The American Academy of the History of Dentistry, a not-for-profit organization founded in 1951, has as its goals the following:

- Creating an authoritative body to which important questions relating to dental history could be referred for factual verification.
- Stimulating more thorough and comprehensive research in dental history, thereby extending the boundaries of dental knowledge, giving substantial support to growing professional culture.
- Increasing interest among dentists in dental history.
- Encouraging both the development of historical collections on dentistry, and the offering of adequate instruction in dental history.
- Stimulating professional discussion of the facts of dental history as an aid in solving problems in dental education and practice.
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“You Can Always Write a Good Book, If You Have a Number of Good Books to Copy”

David A. Chernin, DMD, MLS
Editor-in-Chief, Journal of the History of Dentistry

Through the years I have been fortunate to have contact with the third generation of modern dental historians. These are individuals whose interest in collecting and study began in the latter half of the twentieth century. The clarity of their positions, the depth of their convictions and the soundness of their reasoning provided inspiration for my own interest in history. Over the years, I have been successful in acquiring or locating the personal research material from their predecessors, who represent the first half of the twentieth century.

I must admit this editorial is a bit overdue. From my reading and research of the body of literature devoted to the history of our profession, especially over the past twenty-five years, I am dismayed to find limitations in the depth of research that results in misleading conclusions.

My recent reviews of a current, published book on dental history and a review of a submitted historical review paper to a state journal, compelled me to address this issue. These documents brought to mind a memorable conversation I had with Prof. Gerald Shklar. When I remarked about the lack of any recent good book on the history of dentistry, his tongue in cheek reply was what became the title of this editorial.

There are challenges and responsibilities when writing books on history, or papers that claim to be historical reviews of the subject(s) of interest. Of primary importance is the availability of the most current primary, secondary and tertiary source material. Secondarily, is an understanding
of the historical context, the setting, during which
the events and/or lives of the subjects occurred. Just
as we live in a multidimensional world, with all the
worldly, public and personal demands, so too have
past generations.

A broad understanding of the time period
for the subject matter being examined and evaluated
is an essential, valuable lens. It grounds our
interpretation of past and newly uncovered source
material and contributes to a clearer or more altered
view of past events and people. These contributions
and analysis of multiple sources enables us to clarify
and place an event/issue/document in its historical
context. These additions to the body of our dental
literature provide insight into understanding
the progress as well as the controversies in our
profession's development and ethical evolution.

While discounted at times as having less
academic value, in reality, historical writings lay bare
the evolving social contract of the dental healthcare
profession offering guidance as we deliberate present
dilemmas.

Unfortunately, the bulk of histories and
most certainly historical reviews in our dental
literature fail to present the historical context of the
subject matter and manipulate the written material
(substantiated and unsubstantiated references)
toward a partisan perspective. There appears to be
limited effort in locating and identifying primary
source material. I observe a near universal reliance
on secondary and tertiary sources, that can result in
a blind belief in the validity and reliability of their
scientific research.

We are confronted by a new concern with
grave consequences. It appears today that dental
information is perceived as current and up-to-date,
if available on-line. The easy access to an immediate
answer, leads to the false assumption that all the
answers are on the internet.

This is not an eureka moment on my part,
to declare that the “Emperor has no clothes.” As the
eminent Scottish dental historian, John Menzies
Campbell so eloquently stated:

I recollect, many years ago, having a long
talk on the question of worth-while research with one
of the foremost dental investigators of this century.

He emphasized that no one should embark on any
research with preconceived ideas of the result. If he did,
his vision would be warped, because, subconsciously,
he would tend to pay undue attention to everything
apparently favourable to his own opinions and
minimize, or even suppress, anything that failed to
uphold his hypotheses. That likewise applies to dental
history, for such is the true scientific approach.

...A writer on dental history must, therefore,
impose a rigid self-discipline and decline to publish
anything, until he has assembled all possible
information and is convinced that his conclusions will
successfully resist the “acid test”—otherwise, he may
be circulating fiction. Further, nothing worthwhile
can be derived from adopting a policy of “scissors and
paste”, as this so often leads to the perpetuation of
errors. Instead, every endeavour should be made to
confirm the statements of earlier writers and to add
something new. Too frequently, there is a tendency to
be content with enlarging “accepted” statements to
harmonize with one's own conclusions!

Currently, the majority of our primary
sources are not as yet digitalized. What seems to be
lacking by a majority of current writers are skills to
navigate through the finding aids, an understanding
of the various controlled vocabularies and an
appreciation for historical context. In order to
establish credibility and give our historical writing
intrinsic value, there is a need to understand and
apply the basics: When?, Where?, By Whom?, and
the Source and Origin of our reference material.

You can always write a bad history book, if
you have a number of bad books to copy.

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Retention or Extraction? Defining Our Profession

James L. Gutmann DDS, Cert Endo, PhD (honoris causa), FICD, FACD, FADI, FAAHD, Diplomate, American Board of Endodontics
Professor Emeritus, Texas A&M University
Baylor College of Dentistry, Dallas, Texas

In the past 25 years there has been a tremendous move to replace not just missing teeth, but teeth that were thought to be non-restorable, those in which root canal procedures may have failed, those that may have had questionable defects such as cracks or fractures, those with questionable bone loss, etc. Only too often the treating professional was quick to recommend an extraction and replacement with an implant for various reasons, ranging from the inability to diagnose, to not wishing to send to a specialist for an in-depth assessment, or not having the skill and confidence to manage a particular dental challenge, to the impact of the revenue obtained through the provision of an implant or implants on the dental practice. However, in the process many patients have been denied the possibility of retaining their natural teeth, as the course of procedures chosen often was in the best interest of the dentist. A brief look into our dental historical vault shows us that even at the inception of the ‘focal infection theory’ over a hundred years ago, in which countless thousands of teeth were extracted, the dental profession was still being defined as how well they were able to manage disease and retain teeth.

“Tooth Saving Should be the Dentist’s Aim.—It is not the greatest achievement of science or the highest development of art to produce things available to only favored individuals, but rather those things which lie within the reach of the majority, and which produce the greatest good for the greatest number. In the practice of dentistry every encouragement should be given to those who are striving for better methods of combating disease, or the production of better materials with which to replace lost tissue, but enthusiasm in our work and admiration for unusual attainment should not lead us to lose sight of the fact that a service which will save the most teeth for the greatest number of people is, after all, the true standard by which the attainments of our profession should be measured.—Editorial, The Pacific Dental Gazette, October, 1910.”
The Modern Value of Early Writings in Medicine and Dentistry

Sheldon Peck, DDS, MScD
Adjunct Professor, Department of Orthodontics, University of North Carolina at Chapel Hill
Historian, The Edward H. Angle Society of Orthodontists

This article illustrates three examples supporting the modern value of early writings in dentistry and medicine. First, by studying cases described in works published long before the era of genetic science, we are able to develop new hypotheses about familial conditions and their genetic roots. Tooth transposition is presented as an example. Second, old writings may lead us to valuable historical insights and perspectives in medicine that can be revealed only in retrospective analysis. An example of this kind of historical analysis uncovers why dentistry became unnaturally separated from mainstream medicine in the 19th century. Third, early writings become keys to unlocking forgotten knowledge that enriches our understanding of historically significant people and events. The discovery of Norman Kingsley’s long forgotten pyrographic paintings after Rembrandt portraits is used as an example. Libraries, the traditional custodians of these valued old texts, must continue to be supported, and not undermined by the paperless digital revolution.
Introduction

Libraries, including those for medicine, dentistry and health sciences, are in crisis today. Many users are now questioning the missions and even the existence of these formerly essential institutions. How can this be? The library has been the traditional physical repository of all written knowledge, a concept that has been central to the preservation and advancement of civilizations since the days of the great Ptolemaic library of Alexandria in ancient Egypt.

The rise of digital media, computerized storage and electronic retrieval of information has revolutionized library services and priorities. Universities envision remodeling their libraries with fewer bookshelves and more room for their new informatics departments. Readers today often say, “Why must we visit libraries when we have online access to the latest journals and books we need?” Even rare books of particular interest to scholars and researchers are being scanned digitally and are often available in full-text format on the Internet.

As a collector of rare old books in medicine and dentistry, and a library board member, I have witnessed firsthand this radical transformation in the concept of “library.” Following serious personal deliberation, I am firmly wedded to the idea that for many reasons the printed book has a special place and deserves continued direct access and preservation in libraries. Simply accessing text online is not enough for the essential connections that books organized intelligently on shelves have provided us in the past. We need to be reminded of the irreplaceable value of the printed book, especially the early printed book of past centuries.

In this article, I shall attempt to elucidate some reasons why classic old books that make up the building blocks of health science and its professions should continue to be carefully collected by libraries and preserved on their shelves. Furthermore, they should be ardently sought by library users as sources for historical insights and new discoveries in more exciting and productive ways than online virtual libraries could possibly provide.

This paper will illustrate three examples supporting the modern value of early writings in dentistry and medicine. First, by studying cases described in works published long before the era of genetic science, we are able to develop new hunches and hypotheses about conditions that may have genetic roots. Second, old writings may lead us to valuable historical insights and perspectives in medicine that can be revealed only in retrospective analysis. Third, early writings become keys to unlocking forgotten knowledge that enriches our understanding of historically significant people and events.

A word about my own relationship with rare volumes. Since 1968, I have been collecting antiquarian books largely related to orthodontics, my specialty, and dental medicine. At first, I specialized in books by or related to Edward Hartley Angle, MD, DDS (1855-1930) (Fig. 1).
Angle was the American dentist who organized the specialty of orthodontics in 1900 and invented “edgewise” orthodontic appliances, derivatives of which predominate today globally as “braces.” My collection of old medical and dental books grew slowly. Acquisitions accelerated in the mid-1990s, when Internet book-buying became possible.

In 2005, I took an opportunity to advance my collection considerably. I was offered a remarkable group of over 250 rare volumes dating from 1555 to 1930 that represented a lifetime intellectual pursuit of Samuel Fastlicht (1902-1983), a distinguished orthodontist in Mexico City. Dr. Fastlicht was an astute acquirer of important volumes in the history of medicine and dentistry. In the 1950s, he made significant purchases for his collection from the legendary personal library of Bernhard W. Weinberger (1885-1960) in New York City, who studied orthodontics with Edward Angle in 1909 and who is known for his encyclopedic compendiums on the history of orthodontics and the history of dentistry. As a result of a gift in 2012, most of my rare-book library has become part of the Special Collections Division at the Heath Sciences Library of the University of North Carolina at Chapel Hill.

**Revealing Clues Recorded Long before the Genetics Revolution**

Perusing 17th- and 18th-century medical texts and observing the hand-drawn plates illustrating their case reports can provide insight into new associations of cause-and-effect for which the early writers would have had no idea. For example, we may be able to find clues recorded long before the genetics revolution about abnormal conditions that we would suspect now to be familial and heritable.

Many savvy medical investigators are aware of this source of research ideas. Such has been the case in the recognition of likely genetic causality in a number of medical conditions, such as familial hypertrophic cardiomyopathy, an anatomic enlargement of the heart with genetic links, earlier considered to be an idiopathic condition.

In the same fashion, descriptions provided in old books have advanced discovery in the field of dental anomalies. Tooth transposition is a severe malposition of certain teeth, an extreme form of ectopic eruption and an anomaly of tooth order. The most common human tooth transposition is when a maxillary canine and adjacent first premolar develop in reverse order. In this positional anomaly, the canine tooth develops between the first and second premolars, with the first premolar developing in the canine space next to the lateral incisor or retained deciduous canine, completely reversing the normal canine-first premolar front-to-back tooth order. Although maxillary canine-first premolar transposition (Mx.C.P1) is the most frequent site of tooth transposition, it has a low prevalence rate of 0.33% (1 case in 300 people) (Fig. 2).

When a patient presents with an Mx.C.P1 transposition anomaly, it is an unforgettable experience for the clinician. As orthodontists, we step back and say, “What are we going to do?” Then we design a treatment plan to straighten the teeth, extract the unresorbed deciduous canine if it is still present, and finish with the teeth aligned but...
remaining transposed, if we choose the simplest approach. Since the experience to manage such an abnormality is so rare, many of these treated cases find their way into the literature as individual case reports. Little is ever written about causation. Over the decades it had been assumed that this tooth-order anomaly was just a rare chance happening.

Enter, the power of early writings. When I was beginning to consider tooth transposition as a research topic, I searched out an old French-language medical journal from 1817. In it was an article on “a rare case of transposition of the teeth” by Professor Edme M. Miel (1777-1830) of Paris. Miel wrote and illustrated the paper to challenge a prevailing doctrine that the rows of human teeth are organized by nature in an inviolate order. In retrospect, he gave us something more valuable: the first published observations on tooth transposition (Fig. 3).

Professor Miel presented a detailed description of bilateral occurrence of this dental positional anomaly in a 16-year-old girl. In addition, he noted that her father presented with a unilateral left Mx.C.P1 transposition, before extraction of the affected first premolar. In this classic publication, Miel also described and illustrated a unilateral right Mx.C.P1 transposition he observed in another male patient.

When there is published clinical evidence of a rare (prevalence rate of 0.33%) anatomical condition occurring two generations of a family, the likelihood is great that this is more than a chance occurrence. The odds of chance occurrences in this case would be close to 1 in 90,000. So this familial report was a decisive clue regarding genetic linkage for the Mx.C.P1 transposition trait’s occurrence. Thus, we were encouraged to collect data from single case publications worldwide and try to find genetic associations. We found that tooth agenesis, which is of proven genetic causation, occurred in 26% of these published cases. Bilateralism occurred in 27%, and there was anecdotal familial occurrence for 11% of subjects. The sex ratio of occurrence was biased to one side, female. All these factors pointed to genetic control of the trait’s expression. We were compelled then to collect our own sample, which was done from 50 different dental practices, because the anomaly is seen so rarely.

In our own sample, our first multi-case sample that was ever assembled, we indeed found a significant association with tooth agenesis, conical
maxillary lateral incisors, bilateralism, and an even higher sex ratio, favoring a female occurrence. All these factors were pointing to a genetic etiology. In other words, Mx.C.P1 transposition is a severe disturbance of tooth order and position resulting from genetic influences. So from a family of cases published in 1817 by Edme Miel in Paris, we were persuaded to pursue a research hypothesis that yielded significant new knowledge, that being that maxillary canine—first premolar (Mx.C.P1) tooth transposition is a genetically controlled dental anomaly. I posit that there are many other new relationships ready to be uncovered and developed from early writings in medicine and dentistry, for those resourceful researchers making a enlightening journey into the old literature.

**Teaching Valuable Historical Perspectives such as the Painful Reason Dentistry Separated from Medicine**

Today, some ponder why is the mouth the only area of the body outside the regular purview of physicians in mainstream medicine. Why is dentistry distinct from the rest of medicine? The answers to important questions such as these are not so obvious today. Instead, they are buried in the historical records of medicine, waiting to be discovered.

Toothache, usually associated with severe tooth decay and triggered by acute inflammation or infection, is excruciatingly painful. Few dentists today, given modern preventive, interceptive and restorative approaches, ever witness full-blown toothache in patients. However, French barber-surgeon Ambroise Paré (1510-1590), considered by many as a founder of the principles of modern surgery, wrote in the late 16th century that toothache was the “most atrocious pain that can torment a man without being followed by death”. In 17th-century London, “teeth” (that is to say, dental abscesses provoked by the introduction of refined sugars in the diet) in fact were listed in city records among the top five causes of death. In the 18th century, insufferable toothache occasionally led to suicide among South Sea islanders and other indigenous peoples after they unwittingly were introduced to refined sugars, such as molasses, by trade with outsiders.

It was the universal misery and desperate treatments of toothache in the 17th and 18th centuries that prompted so many itinerant physicians and quacks to become early specialists in dentistry. The only sure treatment for dental pain was to extract the rotting teeth, a procedure that itself was extremely painful in that era before surgical anesthesia. By the 19th century, managing the relentless pain of dental disease and its treatment were the primary impetus in the establishment of the first dedicated educational program in dentistry in the world in 1840 at the Baltimore College of Dental Surgery, founded by two American dentists, Chapin A. Harris (1806-1860) and Horace H. Hayden (1769-1844). A new degree, DDS, was created indicative of a new profession, dentistry, both distinct from a medical degree and the medical profession.

Six years later came the miracle of anesthesia. In 1846, the world’s first public demonstration of inhalation surgical anesthesia took place in Boston, administered by dentist William T. G. Morton (1819-1868). This was the grand stroke of progress that at once relieved the urgency of dental pain and its treatment. If the pain relief provided by surgical anesthesia had been discovered and promoted 20 years earlier, dentistry would have likely remained an embedded part of mainstream medicine, and a separate educational system, degree and profession would never have been needed nor proposed for specialists treating conditions of the mouth and teeth.

While Europeans were still training physicians to practice dentistry as part of the medical degree curriculum, the world’s first university-based degree program in dental medicine was established in Boston at Harvard University in 1867, adding significant validation for the separation of dentistry from medicine. Eventually the Europeans — and most of the rest of the world — capitulated to the odd American idea of dentistry as a separate heathcare profession.

So with retrospective historical analysis, using information derived from early accounts of medicine and dentistry, we are able piece together
the delicate chronology of factors and events in the 19th century that led to the unnatural separation of dentistry from medicine. In other words, the re-study of old writings can teach us valuable historical perspectives in medicine.

Providing Keys to Lost and Forgotten Knowledge, Such as Dr. Norman Kingsley’s Rembrandt Portraits

A third example to show how early writings in library book-collections have modern value has to do with the great 19th-century orthodontic innovator, Norman W. Kingsley (1829-1913) (Fig. 4). Perhaps Kingsley’s greatest written contribution was his seminal volume of 1880, “A Treatise On Oral Deformities As A Branch of Mechanical Surgery”.

In it, he introduced novel orthodontic appliance solutions. He also demonstrated appliances to restore speech in adult cleft palate patients, an age group that is seldom seen among cleft patients now due to routine childhood treatment of this condition. Kingsley created palate-closing devices, obturators, using a new soft vulcanized rubber called India rubber. It was soft enough to vibrate and move during phonation, enabling normal speech for these patients for the first time, a remarkable quality-of-life improvement. Furthermore, Kingsley applied some of his formidable artistic talent to become a pioneer in creating maxillofacial prostheses for soldiers who suffered facially deforming gunshot wounds in the Civil War.

An even more rare book by Norman Kingsley is his autobiography that was serialized in 1907 in the broad-scoped popular journal Dental Brief. I was lucky to obtain a copy for my book collection. In this personal volume, Kingsley tells about his life accomplishments in dentistry — and in art. In the 1890s he began experimenting in the medium of pyrography, the art of creating a monochromatic image by charring or burning a wooden, leather or even a glass surface with a controlled flame or a hot iron poker or soldering iron. This decorative art form probably began several thousand years ago as a direct result of man’s control of fire.

Kingsley, according to his own account, thought he could improve pyrographic methods by developing a way to deliver subtle gradations of the charring effects that would be better than the cumbersome hot irons used during his day. Decades earlier, in 1866, he had invented and patented the first portable gas blowpipe, which became the prototype for all flame instruments used at the dental chair. He reasoned that if he could adapt this device to produce a flame as fine as an artist’s brush, he could truly replicate the brushwork of an old-master painting. Subsequent to some experimentation, Kingsley succeeded brilliantly. With his newly customized variable-intensity portable blowpipe in hand, he was able to create subtle tones and artistic passages to a level of detail never before possible in pyrography. He mastered the difficult medium quickly and then commenced on a distinctly ambitious project. During a period from the 1890s to the first decade of the 20th century, Norman Kingsley ingeniously created pyrographic reproductions of at least 12

Figure 4. Norman W. Kingsley at age 71 in 1900, in New York City.
portrait paintings by Dutch artist Rembrandt van Rijn (1606-1669), his favorite painter. All of the original Rembrandt masterpieces he copied were in European museums. Ten of these were Rembrandt self-portraits. He may have seen some of the original paintings in the European galleries in which they were displayed. However, it is more likely that he reproduced most, if not all, of them from detailed black-and-white museum photographs that were becoming available at the time.\textsuperscript{13,14}

Photographs of 12 Kingsley pyrographic “Rembrandts” were published with his autobiography in 1907, the last report of their existence. After reading Kingsley’s publication a number of years ago, I became curious if any of these works still existed. I investigated and nothing could be found in published art-museum inventories or on the Internet — until 2002, when the first of two works from the Kingsley series of pyrographic Rembrandt reproductions appeared on the art market in the northeastern United States. Then in 2010, a second one was found in an art gallery in Vermont. The first was Kingsley’s reproduction (1901) of a Rembrandt painting (c.1635-9) of the Biblical parable of the prodigal son; the second was Kingsley’s reproduction (1899) of a Rembrandt self-portrait (1634) (Figs. 5 a-e). Both are in period frames for paintings at the turn of the 20th century, so these may be the original frames that Kingsley selected for the panels. The Kingsley paintings are masterworks in their own right, remarkably true to the Rembrandt originals, especially when we consider that Kingsley employed only his sensitive, difficult, variable-flame blowpipe as his monochromatic “brush.”

The recovery and publication of these two historically important artworks by pioneering American dentist and artist Norman W. Kingsley may lead to the recovery of others in his 12-work series of flame-painted works after Rembrandt. The significance of these masterworks is manifold. They fully demonstrate Kingsley’s artistic powers, which he creatively applied to benefit the advancement of dentistry. Moreover, knowledge of his remarkable contributions to pyrographic art would have likely been lost were it not for the opportunity to read his almost forgotten autobiography. As a direct result, we have now found two of his pyrographic tours de force, and eventually these will go to a museum for perpetual preservation. None of this would have been possible if we simply worked with current writings. This is yet another example of the rewards and discoveries possible by studying and valuing early writings in medicine and dentistry.

\textbf{Conclusions}

In this paper, examples are given of how early writings in dentistry and medicine, tangible records of human progress, can directly provide us new insights and knowledge. Medical and dental libraries, the traditional custodians of these old rare texts, must continue to be supported, and not undermined by the paperless electronics revolution that has already positively changed the way collections are catalogued and periodical literature is accessed. Unlike the expected instantaneous electronic feed for current and new information, most old books are best studied the way their writers expected them to be: as “hard copy” originals carefully turned a page at a time in reading rooms, often producing associated excitement and discovery, as evinced in the examples elaborated in this paper.

\textbf{Acknowledgments}

Adapted in part from the Bullitt Club History of Medicine Lecture presented at the Health Sciences Library, University of North Carolina - Chapel Hill, November 13, 2012.

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**Figure 5.** Norman W. Kingsley’s remarkable pyrographic artworks copying Rembrandt’s portraits. These museum-quality works were discovered only through notice in this famous dentist’s autobiography written over 100 years ago.

a. (top) Rembrandt van Rijn (1606-1669), Rembrandt (Self-Portrait) and Saskia in the Parable of the Prodigal Son. 1635-1639. Dutch. Oil on canvas. Gemäldegalerie Alte Meister, Staatliche Kunstsammlungen, Dresden, Germany. 131 x 161 centimeters.
Figure 5. b. (left) Detail of Rembrandt (Self-Portrait) and Saskia in the Parable of the Prodigal Son, 1635-1639. Dutch. Oil on canvas. Gemäldegalerie Alte Meister, Staatliche Kunstsammlungen, Dresden, Germany.

c. (right) Norman W. Kingsley (1829-1913), Copy after Rembrandt (Self Portrait) and Saskia in the Parable of the Prodigal Son by Rembrandt van Rijn, 1901. American. Kingsley blowpipe pyrography on wood panel. 43.2 x 30.2 centimeters. Private collection.


Figure 5. d. (top) Rembrandt van Rijn (1606-1669), Self-Portrait With a Velvet Beret and a Fur Collar, 1634. Oil on oak. Gemäldegalerie, Staatliche Museen, Berlin. 58.3 × 47.5 centimeters.

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This intense collection was transported from Oregon to Our Auction location here in Frederick, Maryland. Tim Burns was an avid collector of dental cabinets, hundreds of tooth powder tins, over 650 tooth brush holders, dental chairs, dental related trade cards, dental supply catalogs, dental advertising, advertising tins, early dental tools, antique clock collection, slot machines, juke box, Americana, plus so much more. See web site for photo’s.

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Finding Small Root Canals

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Baylor College of Dentistry, Dallas, Texas

A USEFUL METHOD OF LOCATING SMALL ROOT CANALS.
A pellet of absorbent cotton is dipped into a 4 per cent solution of sulphuric acid and placed into the pulp chamber for a minute. Remove the pellet and neutralize the acid with sodium bicarbonate. The cavity is then syringed with warm water and dried. Another pellet of cotton is dipped in tincture of iodin and inserted into the cavity for a minute. Upon removing the pellet black spots will indicate the orifice of canals.
—E. P. Bateman, Katoomba, N. S. W., Commonwealth Dental Review.

Figure 1. Reprinted in the Pacific Dental Gazette 1920;28:253. Courtesy of the Hathi Trust Digital Library.

One of the main reasons for failure of teeth that have been root treated is the inability to locate and clean canals that are very small or not identified by the clinician. In contemporary practice the use of dyes, such as methylene blue, or magnification, such as the microscope are used routinely in these situations to find the canal orifice in the pulp chamber. Prior to this, other more aggressive methods have been used, such as that identified in 1920.
Dr Hannelore Loevy earned numerous awards and reknown as an accomplished female dentist. She was a professor of clinical pediatric dentistry at the University of Illinois, College of Dentistry (UIC) in Chicago. Loevy was also a renowned dental historian, awarded the UK’s Lilian Lindsay Memorial Medal in 2004 as well as many American honours. Through her career she was a clinical children’s dentist and researcher, as well as a teacher of pediatric dentistry, histology and pharmacology. Loevy served as editor of two dental journals and authored a number of books and papers. By the time of her death in 2013, Professor Loevy had accomplished much since her beginnings in Germany.

The Early Days and Kristallnacht

Hannelore Loevy was born in Berlin on March 12, 1932, the daughter of Ernst Loevy and Hansi Elias. Fearing the rise of the Nazis and attacks on Jews, her family fled to Sao Paulo, Brazil in 1938, when she was aged 6 years. Until the end of her life the Holocaust and Kristallnacht left a deep mark on Loevy.

Loevy always sent a note to remind friends of the anniversary of Kristallnacht. On the 9th and 10th
of November 1938 there were coordinated attacks on Jews throughout Germany, in annexed Austria and in areas of the Sudetenland in Czechoslovakia recently occupied by German troops. The word Kristallnacht derives from the shards of broken glass left in the streets after the windows of Jewish-owned buildings, stores, and synagogues were smashed. Of her experience, her daughter, Luciana, said: “Typical of her generation, she wasn’t a big talker of her past experiences, especially the painful ones … but as I got older and began asking questions, she opened up a little more.”

Luciana still perpetuates the memory of Kristallnacht on behalf of her mother. She wrote on her Facebook page on November 9, 2014, “At Illinois Holocaust Museum and Education Center. Taking time on this birthday and Kristallnacht anniversary to remember those who made it possible for me to celebrate today.” The tradition of memory remains. On December 13, 2015, Loevy’s son-in-law, Jose Jaime, wrote on Facebook: “Last night of Hanukkah is tonight. As we light the candles (that Hannelore brought from Germany) we remember the owners of the menorah [or candlestick]. It came from Berlin, Germany on a refugee voyage through Europe to Brazil to Chicago […] Remember this throughout the holidays, everyone is a refugee or immigrant in this land.”

Education

Loevy benefitted from her education in Brazil, being schooled at Colegio Rio Branco, a high school in Sao Paulo (1943-49). In 1950 she began her studies at the dental school of the University of Sao Paulo, from where she received the dental degree of Cirurgia-Dentista (CD) in 1952.

Loevy moved to the United States of America after obtaining some clinical experience in Brazil. There she earned a Masters (MS) degree in pediatric dentistry after study in the Department of Graduate Pedodontia at the UIC College of Dentistry (1957-59). Within two years she obtained a PhD in anatomy from UIC’s College of Medicine. Subsequently, she performed some post-doctoral research in the Department of Pharmacology at UIC (1962-63).

Post-qualification experience

Loevy (Fig. 1) held a series of part-time posts in Sao Paulo: instructor in Oral Pathology at the School of Dentistry (1953-55); assistant in the Department of Histology, Escola Paulista de Medicina (1953-57); dentist for SESC (social clinic for employees of commerce, 1953-57); and private practice for children (1953-57). These early days contributed significantly to her foundations for a career in paediatric dentistry and research.

Professional life in the USA – general and pediatrics

Loevy’s professional preparation and background helped her to have a wide-ranging professional life in America. In 1961 she became a research associate in anatomy at the Strich School of Medicine, Loyola University in Chicago, Illinois (1961-62). Subsequently she was an instructor in anatomy at the College of Medicine, University of Illinois, Chicago (1963-64); assistant professor in Anatomy at that college (1964-65); assistant professor in Anatomy, Colleges of Dentistry and Medicine, Northwestern University, Chicago (1965-68); and assistant professor of zoology, Department of Pharmacognocy and Pharmacology, College of Pharmacy, University of Illinois (1968-72); dentist to the Veterans’ Administration West Side Hospital in Chicago (1971-88, and then served as a consultant to the same).

In 1974 Loevy completed the State of Illinois’ Department of Registration and Education Board examination for registration as a dental practitioner. Within four years she completed the Board’s requirements for registration as a specialist in pediatric dentistry. In 1981 she completed the American Board of Pedodontics examination to become a Diplomate of the American Board of Pediatric Dentistry. Meanwhile, Loevy turned to academic clinical dentistry at UIC’s College of Dentistry, as Associate Professor in the Department
of Pediatric Dentistry (1972-84) and finally Professor of Pediatric Dentistry (1984-2006).

**Literary Achievements and Activities**


Loevy served on the Publications committee of the American Academy of the History of Dentistry (1985-2005), becoming chair in 1988. She was also consultant to the ADA’s Index of Dental Literature (1977-91).

Together with Aletha A. Kowitz, a former librarian of the American Dental Association, Loevy co-authored many papers about dentists, dentistry and medicine on postage stamps of various countries. Some of the series featuring dentists and dentistry were: ‘Dentistry on stamps’, ‘Dentistry on stamps: Dr Cheddi Jagan, dentist and head of state’, ‘Dentistry on stamps: The narwhal’. There was also one about the Egyptian connections to dentistry, and one more broadly addressing health science.

In addition to general interest articles, Loevy contributed over one hundred papers and abstracts to scientific journals and gave more than eighty presentations, especially on children’s dentistry and the history of dentistry. She wrote about Evangeline Jordon, who pioneered new techniques for the care of children’s teeth and laid the framework for pedodontics and pediatric dentistry. The dental care of children, especially those who are disabled, was of particular interest. She wrote about the dental care of handicapped patients and on periodontal disease in patients with Down’s Syndrome.

Several papers related genetics to aspects of dental practice: in pedodontics, aspects of periodontal disease, in occlusion and tooth maturation in cleft lip and palate. Returning to an early interest with Aletha Kowitz, she wrote about a famous American dentist, Greene Vardiman Black (1836-1915), whose ideas on cavity design were copied around the world. She also penned papers on
peer review and dentists’ contributions to society.

Women in Dentistry

Loevy was always ready to take up the cudgels on behalf of women’s place in the profession. Since the 19th century women have struggled to enter the field of dentistry, illustrated well by a 2002 paper, “Women Dentists, Hobbes and After.” In America, Britain and elsewhere some women had practiced dentistry but were unqualified to do so.

Loevy and Edwina Kitt wrote about a plethora of struggles encountered by early female dentists. In 1852, Amalia Assur obtained special permission from the Royal Board of Health to operate independently as a dentist, the first woman in Sweden to do so. It was only in 1861 that the profession was legally opened to both genders and in 1866 Rosalie Fougelberg became the first woman to officially practice.

In the USA Emeline Roberts Jones, as a teenager, married a dentist, Daniel Jones, and became his assistant in 1855. She became the first American woman known to practice dentistry. However, in February 1866 Lucy Bearman Hobbs became the first woman to graduate from a dental school anywhere in the world, at the Ohio Dental College. She had started in November 1865 in a class with eighteen men, and obtained credits for the five years she had already spent in practice. Three years later Henriette Hirschfield-Tiburtius was the first woman to take a full course. She arrived in America from Berlin in 1867 wanting to study dentistry. After some difficulties Henriette was accepted by Pennsylvania College of Dental Surgery, qualifying in February 1869. The faculty made a special announcement as it was unusual for a woman to be on the pass list: “Mme Henriette Hirschfield [has] performed all duties required of a student, and was enabled to equal the other graduates in all departments, fully justifying the belief of some that success in our profession is not and cannot be limited to [single] sex.” Henriette caused a stir once she returned to Germany. Berliners sent maids and servants to observe her work, then their children, and finally went themselves.

It was 1874 before Fanny A. Rambarger became the second American woman to earn the degree of Doctor of Dental Surgery. She, like Hirschfield, also graduated from the Pennsylvania College. Rambarger worked in Philadelphia and limited her practice to women and children.

In other countries women saw similar trajectories to acceptance. In 1886 Margarita Chorné y Salazar became the first female dentist in Mexico. 1895 saw Lilian Murray (later Lindsay) become the first British qualified dental surgeon. Although London-born she was refused entry to a London dental school. The story she told was that the dean interviewed her whilst she was standing outside on the pavement (sidewalk) while he leaned out of an upstairs window. Fortunately, Scotland’s Edinburgh Dental School accepted her to study. Lilian gained the License in Dental Surgery from the Royal College of Surgeons of Edinburgh. In 2013 English Heritage commemorated her achievements by placing a blue plaque on the wall of the London house where she lived as a child. It was not until 1912 that Fanny Pain became the first woman to gain a qualification from the Royal College of Surgeons of England, 52 years after the first men received an LDS from that college. Canada’s Emma Gaudreau Casgrain became its first licensed female dentist in 1898. In many ways Loevy followed on the tradition established by these women, asserting herself as an expert in the field.

Services for the Profession

Active in organized dentistry, Loevy filled many offices, including President of the Chicago Section of the American Association for Dental Research/International Association for Dental Research (AADR/IADR, 1975-78); the Craniofacial Biology group of the AADR/IADR (1975-81); and the Illinois Society of Pediatric Dentists (1984-89).

Loevy chaired the Young Investigators Award committee, Chicago section AADR/IADR (1978-80); was Councillor for the Chicago section of the AADR/IADR (1979/82); Secretary/
Treasurer, Craniofacial Biology group IADR (1982-88); Membership committee member, American Academy of the History of Dentistry (1982-88); and member of the Committee on Senior Investigator Awards in Craniofacial Biology IADR (1984-89; Chair 1988-99).

As indicated above Loevy felt very strongly about the place of women in dentistry and was thus delighted to break new ground. She was the first female Regent in the International College of Dentists, having been deputy Regent (1995) and vice Regent (1998) of the 8th District. Before that she was on its Awards Committee (1992), Local Arrangements Committee (1990) and Councillor (1993-95). Loevy was also the first female Chair of the Board of Governors of the Odontographic Society of Chicago (1988).

Loevy served as Chair of the College of Dentistry Elections and Credentials Committee of the University Senate Committee; of the Library and its Subcommittee on Library Services; and of the University Health Sciences Center Committee on Committees. For the Chicago Dental Society Loevy was a member of the Society’s Executive Committee (1991), its Lunch Conference Division of the Midwinter Meeting and the Speaker’s Bureau (all offices, 1993-96). She was proud of her membership of the Odontographic Society of Chicago, occupying all offices leading to chairman of the Board of Governors (1989-99). Loevy was also a member of its History Committee (1984; Chairman 1988-89) and Grants Committee (1992). With WE Dundon she wrote its history, One hundred years of the Odontographic Society of Chicago, Bull Hist Dent 1986;34:108-14.

Loevy was also a member of the Standing Committee on Exhibits, AADR/IADR (1985-8); Nominating Committee – Illinois Society of Pediatric Dentists (1985-93; Chairman 1989-90); Committee on Goals and Objectives of the Section on Pediatric Dentistry, AADS (1987-88); and the Research Committee, American Academy of Pediatric Dentistry (1987-99).

**History of Dentistry**

Loevy spent many of her later years studying dental history. She served as a member of the Executive Committee (1988) and Finance Committee (1988-90) of the American Academy of the History of Dentistry. She was also a member of the Academy’s Ad hoc Committee for Establishment of a National Dental Museum (1988-90), which eventually came into being in 1996 as the Dr. Samuel D. Harris National Museum of Dentistry, operated by the University of Maryland School of Dentistry.

**Awards and honours**

In recognition of her high level of activity Loevy received the UIC Dental College’s F. William Towner Award in 2004. It is named for 1953 graduate Dr. F. William Towner and is presented for significant

<table>
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<tr>
<th>Year</th>
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<tr>
<td>1975</td>
<td>Merle C. Hunter Leadership Award, American Academy of Pediatric Dentistry</td>
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<td>1975</td>
<td>Recognition Award, Philippine Dental Society of the Midwest</td>
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<tr>
<td>1988</td>
<td>Distinguished Service Award, Craniofacial Biology Group of International Association for Dental Research (IADR)</td>
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<tr>
<td>1991</td>
<td>Certificate of Recognition, Northern Illinois Association of Women Dentists</td>
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<tr>
<td>1994</td>
<td>Honorary Membership, Omicron Kappa Upsilon, Sigma Chapter</td>
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<tr>
<td>1996</td>
<td>Honorary Foreign Membership, Brazilian Academy of Dentistry</td>
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<tr>
<td>1999</td>
<td>Service Award, Craniofacial Biology Group, IADR</td>
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<tr>
<td>2000</td>
<td>Distinguished Service Award, Odontographic Society of Chicago</td>
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<tr>
<td>2004</td>
<td>Dental College’s F. William Towner Award</td>
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<tr>
<td>2004</td>
<td>Lilian Lindsay Memorial Medal, Lindsay Society for the History of Dentistry</td>
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*Figure 2. Loevy’s Major Honors and Awards*
and meritorious activity in organized dentistry. In the same year she was awarded the Lilian Lindsay Memorial Medal by the United Kingdom’s Lindsay Society for the History of Dentistry for her services to dental history. It was presented at the British Dental Association conference in Bournemouth, Dorset where she gave a lecture entitled ‘An American landmark – GV Black (1836-1915)’.

![Fellow, American Academy of Pediatric Dentistry](#)

| Fellow, American Academy of Pediatric Dentistry |
| Fellow, American College of Dentists |
| Fellow, Academy of Dental Materials |
| Fellow, Odontographic Society of Chicago |
| American Academy of the History of Dentistry |
| American Association for Dental Research |
| American Association for the History of Medicine |
| American Dental Association |
| Association of Pedodontic Diplomates |
| Chicago Dental Society |
| Illinois State Dental Society |
| International Association of Dental Research |
| Society of Craniofacial Genetics |
| Society of Medical History of Chicago |

**Figure 3. Loevy’s Membership in Societies**

**The Family**

At UIC Loevy met and married Dr Pierangelo Taschini, an Italian pathologist (born March 10, 1929). Their wedding on March 12, 1961 was at The Shrine of Our Lady of Pompeii, where her daughter Luciana also married in 2014. Pierangelo died on March 11, 2008. Although she used the name Hannelore Loevy Taschini privately, her name remained ‘Loevy’ professionally.

The Taschinis had two children: Thea Clara (born November 14, 1961, died September 3, 1973) and Luciana (born November 9, 1976). Luciana studied biology at Lawrence University, qualifying in 1998. She works at the University of Chicago Laboratory Schools. Luciana was married to Jose L Jaime Jr (born March 13, 1980) on May 10, 2014. Their son, Pierangelo Jaime Taschini, was born on February 20, 2014, at the UIC Hospital.

**Hobbies**

Loevy was an avid stamp collector, especially on those relating to medicine and dentistry. This passion led to the book Dentistry on Stamps, written with her friend and Luciana’s godmother, Aletha Kowitz. She was also an exceptionally gifted hand crafter, especially crochet and needlepoint.

**At the Culmination of Her Life**

Loevy lived in her Hyde Park home for decades before moving in 2010 into Montgomery Place, an assisted living facility on South Lake Shore Drive. She took with her a three-story yellow doll’s house with white trim, built by Pierangelo and decorated inside and out with handmade furnishings created by Hannelore and Luciana. “We painted the walls, put down flooring and created the furnishings — all the while bonding as we did our crafts,” said Luciana., adding: “Those are some of my best memories.”

Hannelore Loevy Taschini died aged 81 of congestive heart failure on March 24, 2013 at Montgomery Place. She was buried at the Queen of Heaven Cemetery, Hillside Illinois.

Dr. Indru Punwani, head of the Department of Pediatric Dentistry at UIC and a longtime colleague said: “She was an educator and scholar whose dedication to pediatric dentistry lives on in the thousands of students whose careers in dentistry have been enhanced by her teachings.” He went on: “She had a wonderfully curious mind that triggered so many of her interests … to sit and chat with her on any subject was as enjoyable as it was enlightening.”

The dean of UIC Dental College, Bruce Graham, summed it up, “Dr. Loevy was a loyal faculty member and served as an effective representative of the College of Dentistry to the UIC Senate for many years. She was a wise and knowledgeable parliamentarian for the College faculty meetings. She is a nationally recognized historian of the dental profession, who has preserved the history of women
in our profession for posterity. We shall miss her.”

**Acknowledgments**

I am grateful to Luciana Taschini Jaime for supplying her mother’s favorite photograph.

**References**


3. An earlier term for pediatric dentistry.


Historical Perspectives on Core-Carrier Gutta-Percha Obturation

James L. Gutmann DDS, Cert Endo, PhD (honoris causa), FICD, FACD, FADI, FAAHD, Diplomate, American Board of Endodontics
Professor Emeritus, Texas A&M University
Baylor College of Dentistry, Dallas, Texas

Lori Anna Dees DDS, MBA
Practice Limited to Endodontics
Mesquite, Texas

Dr. William Ben Johnson introduced the contemporary use of core-carrier technology for root canal obturation in the late 1970s. This technology has undergone multiple enhancements since its commercial introduction in the early 1990s and has provided a unique clinical treatment regimen for clinicians globally. However, the very roots and evolution of this technique can be traced to the late 1800s, exhibiting a tortuous and fragmented history until Dr. Johnson’s creativity and impetus brought it to the forefront of root canal obturation techniques. Dr. Johnson received the Inventor of the Year award in Oklahoma for these innovative accomplishments.

Dr. William Ben Johnson, a silver-haired entrepreneur from Tulsa, Oklahoma, vociferously advocated a technique for the predictable obturation of the prepared root canal in 1978.¹ His technique consisted of adapting warmed gutta-percha to a metallic instrument for placement in the prepared root canal. He then reheated it carefully, prior to canal obturation, claiming that it enhanced the adaptation of the softened material to the irregularities of the root canal system. In doing so the central core, in this case a metallic instrument, served as a carrier and compactor. Today that technique is widely used globally after going through multiple technological permutations in its form and usage. Dr. Johnson’s approach to root canal obturation appeared revolutionary at the time, however, history describes other attempts and achievements using similar principles.

Almost 135 years earlier, Dr. Sanford G. Perry, then President of the New York Odontological Society, went through a period of trying to determine the best way to fill the root canal in its entirety.² One technique that he developed consisted of softening gutta-percha and adapting it to gold wires, to be
used to obturate the root canal. This was done to try to ensure the delivery of the filling material to the full length of the canal, based not only on the increased stiffness of the gold wire over gutta-percha, but also based on the flexibility of the gold to enable it negotiate curved canals.

“For a long time I used pointed gold wire wrapped with the softest gutta-percha I could find, and then, when the use of gutta-percha dissolved in chloroform became general, I used gold wire dipped in a thick solution of it. This I found less ‘mussy’ and by fitting the wire to reach the apex I could be quite sure of leaving no unfilled space.”

Apparently, Dr. Perry did not consider, or at least did not document, the use of heat or an electrical current applied to the gold wire to soften the gutta-percha even further, once in the canal for a more precise adaption to the canal irregularities. Technically, this would have been ideal as the enlarging and shaping of the canal was not as extensive or precise as it is today.

In 1925, Dr. Ronald S. Pennycuik, a 1916 graduate from the University of Melbourne, Australia, published a report on the use of gutta-percha that had been stiffened with a central core of silver wire to obturate the root canal. This occurred prior to the introduction of non-standardized silver cones by Dr. H. Trebitsch in 1929 and the development and commercialization of diameter and taper-sized silver cones by Dr. Elmer Jasper of St. Louis, MO in 1933.

The use of this type of obturation technique was somewhat obscure in the literature until the late 1970s and early 1980s. Even though Johnson had published his paper in 1978, a documented technique that used gutta-percha-coated silver cones was by published by Dr. S.E. Welch in a regional journal from Illinois that same year. Here again, the use of the gutta-percha covered silver cones was designed to overcome the extreme flexibility of small cones that were made entirely of gutta-percha, which often collapsed upon themselves or became bent during placement in the canals. Ironically, Welch indicated, through communication with Dr. Vincent Milas the Historian of the American Association of Endodontists at that time, that these types of cones were available on a limited commercial basis.

“...the newly developed (1924) silver centre gutta percha root canal filling points were found to be very satisfactory for use in the fine canals of first bicuspids and molars. (However), there was no data or clinical examples furnished...Apparently these silver centre gutta percha cones, designed so as to overcome the extreme flexibility of small cones entirely of gutta percha, were able on a limited basis commercially in the mid twenties and early thirties but did not achieve any widespread success.”

Both Dr. Louis I. Grossman and Dr. Edgar D. Coolidge, giants in the emerging field of Endodontics, agreed that the gutta-percha cones required plasticity and flexibility. However, the inability to place these cones into small fine canals of posterior teeth may have encouraged the removal of these teeth as opposed to subjecting them to the frustrations presented in their root canal anatomies. Therefore, in the mid-1970s, Welch opted to hand make his gutta-percha coated silver cones, testing them in simulated conditions that were comprised of Lucite test blocks. Using several brands of gutta-percha, he rolled the silver cones in a paste made of gutta-percha and chloroform. He also made them from molten gutta-percha in which he hand rolled the small silver cones. Furthermore, he had to devise a way to ensure that the gutta-percha would adhere to the silver cone during its placement into the canal.

“Unmodified silver points as purchased have smooth surfaces and will carry a gutta percha coating but the coating will tend to strip away from the apical portion when inserted into a root canal. The apical portion of the silver points had to be modified. This was done by notching the silver points with a small number fifteen (15) scalpel... (creating)...notches similar to those of a root canal barbed broach or rasp...Notches were angled at 30 o to the central axis of the point.” (Author’s note: Another possible reason for the stripping of the gutta-percha from the apical portion of the silver cone was the fact that root canal shaping at that time did not stress the canal tapers that are achieved today when using rotary instruments that have a...
Welch created his gutta-percha-coated silver cones using 4 different manufacturer’s gutta-percha cones, in addition to a baseplate type of gutta-percha. He based his choice on the wide variety of substances and their percentages contained in the gutta-percha compositions, all of which had proprietary formulations. The experimental applications of these hand-made cones led to a wide variety of observations and findings. Based on the variable amounts of waxes and resins in the gutta-percha cone formulations tested, the material flowed differently in the models tested. Fresh gutta-percha cones when applied to the silver cones flowed differently than those that were 3-4 years old. Welch also noted an increased brittleness with these experimental cones after cooling from the molten state with some of the variable gutta-percha formulations, and commented:

“Certain types of gutta percha can be induced to a 25 second flow period at low temperatures and in a simple manner. During this flow period it will adhere to a silver point, modified by the addition of apical notching and can be adapted down to the apex of a root canal system. This multiple property technique cone imparts a multivector action to the combined materials that is not inherent in either material used alone. That the combination cone is capable of completely occluding fine root canals with a single insertion thrust is evident from experimental test blocks of Lucite and extracted human teeth.”

Two years after Welch published his research on the gutta-percha-coated silver cones, Negm et al. from the UK, claimed to have developed a newly designed root canal filling material – the silver-percha cone, which consisted of solid silver points covered with a layer of plastic gutta-percha. In their publication, no credit was given to the efforts of Welch, while claiming in preliminary studies that good sealing abilities were demonstrated. Furthermore, they indicated that these cones would prevent corrosion and potential cytotoxicity that had been identified by multiple investigators. Unique to Negm et al.’s claim was that the silver-percha cone was to be used only as a master cone and additional lateral compaction of gutta-percha cones was indicated. Clinical trials that lasted over an 18-24 month period comparing silver-percha cones with silver cones were terminated with the removal of all cones from the treated teeth followed by evaluation of their surfaces. An overall clinical success rate of slightly over 95% was obtained with both cone types; however, 70% of the silver cones showed tarnish and corrosion, while only 7% of the silver-percha cones demonstrated surface discoloration.

An additional in-vitro evaluation of the silver-percha cone appeared in 1985, in which the sealing ability of this product was assessed. However, the cones were coated with chloropercha, a material and technique initially advocated by Callahan in 1914. Obturation with this unique combination of silver cone and gutta-percha cones yielded more favorable results than silver cones and sealer alone. The authors claimed that the use of the chloropercha enabled a better adaptation of the hard core filling material to the dentinal walls by minimizing the thickness of the sealer layer.

In each historical attempt to devise a better obturator or technique, a hard core material was used that often created challenges if treatment revision was necessary. Likewise, post space preparation posed numerous difficulties for clinicians.

Dr. Johnson’s entrepreneurial spirit recognized some of the challenges presented with the metal core, and opted to develop a plastic core obturator in the mid 1990s. This core was more flexible, had sufficient strength for placement in the canal, was easily softened with chemicals or heat, and could allegedly be removed for treatment revision. However, as with any technique or material, improper usage created numerous clinical impasses. These included the inability to remove the carrier in small tortuous canals, stripping of the gutta-percha from the carrier with subsequent binding of the plastic in the improperly shaped root canal, and the potential for root perforation during post space preparation. The development of a cross-linked, strengthened core material made of gutta-percha (GuttaCore® Dentsply Tulsa Dental Specialties, Tulsa, OK, USA) obviated most if not all the problems encountered with the metal and plastic cores. This innovation has enabled the obturation
of properly shaped root canal systems in a safe and efficacious manner. Many clinicians, world-wide have chosen to replace both the metallic and plastic ThermoFil core-carrier obturators in the past two years with the new gutta-percha based carriers.

Neither author reports a conflict of interest in the products mentioned in this manuscript.

References


Dental Trade Cards XLIV

Theodore P. Croll, DDS
Private Practice, Pediatric Dentistry, Doylestown, PA

Ben Z. Swanson, Jr. DDS, MPhil

In the Saint George Anglican Church Cemetery, in Shefford County, Quebec, Canada, there is a tombstone with a plaque attached. Next to a skinny little elf-like figure, it reads (Figure 1):

PALMER COX
1840-1924
IN CREATING THE BROWNIES
HE BESTOWED A PRICELESS HERITAGE ON CHILDHOOD

Figure 1. Plaque at Palmer Cox grave, Saint George Anglican Church Cemetery

Correspondence:
Dr. Theodore P. Croll
708 Shady Retreat Road #2
Doylestown, PA 18901
Phone: (215) 348-3745
Fax: (215) 345-6035
willipus@comcast.net
Figure 2. Palmer Cox (circa 1900), Frontispiece, *Frontier Humor*, Chicago: Donohue, Henneberry.
Palmer Cox (Figure 2) was born April 28, 1840 on his parent's farm in the South-Ridge District of Quebec. After graduation from Granby Academy in 1858, he eventually ended up in Oakland, California in 1863. For more than a decade, his poems, prose, and cartoons appeared in publications such as the San Francisco Examiner, the Alta California, and the Gold Era. In 1874, Squibs of California, his first book, was published and Cox moved on to New York City where he continued contributing his works to east coast publishers over the ensuing decades.

Cox created a population of sprite-like little men that he called "The Brownies." The first Brownies story, "The Brownies’ Ride" was printed in St. Nicholas in 1883. Along with Cox’s other books and stories, sixteen Brownie books and several plays were published over the years, and the Brownies achieved great popularity. The Brownies made Palmer Cox wealthy and famous.

The Brownies were all men, including Soldier, American, Scotsman, Indian, Clown, Dutchman, Turk, Cowboy, Dude, Policeman, Sailor, Arab, Japanese, German, Eskimo, and they had all sorts of adventures. They visited the Orient, the frigid polar regions, the White House, Europe, and many other places. They also rode horses, went fishing and hunting, and had a myriad of other adventures. When one considers all the advertising that included Brownies, their versatility was boundless. They promoted ice cream, boots, liquid fish glue, cocoa, soap, ‘sick stomach remedies,’ coffee, carpeting, candy, painkillers, salves, cookies, crackers, and other products. Kodak’s Brownie cameras borrowed their name from the little men and there is no evidence that Cox’s estate financially benefited by that. Schools in Canada and the United States used Mary C. Judd’s (author) Brownies Primer (illustrator) for their reading lessons.
Croll & Swanson

The Brownies graced the front of many Victorian Era stock trade cards. (Stock cards were preprinted and the purchaser could add their own text on the reverse of the card, overlaid on the front, or both). Merchants knew that the popular little characters would draw attention to their printed messages on those cards. Figures 3, 4, and 5 are typical examples of Cox’s characters hustling dental products and services on stock cards.

Cox had many imitators and it is sometimes difficult today to determine if a trade card features real Brownies or facsimiles. Figures 6A, 6B, and 6C show a child from the back, at the sink (notice the toothbrushes in the ceramic holder), advertising Pyle’s Pearling Washing Compound. On the reverse of the card are more than forty skinny little characters holding up a box of Pearline (Figure 6B). A closer view (Figure 6C) reveals that the little men certainly are “Browniesque,” but the two authors are not sure if they are Cox’s work or not.

In the 1980’s the senior author (TPC) had a collector’s dream come true. A man who had worked for a Baltimore printer answered a classified advertisement that had been placed in an antique collector’s newsletter. He said he had a dentistry illustration that had been left over when the printing company for which he had worked went out of business. He sold it to TPC for $35.00. The original work was titled U.S. TOOTHACHE WAX, and the piece was 9.5” X 6.5.” It turned out to be an original rendering by Palmer Cox (Figure 7). We feel strongly that the piece was created to

Figure 4A. Brownies at the baseball field. No love lost for umpires, even in those days.

Figure 4B. KIS-ME GUM vendors chose the popular baseball motif, augmented by the Brownies, for their advertising.
Figure 5A. This folding trade card by Taft’s Dental Rooms in Kansas City, used this Brownie to inform that they were not competing with “CHEAP JOHN or FAKE DENTAL COLLEGES!”

Figure 5B. An extra added attraction to this card - it is a pin holder! The authors have seen this stock card used to advertise other products, not related to dentistry.

Figure 6A. A child at the sink advertises Pyles Pearline

Figure 6B. The reverse of the Pearline card reveals dozens of little characters.
be used for an advertising trade card, but the company that made the toothache wax may have designated it to be used for a print advertisement in a magazine or less likely, some product packaging. Our efforts to identify the company that manufactured that product, or find out if the product had ever existed, have so far been fruitless. Any reader who has knowledge of any history about U.S. TOOTHACHE WAX or its manufacturer, please feel welcome to share it with the authors of this report.

Palmer Cox called his home in Granby, Quebec “Brownie Castle.” That is where he died at 84 years of age on 24 July 1924.

Figure 6C. The little characters up close appear to be Cox’s Brownies... or are they?

Figure 7. Original Palmer Cox rendering (9.5”x6.5”), most likely for a trade card.
Collector’s Corner

Correspondence:
Dr. David A. Chernin
284 Harvard Street
Brookline, MA 02446
Email: info@histden.org
What is this tool?

This tool was found with other instruments and office supplies from a dental office dating to the turn of the 20th century. We had a number of theories as to the use of the tool before ultimately finding the answer, but we wanted to see what others had to say about it.

Here are images of the object from a variety of angles, to help you deduce what the object is and what it would have been used for.

The tool measures about 7.5 inches long, and approximately 3 inches wide at the widest part of the handle. (The images do not adequately display how slight in thickness and overall size the tool actually is).

The spring holds it closed, rather than open, as was the layout designated by the patent and prototype. It is inscribed with the letter 'B' on the short handle edge, and with “PATD 1888” on the long handle edge. The screws to either side are used to remove and interchange the prongs. Though not found with our item, the tool would have come with additional tips rather than the prongs displayed here.

Contact us at info@histden.org with your hypotheses, and watch for the next Journal to see if you're correct.
From the Archives: Vol. 5, Nos. 9 & 10

Volume V, No. 9

BULLETIN OF THE HISTORY OF DENTISTRY

official monthly publication of
American Academy of the History of Dentistry

** The present number of the Bulletin is devoted to an account of the editor’s historiographic peregrinations in Europe during the months of August and September.

FOLLOWING THE FOOTSTEPS OF FAUCHARD

The editor called on M. Georges Dagen in Paris on the morning of August 21 and again on August 24.

Although unacquainted with M. Dagen personally, the editor had been familiar with his prolific output of historical articles since the early 20's, and was aware that he is the outstanding historian of early French dentistry. About 1924, M. Dagen had published his Documents pour servir a l'histoire de l'art dentaire en France. He is the recognized specialist on the life and work of Pierre Fauchard, and about 1923 he was able to establish the date (not previously known) of Fauchard's death as the year 1761.

It was therefore with great pleasure that the editor received from M. Dagen the gift of a dossier of original notes and other material on Fauchard, especially regarding Fauchard’s chateau known as Grand-Hesnile. There were fourteen fascicules in all. The gift included maps of the estate and environs, descriptions on the articles of conveyance, inventories, and notes on local names and designations. There were also included one of five known extant signatures of Fauchard, and even a sprig of leaves from one of the trees on the grounds.

M. Dagen was kind enough to examine and comment on the paper which the editor had delivered at the San Francisco meeting of the A.A.H.D., which was entitled "Significance of Fauchard Manuscript" and which is scheduled to appear in the September number of the Journal of the American College of Dentists.

At the second meeting, M. Dagen acted as guide and took the editor over much of that part of Paris most intimately connected with the life of Fauchard. Rue de la L'Ancienne Comédie Francaise was explored and the houses of Fauchard, his relatives, and his in-laws were viewed. Later, the medical and surgery buildings were visited on the Rue de l'Ecole de Medicine. As the sun was shining on the doorway of the ancient amphitheater of the surgeons of the eighteenth century, the editor took the opportunity of snapping a picture of M. Dagen on the threshold.

At noon, M. Dagen and the editor had lunch at the Procope, the oldest restaurant in Paris, founded in 1686, opposite L'Ancienne Comédie Francaise, where Fauchard's son performed
in the comedies of Moliere.

Some days later, M. Dagen had delivered to the editor another sheaf of notes as a souvenir of their trip, with annotated maps of their itinerary. These included drawings by M. Dagen of the entrances of the church of St. Come in the nave of which Fauchard was buried.

An experience of great interest and pleasure to the editor of this bulletin!

THE HEADGEAR OF THE EIGHTEENTH CENTURY DENTIST

The following is a free translation of one of M. Dagen's notes:

Dentists, when they went to see a patient, wore short wigs fastened at the back by a wide ribbon so that it would not interfere with their operations. Sometimes, even, they did not have a wig for these occasions, and were content to have their long hair tied behind. When dentists operated in their offices, they did not wear wigs, but they wore a great bonnet of fabric with more or less color.

Fauchard did this and relates in his book that when he had need of a mouth prop, he used a small cylindrical one of wood, and attached it by a cord to his own bonnet. Thus, the client did not risk swallowing the mouth prop, and the dentist found it convenient, since it hung down his back. It is probable that Fauchard cleaned the mouth props sometimes because he mentions in his work that he cleaned his dental instruments with soap and water. It was almost the only antiseptic of that time.

AN INTERNATIONAL DENTAL HISTORY GROUP

A small group of interested persons from various countries met at the Palazzo dei Congressi on Wednesday, September 11 to organize informally for the study of dental history. It was planned to meet annually at the same time as the Federation Dentaire Internationale and conduct a program. Those present were: J. A. Donaldson (England), P. H. Witt (Germany), F. E. R. deMaar (Holland), L. J. Cecconi (France), Jacob Sharp and G. B. Denton (U.S.A.). S. Fastlicht (Mexico), although not present, later expressed a desire to join, and it is hoped that Dr. L. Casotti and others from Italy will also join.

Dr. deMaar is to act as secretary for the registration of names of persons who would like to join the group. His address is 10 Stadhouderslaan, The Hague, Holland. At next year's meeting Dr. Witt will give a paper on the old belief in tooth worms as a cause of dental decay. G. B. Denton will submit a general report on early dental literature. The name of the new organization is "International Group for the Study of Dental History." Persons interested are urged to contact Dr. deMaar or one of the persons above named.
NEW MEMBERS OF THE A.A.H.D.

The following names have been recently added to the membership list of the A.A.H.D.:

Charles Cohen, New York City, N. Y.
Edgar D. Coolidge, Evanston, Ill.
Clarence V. Hagan, Pittsburgh, Penn.
Allison G. James, Beverly Hills, Cal.
Walter I. Levine, Baltimore, Md.
Herman L. Halter, New York City, N. Y.
Paul E. Mehus, Seattle, Wash.
Jesse Trager, Baltimore, Md.

EARLY MEXICAN DENTISTRY

"Zahnärztliche Tätigkeit im kolonialen Mexiko" (Dentistry in Colonial Mexico) is contributed by Ernesto Cohn to Zahnärztliche Mitteilungen 45:640-641, October 1, 1957. This article is a sequel to one entitled "Die Zahnheilkunde im prekortesianischen Mexiko" (Dentistry in Mexico before Cortez), which appeared in Zahnärztliche Mitteilungen 44:313-315. The present article calls attention to some of the earliest Mexican literature bearing on dental diseases and treatment. The Badianus Manuscript, an herbal translated into English by Emily Walcott Emmart (1940) was prepared by a native Mexican, Martin de la Cruz in 1552. This work and various others mentioned in the article are dealt with in Samuel Fastlicht's Bibliografia Odontologica Mexicana (1954) which was noted in the Bulletin August 1954.

EARLY HISTORY OF THE TREATMENT OF TOOTHACHE

Under the title of "Ein Beitrag zur geschichtlichen Entwicklung der Zahnenschmerzbehandlung", Gerhard Kaletka and Fritz Müller (Zahnärztliche Mitteilungen 45:604-606, Sept. 15, 1957) discuss dental treatment with special reference to toothache, carrying the account down to the early eighteenth century. These authors repeat the frequent error of identifying barbers and dentists in the seventeenth century and of supposing that the French edict of 1699 required that all dentists in France should be surgeons. In France, dentists had a distinct status as "operators for the teeth" or "experts for the teeth" from the latter sixteenth century at least. The dentist was a specialist subordinate to the surgeon. There is no evidence that the title "Chirurgien dentiste" had a legal standing.
A.A.H.D. PAPERS AT SAN FRANCISCO 1955

EARLY HISTORY OF TRIGEMINAL NEURALGIA
In an article entitled "Symposium on Trigeminal Neuralgia" (Journal of the History of Medicine and Allied Sciences, 12:21-36, January, 1957), Kenneth Dewhurst presents some opinions by distinguished scientific and medical men of the latter seventeenth century on the etiology and treatment of trigeminal neuralgia. Correspondence by John Locke and Thomas Sydenham is included along with letters of other well-known physicians of that time.

THE LIFE AND WORK OF GEORGE SARTON
The current number of Isis (Sept. 1957) is devoted to the memory of George Sarton, distinguished professor of the history of science. Especially valuable is the biographical article by I. Bernard Cohen and the extensive bibliography of Sarton's publications by Katherine Strelsky.

HISTORICAL MUSEUM EXHIBITS
In Rome, the editor visited the excellent historical exhibit consisting of specimens, books, and pictures occupying a large hall at the International Dental Congress. The editor also visited the headquarters of the British Dental Association while he was in London, and examined the interesting historical museum of that organization.

DENTISTRY IN SCOTLAND
J. Menzies Campbell has contributed "A Brief History of Scotland until 1951" to Dental Magazine and Oral Topics 74:81-91, 158-162, June, Sept. 1957.

VICTOR HUGO JACKSON
The subject of Orthodontic Profiles in American Journal of Orthodontics for September (43:683-695 by Walter Coolidge Chapin) is Victor Hugo Jackson.

** The editorial address of the Bulletin of the History of Dentistry is 222 E. Superior St., Chicago 11, Illinois.
**Book Shop**

**150 Years of the American Dental Association**
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For 15 generations, the American Dental Association has been recognized as the world’s largest and oldest national association within the profession. This new 200-page, full-color hardcover book explores the rich 150-year history of the ADA. The text and rare photographs offer a valuable resource for the dental historian and the dentist’s personal library. Additionally, it may offer an interesting read for patients in the reception room. Its 300 historical photographs, many of which are especially intriguing, were principally taken from the archives of the ADA.

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A Guide to Bone Toothbrushes of the 19th and Early 20th Centuries

by Dr. Barbara E. Mattick

While this book’s primary audience is archeologists, the subject of toothbrushes is intimately connected to our profession. A valuable reference source has been provided to those with an interest in collecting bone toothbrushes, and for anyone with an interest in dental history. Dr. Mattick has assembled, in a useable and well-visualized monograph, essential information for identifying such material.

The basis of this book is derived from research for her master’s thesis in anthropology, which proved that “bone toothbrushes are excellent dating tools for historical archaeologists.”

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The Toothpick and its History

by Dr. Hans Sachs
Translated by Anna C. Souchuk, PhD
Published by Steven Potashnick, DDS
Soft cover, 51 pages, 86 illustrations

There have been a number of English language articles about the toothpick. J. Menzies Campbell’s 1952 paper (Campbell JM. Toothpicks and toothbrushes. Dent Items of Interest. 1952;74: 295-305.) is of particular note. However, Der Zahnstocher und Seine Geschichte eine kulturgeschichtlich-kunstgeschichtliche studie (The Toothpick and its History: A cultural-historical and arts and crafts study) remains the premier reference resource. We must congratulate Dr. Potashnick for the time, effort and cost in providing this English translation.

$35
Postage: $5 US, $14 Europe
Available from: Dr. Steven Potashnick
528-A West Barry Avenue
Chicago, IL 60657-5417
potash@rcn.com
ISBN 978-1456494179
A Sourcebook of Dental Medicine
Being a Documentary History of Dentistry and Stomatology from the Earliest Times to the Middle of the Twentieth Century.

by Gerald Shklar, DDS, MS & David A. Chernin, DMD, MLS
864 pages, hardcover

The aim of this book is to make available to the profession of Dental Medicine and other interested parties the extensive literature of the past dealing with the diagnosis, description, causes, treatment and prevention of oral diseases. Drs. Shklar and Chernin are presenting the original texts concerning the diagnosis and management of oral diseases ranging from ancient Egypt through the world of the 20th Century.

Many of the basic texts of the past have already been translated into English, French and German from the original Sanskrit, Greek, Latin and Arabic. However, a number of important texts have never before been translated into English. The authors are presenting all these materials to the English-reading professionals in medicine and dental medicine in this 864-page reference book.

Intriguing and Eccentric Characters & Stories from the World of Dentistry
by Arden G. Christen, DDS, MSD, MA & Joan A. Christen, BGS, MA

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

Intriguing and Eccentric Characters & Stories from the World of Dentistry

Limericks With A Smile:
Dental, Oral and Facial Limericks of Yesterday and Today
by Joan A. Christen, BGS, MA & Arden G. Christen, DDS, MSD, MA

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

A Little Treatise on the Teeth:
The First Authoritative Book on Dentistry (1563)
by Bartholomaeus Eustachius
Edited by David A. Chernin, DMD, MLS & Gerald Shklar, DDS, MS

This volume presents the first direct English translation from the original Latin Libellus De Dentibus, and maintains the Latin and English texts on facing pages. His conceptual advances concerning tooth development and function were further buttressed by detailed plates of the musculature of the face, floor of the mouth, the neck, the tongue, and the roots and crowns of the teeth. In addition to giving us the first clear description of the dental pulp and root canal, Eustachius also conceived of the periodontal membrane as a gomphosis. Eustachius' observations are an illuminating precursor to 21st-century medical science, and still represent a timely and relevant reference for any practicing dentist.

A Little Treatise on the Teeth:
The First Authoritative Book on Dentistry (1563)
Flower of Remedies Against the Toothache

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

The first French text on dentistry and the diseases of the teeth. This work was published in 1621, more than 100 years before Pierre Fauchard’s classic work Le Chirurgien Dentiste. Re-discovered by Dr. Jacques R. Foure, who translated the work into English, he has provided us with an insight into the clinical treatments that were available in early 17th century France. M. Arnauld Gilles was a Parisian dental practitioner who was fully recognized by the state licensing authorities as “Operator for the Ache in the Teeth.”

The printing of the book has the left-hand pages as an exact facsimile of the original French text, with the English translation on the right facing page.

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Available from: Maro Publications
P.O. Box 145
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www.maropub.com

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

By Arden G. Christen and Peter M. Pronych

Throughout his professional life, Painless Parker—a self-promoting dental crusader and patient advocate—sought to gain respectability from the profession of which he was a member. Instead, he was rejected by his colleagues because he used the unacceptable practice of advertising blatantly to the public. The ultraconservative Profession of Dentistry regarded Painless as an outlaw, a renegade, a fraud, a charlatan, a quack, a scoundrel, a thorn in the side, and above all else—unprofessional. However, Painless may have been years ahead of his time as he can be credited with pioneering many innovative practices now accepted by modern dentistry. He developed and perfected the concept of group dental practice. As he stated, “You (the dentist) have to be organized, systematized, capitalized, advertised, standardized and specialized.” This 491 page book tells Painless’ story as he wanted it told: from his perspective, using many of his own words.

$25, postage paid.
Available from: Dr. Arden G. Christen
7112 Sylvan Ridge Road
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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.

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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.
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Instructions to Authors

Correspondence

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Sample References

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If other than English abbreviations are used, they must be defined with first use: i.e., American College of Dentists (ACD).

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Tables should be typed one-to-a-page and numbered consecutively. Each table must have a title. Explanatory captions are to be used whenever possible to eliminate a separate “Remarks” section. References in table captions are cited in the same manner as in the text. Tables must be self-explanatory so that the reader will not have to consult the text to understand the captions. Additionally, all tables should be provided as figures in electronic format as discussed below.

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Within the text, all tables, graphs, drawings, maps, photographs, scans, etc. are to be referred to as figures (abbreviated as Fig.). An original and two photocopies (or an original and a scanned image) of each figure must be submitted without sequence number or letter on the area to be reproduced. All figures must be provided as separate electronic files (on disk or as e-mail attachments) in JPEG, TIFF, or BMP format, of at least 300dpi (dots per inch) resolution. If the author does not have images in electronic format, most copy centers will scan images for a nominal fee. When preparing figures, it is important to consider the page size of the JHD, and allow for necessary reduction. All lettering must meet professional standards and must be no smaller than 9 point type after reduction in size. This is especially important in lettering tables and graphs. Hand lettering is not acceptable. To ensure minimal reduction, extraneous material should be cropped out of all figures. All figures must be discussed in the text. In producing an article, it is recommended that the first step should be to create every figure in electronic format. Then, while producing the text, the author should insert the images using the word-processing program. This will minimize confusion as to the placement and orientation of the various figures within the manuscript. Each inserted figure should immediately be followed by the figure number and caption. In summary, the final manuscript submission should include the MS Word document and an electronic image for every figure. Each electronic image file should be identified with the corresponding figure number, i.e., Fig1.jpg, Fig2.tif, Fig3.bmp.

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