction or in obscuring the distinction by the inclusion of too many. Yet it seems illogical to confine honorary membership to historians in foreign lands.

At the same time, if election to honorary membership for some of these candidates is deferred too long, it can be awarded only posthumously. Outstanding contribution, national or preferably international recognition, and advanced age might well be criteria of choice provided the membership is conferred not so late as to preclude the recipient’s enjoying his well earned recognition for some years to his own satisfaction and the advantage of the Academy. This perplexing problem can be solved only by a clearer understanding of qualifications and a broader outlook.

MORE ABOUT THE QUACK PATENCE

The following is from a letter by J. Menzies Campbell, elicited by the note in the last Bulletin on Patence’s Treatise on the Teeth, 1774: "Yes, Patence's 1774 treatise is extremely rare. I am not aware of any British library that possesses a copy, nor in my years of collecting have I been offered one. The second edition, A Guide to Health, Beauty, Riches and Honour, published in 1796, is also of great rarity. I know of a copy of this that was in existence 30 years ago; its subsequent location cannot be traced. I possess 107 of Patence's advertisements, originals and photostats. His full name was Theodore Mathew Patence, although he described himself variously, e.g. 'Mr.', 'M.', 'Mathew Theodore', 'Count', 'T.M.', and as Dentist and Dancing Master (1770), Surgeon Dentist, M.D. (1780), Dentist, Surgeon and Mechanic (1787). He practised at several addresses. In 1770, 8 Bolt Court; 1774 (then 10 years in practice), 403 Strand; 1778, 333 Oxford Street; 1779, 79 Haymarket; and 1791 (certainly until 1802), 36 Great Suffolk Street. In 1824 an advertisement stated - Miss Patence, Surgeon Dentist, 3 Panton Street, successor to my late father."
ORIGIN OF THE MODERN TOOTHBRUSH

The use of a brush to clean the teeth goes back to the beginning of the eighteenth century and perhaps much earlier. Pierre Fauchard, in his celebrated work, mentions with disapproval the brushing of the teeth. However, unless the brush is described or pictured, its design cannot be ascertained. It is quite possible that these early brushes were like paintbrushes with the bristles extending in the same direction as the handle.

The earliest picture of a toothbrush of the general design of the modern type, with bristles at right angles to the handle, is in Joseph Lemaire's Le dentiste des dames, first published in 1812. In a plate representing a lady at her dressing table there is lying on the table top a toothbrush of modern design. Richard Breuër, in an article in Festschrift des Vereines Oesterreichischer Zahnarzte, 1911, p. 100-104, described a case of dental utensils that Napoleon I presented to his wife Maria Louise. One of the plates shows two toothbrushes of modern design in one of the drawers of this case. Napoleon married Maria Louise in 1810 and ceased to be emperor in 1815. These evidences fix the earliest known time of the modern toothbrush close to the beginning of the nineteenth century although its origin might be much earlier.

MORE DOCUMENTS REGARDING A.D.A. HISTORY

The editor has received from Dr. Harold L. Faggart several letters and other documents written by the late Homer C. Brown pertinent to the history of the American Dental Association. These will be passed on to Dr. Robert W. McCluggage, who is preparing the centenary history of the Association.

Dr. McCluggage has received assurance from General Neal A. Harper, literary executor of Dr. Brown, that as soon as he has been able to sort and arrange the numerous documents, those relative to Association history will be sent to the Central Office to be placed in the archives.

BIBLIOGRAPHY OF MEDICAL CLASSICS

A revision of Garrison and Norton's Medical Bibliography (an annotated check-list of texts illustrating the history of medicine), 2d edition, is announced by Argosy Book Stores, 114 East 59th Street, New York. The present edition will contain about 6,500 entries, arranged by subjects and chronology.

FOR THE HISTORIAN INTERESTED IN DENTISTRY IN UTAH

Milton B. Asbell (632 Federal Street, Camden, New Jersey) has information regarding an early dentist in Utah which he would be glad to pass on to a local historian.
MEMOIRS OF HERMANN EULER

A picture of dentistry, in its educational and investigative aspects during the years 1905-1945, is presented in detail in the 200-page autobiography of Hermann Euler. This work by one of the most distinguished of German scientists and practitioners is entitled Lebenserinnerungen eines Lehrers der Zahnheilkunde, (Munich, Carl Hauser Verlag, 1949). Euler was personally acquainted with most of the outstanding dentists of Germany, and familiar with both their personalities and their professional qualifications and contributions. For the dentist outside Germany, who is not familiar with European professional developments, this is a very informative book.

LOCATION OF A GEORGE WASHINGTON LETTER

The letter of George Washington to his dentist, John Greenwood, dated January 20, 1794, according to a note in Dental Survey (30:537 May 1954), was recently purchased at auction by Mary Benjamin, a New York autograph collector, for $1,300.

EARLY DENTAL ANATOMY

A volume containing 90 essays, entitled Science, Medicine and History, edited by E. Ashworth Underwood, published by Oxford University Press, has been issued in honor of Charles J. Singer, the medical historian. It includes an article on dental anatomy from Aristotle to Leeuwenhoek by Lilian Lindsay.

EARLY DENTISTRY IN ARKANSAS

At the meeting of the Arkansas State Dental Association, April 4, Dr. Fred W. Dietrich presented the project of its historical committee and the matter of financing the further collection of material and its publication. The character of the interesting account of early Arkansas dentistry is exemplified in the whole-page article printed in the Arkansas Gazette, April 4. Many picturesque incidents and several historical photographs were published, as well as other data indicating the progress of the profession in the state. Failure of the state society to support this project would entail a distinct loss to the local history of dentistry.

BIBLIOGRAPHY OF FOREIGN HISTORICAL ARTICLES

The following are some of the more recent historical articles in foreign dental journals:


A History of Dentistry in the US Army to World War II
By John M. Hyson, Jr., Joseph W.A. Whitehorne & John T. Greenwood
890 pages hardcover

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

Copies are available ($79) from the US Government Printing Office (http://bookstore.gpo.gov). Use the search function where the subject, title, first author (Hyson), Stock Number (008-023-00137-5) or ISBN (9780160821592) can be entered to locate the book. PDF file version will be available for download by May 2009 at the publisher's website (The Borden Institute). http://www.bordeninstitute.army.mil

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

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Panel Discussion
Reception, Union League Club of Chicago

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